

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



efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493045013497

Form 990

Department of the Treasury

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

Return of Organization Exempt From Income Tax

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

▶ Information about Form 990 and its instructions is at <u>www IRS gov/form990</u>

ntema	al Reven	nue Servic	ce							•
A Fo	or the	2015 ca	lendar year,	ortax year beg	ginning 07-01-2015 , a	and ending 06-30-2	016			
3 Che	eck if ap	plicable	C Name of or	rganization alth Advantage				D Empl	oyer id	entification number
☐ Ad	ldress ch	nange		-				68-0	39330	0.4
∏ Nā	ame cha	inge	% STEPHAN Doing busine					_		
	ıtıal retu	ım	Donny Duomi	000 40						
Fill etum/	nal 'termina	ted	Number and	street (or PO be	ox if mail is not delivered to	street address) Room/	suite	E Telepl	none nu	mber
	ended r			ay Oaks Drive No				(916) 563-	3188
<u>'</u>		pending	City or town	n, state or province	e, country, and ZIP or foreigi	n postal code				
		F	Sacramento	, CA 95833				G Gross	receipts	s \$ 665, 1 01,663
			F Name an	nd address of p	rincipal officer		H(a) I	s this a grou	n rotur	n for
			GARRY MA	ISEL	•			ubordinates		⊤ Yes 🔽
				way Oaks Driv	ve No 100			No		, , , , , , , , , , , , , , , , , , , ,
r Ta	v-avami	pt status	_	o,CA 95833				re all subord	linates	Yes No
Liu	· cxciii	pt status	501(c)(3	5) 🗸 501(c) (4) ◀ (insert no) 494	47(a)(1) or 527		ncluded? f "No " attac	h a list	t (see instructions)
J W	ebsite:	:► www	w westernhea	alth com				Group exemp		• •
								of formation 1		M State of legal domicile C
K Fom	n or orga	anization	✓ Corporation	on Trust /	Association Other >			or roundation .	.,,,,	Trotate of legal dofficie
Pa	rt I	Sum	mary							
				ganızatıon's mı	ıssıon or most sıgnıfıcaı	nt activities				
					LFARE OF THE COMM				ТН ВЕ	NEFIT COVERAGE
a)	A N	ID FUR	THERING MI	ISSIONS OF T	THE ORGANIZATION'S	S EXEMPT ORGAN	IZATION	<u> 1EMBERS</u>		
2										
Ě										
ě	2 C	heck th	ıs box ▶ 🗀 ı	f the organizat	ion discontinued its ope	erations or dispose	d of more th	nan 25% of it	s net a	assets
5			·							
activities & Governance	3 N	umber	of voting men	nbers of the go	overning body (Part VI,	line 1a)			3	10
196	4 N	umber	of independer	nt voting meml	bers of the governing bo	ody (Part VI, line 11	o)		4	10
5	5 T	otal nur	mber of indivi	ıduals employe	ed ın calendar year 201	5 (Part V , line 2a)			5	194
Ą	6 T	otal nur	nber of volun	nteers (estimat			6	0		
	7a ⊤	7a Total unrelated business revenue from Part VIII, column (C), line 12							7a	317,169
	b Ne	t unrela	ated business	s taxable incor	me from Form 990-T, Iır	ne 34			7b	-5,068,12
								Prior Year		Current Year
	8	Contri	butions and	grants (Part V	III, line 1h)				0	(
₫	9	Progra	am service re	evenue (Part V	III, line 2g)			595,156	,420	664,944,132
Ravenue R	10	Invest	tment income	e (Part VIII, c	olumn (A), lines 3, 4, ar	nd 7d)		269	,957	155,576
æ	11	O ther	revenue (Pa	rt VIII, columi	n (A), lines 5, 6d, 8c, 9	c, 10c, and 11e)		558	,903	1,955
	12	Total	revenue—ado	d lines 8 throug	gh 11 (must equal Part	VIII, column (A), l	ine	595,985	280	665,101,663
		12)							,200	005,101,005
	13	Grants	s and sımılar	amounts paid	(Part IX, column (A), li	nes 1-3)		1,119	,097	1,218,135
	14	Benefi	ts paid to or	for members (Part IX, column (A), line	e4)			0	(
S	15			npensation, em	nployee benefits (Part I	X, column (A), lines	;	16,610	,311	19,104,148
Expenses		5-10)	•							· · ·
9	16a			,	art IX, column (A), line :	lle)	•		0	(
ੜ	b				mn (D), line 25) ▶ <u>0</u>					
	17				(A), lines 11a-11d, 1		-	591,431	-	643,265,271
	18				7 (must equal Part IX, c	•		609,160	,837	663,587,554
- /8	19	Reven	ue less expe	enses Subtract	t line 18 from line 12		-	-13,175	,557	1,514,109
Net Assets or Fund Balances							Beginn	ing of Current	Year	End of Year
alar	20	Total	assets (Dart	X line 16)				93,917	.060	83,478,356
A B	21						·	86,608	` +	74,667,918
چ چ چ	22				tract line 21 from line 2		-	7,308	· +	8,810,438
	t III		ature Bloc		tract line 21 nom line 2	20	•	7,500	,007	0,010,+30
Jnde ny kr	r penal nowled	lties of ge and	perjury, I ded belief, it is tr	lare that I hav	ve examined this return d complete Declaration					
лера	rei nas	s ally Ki	nowledge							
								2017-02-08		
Sign		Signa	ature of officer					Date		
Here		RITA	RUECKER CFO)						
			or print name							
			rint/Type prepa	rer's name	Preparer's signature	9	Date	Check I If	PTIN	70114
Paid	k	<u> </u>	/alene J Ball		Valene J Ball		2017-02-10	self-employed		78114
	pare	r ⊢		► KPMG LLP				Firm's EIN ▶		
		1 1	irm's address 🕨	3975 Freedom C	ircle Dr Suite 100			Phone no (40	8) 367-	5764
Use Only				Santa Clara, CA	95054					

. ✓Yes No

Page	2
Page	2

If "Yes," describe these changes on Schedule O

ın thıs Part III . . Briefly describe the organization's mission

TO PROMOTE THE HEALTH OF THE RESIDENTS OF CALIFORNIA AND TO SERVE THE COMMUNITY INTERESTS OF THE RESIDENTS OF CALIFORNIA BY OPERATION OF A HEALTH MAINTENANCE ORGANIZATION Additional information SUPPORT OF MEMBER HEALTH SYSTEMS THE ORGANIZATION IS COMMUNITY CONTROLLED BY THREE TAX-EXEMPT HEALTH SYSTEMS THE ORGANIZATION IS CONTROLLED BY ITS MEMBER HEALTH SYSTEMS, ALL OF WHICH ARE TAX EXEMPT UNDER 501(C)(3) COMMUNITY IN PARTNERSHIP WITH MEMBER HEALTH SYSTEMS, THE MEMBER HEALTH SYSTEMS, COMPOSED OF NETWORKS OF

MEMBER HEALTH SYSTEMS CONTROL THE APPOINTMENT OF 9 OUT OF 10 MEMBERS TO THE BOARD OF DIRECTORS OF THE ORGANIZATION, WITH THE TENTH MEMBER BEING ELECTED BY A MAJORITY OF THE OTHER DIRECTORS CHARITY TO THE HOSPITALS AND PHYSICIAN GROUPS, ARE SUBJECT TO REQUIREMENTS THAT THEY PERFORM COMMUNITY HEALTH NEEDS ASSESSMENTS AND TO DEVELOP PLANS TO SERVE THE COMMUNITY ON A PER-HOSPITAL BASIS THE MEMBER HEALTH SYSTEMS ADVANCE THEIR CHARITABLE MISSIONS BY PROVIDING FINANCIAL ASSISTAN

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

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

(Code) (Expenses \$ 652,515,186 including grants of \$ 664,626,963)

CODE

1. (Express \$ 69,215,186 including parts of \$ 0.) (Revenue \$ 696,225,953)

PURILLE RINERT HEAT IN COMPRIGHE THE ORGANIZATION PROMOTES THE COMPON GOOD AND GENERAL WILLIAMS OF THE COMPUNITY IN DEFERRING HEATHBENEFIT COMPRIGHE THE HEATH COMPRIGHE THE ORGANIZATION SERVES SHOPMINALS, FAMILIES AND SMALL
EMPLOYER GROUPS, AND SOME LARGE SHIPLOHER GROUPS, THE MAJORITY OF WHOM AND THE PREVENT BOUNDAINS, THE PREVENT BOUNDAINS, THE MAJORITY OF WHOM AND THE PREVENT BOUNDAINS, WHICH PREVENT BOUNDAINS, THE PREVENT BOUND 0)(Revenue\$

1,218,135 including grants of \$

COMMUNITY OUTREACH AND SUPPORT THE ORGANIZATION SUPPORTS MEMBER HEALTH SYSTEMS' MISSIONS THROUGH CHARITABLE GRANTS THE ORGANIZATION

1,218,135) (Revenue \$

) (Expenses \$

COMMUNITY OUTREACH AND SUPPORT THE ORGANIZATION SUPPORTS MEMBER HEALTH SYSTEMS' MISSIONS THROUGH CHARITABLE GRANTS THE ORGANIZATION PROVIDES BENEFITS TO THE COMMUNITY BEYOND HEALTH CARE BENEFITS THROUGH FUNDING PROGRAMS FOR THE PROMOTION OF HEALTH AND OTHER CHARITABLE PURPOSES, INCLUDING SUPPORT FOR THE CHARITABLE ACTIVITIES OF THE MEMBER HEALTH SYSTEMS FOR FISCAL YEAR 2015-2016, THE ORGANIZATION BUDGETED OVER \$1,000,000 TO SUPPORT CHARITABLE PROGRAMS WHICH BENEFIT THE COMMUNITY SERVED BY THE ORGANIZATION, INCLUDING (1) A \$100,000 GRANT TO THE AMERICAN HEART ASSOCIATION FOR A COMMUNITY HEALTH AWARENESS PROGRAM, (2) A \$100,000 GRANT TO THE CROCKER ART MUSEUM FOR OUTREACH AND EDUCATION PROGRAMS, AND (3) SPONSORSHIP OF HEALTHY KIDS DAY, WHICH IS INTENDED TO INCREASE AWARENESS OF HEALTHY LIFESTYLES FOR CHILDREN AND OFFERS FREE HEALTH, DENTAL AND VISION SCREENING FOR CHILDREN, AND FREE FLU SHOTS FOR MEMBERS OF ALL AGES WHA SUPPORTS LOCAL COMMUNITIES BENEFITING THE COMMUNITY IS AT THE CORE OF WHA'S BEING AND SO WE SUPPORT THE COMMUNITIES WHERE WE LIVE AND WORK WHA HAS BEEN CONNECTING OUR SERVICES WITH THE NEEDS OF AREA RESIDENTS FOR MANY YEARS AND FOR ONE REASON. TO KEEP THEM, THEIR FAMILY, AND THEIR NEIGHBORS HEALTHY IT IS OUR SINGULAR MISSION, AND BY WORKING TOGETHER, WE CAN CONTINUE TO MAKE OUR COMMUNITY A HEALTHER PLACE TO LIVE, NOW AND INTO THE FUTURE WHA STRIVES TO STRENGTHEN THE FABRIC OF NEIGHBORHOODS AND IMPROVE AND ENRICH THE LIVES OF COMMUNITY MEMBERS BY SUPPORTING WORTHY LOCAL ORGANIZATION, SAA A LOCAL ORGANIZATION, ALMOST ALL OF OUR ECONOMIC ENRICH THE LIVES OF COMMUNITY MINBERS BY SUPPORT ING WORTHY LOCAL ORGANIZATIONS AS A LOCAL ORGANIZATION, AMOST ALL OF OUR ELCONOMIC.

IMPACT IS FELT IN THE GREATER SACRAMENTO AREA, FROM SALARIES TO PURCHASING TO CHARITABLE GIVING, WHA SUPPORTS PROGRAMS OR ACTIVITIES THAT PROVIDE TREATMENT AND/OR PROMOTE HEALTH AND HEALTH AS A RESPONSE TO IDENTIFIED COMMUNITY NEEDS BY SUPPORTS PROGRAMS OR ACTIVITIES THAT PROVIDE TREATMENT AND/OR PROMOTE HEALTH AND HEALTH, AND WELLNESS NUTRITION, HEALTHY FAMILIES AND WELL-BEING ARE ALL CENTRAL TO OUR MISSION, ARTS, A HEALTHY COMMUNITY NOURISHES THE BODY, MIND AND SOUL, LOCAL SAFETY NET, SUPPORT FOR THE MOST VULNERABLE, AT-RISK MEMBERS OF OUR COMMUNITY REINFORCES OUR COMMINITY NOURISHES THE BODY, MIND AND SOUL, LOCAL SAFETY NET, SUPPORT FOR THE MOST VULNERABLE, AT-RISK MEMBERS OF OUR COMMUNITY REINFORCES OUR COMMUNITY RELATIONS WHA IS A PARTNER TO THE COMMUNITIES WE SERVE, COMMUNITY RELATIONS DEVELOPS AND IMPLEMENTS OUTREACH PROGRAMS, INCLUDING SOCIAL AND COMMUNITY WARENESS INCENTIVES EACH YEAR, WHA PROVIDES FINANCIAL ASSISTANCE FOR A VARIETY OF CULTURAL AND COMMUNITY EVENTS, AS WELL AS HEALTH AND HUMAN SERVICES ORGANIZATIONS EVENTS RUN TO FEED THE HUNGRY - WHA STHE LARGEST THANKSGIVING DAY RACE IN THE COUNTRY, WITH ABOUT 30,000 PARTICIPATE SPONSORS FOR THIS EVENT IN 1215, SACRAMENTO'S RUN TO FEED THE HUNGRY WAS THE LARGEST THANKSGIVING DAY RACE IN THE COUNTRY, WITH ABOUT 30,000 PARTICIPATE SPONSORSHIP OF THE RACE PROVIDE 20 PERCENT OF THE ANNUAL OPERATING BUDGET FOR THE SACRAMENTO FOOD BANK AND FAMILLY SERVICES WHA'S SPONSORSHIP OF THE EVENT MAKES A HUGE IMPACT IN OUR COMMUNITY BESIDES BEING A SPONSOR OF THIS EVENT, WHA SPONSORS A COMPANY TEAM AND ENCOURAGES ALL EMPLOYEES TO PARTICIPATE THE RUN TO FEED THE HUNGRY IN A GREAT WAY TO PROMOTE HEALTH AND SEVENCE OF PARTICIPATE THE RUN TO FEED THE HUNGRY IN A GREAT WAY TO PROMOTE HEALTH AND SEVENCE AND AND A CASE OF PARTICIPATE THE HEART WALK IS THE AMERICAN HEART ASSOCIATION'S PREMIERE EVENT FOR RAISING FUNDS TO SAVE LIVES FROM THIS C IMPACT IS FELT IN THE GREATER SACRAMENTO AREA, FROM SALARIES TO PURCHASING TO CHARITABLE GIVING, WHA SUPPORTS PROGRAMS OR ACTIVITIES THAT LARGE EMPLOYERS AND MAKE THEM AWARE OF WHA HEALTH COVERAGE THAT MIGHT BE OPTIMAL FOR THEIR EMPLOYEES CONTRIBUTION OF WHA EMPLOYEES TO WHA'S COMMUNITY WHA EMPLOYEES EXEMPLIFY OUR ORGANIZATION'S OBJECTIVES AND PHILOSOPHY OF "GIVING BACK" TO THOSE WE SERVE EACH YEAR, THEY DONATE MORE THAN 2,000 VOLUNTEER HOURS SERVING ON BOARDS, WORKING IN SCHOOLS AND SUPPORTING LOCAL NON-PROFIT ORGANIZATIONS IN A WIDE VARIETY OF WAYS WHA'S MISSION IS TO IMPROVE AND ENRICH THE LIVES OF COMMUNITY MEMBERS BY SUPPORTING LOCAL ORGANIZATIONS THROUGHOUT THE VARIETY OF WAYS WHAS MISSION IS TO IMPROVE AND ENRICH THE LIVES OF COMMONITY MEMBERS BY SUPPORTING LOCAL CRAINLENTIANS THROUGHOUT YEAR WHA ANNOUNCES GIVING OPPORTUNITIES THAT HAVE A POSITIVE IMPACT ON THE HEALTH AND WELLBEING OF THE COMMUNITY IN SUPPORT OF THIS MISSION, WHA ENCOURAGES EMPLOYEE PARTICIPATION, WHETHER THROUGH FINANCIAL DONATIONS, VOLUNTEER EFFORTS OR COMMUNITY ACTIVITIES LIKE WEEKEND FUN RUNS AND AN ANNUAL BIKE TREK WITH SUPERVISOR APPROVAL, EMPLOYEES CAN ALSO ATTEND EVENTS THAT MAY OCCUR DURING REGULAR WORK HOURS DOLLARS FOR DO-ERS WESTERN HEALTH ADVANTAGES DOLLARS FOR DO-ERS PROGRAM WILL DONATE UP TO \$100 PER YEAR TO A SELECTED WORK HOURS DOLLARS FOR DO-ERS WESTERN HEALTH ADVANTAGES DOLLARS FOR DO-ERS PROGRAM WILL DONATE UP TO \$100 PER YEAR TO A SELECTED CHARITY ON BEHALF OF THE EMPLOYEES WHO HAVE CONFIRMED THEIR VOLUNTEERISM OF 20 OR MORE HOURS WITH THE ORGANIZATION WHA EMPLOYEE MATCHING CHARITABLE CONTRIBUTIONS WHA MATCHES EMPLOYEE CHARITABLE DONATIONS DOLLAR FOR-DOLLAR, UP TO \$250 PER FISCAL YEAR PER EMPLOYEE EMPLOYEES CAN GIVE USING ONGOING PAY ROLL DEDUCTIONS OR ONE-TIME CASH DONATIONS MUST BE MADE TO QUALIFIED NONPROFIT ORGANIZATIONS OVER 100 WHA EMPLOYEES TOOK PART IN THE EMPLOYEE MATCHING PROGRAM, WITH DONATIONS THAT WERE MATCHED BY WHA IN THE AMOUNT OF \$13,100 WE OFFER OUR EMPLOYEES 16 HOURS OF PAID TIME-OFF FOR BOTH PERSONAL VOLUNTEER OPPORTUNITIES, AS WELL AS GROUP TEAM-BUILDING ACTIVITIES IN ADDITION TO PERSONAL VOLUNTEER TIME, EMPLOYEES WILL BE GIVEN THE OPPORTUNITY TO SPEND EIGHT REGULAR WORKING HOURS TO VOLUNTEER AT GROUP COMMUNITY PROGRAMS GROUP VOLUNTEER OPPORTUNITIES WESTERN HEALTH ADVANTAGE ORGANIZES AT LEAST TWO GROUP VOLUNTEER PROJECTS EACH YEAR EMPLOYEES ARE ENCOURAGED TO USE UP TO EIGHT HOURS OF PAID TIME OFF TO PARTICIPATE IN THESE PROJECTS WHA CEO INVOLVEMENT IN THE COMMUNITY. THE PRESIDENT AND CEO OF WHA GAPRY MASSES SUPPORTS VARIOUS COMMUNITY. THE PRESIDENT AND CEO OF WHA GAPRY MASSES SUPPORTS VARIOUS COMMUNITY. THE PRESIDENT AND CEO OF WHA GAPRY MASSES SUPPORTS VARIOUS COMMUNITY. THE PRESIDENT SUPPORTS VARIOUS COMMUNITY. COMMUNITY THE PRESIDENT AND CEO OF WHA, GARRY MAISEL, SUPPORTS VARIOUS COMMUNITY CHARITIES AND CAUSES, IN ADDITION TO IMPROVING HEALTHCARE FOR THE COMMUNITY AS AN ACTIVE BOARD MEMBER OF WHA

4c	(Code) (Expenses \$	including grants of \$) (Revenue \$)
	-				

Other program services (Describe in Schedule O)

(Expenses \$ including grants of \$) (Revenue \$

4e Total program service expenses ▶ 653,733,321)

Par	t 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		No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		No
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		
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		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable			
	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	
	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	11 b		No
	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	11 c		No
	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 2	11d	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 2	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	12 b	Yes	
	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
	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		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
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
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
Ь	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Form	990 (2015)			Page 4
Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? 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		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? 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	25b		No

32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

instructions for applicable filing thresholds, conditions, and exceptions)

31

or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?

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

Was the organization a party to a business transaction with one of the following parties (see Schedule L. Part IV

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.

an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 29

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . .

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified

33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled

and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*Did the organization complete Schedule O and provide explanations in Schedule O for Part VI. lines 11b and 19?

 30

Yes

Yes

Yes

Form 990 (2015)

26

27

28a

28b

28c

29

32

33

34

35a

35b

36

37

38

Νo

Nο

Nο

Νo

Nο

Nο

Nο

Nο

Νo

Νo

Nο

Nο

Par	t V	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this		N.			_
		Check it Schedule o contains a response of flote to any line in this	rait	<u>v</u>	•	Yes	No
1a	Enter	the number reported in Box 3 of Form 1096 Enter -0 - if not applicable	1a	1,774		163	140
		the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0			
		Le organization comply with backup withholding rules for reportable payments to		fore and reportable			
٠		g (gambling) winnings to prize winners?		· · · · · ·	1c	Yes	
2a	_	the number of employees reported on Form W-3, Transmittal of Wage and					
		tatements, filed for the calendar year ending with or within the year covered	3.	104			
L	•	s return	2a	194	2b	Yes	
D		east one is reported on line 2a, did the organization lile all required lederal emp If the sum of lines 1a and 2a is greater than 250, you may be required to e-file				103	
За	Did th	e organization have unrelated business gross income of \$1,000 or more during	the y	/ear [?]	3a		No
b	If "Yes	s," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation	on in S	Schedule O	3b		
4a	Atany	y time during the calendar year, did the organization have an interest in, or a si	gnatu	re or other authority			
		a financial account in a foreign country (such as a bank account, securities acc	count,	or other financial	4a		No
h		int)?					No
ь		s," enter the name of the foreign country ▶		Financial Assounts			
	(FBAR	_ , , , , , , , , , , , , , , , , , , ,	allu I	Financial Accounts			
5a	Was th	he organization a party to a prohibited tax shelter transaction at any time durin	a the	tax year?	5a		No
		ny taxable party notify the organization that it was or is a party to a prohibited t			5b		No
		s," to line 5a or 5b, did the organization file Form 8886-T?			30		
_	1, 10:	5, to 5 d of 55, and the organization me form 6000 f			5 c		
6a		the organization have annual gross receipts that are normally greater than \$10 ization solicit any contributions that were not tax deductible as charitable cont			6a		No
b		s," did the organization include with every solicitation an express statement th not tax deductible?	at su	ch contributions or gifts	6 b		
7	Organ	izations that may receive deductible contributions under section 170(c).					
а		e organization receive a payment in excess of \$75 made partly as a contributi		d partly for goods and	7a		
b	If"Ye	s," did the organization notify the donor of the value of the goods or services pi	rovide	d?	7 b		
c		e organization sell, exchange, or otherwise dispose of tangible personal proper rm 8282?	ty for	which it was required to	7c		
d		s," indicate the number of Forms 8282 filed during the year	7d				
e	Did th	- le organization receive any funds, directly or indirectly, to pay premiums on a p	erson	al benefit contract?			
_					7e		
		ie organization, during the year, pay premiums, directly or indirectly, on a perso			7f		
g	requir	organization received a contribution of qualified intellectual property, did the o	rganiz • •	ation life Form 8899 as	7 g		
h		organization received a contribution of cars, boats, airplanes, or other vehicles	, dıd 1	the organization file a	7h		
8	•	oring organizations maintaining donor advised funds. donor advised fund maintained by the sponsoring organization have excess bus	siness	s holdings at any time			
	during	the year?			8		
9 a	Did th	e sponsoring organization make any taxable distributions under section 49667			9 a		
b	Did th	e sponsoring organization make a distribution to a donor, donor advisor, or rela	ited p	erson?	9b		
10	Sect io	on 501(c)(7) organizations. Enter					
		tion fees and capital contributions included on Part VIII, line 12	10a				
b	Gross facılıtı	receipts, included on Form 990, Part VIII, line 12, for public use of club les	10b				
11	Sectio	on 501(c)(12) organizations. Enter	_				
а	Gross	income from members or shareholders	11a				
b		Income from other sources (Do not net amounts due or paid to other sources st amounts due or received from them)	11b				
12a	Sectio	on 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990	ın lıe	u of Form 1041?	12a		
		s," enter the amount of tax-exempt interest received or accrued during the					
13	year Section	on 501(c)(29) qualified nonprofit health insurance issuers.	12b				
	J-00110	===(=/, m=/) qualified floring flo					
а		organization licensed to issue qualified health plans in more than one state? N onal information the organization must report on Schedule O	ote. S	ee the instructions for	13a		
b		the amount of reserves the organization is required to maintain by the states chithe organization is licensed to issue qualified health plans	13b				
С		the amount of reserves on hand	13c				
		Le organization receive any payments for indoor tanning services during the tax		?	14a		No
		s," has it filed a Form 720 to report these payments? <i>If "No," provide an explana</i>	•		14b		
		· · · · · · · · · · · · · · · · · · ·					

orm	990 (2	2015)					Page (
Par	t VI	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No describe the circumstances, processes, or changes in Schedule O. S			or 10	Db belo	w,
		Check if Schedule O contains a response or note to any line in this Part VI					🗸
Se	ction	A. Governing Body and Management					
		ı		I		Yes	No
1a	Enter year	the number of voting members of the governing body at the end of the tax	1a	10			
	body,	re are material differences in voting rights among members of the governing or if the governing body delegated broad authority to an executive committee illar committee, explain in Schedule O					
b		the number of voting members included in line 1a, above, who are endent	1 b	10			
2		ny officer, director, trustee, or key employee have a family relationship or a bus officer, director, trustee, or key employee?			2		No
3		e organization delegate control over management duties customarily performe vision of officers, directors or trustees, or key employees to a management col			3		No
4	Did th	e organization make any significant changes to its governing documents since		rior Form 990 was	4		No
5	Did th	e organization become aware during the year of a significant diversion of the o	rganız	ation's assets? .	5		No
6	Did th	e organization have members or stockholders?			6	Yes	
7a		e organization have members, stockholders, or other persons who had the pow members of the governing body?			7a	Yes	
b		ny governance decisions of the organization reserved to (or subject to approva sons other than the governing body?			7 b	Yes	
8		e organization contemporaneously document the meetings held or written actions the following	ons ui	ndertaken during the			
а	The g	overning body?			8a	Yes	
b	Each	committee with authority to act on behalf of the governing body?			8 b	Yes	
9		re any officer, director, trustee, or key employee listed in Part VII, Section A , ization's mailing address? <i>If "Yes," provide the names and addresses in Schedule</i>			9		No
Se	ction	B. Policies (This Section B requests information about policies not	requi	red by the Internal R	eveni	ue Cod	e.)
						Yes	No
10a	Did th	e organization have local chapters, branches, or affiliates?			10a		No
b		s," did the organization have written policies and procedures governing the act tes, and branches to ensure their operations are consistent with the organizati			10 b		
11a	Has th	he organization provided a complete copy of this Form 990 to all members of it rm?	s gov	erning body before filing	11a	Yes	
b	Descr	ibe in Schedule O the process, if any, used by the organization to review this F	orm 9	90			
12a	Did th	e organization have a written conflict of interest policy? If "No," go to line 13 .			12a	Yes	
b		officers, directors, or trustees, and key employees required to disclose annuall o conflicts?			12 b	Yes	
С		e organization regularly and consistently monitor and enforce compliance with edule O how this was done			12 c	Yes	
13	Did th	e organization have a written whistleblower policy?			13	Yes	
14	Did th	e organization have a written document retention and destruction policy? .			14	Yes	
15		e process for determining compensation of the following persons include a reviendent persons, comparability data, and contemporaneous substantiation of th					
а	The o	rganization's CEO, Executive Director, or top management official			15a	Yes	
b	Other	officers or key employees of the organization			15b	Yes	
	If"Ye	s" to line 15a or 15b, describe the process in Schedule O (see instructions)					
1 6 a		e organization invest in, contribute assets to, or participate in a joint venture of		_	16a		No
b	If"Ye	s," did the organization follow a written policy or procedure requiring the organi ipation in joint venture arrangements under applicable federal tax law, and take	ızatıoı	n to evaluate its			

Section C. Disclosure

18

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

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	

organization's exempt status with respect to such arrangements?

☐ O wn website ☐ Another's website ☑ Upon request ☐ O ther (explain in Schedule O)

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

►STEPHANIE MADSEN 2349 GATEWAY OAKS DRIVE SUITE 100 Sacramento, CA 95833 (916) 563-3193

16b

Part VII

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0 in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- ullet List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

Check this box if neither the organization no	r any related or	ganıza	tion	com	pen	sated	dany	current officer, o	lirector, or truste	e
(A) Name and Title	(B) A verage hours per week (list any hours for related	m unle	ore t ss pe	han erso icer	not one n is and			(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	key employee	Highest compensated employee	Former	MISC)	MISC)	organization and related organizations
(1) Tammy Wilcox	1 0	l x		×				0	0	0
Chairman of the Board	0 0	^		^					0	0
(2) James Goodnight MD Director(RETIRED - 09/01/2015)	1 0	х						0	0	0
(3) Elnora Cameron Secretary	10	х		×				0	0	0
(4) Gary Passama	1 0									
Director	0 0	×						0	0	0
(5) DR Shanaz Khambatta	1 0									
Director	0 0	X						0	0	0
(6) Ann Madden - Rice	1 0	×						0	0	0
(7) Maureen McKennan	1 0									
Vice Chairman	0 0	Х						0	0	0
(8) DR Alan Sockolov MD Director	0 0	x						0	0	0
(9) Laune Harting	1 0	x						0	0	0
Director	0.0									
(10) Kevin Klockenga Director	1 0	x						0	0	0
(11) DR MICHAEL HOOPER DIRECTOR	1 0	х						0	0	0
	0 0 40 0			-						
(12) Garry Maisel President & CEO	0 0			×				1,057,232	0	103,600
(13) Manette Ruecker Treasurer & CFO	40 0			×				421,442	0	52,770
(14) William Figenshu	40 0				х			338,893	0	54,956
Chief Sales Officer	0 0									5
										Form 990 (2015)

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

. ,	, ,	•	•	•		-		•		,
(A) Name and Title	(B) A verage hours per week (list any hours for related organizations below dotted line)	m unle:	ore t ss pe	han erso cer	not one n is and trus		an	(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
(15) Donald Hufford Chief Medical Officer	40 0				Х			381,061	C	62,977
(16) Rebecca Downing Chief Legal Officer	40 0				х			256,625	C	51,896
(17) Fredenck Heron Chief Mktg & Brand Officer	32 0 0 0				х			225,191	C	45,719
(18) Glenn Hamburg	40 0				Х			245,571	C	26,800
Chief Client Services Officer (19) Ali Darugar	0 0 40 0				.,			200 500		
Chief Information Officer (20) Elizabeth Hargett	0 0				X			229,526	C	44,497
Sales Director						×		179,901	C	31,016
(21) Mary Ingram Actuarial Services Director	40 0 0 0					x		172,553	C	27,929
(22) Chnstopher Paul Senior Benefit Consultant	40 0 0 0					х		161,710	C	24,911
(23) Christopher Morris Financial Analysis Manager	40 0					x		157,279	C	29,759
(24) Keith Howes	40 0					×		151,516	C	22,840
Human Resources Director	0 0							,		, , , , , , , , , , , , , , , , , , ,
			•	<u> </u>						
d Total (add lines 1b and 1c)	[,Section A .	• . •	·	•			3,9	78,500	0	579,670
2 Total number of individuals (including but n	ot limited to tho	se list	ed a	bove	e) w	ho red	eıv	ed more than		

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 29

		Y	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			
	on the far it res, complete schedule froi such marvidual	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such			
	ındıvıdual	4 Y	res	
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

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

compensation from the organization. Report compensation for the calend	dar year ending with or within the organizatio	n's tax year
(A) Name and business address	(B) Description of services	(C) Compensation
THE REGENTS OF THE UNIVERSITY OF CA, ONE SHIELDS AVENUE DAVIS, CA 95616	MEDICAL SERVICES	129,395,159
DIGNITY HOSPITAL, 1090 GOLD CENTER DRIVE STE 300 RANCHO CORDOVA, CA 95670	MEDICAL SERVICES	114,343,323
HILL PHYSICIANS MEDICAL GROUP, 2409 CAMINO RAMON SAN RAMON, CA 94583	MEDICAL SERVICES	65,441,117
DIGNITY HEALTH MEDICAL FOUNDATION, 3400 DATA CENTER DRIVE RANCHO CORDOVA, CA 95670	MEDICAL SERVICES	49,159,868
NORTH BAY HEALTHCARE GROUP, 1200 B GALE WILSON BLVD FAIRFIELD, CA 94533	MEDICAL SERVICES	28,073,803
2 Total number of independent contractors (including but not limited to those	se listed above) who received more than	

Part V	1 1 1	Statement o	f Revenue					
		Check if Schedu	ule O contains a respor	nse or note to any lii	ne 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
Grants mounts	1a b	•	paigns					512-514
Contributions, Gifts, Grants and Other Similar Amounts	d e f	Related organiz	ations 1d					
Contributi and Other	g h	sımılar amounts no	ot included above		0			
Revenue	2 a b	PREMIUMS EARNEI		Business Code 524114 524298	664,356,353 317,169	664,356,353	317,169	
Program Service Revenue	c d e	ADMINISTRATIVE I	NCOME	524292	270,610	270,610		
Progra	f g 3	Total. Add lines	m service revenue 2 2a-2f ome (including dividen	ds, interest,	664,944,132 155,576		0	155,576
	4 5	Income from inves	ar amounts) tment of tax-exempt bond	F	0		3	133,370
	6a b	Gross rents Less rental expenses						
		Rental income or (loss) Net rental incor	me or (loss) (i) Securities	0 ▶ (II) Other	0			
	7a	Gross amount from sales of assets other than inventory Less cost or						
	c d	other basis and sales expenses Gain or (loss)	s)		0			
Other Revenue	8a	Gross income fi events (not incl \$ of contributions See Part IV, lin	Iuding reported on line 1c)					
Othe	С	Net income or (Gross income f	penses b (loss) from fundraising rom gaming activities	events ▶	0			
			a penses b (loss) from gaming acti	vities	0			
	10a	Gross sales of returns and allo	owances .	•				
	ь с 11а	Miscellaneous	loss) from sales of investigations	entory ► Business Code 900009	1,955			1,955
	b c	MISCELLANEC		30000	1,555			1,555
	d e	All other revenu		•				
	12		See Instructions .		1,955	664.626.963	317 169	157.531

Form 990 (2015) Part IX Statement of Functional Expenses

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

	Γ				
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	1,218,135	1,218,135		
2	Grants and other assistance to domestic individuals See Part IV, line 22	0			
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	3,504,095	1,641,602	1,862,493	
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	0			
7	Other salaries and wages	12,158,420	9,892,438	2,265,982	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	342,183	272,517	69,666	
9	Other employee benefits	2,033,321	1,564,521	468,800	
10	Payroll taxes			·	
		1,066,129	828,084	238,045	
11	Fees for services (non-employees)				
а	Management	17,830,032	17,285,515	544,517	
b	Legal	270,982		270,982	
c	Accounting	184,117		184,117	
d	Lobbying	9,000		9,000	
e	Professional fundraising services See Part IV, line 17	0			
f	Investment management fees	0			
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	601,345,713	601,345,713		
12	Advertising and promotion	2,273,932	2,273,932		
13	Office expenses	2,741,280	1,189,891	1,551,389	
14	Information technology	3,193,132	3,067,041	126,091	
15	Royalties	0			
16	Occupancy	951,393	247,362	704,031	
17	Travel	168,623	84,293	84,330	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	869,292	218,616	650,676	
20	Interest	411,671		411,671	
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	1,017,591	901,446	116,145	
23	Insurance	296,298		296,298	
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)				
а	AFFORDABLE CARE ACT FEES	10,606,977	10,606,977		
b	TAXES & OTHER	894,704	894,704		
c	DMHC FEES	200,534	200,534		
d					
e	A II other expenses				
25	Total functional expenses. Add lines 1 through 24e	663,587,554	653,733,321	9,854,233	0
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)				

Form	990 (2	2015)					Page 11
Par	t X	Balance Sheet					
		Check if Schedule O contains a response or note to any li	ine in thi	s Part X			
					(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing			52,460,798	1	46,454,266
	2	Savings and temporary cash investments			7,850,234	2	5,076,177
	3	Pledges and grants receivable, net			0	3	0
	4	Accounts receivable, net			3,495,817	4	1,194,054
	5	Loans and other receivables from current and former offi key employees, and highest compensated employees C Schedule L	omplete	Part II of	0	5	0
Assets	6	Loans and other receivables from other disqualified pers section 4958(f)(1)), persons described in section 4958 contributing employers and sponsoring organizations of voluntary employees' beneficiary organizations (see institution of Schedule L	(c)(3)(B section), and 501(c)(9)	0	6	0
SS	7	Notes and loans receivable, net			0	7	0
⋖	8	Inventories for sale or use			0	8	109,962
	9	Prepaid expenses and deferred charges			9,470,730	9	4,277,121
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	8,919,691	3,470,700		7,277,121
	ь	Less accumulated depreciation	10b	4.894.642	3,049,748	10c	4,025,049
	11	Investments—publicly traded securities		-11	6,462,735	11	6,165,509
	12	Investments—other securities See Part IV, line 11.			0, 102,100	12	0,100,000
	13	Investments—program-related See Part IV, line 11 .			0	13	0
	14	Intangible assets			0	14	0
	15	Other assets See Part IV, line 11			11,126,998	15	16,176,218
	16	Total assets.Add lines 1 through 15 (must equal line 34			93,917,060	16	83,478,356
	17	Accounts payable and accrued expenses			12,516,620	17	10,143,632
	18	Grants payable			0	18	0
	19	Deferred revenue			13,273,198	19	18,821,369
	20	Tax-exempt bond liabilities			0	20	0
	21	Escrow or custodial account liability Complete Part IV			0	21	0
ilities	22	Loans and other payables to current and former officers, key employees, highest compensated employees, and d	, dırectoı	s, trustees,	-	21	
<u>.</u>		persons Complete Part II of Schedule L			0	22	0
Liab	23	Secured mortgages and notes payable to unrelated third			0	23	0
_	24	Unsecured notes and loans payable to unrelated third pa			0	24	0
	25	Other liabilities (including federal income tax, payables and other liabilities not included on lines 17-24) Complete Part X of Schedule D					
		· · · · · · · · · · · · · · · · · · ·			60,818,635	25	45,702,917
	26	Total liabilities.Add lines 17 through 25			86,608,453	26	74,667,918
ces		Organizations that follow SFAS 117 (ASC 958), check he lines 27 through 29, and lines 33 and 34.	ere ► 「	and complete			
Net Assets or Fund Balance	27	Unrestricted net assets			7,308,607	27	8,810,438
æ	28	Temporarily restricted net assets			0	28	0
Б	29	Permanently restricted net assets			0	29	0
E.		Organizations that do not follow SFAS 117 (ASC 958), c	heck he	re▶			
<u>~</u>		complete lines 30 through 34.		1			
ets	30	Capital stock or trust principal, or current funds				30	
\$\$(31	Paid-in or capital surplus, or land, building or equipment	t fund .			31	
t A	32	Retained earnings, endowment, accumulated income, or	other fu	nds		32	
$\stackrel{e}{s}$	33	Total net assets or fund balances			7,308,607	33	8,810,438

Total liabilities and net assets/fund balances

34

83,478,356

34

93,917,060

1,514,109

7,308,607

-12,278

8,810,438

No

Νo

Nο

Form 990 (2015)

Yes

Yes

Yes

2a

2b

2c

3a

3b

Reconcilliation of Net Assets								
Check if Schedule O contains a response or note to any line in this Part XI							. [Γ

Net unrealized gains (losses) on investments . . .

Part XIII Financial Statements and Reporting

1 Accounting method used to prepare the Form 990

a separate basis, consolidated basis, or both

Single Audit Act and OMB Circular A-133?

Other changes in net assets or fund balances (explain in Schedule O) .

Donated services and use of facilities .

Investment expenses

column (B))

Schedule O

Schedule O

Separate basis

Separate basis

basis, consolidated basis, or both

Prior period adjustments .

	Total revenue (must equal Part VIII, column (A), line 12)		
•	Total revenue (must equal rate viii, column (A), me 12)	1	665,101,663
2	Total expenses (must equal Part IX, column (A), line 25)	2	663,587,554

	`	'	,	` //		,							
Total expens	es (must	equal Part I	X, column	(A), lii	ne 25	5)							
Revenue less	expense	s Subtract	line 2 fron	n line 1									

Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . .

10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,

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

If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on

If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate

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?

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

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

If the organization changed either its oversight process or selection process during the tax year, explain in

If the organization changed its method of accounting from a prior year or checked "Other," explain in

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

Consolidated basis

b Were the organization's financial statements audited by an independent accountant?

✓ Consolidated basis

Cash ✓ Accrual COther

Both consolidated and separate basis

Both consolidated and separate basis

5

6

7

8

9

10

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

SCHEDULE D (Form 990)

Department of the

Treasury

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 <u>www.irs.gov/form990</u>.

OMB No 1545-0047

DLN: 93493045013497

Open to Public Inspection

Na	nal Revenue Service me of the organization stem Health Advantage			oyer identification number		
Pa	rt I Organizations Maintaining Donor	· Advised Funds or O	ther Similar F	_	or Accounts.	
	Complete if the organization answere	ed "Yes" on Form 990, I	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 of funds are the organization's property, subject to			nor advis	sed Yes	_ No
6	Did the organization inform all grantees, donors, used only for charitable purposes and not for the conferring impermissible private benefit?					No
Pa	rt III Conservation Easements. Comple	ete if the organization a	nswered "Yes" (n Forn	n 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by th	e organization (check all tl	nat apply)			
	Preservation of land for public use (e g , recreducation)	eation or	Dreservation of a	n histor	ıcally ımportant land area	
	Protection of natural habitat	<u>'</u>			d historic structure	
	Preservation of open space	'	r reservation or a	certific	a motoric structure	
2	Complete lines 2a through 2d if the organization	held a qualified conservation	an contribution in t	the form	of a conservation	
•	easement on the last day of the tax year	neid a qualified conservation	on contribution in		Tor a conservation	
					Held at the End of the \	ear/
а	Total number of conservation easements			2a		
b	Total acreage restricted by conservation easeme			2b		
C	Number of conservation easements on a certified		• •	2c		
d	Number of conservation easements included in (or historic structure listed in the National Register	a) acquired after 8/17/06,	and not on a	2d		
3	Number of conservation easements modified, tra	nsferred, released, extingu	ished, or terminate	ed by th	e organization during the	
	tax year ▶					
4	Number of states where property subject to cons	ervation easement is locat	ed ▶			
5	Does the organization have a written policy regar violations, and enforcement of the conservation of	5 .	g, inspection, han	dling of	□ Yes □ No	
6	Staff and volunteer hours devoted to monitoring, year	inspecting, handling of viol	ations, and enforc	ing cons	servation easements during	the
7	A mount of expenses incurred in monitoring, inspe	ecting, handling of violation	ıs, and enforcıng c	onserva	tion easements during the	year
	▶ \$					
В	Does each conservation easement reported on Ii (B)(i) and section $170(h)(4)(B)(ii)$?	ne 2(d) above satisfy the re	equirements of sec	ction 17	0 (h)(4)	
9	In Part XIII, describe how the organization report balance sheet, and include, if applicable, the text	of the footnote to the orga				
a r	the organization's accounting for conservation eat till Organizations Maintaining Collec		al Treasures.	or Oth	er Similar Assets.	
	Complete if the organization answere					
1a	If the organization elected, as permitted under Si works of art, historical treasures, or other similar service, provide, in Part XIII, the text of the foot	assets held for public exh	ibition, education,	or resea	arch in furtherance of public	
b	If the organization elected, as permitted under SI works of art, historical treasures, or other similar service, provide the following amounts relating to	assets held for public exh				
(i) Revenue included on Form 990, Part VIII, line :			> \$		
	i) Assets included in Form 990, Part X					
` \' `	'Assets included in Form 990, Part X If the organization received or held works of art, I	nistorical treasures or othe				
2	following amounts required to be reported under S				an gam, provide the	

Revenue included on Form 990, Part VIII, line 1

Assets included in Form 990, Part X

Par	t III	Organizations Maintaining (continued)	Collections of A	rt, His	torical	Trea	sures, or (Other Similar A	ssets
3		the organization's acquisition, accition items (check all that apply)	ession, and other rec	ords, ch	neck an y c	fthe	following that	are a significant us	e of its
а		Public exhibition		d	☐ Lo	an or	exchange pro-	grams	
b	Г	Scholarly research		e	┌ ot	her			
c		Preservation for future generations							
4	Provi Part)	de a description of the organization' KIII	s collections and exp	olain ho	w they furt	her th	ne organizatio	n's exempt purpose	ın
5	asset	g the year, did the organization soli s to be sold to raise funds rather th	an to be maintained a						s No
Pa	rt IV	Escrow and Custodial Arra Complete if the organization a Part X, line 21.		Form	990, Par	t IV,	line 9, or re	ported an amour	it on Form 990,
1a		e organization an agent, trustee, cus ded on Form 990, Part X?	todian or other inter	mediary	for contri	butio	ns or other as	sets not	s No
ь	If'	'Yes," explain the arrangement in Pa	art XIII and complet	e the fol	llowing tab	ole		Am	ount
c		ginning balance					10	:	
d		ditions during the year					10	1	
e		stributions during the year					16		
f		ding balance							
2a		ne organization include an amount o	n Form 990, Part X, I	line 21,	for escrov	vorc			s No
b	If"Ye	es," explain the arrangement in Part	XIII Check here if t	he expl	anation ha	as hee	en provided in	Part XIII	
Pa	rt V	Endowment Funds. Comple							
		'	(a)Current year		or year		Two years back		(e)Four years back
1a	Begir	nning of year balance							
b	Cont •	ributions • • • • • • •							
С	Net i losse	nvestment earnings, gains, and es							
d	Gran	ts or scholarships							
е		r expenditures for facilities programs							
f	Δdmi	nistrative expenses							
g	End	of year balance							
2		· · · · · · de the estimated percentage of the	current year end hala	ance (lir	ne 1 a colu	ımn (a	a)) held as		
			carrent year end bare	ance (m	ic 1g, coic		a)) Held d3		
a		I designated or quasi-endowment ▶							
Ь		anent endowment ▶							
С		orarily restricted endowment > ercentages on lines 2a, 2b, and 2c	should equal 100%						
За		nere endowment funds not in the pos ization by	ssession of the orgar	nization	that are h	eld ar	nd administere	ed for the	Yes No
	(i) un	related organizations					•		(i)
		lated organizations							(ii)
b		es" on 3a(II), are the related organiz				R?.		<u>.</u>	Bb
4 Da	rt VI	ribe in Part XIII the intended uses of Land, Buildings, and Equip	-	endowin	ient iunas				
Ра	r AT	Complete if the organization a		Form 9	90, Part	IV, lı	ne 11a.See	Form 990, Part X	., line 10.
		Description of property			(a) ost or other (investmen	basıs	(b) Cost or other ba (other)	Accumulated	(d)Book value
	Land				,	/	(50,101)		
		gs		. `⊢					
		nold improvements		·			265,6	569 136,39	129,274
		nent		. \vdash			7,571,8	<u> </u>	
							1,082,1		

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))

4,025,049

Part VII Investments—Other Securities. Com See Form 990, Part X, line 12.	plete if the organ	ızatıon answered 'Ye	s' on Form 990, Part IV, line 11b.
(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			cost of end of year market value
(2)Closely-held equity interests			
(3) O ther			
Total. (Column (b) must equal Form 990, Part X, col (B) line 12) Part VIII Investments—Program Related.	<u> </u>		
Complete if the organization answered	Yes' on Form 990	, Part IV, line 11c. _{Se}	ee Form 990, Part X, line 13.
(a) Description of investment		(b) Book value	(c) Method of valuation
			Cost or end-of-year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	<u> </u>		
Part IX Other Assets. Complete if the organization (a) Descrip		orm 990, Part IV, line	11d See Form 990, Part X, line 15 (b) Book value
(1) AFFORDABLE CARE ACT RECEIVABLE			6,772,463
(2) INTEREST RECEIVABLE			32,795
(3) INCOME TAX RECEIVABLE (4) PHARMACY REBATE RECEIVABLE			835,798 4,665,979
(5) UC RISK ADJUSTMENT RECEIVABLE			1,655,189
(6) ESI GUARANTEE RECEIVABLE			250,112
(7) ESI CONSULTING RETAINER (8) OTHER RECEIVABLES			15,000 1,948,882
(0) 0 1111111111111111111111111111111111			2,3 .0,002
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)		▶ 16,176,218
Part X Other Liabilities. Complete if the organ		'Yes' on Form 990,	
See Form 990, Part X, line 25.	(h) Poolessaluo		
1. (a) Description of liability	(b) Book value		
Federal income taxes		0	
IBNR	8,907,1	Q 1	
IDIAK	8,907,1	61	
CLAIMS PAYABLE	8,012,9	45	
MEDICAL COST PAYABLE		41	
·	11,586,2	<u>' + </u>	
CADITATION DAVABLE			
CAPITATION PAYABLE	11,586,2 3,784,4		
CAPITATION PAYABLE INTEREST PAYABLE		94	
	3,784,4	94 56	
INTEREST PAYABLE	3,784,4 411,7	94 56	
INTEREST PAYABLE	3,784,4 411,7	94 56	
INTEREST PAYABLE	3,784,4 411,7	94 56	
INTEREST PAYABLE	3,784,4 411,7	94 56	
INTEREST PAYABLE	3,784,4 411,7	94 56 00	

Part X		evenue per Audited Financial Statements With Revenue pursuits answered 'Yes' on Form 990, Part IV, line 12a.	per R	Return
1	·	r support per audited financial statements	1	
2	A mounts included on line 1 bu	t not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) (on investments 2a		
b	Donated services and use of fa	acilities 2b	1	
c	Recoveries of prior year grants	s	1	
e .	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1 .		3	
4	A mounts included on Form 99	0, Part VIII, line 12, but not on line 1		
a	Investment expenses not incli	uded on Form 990, Part VIII, line 7b . 4a		
ь	Other (Describe in Part XIII)	4b	1	
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 X		openses per Audited Financial Statements With Expense	s per	Return.
		nization answered 'Yes' on Form 990, Part IV, line 12a.		1
	·	r audited financial statements	1	
		t not on Form 990, Part IX, line 25		
		acılities	-	
	Prioryear adjustments		-	
	Other losses			
	Other (Describe in Part XIII)		┨ _	
	Add lines 2a through 2d		2e	
			3	
		0, Part IX, line 25, but not on line 1:		
	·	uded on Form 990, Part VIII, line 7b 4a	-	
	Other (Describe in Part XIII)			
			4c	
5	Total expenses Add lines 3 ar	nd 4c. (This must equal Form 990, Part I, line 18)	5	
Part X	Supplemental Info	ormation		
	line 4, Part X, line 2, Part XI,	Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2l lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to		ide any additional
	Return Reference	Explanation		
PART X,	LINE 2	THE COMPANY FOLLOWS THE PROVISIONS OF FASB ACCOUNTING		
		CODIFICATION (ASC) SUBTOPIC 740-10, INCOME TAXES - OVERAPRONOUNCEMENT PRESCRIBES A RECOGNITION THRESHOLD AND ATTRIBUTE FOR THE FINANCIAL STATEMENT RECOGNITION AND POSITION EXPECTED TO BE TAKEN IN A TAX RETURN IT ALSO PRECOGNITION, CLASSIFICATION, INTEREST AND PENALTIES, PERIODS, DISCLOSURE, AND TRANSITION THE COMPANY HAD REFOR UNRECOGNIZED TAX BENEFITS THE COMPANY IDENTIFIED APOSITION RESULTING FROM A FEDERAL PERMANENT DIFFERENCE DEDUCTIBILITY WAS UNCERTAIN AS OF JUNE 30, 2014, THE COM	D MEAS MEAS OVID ACCO ECOGI AN UN EFOR	ASUREMENT SUREMENT OF A TAX SES GUIDANCE ON UNTING IN INTERIM NIZED A LIABILITY CERTAIN TAX WHICH THE

CUMULATIVE LIABILITIES OF APPROXIMATELY \$2 6 MILLION FOR UNRECOGNIZED BENEFITS AND RELATED INTEREST THE COMPANY RECOGNIZES ACCRUED INTEREST AND PENALTIES RELATED TO UNRECOGNIZED TAX BENEFITS IN THE PROVISION FOR INCOME TAXES DURING THE YEAR ENDED JUNE 30, 2015, THE COMPANY DERECOGNIZED THE LIABILITY FOR UNRECOGNIZED BENEFITS AND RELATED INTEREST THE COMPANY FILES TAX RETURNS IN THE UNITED STATES AND CALIFORNIA ALL TAX PERIODS BEGINNING WITH THE TAX YEAR ENDED DECEMBER 31, 2012 AND THERE AFTER ARE OPEN TO EXAMINATION FOR U.S. PURPOSES, AND ALL TAX PERIODS BEGINNING WITH THE TAX PERIOD ENDED DECEMBER 31, 2011 AND THEREAFTER ARE OPEN TO EXAMINATION FOR CALIFORNIA PURPOSES THE COMPANY IS CURRENTLY NOT UNDER EXAMINATION BY THE IRS OR OTHER TAX AUTHORITIES SIGNIFICANT JUDGMENT IS REQUIRED IN APPLYING THE PRINCIPLES OF ASC SUBTOPIC 740-10 THE CALCULATION OF THE PROVISION FOR INCOME TAXES INVOLVES DEALING WITH UNCERTAINTIES IN THE APPLICATION OF COMPLEX TAX LAWS AND REGULATIONS IN DETERMINING THE ADEQUACY OF THE PROVISION FOR INCOME TAXES, THE COMPANY REGULARLY ASSESSES THE POTENTIAL SETTLEMENT OUTCOMES RESULTING FROM INCOME TAX EXAMINATIONS HOWEVER, THE

FINAL OUTCOME OF THE TAX EXAMINATIONS, INCLUDING THE TOTAL AMOUNT PAYABLE OR THE TIMING OF ANY SUCH PAYMENTS UPON RESOLUTION OF THESE ISSUES, CANNOT BE PREDICTED WITH CERTAINTY IN ADDITION, THE COMPANY CANNOT BE CERTAIN THAT SUCH AMOUNT WILL NOT BE MATERIALLY DIFFERENT THAN THAT WHICH IS REFLECTED IN THE COMPANY'S HISTORICAL INCOME TAX PROVISIONS AND ACCRUALS SHOULD THE IRS OR OTHER TAX AUTHORITIES ASSESS ADDITIONAL TAXES AS A RESULT OF A FUTURE EXAMINATION, THE COMPANY MAY BE REQUIRED TO RECORD CHARGES TO OPERATIONS IN

FUTURE PERIODS THAT COULD HAVE A MATERIAL IMPACT ON THE RESULTS OF OPERATIONS, FINANCIAL POSITION, OR CASH FLOWS IN THE APPLICABLE PERIOD OR

PERIODS

Schedule D (Form 990) 2015		Page 5
Part XIII Supplemental Informa	ation <i>(continued)</i>	
Return Reference	Explanation	

Additional Data

Software ID: Software Version:

EIN: 68-0393304

Name: Western Health Advantage

LOLUI AAO	, schedule	υ,	Part IX,	- Otner	ASSE	: 15
					` `	

(1) AFFORDABLE CARE ACT RECEIVABLE

(4) PHARMACY REBATE RECEIVABLE

(6) ESI GUARANTEE RECEIVABLE

(7) ESI CONSULTING RETAINER

(8) OTHER RECEIVABLES

(5) UC RISK ADJUSTMENT RECEIVABLE

(2) INTEREST RECEIVABLE

(3) INCOME TAX RECEIVABLE

|--|

6,772,463

1,655,189

1,948,882

250,112

15,000

32,795

(b) Book value

835,798 4,665,979

efile GRAPHIC print - DO NOT PROCESS As Filed Data -Schedule I (Form 990) Department of the Treasury Internal Revenue Service

Name of the organization

Western Health Advantage

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 2015

Employer identification number

68-0393304

DLN: 93493045013497

Open to Public Inspection

Part I General Information	n on Grants an	d Assistance					
 Does the organization maintain rethe selection criteria used to awa Describe in Part IV the organization 	ard the grants or as	ssistance?				stance, and	√ Yes No
Part II Grants and Other Assistar that received more than \$				plete ıf the organızatıon	answered "Yes" on F	form 990, Part IV, line 2	, for any recipient
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							
		1					
2 Enter total number of section 50						· · · · • _	21
3 Enter total number of other organ For Paperwork Reduction Act Notice, see			· · · · · · ·	Cat No 50055P			3 le I (Form 990) 2015

Part IV

Explanation Return Reference

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

THE ORGANIZATION'S MANAGEMENT TEAM EVALUATES POTENTIAL DONATIONS TO OUTSIDE ORGANIZATIONS TAKING INTO ACCOUNT PART I, LINE 2 HOW THE OUTSIDE ORGANIZATION ALIGNS WITH THE ORGANIZATION'S MISSION GRANT RECIPIENTS ARE TYPICALLY WELL-KNOWN ORGANIZATIONS WITH A STRONG REPUTATION FOR DOING GOOD WITHIN THE COMMUNITY GRANTS ARE MADE FOR GENERAL SUPPORT OR SPECIFIC PROJECTS THAT FURTHER THE OUTSIDE ORGANIZATION'S MISSION OF BENEFITING THE COMMUNITY

Additional Data

SACRAMENTO, CA 95833

AMERICAN HEART

ASSOCIATION
7272 Greenville Ave
Dallas,TX 952314596

13-5613797

Software ID: Software Version:

EIN: 68-0393304

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

501(c)(3)

Name: Western Health Advantage

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (a) Description of (h) Purpose of grant ıfapplıcable organization grant cash (book, FMV, appraisal, non-cash assistance orassistance or government assistance other) ACADEMY OF FRIENDS 94-3064135 501(c)(3) 25,000 AIDS Research 650 Fifth Street Suite 408 San Francisco, CA 94107 ALF EXEMPLARY LEADERS 91-1792774 501(c)(3) 25,000 Leadership Education 2495 Natomas Park Drive Suite 200

100,000

Health Initiative

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıfapplıcable arant cash (book, FMV, appraisal, non-cash assistance orassistance or government other) assistance 501(c)(3) 50,000 B STREET THEATER 95-4047805 Theatre Arts Ed MAINSTAGE 2711 B Street

SACRAMENTO, CA 95816					
BREATHE CALIFORNIA 909 12th Street	94-1641240	501(c)(3)	15,000		Donation toward health care cost
CACDAMENTO CA 05914					

26,000

Donation

SACRAMENTO, CA 95814

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

501(c)(3)

CRISTO REY HIGH SCHOOL

8475 Jackson Road SACRAMENTO, CA 95826 41-2191660

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (a) Description of (h) Purpose of grant ıfapplıcable cash (book, FMV, appraisal, non-cash assistance organization grant orassistance or aovernment other) assistance 501(c)(3) 100.000 CROCKER ART MUSEUM 94-2552486 Donation 216 O Street SACRAMENTO, CA 95814 501(c)(3) 7,500 94-1196203 Sponsorship

7,500

Community Support

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

501(c)(6)

DIGNITY HEALTH	
185 Berry St Ste 3	00
San Francisco, CA	9410

DOWNTOWN SACRAMENTO

980 9th Street Suite 400 Sacramento, CA 95814 68-0270320

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıfapplıcable arant cash (book, FMV, appraisal, non-cash assistance orassistance or government assistance other) Gifts To Share 94-2985546 501(C)(3) 18,500 Arts Program 915 I Street Caeramente CA OF014 ank support

Sacramento, CA 93814					
Sacramento Food Bank 3333 Third Ave Sacramento, CA 95817	94-3315566	501(c)(3)	10,000		Food Bar
GREATER SACRAMENTO	46-5517841	501(c)(3)	100,000		Civic Lea

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

400 Capitol Mall Suite 2500 Sacramento, CA 95814

.eadership . (С)(Э) AREA

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıfapplıcable cash (book, FMV, appraisal, non-cash assistance orassistance grant or government assistance other) 94-6127213 501(c)(3) 10,000 MARIN GENERAL HOSPITAL Sponsorship FOUNDATION 100B Drakes Landing Road

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

501(c)(3)

Rancho Cordova, CA 95670

47-1411177

MERISTEM

9200 Fair Oaks Blvd

Fair Oaks, CA 95628

Suite 25 Greenbrae, CA 94904					
MERCY FOUNDATION 3400 Data Drive	23-7072762	501(c)(3)	40,000		Health Neurological Institute

25,000

Serves young adults on

the autism spectrum

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable cash (book, FMV, appraisal, non-cash assistance orassistance grant or government assistance other) 94-6036494 100,000 MONDAVI CENTER UC Government Sponsorship DAVIS One Shields Ave Davis CA DEC16

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

PACIFIC

2012 H St Ste 207 Sacramento, CA 95811

Davis, CA 95616					
RUN TO FEED THE HUNGRY 3333 Third Ave Sacramento, CA 95817	94-3315566	501(c)(3)	60,000		Sponsorship
SACRAMENTO ASIAN	68-0423644	501(c)(6)	17,500		Sponsorship

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıfapplıcable cash (book, FMV, appraisal, non-cash assistance orassistance grant or government assistance other) 501(c)(3) 65,000 SACRAMENTO BALLET 94-1674349 Sponsorship ASSOCIATION 1631 K Street

25,000

Donation

Sacramento, CA 95814					
SACRAMENTO METROPOLITAN One Capitol Mall Suite 300	94-0824600	501(c)(6)	12,500		Sponsorship

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

501(c)(3)

Sacramento, CA 95814

20-0774693

SOIL BORN FARM URBAN

SACRAMENTO, CA 95866

PO Box 661175

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıfapplıcable cash (book, FMV, appraisal, non-cash assistance grant orassistance or government other) assistance 501(c)(3) 83,333 UC DAVIS FOUNDATION 94-6081352 Sponsorship One Shields Ave Davis, CA 95616 501(c)(3) 7,500 94-3214572 Sponsorship

Sponsorship

35,000

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

501(c)(3)

-		
	VALLEY VISION	l
	2320 Broadway	
	Sacramento, CA	95818

SACRAMENTO, CA 95811

94-2493158

WEAVE INC

1900 K Street

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

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.

2015

DLN: 93493045013497

OMB No 1545-0047

Schedule J (Form 990)

Department of the Freasury Internal Revenue Service		▶ Information about Schedule J (Form) and its instructions is at <u>www.irs</u>	.gov/form990.	Open t Insp		
Na	me of the organı	zation			Employer identific	cation nu	nber	
we	stem Health Advanta	age			68-0393304			
Pa	irt I Questi	ions Regarding Compensation			•			
							Yes	No
1a		ropiate box(es) if the organization provid Section A , line 1a Complete Part III to						
	First-clas	ss or charter travel	Γ	Housing allowance or residence fo	or personal use	ļ	ļ ,	
	Travel for	companions		Payments for business use of per	sonal residence	ļ	ļ	
	Tax idem	nıfıcatıon and gross-up payments	✓	Health or social club dues or initia	ation fees		ļ ļ	
	Discretio	nary spending account	Г	Personal services (e g , maid, cha	uffeur, chef)	-		
b	reimbursement	oxes in line 1a are checked, did the orga t or provision of all of the expenses desc	rıbed	above? If "No," complete Part III	to explain	1b	Yes	
2		zation require substantiation prior to rein tees, officers, including the CEO/Execut				2		No
3	organization's	, if any, of the following the filing organiz CEO/Executive Director Check all that ed organization to establish compensat	apply	Do not check any boxes for methor	ods			
	✓ Compens	ation committee	Г	Written employment contract				
	✓ Independ	ent compensation consultant	✓	Compensation survey or study				
	Form 990	of other organizations	✓	Approval by the board or compens	sation committee	!		
4	During the yea or a related org	r, did any person listed on Form 990, Pa ganization	rt V I :	I, Section A, line 1a with respect to	the filing organizat	ion		
а	Receive a seve	erance payment or change-of-control pa	ymen	t?		4a		Νo
b	Participate in,	or receive payment from, a supplementa	Inone	qualified retirement plan?		4b	Yes	
c	Participate in,	or receive payment from, an equity-bas	ed cor	mpensation arrangement?		4c		Νo
	If "Yes" to any	of lines 4a-c, list the persons and prov	ide th	e applicable amounts for each item	ın Part III			
5	For persons lis), 501(c)(4), and 501(c)(29) organizatio ted on Form 990, Part VII, Section A, I contingent on the revenues of		· ·	: any			
а	The organization	on?				5a		Νo
b	Any related org	ganization? e 5a or 5b, describe in Part III				5b		No
6	For persons lis	ted on Form 990, Part VII, Section A, I contingent on the net earnings of	ne 1a	i, did the organization pay or accrue	any			
а	The organization	on?				6a		Νo
b	Any related or					6b		No
		e 6a or 6b, describe in Part III						
7	For persons lis	ted on Form 990, Part VII, Section A, I described in lines 5 and 6? If "Yes," des			on-fixed	7		No
8		unts reported on Form 990, Part VII, pa initial contract exception described in R				8		No

If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations

section 53 4958-6(c)?

Note. The sum of columns (b)(1)-(m) for each listed individual must equal the total amount of Form 350, Fait VII, Section A, fine 1a, applicable column (b) and (c) amounts for that individual										
(A) Name and Title	f W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	· '	(E) Total of columns	• •				
	Base (i) compensation	(ii) Bonus & Incentive	(iii) Other reportable	other deferred compensation	benefits	(B)(ı)-(D)	column(B) reported as deferred on prior			

(A) Name and Title	(B) Breakdown of	f W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	• •
	Base	(ii)	(iii)	other deferred	benefits	(B)(ı)-(D)	column(B) reporte
	(i) compensation	Bonus & incentive	Other reportable	compensation			as deferred on pri

Schedule J (Form 990) 2015

compensation compensation Form 990

See Additional Data Table

Schedule J (Form 990) 2015

Schedule J (Form 990) 2015	Page 3									
Part III Supplemental Inform	Part III Supplemental Information									
Provide the information, explanation, or	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										
	The organization paid \$180 yearly health club dues for two officers, four key employees, and one highest compensated employee listed on Form 990 Part VII These amounts have been included as nontaxable benefits in Schedule J, Part II, Column D									
Schedule J, Part I, Question 4b	The organization has a 457(f) plan whereby participants vest after 5 years, with immediate vesting upon death, disability, or involuntary termination									

without cause

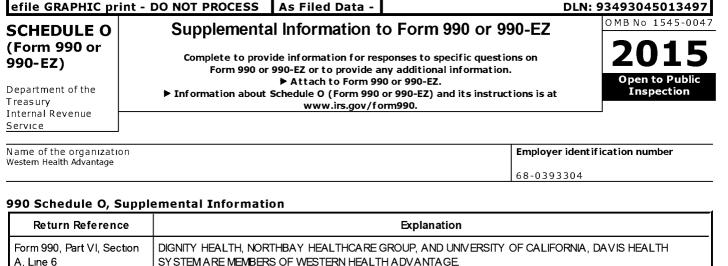
Schedule J (Form 990) 2015

Software ID: Software Version:

EIN: 68-0393304

Name: Western Health Advantage

Form 990, Schedule J,	Part :	II - Officers, Direc	ctors, Trustees, K	ey Employees, an	d Highest Compen	sated Employees	5	
(A) Name and Title		(B) Breakdown of (i) Base Compensation	W-2 and/or 1099-MIS (ii) Bonus & Incentive compensation	GC compensation (iii) Other reportable 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
1Garry Maisel President & CEO	(1)	668,958	334,920	53,354	91,392	12,208	1,160,832	0
	(11)	0	0	0	0	- 0	_ 	0
1Manette Ruecker Treasurer & CFO	(1)	281,353	131,781	8,308	33,870	18,900	474,212	0
	(11)	0	0	0	0	- - 0		0
2 William Figenshu Chief Sales Officer	(1)	256,126	60,567	22,200	31,308	23,648	393,849	0
	(11)	0	0	0	0	- - 0	-	0
3Donald Hufford Chief Medical Officer	(1)	311,171	59,923	9,967	37,530	25,447	444,038	0
	(11)	0	0	0	0			0
4Rebecca Downing Chief Legal Officer	(1)	205,932	39,891	10,802	26,855	25,041	308,521	0
-	(11)	0	0	0	0			0
5Fredenck Heron Chief Mktg & Brand Officer	(1)	176,436	33,781	14,974	22,384	23,335	270,910	0
	(11)	0	0	0	0	-	-	0
6 Glenn Hamburg Chief Client Services Officer	(1)	199,122	38,570	7,879	23,912	2,888	272,371	0
	(11)	0	0	0	0			0
7 Elizabeth Hargett Sales Director	(1)	122,382	47,515	10,004	7,104	23,912	210,917	0
	(11)	0	0	0	0			0
8Mary Ingram Actuarial Services Director	(1)	158,103	11,723	2,727	6,893	21,036	200,482	0
	(11)	0	0	0	0	-		0
9 Chnstopher Paul Senior Benefit Consultant	(1)	104,231	50,246	7,233	1,670	23,241	186,621	0
	(11)	0	0	0	0	-	-	0
10 Chnstopher Moms Financial Analysis Manager	(1)	145,561	5,749	5,969	6,274	23,485	187,038	0
	(11)	0	0	0	0	- - 0		0
11Keith Howes Human Resources Director	(1)	129,921	10,313	11,282	6,139	16,701	174,356	0
	(11)	0	0	0	0	- - 0	_ 	0
12 Alı Darugar Chief Information Officer	(1)	194,372	30,000	5,154	23,471	21,026	274,023	0
	(11)	0	0	0	0	0	- 0	0



EM HAVE RIGHTS TO ELECT AND REMOVE MOST BOARD MEMBERS

DIGNITY HEALTH, NORTHBAY HEALTHCARE GROUP, AND UNIVERSITY OF CALIFORNIA, DAVIS HEALTH SYST

Form 990. Part VI. Section

A, Line 7A

990 Schedule O, Supplemental Information

Return Reference

Form 990, Part VI,	DIGNITY HEALTH, NORTHBAY HEALTHCARE GROUP, AND UNIVERSITY OF CALIFORNIA, DAVIS HEALTH SYSTEM
Section A, Line 7B	RETAIN THE APPROVAL RIGHTS AFFORDED MEMBERS FOR CERTAIN SIGNIFICANT TRANSACTIONS (E.G. CHANGE IN
	BYLAWS)

Explanation

Form 990, Part VI,
Section B, Line 11

THE BOARD OF DIRECTORS REVIEW THE FORM 990 BEFORE THE RETURN IS FILED. THE ORGANIZATION'S
CFO AND FINANCE DIRECTOR WORK CLOSELY WITH OUTSIDE ACCOUNTING FIRM TO PREPARE AND REVIEW T

HE RETURN. PRIOR TO PROVIDING THE DRAFT TO THE BOARD OF DIRECTORS

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, Line 12C	ON AN ANNUAL BASIS, THE ORGANIZATION DISTRIBUTES CONFLICT OF INTEREST QUESTIONNAIRES WHICH THE BOARD MEMBERS, OFFICERS, AND KEY EMPLOYEES COMPLETE AND RETURN THE CHIEF LEGAL OFFICER OF THE ORGANIZATION REVIEWS THE RETURNED FORMS FOR COMPLIANCE IF A CONFLICT IS DISCOVERED IT IS HANDLED IN ACCORDANCE WITH THE CONFLICTS OF INTEREST POLICY, WHICH REQUIRES INDIVIDUALS WITH A POTENTIAL CONFLICT TO RECUSE THEMSELVES FROM THE BOARD'S DELIBERATIONS ON THE ISSUE OF CONLFICT IN ADDITION, THE CHIEF LEGAL OFFICER PRESENTS AN ANNUAL REVIEW OF THE CONFLICT OF INTEREST POLICY AND MAKES RECOMMENDATIONS FOR ANY CHANGES THAT MAY BE NECESSARY
Form 990, Part VI, Section B, Line 15	THE BOARD OF DIRECTORS REVIEW THE COMPENSATION OF THE CHIEF LEVEL EXECUTIVES AFTER RECEIVING A REPORT FROM AN INDEPENDENT CONSULTANT ADVISING AS TO THE LEVEL OF SALARIES FOR SIMILAR POSITIONS A WRITTEN POLICY AND PROCEDURES REQUIRES THAT THE BOARD DETERMINE THAT COMPENSATION IS REASONABLE TO THE ORGANIZATION BASED UPON INFORMATION SUFFICIENT TO DETERMINE WHETHER THE VALUE OF SERVICES IS THE AMOUNT THAT WOULD ORDINARILY BE PAID FOR LIKE SERVICES BY LIKE ENTERPRISES, WHETHER TAXABLE OR TAX EXEMPT UNDER LIKE CIRCUMSTANCES RELEVANT INFORMATION INCLUDES, BUT IS NOT LIMITED TO, COMPENSATION LEVELS PAID BY SIMILARLY SITUATED OR GANIZATIONS, BOTH TAXABLE AND TAX-EXEMPT, FOR FUNCTIONALLY COMPARABLE POSITIONS, THE AVAIL ABILITY OF SIMILAR SERVICES IN THE GEOGRAPHIC AREA OF THE APPLICABLE TAX EXEMPT ORGANIZATION, CURRENT COMPENSATION SURVEYS COMPILED BY INDEPENDENT FIRMS, AND ACTUAL WRITTEN OFFERS FROM SIMILAR INSTITUTIONS COMPETING FOR THE SERVICES OF THE DISQUALIFIED PERSON ANY MEMBERS OF THE BOARD WHO HAVE A CONFLICT CANNOT BE INCLUDED IN THE DECISION MAKING PROCESS

Return Reference Explanation Form 990. Part VI. WHILE FEDERAL TAX LAWS DO NOT MANDATE THAT THE ORGANIZATION'S GOVERNING DOCUMENTS. CONFLICT OF Section C. Line 10

INTEDESTIDALICY AND CINIANICIAL STATEMENTS DE MADE AVAILADE CODIDIDE INSPECTION THE OPERALIZATION.

990 Schedule O, Supplemental Information

Section C, Line 19	MAKES ITS FINANCIAL STATEMENTS AVAILABLE UPON REQUEST
FORM 990 PART IX LINE 11G	DESCRIPTION CAPITATION TOTAL FEES 474049228

990 Schedule O, Supplemental Information

Return Reference Explanation

DESCRIPTION MEDICAL ADMIN TOTAL FEES 5540169

	·
FORM 990 PART IX LINE 11G	DESCRIPTION CLAIMS EXPENSE TOTAL FEES 121756316

FORM 990 PART IX LINE 11G

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Employer identification number

2015

DLN: 93493045013497

Open to Public Inspection

Department of the Treasury
Internal Revenue Service
Name of the organization

Western Health Advantage

(Form 990)

► Attach to Form 990.

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

68-0393304 Part I Identification of Disregarded Entities Complete of the organization answered "Yes" on Form 990, Part IV, line 33. (c) (f) (e) Direct controlling Name, address, and EIN (if applicable) of disregarded entity Primary activity Legal domicile (state Total income End-of-year assets or foreign country) entity Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one Part II or more related tax-exempt organizations during the tax year. (b) (c) (d) (e) (f) (g) Public charity status Name, address, and EIN of related organization Primary activity Legal domicile (state Exempt Code section Direct controlling Section 512(b) or foreign country) (if section 501(c)(3)) entity (13) controlled entity? Yes No For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50135Y Schedule R (Form 990) 2015

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	tivity Legal	domicile controlling (state or entity foreign country) Income(related, unrelated, excluded from tax under sections 512-		Predominant income(related, unrelated, excluded from tax under sections 512-	Legal domicile controlling income(related, total (state or foreign country) excluded from tax under sections 512-	Disprop	(h) proprtionate locations? Code V- amount ii 20 o' Schedule (Form 1)		x mana partn	ral or aging ner?	(k) Percentage ownership
				'		Yes	No		Yes	No		
Design The stiff of the state of Deleted Consequent and Taxable of			^				1157 11				-	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete of 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 (b)(1 contro entit Yes	512 .3) lled
WESTERN HEALTH (1)ADVANTAGE COMMUNITY 2349 GATEWAY OAKS FRNE SUITE 100 SACRAMENTO, CA 95833 87-0748090	Inactive	CA	NA	C CORP	0	0	100 000 %		No

chedule R (Form 990) 2015					Pag	ge 3	
Part V Transactions With Related Organizations Complete if the organization answer	ered "Yes" on Form	990, Part IV, line	34, 35b, or 36.				
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule					Yes	No	
1 During the tax year, did the orgranization engage in any of the following transactions with one or more re	elated organizations li	sted in Parts II-IV?					
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		No	
b Gift, grant, or capital contribution to related organization(s)				1 b		No	
c Gift, grant, or capital contribution from related organization(s)				1 c		No	
d Loans or loan guarantees to or for related organization(s)				1 d		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)				1 g		No	
h Purchase of assets from related organization(s)				1h		No	
i Exchange of assets with related organization(s)							
${f j}$ 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)				11		No	
m Performance of services or membership or fundraising solicitations by related organization(s)				1m		No	
${f n}$ Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n		No	
• Sharing of paid employees with related organization(s)				10		No	
p Reimbursement paid to related organization(s) for expenses				1 p		No	
q Reimbursement paid by related organization(s) for expenses				1 q		No	
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	, 			S			
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining a	mount II	nvolved		
	+						

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

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?		(e) Are all partners section 501(c)(3) organizations?		(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	total end-of-year income assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)			(k) Percentage ownership
			314)	Yes	No			Yes	No		Yes	No					
												1 1					

