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Form **990-PF**
Department of the Treasury
Internal Revenue Service

Return of Private Foundation

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

▶ **Do not enter social security numbers on this form as it may be made public.**
▶ **Go to *www.irs.gov/Form990PF* for instructions and the latest information.**

OMB No. 1545-0052

2018

Open to Public Inspection

For calendar year 2018, or tax year beginning 10-01-2018 , and ending 09-30-2019

Name of foundation
UNIHEALTH FOUNDATION

A Employer identification number
95-5004033

Number and street (or P.O. box number if mail is not delivered to street address)
800 WILSHIRE BLVD SUITE 1300

Room/suite

B Telephone number (see instructions)
(213) 630-6500

City or town, state or province, country, and ZIP or foreign postal code
LOS ANGELES, CA 90017

C If exemption application is pending, check here ▶ ☐

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

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)* ▶$ 308,200,726

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) (see instructions).)*

			(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 (attach schedule)	250,000			
	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	7,253,376	7,330,205		
	5a	Gross rents				
	b	Net rental income or (loss) _____				
	6a	Net gain or (loss) from sale of assets not on line 10	16,239,945			
	b	Gross sales price for all assets on line 6a 203,559,015				
	7	Capital gain net income (from Part IV, line 2)		11,516,804		
	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) (attach schedule)				
	11	Other income (attach schedule)	27,527	11,825		
	12	**Total.** Add lines 1 through 11	23,770,848	18,858,834		
Operating and Administrative Expenses	13	Compensation of officers, directors, trustees, etc.	941,159	303,855		637,304
	14	Other employee salaries and wages	431,171	6,701		424,470
	15	Pension plans, employee benefits	258,851	53,764		205,087
	16a	Legal fees (attach schedule)	22,612	19,797		2,815
	b	Accounting fees (attach schedule)	74,986	37,493		37,493
	c	Other professional fees (attach schedule)	3,628,409	3,568,642		59,767
	17	Interest				
	18	Taxes (attach schedule) (see instructions)	477,181	10,321		80,477
	19	Depreciation (attach schedule) and depletion	16,168	16,168		
	20	Occupancy	220,845	19,638		201,207
	21	Travel, conferences, and meetings	51,693	24,607		27,086
	22	Printing and publications				
	23	Other expenses (attach schedule)	323,666	32,659		291,007
	24	**Total operating and administrative expenses.** Add lines 13 through 23	6,446,741	4,093,645		1,966,713
	25	Contributions, gifts, grants paid	8,989,568			11,478,185
	26	**Total expenses and disbursements.** Add lines 24 and 25	15,436,309	4,093,645		13,444,898
	27	Subtract line 26 from line 12:				
	a	**Excess of revenue over expenses and disbursements**	8,334,539			
	b	**Net investment income** (if negative, enter -0-)		14,765,189		
	c	**Adjusted net income** (if negative, enter -0-)				

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

		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash—non-interest-bearing	54,550	147,695	147,695
	2 Savings and temporary cash investments	2,869,506	1,462,210	1,462,210
	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 (attach schedule) (see instructions)			
	7 Other notes and loans receivable (attach schedule) ▶			
	Less: allowance for doubtful accounts ▶			
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges	64,940	110,015	110,015
	10a Investments—U.S. and state government obligations (attach schedule)			
	b Investments—corporate stock (attach schedule)	155,251,652	152,272,926	152,272,926
	c Investments—corporate bonds (attach schedule)	24,553,299	25,404,011	25,404,011
	11 Investments—land, buildings, and equipment: basis ▶			
	Less: accumulated depreciation (attach schedule) ▶			
	12 Investments—mortgage loans			
	13 Investments—other (attach schedule)	123,675,485	127,368,857	127,368,857
	14 Land, buildings, and equipment: basis ▶ 86,873			
	Less: accumulated depreciation (attach schedule) ▶ 60,659	38,060	26,214	26,214
	15 Other assets (describe ▶)	657,492	1,408,798	1,408,798
	16 **Total assets** (to be completed by all filers—see the instructions. Also, see page 1, item I)	307,164,984	308,200,726	308,200,726
Liabilities	17 Accounts payable and accrued expenses	332,656	304,977	
	18 Grants payable	12,466,477	9,977,860	
	19 Deferred revenue			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable (attach schedule)			
	22 Other liabilities (describe ▶)	1,154,062	931,778	
	23 **Total liabilities**(add lines 17 through 22)	13,953,195	11,214,615	
Net Assets or Fund Balances	**Foundations that follow SFAS 117, check here ▶ ☑ and complete lines 24 through 26 and lines 30 and 31.**			
	24 Unrestricted	293,211,789	296,986,111	
	25 Temporarily restricted			
	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** (see instructions)	293,211,789	296,986,111	
	31 **Total liabilities and net assets/fund balances** (see instructions)	307,164,984	308,200,726	

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	293,211,789
2	Enter amount from Part I, line 27a	2	8,334,539
3	Other increases not included in line 2 (itemize) ▶	3	0
4	Add lines 1, 2, and 3	4	301,546,328
5	Decreases not included in line 2 (itemize) ▶	5	4,560,217
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30	6	296,986,111

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	See Additional Data Table			
b				
c				
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	See Additional Data Table			
b				
c				
d				
e				

	Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) **or** Losses (from col.(h))
	(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	
a	See Additional Data Table			
b				
c				
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	11,516,804
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) (see instructions). If (loss), enter -0- in Part I, line 8	3	

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))
2017	13,618,363	304,342,128	0.044747
2016	13,573,581	290,682,278	0.046696
2015	14,746,129	280,390,741	0.052591
2014	14,920,774	296,478,997	0.050327
2013	14,290,155	297,093,234	0.048100

2	**Total** of line 1, column (d)	2	0.242461
3	Average distribution ratio for the 5-year base period—divide the total on line 2 by 5.0, or by the number of years the foundation has been in existence if less than 5 years	3	0.048492
4	Enter the net value of noncharitable-use assets for 2018 from Part X, line 5	4	294,561,422
5	Multiply line 4 by line 3	5	14,283,872
6	Enter 1% of net investment income (1% of Part I, line 27b)	6	147,652
7	Add lines 5 and 6	7	14,431,524
8	Enter qualifying distributions from Part XII, line 4	8	14,199,220

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	295,304
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	295,304
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	295,304
6	Credits/Payments:		
a	2018 estimated tax payments and 2017 overpayment credited to 2018 — 6a: 449,410		
b	Exempt foreign organizations—tax withheld at source — 6b:		
c	Tax paid with application for extension of time to file (Form 8868) — 6c: 50,000		
d	Backup withholding erroneously withheld — 6d: 0		
7	Total credits and payments. Add lines 6a through 6d.	7	499,410
8	Enter any **penalty** for underpayment of estimated tax. Check here ☐ if Form 2220 is attached.	8	0
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	204,106
11	Enter the amount of line 10 to be: **Credited to 2019 estimated tax** ▶ 204,106 **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		No
b	Did it spend more than $100 during the year (either directly or indirectly) for political purposes? (see Instructions for definition).	1b		No
	*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.*			
c	Did the foundation file **Form 1120-POL** for this year?	1c		No
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		No
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		No
4a	Did the foundation have unrelated business gross income of $1,000 or more during the year?	4a		No
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year? *If "Yes," attach the statement required by General Instruction T.*	5		No
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	Yes	
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	Yes	
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	Yes	
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 2018 or the taxable year beginning in 2018? See the instructions for Part XIV. If "Yes," complete Part XIV	9		No
10	Did any persons become substantial contributors during the tax year? *If "Yes," attach a schedule listing their names and addresses.*	10		No

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		No
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement. See instructions	12		No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Yes	

Website address ▶ UNIHEALTHFOUNDATION.ORG

14 The books are in care of ▶ KATHLEEN SALAZAR Telephone no. ▶ (213) 630-6500

Located at ▶ 800 WILSHIRE BLVD STE 1300 LOS ANGELES CA ZIP+4 ▶ 90017

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

16	At any time during calendar year 2018, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?	16		No

See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes", enter the name of the foreign country ▶

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.

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 instructions	1b		No
	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 2018?	1c		No
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 2018, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2018?	☐ Yes	☑ No	
	If "Yes," list the years ▶ 20____, 20____, 20____, 20____			
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.)	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. ▶ 20____, 20____, 20____, 20____			
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 2018 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 2018.)*	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		No
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 2018?	4b		No

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

			Yes	No
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 4945(d)(4)(A)? See instructions	☐ 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	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?	☐ 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		No
	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?	7b		
8	Is the foundation subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment during the year?	☐ Yes ☑ No		

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. See instructions

(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 Additional Data Table				

2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). 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
KRISTOPHER EAMES 800 WILSHIRE BLVD 1300 LOS ANGELES, CA 90017	ADM, DIR OF OPERATIO 40.00	112,828	16,651	0
CAROLINE CHUNG 800 WILSHIRE BLVD 1300 LOS ANGELES, CA 90017	ADM, GRANTS 40.00	102,176	0	0
ALEXANDER SALAZAR 800 WILSHIRE BLVD 1300 LOS ANGELES, CA 90017	ADM, ACCOUNTANT 40.00	67,000	9,229	0
COLETTE BADMAGHARIAN 800 WILSHIRE BLVD 1300 LOS ANGELES, CA 90017	ADM, PROGRAM ASSOC 40.00	65,154	9,575	0
TERRY FRIAS 800 WILSHIRE BLVD 1300 LOS ANGELES, CA 90017	ADM, EXEC ASSISTANT 40.00	50,000	7,357	0
Total number of other employees paid over $50,000 ▶				0

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

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

(a) Name and address of each person paid more than $50,000	(b) Type of service	(c) Compensation
NEW MOUNTAIN PARTNERS IV 787 7TH AVENUE 49TH FLOOR NEW YORK CITY, NY 10019	INVESTMENT MGMT	470,869
BLACKSTONE REAL ESTATE VII LP 345 PARK AVENUE 31ST FLOOR NEW YORK CITY, NY 10154	INVESTMENT MGMT	264,759
HS MANAGEMENT PARTNERS 598 MADISON AVENUE 14TH FLOOR NEW YORK CITY, NY 10022	INVESTMENT MGMT	225,634
CANTERBURY CONSULTING 1200 5TH AVE 1725 SEATTLE, WA 98101	INVESTMENT ADVISORY	190,043
ONNI 800 WILSHIRE LP 800 WILSHIRE BLVD LOS ANGELES, CA 90017	INVESTMENT MGMT	188,619
Total number of others receiving over $50,000 for professional services. ▶		26

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	
2	
3	
4	

Part IX-B **Summary of Program-Related Investments** (see instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
1 PROGRAM-RELATED INVESTMENT LOAN TO GENESIS LA ECONOMIC GROWTH CORPORATION TO SUPPORT THE RETHINK HOUSING PROGRAM WHICH TARGETS THE RESTORATION AND DEVELOPMENT OF SMALL HOUSING PROJECTS.	750,000
2	
All other program-related investments. See instructions. 3	
Total. Add lines 1 through 3 ▶	750,000

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	296,954,532
b	Average of monthly cash balances	1b	2,092,597
c	Fair market value of all other assets (see instructions)	1c	0
d	**Total** (add lines 1a, b, and c)	1d	299,047,129
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	299,047,129
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	4,485,707
5	**Net value of noncharitable-use assets.** Subtract line 4 from line 3. Enter here and on Part V, line 4	5	294,561,422
6	**Minimum investment return.** Enter 5% of line 5	6	14,728,071

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	14,728,071
2a	Tax on investment income for 2018 from Part VI, line 5	2a	295,304		
b	Income tax for 2018. (This does not include the tax from Part VI.)	2b			
c	Add lines 2a and 2b			2c	295,304
3	Distributable amount before adjustments. Subtract line 2c from line 1			3	14,432,767
4	Recoveries of amounts treated as qualifying distributions			4	0
5	Add lines 3 and 4			5	14,432,767
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	14,432,767

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	13,444,898
b	Program-related investments—total from Part IX-B	1b	750,000
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	4,322
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	14,199,220
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. See instructions	5	0
6	**Adjusted qualifying distributions.** Subtract line 5 from line 4	6	14,199,220

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 2017	(c) 2017	(d) 2018
1 Distributable amount for 2018 from Part XI, line 7				14,432,767
2 Undistributed income, if any, as of the end of 2018:				
a Enter amount for 2017 only.			0	
b Total for prior years: 20___, 20___, 20___		0		
3 Excess distributions carryover, if any, to 2018:				
a From 2013.				
b From 2014.				
c From 2015. 507,546				
d From 2016.				
e From 2017.				
f **Total** of lines 3a through e.	507,546			
4 Qualifying distributions for 2018 from Part XII, line 4: ▶ $ 14,199,220				
a Applied to 2017, 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 2018 distributable amount.				14,199,220
e Remaining amount distributed out of corpus	0			
5 Excess distributions carryover applied to 2018.	233,547			233,547
(If an amount appears in column (d), the same amount must be shown in column (a).)				
6 **Enter the net total of each column as indicated below:**				
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	273,999			
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 2017. Subtract line 4a from line 2a. Taxable amount—see instructions			0	
f Undistributed income for 2018. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2019				0
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions)	0			
8 Excess distributions carryover from 2013 not applied on line 5 or line 7 (see instructions) . . .	0			
9 **Excess distributions carryover to 2019.** Subtract lines 7 and 8 from line 6a	273,999			
10 Analysis of line 9:				
a Excess from 2014. . . .				
b Excess from 2015. . . . 273,999				
c Excess from 2016. . . .				
d Excess from 2017. . . .				
e Excess from 2018. . . .				

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

1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2018, enter the date of the ruling. . . . . ▶

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

	Tax year	Prior 3 years			(e) Total
	(a) 2018	(b) 2017	(c) 2016	(d) 2015	
2a 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 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).)

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.

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. to individuals or organizations under other conditions, complete items 2a, b, c, and d. See instructions

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

UNIHEALTH FOUNDATION JENNIFER VANOR
800 WILSHIRE BLVD SUITE 1300
LOS ANGELES, CA 90017
(213) 630-6500

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

GRANT APPLICATION OUTLINE PROVIDED UPON SUBMISSION OF LETTER OF INQUIRY

c Any submission deadlines:

SEE WEBSITE FOR DATES

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

AWARDS RESTRICTED GEOGRAPHICALLY AND PROGRAMMATICALLY.

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 Additional Data Table				
Total . . . . . ▶ **3a**				
b *Approved for future payment* See Additional Data Table				
Total . . . . . ▶ **3b**				

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.	Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income (See instructions.)
	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	
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	7,253,376	
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					
8 Gain or (loss) from sales of assets other than inventory			18	16,239,945	
9 Net income or (loss) from special events:					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:					
a PASSTHROUGH UBTI INCOME/LOSS	900099	-21,618			
b MISCELLANEOUS INCOME			01	37,320	
c PROGRAM RELATED INVESTMENT INTEREST			14	11,825	
d					
e					
12 Subtotal. Add columns (b), (d), and (e)		-21,618		23,542,466	0
13 **Total.** Add line 12, columns (b), (d), and (e). (See worksheet in line 13 instructions to verify calculations.)				13	23,520,848

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). (See instructions.)

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) (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)		No
(2) Other assets	1a(2)		No
b Other transactions:			
(1) Sales of assets to a noncharitable exempt organization	1b(1)		No
(2) Purchases of assets from a noncharitable exempt organization	1b(2)		No
(3) Rental of facilities, equipment, or other assets	1b(3)		No
(4) Reimbursement arrangements	1b(4)		No
(5) Loans or loan guarantees	1b(5)		No
(6) Performance of services or membership or fundraising solicitations	1b(6)		No
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees	1c		No

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

2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (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

Sign Here

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) is based on all information of which preparer has any knowledge.

******	2020-03-30	******
Signature of officer or trustee	Date	Title

May the IRS discuss this return with the preparer shown below (see instr.)? ☑ Yes ☐ No

Paid Preparer Use Only

Print/Type preparer's name	Preparer's Signature	Date	Check if self-employed ▶ ☐	PTIN
KATY BROWN		2020-03-30		P00650274
Firm's name ▶ ARMANINO LLP				Firm's EIN ▶94-6214841
Firm's address ▶ 21600 OXNARD STREET STE 1180 WOODLAND HILLS, CA 91367				Phone no. (818) 587-9300

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d

	List and describe the kind(s) of property sold (e.g., real estate, **(a)** 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.)
1	BARROW, HANLEY, MEWHINNEY	P		
1	HS MANAGEMENT PARTNERS	P		
	VANGUARD S&P 500 / FIDELITY 500	P		
	VAUGHAN NELSON SMALL CAP VALUE	P		
	ROBECO	P		
	EUROPACIFIC GROWTH FD	P		
	MATTHEWS PACIFIC TIGER	P		
	WILLIAM BLAIR INT'L GR FD	P		
	LAZARD EMERGING MKTS FD	P		
	SANDERSON INT'L VALUE FUND	P		

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h

(e) Gross sales price	Depreciation allowed **(f)** (or allowable)	Cost or other basis **(g)** plus expense of sale	Gain or (loss) **(h)** (e) plus (f) minus (g)
56,044,795		52,143,178	3,901,617
29,134,351		27,185,833	1,948,518
71,501,180		69,587,566	1,913,614
12,676,851		12,724,880	-48,029
12,769,768		12,291,485	478,283
171,997			171,997
4,400,000		3,965,367	434,633
1,000,000		53,179	946,821
3,000,000		3,103,975	-103,975
340,272			340,272

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - l

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			Gains (Col. (h) gain minus col. (k), but not less than -0-) **or** **(l)** Losses (from col.(h))
(i) F.M.V. as of 12/31/69	Adjusted basis **(j)** as of 12/31/69	Excess of col. (i) **(k)** over col. (j), if any	
			3,901,617
			1,948,518
			1,913,614
			-48,029
			478,283
			171,997
			434,633
			946,821
			-103,975
			340,272

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d

	List and describe the kind(s) of property sold (e.g., real estate, **(a)** 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.)
	PIMCO TOTAL RETURN FD	P		
1	BRANDYWINE GLOBAL OPPS FUND	P		
	CRESCENT HIGH INCOME CF	P		
	MET WEST TOTAL RETURN	P		
	COHEN & STEERS INSTL REALTY	P		
	BLACKSTONE REAL ESTATE VII LP	P		
	OAK HILL CAPITAL PARTNERS III, LP	P		
	OCM OPPORTUNITIES FUND VII, LP	P		
	OCM OPPORTUNITIES FUND VIIB	P		
	OCM PRINCIPAL OPPS FUND IV, LP	P		

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h

(e) Gross sales price	Depreciation allowed **(f)** (or allowable)	Cost or other basis **(g)** plus expense of sale	Gain or (loss) **(h)** (e) plus (f) minus (g)
2,000,000		2,096,661	-96,661
40,271			40,271
		93,451	-93,451
1,000,000		1,017,225	-17,225
449,400			449,400
1,280,602		1,259,977	20,625
555,377		203,419	351,958
23,028		35,398	-12,370
33,786		48,008	-14,222
240,322			240,322

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - l

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			Gains (Col. (h) gain minus col. (k), but not less than -0-) **or** **(l)** Losses (from col.(h))
(i) F.M.V. as of 12/31/69	Adjusted basis **(j)** as of 12/31/69	Excess of col. (i) **(k)** over col. (j), if any	
			-96,661
			40,271
			-93,451
			-17,225
			449,400
			20,625
			351,958
			-12,370
			-14,222
			240,322

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d

	List and describe the kind(s) of property sold (e.g., real estate, **(a)** 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.)
	RLH INVESTORS II, LP	P		
1	RLH INVESTORS III, LP	P		
	SIGULER GUFF BRIC OPPS FUND II	P		
	SILVER LAKE PARTNERS III [1134B]	P		
	SILVER LAKE PARTNERS IV	P		
	NEW MOUNTAIN PARTNERS IV	P		
	INDUSTRY VENTURES PARTNERSHIP HOLDINGS IV, LP	P		
	TRIDENT VII PARALLEL FUND, LP	P		
	CENTERBRIDGE	P		
	SVB STRATEGIC INVESTORS IX	P		

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h

(e) Gross sales price	Depreciation allowed **(f)** (or allowable)	Cost or other basis **(g)** plus expense of sale	Gain or (loss) **(h)** (e) plus (f) minus (g)
493,685		708,894	-215,209
1,019,154		1,137,089	-117,935
480,298		512,300	-32,002
973,000		973,000	0
1,504,344		1,483,223	21,121
2,368,115		1,382,762	985,353
25,628		24,103	1,525
19,401			19,401
12,999		11,238	1,761
391			391

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - l

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			Gains (Col. (h) gain minus col. (k), but not less than -0-) **or** **(l)** Losses (from col.(h))
(i) F.M.V. as of 12/31/69	Adjusted basis **(j)** as of 12/31/69	Excess of col. (i) **(k)** over col. (j), if any	
			-215,209
			-117,935
			-32,002
			0
			21,121
			985,353
			1,525
			19,401
			1,761
			391

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation

(a) Name and address	Title, and average hours per week **(b)** devoted to position	**(c)** Compensation **(If not paid, enter -0-)**	**(d)** Contributions to employee benefit plans and deferred compensation	Expense account, **(e)** other allowances
BRADLEY C CALL 800 WILSHIRE BLVD SUITE 1300 LOS ANGELES, CA 90017	CHAIRMAN & CEO 20.00	200,000	24,000	9,600
DAVID S CANNOM MD 800 WILSHIRE BLVD SUITE 1300 LOS ANGELES, CA 90017	DIRECTOR 3.00	27,750	0	0
DAVID R CARPENTER 800 WILSHIRE BLVD SUITE 1300 LOS ANGELES, CA 90017	DIRECTOR 3.00	32,250	0	0
PATRICK C HADEN 800 WILSHIRE BLVD SUITE 1300 LOS ANGELES, CA 90017	DIRECTOR 3.00	32,750	0	0
LYDIA H KENNARD 800 WILSHIRE BLVD SUITE 1300 LOS ANGELES, CA 90017	DIRECTOR 3.00	29,750	0	0
CHARLES C REED 800 WILSHIRE BLVD SUITE 1300 LOS ANGELES, CA 90017	DIRECTOR 3.00	34,750	0	0
KEITH W RENKEN 800 WILSHIRE BLVD SUITE 1300 LOS ANGELES, CA 90017	DIRECTOR 3.00	31,750	0	0
FRANK M SANCHEZ PHD 800 WILSHIRE BLVD SUITE 1300 LOS ANGELES, CA 90017	DIRECTOR 3.00	29,000	0	0
ROBERT G SPLAWN MD 800 WILSHIRE BLVD SUITE 1300 LOS ANGELES, CA 90017	DIRECTOR 3.00	29,750	0	0
AMY WOHL PHD 800 WILSHIRE BLVD SUITE 1300 LOS ANGELES, CA 90017	DIRECTOR 3.00	12,333	0	0
JENNIFER VANORE 800 WILSHIRE BLVD SUITE 1300 LOS ANGELES, CA 90017	PRESIDENT 40.00	196,787	30,105	9,600
KATHLEEN H SALAZAR 800 WILSHIRE BLVD SUITE 1300 LOS ANGELES, CA 90017	CFO 40.00	231,875	33,149	0

Form 990PF Part XV Line 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*				
A COMMUNITY OF FRIENDS 3701 WILSHIRE BLVD SUITE 700 LOS ANGELES, CA 90010	N/A	PC	SUPOORT OF SERVICES FOR THE HOMELESS	500
ALLIANCE FOR COLLEGE-READY PUBLIC SCHOOLS 601 S FIGUEROA ST 4TH FLOOR LOS ANGELES, CA 90017	N/A	PC	LEADERS OF CHANGE	5,000
ALS ASSOCIATION GOLDEN WEST CHAPTER 28632 ROADSIDE DR SUITE 173 AGUORA HILLS, CA 91301	N/A	PC	THANK YOU CONTRIBUTION	10,000
Total . . . . . ▶ **3a**				11,478,185

Form 990PF Part XV Line 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*				
ALZHEIMER'S ASSOCIATION-CALIFORNIA SOUTHLAND 9606 S SANTA MONICA BLVD SUITE 200 BEVERLY HILLS, CA 90210	N/A	PC	THANK YOU CONTRIBUTION	10,000
ALZHEIMER'S GREATER LOS ANGELES 4221 WILSHIRE BLVD SUITE 400 LOS ANGELES, CA 90010	N/A	PC	THE SAVVY CAREGIVER: TRANSLATION, TRANSFORMATION, AND FEASIBILITY OF EVIDENCE-BASED PROGRAM FOR DEMENTIA CAREGIVERS	100,000
AMERICAN RED CROSS LOS ANGELES REGION 11355 OHIO AVE LOS ANGELES, CA 90025	N/A	PC	PREPARELA 2.0: PREPAREDNESS, HEALTH AND RESILIENCY	300,000
Total . . . . . ▶ **3a**				11,478,185

Form 990PF Part XV Line 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*				
CALIFORNIA COMMUNITY FOUNDATION 221 S FIGUEROA ST SUITE 400 LOS ANGELES, CA 90012	N/A	PC	THANK YOU CONTRIBUTION	5,000
CALIFORNIA SCIENCE CENTER FOUNDATION 700 EXPOSITION PARK DRIVE LOS ANGELES, CA 90037	N/A	PC	SCIENCE EDUCATION	5,000
CAMBODIAN ASSOCIATION OF AMERICA 2390 PACIFIC AVE LONG BEACH, CA 90806	N/A	PC	ASIAN/PACIFIC ISLANDER STRENGTH-BASED COMMUNITY WELLNESS PROGRAM	100,000
Total . . . . . ▶ **3a**				11,478,185

Form 990PF Part XV Line 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*				
CANCER SUPPORT COMMUNITY - PASADENA 76 E DEL MAR BLVD SUITE 215 PASADENA, CA 91105	N/A	PC	THANK YOU CONTRIBUTION	10,000
CASA TREATMENT CENTER 160 N EL MOLINO AVE PASADENA, CA 91101	N/A	PC	EFFICIENCY PROJECT PHASE IV	50,000
CHADWICK SCHOOL 26800 S ACADEMY DRIVE PALOS VERDES PENINSULA, CA 90274	N/A	PC	STUDENT SCHOLARSHIPS	5,000
Total . . . . . ▶ **3a**				11,478,185

Form 990PF Part XV Line 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*				
CHILDREN'S BUREAU 1910 MAGNOLIA AVE LOS ANGELES, CA 90007	N/A	PC	CHILDREN'S BUREAU'S ANNUAL APPEAL	5,000
CHILDREN'S BURN FOUNDATION 5000 VAN NUYS BLVD SUITE 210 SHERMAN OAKS, CA 91403	N/A	PC	POST-DISCHARGE NEEDS OF BURNED CHILDREN	2,500
COMMUNITY HEALTH COUNCILS 3731 STOCKER ST SUITE 201 LOS ANGELES, CA 90008	N/A	PC	YOUTH OF COLOR WORKFORCE DEVELOPMENT PIPELINE PROJECT	49,267
Total . . . . . ▶ **3a**				11,478,185

Form 990PF Part XV Line 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*				
COMMUNITY HEALTH INITIATIVE OF ORANGE COUNTY 1505 E 17TH STREET SUITE 121 SANTA ANA, CA 92705	N/A	PC	COMMUNITY HEALTH ACCESS PROGRAM	100,000
EXPERIENCE CAMPSPO BOX 5099 WESTPORT, CT 06881	N/A	PC	SUPPORT FOR GRIEVING CHILDREN	2,500
HOPE21231 HAWTHORNE BLVD TORRANCE, CA 90503	N/A	PC	HOUSING SERVICES PROGRAM	75,000
Total . . . . . ▶ **3a**				11,478,185

Form 990PF Part XV Line 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*				
HEALTHIMPACT 663 13TH STREET SUITE 300 OAKLAND, CA 94612	N/A	PC	ESTABLISH A STATEWIDE APPROACH TO ADVANCING INTERPROFESSIONAL EDUCATION AND COLLABORATIVE PRACTICE	51,590
HEALTHY SMILES FOR KIDS OF ORANGE COUNTY 2101 E 4TH STREET SUITE 220 SANTA ANA, CA 92705	N/A	PC	VIRTUAL DENTAL HOME	100,000
HEART RHYTHM SOCIETY 1325 G STREET NW SUITE 400 WASHINGTON, DC 20005	N/A	PC	JAMES H. YOUNGBLOOD LEADERSHIP AWARD ENDOWMENT FUND	5,000
Total . . . . . ▶ **3a**				11,478,185

Form 990PF Part XV Line 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*				
HOPE BUILDERS801 N BROADWAY SANTA ANA, CA 92701	N/A	PC	HEALTHCARE TRAINING PROGRAM	50,000
JVS SOCAL 6505 WILSHIRE BLVD SUITE 200 LOS ANGELES, CA 90048	N/A	PC	HEALTHWORKS HEALTHCARE CAREER LADDERS	100,000
LA BIOSCIENCE HUB 448 S HILL ST SUITE 618 LOS ANGELES, CA 90013	N/A	PC	CREATING OPPORTUNITIES AND ACCESS FOR LOS ANGELES HEALTH INNOVATION BUSINESSES AND WORKFORCE	53,500
Total . . . . . ▶ **3a**				11,478,185

Form 990PF Part XV Line 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*				
LOS ANGELES PARKS FOUNDATION 2650 N COMMONWEALTH AVENUE LOS ANGELES, CA 90027	N/A	PC	GIRLS PLAY LA INITIATIVE EXPANSION	100,000
MASSACHUSETTS INSTITUTE OF TECHNOLOGY 600 MEMORIAL DR 3RD FL CAMBRIDGE, MA 021394819	N/A	PC	KENNARD AND REEVES SCHOLARSHIP FUND	25,000
PARTNERS FOR CHILDREN SOUTH LA 808 WEST 58TH STREET LOS ANGELES, CA 90037	N/A	PC	EARLY CHILDHOOD SYSTEM OF CARE	150,000
Total . . . . . ▶ **3a**				11,478,185

Form 990PF Part XV Line 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*				
PASADENA CHRISTIAN SCHOOL 1515 N LOS ROBLES AVENUE PASADENA, CA 91104	N/A	PC	HEALTH RELATED EDUCATION AND PROGRAMMING	202
PATH OF LIFE MINISTRIES 1240 PALMYRITA AVE SUITE A RIVERSIDE CA 92507 RIVERSIDE, CA 92507	N/A	PC	MAYORS INITIATIVE FOR ENDING HOMELESSNESS THROUGH HEALTH AND WHOLENESS	100,000
PROJECT KINSHIP 2215 N BROADWAY FL 2 SANTA ANA, CA 92706	N/A	PC	SANCTUARY OF HOPE	146,130
Total . . . . . ▶ **3a**				11,478,185

Form 990PF Part XV Line 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*				
PROYECTO PASTORAL 135 N MISSION ROAD LOS ANGELES, CA 90033	N/A	PC	PROMESA BOYLE HEIGHTS WELLNESS INITIATIVE	52,484
PUBLIC COUNSEL601 S ARDMORE AVE LOS ANGELES, CA 90005	N/A	PC	FREE LEGAL SERVICES AND TRAINING FOR SAFETY NET HEALTHCARE PROVIDERS	67,500
RADIANT HEALTH CENTERS 17982 SKY PARK CIRCLE SUITE J IRVINE, CA 926146408	N/A	PC	MEDICALLY TAILORED MEALS (MTM) PILOT PROJECT	50,000
Total . . . . . ▶ **3a**				11,478,185

Form 990PF Part XV Line 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*				
RIDLEY-TREE CANCER CENTER 601 WEST JUNIPERO ST SANTA BARBARA, CA 93105	N/A	PC	ART MEROVICK ENDOWMENT FOR PATIENT ASSISTANCE	20,000
SCS NOONAN SCHOLARS 1414 S GRAND AVE SUITE 410 LOS ANGELES, CA 90015	N/A	PC	SUPPORT FOR SCS NOONAN SCHOLARS	5,000
SOUTHERN CALIFORNIA GRANTMAKERS 1000 N ALAMEDA ST SUITE 230 LOS ANGELES, CA 90012	N/A	PC	PROGRAM DESIGN FOR PHILANTHROPIC FOUNDATIONS ON (1) DISASTER RELIEF/PREPAREDNESS FUNDING STRATEGIES AND (2) VETERAN HEALTH	100,000
Total . . . . . ▶ **3a**				11,478,185

Form 990PF Part XV Line 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*				
ST FRANCIS HIGH SCHOOL OF LA CANADA FLINTRIDGE 200 FOOTHILL BLVD LA CANADA, CA 91011	N/A	PC	THANK YOU CONTRIBUTION	10,000
ST JOHN'S WELL CHILD & FAMILY CENTER 808 WEST 58TH STREET LOS ANGELES, CA 90037	N/A	PC	PATIENT EXPERIENCE RE-DESIGN PROJECT	250,000
THE GIVING BANK AT HOLY FAMILY CHURCH 1527 FREMONT AVE SOUTH PASADENA, CA 91030	N/A	PC	THANK YOU CONTRIBUTION	10,000
Total . . . . . ▶ **3a**				11,478,185

Form 990PF Part XV Line 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*				
UNITED WAY OF GREATER LOS ANGELES 1150 S OLIVE ST SUITE T500 LOS ANGELES, CA 90015	N/A	PC	TO SUPPORT THE RONALD MCDONAL HOUSE CHARITIES OF SOUTHERN CALIFORNIA AND UNITED WAY CREATING PATHWAYS OUT OF POVERTY	25,000
UNITE-LA350 S BIXEL STREET LOS ANGELES, CA 90017	N/A	PC	SOUTH LOS ANGELES SCHOLARS	100,000
VENICE FAMILY CLINIC604 ROSE AVE VENICE, CA 90291	N/A	PC	VALUE BASED CARE	100,000
Total . . . . . ▶ **3a**				11,478,185

Form 990PF Part XV Line 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*				
VISTA DEL MAR CHILD AND FAMILY SERVICES 3200 MOTOR AVE LOS ANGELES, CA 90034	N/A	PC	RESIDENTIAL TREATMENT REHABILITATION SERVICES FOR YOUTH	100,000
WEINGART CENTER ASSOCIATION 566 S SAN PEDRO ST LOS ANGELES, CA 90013	N/A	PC	IMPROVING HOMELESS CLIENT OUTCOMES THROUGH A CLINICALLY-BASED APPROACH	125,000
WELLNEST3031 S VERMONT AVE LOS ANGELES, CA 90007	N/A	PC	BUILDING SUCCESS CAPITAL CAMPAIGN	5,000
Total . . . . . ▶ **3a**				11,478,185

Form 990PF Part XV Line 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*				
WISE & HEALTHY AGING 1527 FOURTH ST 2ND FLOOR SANTA MONICA, CA 90401	N/A	PC	CULTURAL COMPETENCY CAPACITY BUILDING: EVIDENCE-BASED ALZHEIMER'S DISEASE AND DEMENTIA SPECIALTY COURSE	77,847
BEIT T'SHUVAH8831 VENICE BLVD LOS ANGELES, CA 90034	N/A	PC	THE ELAINE BRESLOW INSTITUTE INTERDISCIPLINARY AND COLLABORATIVE TRAINING PROGRAM	300,000
BET TZEDEK 3250 WILSHIRE BLVD 13TH FLOOR LOS ANGELES, CA 90010	N/A	PC	AGING WITH DIGNITY MEDICAL LEGAL PARTNERSHIP	250,000
Total . . . . . ▶ **3a**				11,478,185

Form 990PF Part XV Line 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*				
CALIFORNIA HOSPITAL MEDICAL CENTER 1401 S GRAND AVE LOS ANGELES, CA 90015	N/A	PC	TRANSITION TO WELLNESS PROJECT	73,989
CALIFORNIA HOSPITAL MEDICAL CENTER FOUNDATION 1401 S GRAND AVE LOS ANGELES, CA 90015	N/A	PC	THANK YOU CONTRIBUTION	10,000
CANCER SUPPORT COMMUNITY - PASADENA 76 E DEL MAR BLVD SUITE 215 PASADENA, CA 91105	N/A	PC	COMMUNITY PARTNERSHIPS OUTREACH	50,000
Total . . . . . ▶ **3a**				11,478,185

Form 990PF Part XV Line 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*				
CHARLES DREW UNIVERSITY COLLEGE OF MEDICINE CDU/UCLA MEDICAL EDUCATION PROGRAM 1731 EAST 120TH ST LOS ANGELES, CA 90059	N/A	PC	MEDICAL STUDENT SCHOLARSHIP (2018-2019)	55,000
CHILDREN'S HOSPITAL LOS ANGELES 4650 SUNSET BLVD 1 LOS ANGELES, CA 90027	N/A	PC	INFANT-FAMILY MENTAL HEALTH FROM HOSPITAL TO COMMUNITY	296,762
CHILDREN'S HOSPITAL OF ORANGE COUNTY 1201 W LA VETA AVE ORANGE, CA 92868	N/A	PC	DEVELOPMENT AND IMPLEMENTATION OF A REPLICABLE MENTAL HEALTH INSTITUTE	301,238
Total . . . . . ▶ **3a**				11,478,185

Form 990PF Part XV Line 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*				
CSU INSTITUTE FOR PALLIATIVE CARE 333 S TWIN OAKS VALLEY ROAD SAN MARCOS, CA 92078	N/A	PC	CARE EXCELLENCE FOR HOSPITAL CASE MANAGERS	100,000
DAVID GEFFEN SCHOOL OF MEDICINE AT UCLA HEALTH SCIENCES DEVELOPMENT BOX 951784 3132 PVUB LOS ANGELES, CA 900951784	N/A	PC	MEDICAL STUDENT SCHOLARSHIP (2018-2019)	55,000
DAVID GEFFEN SCHOOL OF MEDICINE AT UCLA BOX 951722 885 TIVERTON DR 400 LOS ANGELES, CA 900951722	N/A	PC	MEDICAL STUDENT SCHOLARSHIP (2019-2020)	55,000
Total . . . . . ▶ **3a**				11,478,185

Form 990PF Part XV Line 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*				
DIGNITY HEALTH1401 S GRAND AVE LOS ANGELES, CA 90015	N/A	PC	CULTURAL TRAUMA AND MENTAL HEALTH RESILIENCY	640,000
ESPERANZA COMMUNITY HOUSING CORPORATION 3655 S GRAND AVE SUITE 280 LOS ANGELES, CA 90007	N/A	PC	HEALTHY BREATHING - CREATING A SUSTAINABLE ASTHMA INTERVENTION PLAN FOR SOUTH LOS ANGELES	404,185
GOOD SAMARITAN HOSPITAL 1225 WILSHIRE BLVD LOS ANGELES, CA 90017	N/A	PC	COMPLEX HEALTHCARE COORDINATION AND PALLIATIVE CARE AT GOOD SAMARITAN HOSPITAL	158,502
Total . . . . . ▶ **3a**				11,478,185

Form 990PF Part XV Line 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*				
GOOD SAMARITAN HOSPITAL 1225 WILSHIRE BLVD LOS ANGELES, CA 90017	N/A	PC	COMPLEX HEALTHCARE COORDINATION AND PALLIATIVE CARE AT GOOD SAMARITAN HOSPITAL	158,502
HELUNA HEALTH 13300 CROSSROADS PARKWAY NORTH SUITE 450 CITY OF INDUSTRY, CA 91746	N/A	PC	STOPPING DIABETES IN ITS TRACKS	250,000
HOPE STREET FAMILY CENTER CALIFORNIA HOSPITAL MEDICAL CENTER 1401 S GRAND AVE LOS ANGELES, CA 90015	N/A	PC	THANK YOU CONTRIBUTION	10,000
Total . . . . . ▶ **3a**				11,478,185

Form 990PF Part XV Line 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*				
HUNTINGTON HOSPITAL 100 W CALIFORNIA BLVD PASADENA, CA 91105	N/A	PC	PASADENA TRAUMA-INFORMED CARE INITIATIVE	251,854
HUNTINGTON HOSPITAL 100 W CALIFORNIA BLVD PASADENA, CA 91105	N/A	PC	THANK YOU CONTRIBUTION	5,000
KECK SCHOOL OF MEDICINE OF USC HEALTH SCIENCES CAMPUS 1540 ALCAZAR ST BLDG 255 LOS ANGELES, CA 90033	N/A	PC	PHYSICIAN WELLNESS INITIATIVE - RESIDENT AND FACULTY WELLNESS	100,000
Total . . . . . ▶ **3a**				11,478,185

Form 990PF Part XV Line 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*				
KECK SCHOOL OF MEDICINE OF USC 1975 ZONAL AVE LOS ANGELES, CA 90033	N/A	PC	MEDICAL STUDENT SCHOLARSHIP (2018-2019)	55,000
KECK SCHOOL OF MEDICINE OF USC HEALTH SCIENCES CAMPUS 1540 ALCAZAR ST BLDG 255 LOS ANGELES, CA 90033	N/A	PC	MEDICAL STUDENT SCHOLARSHIP (2019-2020)	55,000
LOMA LINDA UNIVERSITY SCHOOL OF MEDICINE 11175 CAMPUS ST LOMA LINDA, CA 92350	N/A	PC	MEDICAL STUDENT SCHOLARSHIP (2018-2019)	55,000
Total . . . . . ▶ **3a**				11,478,185

Form 990PF Part XV Line 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*				
LOMA LINDA UNIVERSITY SCHOOL OF MEDICINE 11175 CAMPUS ST COLEMAN PAVILION A1116 LOMA LINDA, CA 92350	N/A	PC	MEDICAL STUDENT SCHOLARSHIP (2019-2020)	55,000
MATTEL CHILDREN'S HOSPITAL AT UCLA CHIEF EXECUTIVE OFFICER UCLA HOSPITAL SYSTEM 757 WESTWOOD PLAZA LOS ANGELES, CA 90095	N/A	PC	UPSTREAM OBESITY SOLUTIONS	250,000
MENDEZ NATIONAL INSTITUTE OF TRANSPLANTATION FOUNDATION S MARK TAPER FOUNDATION TRANSPLANT CENTER 2200 W 3RD ST SUITE 390 LOS ANGELES, CA 90057	N/A	PC	THE ADVANCEMENT OF THE ART AND SCIENCE OF ORGAN TRANSPLANTATION	1,500
Total . . . . . ▶ **3a**				11,478,185

Form 990PF Part XV Line 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*				
MENDEZ NATIONAL INSTITUTE OF TRANSPLANTATION FOUNDATION S MARK TAPER FOUNDATION TRANSPLANT CENTER 2200 W 3RD ST SUITE 390 LOS ANGELES, CA 90057	N/A	PC	THE ADVANCEMENT OF THE ART AND SCIENCE OF ORGAN TRANSPLANTATION	2,500
MENDEZ NATIONAL INSTITUTE OF TRANSPLANTATION FOUNDATION S MARK TAPER FOUNDATION TRANSPLANT CENTER 2200 W 3RD ST SUITE 100 LOS ANGELES, CA 90057	N/A	PC	THANK YOU CONTRIBUTION	10,000
PARKTREE COMMUNITY HEALTH CENTER 1450 EAST HOLT AVE POMONA, CA 91767	N/A	PC	POMONA COMMUNITY HEALTH CENTER EXPANSION OF SERVICES	307,975
Total . . . . . ▶ **3a**				11,478,185

Form 990PF Part XV Line 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*				
PATH340 N MADISON AVE LOS ANGELES, CA 90004	N/A	PC	BRIDGE TO HEALTH AND HOUSING	150,000
PATH340 N MADISON AVE LOS ANGELES, CA 90004	N/A	PC	THANK YOU CONTRIBUTION	5,000
PIH FOUNDATION 12401 WASHINGTON BLVD WHITTIER, CA 90602	N/A	PC	THANK YOU CONTRIBUTION	10,000
Total . . . . . ▶ **3a**				11,478,185

Form 990PF Part XV Line 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*				
PROVIDENCE LITTLE COMPANY OF MARY MEDICAL CENTER SAN PEDRO VALLEY REGIONAL OFFICE 501 S BUENA VISTA ST BURBANK, CA 91505	N/A	PC	COMPLEX CARE MANAGEMENT PROGRAM	318,961
PROVIDENCE LITTLE COMPANY OF MARY MEDICAL CENTER SAN PEDRO 1300 W 7TH ST SAN PEDRO, CA 90732	N/A	PC	THANK YOU CONTRIBUTION	10,000
PROVIDENCE ST JOSEPH HEALTH SOUTHERN CALIFORNIA 3345 MICHELSON DR SUITE 100 IRVINE, CA 92612	N/A	PC	THANK YOU CONTRIBUTION	5,000
Total . . . . . ▶ **3a**				11,478,185

Form 990PF Part XV Line 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*				
PROVIDENCE TRINITYCARE HOSPICE 5315 TORRANCE BLVD SUITE B-1 TORRANCE, CA 90503	N/A	PC	PROVIDENCE HOSPICE AND PALLIATIVE CARE FELLOWSHIP AND RESIDENCY	200,000
SANTA BARBARA COTTAGE HOSPITAL PO BOX 689 PUEBLO AT BATH STREET SANTA BARBARA, CA 93102	N/A	PC	COTTAGE CONCUSSION CLINIC	160,000
SANTA BARBARA COTTAGE HOSPITAL PO BOX 689 PUEBLO AT BATH STREET SANTA BARBARA, CA 93102	N/A	PC	MEDICAL RESPITE PROGRAM	203,344
Total . . . . . ▶ **3a**				11,478,185

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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*				
SANTA BARBARA COTTAGE HOSPITAL PO BOX 689 PUEBLO AT BATH STREET SANTA BARBARA, CA 93102	N/A	PC	THANK YOU CONTRIBUTION	10,000
SOUTHSIDE COALITION OF COMMUNITY HEALTH CENTERS 1400 S GRAND AVE SUITE 711 LOS ANGELES, CA 90015	N/A	PC	CARE COORDINATION PROJECT	150,710
ST CAMILLUS CENTER FOR SPIRITUAL CARE 1911 ZONAL AVE LOS ANGELES, CA 90033	N/A	PC	CLINICAL PASTORAL EDUCATION PROGRAM AT LAC USC MEDICAL CENTER	100,000
Total . . . . . ▶ **3a**				11,478,185

Form 990PF Part XV Line 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*				
ST JOSEPH HOAG HEALTH 101 E VALENCIA MESA DRIVE FULLERTON, CA 92835	N/A	PC	STREET2HOME	415,260
ST MARY MEDICAL CENTER 1050 LINDEN AVE LONG BEACH, CA 908133321	N/A	PC	LONG BEACH HEALTHLINK	211,280
UC DAVIS SCHOOL OF MEDICINE ONE SHIELDS AVE 2ND FLOOR DAVIS, CA 95616	N/A	PC	MEDICAL STUDENT SCHOLARSHIP (2018-2019)	55,000
Total . . . . . ▶ **3a**				11,478,185

Form 990PF Part XV Line 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*				
UC DAVIS SCHOOL OF MEDICINE ONE SHIELDS AVE 2ND FLOOR DAVIS, CA 95616	N/A	PC	MEDICAL STUDENT SCHOLARSHIP (2019-2020)	55,000
UC RIVERSIDE SCHOOL OF MEDICINE 900 UNIVERSITY AVE SCHOOL OF MEDICINE EDUCATION BUILDING RIVERSIDE, CA 92521	N/A	PC	MEDICAL STUDENT SCHOLARSHIP (2018-2019)	55,000
UC RIVERSIDE SCHOOL OF MEDICINE 900 UNIVERSITY AVE 2672 SOM EDUCATION BUILDING RIVERSIDE, CA 92521	N/A	PC	MEDICAL STUDENT SCHOLARSHIP (2019-2020)	55,000
Total . . . . . ▶ **3a**				11,478,185

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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*				
UCI SCHOOL OF MEDICINE 333 CITY BLVD W SUITE 605 ORANGE, CA 92868	N/A	PC	MEDICAL STUDENT SCHOLARSHIP (2018-2019)	55,000
UCI SCHOOL OF MEDICINE 1001 HEALTH SCIENCES ROAD 240 IRVINE HALL IRVINE, CA 92697	N/A	PC	SOCIAL WORK INTERVENTION FOR TRANSFORMING DEMENTIA HEALTH CARE: SWIFT-DC	125,000
UCI SCHOOL OF MEDICINE 141 INNOVATION SUITE 250 IRVINE, CA 92697	N/A	PC	MEDICAL STUDENT SCHOLARSHIP (2019-2020)	55,000
Total . . . . . ▶ **3a**				11,478,185

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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*				
UCLA FAMILY MEDICINEBOX 957197 LOS ANGELES, CA 90095	N/A	PC	INTERNATIONAL MEDICAL GRADUATE (IMG) PROGRAM (2018-2019): SUSTAINABILITY AND PROGRAM EXPANSION PROJECT	100,000
UCLA HEALTH CHIEF EXECUTIVE OFFICER UCLA HOSPITAL SYSTEM 757 WESTWOOD PLAZA LOS ANGELES, CA 90095	N/A	PC	REACHING OUT TO A RURAL AREA PROVIDING HIGH RISK INFANT FOLLOW-UP WITH TELEHEALTH	266,500
UCLA HEALTH PROFESSOR OF MEDICINE/GERIATRICS 10945 LE CONTE AVE SUITE 2339 LOS ANGELES, CA 90095	N/A	PC	OPTIMIZING CARE MANAGER EFFICIENCY AND PATIENT-CAREGIVER ENGAGEMENT IN THE UCLA ALZHEIMER'S AND DEMENTIA CARE PROGRAM	159,915
Total . . . . . ▶ **3a**				11,478,185

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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*				
UCLA HEALTHBOX 957085 12-138 CHS SANTA MONICA, CA 900957085	N/A	PC	DEVELOPING A MENTAL HEALTH MODEL FOR PEDIATRIC PALLIATIVE CARE/PROJECT CARE (COMFORT AND REFLECTIVE EXPRESSION)	217,568
UCLA HEALTHBOX 957085 12-138 CHS SANTA MONICA, CA 900957085	N/A	PC	THANK YOU CONTRIBUTION	5,000
UCLA HEALTH SOUND BODY SOUND MIND 11100 SANTA MONICA BLVD SUITE 1910 LOS ANGELES, CA 90025	N/A	PC	HUNTINGTON PARK COMMUNITY HEALTH IMPROVEMENT PROJECT	212,500
Total . . . . . ▶ **3a**				11,478,185

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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*				
UCSD SCHOOL OF MEDICINE 9500 GILMAN DRIVE 0606 LA JOLLA, CA 92093	N/A	PC	MEDICAL STUDENT SCHOLARSHIP (2018-2019)	55,000
UCSD SCHOOL OF MEDICINE 9500 GILMAN DRIVE 0606 LA JOLLA, CA 92093	N/A	PC	MEDICAL STUDENT SCHOLARSHIP (2019-2020)	55,000
UCSF SCHOOL OF MEDICINE UNIVERSITY DEVELOPMENT AND ALUMNI RELATIONS 220 MONTGOMERY STREET 5TH SAN FRANCISCO, CA 94104	N/A	PC	MEDICAL STUDENT SCHOLARSHIP (2018-2019)	55,000
Total . . . . . ▶ **3a**				11,478,185

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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*				
UCSF SCHOOL OF MEDICINE UNIVERSITY DEVELOPMENT AND ALUMNI RELATIONS 220 MONTGOMERY ST 5TH FLO SAN FRANCISCO, CA 94104	N/A	PC	MEDICAL STUDENT SCHOLARSHIP (2019-2020)	55,000
USC LEONARD DAVIS SCHOOL OF GERONTOLOGY 3715 MCCLINTOCK AVE SUITE 110 LOS ANGELES, CA 90089	N/A	PC	KETIH RENKEN ENDOWED SCHOLARSHIP FUND	10,000
USC NORRIS COMPREHENSIVE CANCER CENTER HEALTH SCIENCES CAMPUS NRT 511 B 1450 BIGGY STREET LOS ANGELES, CA 90089	N/A	PC	C4-SPA4 (COMPREHENSIVE CANCER CONTROL COALITION IN SERVICE PLANNING AREA 4)	140,888
Total . . . . . ▶ **3a**				11,478,185

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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*				
USC NORRIS COMPREHENSIVE CANCER CENTER HEALTH SCIENCES CAMPUS NRT 511 B 1450 BIGGY STREET LOS ANGELES, CA 90089	N/A	PC	PRECISION ONCOLOGY PROGRAM	339,607
VIP COMMUNITY MENTAL HEALTH CENTER 1721 GRIFFIN AVE LOS ANGELES, CA 90031	N/A	PC	ENHANCING MEDICAL SERVICES IN ADOLESCENT CARE & TRANSITION (ACT) CLINIC	158,125
WESTERNU COLLEGE OF OSTEOPATHIC MEDICINE OF THE PACIFIC 309 E SECOND ST POMONA, CA 91766	N/A	PC	MEDICAL STUDENT SCHOLARSHIP (2018-2019)	55,000
Total . . . . . ▶ **3a**				11,478,185

Form 990PF Part XV Line 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*				
WESTERNU COLLEGE OF OSTEOPATHIC MEDICINE OF THE PACIFIC 309 EAST SECOND STREET POMONA CA 91766 POMONA, CA 91766	N/A	PC	MEDICAL STUDENT SCHOLARSHIP (2019-2020)	55,000
WHITE MEMORIAL OTOLARYNGOLOGY FOUNDATION 1700 E CESAR CHAVEZ AVE SUITE 2300 LOS ANGELES, CA 90033	N/A	PC	MEDICAL SERVICES IN AN UNDSERVED COMMUNITY	2,500
Total . . . . . ▶ **3a**				11,478,185

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TY 2018 Accounting Fees Schedule

Name: UNIHEALTH FOUNDATION

EIN: 95-5004033

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ACCOUNTING FEES	74,986	37,493		37,493

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TY 2018 Investments Corporate Bonds Schedule

Name: UNIHEALTH FOUNDATION

EIN: 95-5004033

Investments Corporate Bonds Schedule

Name of Bond	End of Year Book Value	End of Year Fair Market Value
BRANDYWINE FX	8,713,756	8,713,756
PIMCO TOTAL RETURN	16,690,255	16,690,255

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TY 2018 Investments Corporate Stock Schedule

Name: UNIHEALTH FOUNDATION

EIN: 95-5004033

Investments Corporation Stock Schedule

Name of Stock	End of Year Book Value	End of Year Fair Market Value
WILLIAM BLAIR INTL	12,867,969	12,867,969
PAAMCO	205,650	205,650
WAMCO	13,239,515	13,239,515
VAUGHAN NELSON	10,865,826	10,865,826
EUROPACIFIC GROWTH	14,868,772	14,868,772
LAZARD EM	4,410,978	4,410,978
PAYDEN EM INCOME	8,441,295	8,441,295
HS MGMT EQ	24,717,622	24,717,622
PIMCO COMMODITY REAL RETURN FD	3,283,797	3,283,797
MATTHEWS PACIFIC TIGER	4,167,197	4,167,197
COHEN & STEERS INSTL REALTY	9,062,355	9,062,355
FIDELITY 500 INDEX FUND	46,141,950	46,141,950

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TY 2018 Investments - Other Schedule

Name: UNIHEALTH FOUNDATION

EIN: 95-5004033

Investments Other Schedule 2

Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value
JP MORGAN TRANSFER ACCT	FMV	49,074	49,074
RLH INVESTORS II, LP	FMV	625,216	625,216
OAKTREE FUND IV	FMV	46,007	46,007
OCM FUND VII	FMV	121,009	121,009
OAK HILL CAPITAL	FMV	853,417	853,417
SIGULAR GUFF BRIC FUND II	FMV	1,333,833	1,333,833
OCM OPPORTUNITES FUND VII(B)	FMV	53,281	53,281
GOLDENTREE OFFSHORE FUND	FMV	2,535,542	2,535,542
KING STREET CAPITAL LTD	FMV	2,399,006	2,399,006
OHA EURO CREDIT FUND	FMV	470,497	470,497
BLACKSTONE RE VII	FMV	2,754,999	2,754,999
BLACKSTONE FUND OF FUNDS	FMV	9,480,831	9,480,831
RLH INVESTORS III, LP	FMV	3,889,430	3,889,430
CRESCENT CAPITAL HIGH INCOME FD	FMV	8,245,606	8,245,606
ROBECO BOSTON PARTNERS	FMV	10,878,657	10,878,657
SLIVER LAKE IV	FMV	6,654,410	6,654,410
METROPOLITAN WEST TOTAL RETURN	FMV	16,459,572	16,459,572
TEMPLETON GLOBAL	FMV	9,004,351	9,004,351
NEW MOUNTAIN PARTNERS IV	FMV	3,639,829	3,639,829
INDUSTRY VENTURES IV	FMV	2,316,044	2,316,044
PRINCIPAL DIVERS REAL ASSETS	FMV	2,744,550	2,744,550
SANDERSON INTL VALUE FUND	FMV	15,772,900	15,772,900
DOUBLELINE	FMV	11,053,304	11,053,304
RLH INVESTORS IV LP	FMV	966,385	966,385
NEW MOUNTAIN PARTNERS V	FMV	2,199,565	2,199,565
TRIDENT VII	FMV	2,496,263	2,496,263
SILVER LAKE V	FMV	1,382,059	1,382,059
CENTERBRIDGE REAL ESTATE FUND	FMV	750,148	750,148
SVB STRATEGIC INVESTORS IX	FMV	337,296	337,296
ALTAS PARTNERS II	FMV	1,214,851	1,214,851

Investments Other Schedule 2

Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value
ROYCE INTERNATIONAL FUND	FMV	2,791,641	2,791,641
JP MORGAN SLP III	FMV	1,532,013	1,532,013
RIALTO REF III - PROPERTY	FMV	692,003	692,003
RIALTO REF III - DEBT	FMV	1,625,268	1,625,268

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TY 2018 Land, Etc. Schedule

Name: UNIHEALTH FOUNDATION

EIN: 95-5004033

Category / Item	Cost / Other Basis	Accumulated Depreciation	Book Value	End of Year Fair Market Value
EQUIPMENT	46,327	43,323	3,004	3,004
COMPUTER SOFTWARE	10,519	10,519	0	
LEASEHOLD IMPROVEMENT	30,027	6,817	23,210	23,210

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TY 2018 Legal Fees Schedule

Name: UNIHEALTH FOUNDATION

EIN: 95-5004033

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
LEGAL FEES	22,612	19,797		2,815

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TY 2018 Other Assets Schedule

Name: UNIHEALTH FOUNDATION

EIN: 95-5004033

Other Assets Schedule

Description	Beginning of Year - Book Value	End of Year - Book Value	End of Year - Fair Market Value
DEFERRED COMPENSATION INVESTMENTS	648,327	649,133	649,133
DEPOSITS	9,165	9,665	9,665
PROGRAM RELATED INVESTMENTS	0	750,000	750,000

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TY 2018 Other Decreases Schedule

Name: UNIHEALTH FOUNDATION

EIN: 95-5004033

Description	Amount
NET UNREALIZED LOSSES ON INVESTMENTS	4,560,217

TY 2018 Other Expenses Schedule

Name: UNIHEALTH FOUNDATION

EIN: 95-5004033

Other Expenses Schedule

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
INSURANCE	78,867	31,134		47,733
OFFICE EXPENSE	20,127	1,525		18,602
PROFESSIONAL DEVELOPMENT	4,835	0		4,835
OTHER GRANT RELATED EXPENSES	219,837	0		219,837

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TY 2018 Other Income Schedule

Name: UNIHEALTH FOUNDATION

EIN: 95-5004033

Other Income Schedule

Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
PASSTHROUGH UBTI INCOME/LOSS	-21,618		-21,618
MISCELLANEOUS INCOME	37,320		37,320
PROGRAM RELATED INVESTMENT INTEREST	11,825	11,825	11,825

TY 2018 Other Liabilities Schedule

Name: UNIHEALTH FOUNDATION

EIN: 95-5004033

Description	Beginning of Year - Book Value	End of Year - Book Value
DEFERRED RENT	85,368	72,235
DEFERRED TAX LIABILITY	196,929	0
EMPLOYEE SETTLEMENT	223,438	210,410
DEFERRED COMPENSATION LIABILITIY	648,327	649,133

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TY 2018 Other Professional Fees Schedule

Name: UNIHEALTH FOUNDATION

EIN: 95-5004033

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
INVESTMENT ADVISORS	200,000	200,000		0
CUSTODIAL FEES	79,482	79,482		0
INVESTMENT MANAGEMENT FEES	3,278,623	3,278,623		0
CONSULTANTS	1,235	0		1,235
RECORD STORAGE	991	0		991
MAINTENANCE	55,907	2,238		53,669
MISC SERVICE FEES	12,171	8,299		3,872

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TY 2018 Taxes Schedule

Name: UNIHEALTH FOUNDATION

EIN: 95-5004033

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
CURRENT SECTION 4940 EXCISE TAX EXPENSE	386,383	0		0
STATE TAXES	235	235		0
PAYROLL TAXES	90,154	9,677		80,477
BUSINESS TAXES	409	409		0

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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.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

Name of the organization
UNIHEALTH FOUNDATION

Employer identification number
95-5004033

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, contributions totaling $5,000 or more (in money or other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

☐ For an organization described in section 501(c)(3) 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), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions 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 an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than $1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled 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. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling $5,000 or more during the year . . . . . ▶ $ _____

Caution. An organization that isn't covered by the General Rule and/or the Special Rules doesn't 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 its Form 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization	Employer identification number
UNIHEALTH FOUNDATION	95-5004033

Part I **Contributors** (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	CEDARS-SINAI MEDICAL CENTER 8700 BEVERLY BOULEVARD LOS ANGELES, CA 90048	$ 250,000	☑ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
-		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
-		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
-		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
-		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
-		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)

Name of organization
UNIHEALTH FOUNDATION

Employer identification number
95-5004033

Part II Noncash Property

(See instructions). Use duplicate copies of Part II if additional space is needed.

(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
UNIHEALTH FOUNDATION

Employer identification number
95-5004033

Part III *Exclusively* **religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than $1,000 for the year from any one contributor. 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.)** ▶ $ ____________
Use duplicate copies of Part III if additional space is needed.

(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

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TY 2018 Functional Currency and Exchange Rate QBU Statement

Name: UNIHEALTH FOUNDATION

EIN: 95-5004033

QBU Id	Country of Operation	Functional Currency
US DOLLAR		1.00000

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US DOLLAR		1.00000

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QBU Id	Country of Operation	Functional Currency
US DOLLAR		1.00000