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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047

2019

Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 01-01-2019 , and ending 12-31-2019

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization
SIERRA HEALTH FOUNDATION
CENTER FOR HEALTH PROGRAM MANAGEMENT

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) | Room/suite
1321 GARDEN HIGHWAY NO 210

City or town, state or province, country, and ZIP or foreign postal code
SACRAMENTO, CA 95833

D Employer identification number
45-5282243

E Telephone number
(916) 993-7701

G Gross receipts $ 56,814,611

F Name and address of principal officer:
CHET P HEWITT
1321 GARDEN HIGHWAY NO 210
SACRAMENTO, CA 95833

H(a) Is this a group return for subordinates? ☐ Yes ☑ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status: ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW.SHFCENTER.ORG

K Form of organization: ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 2012

M State of legal domicile: CA

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
THE CENTER BRINGS PEOPLE, IDEAS AND INFRASTRUCTURE TOGETHER TO CREATE A COLLECTIVE IMPACT THAT REDUCES HEALTH DISPARITIES AND IMPROVES COMMUNITY HEALTH FOR THE UNDERSERVED LIVING IN CALIFORNIA.

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

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	8
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	7
5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)	**5**	0
6	Total number of volunteers (estimate if necessary)	**6**	0
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, line 39	**7b**	0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	11,786,204	56,793,608
9	Program service revenue (Part VIII, line 2g)	0	0
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	27,917	21,003
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	0
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	11,814,121	56,814,611
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	3,795,244	10,883,479
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	0	0
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	6,357,745	19,512,901
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	10,152,989	30,396,380
19	Revenue less expenses. Subtract line 18 from line 12	1,661,132	26,418,231

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	15,101,977	45,335,615
21	Total liabilities (Part X, line 26)	2,630,757	6,446,164
22	Net assets or fund balances. Subtract line 21 from line 20	12,471,220	38,889,451

Part II Signature Block

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

Sign Here

****** 2020-11-12
Signature of officer Date

GILBERT ALVARADO SVP FINANCE & ADMIN./CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
		2020-11-12		P01281212

Firm's name ▶ GILBERT CPAS — Firm's EIN ▶ 68-0037990

Firm's address ▶ 2880 GATEWAY OAKS DR STE 100
SACRAMENTO, CA 95833 — Phone no. (916) 646-6464

May the IRS discuss this return with the preparer shown above? (see instructions) ☑ Yes ☐ No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

TO PROVIDE LEADERSHIP, FUNDING AND OPERATIONAL SUPPORT FOR PROJECTS THAT IMPROVE INDIVIDUAL AND COMMUNITY HEALTH STATUS AND WELL BEING IN UNDERSERVED COMMUNITIES.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☑ Yes ☐ No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ Yes ☑ No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses $ 11,554,338 including grants of $ 0) (Revenue $)

See Additional Data

4b (Code:) (Expenses $ 5,789,566 including grants of $ 4,602,400) (Revenue $)

See Additional Data

4c (Code:) (Expenses $ 2,188,158 including grants of $ 782,845) (Revenue $)

See Additional Data

(Code:) (Expenses $ 9,623,840 including grants of $ 5,498,234) (Revenue $)

1) POPUP PROGRAM - THE SACRAMENTO YOUTH POPUP PROGRAM WAS DEVELOPED IN JANUARY 2019 AS A RESPONSE TO YOUTH VIOLENCE DURING THE 2018/19 CHRISTMAS AND NEW YEAR HOLIDAY SEASON. AS YOUTH GATHERED AT MALLS AND OTHER OPEN ENVIRONMENTS, RECOGNITION OF LIMITED ACTIVITIES FOR YOUTH LED TO THE DEVELOPMENT OF THE POPUP PROGRAM. IN 2019, THE PROGRAM INCLUDED 23 PARTNERS, PROVIDING 12 YOUTH POP UP EVENTS EVERY-OTHER-WEEK THROUGHOUT THE CITY OF SACRAMENTO. DURING 2019, THE PROVIDERS HAVE HELD OVER 500 POP UP EVENTS AND ATTRACTED 31,000 YOUTH ATTENDEES. IN OCTOBER 2019, THE POP UP PROGRAM INTRODUCED THE ECONOMIC MOBILITY PROGRAM TO SUPPORT EMPLOYMENT OPPORTUNITIES FOR YOUTH. THE PROGRAM PROVIDES SUPPORT FOR TWO IN-SCHOOL OR OUT-OF-SCHOOL YOUTH TO WORK AT EACH POP UP SITE (48 YOUTH IN TOTAL) AND INCLUDES WEEKLY TRAININGS IN THE AREAS OF JOB READINESS, LIFE SKILLS AND YOUTH DEVELOPMENT. THIS IS AN IMPORTANT STEP IN INCREASING THE CAPACITY OF THE YOUTH PROGRAM PROVIDERS TO INCLUDE WORKFORCE READINESS AND POSITION THE YOUTH AS LEADERS READY FOR THE NEXT CHALLENGE IN LIFE.2) POSITIVE YOUTH JUSTICE INITIATIVE - LAUNCHED IN 2012, THE POSITIVE YOUTH JUSTICE INITIATIVE SUPPORTS COMMUNITIES ACROSS CALIFORNIA IN TRANSFORMING JUVENILE JUSTICE PRACTICE AND POLICY INTO A MORE JUST, EFFECTIVE SYSTEM THAT IS ALIGNED WITH THE DEVELOPMENTAL NEEDS OF YOUNG PEOPLE RATHER THAN OUTDATED PUNITIVE APPROACHED. THE CENTER, IN PARTNERSHIP WITH THREE OTHER FOUNDATIONS, ARE INVESTING IN COMMUNITY COLLABORATIVE IN 11 COUNTIES WHO ARE LEADING POLICY AND SYSTEMS CHANGE CAMPAIGNS DESIGNED AROUND THE HEALTHY JUSTICE SYSTEM FRAMEWORK, ONE THAT INVESTS IN YOUTH WELLBEING, REDUCES JUSTICE SYSTEM INVOLVEMENT AND PROMOTES HEALING. A NUMBER OF NEW POLICIES HAVE BEEN ADOPTED THROUGHOUT THE 11 COUNTIES THAT PRIORITIZE YOUTH WELLBEING, INCLUDING SHIFTING EDUCATION SYSTEM INVESTMENTS AWAY FROM SCHOOL BASED LAW ENFORCEMENT AND INTO SOCIAL AND EMOTIONAL SUPPORT FOR STUDENTS OF COLOR, REDUCING THE USE OF YOUTH INCARCERATION AND DETENTION FACILITIES AS WELL AS THE ADOPTION OF COMMUNITY BASED RESTORATIVE JUSTICE PRACTICES. 3) CALIFORNIA FUNDERS FOR BOYS AND MEN OF COLOR - CFBMOC: CALIFORNIA FUNDERS FOR BOYS AND MEN OF COLOR (CFBMOC) IS A NETWORK OF CEOS FROM 16 CALIFORNIA FOUNDATIONS DEDICATED TO ALIGNING THEIR EFFORTS, RESOURCES AND INFLUENCE TO IMPROVE THE LIVES OF BOYS AND MEN OF COLOR IN CALIFORNIA. THE OVERARCHING GOAL IS TO SIGNIFICANTLY INCREASE THE NUMBER OF MALES OF COLOR WITH STABLE, FULL-TIME EMPLOYMENT WITH EARNINGS SUFFICIENT TO SUPPORT A FAMILY (ABOVE 300% FEDERAL POVERTY LEVEL). TO REACH THIS GOAL, CFBMOC UTILIZES THE LIFE COURSE FRAMEWORK TO GUIDE INVESTMENTS IN ALL 3 OF ITS KEY REGIONS, THE OAKLAND/SAN FRANCISCO BAY AREA, SACRAMENTO/SAN JOAQUIN VALLEY AND LOS ANGELES COUNTY. EFFORTS IN 2019 TO ACHIEVE THIS GOAL INCLUDED CONTINUING TO IMPLEMENT PLACE AND POLICY STRATEGIES. IN NORTHER CALIFORNIA, CFBMOC SUPPORTED THE DEVELOPMENT OF A JUVENILE JUSTICE TRANSFORMATION TOOL KIT WITH A $50,000 GRANT. THIS TOOL KIT WILL HELP ADVOCATES NAVIGATE THE LANDSCAPE WHILE PUSHING TO CLOSE JUVENILE DETENTION CENTERS THAT IMPACT ALL YOUNG PEOPLE ESPECIALLY BOYS AND MEN OF COLOR.; IN SOUTHERN CALIFORNIA AN INITIAL INVESTMENT OF $200,000 IN EIGHT COMMUNITY PARTNER GRANTEES TO CREATE A BLUEPRINT TO SHIFT THE YOUTH PROBATION SYSTEM INTO A YOUTH DEVELOPMENT SYSTEM IN LOS ANGELES COUNTY THAT ADDRESSES YOUTH JUSTICE AND INVESTS IN YOUNG PEOPLE - INCLUDING YOUNG MEN OF COLOR - AND ENSURES THEY HAVE AN OPPORTUNITY TO LEAD PRODUCTIVE LIVES. A KEY GOAL IS TO AFFECT POLICY AND SYSTEMS CHANGES THAT RESULT IN INCREASED INVESTMENT IN PROGRAMS AND SERVICES TO REDUCE YOUTH CONTACT WITH THE JUSTICE SYSTEM IN 2019 CFBMOC HAS LEVERAGED THAT $200,000 INTO MORE THAN 4.5 MILLION IN COMMITTED FUNDS FOR OUR COMMUNITY PARTNERS TO CONTINUE THE WORK; CFBMOC CONTINUES TO SUPPORT THE ALLIANCE FOR BOYS AND MEN OF COLOR (ABMOC) IN PROVIDING OPPORTUNITIES FOR COMMUNITY-BASED ORGANIZATIONS WORKING WITH BOYS AND MEN OF COLOR ACROSS THE STATE TO ENGAGE IN LOCAL AND STATE POLICY SHIFTS. CFBMOC IN 2019 SUPPORTED EFFORTS TO WIN KEY POLICIES IN POLICE REFORM, WITH AN $80,000 GRANT TO SUPPORT COMMUNITY PARTNER ENGAGEMENT IN POLICE REFORM AND ACCOUNTABILITY THROUGHOUT THE STATE. IN 2019, CFBMOC HAS ALSO PROVIDED OUR MEMBERS THE OPPORTUNITY TO LEVERAGE THEIR COLLECTIVE AND INDIVIDUAL VOICES TO SUPPORT COMMUNITY PARTNERS PUSHING FOR CLOSING THE DEPARTMENT OF JUVENILE JUSTICE. MEMBERS HAVE DEVELOPED PRINCIPLES STATEMENTS, LETTERS OF RECOMMENDATION, PROVIDED INVITED TESTIMONY AND WRITTEN OP-EDS IN MEDIA OUTLETS ACROSS THE STATE.4) OTHER PROGRAM SERVICES:MBK SACRAMENTO: THE MY BROTHER'S KEEPER (MBK) SACRAMENTO COLLABORATIVE IS COMMITTED TO IMPROVING THE EDUCATIONAL, HEALTH, SOCIAL AND ECONOMIC OUTCOMES FOR LOCAL BOYS AND MEN OF COLOR. MBK SACRAMENTO BRINGS SYSTEM LEADERS, ADVOCATES, COMMUNITY PARTNERS, YOUTH-SERVING ORGANIZATIONS AND YOUNG PEOPLE TOGETHER TO ADDRESS HEALTH, EDUCATION, EMPLOYMENT AND JUSTICE SYSTEM DISPARITIES FOR YOUNG MEN OF COLOR THROUGH POLICY ADVOCACY, SYSTEMS CHANGE AND SUPPORT FOR EFFECTIVE PROGRAMS. IN 2019 CONTINUED OUR ACCOMPLISHMENTS VIA THE OBAMA FOUNDATION MBK COMMUNITY CHALLENGE IMPACT GRANT TO SUPPORT THE MBK SACRAMENTO COLLABORATIVE IN EXPANDING MENTORING AND VIOLENCE INTERVENTION EFFORTS. OUR 2019 EFFORTS TOWARDS THESE GOALS CONSISTED OF HIRING A FULL TIME MBK SACRAMENTO COMMUNITY COORDINATOR TO COORDINATE DAY TO DAY EFFORTS; SELECTED TEN SACRAMENTO YOUTH-SERVING ORGANIZATIONS TO RECEIVE A ONE YEAR $10,000 EACH TOTALING IN A $100,000 INVESTMENT TO PROVIDE SUPPORTIVE ADULT RELATIONSHIPS FOR BOYS AND MEN OF COLOR BY FOSTERING COLLABORATION AND UPLIFTING BEST PRACTICES FOR MENTORSHIP PROGRAMS THROUGHOUT SACRAMENTO; ENHANCING OUR INTEGRATED MULTI-TIERED APPROACH TO IMPROVE THE LONG-TERM HEALTH, EDUCATIONAL AND CAREER PATHWAYS, SAFETY, AND OVERALL WELL-BEING OF BOYS AND YOUNG MEN OF COLOR (BYMOC). IN 2019, WE EXPANDED SERVICES FOR MBK YOUTH FELLOWSHIP PARTICIPANTS BY INCREASING FROM TEN TO EIGHTEEN MALES RANGING FROM AGES 16 TO 20 WITH LIVED EXPERIENCES IN SCHOOL PUSH OUT, POVERTY, HEALTH INJUSTICE OR THE JUSTICE SYSTEM TO YOUTH LEADERSHIP THROUGH MENTORING AND POLICY ADVOCACY; FUNDED HEALING THE HOOD (HTH) PROGRAM TO REDUCE COMMUNITY VIOLENCE SERVING YOUTH AGES 10-15 (PRE-GANG INVOLVEMENT), 14-25 (GANG-INVOLVED), AND 16-20 (JUSTICE SYSTEM INVOLVED WITH WRAP AROUND SUPPORT IN THE SEVEN NEIGHBORHOODS(ARDEN ARCADE, NORTH SACRAMENTO/DEL PASO HEIGHTS, FRUITRIDGE/STOCKTON BOULEVARD, MEADOWVIEW, NORTH HIGHLANDS/FOOTHILL, OAK PARK, AND VALLEY HI). IN 2019, THE CENTER FOR HEALTH PROGRAM MANAGEMENT PROVIDED LEADERSHIP, FUNDING AND OPERATIONAL SUPPORT FOR SEVERAL OTHER PROGRAMS THAT WORKED TOWARD IMPROVING INDIVIDUAL AND COMMUNITY HEALTH STATUS AND WELL-BEING IN UNDERSERVED COMMUNITIES. THIS INCLUDED EIGHT FISCAL-SPONSORED PROGRAMS: BUILDING HEALTHY COMMUNITIES-SACRAMENTO, CENTRAL VALLEY FREEDOM SUMMER FOR HEALTH, CENTRAL VALLEY UNITED FOR POWER, COMMUNITY ALLIANCE FOR YOUTH AND COMMUNITY JUSTICE, CULTIVA LA SALUD, FRESNO LEGAL DEFENSE FUND, SACRAMENTO PLACES INSTITUTE FOR INDIGENOUS PEOPLES, AND WAY UP SACRAMENTO. THE VISION, MISSION AND PROGRAMMATIC FOCUS OF THESE PROGRAMS ALIGN WITH THE CENTER'S MISSION TO BRING PEOPLE, IDEAS AND INFRASTRUCTURE TOGETHER TO CREATE A COLLECTIVE IMPACT THAT REDUCES HEALTH DISPARITIES AND IMPROVES COMMUNITY HEALTH FOR THE UNDERSERVED.

4d Other program services (Describe in Schedule O.)

(Expenses $ 9,623,840 including grants of $ 5,498,234) (Revenue $)

4e Total program service expenses ▶ 29,155,902

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D,* Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D,* Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? *If "Yes," complete Schedule D, Part V*	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D,* Part VI.	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		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
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	Yes	

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
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 year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L,* Part I	25b		No
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part II*	26		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? *If "Yes," complete Schedule L,* Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? *If "Yes," complete Schedule L, Part IV*	28a		No
b	A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV*	28b		No
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? *If "Yes," complete Schedule L, Part IV*	28c		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O.	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	121		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance *(continued)*

2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	**2a**	0		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			**2b**	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .			**3a**	No
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .			**3b**	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . .			**4a**	No
b	If "Yes," enter the name of the foreign country: ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .			**5a**	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			**5b**	No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			**5c**	
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .			**6a**	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			**6b**	
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			**7a**	No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			**7b**	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			**7c**	No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			**7e**	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .			**7f**	No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			**7g**	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			**7h**	
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			**8**	
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the sponsoring organization make any taxable distributions under section 4966?			**9a**	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .			**9b**	
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	**10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	**11a**			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	**11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			**12a**	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	**12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? . . . . . **Note.** See the instructions for additional information the organization must report on Schedule O.			**13a**	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**			
c	Enter the amount of reserves on hand	**13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?			**14a**	No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .			**14b**	
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? . . . . . If "Yes," see instructions and file Form 4720, Schedule N.			**15**	No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? . . If "Yes," complete Form 4720, Schedule O.			**16**	No

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

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

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

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

☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records:
▶KIMBERLY YOST CONTROLLER 1321 GARDEN HIGHWAY NO 210 SACRAMENTO, CA 95833 (916) 993-7701

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

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

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

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

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

See instructions for the order in which to list the persons above.

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DEBRA MCKENZIE CHAIR	0.50 1.10	X						0	20,760	0
(2) JOSE HERMOCILLO VICE CHAIR	0.50 1.10	X						0	18,760	0
(3) CAROL WHITESIDE SECRETARY	0.50 1.10	X						0	15,260	0
(4) DR CLAIRE POMEROY DIRECTOR	0.50 1.10	X		X				0	16,160	0
(5) DAVID W GORDON DIRECTOR	0.50 1.10	X		X				0	14,960	0
(6) NANCY P LEE DIRECTOR	0.50 1.10	X						0	16,160	0
(7) ROBERT PETERSEN DIRECTOR	0.50 1.10	X						0	16,160	0
(8) CHET P HEWITT PRESIDENT & CEO	0.50 40.00	X		X				0	372,877	66,825
(9) GIL ALVARADO SVP FINANCE & ADMIN./CFO	0.50 40.00			X				0	251,187	53,731

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
1b Sub-Total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶								0	742,284	120,556

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 0

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**3**		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 individual*	**4**	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**5**		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
M&M MEDIA SOLUTIONS 707 COMMONS DRIVE SUITE 201 SACRAMENTO, CA 95825	MEDIA CONSULTING SERVICES	2,462,500
SUMMIT INSTITUTE LLC 3857 BIRCH STREET SUITE 605 NEWPORT BEACH, CA 92660	PROGRAMMATIC SERVICES	430,713
NATIONAL HEALTH FOUNDATION 515 SOUTH FIGUEROA ST SUITE 1300 LOS ANGELES, CA 90071	PROGRAMMATIC SERVICES	325,000
SAN DIEGO HEALTH ALLIANCE 7545 METROPOLITAN DR SAN DIEGO, CA 92108	PROGRAMMATIC SERVICES	278,837
TEKSYSTEMS GLOBAL SERVICES PO BOX 402042 ATLANTA, GA 30384	PORTAL AND WEBSITE CONSULTING SERVICES	258,038

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 5

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts					
1a Federated campaigns	1a				
b Membership dues	1b				
c Fundraising events	1c				
d Related organizations	1d	787,133			
e Government grants (contributions)	1e	45,411,303			
f All other contributions, gifts, grants, and similar amounts not included above	1f	10,595,172			
g Noncash contributions included in lines 1a - 1f: $	1g	545,500			
h **Total.** Add lines 1a-1f		56,793,608			
Program Service Revenue	Business Code				
2a					
b					
c					
d					
e					
f All other program service revenue.					
g **Total.** Add lines 2a–2f					
3 Investment income (including dividends, interest, and other similar amounts)		21,003			21,003
4 Income from investment of tax-exempt bond proceeds					
5 Royalties					
	(i) Real	(ii) Personal			
6a Gross rents	6a				
b Less: rental expenses	6b				
c Rental income or (loss)	6c				
d Net rental income or (loss)					
	(i) Securities	(ii) Other			
7a Gross amount from sales of assets other than inventory	7a				
b Less: cost or other basis and sales expenses	7b				
c Gain or (loss)	7c				
d Net gain or (loss)					
Other Revenue 8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c). See Part IV, line 18	8a				
b Less: direct expenses	8b				
c Net income or (loss) from fundraising events					
9a Gross income from gaming activities. See Part IV, line 19	9a				
b Less: direct expenses	9b				
c Net income or (loss) from gaming activities					
10a Gross sales of inventory, less returns and allowances	10a				
b Less: cost of goods sold	10b				
c Net income or (loss) from sales of inventory					
Miscellaneous Revenue	Business Code				
11a					
b					
c					
d All other revenue					
e **Total.** Add lines 11a–11d					
12 **Total revenue.** See instructions		56,814,611	0	0	21,003

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	10,883,479	10,883,479		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages				
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees):				
a Management				
b Legal	39,819	38,662	1,157	
c Accounting	15,337	2,500	12,837	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	54,358	33,520	20,838	
12 Advertising and promotion				
13 Office expenses	95,941	24,973	70,968	
14 Information technology	300,230	300,019	211	
15 Royalties				
16 Occupancy	75,043	45,767	29,276	
17 Travel	255,459	250,049	5,410	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	649,734	645,450	4,284	
20 Interest	16,167	16,167		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	51,162		51,162	
23 Insurance				
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a PROGRAM CONTRACTS	13,658,569	13,652,895	5,674	
b MANAGEMENT FEES	4,099,927	3,072,898	1,027,029	
c PRINTING & PUBLICATION	95,634	95,471	163	
d PROGRAM SUPPLIES	69,965	69,965		
e All other expenses	35,556	24,087	11,469	
25 **Total functional expenses.** Add lines 1 through 24e	30,396,380	29,155,902	1,240,478	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).				

Part X Balance Sheet

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

			(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing	8,321,183	1	7,770,914
	2	Savings and temporary cash investments		2	9,335,406
	3	Pledges and grants receivable, net	5,341,596	3	24,287,096
	4	Accounts receivable, net	105,008	4	118,073
	5	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	20,612	9	210,270
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D — 10a: 1,504,471			
	b	Less: accumulated depreciation — 10b: 137,595	1,313,578	10c	1,366,876
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11		12	2,236,980
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	0	15	10,000
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	15,101,977	16	45,335,615
Liabilities	17	Accounts payable and accrued expenses	325,186	17	541,831
	18	Grants payable	2,135,558	18	4,354,719
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D	170,013	25	1,549,614
	26	**Total liabilities.** Add lines 17 through 25	2,630,757	26	6,446,164
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here ▶ ☑ and complete lines 27, 28, 32, and 33.**			
	27	Net assets without donor restrictions	2,192,559	27	1,506,246
	28	Net assets with donor restrictions	10,278,661	28	37,383,205
		Organizations that do not follow FASB ASC 958, check here ▶ ☐ and complete lines 29 through 33.			
	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building or equipment fund		30	
	31	Retained earnings, endowment, accumulated income, or other funds		31	
	32	Total net assets or fund balances	12,471,220	32	38,889,451
	33	Total liabilities and net assets/fund balances	15,101,977	33	45,335,615

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	56,814,611
2	Total expenses (must equal Part IX, column (A), line 25)	2	30,396,380
3	Revenue less expenses. Subtract line 2 from line 1	3	26,418,231
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	12,471,220
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	38,889,451

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☑ Both consolidated and separate basis			
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b	Yes	

Additional Data

Software ID:

Software Version:

EIN: 45-5282243

Name: SIERRA HEALTH FOUNDATION
CENTER FOR HEALTH PROGRAM MANAGEMENT

Form 990, Part III, Line 4a:

MAT ACCESS POINTS PROJECTIN DECEMBER 2018, THE CENTER WAS AWARDED A $40 MILLION MEDICATION ASSISTED TREATMENT ACCESS POINTS PROJECT CONTRACT BY THE CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES TO EXPAND MEDICATION ASSISTED TREATMENT START-UP AND/OR ENHANCEMENT ACTIVITIES IN AT LEAST 200 INDIVIDUAL ACCESS POINTS ACROSS THE STATE. THE GOAL OF THE MEDICATION ASSISTED TREATMENT ACCESS POINT PROJECT IS TO CREATE A NETWORK OF ORGANIZATIONS THROUGHOUT CALIFORNIA TO ADDRESS THE OPIOID CRISIS BY SUPPORTING PREVENTION, EDUCATION, STIGMA REDUCTION, TREATMENT AND RECOVERY SERVICES FOR PEOPLE WITH OPIOID USE DISORDER AND SUBSTANCE USE DISORDER, AND BY INCREASING ACCESS TO MEDICATION ASSISTED TREATMENT. IN 2019, THE MAT ACCESS POINTS PROJECT HAS BECOME A MORE COMPLEX AND MULTIFACETED PROJECT THAT FOCUSES RESOURCES SPECIFICALLY ON AREAS AND COMMUNITIES DISPROPORTIONATELY IMPACTED BY SUBSTANCE USE DISORDER AND THE CRIMINALIZATION OF SUBSTANCE USE. UNDER THE MAT ACCESS POINT PROJECT, THE CENTER FUNDED THE FOLLOWING PROJECTS IN 2019:1) MAT SERVICES FOR ALL - 118 ORGANIZATIONS REPRESENTING 164 ACCESS POINTS THROUGHOUT THE STATE TO SUPPORT START-UP AND/OR ENHANCEMENT EFFORTS FOR THEIR MAT PROGRAMS.2) GPRA SUPPLEMENT - 4 ORGANIZATIONS TO SUPPORT THEIR GOVERNMENT PERFORMANCE AND RESULTS ACT DATA COLLECTION.3) TRIBAL MAT INFRASTRUCTURE - 10 TRIBAL HEALTH ORGANIZATIONS TO SUPPORT START-UP AND/OR ENHANCEMENT EFFORTS OF THEIR MAT PROGRAMS.4) EQUITABLE PREVENTION AND EDUCATIONA) PREVENTION AND EDUCATION COMMUNITIES OF COLOR - 55 ORGANIZATIONS WITH ESTABLISHED AND TRUSTED COMMUNITY RELATIONSHIPS TO SUPPORT LOCALIZED OUTREACH AND PREVENTION ACTIVITIES WITH THE AIM OF REDUCING STIGMA AND INCREASING COMMUNITY UNDERSTANDING OF OUD AND SUD, AND ACCEPTANCE OF MAT.B) UC DAVIS SCHOOL OF NURSING - SUPPORT THE TRAIN THE TRAINER PRIMARY CARE PAIN MANAGEMENT FELLOWSHIP FOR FRONTLINE CLINICIANS.C) SUN COMMUNITY OUTREACH TRAINING - 6 SACRAMENTO-BASED COMMUNITY ORGANIZATIONS TO SUPPORT THEM IN THEIR CRISIS RESPONSE AND COMMUNITY-LEVEL OUTREACH AND BE A BRIDGE BETWEEN THEIR COMMUNITY AND THE HEALTH SYSTEM.ADDITIONALLY, THE PROJECT SUPPORTED ORGANIZATIONAL CAPACITY BUILDING, COMMUNICATION, AND EVALUATION COMPONENTS THROUGH A LOCALIZED MEDIA CAMPAIGN, TECHNICAL ASSISTANCE WEBINARS, AND INTERNAL PROJECT EVALUATION AND LEARNING.

Form 990, Part III, Line 4b:

SAN JOAQUIN VALLEY HEALTH FUND IN FURTHERANCE OF A HEALTHIER, MORE EQUITABLE SAN JOAQUIN VALLEY, IN 2019, THE CENTER AT SIERRA HEALTH FOUNDATION CONTINUED TO MANAGE THE SAN JOAQUIN VALLEY HEALTH FUND (SJVHF) ON BEHALF OF THE FUNDER PARTNERS. THE SJVHF EXPANDED TO 23 FUNDER PARTNERS, INCLUDING SIERRA HEALTH FOUNDATION, THE CALIFORNIA ENDOWMENT, ROSENBERG FOUNDATION, THE CALIFORNIA WELLNESS FOUNDATION, W.K. KELLOGG FOUNDATION, BLUE SHIELD OF CALIFORNIA FOUNDATION, WALLACE H. COULTER FOUNDATION, DIGNITY HEALTH, TIDES (BROAD REACH FUND), HELLMAN FOUNDATION, THE JAMES IRVINE FOUNDATION, CONVERGENCE PARTNERSHIP, CAL HEALTH & WELLNESS/HEALTH NET, THE GROVE FOUNDATION, WERNER-KOHNSTAMM FAMILY GIVING FUND, NEW VENTURE FUND, SUNLIGHT GIVING, HEISING-SIMONS FOUNDATION, LIBRA FOUNDATION, THE BEACON FUND, CERES TRUST, CHANN-ZUCKERBERG INITIATIVE AND GRANTMAKERS CONCERNED WITH IMMIGRANTS AND REFUGEES/COLLEGE FUTURES FUND. IN 2019, THE SJVHF WAS AWARDED A TOTAL OF $6,381,085 FROM 16 FUNDERS TO SUPPORT WORK OVER THE NEXT ONE TO THREE YEARS TO ADVANCE THE SJVHF POLICY PLATFORM AND CAPACITY BUILDING, CENSUS OUTREACH, IMMIGRANT RIGHTS AND PROTECTIONS, AND ACCESS TO SAFE DRINKING WATER. IN 2019, THE SJVHF, THROUGH THE CENTER, MADE 37 GRANTS TOTALING $650,000 IN ITS ROUND 5 GRANT MAKING SUPPORTING ORGANIZATIONS ADDRESSING HEALTH DISPARITIES AND ISSUES PRIORITIZED BY THE COMMUNITY: IMMIGRANT RIGHTS, HEALTH, HOUSING, EDUCATION, ENVIRONMENTAL JUSTICE, LAND USE PLANNING AND OTHER DRIVERS OF HEALTH OUTCOMES. ADDITIONALLY, THE CENTER AWARDED 10 NON-LOBBYING CENSUS GRANTS FOR A TOTAL OF $150,000 TO PROMOTE A COMPLETE CENSUS COUNT OF HARD-TO-COUNT SAN JOAQUIN VALLEY COMMUNITIES BY ADDRESSING ADMINISTRATIVE AND PROCEDURAL BARRIERS TO A COMPLETE AND FAIR CENSUS 2020. THE CENTER ALSO AWARDED 48 GRANTS IN THE TOTAL AMOUNT OF $1,310,000 FOR CENSUS OUTREACH TO HARD-TO-COUNT SAN JOAQUIN VALLEY POPULATIONS.

Form 990, Part III, Line 4c:

REDUCTION OF AFRICAN AMERICAN CHILD DEATHS IN SACRAMENTO COUNTY, AFRICAN AMERICAN CHILDREN DIE AT TWICE THE RATE OF ANY OTHER ETHNICITY. THE FOUR LEADING CAUSES OF DEATH ARE PERINATAL CONDITIONS, INFANT-SLEEP RELATED DEATHS, CHILD ABUSE AND NEGLECT, AND THIRD-PARTY HOMICIDE. THE BLACK CHILD LEGACY CAMPAIGN IS THE COMMUNITY-DRIVEN MOVEMENT ESTABLISHED BY THE STEERING COMMITTEE ON REDUCTION OF AFRICAN AMERICAN CHILD DEATHS, WHICH IS WORKING TO REDUCE DEATHS OF AFRICAN AMERICAN CHILDREN BY 10% TO 20% BY 2020 IN SACRAMENTO COUNTY. THE CAMPAIGN'S ACCOMPLISHMENTS ARE INTERCONNECTED TO FIVE COMMUNITY-DRIVEN STRATEGIES: PROMOTING ADVOCACY AND POLICY TRANSFORMATION, EQUITABLE INVESTMENT AND SYSTEMATIC IMPACT, COORDINATED SYSTEMS OF SUPPORT, DATA-DRIVEN ACCOUNTABILITY AND COLLECTIVE IMPACT, AND COMMUNICATION AND INFORMATION SYSTEMS. THE CAMPAIGN HAS FUNDED SEVEN COMMUNITY-BASED ORGANIZATIONS IN EACH OF THE TARGETED NEIGHBORHOODS WHERE THIS DISPROPORTIONALITY OCCURS: ARDEN ARCADE, DEL PASO HEIGHTS/NORTH SACRAMENTO, FRUITRIDGE/STOCKTON BLVD., NORTH HIGHLANDS/FOOTHILL FARMS, OAK PARK, MEADOWVIEW, AND VALLEY HI. IN FY 2019, RAACD'S WORK CONTINUED TO EXPAND AND ENHANCE COMMUNITY SAFETY-NET SOCIAL SERVICES IN THE FOLLOWING WAYS: COORDINATED MULTIDISCIPLINARY TEAMS (OUT-STATIONED SACRAMENTO COUNTY SOCIAL SERVICE TEAMS REPRESENTING THE DEPARTMENT OF HUMAN ASSISTANCE, CHILD PROTECTIVE SERVICES, PROBATION, AND SACRAMENTO EMPLOYMENT AND TRAINING AGENCY) IN THE SEVEN TARGET NEIGHBORHOODS OF RAACD; ADVANCED COMMUNITY OUTREACH AWARENESS THROUGH TRADITIONAL AND NON-TRADITIONAL MEDIA PLATFORMS; LED CULTURAL BROKER INITIATIVES IN PARTNERSHIP WITH SACRAMENTO COUNTY CHILD PROTECTIVE SERVICES (TRUSTED MESSENGERS FROM THE COMMUNITY WHO GUIDE FAMILIES THROUGH THE SYSTEM); PARTNERED WITH LOCAL HEALTH SYSTEMS TO DEVELOP THE PRENATAL CARE CULTURAL BROKER FRAMEWORK PILOTED IN ZIP CODE 95823. IN 2018 WE RECEIVED A CALIFORNIA BOARD OF STATE AND COMMUNITY CORRECTIONS CALIFORNIA VIOLENCE INTERVENTION AND PREVENTION GRANT, AND THE FUNDS CONTINUED THROUGH 2019. THAT CONTRACT COMPLEMENTS THE FUNDS REDUCTION OF AFRICAN AMERICAN CHILD DEATH PROGRAM THROUGH THE HEALING THE HOOD INITIATIVE AND HAS HELPED TO ESTABLISH A COUNTY-WIDE CRISIS RESPONSE NETWORK FOR VIOLENCE INTERRUPTION, INTERVENTION, AND PREVENTION. IN 2019, THE PROGRAM ALSO INCLUDED THE KINGS AND QUEENS RISE BASKETBALL PROGRAM. THE LEAGUE'S GOAL IS TO INTERRUPT VIOLENCE BY PROVIDING AN OPPORTUNITY FOR YOUNG PEOPLE TO ENGAGE IN AN INTERCOMMUNITY SPORTS ACTIVITY THAT PROVIDES A CARING, PRODUCTIVE ENVIRONMENT THROUGH COMMUNITY BUILDING, SPORTSMANSHIP AND RESOURCES FOR HEALTH AND SAFETY.

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ **Attach to Form 990 or Form 990-EZ.**

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
SIERRA HEALTH FOUNDATION
CENTER FOR HEALTH PROGRAM MANAGEMENT

Employer identification number
45-5282243

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

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

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)

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

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

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

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

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

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)

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

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

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

12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

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

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

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

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

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

f Enter the number of supported organizations . . . . . _____

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
Total						

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . .	5,956,403	13,310,837	11,969,391	11,865,165	56,793,608	99,895,404
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge..						
4 **Total.** Add lines 1 through 3	5,956,403	13,310,837	11,969,391	11,865,165	56,793,608	99,895,404
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . .						21,552,497
6 **Public support.** Subtract line 5 from line 4.						78,342,907

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4. .	5,956,403	13,310,837	11,969,391	11,865,165	56,793,608	99,895,404
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . .	15,936	4,066	12,527	27,917	21,003	81,449
9 Net income from unrelated business activities, whether or not the business is regularly carried on. .						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). .						
11 **Total support.** Add lines 7 through 10						99,976,853

12 Gross receipts from related activities, etc. (see instructions) **12**

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** . . . . . ▶ ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	**14**	78.360 %
15 Public support percentage for 2018 Schedule A, Part II, line 14	**15**	56.140 %

16a **33 1/3% support test—2019.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☑

b **33 1/3% support test—2018.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☐

17a **10%-facts-and-circumstances test—2019.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ ☐

b **10%-facts-and-circumstances test—2018.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . ▶ ☐

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . .						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year.						
c Add lines 7a and 7b. .						
8 **Public support.** (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6. . .						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. .						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . .						
13 **Total support.** (Add lines 9, 10c, 11, and 12.). .						

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**. . . . . ▶ ☐

Section C. Computation of Public Support Percentage

15	Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2018 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2019** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2018** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2019.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☐

b **33 1/3% support tests—2018.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . ▶ ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . . ▶ ☐

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in* ***Part VI*** *how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below.*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in* ***Part VI*** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in* ***Part VI,*** *including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* ***Part VI.***	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) .*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in* ***Part VI.***	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI.***	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* ***Part VI.***	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b below.*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).*	10b		

Part IV Supporting Organizations (continued)

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	**11a**		
b	A family member of a person described in (a) above?	**11b**		
c	A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in* ***Part VI****.*	**11c**		

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year **(see instructions)**:

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

2 Activities Test. **Answer (a) and (b) below.**

			Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	**2a**		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	**2b**		

3 Parent of Supported Organizations. **Answer (a) and (b) below.**

a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in* ***Part VI.***	**3a**		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in* ***Part VI.*** *the role played by the organization in this regard.*	**3b**		

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

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

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

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

	Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

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

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

Section D - Distributions	**Current Year**
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in **Part VI**). See instructions	
7 **Total annual distributions.** Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in **Part VI**). See instructions	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	**(i) Excess Distributions**	**(ii) Underdistributions Pre-2019**	**(iii) Distributable Amount for 2019**
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in **Part VI**). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014.			
b From 2015.			
c From 2016.			
d From 2017.			
e From 2018.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: $			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in **Part VI**. See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in **Part VI**. See instructions.			
7 **Excess distributions carryover to 2020.** Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015.			
b Excess from 2016.			
c Excess from 2017.			
d Excess from 2018.			
e Excess from 2019.			

Additional Data

Software ID:

Software Version:

EIN: 45-5282243

Name: SIERRA HEALTH FOUNDATION
CENTER FOR HEALTH PROGRAM MANAGEMENT

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

Facts And Circumstances Test

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SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

▶**Complete if the organization is described below.** ▶**Attach to Form 990 or Form 990-EZ.**
▶**Go to *www.irs.gov/Form990* for instructions and the latest information.**

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2019

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

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

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

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

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

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

Name of the organization	Employer identification number
SIERRA HEALTH FOUNDATION CENTER FOR HEALTH PROGRAM MANAGEMENT	45-5282243

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

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

2 Political campaign activity expenditures (see instructions) ▶ $

3 Volunteer hours for political campaign activities (see instructions)

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

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ $

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ $

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV.

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

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

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

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

4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

	(a) Name	**(b)** Address	**(c)** EIN	**(d)** Amount paid from filing organization's funds. If none, enter -0-.	**(e)** Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
1					
2					
3					
4					
5					
6					

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

A Check ▶ ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

B Check ▶ ☐ if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	**(a)** Filing organization's totals	**(b)** Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)	905	
b Total lobbying expenditures to influence a legislative body (direct lobbying)	4,248	
c Total lobbying expenditures (add lines 1a and 1b)	5,153	
d Other exempt purpose expenditures	30,391,227	
e Total exempt purpose expenditures (add lines 1c and 1d)	30,396,380	
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000	

If the amount on line 1e, column (a) or (b) is:	**The lobbying nontaxable amount is:**
Not over $500,000	20% of the amount on line 1e.
Over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000.
Over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000.
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000.
Over $17,000,000	$1,000,000.

g Grassroots nontaxable amount (enter 25% of line 1f)	250,000	
h Subtract line 1g from line 1a. If zero or less, enter -0-.	0	
i Subtract line 1f from line 1c. If zero or less, enter -0-.	0	

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ **Yes** ☐ **No**

4-Year Averaging Period Under Section 501(h)

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	**(a)** 2016	**(b)** 2017	**(c)** 2018	**(d)** 2019	**(e)** Total
2a Lobbying nontaxable amount	608,904		661,598	1,000,000	2,270,502
b Lobbying ceiling amount (150% of line 2a, column(e))					3,405,753
c Total lobbying expenditures	1,472		1,065	5,153	7,690
d Grassroots nontaxable amount	152,226		165,400	250,000	567,626
e Grassroots ceiling amount (150% of line 2d, column (e))					851,439
f Grassroots lobbying expenditures	648		485	905	2,038

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

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

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

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

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

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

Part IV Supplemental Information

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

Return Reference	Explanation
PART II-A	GRASS ROOTS LOBBYING- PERSONNEL EXPENSES FOR MEASURE U ORGANIZING AND OUTREACH. DIRECT LOBBYING- PERSONNEL EXPENSES FOR VARIOUS PROJECTS: PREPARATION AND ATTENDANCE AT CITY OF COUNCIL BUDGET HEARING AS IT RELATES TO USE OF REVENUES GENERATED FROM MEASURE U, SELECT COMMITTEE ON BOYS AND MEN OF COLOR HEARING, SENATE SELECT COMMITTEE HEARING ON 7/15, CITY HALL SKFC.

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
SIERRA HEALTH FOUNDATION
CENTER FOR HEALTH PROGRAM MANAGEMENT

Employer identification number
45-5282243

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

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

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

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

Part II Conservation Easements.

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

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

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

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

		Held at the End of the Year
a Total number of conservation easements	2a	
b Total acreage restricted by conservation easements	2b	
c Number of conservation easements on a certified historic structure included in (a)	2c	
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d	

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

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

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

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

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

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

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

a ☐ Public exhibition

b ☐ Scholarly research

c ☐ Preservation for future generations

d ☐ Loan or exchange programs

e ☐ Other .....

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

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?. . . ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? . . . . . ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

		Amount
c	Beginning balance	1c
d	Additions during the year	1d
e	Distributions during the year	1e
f	Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII . . . . ☐

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment ▶ .....

b Permanent endowment ▶ .....

c Temporarily restricted endowment ▶ .....

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

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

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

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		1,100,000	66,000	1,034,000
c Leasehold improvements		6,979	698	6,281
d Equipment		94,488	70,897	23,591
e Other		303,004		303,004
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				1,366,876

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3)Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 12.)* ▶		

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

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

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

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

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 25.)* ▶	1,549,614

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	56,814,611
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines **2a** through **2d**			2e	0
3	Subtract line **2e** from line **1**			3	56,814,611
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines **4a** and **4b**			4c	0
5	Total revenue. Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12.)			5	56,814,611

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	30,396,380
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines **2a** through **2d**			2e	0
3	Subtract line **2e** from line **1**			3	30,396,380
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines **4a** and **4b**			4c	0
5	Total expenses. Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18.)			5	30,396,380

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 45-5282243

Name: SIERRA HEALTH FOUNDATION
CENTER FOR HEALTH PROGRAM MANAGEMENT

Supplemental Information

Return Reference	Explanation
PART X, LINE 2:	THE CENTER APPLIES THE ACCOUNTING PRINCIPLES RELATED TO ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES AND HAS DETERMINED THAT THERE IS NO MATERIAL IMPACT ON THE FINANCIAL STATEMENTS.

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493321082320

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
SIERRA HEALTH FOUNDATION
CENTER FOR HEALTH PROGRAM MANAGEMENT

Employer identification number
45-5282243

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☑ Yes ☐ No

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 150

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶ 0

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

	(a) Type of grant or assistance	**(b)** Number of recipients	**(c)** Amount of cash grant	**(d)** Amount of noncash assistance	**(e)** Method of valuation (book, FMV, appraisal, other)	**(f)** Description of noncash assistance
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						

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

Return Reference	**Explanation**
PART I, LINE 2:	EACH GRANTEE MUST COMPLY WITH THE MONITORING REQUIREMENTS SET FORTH IN THE AGREEMENT. THOSE REQUIREMENTS VARY DEPENDING ON THE PURPOSE OF THE GRANT. ALL GRANTEES ARE REQUIRED TO PROVIDE A FINAL NARRATIVE AND FINANCIAL REPORT. OTHER MONITORING REQUIREMENTS INCLUDE PROGRESS REPORTS, BOTH NARRATIVE AND FINANCIAL, AND SITE VISITS.

Additional Data

Software ID:
Software Version:
EIN: 45-5282243
Name: SIERRA HEALTH FOUNDATION
CENTER FOR HEALTH PROGRAM MANAGEMENT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
DOLORES C HUERTA FOUNDATION PO BOX 2087 BAKERSFIELD, CA 93303	91-2145992	PUBLIC CHARITY	626,811				SJVHF CENSUS, EQUITY ON THE MALL, CENTRAL VALLEY UNITED FOR POWER, CENSUS 2020 REGION 6 OUTREACH
SOUTH SACRAMENTO CHRISTIAN CENTER CHURCH 7710 STOCKTON BLVD SACRAMENTO, CA 95823	68-0186235	PUBLIC CHARITY	574,000				REDUCTION OF AFRICAN AMERICAN CHILD DEATHS, POPUP, KINGS AND QUEENS, MY BROTHERS KEEPER, RAACD

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
LA FAMILIA COUNSELING CENTER INC 5523 34TH STREET SACRAMENTO, CA 958204725	94-2270786	PUBLIC CHARITY	421,500				COMMUNITY ECONOMIC DEVELOPMENT, POPUP
FAITH IN THE VALLEY 2027 E HARDING WAY STOCKTON STOCKTON, CA 95205	77-0635938	PUBLIC CHARITY	383,807				NEW VOICES, SJVHF CENSUS, EQUITY ON THE MALL, SJVHF CLUSTER GRANTS, ACBO CENSUS 2020

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
JAKARA MOVEMENT 6089 N 1ST ST STE 102 FRESNO, CA 93710	26-3225754	PUBLIC CHARITY	341,020				SJVHF CENSUS, SJVHF IHEEL, CENSUS 2020 REGION 1 OUTREACH, ACBO CENSUS 2020
LIBERTY HILL FOUNDATION 6420 WILSHIRE BLVD LOS ANGELES, CA 90048	51-0181191	PUBLIC CHARITY	325,000				CALIFORNIA FUNDERS FOR BOYS AND MEN OF COLOR

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
COMMUNITIES FOR A NEW CALIFORNIA EDUCATION FUND 4120 DOUGLAS BLVD 306-418 GRANITE BAY, CA 95746	45-1636468	PUBLIC CHARITY	298,185				2019 SJVHF CLUSTER GRANTS, ACBO CENSUS 2020 - CUENTA CONMIGO: CENSUS 2020 OUTREACH
MUTUAL ASSISTANCE NETWORK OF DEL PASO HEIGHTS 811 GRAND AVENUE SUITE A-3 SACRAMENTO, CA 958383466	68-0332694	PUBLIC CHARITY	282,000				REDUCTION OF AFRICAN AMERICAN CHILD DEATHS, POPUP, KINGS AND QUEENS, MY BROTHERS KEEPER, RAACD

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CHINESE FOR AFFIRMATIVE ACTION 17 WALTER U LUM PLACE SAN FRANCISCO, CA 94108	94-2161304	PUBLIC CHARITY	227,752				CAYCJ MEMBERSHIP AWARD, SJVHF CLUSTER GRANTS, CENTRAL VALLEY UNITED FOR POWER, ACBO CENSUS 2020
GREATER SACRAMENTO URBAN LEAGUE 3725 MARYSVILLE BLVD SACRAMENTO, CA 95838	94-1686314	PUBLIC CHARITY	224,500				REDUCTION OF AFRICAN AMERICAN CHILD DEATHS, POPUP, MY BROTHERS KEEPPER, RAACD

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
LEADERSHIP COUNSEL FOR JUSTICE AND ACCOUNTABILITY 764 P STREET SUITE 012 FRESNO, CA 93721	46-1517800	PUBLIC CHARITY	218,385				SJVHF CENSUS, SJVHF IHEEL, SJVHF CLUSTER GRANTS, CENTRAL VALLEY UNITED FOR POWER, ACBO CENSUS 2020
ROBERTS FAMILY DEVELOPMENT CENTER 770 DARINA AVENUE SACRAMENTO, CA 95815	68-0470557	PUBLIC CHARITY	215,915				REDUCTION OF AFRICAN AMERICAN CHILD DEATHS, POPUP, KINGS AND QUEENS, MY BROTHERS KEEPER, RAACD

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ROSE FAMILY CREATIVE EMPOWERMENT CENTER INC 7000 FRANKLIN BLVD SUITE 1000 SACRAMENTO, CA 95823	80-0968840	PUBLIC CHARITY	214,500				REDUCTION OF AFRICAN AMERICAN CHILD DEATHS, POPUP, KINGS AND QUEENS, MY BROTHERS KEEPER, RAACD
CENTER ON RACE POVERTY & ENVIRONMENT 1012 JEFFERSON STREET DELANO, CA 93215	05-0557231	PUBLIC CHARITY	213,560				IMPROVING CHILDHOOD HEALTH AND RACIAL EQUITY, EQUITY ON THE MALL, SJVHF CENSUS , ACBO CENSUS

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CENTRO BINACIONAL PARA EL DESARROLLO INDIGENA 744 ABBY STREET FRESO, CA 93701	77-0337939	PUBLIC CHARITY	211,431				EQUITY ON THE MALL, SJVHF CENSUS 2020 OUTREACH, ACBO CENSUS 2020
THE CHURCH OF THE NAZARENE INC 5132 ELKHORN BLVD SACRAMENTO, CA 95842	44-0552034	PUBLIC CHARITY	187,000				KINGS AND QUEENS -BCLC - STRAEGY 5, POPUP, RAACD - STRATEGY 3

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
FATHERS & FAMILIES OF SAN JOAQUIN 338 E MARKET STREET STOCKTON, CA 95202	32-0171398	PUBLIC CHARITY	151,400				EQUITY ON THE MALL, CAYCJ GENERAL MEMBERSHIP AWARD, SJVHF CENSUS 2020 OUTREACH, PYJI
YOUTH JUSTICE COALITION PO BOX 73688 ANGELES, CA 90003	83-0466818	PUBLIC CHARITY	150,000				CAYCJ GENERAL MEMBERSHIP AWARD, PYJI - YOUTH UPRISING COALITION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CALIFORNIA RURAL LEGAL ASSISTANCE 1430 FRANKLIN STREET SUITE 103 OAKLAND, CA 94612	95-2428657	PUBLIC CHARITY	145,000				SJVHF CENSUS, SJVHF IHEEL, SJVHF CENSUS 2020 OUTREACH, ACBO CENSUS 2020
CENTER FOR YOUNG WOMEN'S DEVELOPMENT 832 FOLSOM ST SUITE 700 SAN FRANCISCO, CA 94107	94-3227681	PUBLIC CHARITY	130,000				CAYCJ GENERAL MEMBERSHIP AWARD, PYJI - SF REIMAGINE YOUTH JUSTICE

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
COMMUNITIES UNITED FOR RESTORATIVE YOUTH JUSTICE 490 LAKE PARK AVENUE 16086 OAKLAND, CA 94610	27-5008441	PUBLIC CHARITY	130,000				CAYCJ GENERAL MEMBERSHIP AWARD, PYJI - CLOSE YOUTH PRISONS, BUILD YOUTH LEADERS
SILICON VALLEY DE-BUG 701 LENZEN AVENUE SAN JOSE, CA 95126	46-4274158	PUBLIC CHARITY	130,000				CAYCJ GENERAL MEMBERSHIP AWARD, PYJI - PARTICIPATORY DEFENSE SANTA CLARA COUNTY

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CENTER FOR COMMUNITY HEALTH AND WELL- BEING INC 4625 44TH STREET ROOM 13 SACRAMENTO, CA 95820	68-0248303	PUBLIC CHARITY	128,430				REDUCTION OF AFRICAN AMERICAN CHILD DEATHS, KINGS AND QUEENS, MY BROTHERS KEEPER, RAACD
RADIO BILINGUE INC 5005 E BELMONT AVENUE FRESNO FRESNO, CA 93727	94-2472322	PUBLIC CHARITY	121,040				SJVHF IHEEL, ACBO CENSUS 2020

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CHARITABLE VENTURES OF ORANGE COUNTY 1505 E 17TH STREET SUITE 101 SANTA ANA, CA 92705	20-8756660	PUBLIC CHARITY	120,000				PYJI - OC PROJECT (FEBRUARY 2019-JULY) 2020
SAN DIEGO ORGANIZING PROJECT 4305 UNIVERSITY AVENUE SUITE 530 SAN DIEGO, CA 92105	95-3284521	PUBLIC CHARITY	120,000				PYJI - THE SAN DIEGO POSITIVE YOUTH JUSTICE INITIATIVE

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
SIGMA BETA XI INC 14340 ELSWORTH STREET SUITE B 112/113 MORENO VALLEY, CA 92553	30-0779014	PUBLIC CHARITY	120,000				PYJI - HEALTHY JUSTICE SYSTEM INITIATIVE
WESTSIDE FAMILY PRESERVATION SERVICES NETWORK THE CENTRAL VALLEY LEADERSHIP ROUND TABLE PO BOX 898 16856 4TH STREET HURON, CA 93234	91-2027313	PUBLIC CHARITY	117,123				ACBO CENSUS 2020 - RURAL COMMUNITIES CENSUS 2020 COLLABORATIVE

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
COMMUNITY WATER CENTER 900 WEST OAK AVENUE VISALIA VISALIA, CA 93291	80-0267674	PUBLIC CHARITY	111,134				ACBO CENSUS 2020, CENTRAL VALLEY UNITED FOR POWER
SACRAMENTO ACT 2409 15TH STREET SACRAMENTO, CA 95818	94-3146791	PUBLIC CHARITY	107,500				PYJI - IMPACTED YOUTH REFORMING THE JUVENILE JUSTICE SYSTEM, POPUP

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
RYSE INC 205 41ST STREET RICHMOND, CA 94805	26-0692904	PUBLIC CHARITY	100,000				PYJI - CONTRA COSTA COUNTY POSITIVE YOUTH JUSTICE INITIATIVE
SOCIAL & ENVIRONMENTAL ENTREPRENEURS INC 23532 CALABASAS ROAD SUITE A CALABASAS, CA 91302	95-4116679	PUBLIC CHARITY	93,106				SJVHF CENSUS 2020 OUTREACH, SJVHF IHEEL

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ACT FOR WOMEN AND GIRLS 1900 N DINUBA BLVD VISALIA, CA 93291	26-0287450	PUBLIC CHARITY	91,339				LEADERSHIP DEVELOPMENT FOR RACIAL EQUITY, SJVHF IHEEL, CENTRAL VALLEY UNITED FOR POWER
NORTH VALLEY COMMUNITY FOUNDATION 240 MAIN STREET SUITE 260 CHICO, CA 95928	68-0161455	PUBLIC CHARITY	88,200				CENSUS 2020 REGION 1 OUTREACH, PLUMAS AND SIERRA COMPLETE COUNT CAMPAIGN

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
FRESNO BARRIOS UNIDOS 4415 E TULARE ST FRESNO, CA 93702	77-0363955	PUBLIC CHARITY	87,800				EQUITY ON THE MALL, PYJI - FRESNO BARRIOS UNIDOS YOUTH VOICE
PESTICIDE ACTION NETWORK NORTH AMERICA REGIONAL CENTER 2029 UNIVERISTY AVENUE BERKELEY, CA 94704	94-2949686	PUBLIC CHARITY	86,900				EQUITY ON THE MALL, SJVHF IHEEL, SJVHF CENSUS 2020 OUTREACH

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
VOICE OF THE YOUTH INC 2251 FLORIN ROAD SUITE 35 SACRAMENTO, CA 95822	46-3441788	PUBLIC CHARITY	82,000				MBK MENTORING - MOTIVATING OTHER BROTHERS, POPUP
BOREALIS PHILANTHROPY 3RD ST SUITE 500 MINNEAPOLIS, MN 554011653	46-4598642	PUBLIC CHARITY	80,000				CALIFORNIA FUNDERS FOR BOYS AND MEN OF COLOR

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
POLICYLINK 1438 WEBSTER STREET SUITE 303 OAKLAND, CA 94612	94-3297479	PUBLIC CHARITY	80,000				CALIFORNIA FUNDERS FOR BOYS AND MEN OF COLOR
THE FRESNO CENTER 4879 E KINGS CANYON RD FRESNO, CA 93727	77-0280265	PUBLIC CHARITY	80,000				SJVHF IHEEL, ACBO CENSUS 2020

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
IMPROVE YOUR TOMORROW 1017 L STREET 632 SACRAMENTO, CA 95814	46-2981774	PUBLIC CHARITY	79,000				MBK MENTORING - LITTLE BROTHERS MENTORING INITIATIVE, POPUP
THE FREEDOM BOUND CENTER 2574 - 21ST ST SACRAMENTO, CA 95818	68-0477373	PUBLIC CHARITY	72,000				LEADERSHIP DEVELOPMENT FOR RACIAL EQUITY, POP UP

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ALWAYS KNOCKING 4600 - 47TH AVE SUITE 106 SACRAMENTO, CA 95824	26-4635991	PUBLIC CHARITY	67,930				POPUP
DAUGHTERS OF ZION ENTERPRYZ 6489 47TH STREET SACRAMENTO, CA 95758	94-3288179	PUBLIC CHARITY	71,500				POPUP

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

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HMONG YOUTH AND PARENTS UNITED 631 ELEANOR AVENUE SACRAMENTO, CA 95815	26-3840730	PUBLIC CHARITY	71,500				POPUP
VILLAGE ADVOCATES OF SACRAMENTO 5845 69TH STREET SACRAMENTO, CA 95824	83-1407739	PUBLIC CHARITY	71,500				POPUP

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
BOYS AND GIRLS CLUBS OF GREATER SACRAMENTO 5212 LEMON HILL AVENUE SACRAMENTO, CA 95824	68-0338324	PUBLIC CHARITY	67,000				POPUP
BE SMOOTH INC PO BOX 78012 STOCKTON, CA 95267	82-4976018	PUBLIC CHARITY	65,000				SJVHF IHEEL, LEADERSHIP DEVELOPMENT FOR RACIAL EQUITY, IMPROVE STUDENTS OF COLOR ACADEMICS

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
POWER CALIFORNIA 1488 BROADWAY AVENUE ATWATER, CA 95301	77-0651682	PUBLIC CHARITY	64,839				CENTRAL VALLEY UNITED FOR POWER
EDUCATION AND LEADERSHIP FOUNDATION 4290 E ASHLAN AVE FRESNO, CA 93726	26-0417563	PUBLIC CHARITY	62,500				SJVHF CENSUS, EQUITY ON THE MALL, SJVHF IHEEL, SJVHF CENSUS 2020 OUTREACH

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
SELF AWARENESS AND RECOVERY 4625 44TH STREET ROOM 22 SACRAMENTO, CA 95820	47-5249669	PUBLIC CHARITY	62,000				POPUP
GLENN COUNTY COMMUNITY ACTION DEPARTMENT 125 E WALKER STREET ORLAND, CA 95963	94-6000691	PUBLIC CHARITY	60,300				CENSUS 2020 OUTREACH REGION 1 - GLENN AND COLUSA COUNTIES US CENSUS 2020 OUTREACH PROJECT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ASIAN PACIFIC SELF-DEVELOPMENT AND RESIDENTIAL ASSOCIATION 3830 ALVARADO AVE STE C STOCKTON, CA 95204	68-0224100	PUBLIC CHARITY	60,000				SJVHF IHEEL AND SJVHF CENSUS 2020 OUTREACH
CLINICA SIERRA VISTA 1430 TRUXTUN AVENUE SUITE 400 BAKERSFIELD, CA 93301	95-2707101	PUBLIC CHARITY	60,000				SJVHF CENSUS 2020 OUTREACH - HEALTH PARTNERS

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
21 REASONS SCHOLARSHIP FOUNDATION 3939 45TH STREET SACRAMENTO, CA 95820	82-1420816	PUBLIC CHARITY	59,500				POPUP
CALIFORNIANS FOR JUSTICE EDUCATION FUND INC 1971 LAS PLUMAS AVENUE SAN JOSE, CA 95133	94-3256009	PUBLIC CHARITY	58,263				CENTRAL VALLEY UNITED FOR POWER

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
LITTLE MANILA FOUNDATION 2154 S SAN JOAQUIN ST STOCKTON, CA 95206	20-2661354	PUBLIC CHARITY	57,600				EQUITY ON THE MALL, LEADERSHIP DEVELOPMENT FOR RACIAL EQUITY, SJVHF IHEEL, SJVHF CENSUS
NATIONAL ACADEMIC YOUTH CORPS INC 2251 FLORIN ROAD SUITE 126 SACRAMENTO, CA 95822	80-0064237	PUBLIC CHARITY	57,000				POPUP

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
SERVICES & IMMIGRANT RIGHTS & EDUCATION NETWORK 1415 KOLL CIRCLE SUITE 108 SAN JOSE, CA 95112	77-0487468	PUBLIC CHARITY	55,000				LEADERSHIP DEVELOPMENT FOR RACIAL EQUITY, FRESNO LEGAL DEFENSE FUND, SJVHF CENSUS 2020
SACRAMENTO LGBT COMMUNITY CENTER 1927 L STREET SACRAMENTO, CA 95811	94-2502229	PUBLIC CHARITY	52,000				POPUP

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
THE SOURCE LGBT CENTER 208 W MAIN ST SUITE B VISALIA, CA 93291	81-1907707	PUBLIC CHARITY	51,900				EQUITY ON THE MALL, SJVHF IHEEL, SJVHF CENSUS 2020 OUTREACH
EAST BAY COMMUNITY FOUNDATION DE DOMENCIO BUILDING 200 FRANK H OGAWA PLAZA OAKLAND, CA 94612	94-6070996	PUBLIC CHARITY	50,000				CALIFORNIA FUNDERS FOR BOYS AND MEN OF COLOR

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
YOUTH LAW CENTER 832 FOLSOM STREET SUITE 700 SAN FRANCISCO, CA 94107	94-1715280	PUBLIC CHARITY	50,000				CALIFORNIA FUNDERS FOR BOYS AND MEN OF COLOR
CRLA FOUNDATION 2210 K STREET SUITE 201 SACRAMENTO, CA 95816	94-2800442	PUBLIC CHARITY	46,400				EQUITY ON THE MALL, SJVHF IHEEL, SJVHF CENSUS 2020 OUTREACH

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
IMMIGRANT LEGAL RESOURCE CENTER 1458 HOWARD STREET SAN FRANCISCO, CA 94103	94-2939540	PUBLIC CHARITY	45,000				SJVHF IHEEL, SJVHF CENSUS 2020 OUTREACH
COMMUNITY ACTION PARTNERSHIP OF KERN 5005 BUSINESS PARK NORTH BAKERSFIEL BAKERSFIELD, CA 93309	95-2402760	PUBLIC CHARITY	40,000				SJVHF CENSUS 2020 OUTREACH - CAPK & KCCC CENSUS 2020

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
COUNCIL ON AMERICAN-ISLAMIC RELATIONS CALIFORNIA 1122 DEL PASO BLVD SACRAMENTO, CA 95818	77-0411194	PUBLIC CHARITY	40,000				SJVHF IHEEL, SJVHF CENSUS 2020 OUTREACH
FRESNO METRO BLACK CHAMBER OF COMMERCE 1444 FULTON STREET 116 FRESNO, CA 93721	27-2369570	PUBLIC CHARITY	40,000				SJVHF CENSUS 2020 OUTREACH

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
VISION Y COMPROMISO 2536 EDWARDS AVENUE EL CERRITO, CA 94530	32-0071651	PUBLIC CHARITY	40,000				SJVHF CENSUS 2020 OUTREACH - PROMOTORAS COUNT: CENSUS 2020
CAMPTONVILLE COMMUNITY PARTNERSHIP PO BOX 218 CAMPTONVILLE CAMPTONVILLE, CA 95922	68-0450179	PUBLIC CHARITY	39,600				CENSUS 2020 REGION 1 OUTREACH - YUBA COUNTY FOOTHILLS HTC CENSUS 2020

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
IU-MIEN COMMUNITY SERVICES PO BOX 245693 SACRAMENTO, CA 95824	68-0364879	PUBLIC CHARITY	38,000				POPUP
CENTRO LA FAMILIA ADVOCACY SERVICES 302 FRESNO STREET SUITE 102 FRESNO, CA 93706	77-0310310	PUBLIC CHARITY	36,900				EQUITY ON THE MALL, FRESNO LEGAL DEFENSE FUND, SJVHF CENSUS 2020 OUTREACH

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CENTRAL VALLEY PARTNERSHIP PO BOX 5014 FRESNO, CA 93755	81-3125919	PUBLIC CHARITY	35,000				SJVHF CENSUS 2020 OUTREACH - WORKING FAMILIES FORWARD
COALITION FOR HUMANE IMMIGRANT RIGHTS (CHIRLA) 2533 W 3RD ST 101 LOS ANGELES, CA 90057	95-4421521	PUBLIC CHARITY	35,000				SJVHF CENSUS 2020 OUTREACH - CONAMOS CONTIGO 2020 CENSUS CAMPAIGN

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
FRESNO AMERICAN INDIAN HEALTH PROJECT 1551 E SHAW AVENUE SUITE 139 FRESNO, CA 93710	94-1612823	PUBLIC CHARITY	35,000				SJVHF CENSUS 2020 OUTREACH - FRESNO NATIVES COUNT
KINGS COMMUNITY ACTION ORGANIZATION 1130 N 11TH AVENUE HANFORD HANFORD, CA 93230	94-1604455	PUBLIC CHARITY	35,000				SJVHF CENSUS 2020 OUTREACH - KCAO 2020 CENSUS OUTREACH

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
MI FAMILIA VOTA EDUCATION FUND 5228 E PINE AVENUE FRESNO, CA 93727	20-0182824	PUBLIC CHARITY	35,000				SJVHF CENSUS 2020 OUTREACH - CENTRAL VALLEY PRESENTE
MADERA COALITION FOR COMMUNITY JUSTICE 126 N B ST MADERA, CA 93638	77-0391942	PUBLIC CHARITY	33,700				SJVHF CENSUS , EQUITY ON THE MALL, SJVHF IHEEL

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
W HAYWOOD BURNS INSTITUTE 475 - 14TH STREET SUITE 800 OAKLAND, CA 94612	81-0594086	PUBLIC CHARITY	32,500				POSITIVE YOUTH JUSTICE INITIATIVE
ACTION COUNCIL OF MONTEREY COUNTY INC 295 MAIN ST SUITE 300 SALINAS, CA 93901	77-0357101	PUBLIC CHARITY	30,000				CAYCJ GENERAL MEMBERSHIP AWARD

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
AFRICAN-AMERICAN HISTORICAL AND CULTURAL MUSEUM OF THE SAN JOAQUIN VALLEY 1857 FULTON ST FRESNO, CA 93721	77-0286794	PUBLIC CHARITY	30,000				SJVHF CENSUS 2020 OUTREACH - STATE OF BLACK COMMUNITY REVIEW & MUSIC JUBILEE
CATHOLIC COUNCIL FOR THE SPANISH SPEAKING OF THE DIOCESE OF STOCKTON 445 N SAN JOAQUIN STREET STOCKTON, CA 952022625	94-1677202	PUBLIC CHARITY	30,000				SJVHF CENSUS 2020 OUTREACH - CENSUS 2020 VANGUARD, SAN JOAQUIN, AND STANISLAUS COUNTIES

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CENTRAL VALLEY IMMIGRANT INTEGRATION COLLABORATIVE (CVIIC) 516 VILLA AVE SUITE 28 CLOVIS, CA 93612	83-0682400	PUBLIC CHARITY	30,000				SJVHF CENSUS 2020 OUTREACH - CVIIC SAN JOAQUIN VALLEY 2020 CENSUS OUTREACH PROJECT
EAST BAY ASIAN YOUTH CENTER 2025 EAST 12TH STREET OAKLAND, CA 94606	94-2925799	PUBLIC CHARITY	30,000				MBK MENTORING - YELLOW BROTHERHOOD, SJVHF IHEEL - KIDS FIRST RENO

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
FRESNO COUNTY ECONOMIC OPPORTUNITIES COMMISSION 1920 MARIPOSA MALL SUITE 300 FRESNO, CA 93721	94-1606519	PUBLIC CHARITY	30,000				SJVHF CENSUS 2020 OUTREACH - FRESNO EOC 2020 CENSUS OUTREACH
FRESNO INTERDENOMINATIONAL REFUGEE MINISTRIES 1940 N FRESNO STREET FRESNO, CA 93703	77-0357297	PUBLIC CHARITY	30,000				SJVHF CENSUS 2020 OUTREACH , FRESNO SOUTHEAST ASIA COALITION FOR ACTION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
MOVEMENT STRATEGY CENTER 436 - 14TH STREET 5TH FLOOR OAKLAND, CA 94612	45-2844649	PUBLIC CHARITY	30,000				CAYCJ GENERAL MEMBERSHIP AWARD
READING AND BEYOND 4670 E BUTLER AVENUE FRESNO, CA 93702	77-0508471	PUBLIC CHARITY	30,000				SJVHF CENSUS 2020 OUTREACH - FRESNO HARD-TO-COUNT OUTREACH

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
SANTA CRUZ BARRIOS UNIDOS INC 1817 SOQUEL AVE SANTA CRUZ, CA 95060	77-0333450	PUBLIC CHARITY	30,000				CAYCJ GENERAL MEMBERSHIP AWARD
THE TIDES FOUNDATION PO BOX 29903 SAN FRANCISCO, CA 94129	51-0198509	PUBLIC CHARITY	30,000				SJVHF CENSUS 2020 OUTREACH - NAACP STOCKTON HARD TO COUNT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
PEER RECOVERY ART PROJECT 132 GRANT STREET MODESTO, CA 95354	26-3920864	PUBLIC CHARITY	25,000				SJVHF CENSUS 2020 OUTREACH - RURAL LGBTQ+ COUNT PROJECT
ORGANIZACION EN CALIFORNIA DE LIDERES CAMPESINAS INC PO BOX 20033 OXNARD, CA 93034	95-4611282	PUBLIC CHARITY	23,800				EQUITY ON THE MALL, SJVHF IHEEL

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

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PUBLIC HEALTH ADVOCATES POST OFFICE BOX 2309 DAVIS, CA 95617	95-4723901	PUBLIC CHARITY	22,200				EQUITY ON THE MALL, SJVHF IHEEL - BUILD HEALTH STOCKTON
CULTURAL BROKERS INC 2115 KERN STREET SUITE 330 FRESNO, CA 93721	45-5495386	PUBLIC CHARITY	21,900				EQUITY ON THE MALL, SJVHF IHEEL

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CALIFORNIA HUMAN DEVELOPMENT CORPORATION 3315 AIRWAY DRIVE SANTA ROSA, CA 95403	94-1653023	PUBLIC CHARITY	21,400				EQUITY ON THE MALL, SJVHF CENSUS 2020 OUTREACH
REIMAGINE MACK ROAD FOUNDATION 75 QUINTA COURT SUITE D SACRAMENTO, CA 95823	46-4193875	PUBLIC CHARITY	21,000				POPUP

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

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ASIAN BUSINESS INSTITUTE & RESOURCE CENTER (ABIRC) 7035 N FRUIT AVE FRESNO, CA 93711	26-1988676	PUBLIC CHARITY	20,000				TO ADVANCE A COMPLETE COUNT AMONG FRESNO'S LAO, CAMBODIAN AND HMONG IMMIGRANTS/REFUGEES
CALIFORNIA COALITION FOR RURAL HOUSING PROJECT 717 K ST SUITE 400 SACRAMENTO, CA 95814	94-2832634	PUBLIC CHARITY	20,000				SJVHF IHEEL - HEALTHY HOMES PROJECT: PHASE V

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

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CALIFORNIA PAN-ETHNIC HEALTH NETWORK 1221 PRESERVATION PARK WAY OAKLAND, CA 94612	94-3306223	PUBLIC CHARITY	20,000				SJVHF IHEEL - ADVANCING ACCESS TO ASTHMA PREVENTATIVE SERVICES
CALIFORNIA STATE UNIVERSITY FRESNO FOUNDATION 4910 N CHESTNUT AVENUE FRESNO, CA 937261852	94-6003272	PUBLIC CHARITY	20,000				SJVHF CENSUS 2020 OUTREACH

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CATHOLIC CHARITIES OF STOCKTON 1106 NORTH EL DORADO STREET STOCKTON, CA 952021332	94-1629114	PUBLIC CHARITY	20,000				SJVHF IHEEL - STANISLAUSE SUSTAINABLE COMMUNITIES COALITION/HEALTHY NEIGHBORHOODS COLLABORATIVE
CHILDREN NOW 1404 FRANKLIN STREET SUITE 700 OAKLAND, CA 94612	94-3059243	PUBLIC CHARITY	20,000				SJVHF IHEEL - ENGAGING STAKEHOLDERS TO IMPROVE CENTRAL VALLEY CHILDRENS HEALTH/EDUCATION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
COMMUNITY ACTION PARTNERSHIP OF MADERA COUNTY INC 1225 GILL AVENUE MADERA MADERA, CA 93637	94-1612823	PUBLIC CHARITY	20,000				SJVHF CENSUS 2020 OUTREACH - MADERA COUNTY CENSUS PROJECT
COMMUNITY INITIATIVES 354 PINE STREET SUITE 700 SAN FRANCISCO, CA 941043229	94-3255070	PUBLIC CHARITY	20,000				SJVHF CENSUS 2020 OUTREACH - AN ACCURATE 2020 CENSUS FOR KERN

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

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GREENACTION FOR HEALTH AND ENVIRONMENTAL JUSTICE 559 ELLIS STREET SAN FRANCISCO, CA 94109	43-2050242	PUBLIC CHARITY	20,000				SJVHF IHEEL - SAN JOAQUIN VALLEY ENVIRONMENTAL HEALTH AND JUSTICE PROJECT
GREENLINING INSTITUTE 360 - 14TH STREET 2ND FLOOR OAKLAND, CA 94612	94-3173571	PUBLIC CHARITY	20,000				SJVHF IHEEL - MAXIMIZING THE IMPACT OF NONPROFIT HOSPITAL COMMUNITY BENEFITS

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

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INTERNATIONAL RESCUE COMMITTEE 2020 HURLEY WAY SUITE 420 SACRAMENTO, CA 95825	13-5660870	PUBLIC CHARITY	20,000				SJVHF CENSUS 2020 OUTREACH - CENSUS 2020: REFUGEES AND HARD TO REACH COMMUNITIES
MEXICAN AMERICAN LEGAL DEFENSE AND EDUCATIONAL FUND 634 S SPRING STREET 11TH FLOOR LOS ANGELES, CA 90014	74-1563270	PUBLIC CHARITY	20,000				SJVHF IHEEL - CALIFORNIA IMMIGRANT YOUTH JUSTICE ALLIANCE

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NATIONAL CENTER FOR YOUTH LAW 405 14TH STREET 15TH FLOOR OAKLAND, CA 94612	94-2506933	PUBLIC CHARITY	20,000				POSITIVE YOUTH JUSTICE INITIATIVE
PLANNED PARENTHOOD MAR MONTE INC 1691 THE ALAMEDA SAN JOSE, CA 95126	94-1583439	PUBLIC CHARITY	20,000				SJVHF IHEEL - PLANNED PARENTHOOD PEER EDUCATION PROGRAM

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

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RESOURCES FOR INDEPENDENCE CENTRAL VALLEY 3636 NORTH FIRST STREET FRESNO, CA 93726	94-2328156	PUBLIC CHARITY	20,000				SJVHF CENSUS 2020 OUTREACH - #DISABILITYCOUNTS2020
SELF-HELP ENTERPRISES PO BOX 6520 VISALIA, CA 93290	94-1592676	PUBLIC CHARITY	20,000				SJVHF IHEEL - EFFECTIVE WATER FUNDING AND PLANNING PROGRAMS FOR DISADVANTAGED COMMUNITIES

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

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SEQUOIA RIVERLANDS TRUST 427 SOUTH GARDEN STREET VISALIA, CA 93277	77-0347417	PUBLIC CHARITY	20,000				SJVHF IHEEL - SUPPORTING HEALTHIER COMMUNITIES THROUGH LAND USE AND TRANSPORTATION POLICY
STANISLAUS MULTI-CULTURAL HEALTH COALITION WEST MODESTOKING 601 S MARTIN LUTHER KING BLVD MODESTO, CA 95351	31-1751288	PUBLIC CHARITY	20,000				SJVHF CENSUS 2020 OUTREACH

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

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SYMPLE EQUAZION 1040 CANAL STREET MERCED, CA 95341	45-2736191	PUBLIC CHARITY	20,000				SJVHF CENSUS 2020 OUTREACH
UNITED WAY OF KERN COUNTY INC 5405 STOCKDALE HWY SUITE 200 BAKERSFIELD, CA 93309	95-2274560	PUBLIC CHARITY	20,000				SJVHF CENSUS 2020 OUTREACH

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
URBANISTS COLLECTIVE 1548 N LEILA STREET VISALIA, CA 93292	82-2598749	PUBLIC CHARITY	20,000				SJVHF CENSUS 2020 OUTREACH - PAINT YOUR PRESENCE
INYO MONO ADVOCATES FOR COMMUNITY ACTION INC 137 E SOUTH STREET BISHOP, CA 93514	95-3508750	PUBLIC CHARITY	19,020				ACBO CENSUS 2020 - INYO COUNTS 2020 - IMACA CENSUS OUTREACH PROJECT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
REBRANDING YOU INC 1239 HARRIS AVENUE SACRAMENTO, CA 95838	46-5168567	PUBLIC CHARITY	19,000				POPUP
NEIGHBORHOOD WELLNESS FOUNDATION 3805 CLAY STREET SACRAMENTO, CA 95838	47-4874487	PUBLIC CHARITY	17,500				POPUP

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
INDEPENDENT LIVING CENTER OF KERN COUNTY 5251 OFFICE PARK DRIVE SUITE 200 BAKERSFIELD, CA 93309	77-0384453	PUBLIC CHARITY	15,000				SJVHF CENSUS 2020 OUTREACH - ILCKC 2020 CENSUS OUTREACH
SACRAMENTO NATIVE AMERICAN HEALTH CENTER INC 2020 J STREET SACRAMENTO, CA 95811	20-4287737	PUBLIC CHARITY	15,000				HEALTH CARE PARTNERSHIPS

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
MILPA 339 MELODY LANE SALINAS, CA 93901	83-2137871	PUBLIC CHARITY	12,589				POSITIVE YOUTH JUSTICE INITIATIVE
FOOD LITERACY CENTER 2973 THIRD AVENUE SACRAMENTO, CA 95817	45-3973268	PUBLIC CHARITY	12,500				REDUCTION OF AFRICAN AMERICAN CHILD DEATHS

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
STANFORD SETTLEMENT INC 450 WEST EL CAMINO AVENUE SACRAMENTO, CA 95833	94-1550842	PUBLIC CHARITY	12,000				POPUP
AFRICAN AMERICAN FAMILY & CULTURAL CENTER 3300 SPENCER AVENUE OROVILLE, CA 95966	46-2002821	PUBLIC CHARITY	10,000				LEADERSHIP DEVELOPMENT FOR RACIAL EQUITY - OROVILLE ACADEMIC JUSTICE PROGRAM

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALLIANCE FOR EDUCATION SOLUTIONS 1111 H STREET SUITE 205 SACRAMENTO, CA 95814	68-0232078	PUBLIC CHARITY	10,000				MBK MENTORING - MY BROTHER'S KEEPER SACRAMENTO - BOYS AND YOUNG MEN OF COLOR EMPOWERMENT INITIATIVE
ALLIANT EDUCATION FOUNDATION 10455 POMERADO ROAD SAN DIEGO, CA 92131	54-2110067	PUBLIC CHARITY	10,000				SJVHF IHEEL - ADDRESSING MENTAL HEALTH DISPARITIES IN THE SAN JOAQUIN VALLEY

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ANTI-RECIDIVISM COALITION 448 S HILL STREET SUITE 908 LOS ANGELES, CA 90036	46-2140915	PUBLIC CHARITY	10,000				MBK MENTORING - SACRAMENTO YOUTH MENTORING
ASIAN AMERICANS ADVANCING JUSTICE - ASIAN LAW CAUCUS 55 COLUMBUS AVE SAN FRANCISCO, CA 94111	94-2176139	PUBLIC CHARITY	10,000				SJVHF IHEEL - DEFENDING OUR IMMIGRANT COMMUNITIES AND IMPLEMENTING THE CA VALUES ACT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CALIFORNIA HERITAGE INDIGENOUS RESEARCH PROJECT PO BOX 2624 NEVADA CITY, CA 95959	47-1477386	PUBLIC CHARITY	10,000				LEADERSHIP DEVELOPMENT FOR RACIAL EQUITY
CAMPUS LIFE CONNECTION 1541 MERKLEY AVENUE WEST SACRAMENTO, CA 95691	68-0279554	PUBLIC CHARITY	10,000				MBK MENTORING - CROSSOVER BASKETBALL AND LIFE-SKILLS PROGRAM

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CENTER FOR FATHERS AND FAMILIES 920 DEL PASO BLVD SACRAMENTO, CA 95815	68-0310997	PUBLIC CHARITY	10,000				MBK MENTORING - HANDS ON MENTORS
GATEWAY COMMUNITY CHARTERS 5112 ARNOLD AVE SUITE A MCCLELLAN, CA 95652	20-0231006	PUBLIC CHARITY	10,000				MBK MENTORING - MEN BUILDING MEN

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
HOOKED ON FISHING NOT ON VIOLENCE FOUNDATION 2245 FLORIN ROAD 2 SACRAMENTO, CA 95822	82-3602293	PUBLIC CHARITY	10,000				MBK MENTORING - HOOKED ON FISHING NOT ON VIOLENCE/HEALING CIRCLE
PROTEUS INC 1830 N DINUBA BLVD VISALIA, CA 93291	94-2184330	PUBLIC CHARITY	10,000				SJVHF CENSUS 2020 OUTREACH - WEST FRESNO COUNTY CENSUS OUTREACH PROJECT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
SAC CONNECT 225 30TH STREET SUITE 306 SACRAMENTO, CA 95816	83-2513051	PUBLIC CHARITY	10,000				LEADERSHIP DEVELOPMENT FOR RACIAL EQUITY - SAC CONNECT COLLABORATIVE CONNECTION
THE GLASS SLIPPER ORGANIZATION INC 7725 MARIPOSA AVENUE CITRUS HEIGHTS, CA 95610	20-8599121	PUBLIC CHARITY	10,000				LEADERSHIP DEVELOPMENT FOR RACIAL EQUITY - READY BY 21 ACADEMY

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
TIDES CENTER PO BOX 29907 SAN FRANCISCO, CA 94129	94-3213100	PUBLIC CHARITY	10,000				SJVHF IHEEL - INCREASING COMMUNITY AND ORGANIZATION CAPACITY FOR ADVOCACY ENGAGEMENT
UNITED WAY OF MERCED COUNTY INC 531 WEST MAIN STREET MERCED, CA 95340	94-2633265	PUBLIC CHARITY	10,000				SJVHF IHEEL - EARLY CARE AND EDUCATION SYSTEMS CHANGE TO ADDRESS HMONG INEQUITIES

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CALIFORNIA INDIAN MANPOWER CONSORTIUM INC 738 NORTH MARKET BOULEVARD SACRAMENTO, CA 95834	94-2472564	PUBLIC CHARITY	9,000				CENSUS 2020 REGION 1 OUTREACH - CA COMPLETE COUNT - CENSUS 2020 PROJECT
CALIFORNIA URBAN PARTNERSHIP 1331 GARDEN HIGHWAY SACRAMENTO, CA 95814	45-0842476	PUBLIC CHARITY	7,500				POPUP

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
GENDER HEALTH CENTER 2020 29TH STREET SUITE 201 SACRAMENTO, CA 95817	26-3839452	PUBLIC CHARITY	7,500				POPUP
HIRE HOPE LEARNING ACADEMY 3525 - 4TH AVENUE SACRAMENTO, CA 95817	82-3602293	PUBLIC CHARITY	7,500				POPUP

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOJOURNER TRUTH ACADEMY 3820 EMERSON AVENUE MINNEAPOLIS, CA 55412	41-1890516	PUBLIC CHARITY	7,500				POPUP
THE GARDENS FAMILY CARE COMMUNITY CENTER INC 2251 FLORIN ROAD SUITE 129 SACRAMENTO, CA 95822	68-0463156	PUBLIC CHARITY	7,500				POPUP

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CALIFORNIA COMMUNITY FOUNDATION 221 S FIGUEROA STREET SUITE 400 LOS ANGELES, CA 90012	81-4970529	PUBLIC CHARITY	6,000				CALIFORNIA FUNDERS FOR BOYS AND MEN OF COLOR
DEAF AND HARD OF HEARING SERVICE CENTER INC 5340 N FRESNO STREET FRESNO, CA 93710	77-0003788	PUBLIC CHARITY	5,000				SJVHF CENSUS 2020 OUTREACH - CENSUS OUTREACH FOR THE DEAF AND HARD OF HEARING COMMUNITY

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
RIGHTS COUNSEL 229 PAJARO STREET SUITE 301 SALINAS, CA 93901	81-4970529	PUBLIC CHARITY	5,000				FRESNO LEGAL DEFENSE FUND
YOUTH POLICY OF IOWA 6200 AURORA AVE SUITE 206E DES MOINES, IA 50322	42-1509945	PUBLIC CHARITY	5,000				POSITIVE YOUTH JUSTICE INITIATIVE

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Schedule J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
SIERRA HEALTH FOUNDATION
CENTER FOR HEALTH PROGRAM MANAGEMENT

Employer identification number
45-5282243

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax idemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e.g., maid, chauffeur, chef)		
b	If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?	**2**		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	☐ Compensation committee	☐ Written employment contract		
	☐ Independent compensation consultant	☐ Compensation survey or study		
	☐ Form 990 of other organizations	☐ Approval by the board or compensation committee		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	**9**		

Part II **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		**(B)** Breakdown of W-2 and/or 1099-MISC compensation			**(C)** Retirement and other deferred compensation	**(D)** Nontaxable benefits	**(E)** Total of columns (B)(i)-(D)	**(F)** Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable compensation				
1 CHET P HEWITT PRESIDENT & CEO	**(i)**	0	0	0	0	0	0	0
	(ii)	347,877	25,000	0	34,200	32,625	439,702	0
2 GIL ALVARADO SVP FINANCE & ADMIN./CFO	**(i)**	0	0	0	0	0	0	0
	(ii)	238,687	12,500	0	31,304	22,427	304,918	0

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation
FORM 990 PART IV, LINE 23	BOARD MEMBERS AND KEY EMPLOYEE ARE PAID FROM A RELATED ORGANIZATION. THE RELATED ORGANIZATION HAS ESTABLISHED PROCEDURES BY WHICH A WRITTEN EMPLOYMENT CONTRACT, COMPENSATION SURVEY OR STUDY AND APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE ARE REQUIRED.

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.
▶Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
SIERRA HEALTH FOUNDATION
CENTER FOR HEALTH PROGRAM MANAGEMENT

Employer identification number
45-5282243

Part I Types of Property

		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art—Works of art				
2	Art—Historical treasures				
3	Art—Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities—Publicly traded				
10	Securities—Closely held stock				
11	Securities—Partnership, LLC, or trust interests				
12	Securities—Miscellaneous				
13	Qualified conservation contribution—Historic structures				
14	Qualified conservation contribution—Other				
15	Real estate—Residential				
16	Real estate—Commercial				
17	Real estate—Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ (PROGRAM AND ADMINISTRATIVE EXPENSES)	X	1	545,500	FMV
26	Other ▶ ( )				
27	Other ▶ ( )				
28	Other ▶ ( )				

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

		Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		No
b	If "Yes," describe the arrangement in Part II.		
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?		No
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		No
b	If "Yes," describe in Part II.		
33	If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference	Explanation
PART I, COLUMN (B):	SIERRA HEALTH FOUNDATION (RELATED ENTITY) PAID FOR VARIOUS EXPENSES RELATED TO SHF CENTER PROGRAMS.

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Go to *www.irs.gov/Form990* for the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization	Employer identification number
SIERRA HEALTH FOUNDATION CENTER FOR HEALTH PROGRAM MANAGEMENT	45-5282243

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 2	SIERRA HEALTH FOUNDATION: CENTER FOR HEALTH PROGRAM MANAGEMENT UNDERTOOK A SIGNIFICANT NEW PROGRAM IN 2019, THE MAT ACCESS POINT PROJECT. SEE ADDITIONAL DETAIL ABOUT THIS PROGRAM I N THE DESCRIPTION OF PROGRAM SERVICE ACCOMPLISHMENT #1 ON FORM 990, PART III, LINE 4A.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE CFO WILL PROVIDE THE ENTIRE BOARD WITH A COPY OF THE FORM 990 TO REVIEW BEFORE IT IS FILED WITH THE IRS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	THE CONFLICT OF INTEREST POLICY COVERS BOARD MEMBERS AND REPRESENTATIVE STAFF OF THE CENTE R. NO LESS THAN ANNUALLY, A WRITTEN STATEMENT OF CONFIRMATION BY MEMBERS OF THE BOARD AND STAFF ARE RECORDED TO DISCLOSE WHETHER ANY CONFLICTS EXIST.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	UPON REQUEST

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XII, LINE 2C	NEITHER THE PROCESS FOR OVERSIGHT OF THE FINANCIAL STATEMENT AUDIT NOR THE PROCESS FOR SEL ECTION OF AN INDEPENDENT ACCOUNTANT CHANGED FROM THE PRIOR YEAR.

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
SIERRA HEALTH FOUNDATION
CENTER FOR HEALTH PROGRAM MANAGEMENT

Employer identification number
45-5282243

Part I **Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) SAN JOAQUIN VALLEY IMPACT INVESTMENT FUND LLC 1321 GARDEN HWY SACRAMENTO, CA 95833 45-5282243	HEALTH INVESTMENT FUND TO SUPPORT HEALTHCARE ACCESSIBILITY	CA	11,765	1,201,729	SIERRA HEALTH FOUNDATION CENTER FOR HEALTH PROGRAM MANAGEMENT

Part II **Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) Section 512(b)(13) controlled entity? No
(1)SIERRA HEALTH FOUNDATION 1321 GARDEN HIGHWAY SACRAMENTO, CA 95833 68-0050036	PRIVATE FOUNDATION COMMITTED TO HEALTH EDUCATION, STRATEGIC GRANT MAKING,ETC	CA	501(C)(3)	PF	N/A		No
(2)SHF PROPERTIES INC 1321 GARDEN HIGHWAY SACRAMENTO, CA 95833 91-1751915	TO HOLD AND/OR LIQUIDATE REAL PROP. OR REAL PROP. INT. TRANS BY SIERRA HEALT	CA	501(C)(2)		SIERRA HEALTH FOUNDATION		No

Part III **Identification of Related Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations? Yes	(h) Disproprtionate allocations? No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) General or managing partner? No	(k) Percentage ownership

Part IV **Identification of Related Organizations Taxable as a Corporation or Trust.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	(i) Section 512(b)(13) controlled entity? No

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

		Yes	No
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest, **(ii)**annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity	1a		No
b Gift, grant, or capital contribution to related organization(s)	1b		No
c Gift, grant, or capital contribution from related organization(s)	1c	Yes	
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e	Yes	
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i		No
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	Yes	
l Performance of services or membership or fundraising solicitations for related organization(s)	1l		No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes	
o Sharing of paid employees with related organization(s)	1o	Yes	
p Reimbursement paid to related organization(s) for expenses	1p	Yes	
q Reimbursement paid by related organization(s) for expenses	1q		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 this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

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

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII Supplemental Information

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

Return Reference	Explanation