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

Return of Private Foundation

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

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

OMB No. 1545-0052

2019

Open to Public Inspection

For calendar year 2019, or tax year beginning 10-01-2019 , and ending 09-30-2020

Name of foundation
UNIHEALTH FOUNDATION

A Employer identification number
95-5004033

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

Room/suite

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

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

C If exemption application is pending, check here ▶ ☐

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

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

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

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

I Fair market value of all assets at end of year (from Part II, col. (c), *line 16)* ▶$ 315,423,572

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

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

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

			(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1	Contributions, gifts, grants, etc., received (attach schedule)	0			
	2	Check ▶ ☑ if the foundation is **not** required to attach Sch. B				
	3	Interest on savings and temporary cash investments				
	4	Dividends and interest from securities	5,877,856	5,964,532		
	5a	Gross rents				
	b	Net rental income or (loss) _____				
	6a	Net gain or (loss) from sale of assets not on line 10	813,937			
	b	Gross sales price for all assets on line 6a 161,083,172				
	7	Capital gain net income (from Part IV, line 2)		2,276,085		
	8	Net short-term capital gain				
	9	Income modifications				
	10a	Gross sales less returns and allowances				
	b	Less: Cost of goods sold				
	c	Gross profit or (loss) (attach schedule)				
	11	Other income (attach schedule)	64,946	24,929		
	12	**Total.** Add lines 1 through 11	6,756,739	8,265,546		
Operating and Administrative Expenses	13	Compensation of officers, directors, trustees, etc.	1,054,075	340,963		713,113
	14	Other employee salaries and wages	505,038	16,860		488,178
	15	Pension plans, employee benefits	389,233	126,682		290,307
	16a	Legal fees (attach schedule)	15,770	14,735		1,035
	b	Accounting fees (attach schedule)	69,748	34,874		34,874
	c	Other professional fees (attach schedule)	3,227,809	3,074,790		153,018
	17	Interest				
	18	Taxes (attach schedule) (see instructions)	50,622	622		0
	19	Depreciation (attach schedule) and depletion	13,685	13,685		
	20	Occupancy	215,436	24,137		191,299
	21	Travel, conferences, and meetings	9,394	4,468		4,925
	22	Printing and publications				
	23	Other expenses (attach schedule)	261,646	31,806		229,842
	24	**Total operating and administrative expenses.** Add lines 13 through 23	5,812,456	3,683,622		2,106,591
	25	Contributions, gifts, grants paid	12,255,039			12,837,064
	26	**Total expenses and disbursements.** Add lines 24 and 25	18,067,495	3,683,622		14,943,655
	27	Subtract line 26 from line 12:				
	a	**Excess of revenue over expenses and disbursements**	-11,310,756			
	b	**Net investment income** (if negative, enter -0-)		4,581,924		
	c	**Adjusted net income** (if negative, enter -0-)				

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

		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash—non-interest-bearing	147,695	138,282	138,282
	2 Savings and temporary cash investments	1,462,210	700,716	700,716
	3 Accounts receivable ▶			
	Less: allowance for doubtful accounts ▶			
	4 Pledges receivable ▶			
	Less: allowance for doubtful accounts ▶			
	5 Grants receivable			
	6 Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)			
	7 Other notes and loans receivable (attach schedule) ▶			
	Less: allowance for doubtful accounts ▶			
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges	110,015	119,621	119,621
	10a Investments—U.S. and state government obligations (attach schedule)			
	b Investments—corporate stock (attach schedule)	152,272,926	173,476,134	173,476,134
	c Investments—corporate bonds (attach schedule)	25,404,011	26,614,690	26,614,690
	11 Investments—land, buildings, and equipment: basis ▶			
	Less: accumulated depreciation (attach schedule) ▶			
	12 Investments—mortgage loans			
	13 Investments—other (attach schedule)	127,368,857	112,140,179	112,140,179
	14 Land, buildings, and equipment: basis ▶ 90,400			
	Less: accumulated depreciation (attach schedule) ▶ 63,825	26,214	26,575	26,575
	15 Other assets (describe ▶)	1,408,798	2,207,375	2,207,375
	16 **Total assets** (to be completed by all filers—see the instructions. Also, see page 1, item I)	308,200,726	315,423,572	315,423,572
Liabilities	17 Accounts payable and accrued expenses	304,977	413,651	
	18 Grants payable	9,977,860	9,395,835	
	19 Deferred revenue			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable (attach schedule)			
	22 Other liabilities (describe ▶)	931,778	962,953	
	23 **Total liabilities**(add lines 17 through 22)	11,214,615	10,772,439	
Net Assets or Fund Balances	**Foundations that follow FASB ASC 958, check here ▶ ☑ and complete lines 24, 25, 29 and 30.**			
	24 Net assets without donor restrictions	296,986,111	304,651,133	
	25 Net assets with donor restrictions			
	Foundations that do not follow FASB ASC 958, check here ▶ ☐ and complete lines 26 through 30.			
	26 Capital stock, trust principal, or current funds			
	27 Paid-in or capital surplus, or land, bldg., and equipment fund			
	28 Retained earnings, accumulated income, endowment, or other funds			
	29 **Total net assets or fund balances** (see instructions)	296,986,111	304,651,133	
	30 **Total liabilities and net assets/fund balances** (see instructions)	308,200,726	315,423,572	

Part III Analysis of Changes in Net Assets or Fund Balances

1	Total net assets or fund balances at beginning of year—Part II, column (a), line 29 (must agree with end-of-year figure reported on prior year's return)	1	296,986,111
2	Enter amount from Part I, line 27a	2	-11,310,756
3	Other increases not included in line 2 (itemize) ▶	3	18,975,778
4	Add lines 1, 2, and 3	4	304,651,133
5	Decreases not included in line 2 (itemize) ▶	5	0
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 29	6	304,651,133

Part IV Capital Gains and Losses for Tax on Investment Income

	(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a	See Additional Data Table			
b				
c				
d				
e				

	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a	See Additional Data Table			
b				
c				
d				
e				

	Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) **or** Losses (from col.(h))
	(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	
a	See Additional Data Table			
b				
c				
d				
e				

2	Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 / If (loss), enter -0- in Part I, line 7 }	2	2,276,085
3	Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c) (see instructions). If (loss), enter -0- in Part I, line 8	3	

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

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

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

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? ☐ Yes ☑ No
If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part.

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

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col. (b) divided by col. (c))
2018	14,199,220	294,561,422	0.048205
2017	13,618,363	304,342,128	0.044747
2016	13,573,581	290,682,278	0.046696
2015	14,746,129	280,390,741	0.052591
2014	14,920,774	296,478,997	0.050327

2	**Total** of line 1, column (d)	2	0.242566
3	Average distribution ratio for the 5-year base period—divide the total on line 2 by 5.0, or by the number of years the foundation has been in existence if less than 5 years	3	0.048513
4	Enter the net value of noncharitable-use assets for 2019 from Part X, line 5	4	298,542,536
5	Multiply line 4 by line 3	5	14,483,194
6	Enter 1% of net investment income (1% of Part I, line 27b)	6	45,819
7	Add lines 5 and 6	7	14,529,013
8	Enter qualifying distributions from Part XII, line 4	8	15,693,655

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

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

1a	Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ and enter "N/A" on line 1. Date of ruling or determination letter: _____ **(attach copy of letter if necessary–see instructions)**		
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here ▶ ☑ and enter 1% of Part I, line 27b	1	45,819
c	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b)		
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2	0
3	Add lines 1 and 2	3	45,819
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4	0
5	**Tax based on investment income.** Subtract line 4 from line 3. If zero or less, enter -0-	5	45,819
6	Credits/Payments:		
a	2019 estimated tax payments and 2018 overpayment credited to 2019 — 6a: 204,106		
b	Exempt foreign organizations—tax withheld at source — 6b:		
c	Tax paid with application for extension of time to file (Form 8868) — 6c: 0		
d	Backup withholding erroneously withheld — 6d: 0		
7	Total credits and payments. Add lines 6a through 6d	7	204,106
8	Enter any **penalty** for underpayment of estimated tax. Check here ☐ if Form 2220 is attached.	8	0
9	**Tax due.** If the total of lines 5 and 8 is more than line 7, enter **amount owed** ▶	9	
10	**Overpayment.** If line 7 is more than the total of lines 5 and 8, enter the **amount overpaid** ▶	10	158,287
11	Enter the amount of line 10 to be: **Credited to 2020 estimated tax** ▶ 158,287 **Refunded** ▶	11	0

Part VII-A Statements Regarding Activities

			Yes	No
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?	1a		No
b	Did it spend more than $100 during the year (either directly or indirectly) for political purposes? (see Instructions for definition)	1b		No
	*If the answer is "Yes" to **1a** or **1b**, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.*			
c	Did the foundation file **Form 1120-POL** for this year?	1c		No
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: **(1)** On the foundation. ▶ $ 0 **(2)** On foundation managers. ▶ $ 0			
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ▶ $ 0			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS? *If "Yes," attach a detailed description of the activities.*	2		No
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? *If "Yes," attach a conformed copy of the changes*	3		No
4a	Did the foundation have unrelated business gross income of $1,000 or more during the year?	4a	Yes	
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	4b	Yes	
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year? *If "Yes," attach the statement required by General Instruction T.*	5		No
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	6	Yes	
7	Did the foundation have at least $5,000 in assets at any time during the year? *If "Yes," complete Part II, col. (c), and Part XV.*	7	Yes	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions) ▶ CA			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? *If "No," attach explanation* .	8b	Yes	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2019 or the taxable year beginning in 2019? See the instructions for Part XIV. If "Yes," complete Part XIV	9		No
10	Did any persons become substantial contributors during the tax year? *If "Yes," attach a schedule listing their names and addresses.*	10		No

Part VII-A Statements Regarding Activities (continued)

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions.	11		No
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement. See instructions	12		No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Yes	

Website address ▶ UNIHEALTHFOUNDATION.ORG

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

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

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

16	At any time during calendar year 2019, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?	16		No

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

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

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

1a	During the year did the foundation (either directly or indirectly):			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	☐ Yes	☑	No
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?	☐ Yes	☑	No
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	☐ Yes	☑	No
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	☑ Yes	☐	No
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?	☐ Yes	☑	No
	(6) Agree to pay money or property to a government official? (**Exception.** Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.)	☐ Yes	☑	No
b	If any answer is "Yes" to 1a(1)–(6), did **any** of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions	1b		No
	Organizations relying on a current notice regarding disaster assistance check here ▶ ☐			
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2019?	1c		No
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):			
a	At the end of tax year 2019, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2019?	☐ Yes	☑	No
	If "Yes," list the years ▶ 20____, 20____, 20____, 20____			
b	Are there any years listed in 2a for which the foundation is **not** applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to **all** years listed, answer "No" and attach statement—see instructions.)	2b		
c	If the provisions of section 4942(a)(2) are being applied to **any** of the years listed in 2a, list the years here. ▶ 20____, 20____, 20____, 20____			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?	☐ Yes	☑	No
b	If "Yes," did it have excess business holdings in 2019 as a result of **(1)** any purchase by the foundation or disqualified persons after May 26, 1969; **(2)** the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or **(3)** the lapse of the 10-, 15-, or 20-year first phase holding period? *(Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2019.)*	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		No
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2019?	4b		No

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

			Yes	No
5a	During the year did the foundation pay or incur any amount to:			
	(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? ☐ Yes ☑ No			
	(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive? ☐ Yes ☑ No			
	(3) Provide a grant to an individual for travel, study, or other similar purposes? ☐ Yes ☑ No			
	(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions ☐ Yes ☑ No			
	(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? ☐ Yes ☑ No			
b	If any answer is "Yes" to 5a(1)–(5), did **any** of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance? See instructions	5b		
	Organizations relying on a current notice regarding disaster assistance check here ▶ ☐			
c	If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? ☐ Yes ☐ No			
	If "Yes," attach the statement required by Regulations section 53.4945–5(d).			
6a	Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☑ No			
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	6b		No
	If "Yes" to 6b, file Form 8870.			
7a	At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? ☐ Yes ☑ No			
b	If "Yes", did the foundation receive any proceeds or have any net income attributable to the transaction?	7b		
8	Is the foundation subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment during the year? ☐ Yes ☑ No			

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

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

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
See Additional Data Table				

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

(a) Name and address of each employee paid more than $50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
KRISTOPHER EAMES 800 WILSHIRE BLVD 1300 LOS ANGELES, CA 90017	ADM, DIR OF OPERATIO 40.00	126,250	17,796	0
MERCY SIORDIA 800 WILSHIRE BLVD 1300 LOS ANGELES, CA 90017	ADM, SR PROGRAM OFFI 40.00	137,510	0	0
COLETTE BADMAGHARIAN 800 WILSHIRE BLVD 1300 LOS ANGELES, CA 90017	ADM, PROGRAM ASSOC 40.00	92,596	11,214	0
ALEXANDER SALAZAR 800 WILSHIRE BLVD 1300 LOS ANGELES, CA 90017	ADM, ACCOUNTANT 40.00	92,350	10,926	0
TERRY FRIAS 800 WILSHIRE BLVD 1300 LOS ANGELES, CA 90017	ADM, EXEC ASSISTANT 40.00	54,894	7,737	0
Total number of other employees paid over $50,000 ▶				0

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

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

(a) Name and address of each person paid more than $50,000	(b) Type of service	(c) Compensation
CANTERBURY CONSULTING INC 1200 5TH AVE 1725 SEATTLE, WA 98101	INVESTMENT ADVISORY	206,000
ONNI 800 WILSHIRE LP 800 WILSHIRE BLVD LOS ANGELES, CA 90017	INVESTMENT MGMT	192,955
HS MANAGEMENT PARTNERS 598 MADISON AVENUE 14TH FLOOR NEW YORK, NY 10022	INVESTMENT MGMT	169,482
SEARCHLIGHT CAPITAL III LP 745 FIFTH AVENUE 27TH FLOOR NEW YORK, NY 10151	INVESTMENT MGMT	132,989
SANDERSON INT'L VALUE FUND 250 SOUTH WACKER DRIVE SUITE 220 CHICAGO, IL 60606	INVESTMENT MGMT	126,692
Total number of others receiving over $50,000 for professional services. ▶		25

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

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

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

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
1 PROGRAM RELATED INVESTMENT LOAN TO NONPROFIT FINANCE FUND (NFF) TO SUPPORT NFF'S ACCELERATING PERMANENT SUPPORTIVE HOUSING FUND WHICH WILL ENABLE NFF TO PROVIDE WORKING CAPITAL AND ACQUISITION AND PREDEVELOPMENT LOANS TO ESTABLISHED NONPROFIT HOUSING DEVELOPERS IN LOS ANGELES COUNTY, CALIFORNIA.	750,000
2	
All other program-related investments. See instructions. 3	
Total. Add lines 1 through 3 ▶	750,000

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

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities	1a	300,862,623
b	Average of monthly cash balances	1b	2,201,004
c	Fair market value of all other assets (see instructions)	1c	25,242
d	**Total** (add lines 1a, b, and c)	1d	303,088,869
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation) — 1e: 0		
2	Acquisition indebtedness applicable to line 1 assets	2	0
3	Subtract line 2 from line 1d	3	303,088,869
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	4,546,333
5	**Net value of noncharitable-use assets.** Subtract line 4 from line 3. Enter here and on Part V, line 4	5	298,542,536
6	**Minimum investment return.** Enter 5% of line 5	6	14,927,127

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

1	Minimum investment return from Part X, line 6			1	14,927,127
2a	Tax on investment income for 2019 from Part VI, line 5	2a	45,819		
b	Income tax for 2019. (This does not include the tax from Part VI.)	2b			
c	Add lines 2a and 2b			2c	45,819
3	Distributable amount before adjustments. Subtract line 2c from line 1			3	14,881,308
4	Recoveries of amounts treated as qualifying distributions			4	0
5	Add lines 3 and 4			5	14,881,308
6	Deduction from distributable amount (see instructions)			6	0
7	**Distributable amount** as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1			7	14,881,308

Part XII Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26	1a	14,943,655
b	Program-related investments—total from Part IX-B	1b	750,000
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	**Qualifying distributions.** Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	15,693,655
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b. See instructions	5	45,819
6	**Adjusted qualifying distributions.** Subtract line 5 from line 4	6	15,647,836

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

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2018	(c) 2018	(d) 2019
1 Distributable amount for 2019 from Part XI, line 7				14,881,308
2 Undistributed income, if any, as of the end of 2019:				
a Enter amount for 2018 only.			0	
b Total for prior years: 20___, 20___, 20___		0		
3 Excess distributions carryover, if any, to 2019:				
a From 2014.				
b From 2015. 273,999				
c From 2016.				
d From 2017.				
e From 2018.				
f **Total** of lines 3a through e.	273,999			
4 Qualifying distributions for 2019 from Part XII, line 4: ▶ $ 15,693,655				
a Applied to 2018, but not more than line 2a			0	
b Applied to undistributed income of prior years (Election required—see instructions).		0		
c Treated as distributions out of corpus (Election required—see instructions).	0			
d Applied to 2019 distributable amount.				14,881,308
e Remaining amount distributed out of corpus	812,347			
5 Excess distributions carryover applied to 2019.	0			0
(If an amount appears in column (d), the same amount must be shown in column (a).)				
6 **Enter the net total of each column as indicated below:**				
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	1,086,346			
b Prior years' undistributed income. Subtract line 4b from line 2b		0		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed.		0		
d Subtract line 6c from line 6b. Taxable amount —see instructions		0		
e Undistributed income for 2018. Subtract line 4a from line 2a. Taxable amount—see instructions			0	
f Undistributed income for 2019. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2020				0
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions)	0			
8 Excess distributions carryover from 2014 not applied on line 5 or line 7 (see instructions) . . .	0			
9 **Excess distributions carryover to 2020.** Subtract lines 7 and 8 from line 6a	1,086,346			
10 Analysis of line 9:				
a Excess from 2015. . . . 273,999				
b Excess from 2016. . . .				
c Excess from 2017. . . .				
d Excess from 2018. . . .				
e Excess from 2019. . . . 812,347				

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

1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2019, enter the date of the ruling. . . . . ▶

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

	Tax year	Prior 3 years			(e) Total
	(a) 2019	(b) 2018	(c) 2017	(d) 2016	
2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed					
b 85% of line 2a					
c Qualifying distributions from Part XII, line 4 for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the alternative test relied upon:					
a "Assets" alternative test—enter:					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed . . .					
c "Support" alternative test—enter:					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii) . . .					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income					

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

1 Information Regarding Foundation Managers:

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

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

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

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

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

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

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

GRANT APPLICATION OUTLINE PROVIDED UPON SUBMISSION OF LETTER OF INQUIRY.

c Any submission deadlines:

SEE WEBSITE FOR DATES

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

AWARDS RESTRICTED GEOGRAPHICALLY AND PROGRAMMATICALLY.

Part XV Supplementary Information (continued)

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year* See Additional Data Table				
Total . . . . . ▶ **3a**				12,837,064
b *Approved for future payment* See Additional Data Table				
Total . . . . . ▶ **3b**				5,198,790

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.	Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income (See instructions.)
	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	
1 Program service revenue:					
a					
b					
c					
d					
e					
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments. . . .					
3 Interest on savings and temporary cash investments					
4 Dividends and interest from securities. . . .			14	5,877,856	
5 Net rental income or (loss) from real estate:					
a Debt-financed property.					
b Not debt-financed property.					
6 Net rental income or (loss) from personal property					
7 Other investment income.					
8 Gain or (loss) from sales of assets other than inventory			18	813,937	
9 Net income or (loss) from special events:					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:					
a PASSTHROUGH UBTI INCOME/LOSS	900099	38,059			
b MISCELLANEOUS INCOME			01	1,958	
c PROGRAM RELATED INVESTMENT INTEREST			14		24,929
d					
e					
12 Subtotal. Add columns (b), (d), and (e). .		38,059		6,693,751	24,929
13 **Total.** Add line 12, columns (b), (d), and (e).				13	6,756,739

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

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

Line No. ▼	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes). (See instructions.)
11C	INTEREST INCOME EARNED ON PROGRAM RELATED INVESTMENT LOAN

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

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

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

(a) Line No.	**(b)** Amount involved	**(c)** Name of noncharitable exempt organization	**(d)** Description of transfers, transactions, and sharing arrangements

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

b If "Yes," complete the following schedule.

(a) Name of organization	**(b)** Type of organization	**(c)** Description of relationship

Sign Here

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

******	2021-03-29	******
Signature of officer or trustee	Date	Title

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

Paid Preparer Use Only

Print/Type preparer's name	Preparer's Signature	Date	Check if self-employed ▶ ☐	PTIN
KATY BROWN		2021-03-29		P00650274
Firm's name ▶ ARMANINO LLP				Firm's EIN ▶94-6214841
Firm's address ▶ 21650 OXNARD STREET STE 2400 WOODLAND HILLS, CA 91367				Phone no. (818) 587-9300

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

List and describe the kind(s) of property sold (e.g., real estate, **(a)** 2-story brick warehouse; or common stock, 200 shs. MLC Co.)	**(b)** How acquired P—Purchase D—Donation	**(c)** Date acquired (mo., day, yr.)	**(d)** Date sold (mo., day, yr.)
HS MANAGEMENT PARTNERS	P		
FIDELITY 500	P		
VAUGHAN NELSON SMALL CAP VALUE	P		
ROBECO	P		
EUROPACIFIC GROWTH FD	P		
MATTHEWS PACIFIC TIGER	P		
SANDERSON INT'L VALUE FUND	P		
ROYCE INTERNATIONAL FUND	P		
PIMCO TOTAL RETURN FD	P		
WAMCO CORE PLUS FD	P		

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

(e) Gross sales price	Depreciation allowed **(f)** (or allowable)	Cost or other basis **(g)** plus expense of sale	Gain or (loss) **(h)** (e) plus (f) minus (g)
36,890,303		34,526,760	2,363,543
1,000,000		1,014,699	-14,699
18,865,557		18,827,265	38,292
14,876,288		14,802,107	74,181
4,242,273		3,427,600	814,673
126,192			126,192
2,500,000		3,723,299	-1,223,299
3,500,283		3,448,004	52,279
6,213,473		6,328,210	-114,737
3,273,172		3,100,000	173,172

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

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			Gains (Col. (h) gain minus col. (k), but not less than -0-) **or** **(l)** Losses (from col.(h))
(i) F.M.V. as of 12/31/69	Adjusted basis **(j)** as of 12/31/69	Excess of col. (i) **(k)** over col. (j), if any	
			2,363,543
			-14,699
			38,292
			74,181
			814,673
			126,192
			-1,223,299
			52,279
			-114,737
			173,172

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

List and describe the kind(s) of property sold (e.g., real estate, **(a)** 2-story brick warehouse; or common stock, 200 shs. MLC Co.)	**(b)** How acquired P—Purchase D—Donation	**(c)** Date acquired (mo., day, yr.)	**(d)** Date sold (mo., day, yr.)
BRANDYWINE GLOBAL OPPS FUND	P		
CRESCENT HIGH INCOME CF	P		
MET WEST TOTAL RETURN	P		
TEMPLETON GLOBAL	P		
CCI CORE BOND FUND	P		
PIMCO COMMODITY REAL RTN FD	P		
COHEN & STEERS INSTL REALTY	P		
BLACKSTONE REAL ESTATE VII LP	P		
OAK HILL CAPITAL PARTNERS III, LP	P		
OCM OPPORTUNITIES FUND VII, LP	P		

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

(e) Gross sales price	Depreciation allowed **(f)** (or allowable)	Cost or other basis **(g)** plus expense of sale	Gain or (loss) **(h)** (e) plus (f) minus (g)
268,897			268,897
		125,428	-125,428
34,550,474		33,648,031	902,443
17,256,291		19,856,796	-2,600,505
262,583			262,583
6,718,410		9,392,398	-2,673,988
3,483,293		2,910,952	572,341
435,979		396,782	39,197
184,984		112,541	72,443
84,761		109,963	-25,202

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

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			Gains (Col. (h) gain minus col. (k), but not less than -0-) **or** **(l)** Losses (from col.(h))
(i) F.M.V. as of 12/31/69	Adjusted basis **(j)** as of 12/31/69	Excess of col. (i) **(k)** over col. (j), if any	
			268,897
			-125,428
			902,443
			-2,600,505
			262,583
			-2,673,988
			572,341
			39,197
			72,443
			-25,202

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

List and describe the kind(s) of property sold (e.g., real estate, **(a)** 2-story brick warehouse; or common stock, 200 shs. MLC Co.)	**(b)** How acquired P—Purchase D—Donation	**(c)** Date acquired (mo., day, yr.)	**(d)** Date sold (mo., day, yr.)
OCM OPPORTUNITIES FUND VIIB	P		
OCM PRINCIPAL OPPS FUND IV, LP	P		
RLH INVESTORS II, LP	P		
RLH INVESTORS III, LP	P		
RLH INVESTORS IV, LP	P		
SIGULER GUFF BRIC OPPS FUND II	P		
SILVER LAKE PARTNERS III [1134B]	P		
SILVER LAKE PARTNERS IV	P		
SILVER LAKE PARTNERS V	P		
NEW MOUNTAIN PARTNERS IV	P		

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

(e) Gross sales price	Depreciation allowed **(f)** (or allowable)	Cost or other basis **(g)** plus expense of sale	Gain or (loss) **(h)** (e) plus (f) minus (g)
48,410		59,737	-11,327
5,535		157,806	-152,271
132,137		127,746	4,391
1,469,991		840,937	629,054
37,619		37,619	0
287,093			287,093
433,486		433,486	0
727,522		734,218	-6,696
4,675		4,675	0
1,909,502			1,909,502

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

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			Gains (Col. (h) gain minus col. (k), but not less than -0-) **or** **(l)** Losses (from col.(h))
(i) F.M.V. as of 12/31/69	Adjusted basis **(j)** as of 12/31/69	Excess of col. (i) **(k)** over col. (j), if any	
			-11,327
			-152,271
			4,391
			629,054
			0
			287,093
			0
			-6,696
			0
			1,909,502

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

List and describe the kind(s) of property sold (e.g., real estate, **(a)** 2-story brick warehouse; or common stock, 200 shs. MLC Co.)	**(b)** How acquired P—Purchase D—Donation	**(c)** Date acquired (mo., day, yr.)	**(d)** Date sold (mo., day, yr.)
INDUSTRY VENTURES PARTNERSHIP HOLDINGS IV, LP	P		
RIALTO REAL ESTATE FUND III - DEBT [1172B]	P		
RIALTO REAL ESTATE FUND III - PROPERTY [1172A]	P		
TRIDENT VII PARALLEL FUND, LP	P		
CENTERBRIDGE	P		
SVB STRATEGIC INVESTORS IX	P		
SVB STRATEGIC INVESTORS X	P		
SLP IV CASTLE FEEDER I, LP	P		

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

(e) Gross sales price	Depreciation allowed **(f)** (or allowable)	Cost or other basis **(g)** plus expense of sale	Gain or (loss) **(h)** (e) plus (f) minus (g)
73,406			73,406
283,790		283,790	0
179,019		179,019	0
104,229		41,074	63,155
118,913		118,156	757
4,397		3,154	1,243
34,616		34,835	-219
495,619			495,619

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

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			Gains (Col. (h) gain minus col. (k), but not less than -0-) **or** **(l)** Losses (from col.(h))
(i) F.M.V. as of 12/31/69	Adjusted basis **(j)** as of 12/31/69	Excess of col. (i) **(k)** over col. (j), if any	
			73,406
			0
			0
			63,155
			757
			1,243
			-219
			495,619

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

(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
BRADLEY C CALL 800 WILSHIRE BLVD SUITE 1300 LOS ANGELES, CA 90017	CHAIRMAN & CEO 20.00	250,000	30,000	9,600
DAVID S CANNOM MD 800 WILSHIRE BLVD SUITE 1300 LOS ANGELES, CA 90017	DIRECTOR 3.00	38,000	0	0
DAVID R CARPENTER 800 WILSHIRE BLVD SUITE 1300 LOS ANGELES, CA 90017	DIRECTOR 3.00	29,500	0	0
PATRICK C HADEN 800 WILSHIRE BLVD SUITE 1300 LOS ANGELES, CA 90017	DIRECTOR 3.00	33,500	0	0
LYDIA H KENNARD 800 WILSHIRE BLVD SUITE 1300 LOS ANGELES, CA 90017	DIRECTOR 3.00	31,000	0	0
CHARLES C REED 800 WILSHIRE BLVD SUITE 1300 LOS ANGELES, CA 90017	DIRECTOR 3.00	33,000	0	0
KEITH W RENKEN 800 WILSHIRE BLVD SUITE 1300 LOS ANGELES, CA 90017	DIRECTOR 3.00	31,000	0	0
FRANK M SANCHEZ PHD 800 WILSHIRE BLVD SUITE 1300 LOS ANGELES, CA 90017	DIRECTOR 3.00	29,500	0	0
ROBERT G SPLAWN MD 800 WILSHIRE BLVD SUITE 1300 LOS ANGELES, CA 90017	DIRECTOR 3.00	34,000	0	0
AMY WOHL PHD 800 WILSHIRE BLVD SUITE 1300 LOS ANGELES, CA 90017	DIRECTOR 3.00	34,000	0	0
JENNIFER VANORE 800 WILSHIRE BLVD SUITE 1300 LOS ANGELES, CA 90017	PRESIDENT 40.00	275,000	37,690	9,600
KATHLEEN H SALAZAR 800 WILSHIRE BLVD SUITE 1300 LOS ANGELES, CA 90017	CFO 40.00	248,875	35,618	0

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALZHEIMER'S GREATER LOS ANGELES 4221 WILSHIRE BLVD SUITE 400 LOS ANGELES, CA 90010	N/A	PC	THE SAVVY CAREGIVER: TRANSLATION, TRANSFORMATION, AND FEASIBILITY OF EVIDENCE-BASED PROGRAM FOR DEMENTIA CAREGIVERS	100,000
BET TZEDEK 3250 WILSHIRE BLVD 13TH FLOOR LOS ANGELES, CA 90010	N/A	PC	AGING WITH DIGNITY MEDICAL LEGAL PARTNERSHIP	250,000
BIG SUNDAY6111 MELROSE AVE LOS ANGELES, CA 90038	N/A	PC	EMERGENCY SUPPORT FOR HEALTHCARE PROFESSIONALS & HEALTHCARE WORKERS	100,000
Total . . . . . ▶ **3a**				12,837,064

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CALIFORNIA COMMUNITY FOUNDATION 221 S FIGUEROA ST SUITE 400 LOS ANGELES, CA 90012	N/A	PC	EARLY CHILDHOOD SYSTEM OF CARE	150,000
CALIFORNIA COMMUNITY FOUNDATION 221 S FIGUEROA ST SUITE 400 LOS ANGELES, CA 90012	N/A	PC	NSI: SUPPORTING NON-PROFITS, PARTICULARLY HEALTH AND HUMAN SERVICES ORGANIZATIONS, REACH STRATEGIC ALLIANCES	70,000
CALIFORNIA COMMUNITY FOUNDATION 221 S FIGUEROA ST SUITE 400 LOS ANGELES, CA 90012	N/A	PC	COVID-19 LA COUNTY RESPONSE FUND	450,000
Total . . . . . ▶ **3a**				12,837,064

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CALIFORNIA HEALTH FOUNDATION & TRUST 1215 K STREET 800 SACRAMENTO, CA 95814	N/A	PC	COMMUNITIES LIFTING COMMUNITIES: A COMMUNITY HEALTH IMPROVEMENT INITIATIVE FOCUSED ON REDUCING DISPARITIES AND IMPROVING COMMUNITY HEALTH IN THE SOUTHERN CALIFORNIA REGION	100,000
CALIFORNIA HOSPITAL MEDICAL CENTER 1401 S GRAND AVENUE LOS ANGELES, CA 90015	N/A	PC	NEW TOWER PROJECT	5,000
CALIFORNIA SCIENCE CENTER FOUNDATION 700 EXPOSITION PARK DRIVE LOS ANGELES, CA 90037	N/A	PC	ENRICHMENT OF EDUCATIONAL CONTENT INCLUDING LIFE SCIENCES	10,000
Total . . . . . ▶ **3a**				12,837,064

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CAMBODIAN ASSOCIATION OF AMERICA 2390 PACIFIC AVE LONG BEACH, CA 90806	N/A	PC	ASIAN/PACIFIC ISLANDER STRENGTH-BASED COMMUNITY WELLNESS PROGRAM	100,000
CANCER FOUNDATION OF SANTA BARBARA 601 WEST JUNIPERO ST SANTA BARBARA, CA 93105	N/A	PC	PROVIDE CARE AND COMFORT TO PATIENTS LIVING WITH CANCER	20,000
CANCER SUPPORT COMMUNITY - PASADENA 76 E DEL MAR BLVD SUITE 215 PASADENA, CA 91105	N/A	PC	COMMUNITY PARTNERSHIPS OUTREACH	50,000
Total . . . . . ▶ **3a**				12,837,064

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CEDARS-SINAI MEDICAL CENTER 6500 WILSHIRE BLVD SUITE 1600 LOS ANGELES, CA 90048	N/A	PC	IMPROVING HEALTH OUTCOMES FOR SENIORS: ELDERS PRESERVING INDEPENDENCE IN THE COMMUNITY (EPIC)	350,975
CHARITABLE VENTURES OF ORANGE COUNTY 4041 MACARTHUR BLVD SUITE 510 NEWPORT BEACH, CA 92660	N/A	PC	SANCTUARY OF HOPE	157,314
CHARLES DREW UNIVERSITY COLLEGE OF MEDICINE CDU/UCLA MEDICAL EDUCATION PROGRAM 1731 EAST 120TH ST LOS ANGELES, CA 90059	N/A	PC	MEDICAL STUDENT SCHOLARSHIP (2019-2020)	55,000
Total . . . . . ▶ **3a**				12,837,064

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHARLES DREW UNIVERSITY COLLEGE OF MEDICINE CDU/UCLA MEDICAL EDUCATION PROGRAM 1731 EAST 120TH ST LOS ANGELES, CA 90059	N/A	PC	MEDICAL STUDENT SCHOLARSHIP 2020-2021	55,000
CHARLES R DREW UNIVERSITY OF MEDICINE & SCIENCE 1731 EAST 120TH ST LOS ANGELES, CA 90059	N/A	PC	INCREASING THE CALIFORNIA NURSING WORKFORCE: EDUCATION THROUGH DUAL COLLEGE ENROLLMENT	66,976
CHILDREN'S BUREAU 1910 MAGNOLIA AVE LOS ANGELES, CA 90007	N/A	PC	ANNUAL APPEAL	5,000
Total . . . . . ▶ **3a**				12,837,064

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHILDREN'S BURN FOUNDATION 5000 VAN NUYS BLVD SUITE 210 SHERMAN OAKS, CA 91403	N/A	PC	POST-DISCHARGE NEEDS OF BURNED CHILDREN	5,000
CHILDREN'S BURN FOUNDATION 5000 VAN NUYS BLVD SUITE 210 SHERMAN OAKS, CA 91403	N/A	PC	TO OFFER LONG-TERM CARE AND ADDRESS POST-DISCHARGE HEALTH NEEDS	2,500
CHILDREN'S HOSPITAL LOS ANGELES 4650 SUNSET BLVD MS29 LOS ANGELES, CA 90027	N/A	PC	INFANT-FAMILY MENTAL HEALTH FROM HOSPITAL TO COMMUNITY	283,436
Total . . . . . ▶ **3a**				12,837,064

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CITY OF HOPE1500 EAST DUARTE RD DUARTE, CA 91010	N/A	PC	EXPANDING GERIATRIC MULTIDISCIPLINARY MEDICAL CARE AND SUPPORTIVE CARE SERVICES AT CITY OF HOPE'S ANTELOPE VALLEY COMMUNITY SITE	129,972
CITY OF HOPE1500 EAST DUARTE RD DUARTE, CA 91010	N/A	PC	GENITO-URINARY CANCERS AND SUPPORTIVE CARE MEDICINE PROGRAM	5,000
COMMUNITY CLINIC ASSOCIATION OF LOS ANGELES COUNTY 445 SOUTH FIGUEROA STREET SUITE 2100 LOS ANGELES, CA 90071	N/A	PC	PROMOTING CENSUS 2020 AMONG COMMUNITY HEALTH CENTERS OF SOUTHERN CALIFORNIA	200,000
Total . . . . . ▶ **3a**				12,837,064

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COMMUNITY HEALTH COUNCILS 3731 STOCKER ST SUITE 201 LOS ANGELES, CA 90008	N/A	PC	YOUTH OF COLOR WORKFORCE DEVELOPMENT PIPELINE PROJECT	111,596
COMMUNITY PARTNERS 1000 N ALAMEDA ST SUITE 240 LOS ANGELES, CA 90012	N/A	PC	TRANSFORMING LA THROUGH PARTNERSHIP: AN APPROACH TO MENTAL HEALTH AND COMMUNITY WELLBEING	300,000
DAVID GEFFEN SCHOOL OF MEDICINE AT UCLA HEALTH SCIENCES DEVELOPMENT 10889 WILSHIRE BLVD SUITE 1200 LOS ANGELES, CA 90024	N/A	PC	MEDICAL STUDENT SCHOLARSHIP 2020-2021	55,000
Total . . . . . ▶ **3a**				12,837,064

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DIRECT RELIEF 6100 WALLACE BECKNELL ROAD SANTA BARBARA, CA 93117	N/A	PC	COVID-19 RESPONSE IN CALIFORNIA	100,000
DOWNTOWN WOMEN'S CENTER 442 S SAN PEDRO ST LOS ANGELES, CA 90011	N/A	PC	AGING IN PLACE FOR FORMERLY HOMELESS WOMEN	150,000
EMANATE HEALTH FOUNDATION 1041 WEST BADILLO STREET COVINA, CA 91722	N/A	PC	NUTRITION FOR LIFE	120,050
Total . . . . . ▶ **3a**				12,837,064

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ESPERANZA COMMUNITY HOUSING CORPORATION 3655 S GRAND AVE SUITE 280 LOS ANGELES, CA 90007	N/A	PC	HEALTHY BREATHING PROGRAM	100,000
EXPERIENCE CAMPSPO BOX 5099 WESTPORT, CT 06881	N/A	PC	MENTAL HEALTH SERVICES	2,500
GLENDALE MEMORIAL HEALTH FOUNDATION 1420 S CENTRAL AVE GLENDALE, CA 91204	N/A	PC	COMPASSIONATE CARE SERVICES (CCS) PROGRAM (FORMERLY INTEGRATED SUPPORTIVE CARE (ISC) ACROSS A CONTINUUM OF CARE SETTINGS)	65,981
Total . . . . . ▶ **3a**				12,837,064

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GOOD SAMARITAN HOSPITAL 1225 WILSHIRE BLVD LOS ANGELES, CA 90017	N/A	PC	COMPLEX HEALTHCARE COORDINATION AND PALLIATIVE CARE AT GOOD SAMARITAN HOSPITAL	103,998
HOPE21231 HAWTHORNE BLVD TORRANCE, CA 90503	N/A	PC	HOUSING SERVICES PROGRAM	75,000
HAYNES FAMILY OF PROGRAMS 233 W BASELINE RD BOX 400 LA VERNE, CA 91750	N/A	PC	TRAUMA-INFORMED ARTS ENRICHMENT PROGRAM	75,158
Total . . . . . ▶ **3a**				12,837,064

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HEALTHIMPACT 663 13TH STREET SUITE 300 OAKLAND, CA 94612	N/A	PC	ESTABLISH A STATEWIDE APPROACH TO ADVANCING INTERPROFESSIONAL EDUCATION AND COLLABORATIVE PRACTICE	23,410
HERALD CHRISTIAN HEALTH CENTER 8841 GARVEY AVE ROSEMEAD, CA 91770	N/A	PC	INTEGRATION OF SOCIAL SERVICES IN A PRIMARY CARE SETTING	50,000
HOPE BUILDERS801 N BROADWAY SANTA ANA, CA 92701	N/A	PC	HEALTHCARE TRAINING PROGRAM	50,000
Total . . . . . ▶ **3a**				12,837,064

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HUNTINGTON HOSPITAL DEVELOPMENT OFFICE 100 W CALIFORNIA BLVD PASADENA, CA 91105	N/A	PC	PASADENA TRAUMA-INFORMED CARE INITIATIVE	260,047
INNER CITY LAW CENTER 1309 EAST SEVENTH STREET LOS ANGELES, CA 91340	N/A	PC	HEALTH AND HOUSING INFRASTRUCTURE EXPANSION PROJECT	100,000
KECK SCHOOL OF MEDICINE OF USC OFFICE OF DEVELOPMENT 1975 ZONAL AVE KAM 516 LOS ANGELES, CA 90033	N/A	PC	ONLINE CONTACT TRACING FOR COVID-19	75,000
Total . . . . . ▶ **3a**				12,837,064

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KECK SCHOOL OF MEDICINE OF USC 1975 ZONAL AVE LOS ANGELES, CA 90033	N/A	PC	MEDICAL STUDENT SCHOLARSHIP 2020-2021	55,000
LA FAMILY HOUSING 7843 LANKERSHIM BLVD NORTH HOLLYWOOD, CA 91605	N/A	PC	CAPACITY BUILDING TO EXPAND HEALTH SERVICES FOR PEOPLE EXPERIENCING HOMELESSNESS	153,720
LOMA LINDA UNIVERSITY 11060 ANDERSON STREET MAGAN HALL SUITE B LOMA LINDA, CA 92350	N/A	PC	CHILD ABUSE PEDIATRIC (CAP) FELLOWSHIP	90,000
Total . . . . . ▶ **3a**				12,837,064

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Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LOMA LINDA UNIVERSITY SCHOOL OF MEDICINE 11175 CAMPUS ST CP-A1108 LOMA LINDA, CA 92350	N/A	PC	MEDICAL STUDENT SCHOLARSHIP 2020-2021	55,000
LOS ANGELES CHRISTIAN HEALTH CENTERS 202 W 1ST STREET SUITE 4-0435 LOS ANGELES, CA 90012	N/A	PC	EXPANSIONS AND IMPLEMENTATION OF INTEGRATED HEALTH AND HOUSING STRATEGIES	200,000
MASSACHUSETTS INSTITUTE OF TECHNOLOGY 600 MEMORIAL DR 3RD FL CAMBRIDGE, MA 021394819	N/A	PC	KENNARD AND REEVES SCHOLARSHIP FUND	25,000
Total . . . . . ▶ **3a**				12,837,064

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MENDEZ NATIONAL INSTITUTE OF TRANSPLANTATION FOUNDATION 2600 WEST OLIVE AVENUE 500 BURBANK, CA 91505	N/A	PC	ADVANCEMENT OF THE ART AND SCIENCE OF ORGAN TRANSPLANTATION	2,500
MIND OC18650 MACARTHUR BLVD IRVINE, CA 92612	N/A	PC	EVALUATING BE WELL OC: A NEW APPROACH FOR MENTAL HEALTH SYSTEM TRANSFORMATION THE SOURCE, THE FORCE, THE SPARK AND THE REASON (SOFO SPARE)	100,000
MLK COMMUNITY HEALTH FOUNDATION 1680 E 120TH STREET LOS ANGELES, CA 90059	N/A	PC	MLK COMMUNITY MEDICAL GROUP	1,000,000
Total . . . . . ▶ **3a**				12,837,064

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ORANGE COUNTY'S UNITED WAY 18012 MITCHELL SOUTH IRVINE, CA 92614	N/A	PC	COVID-19 PANDEMIC RELIEF	350,000
PARKTREE COMMUNITY HEALTH CENTER 1450 EAST HOLT AVE POMONA, CA 91767	N/A	PC	POMONA COMMUNITY HEALTH CENTER EXPANSION OF SERVICES	317,215
PATH340 N MADISON AVE LOS ANGELES, CA 90004	N/A	PC	BRIDGE TO HEALTH AND HOUSING	150,000
Total . . . . . ▶ **3a**				12,837,064

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Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PATH OF LIFE MINISTRIES 1240 PALMYRITA AVE SUITE A RIVERSIDE, CA 92507	N/A	PC	MAYORS INITIATIVE FOR ENDING HOMELESSNESS THROUGH HEALTH AND WHOLENESS	100,000
PROJECT ANGEL FOOD 922 VINE STREET LOS ANGELES, CA 90038	N/A	PC	INCREASING SUSTAINABILITY AND CAPACITY BUILDING FOR HOME-DELIVERED MEALS AND NUTRITION	100,000
PROVIDENCE HEALTH & SERVICES FOUNDATION VALLEY REGIONAL OFFICE 501 S BUENA VISTA ST BURBANK, CA 91505	N/A	PC	COMPLEX CARE MANAGEMENT PROGRAM	331,039
Total . . . . . ▶ **3a**				12,837,064

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Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PROYECTO PASTORAL 135 N MISSION ROAD LOS ANGELES, CA 90033	N/A	PC	PROMESA BOYLE HEIGHTS WELLNESS INITIATIVE	53,612
PUBLIC HEALTH FOUNDATION ENTERPRISES INC 13300 CROSSROADS PKWY NORTH CITY OF INDUSTRY, CA 91746	N/A	PC	STRATEGIC PLAN IMPLEMENTATION	31,139
RADIANT HEALTH CENTERS 17982 SKY PARK CIRCLE SUITE J IRVINE, CA 926146408	N/A	PC	MEDICALLY TAILORED MEALS (MTM) PILOT PROJECT	50,000
Total . . . . . ▶ **3a**				12,837,064

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Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SANTA BARBARA COTTAGE HOSPITAL PO BOX 689 PUEBLO AT BATH STREET SANTA BARBARA, CA 93102	N/A	PC	MEDICAL RESPITE PROGRAM	208,067
SANTA BARBARA FOUNDATION 1111 CHAPALA ST STE 200 SANTA BARBARA, CA 93101	N/A	PC	COVID-19 JOINT RESPONSE EFFORT	100,000
SIERRA HEALTH FOUNDATION CENTER FOR HEALTH PROGRAM MANAGEMENT 1321 GARDEN HIGHWAY SUITE 210 SACRAMENTO, CA 95833	N/A	PC	SAN JOAQUIN VALLEY HEALTH FUND (SJVHF) COVID-19 RESPONSE CLUSTER	100,000
Total . . . . . ▶ **3a**				12,837,064

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Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SOUTHERN CALIFORNIA GRANTMAKERS 1000 N ALAMEDA ST SUITE 230 LOS ANGELES, CA 90012	N/A	PC	PROGRAM DESIGN FOR PHILANTHROPIC FOUNDATIONS ON (1) DISASTER RELIEF/PREPAREDNESS FUNDING STRATEGIES AND (2) VETERAN HEALTH	100,000
SOUTHSIDE COALITION OF COMMUNITY HEALTH CENTERS 1400 S GRAND AVE SUITE 711 LOS ANGELES, CA 90015	N/A	PC	CARE COORDINATION PROJECT	190,177
ST CAMILLUS CENTER FOR SPIRITUAL CARE 1911 ZONAL AVE LOS ANGELES, CA 90033	N/A	PC	CLINICAL PASTORAL EDUCATION PROGRAM AT LAC USC MEDICAL CENTER	100,000
Total . . . . . ▶ **3a**				12,837,064

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE GIVING BANK AT HOLY FAMILY CHURCH 1527 FREMONT AVE SOUTH PASADENA, CA 91030	N/A	PC	GIVING BANK FOOD PANTRY FOR COMMUNITY HEALTH	50,000
THE LA TRUST 333 S BEAUDRY AVE 29TH FL LOS ANGELES, CA 90017	N/A	PC	INTEGRATING WELLNESS CENTER HEALTH SERVICES DATA WITH LAUSD ACADEMIC DATA-THE L.A. TRUST'S DATA XCHANGE	100,000
THE REGENTS OF UNIVERSITY OF CALIFORNIA AT IRVINE 100 THEORY SUITE 250 IRVINE, CA 92617	N/A	PC	SEXUAL ASSAULT NURSE EXAMINERS (SANE) PROGRAM	221,670
Total . . . . . ▶ **3a**				12,837,064

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Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UC DAVIS SCHOOL OF MEDICINE ONE SHIELDS AVE 2ND FLOOR DAVIS, CA 95616	N/A	PC	MEDICAL STUDENT SCHOLARSHIP 2020-2021	55,000
UC RIVERSIDE SCHOOL OF MEDICINE SCHOOL OF MEDICINE EDUCATION BUILDING 900 UNIVERSITY AVE 2608 RIVERSIDE, CA 92521	N/A	PC	MEDICAL STUDENT SCHOLARSHIP 2020-2021	55,000
UC SAN FRANCISCO 533 PARNASSES AVE SUITE U-109 UCSF BOX 0131 SAN FRANCISCO, CA 94143	N/A	PC	PROACTIVE PALLIATIVE CARE (PRO-PC)	199,996
Total . . . . . ▶ **3a**				12,837,064

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Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UCI SCHOOL OF MEDICINE 200 S MANCHESTER SUITE 835 ORANGE, CA 92868	N/A	PC	SOCIAL WORK INTERVENTION FOR TRANSFORMING DEMENTIA HEALTH CARE: SWIFT-DC	125,000
UCLA DEVELOPMENT UCLA DEVELOPMENT 10920 WILSHIRE BLVD SUITE 1508 LOS ANGELES, CA 90024	N/A	PC	DEVELOPING A MENTAL HEALTH MODEL FOR PEDIATRIC PALLIATIVE CARE/PROJECT CARE (COMFORT AND REFLECTIVE EXPRESSION)	195,842
UCLA DEVELOPMENT UCLA DEVELOPMENT 10920 WILSHIRE BLVD SUITE 1508 LOS ANGELES, CA 90024	N/A	PC	COMMUNITY-BASED CLINICAL EDUCATION PROGRAM	249,700
Total . . . . . ▶ **3a**				12,837,064

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Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UCLA HEALTH CHIEF EXECUTIVE OFFICER UCLA HOSPITAL SYSTEM 757 WESTWOOD PLAZA LOS ANGELES, CA 90024	N/A	PC	UPSTREAM OBESITY SOLUTIONS	250,000
UCLA HEALTH SOUND BODY SOUND MIND 11100 SANTA MONICA BLVD SUITE 1910 LOS ANGELES, CA 90025	N/A	PC	HUNTINGTON PARK COMMUNITY HEALTH IMPROVEMENT PROJECT	87,500
UCSD SCHOOL OF MEDICINE 9500 GILMAN DRIVE 0606 LA JOLLA, CA 92093	N/A	PC	MEDICAL STUDENT SCHOLARSHIP 2020-2021	55,000
Total . . . . . ▶ **3a**				12,837,064

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UCSF SCHOOL OF MEDICINE UNIVERSITY DEVELOPMENT AND ALUMNI RELATIONS 220 MONTGOMERY STREET 5TH SAN FRANCISCO, CA 94104	N/A	PC	MEDICAL STUDENT SCHOLARSHIP 2020-2021	55,000
UNITED WAY OF GREATER LOS ANGELES 1150 S OLIVE ST SUITE T500 LOS ANGELES, CA 90015	N/A	PC	UNITED WAY LOS ANGELES	25,000
UNITED WAY OF GREATER LOS ANGELES 1150 S OLIVE ST SUITE T500 LOS ANGELES, CA 90015	N/A	PC	SAN GABRIEL VALLEY/SPA 3 HEALTHCARE AND HOMELESS SYSTEM INTEGRATION PATIENT NAVIGATOR PROJECT	300,000
Total . . . . . ▶ **3a**				12,837,064

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Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF GREATER LOS ANGELES 1150 S OLIVE ST SUITE T500 LOS ANGELES, CA 90015	N/A	PC	PANDEMIC RELIEF FUND	450,000
UNITED WAY OF GREATER LOS ANGELES 1150 S OLIVE ST SUITE T500 LOS ANGELES, CA 90015	N/A	PC	HEALTH PATHWAYS EXPANSION	150,000
UNITED WAY OF THE INLAND VALLEYS 1835 CHICAGO AVE STE B RIVERSIDE, CA 92507	N/A	PC	INLAND SOCAL COVID-19 FUND	100,000
Total . . . . . ▶ **3a**				12,837,064

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Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF CALIFORNIA IRVINE 836 HEALTH SCIENCES ROAD IRVINE, CA 92617	N/A	PC	MEDICAL STUDENT SCHOLARSHIP 2020-2021	55,000
UNIVERSITY OF SOUTHERN CALIFORNIA 1985 ZONAL AVE LOS ANGELES, CA 90089	N/A	PC	USC ATHLETIC DEPARTMENT CLINICAL SPORT PSYCHOLOGY SERVICES	50,000
USC SCHOOL OF PHARMACY CENTER FOR HEALTH PROFESSIONS SUITE 217H 1540 ALCAZAR STREET LOS ANGELES, CA 90033	N/A	PC	FOTONOVELA PROJECT ON OPIOID PREVENTION AND TREATMENT	50,000
Total . . . . . ▶ **3a**				12,837,064

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Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
USC UNIVERSITY RELATIONS 3716 S HOPE ST SUITE 262 LOS ANGELES, CA 90007	N/A	PC	ALLIED-HEALTH PROGRAMS: DENTAL ASSISTANT CERTIFICATE, MEDICAL ASSISTING CERTICIE AND PHARMACY TECHNICIAN PROGRAMS	150,000
VISTA DEL MAR CHILD AND FAMILY SERVICES 3200 MOTOR AVE LOS ANGELES, CA 90034	N/A	PC	RESIDENTIAL TREATMENT REHABILITATION SERVICES FOR YOUTH	85,000
VOLUNTEERS OF AMERICA INC 3600 WILSHIRE BLVD LOS ANGELES, CA 90005	N/A	PC	BATTLE-BUDDY-BRIDGE (B3)	220,487
Total . . . . . ▶ **3a**				12,837,064

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Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VOLUNTEERS OF AMERICA INC 3600 WILSHIRE BLVD LOS ANGELES, CA 90005	N/A	PC	BATTLE-BUDDY-BRIDGE (B3)	220,487
WEINGART CENTER ASSOCIATION 566 S SAN PEDRO ST LOS ANGELES, CA 90013	N/A	PC	IMPROVING HOMELESS CLIENT OUTCOMES THROUGH A CLINICALLY-BASED APPROACH	125,000
WELLNEST3031 S VERMONT AVE LOS ANGELES, CA 90007	N/A	PC	DAY TREATMENT INTENSIVE PROGRAM	75,000
Total . . . . . ▶ **3a**				12,837,064

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Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WESTERNU COLLEGE OF OSTEOPATHIC MEDICINE OF THE PACIFIC 309 E SECOND ST POMONA, CA 91766	N/A	PC	MEDICAL STUDENT SCHOLARSHIP 2020-2021	55,000
WESTSIDE FAMILY HEALTH CENTER 1711 OCEAN PARK BLVD SANTA MONICA, CA 90405	N/A	PC	SUPPORTING CHWS THROUGH TRAINING	250,000
WHITTIER COLLEGE 13406 E PHILADELPHIA ST WHITTIER, CA 90601	N/A	PC	IMPROVING WHITTIER COLLEGE STUDENT HEALTH/WELLNESS	100,000
Total . . . . . ▶ **3a**				12,837,064

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Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WMMC CHARITABLE FOUNDATION 1720 CESAR E CHAVEZ AVE LOS ANGELES, CA 90033	N/A	PC	HOMELESS NAVIGATION PILOT PROJECT	125,000
YOUNG MENS CHRISTIAN ASSOCIATION OF ORANGE COUNTY 13821 NEWPORT AVE SUITE 200 TUSTIN, CA 92780	N/A	PC	CHILDCARE FOR ESSENTIAL WORKERS COVID-19 FUND	50,000
Total . . . . . ▶ **3a**				12,837,064

TY 2019 Accounting Fees Schedule

Name: UNIHEALTH FOUNDATION

EIN: 95-5004033

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ACCOUNTING FEES	69,748	34,874		34,874

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TY 2019 Investments Corporate Bonds Schedule

Name: UNIHEALTH FOUNDATION

EIN: 95-5004033

Investments Corporate Bonds Schedule

Name of Bond	End of Year Book Value	End of Year Fair Market Value
BRANDYWINE FX	9,166,971	9,166,971
PIMCO TOTAL RETURN	17,447,719	17,447,719

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TY 2019 Investments Corporate Stock Schedule

Name: UNIHEALTH FOUNDATION

EIN: 95-5004033

Investments Corporation Stock Schedule

Name of Stock	End of Year Book Value	End of Year Fair Market Value
WILLIAM BLAIR INTL	16,234,546	16,234,546
PAAMCO	185,169	185,169
WAMCO	17,389,939	17,389,939
VAUGHAN NELSON	4,950,247	4,950,247
EUROPACIFIC GROWTH	14,920,413	14,920,413
LAZARD EM	3,953,199	3,953,199
PAYDEN EM INCOME	8,574,851	8,574,851
HS MGMT EQ	26,872,542	26,872,542
MATTHEWS PACIFIC TIGER	4,824,341	4,824,341
COHEN & STEERS INSTL REALTY	6,801,326	6,801,326
FIDELITY 500 INDEX FUND	52,541,016	52,541,016
CCI BOND FUND	16,228,545	16,228,545

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TY 2019 Investments - Other Schedule

Name: UNIHEALTH FOUNDATION

EIN: 95-5004033

Investments Other Schedule 2

Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value
JP MORGAN TRANSFER ACCT	FMV	385,933	385,933
ROBECO BOSTON PARTNERS	FMV	5,204,515	5,204,515
METROPOLITAN WEST TOTAL RETURN	FMV	7	7
TEMPLETON GLOBAL	FMV	3	3
PRINCIPAL DIVERS REAL ASSETS	FMV	7,398,030	7,398,030
DOUBLELINE	FMV	11,440,790	11,440,790
ROYCE INTERNATIONAL FUND	FMV	5,778,578	5,778,578
RLH INVESTORS II, LP	FMV	503,082	503,082
OAKTREE FUND IV	FMV	32,264	32,264
OCM FUND VII	FMV	18,149	18,149
OAK HILL CAPITAL	FMV	695,484	695,484
SIGULAR GUFF BRIC FUND II	FMV	1,182,536	1,182,536
OCM OPPORTUNITES FUND VII(B)	FMV	5,177	5,177
OHA EURO CREDIT FUND	FMV	242,919	242,919
BLACKSTONE RE VII	FMV	1,938,928	1,938,928
RLH INVESTORS III, LP	FMV	3,221,197	3,221,197
SLIVER LAKE IV	FMV	7,834,339	7,834,339
NEW MOUNTAIN PARTNERS IV	FMV	4,740,157	4,740,157
INDUSTRY VENTURES IV	FMV	3,102,449	3,102,449
RLH INVESTORS IV LP	FMV	1,778,064	1,778,064
NEW MOUNTAIN PARTNERS V	FMV	4,823,662	4,823,662
TRIDENT VII	FMV	2,985,610	2,985,610
SILVER LAKE V	FMV	3,570,547	3,570,547
CENTERBRIDGE REAL ESTATE FUND	FMV	2,269,765	2,269,765
SVB STRATEGIC INVESTORS IX	FMV	1,181,582	1,181,582
AEA INVESTORS FUND VII	FMV	756,388	756,388
ALTAS PARTNERS II	FMV	1,205,569	1,205,569
SEARCHLIGHT	FMV	1,420,062	1,420,062
SVB STRATEGIC INVESTORS X	FMV	204,397	204,397
JP MORGAN SLP III	FMV	1,283,861	1,283,861

Investments Other Schedule 2

Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value
RIALTO REF III - PROPERTY	FMV	899,457	899,457
RIALTO REF III - DEBT	FMV	1,430,543	1,430,543
GOLDENTREE OFFSHORE FUND	FMV	2,473,189	2,473,189
KING STREET CAPITAL LTD	FMV	1,893,111	1,893,111
BLACKSTONE FUND OF FUNDS	FMV	9,680,333	9,680,333
CRESCENT CAPITAL HIGH INCOME FD	FMV	8,374,443	8,374,443
SANDERSON INTL VALUE FUND	FMV	12,185,059	12,185,059

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TY 2019 Land, Etc. Schedule

Name: UNIHEALTH FOUNDATION

EIN: 95-5004033

Category / Item	Cost / Other Basis	Accumulated Depreciation	Book Value	End of Year Fair Market Value
EQUIPMENT	60,373	55,256	5,117	5,117
LEASEHOLD IMPROVEMENT	30,027	8,569	21,458	21,458

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TY 2019 Legal Fees Schedule

Name: UNIHEALTH FOUNDATION

EIN: 95-5004033

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
LEGAL FEES	15,770	14,735		1,035

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TY 2019 Other Assets Schedule

Name: UNIHEALTH FOUNDATION

EIN: 95-5004033

Other Assets Schedule

Description	Beginning of Year - Book Value	End of Year - Book Value	End of Year - Fair Market Value
DEFERRED COMPENSATION INVESTMENTS	649,133	697,710	697,710
DEPOSITS	9,665	9,665	9,665
PROGRAM RELATED INVESTMENTS	750,000	1,500,000	1,500,000

TY 2019 Other Expenses Schedule

Name: UNIHEALTH FOUNDATION

EIN: 95-5004033

Other Expenses Schedule

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
INSURANCE	74,609	29,530		45,079
ORGANIZATIONAL MEMBERSHIPS	25,550	0		25,550
PROJECT BASED COSTS	134,695	0		134,695
OTHER EXPENSES	26,792	2,276		24,518

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TY 2019 Other Income Schedule

Name: UNIHEALTH FOUNDATION

EIN: 95-5004033

Other Income Schedule

Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
PASSTHROUGH UBTI INCOME/LOSS	38,059		38,059
MISCELLANEOUS INCOME	1,958		1,958
PROGRAM RELATED INVESTMENT INTEREST	24,929	24,929	24,929

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TY 2019 Other Increases Schedule

Name: UNIHEALTH FOUNDATION

EIN: 95-5004033

Description	Amount
NET UNREALIZED GAINS ON INVESTMENTS	18,975,778

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TY 2019 Other Liabilities Schedule

Name: UNIHEALTH FOUNDATION

EIN: 95-5004033

Description	Beginning of Year - Book Value	End of Year - Book Value
DEFERRED RENT	72,235	59,101
EMPLOYEE SETTLEMENT	210,410	206,142
DEFERRED COMPENSATION LIABILITIY	649,133	697,710

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TY 2019 Other Professional Fees Schedule

Name: UNIHEALTH FOUNDATION

EIN: 95-5004033

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
INVESTMENT ADVISORS	208,000	208,000		0
CUSTODIAL FEES	71,893	71,893		0
INVESTMENT MANAGEMENT FEES	2,782,929	2,782,929		0
GRANTS MANAGEMENT	114,659	0		114,659
WEBSITE	15,107	0		15,107
MAINTENANCE	15,178	1,417		13,761
MISC SERVICE FEES	20,043	10,551		9,491

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TY 2019 Taxes Schedule

Name: UNIHEALTH FOUNDATION

EIN: 95-5004033

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
CURRENT SECTION 4940 EXCISE TAX EXPENSE	50,000	0		0
STATE TAXES	235	235		0
BUSINESS TAXES	387	387		0