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Return of Private Foundation

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

2018

Open to Public Inspection

Form **990-PF**

Department of the Treasury
Internal Revenue Service

▶ 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.

For calendar year 2018 or tax year beginning **OCT 1, 2018**, and ending **SEP 30, 2019**

Name of foundation: **UNIHEALTH FOUNDATION**

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

Room/suite: _____

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

A Employer identification number
95-5004033

B Telephone number
213 630-6500

C If exemption application is pending, check here

D 1. Foreign organizations, check here

2. Foreign organizations meeting the 85% test, check here and attach computation

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

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

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

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

I Fair market value of all assets at end of year (from Part II, col. (c), line 16): **\$ 308,200,726.**

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

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a).)		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc., received	250,000.		N/A	
	2 Check <input type="checkbox"/> if the foundation is not required to attach Sch. B				
	3 Interest on savings and temporary cash investments				
	4 Dividends and interest from securities	7,253,376.	7,330,205.		STATEMENT 1
	5a Gross rents				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10	16,239,945.			
	b Gross sales price for all assets on line 6a: 203,559,015.				
	7 Capital gain net income (from Part IV, line 2)		11,516,804.		
	8 Net short-term capital gain				
	9 Income modifications				
	10a Gross sales less returns and allowances				
b Less: Cost of goods sold					
c Gross profit or (loss)					
11 Other income	27,527.	11,825.		STATEMENT 2	
12 Total. Add lines 1 through 11	23,770,848.	18,858,834.			
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc.	941,159.	303,855.		637,304.
	14 Other employee salaries and wages	431,171.	6,701.		424,470.
	15 Pension plans, employee benefits	258,851.	53,764.		205,087.
	16a Legal fees STMT 3	22,612.	19,797.		2,815.
	b Accounting fees STMT 4	74,986.	37,493.		37,493.
	c Other professional fees STMT 5	3,628,409.	3,568,642.		59,767.
	17 Interest				
	18 Taxes STMT 6	477,181.	10,321.		80,477.
	19 Depreciation and depletion	16,168.	16,168.		
	20 Occupancy	220,845.	19,638.		201,207.
	21 Travel, conferences, and meetings	51,693.	24,607.		27,086.
	22 Printing and publications				
	23 Other expenses STMT 7	323,666.	32,659.		291,007.
	24 Total operating and administrative expenses. Add lines 13 through 23	6,446,741.	4,093,645.		1,966,713.
	25 Contributions, gifts, grants paid	8,989,568.			11,478,185.
26 Total expenses and disbursements. Add lines 24 and 25	15,436,309.	4,093,645.		13,444,898.	
27 Subtract line 26 from line 12:					
a Excess of revenue over expenses and disbursements	8,334,539.				
b Net investment income (if negative, enter -0-)		14,765,189.			
c Adjusted net income (if negative, enter -0-)			N/A		

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only.		
		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash - non-interest-bearing	54,550.	147,695.	147,695.
	2 Savings and temporary cash investments	2,869,506.	1,462,210.	1,462,210.
	3 Accounts receivable			
	Less: allowance for doubtful accounts			
	4 Pledges receivable			
	Less: allowance for doubtful accounts			
	5 Grants receivable			
	6 Receivables due from officers, directors, trustees, and other disqualified persons			
	7 Other notes and loans receivable			
	Less: allowance for doubtful accounts			
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges	64,940.	110,015.	110,015.
	10a Investments - U.S. and state government obligations			
	b Investments - corporate stock	STMT 8 155,251,652.	152,272,926.	152,272,926.
	c Investments - corporate bonds	STMT 9 24,553,299.	25,404,011.	25,404,011.
	11 Investments - land, buildings, and equipment: basis			
Less: accumulated depreciation				
12 Investments - mortgage loans				
13 Investments - other	STMT 10 123,675,485.	127,368,857.	127,368,857.	
14 Land, buildings, and equipment: basis	86,873.			
Less: accumulated depreciation	STMT 11 60,659.	38,060.	26,214.	
15 Other assets (describe)	STATEMENT 12 657,492.	1,408,798.	1,408,798.	
16 Total assets (to be completed by all filers - see the instructions. Also, see page 1, item I)	307,164,984.	308,200,726.	308,200,726.	
Liabilities	17 Accounts payable and accrued expenses	332,656.	304,977.	
	18 Grants payable	12,466,477.	9,977,860.	
	19 Deferred revenue			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable			
	22 Other liabilities (describe)	STATEMENT 13 1,154,062.	931,778.	
23 Total liabilities (add lines 17 through 22)	13,953,195.	11,214,615.		
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here	<input checked="" type="checkbox"/>		
	and complete lines 24 through 26, and lines 30 and 31.			
	24 Unrestricted	293,211,789.	296,986,111.	
	25 Temporarily restricted			
	26 Permanently restricted			
	Foundations that do not follow SFAS 117, check here	<input type="checkbox"/>		
	and complete lines 27 through 31.			
27 Capital stock, trust principal, or current funds				
28 Paid-in or capital surplus, or land, bldg., and equipment fund				
29 Retained earnings, accumulated income, endowment, or other funds				
30 Total net assets or fund balances	293,211,789.	296,986,111.		
31 Total liabilities and net assets/fund balances	307,164,984.	308,200,726.		

Part III Analysis of Changes in Net Assets or Fund Balances

1 Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	293,211,789.
2 Enter amount from Part I, line 27a	2	8,334,539.
3 Other increases not included in line 2 (itemize)	3	0.
4 Add lines 1, 2, and 3	4	301,546,328.
5 Decreases not included in line 2 (itemize) NET UNREALIZED LOSSES ON INVESTMENTS	5	4,560,217.
6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6	296,986,111.

Part IV Capital Gains and Losses for Tax on Investment Income

SEE ATTACHED STATEMENTS

(a) List and describe the kind(s) of property sold (for example, 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			
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			
b			
c			
d			
e 203,559,015.		192,042,211.	11,516,804.

(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))
a			
b			
c			
d			
e			11,516,804.

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69.			
2 Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7	2		11,516,804.
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). If (loss), enter -0- in Part I, line 8	3		N/A

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

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

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

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

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

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col. (b) divided by col. (c))
2017	13,618,363.	304,342,128.	.044747
2016	13,573,581.	290,682,278.	.046696
2015	14,746,129.	280,390,741.	.052591
2014	14,920,774.	296,478,997.	.050327
2013	14,290,155.	297,093,234.	.048100

2 Total of line 1, column (d)	2	.242461
3 Average distribution ratio for the 5-year base period - divide the total on line 2 by 5.0, or by the number of years the foundation has been in existence if less than 5 years	3	.048492
4 Enter the net value of noncharitable-use assets for 2018 from Part X, line 5	4	294,561,422.
5 Multiply line 4 by line 3	5	14,283,872.
6 Enter 1% of net investment income (1% of Part I, line 27b)	6	147,652.
7 Add lines 5 and 6	7	14,431,524.
8 Enter qualifying distributions from Part XII, line 4	8	14,199,220.

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

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

Table with 11 rows for excise tax calculations. Includes fields for exempt foundations, domestic foundations, tax under section 511, add lines 1 and 2, subtitle A tax, tax based on investment income, credits/payments (6a-6d), total credits, penalty, tax due, overpayment, and amount credited to 2019 estimated tax.

Part VII-A Statements Regarding Activities

Table with 10 rows for activity statements. Includes questions about political campaigns, political purposes, Form 1120-POL filing, tax on political expenditures, reimbursement, IRS reporting, changes in governing instruments, unrelated business income, liquidation, section 508(e) requirements, assets, reporting states, and private operating foundation status.

Part VII-A Statements Regarding Activities (continued)

Table with 3 columns: Question, Yes, No. Rows 11-16. Row 11: At any time during the year, did the foundation, directly or indirectly, own a controlled entity... Row 12: Did the foundation make a distribution to a donor advised fund... Row 13: Did the foundation comply with the public inspection requirements... Row 14: The books are in care of KATHLEEN SALAZAR... Row 15: Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF... Row 16: At any time during calendar year 2018, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?

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.

Table with 3 columns: Question, Yes, No. Rows 1a-4b. Row 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? (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? (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)? (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.) Row 1b: 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. Organizations relying on a current notice regarding disaster assistance, check here. Row 1c: Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2018? Row 2: Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)): a At the end of tax year 2018, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2018? 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.) c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. Row 3a: Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? b If "Yes," did it have excess business holdings in 2018 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2018.) Row 4a: Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2018?

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))? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
(3) Provide a grant to an individual for travel, study, or other similar purposes? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 <input type="checkbox"/> N/A	5b		
Organizations relying on a current notice regarding disaster assistance, check here <input type="checkbox"/>			
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? <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	6b		X
If "Yes" to 6b, file Form 8870.			
7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction? <input type="checkbox"/> N/A	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(s) during the year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

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

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

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
SEE STATEMENT 14		888,745.	87,254.	19,200.

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

(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
KRISTOPHER EAMES - 800 WILSHIRE BLVD, #1300, LOS ANGELES, CA 90017	ADM, DIR OF OPERATIONS 40.00	112,828.	16,651.	0.
CAROLINE CHUNG - 800 WILSHIRE BLVD, #1300, LOS ANGELES, CA 90017	ADM, GRANTS 40.00	102,176.	0.	0.
ALEXANDER SALAZAR - 800 WILSHIRE BLVD, #1300, LOS ANGELES, CA 90017	ADM, ACCOUNTANT 40.00	67,000.	9,229.	0.
COLETTE BADMAGHARIAN - 800 WILSHIRE BLVD, #1300, LOS ANGELES, CA 90017	ADM, PROGRAM ASSOC 40.00	65,154.	9,575.	0.
TERRY FRIAS - 800 WILSHIRE BLVD, #1300, LOS ANGELES, CA 90017	ADM, EXEC ASSISTANT 40.00	50,000.	7,357.	0.
Total number of other employees paid over \$50,000 <input type="checkbox"/>				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. If none, enter "NONE."

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

Part IX-A Summary of Direct Charitable Activities

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

Part IX-B Summary of Program-Related Investments

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
1 SEE STATEMENT 15	750,000.
2	
3 All other program-related investments. See instructions.	
Total. Add lines 1 through 3	750,000.

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

1 Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:			
a	Average monthly fair market value of securities	1a	296,954,532.
b	Average of monthly cash balances	1b	2,092,597.
c	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	299,047,129.
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	1e	0.
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	299,047,129.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	4,485,707.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	294,561,422.
6	Minimum investment return. Enter 5% of line 5	6	14,728,071.

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

1	Minimum investment return from Part X, line 6	1	14,728,071.
2a	Tax on investment income for 2018 from Part VI, line 5	2a	295,304.
b	Income tax for 2018. (This does not include the tax from Part VI.)	2b	
c	Add lines 2a and 2b	2c	295,304.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	14,432,767.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	14,432,767.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	14,432,767.

Part XII Qualifying Distributions (see instructions)

1 Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:			
a	Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26	1a	13,444,898.
b	Program-related investments - total from Part IX-B	1b	750,000.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	4,322.
3 Amounts set aside for specific charitable projects that satisfy the:			
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4	4	14,199,220.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	14,199,220.

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

Part XIII Undistributed Income (see instructions)

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

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

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

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

	Tax year				(e) Total
	(a) 2018	(b) 2017	(c) 2016	(d) 2015	
2 a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed					
b 85% of line 2a					
c Qualifying distributions from Part XII, line 4 for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the alternative test relied upon:					
a "Assets" alternative test - enter:					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c "Support" alternative test - enter:					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income					

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

1 Information Regarding Foundation Managers:

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

NONE

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

NONE

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

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

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

UNIHEALTH FOUNDATION JENNIFER VANORE, PRESIDENT, 213 630-6500
800 WILSHIRE BLVD., SUITE 1300, LOS ANGELES, CA 90017

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	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
Name and address (home or business)				
a Paid during the year				
A COMMUNITY OF FRIENDS 3701 WILSHIRE BLVD., SUITE 700 LOS ANGELES, CA 90010	N/A	PC	SUPOORT OF SERVICES FOR THE HOMELESS	500.
ALLIANCE FOR COLLEGE-READY PUBLIC SCHOOLS 601 S. FIGUEROA ST., 4TH FLOOR LOS ANGELES, CA 90017	N/A	PC	LEADERS OF CHANGE	5,000.
ALS ASSOCIATION GOLDEN WEST CHAPTER 28632 ROADSIDE DR., SUITE 173 AGUORA HILLS, CA 91301	N/A	PC	THANK YOU CONTRIBUTION	10,000.
ALZHEIMER'S ASSOCIATION- CALIFORNIA SOUTHLAND 9606 S. SANTA MONICA BLVD., SUITE 200 BEVERLY HILLS, CA 90210	N/A	PC	THANK YOU CONTRIBUTION	10,000.
ALZHEIMER'S GREATER LOS ANGELES 4221 WILSHIRE BLVD., SUITE 400 LOS ANGELES, CA 90010	N/A	PC	THE SAVVY CAREGIVER: TRANSLATION, TRANSFORMATION, AND FEASIBILITY OF EVIDENCE-BASED PROGRAM	100,000.
Total SEE CONTINUATION SHEET(S) ► 3a				11,478,185.
b Approved for future payment				
HOPE BUILDERS 801 N. BROADWAY SANTA ANA, CA 92701	N/A	PC	HEALTHCARE TRAINING PROGRAM	100,000.
CHILDREN'S HOSPITAL LOS ANGELES 4650 SUNSET BLVD., #1 LOS ANGELES, CA 90027	N/A	PC	INFANT-FAMILY MENTAL HEALTH FROM HOSPITAL TO COMMUNITY	453,176.
CALIFORNIA HOSPITAL MEDICAL CENTER 1401 S. GRAND AVE. LOS ANGELES, CA 90015	N/A	PC	CULTURAL TRAUMA AND MENTAL HEALTH RESILIENCY	1,280,000.
Total SEE CONTINUATION SHEET(S) ► 3b				6,530,324.

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?
a Transfers from the reporting foundation to a noncharitable exempt organization of:
(1) Cash
(2) Other assets
b Other transactions:
(1) Sales of assets to a noncharitable exempt organization
(2) Purchases of assets from a noncharitable exempt organization
(3) Rental of facilities, equipment, or other assets
(4) Reimbursement arrangements
(5) Loans or loan guarantees
(6) Performance of services or membership or fundraising solicitations
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees
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.

Table with columns Yes and No. Rows 1a(1) through 1b(6) and 1c. All 'No' boxes are checked with an 'X'.

Table with 4 columns: (a) Line no., (b) Amount involved, (c) Name of noncharitable exempt organization, (d) Description of transfers, transactions, and sharing arrangements. All rows are empty except for 'N/A' in column (c).

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?
b If "Yes," complete the following schedule.

Table with 3 columns: (a) Name of organization, (b) Type of organization, (c) Description of relationship. All rows are empty except for 'N/A' in column (a).

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.
Signature of officer or trustee: [Signature]
Date: 11.25.2020
Title: CHAIRMAN & CEO
May the IRS discuss this return with the preparer shown below? See instr.
[X] Yes [] No

Paid Preparer Use Only: Print/Type preparer's name: KATY BROWN; Preparer's signature: KATY BROWN; Date: 03/30/20; Check self-employed: [] if PTIN: P00650274; Firm's name: ARMANINO LLP; Firm's EIN: 94-6214841; Firm's address: 21600 OXNARD STREET, STE 1180 WOODLAND HILLS, CA 91367; Phone no.: 818-587-9300

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 BARROW, HANLEY, MEWHINNEY	P		
b HS MANAGEMENT PARTNERS	P		
c VANGUARD S&P 500 / FIDELITY 500	P		
d VAUGHAN NELSON SMALL CAP VALUE	P		
e ROBEKO	P		
f EUROPACIFIC GROWTH FD	P		
g MATTHEWS PACIFIC TIGER	P		
h WILLIAM BLAIR INT'L GR FD	P		
i LAZARD EMERGING MKTS FD	P		
j SANDERSON INT'L VALUE FUND	P		
k PIMCO TOTAL RETURN FD	P		
l BRANDYWINE GLOBAL OPPS FUND	P		
m CRESCENT HIGH INCOME CF	P		
n MET WEST TOTAL RETURN	P		
o COHEN & STEERS INSTL REALTY	P		

(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 56,044,795.		52,143,178.	3,901,617.
b 29,134,351.		27,185,833.	1,948,518.
c 71,501,180.		69,587,566.	1,913,614.
d 12,676,851.		12,724,880.	-48,029.
e 12,769,768.		12,291,485.	478,283.
f 171,997.			171,997.
g 4,400,000.		3,965,367.	434,633.
h 1,000,000.		53,179.	946,821.
i 3,000,000.		3,103,975.	-103,975.
j 340,272.			340,272.
k 2,000,000.		2,096,661.	-96,661.
l 40,271.			40,271.
m		93,451.	-93,451.
n 1,000,000.		1,017,225.	-17,225.
o 449,400.			449,400.

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

(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	(l) Losses (from col. (h)) Gains (excess of col. (h) gain over col. (k), but not less than "-0-")
a			3,901,617.
b			1,948,518.
c			1,913,614.
d			-48,029.
e			478,283.
f			171,997.
g			434,633.
h			946,821.
i			-103,975.
j			340,272.
k			-96,661.
l			40,271.
m			-93,451.
n			-17,225.
o			449,400.

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
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). If (loss), enter "-0-" in Part I, line 8	3

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 BLACKSTONE REAL ESTATE VII LP	P		
b OAK HILL CAPITAL PARTNERS III, LP	P		
c OCM OPPORTUNITIES FUND VII, LP	P		
d OCM OPPORTUNITIES FUND VIIB	P		
e OCM PRINCIPAL OPPS FUND IV, LP	P		
f RLH INVESTORS II, LP	P		
g RLH INVESTORS III, LP	P		
h SIGULER GUFF BRIC OPPS FUND II	P		
i SILVER LAKE PARTNERS III [1134B]	P		
j SILVER LAKE PARTNERS IV	P		
k NEW MOUNTAIN PARTNERS IV	P		
l INDUSTRY VENTURES PARTNERSHIP HOLDINGS IV, LP	P		
m TRIDENT VII PARALLEL FUND, LP	P		
n CENTERBRIDGE	P		
o SVB STRATEGIC INVESTORS IX	P		

(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 1,280,602.		1,259,977.	20,625.
b 555,377.		203,419.	351,958.
c 23,028.		35,398.	-12,370.
d 33,786.		48,008.	-14,222.
e 240,322.			240,322.
f 493,685.		708,894.	-215,209.
g 1,019,154.		1,137,089.	-117,935.
h 480,298.		512,300.	-32,002.
i 973,000.		973,000.	0.
j 1,504,344.		1,483,223.	21,121.
k 2,368,115.		1,382,762.	985,353.
l 25,628.		24,103.	1,525.
m 19,401.			19,401.
n 12,999.		11,238.	1,761.
o 391.			391.

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

(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	(l) Losses (from col. (h)) Gains (excess of col. (h) gain over col. (k), but not less than "-0-")
a			20,625.
b			351,958.
c			-12,370.
d			-14,222.
e			240,322.
f			-215,209.
g			-117,935.
h			-32,002.
i			0.
j			21,121.
k			985,353.
l			1,525.
m			19,401.
n			1,761.
o			391.

2 Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 If (loss), enter "-0-" in Part I, line 7 }	2	11,516,804.
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). If (loss), enter "-0-" in Part I, line 8	3	N/A

Part XV Supplementary Information**3 Grants and Contributions Paid During the Year (Continuation)**

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
AMERICAN RED CROSS LOS ANGELES REGION 11355 OHIO AVE. LOS ANGELES, CA 90025	N/A	PC	PREPARELA 2.0: PREPAREDNESS, HEALTH AND RESILIENCY	300,000.
CALIFORNIA COMMUNITY FOUNDATION 221 S. FIGUEROA ST., SUITE 400 LOS ANGELES, CA 90012	N/A	PC	THANK YOU CONTRIBUTION	5,000.
CALIFORNIA SCIENCE CENTER FOUNDATION 700 EXPOSITION PARK DRIVE LOS ANGELES, CA 90037	N/A	PC	SCIENCE EDUCATION	5,000.
CAMBODIAN ASSOCIATION OF AMERICA 2390 PACIFIC AVE. LONG BEACH, CA 90806	N/A	PC	ASIAN/PACIFIC ISLANDER STRENGTH-BASED COMMUNITY WELLNESS PROGRAM	100,000.
CANCER SUPPORT COMMUNITY - PASADENA 76 E. DEL MAR BLVD., SUITE 215 PASADENA, CA 91105	N/A	PC	THANK YOU CONTRIBUTION	10,000.
CASA TREATMENT CENTER 160 N EL MOLINO AVE. PASADENA, CA 91101	N/A	PC	EFFICIENCY PROJECT PHASE IV	50,000.
CHADWICK SCHOOL 26800 S. ACADEMY DRIVE PALOS VERDES PENINSULA, CA 90274	N/A	PC	STUDENT SCHOLARSHIPS	5,000.
CHILDREN'S BUREAU 1910 MAGNOLIA AVE. LOS ANGELES, CA 90007	N/A	PC	CHILDREN'S BUREAU'S ANNUAL APPEAL	5,000.
CHILDREN'S BURN FOUNDATION 5000 VAN NUYS BLVD., SUITE 210 SHERMAN OAKS, CA 91403	N/A	PC	POST-DISCHARGE NEEDS OF BURNED CHILDREN	2,500.
COMMUNITY HEALTH COUNCILS 3731 STOCKER ST., SUITE 201 LOS ANGELES, CA 90008	N/A	PC	YOUTH OF COLOR WORKFORCE DEVELOPMENT PIPELINE PROJECT	49,267.
Total from continuation sheets				11,352,685.

Part XV Supplementary Information**3 Grants and Contributions Paid During the Year (Continuation)**

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
COMMUNITY HEALTH INITIATIVE OF ORANGE COUNTY 1505 E. 17TH STREET, SUITE 121 SANTA ANA, CA 92705	N/A	PC	COMMUNITY HEALTH ACCESS PROGRAM	100,000.
EXPERIENCE CAMPS P.O. BOX 5099 WESTPORT, CT 06881	N/A	PC	SUPPORT FOR GRIEVING CHILDREN	2,500.
H.O.P.E. 21231 HAWTHORNE BLVD. TORRANCE, CA 90503 HEALTHIMPACT	N/A	PC	HOUSING SERVICES PROGRAM	75,000.
663 13TH STREET, SUITE 300 OAKLAND, CA 94612	N/A	PC	ESTABLISH A STATEWIDE APPROACH TO ADVANCING INTERPROFESSIONAL EDUCATION AND COLLABORATIVE PRACTICE	51,590.
HEALTHY SMILES FOR KIDS OF ORANGE COUNTY 2101 E. 4TH STREET, SUITE 220 SANTA ANA, CA 92705	N/A	PC	VIRTUAL DENTAL HOME	100,000.
HEART RHYTHM SOCIETY 1325 G STREET NW, SUITE 400 WASHINGTON, DC 20005	N/A	PC	JAMES H. YOUNGBLOOD LEADERSHIP AWARD ENDOWMENT FUND	5,000.
HOPE BUILDERS 801 N. BROADWAY SANTA ANA, CA 92701	N/A	PC	HEALTHCARE TRAINING PROGRAM	50,000.
JVS SOCAL 6505 WILSHIRE BLVD., SUITE 200 LOS ANGELES, CA 90048	N/A	PC	HEALTHWORKS HEALTHCARE CAREER LADDERS	100,000.
LA BIOSCIENCE HUB 448 S. HILL ST., SUITE 618 LOS ANGELES, CA 90013	N/A	PC	CREATING OPPORTUNITIES AND ACCESS FOR LOS ANGELES HEALTH INNOVATION BUSINESSES AND WORKFORCE	53,500.
LOS ANGELES PARKS FOUNDATION 2650 N COMMONWEALTH AVENUE LOS ANGELES, CA 90027	N/A	PC	GIRLS PLAY LA INITIATIVE EXPANSION	100,000.
Total from continuation sheets				

Part XV Supplementary Information**3 Grants and Contributions Paid During the Year (Continuation)**

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
MASSACHUSETTS INSTITUTE OF TECHNOLOGY 600 MEMORIAL DR., 3RD FL CAMBRIDGE, MA 02139-4819	N/A	PC	KENNARD AND REEVES SCHOLARSHIP FUND	25,000.
PARTNERS FOR CHILDREN SOUTH LA 808 WEST 58TH STREET LOS ANGELES, CA 90037	N/A	PC	EARLY CHILDHOOD SYSTEM OF CARE	150,000.
PASADENA CHRISTIAN SCHOOL 1515 N. LOS ROBLES AVENUE PASADENA, CA 91104	N/A	PC	HEALTH RELATED EDUCATION AND PROGRAMMING	202.
PATH OF LIFE MINISTRIES 1240 PALMYRITA AVE SUITE A, RIVERSIDE, CA 92507 RIVERSIDE, CA 92507	N/A	PC	MAYORS INITIATIVE FOR ENDING HOMELESSNESS THROUGH HEALTH AND WHOLENESS	100,000.
PROJECT KINSHIP 2215 N. BROADWAY FL 2 SANTA ANA, CA 92706	N/A	PC	SANCTUARY OF HOPE	146,130.
PROYECTO PASTORAL 135 N. MISSION ROAD LOS ANGELES, CA 90033	N/A	PC	PROMESA BOYLE HEIGHTS WELLNESS INITIATIVE	52,484.
PUBLIC COUNSEL 601 S. ARDMORE AVE. LOS ANGELES, CA 90005	N/A	PC	FREE LEGAL SERVICES AND TRAINING FOR SAFETY NET HEALTHCARE PROVIDERS	67,500.
RADIANT HEALTH CENTERS 17982 SKY PARK CIRCLE, SUITE J IRVINE, CA 92614-6408	N/A	PC	MEDICALLY TAILORED MEALS (MTM) PILOT PROJECT	50,000.
RIDLEY-TREE CANCER CENTER 601 WEST JUNIPERO ST. SANTA BARBARA, CA 93105	N/A	PC	ART MEROVICK ENDOWMENT FOR PATIENT ASSISTANCE	20,000.
SCS NOONAN SCHOLARS 1414 S. GRAND AVE., SUITE 410 LOS ANGELES, CA 90015	N/A	PC	SUPPORT FOR SCS NOONAN SCHOLARS	5,000.
Total from continuation sheets				

Part XV Supplementary Information**3 Grants and Contributions Paid During the Year (Continuation)**

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
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	100,000.
ST. FRANCIS HIGH SCHOOL OF LA CANADA FLINTRIDGE 200 FOOTHILL BLVD LA CANADA, CA 91011	N/A	PC	THANK YOU CONTRIBUTION	10,000.
ST. JOHN'S WELL CHILD & FAMILY CENTER 808 WEST 58TH STREET LOS ANGELES, CA 90037	N/A	PC	PATIENT EXPERIENCE RE-DESIGN PROJECT	250,000.
THE GIVING BANK AT HOLY FAMILY CHURCH 1527 FREMONT AVE. SOUTH PASADENA, CA 91030	N/A	PC	THANK YOU CONTRIBUTION	10,000.
UNITED WAY OF GREATER LOS ANGELES 1150 S. OLIVE ST., SUITE T500 LOS ANGELES, CA 90015	N/A	PC	TO SUPPORT THE RONALD MCDONALD HOUSE CHARITIES OF SOUTHERN CALIFORNIA AND UNITED WAY CREATING PATHWAYS	25,000.
UNITE-LA 350 S. BIXEL STREET LOS ANGELES, CA 90017	N/A	PC	SOUTH LOS ANGELES SCHOLARS	100,000.
VENICE FAMILY CLINIC 604 ROSE AVE. VENICE, CA 90291	N/A	PC	VALUE BASED CARE	100,000.
VISTA DEL MAR CHILD AND FAMILY SERVICES 3200 MOTOR AVE. LOS ANGELES, CA 90034	N/A	PC	RESIDENTIAL TREATMENT REHABILITATION SERVICES FOR YOUTH	100,000.
WEINGART CENTER ASSOCIATION 566 S. SAN PEDRO ST. LOS ANGELES, CA 90013	N/A	PC	IMPROVING HOMELESS CLIENT OUTCOMES THROUGH A CLINICALLY-BASED APPROACH	125,000.
WELLNEST 3031 S. VERMONT AVE. LOS ANGELES, CA 90007	N/A	PC	BUILDING SUCCESS CAPITAL CAMPAIGN	5,000.
Total from continuation sheets				

Part XV Supplementary Information**3 Grants and Contributions Paid During the Year (Continuation)**

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
WISE & HEALTHY AGING 1527 FOURTH ST., 2ND FLOOR SANTA MONICA, CA 90401	N/A	PC	CULTURAL COMPETENCY CAPACITY BUILDING: EVIDENCE-BASED ALZHEIMER'S DISEASE AND DEMENTIA SPECIALTY	77,847.
BEIT T'SHUVAH 8831 VENICE BLVD. LOS ANGELES, CA 90034	N/A	PC	THE ELAINE BRESLOW INSTITUTE INTERDISCIPLINARY AND COLLABORATIVE TRAINING PROGRAM	300,000.
BET TZEDEK 3250 WILSHIRE BLVD., 13TH FLOOR LOS ANGELES, CA 90010	N/A	PC	AGING WITH DIGNITY MEDICAL LEGAL PARTNERSHIP	250,000.
CALIFORNIA HOSPITAL MEDICAL CENTER 1401 S. GRAND AVE. LOS ANGELES, CA 90015	N/A	PC	TRANSITION TO WELLNESS PROJECT	73,989.
CALIFORNIA HOSPITAL MEDICAL CENTER FOUNDATION 1401 S. GRAND AVE. LOS ANGELES, CA 90015	N/A	PC	THANK YOU CONTRIBUTION	10,000.
CANCER SUPPORT COMMUNITY - PASADENA 76 E. DEL MAR BLVD., SUITE 215 PASADENA, CA 91105	N/A	PC	COMMUNITY PARTNERSHIPS OUTREACH	50,000.
CHARLES DREW UNIVERSITY COLLEGE OF MEDICINE CDU/UCLA MEDICAL EDUCATION PROGRAM 1731 EAST 120TH ST. LOS ANGELES, CA 90059	N/A	PC	MEDICAL STUDENT SCHOLARSHIP (2018-2019)	55,000.
CHILDREN'S HOSPITAL LOS ANGELES 4650 SUNSET BLVD., #1 LOS ANGELES, CA 90027	N/A	PC	INFANT-FAMILY MENTAL HEALTH FROM HOSPITAL TO COMMUNITY	296,762.
CHILDREN'S HOSPITAL OF ORANGE COUNTY 1201 W. LA VETA AVE. ORANGE, CA 92868	N/A	PC	DEVELOPMENT AND IMPLEMENTATION OF A REPLICABLE MENTAL HEALTH INSTITUTE	301,238.
CSU INSTITUTE FOR PALLIATIVE CARE 333 S. TWIN OAKS VALLEY ROAD SAN MARCOS, CA 92078	N/A	PC	CARE EXCELLENCE FOR HOSPITAL CASE MANAGERS	100,000.
Total from continuation sheets				

Part XV Supplementary Information**3 Grants and Contributions Paid During the Year (Continuation)**

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
DAVID GEFFEN SCHOOL OF MEDICINE AT UCLA HEALTH SCIENCES DEVELOPMENT BOX 951784, 3132 PVUB LOS ANGELES, CA 90095-1784	N/A	PC	MEDICAL STUDENT SCHOLARSHIP (2018-2019)	55,000.
DAVID GEFFEN SCHOOL OF MEDICINE AT UCLA BOX 951722, 885 TIVERTON DR. #400 LOS ANGELES, CA 90095-1722	N/A	PC	MEDICAL STUDENT SCHOLARSHIP (2019-2020)	55,000.
DIGNITY HEALTH 1401 S. GRAND AVE. LOS ANGELES, CA 90015	N/A	PC	CULTURAL TRAUMA AND MENTAL HEALTH RESILIENCY	640,000.
ESPERANZA COMMUNITY HOUSING CORPORATION 3655 S. GRAND AVE. SUITE 280 LOS ANGELES, CA 90007	N/A	PC	HEALTHY BREATHING - CREATING A SUSTAINABLE ASTHMA INTERVENTION PLAN FOR SOUTH LOS ANGELES	404,185.
GOOD SAMARITAN HOSPITAL 1225 WILSHIRE BLVD. LOS ANGELES, CA 90017	N/A	PC	COMPLEX HEALTHCARE COORDINATION AND PALLIATIVE CARE AT GOOD SAMARITAN HOSPITAL	158,502.
GOOD SAMARITAN HOSPITAL 1225 WILSHIRE BLVD. LOS ANGELES, CA 90017	N/A	PC	COMPLEX HEALTHCARE COORDINATION AND PALLIATIVE CARE AT GOOD SAMARITAN HOSPITAL	158,502.
HELUNA HEALTH 13300 CROSSROADS PARKWAY NORTH, SUITE 450 CITY OF INDUSTRY, CA 91746	N/A	PC	STOPPING DIABETES IN ITS TRACKS	250,000.
HOPE STREET FAMILY CENTER CALIFORNIA HOSPITAL MEDICAL CENTER 1401 S. GRAND AVE. LOS ANGELES, CA 90015	N/A	PC	THANK YOU CONTRIBUTION	10,000.
HUNTINGTON HOSPITAL 100 W. CALIFORNIA BLVD. PASADENA, CA 91105	N/A	PC	PASADENA TRAUMA-INFORMED CARE INITIATIVE	251,854.
HUNTINGTON HOSPITAL 100 W. CALIFORNIA BLVD. PASADENA, CA 91105	N/A	PC	THANK YOU CONTRIBUTION	5,000.
Total from continuation sheets				

Part XV Supplementary Information**3 Grants and Contributions Paid During the Year (Continuation)**

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
KECK SCHOOL OF MEDICINE OF USC HEALTH SCIENCES CAMPUS 1540 ALCAZAR ST., BLDG. #255 LOS ANGELES, CA 90033	N/A	PC	PHYSICIAN WELLNESS INITIATIVE - RESIDENT AND FACULTY WELLNESS	100,000.
KECK SCHOOL OF MEDICINE OF USC 1975 ZONAL AVE., LOS ANGELES, CA 90033	N/A	PC	MEDICAL STUDENT SCHOLARSHIP (2018-2019)	55,000.
KECK SCHOOL OF MEDICINE OF USC HEALTH SCIENCES CAMPUS 1540 ALCAZAR ST., BLDG. #255 LOS ANGELES, CA 90033	N/A	PC	MEDICAL STUDENT SCHOLARSHIP (2019-2020)	55,000.
LOMA LINDA UNIVERSITY SCHOOL OF MEDICINE 11175 CAMPUS ST. LOMA LINDA, CA 92350	N/A	PC	MEDICAL STUDENT SCHOLARSHIP (2018-2019)	55,000.
LOMA LINDA UNIVERSITY SCHOOL OF MEDICINE 11175 CAMPUS ST. COLEMAN PAVILION A1116 LOMA LINDA, CA 92350	N/A	PC	MEDICAL STUDENT SCHOLARSHIP (2019-2020)	55,000.
MATTEL CHILDREN'S HOSPITAL AT UCLA CHIEF EXECUTIVE OFFICER, UCLA HOSPITAL SYSTEM 757 WESTWOOD PLAZA, SUITE 1320 LOS ANGELES, CA 90095	N/A	PC	UPSTREAM OBESITY SOLUTIONS	250,000.
MENDEZ NATIONAL INSTITUTE OF TRANSPLANTATION FOUNDATION S. MARK TAPER FOUNDATION TRANSPLANT CENTER 2200 W. 3RD ST., SUITE 390 LOS ANGELES, CA 90057	N/A	PC	THE ADVANCEMENT OF THE ART AND SCIENCE OF ORGAN TRANSPLANTATION	1,500.
MENDEZ NATIONAL INSTITUTE OF TRANSPLANTATION FOUNDATION S. MARK TAPER FOUNDATION TRANSPLANT CENTER 2200 W. 3RD ST., SUITE 390 LOS ANGELES, CA 90057	N/A	PC	THE ADVANCEMENT OF THE ART AND SCIENCE OF ORGAN TRANSPLANTATION	2,500.
MENDEZ NATIONAL INSTITUTE OF TRANSPLANTATION FOUNDATION S. MARK TAPER FOUNDATION TRANSPLANT CENTER 2200 W. 3RD ST., SUITE 100 LOS ANGELES, CA 90057	N/A	PC	THANK YOU CONTRIBUTION	10,000.
PARKTREE COMMUNITY HEALTH CENTER 1450 EAST HOLT AVE. POMONA, CA 91767	N/A	PC	POMONA COMMUNITY HEALTH CENTER EXPANSION OF SERVICES	307,975.
Total from continuation sheets				

Part XV Supplementary Information**3 Grants and Contributions Paid During the Year (Continuation)**

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
PATH 340 N. MADISON AVE. LOS ANGELES, CA 90004	N/A	PC	BRIDGE TO HEALTH AND HOUSING	150,000.
PATH 340 N. MADISON AVE. LOS ANGELES, CA 90004	N/A	PC	THANK YOU CONTRIBUTION	5,000.
PIH FOUNDATION 12401 WASHINGTON BLVD. WHITTIER, CA 90602	N/A	PC	THANK YOU CONTRIBUTION	10,000.
PROVIDENCE LITTLE COMPANY OF MARY MEDICAL CENTER SAN PEDRO VALLEY REGIONAL OFFICE 501 S. BUENA VISTA ST. BURBANK, CA 91505	N/A	PC	COMPLEX CARE MANAGEMENT PROGRAM	318,961.
PROVIDENCE LITTLE COMPANY OF MARY MEDICAL CENTER SAN PEDRO 1300 W. 7TH ST. SAN PEDRO, CA 90732	N/A	PC	THANK YOU CONTRIBUTION	10,000.
PROVIDENCE ST. JOSEPH HEALTH, SOUTHERN CALIFORNIA 3345 MICHELSON DR., SUITE 100 IRVINE, CA 92612	N/A	PC	THANK YOU CONTRIBUTION	5,000.
PROVIDENCE TRINITYCARE HOSPICE 5315 TORRANCE BLVD., SUITE B-1 TORRANCE, CA 90503	N/A	PC	PROVIDENCE HOSPICE AND PALLIATIVE CARE FELLOWSHIP AND RESIDENCY	200,000.
SANTA BARBARA COTTAGE HOSPITAL P.O. BOX 689 PUEBLO AT BATH STREET SANTA BARBARA, CA 93102	N/A	PC	COTTAGE CONCUSSION CLINIC	160,000.
SANTA BARBARA COTTAGE HOSPITAL P.O. BOX 689 PUEBLO AT BATH STREET SANTA BARBARA, CA 93102	N/A	PC	MEDICAL RESPITE PROGRAM	203,344.
SANTA BARBARA COTTAGE HOSPITAL P.O. BOX 689 PUEBLO AT BATH STREET SANTA BARBARA, CA 93102	N/A	PC	THANK YOU CONTRIBUTION	10,000.
Total from continuation sheets				

Part XV Supplementary Information**3 Grants and Contributions Paid During the Year (Continuation)**

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
SOUTHSIDE COALITION OF COMMUNITY HEALTH CENTERS 1400 S. GRAND AVE., SUITE 711 LOS ANGELES, CA 90015	N/A	PC	CARE COORDINATION PROJECT	150,710.
ST. CAMILLUS CENTER FOR SPIRITUAL CARE 1911 ZONAL AVE. LOS ANGELES, CA 90033	N/A	PC	CLINICAL PASTORAL EDUCATION PROGRAM AT LAC USC MEDICAL CENTER	100,000.
ST. JOSEPH HOAG HEALTH 101 E. VALENCIA MESA DRIVE FULLERTON, CA 92835	N/A	PC	STREET2HOME	415,260.
ST. MARY MEDICAL CENTER 1050 LINDEN AVE. LONG BEACH, CA 90813-3321	N/A	PC	LONG BEACH HEALTHLINK	211,280.
UC DAVIS SCHOOL OF MEDICINE ONE SHIELDS AVE, 2ND FLOOR DAVIS, CA 95616	N/A	PC	MEDICAL STUDENT SCHOLARSHIP (2018-2019)	55,000.
UC DAVIS SCHOOL OF MEDICINE ONE SHIELDS AVE, 2ND FLOOR DAVIS, CA 95616	N/A	PC	MEDICAL STUDENT SCHOLARSHIP (2019-2020)	55,000.
UC RIVERSIDE SCHOOL OF MEDICINE 900 UNIVERSITY AVE. SCHOOL OF MEDICINE EDUCATION BUILDING RIVERSIDE, CA 92521	N/A	PC	MEDICAL STUDENT SCHOLARSHIP (2018-2019)	55,000.
UC RIVERSIDE SCHOOL OF MEDICINE 900 UNIVERSITY AVE. 2672 SOM EDUCATION BUILDING RIVERSIDE, CA 92521	N/A	PC	MEDICAL STUDENT SCHOLARSHIP (2019-2020)	55,000.
UCI SCHOOL OF MEDICINE 333 CITY BLVD W, SUITE 605 ORANGE, CA 92868	N/A	PC	MEDICAL STUDENT SCHOLARSHIP (2018-2019)	55,000.
UCI SCHOOL OF MEDICINE 1001 HEALTH SCIENCES ROAD 240 IRVINE HALL IRVINE, CA 92697	N/A	PC	SOCIAL WORK INTERVENTION FOR TRANSFORMING DEMENTIA HEALTH CARE: SWIFT-DC	125,000.
Total from continuation sheets				

Part XV Supplementary Information**3 Grants and Contributions Paid During the Year (Continuation)**

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
UCI SCHOOL OF MEDICINE 141 INNOVATION, SUITE 250 IRVINE, CA 92697	N/A	PC	MEDICAL STUDENT SCHOLARSHIP (2019-2020)	55,000.
UCLA FAMILY MEDICINE BOX 957197 LOS ANGELES, CA 90095	N/A	PC	INTERNATIONAL MEDICAL GRADUATE (IMG) PROGRAM (2018-2019): SUSTAINABILITY AND PROGRAM EXPANSION	100,000.
UCLA HEALTH CHIEF EXECUTIVE OFFICER, UCLA HOSPITAL SYSTEM 757 WESTWOOD PLAZA, SUITE 1320 LOS ANGELES, CA 90095	N/A	PC	REACHING OUT TO A RURAL AREA PROVIDING HIGH RISK INFANT FOLLOW-UP WITH TELEHEALTH	266,500.
UCLA HEALTH PROFESSOR OF MEDICINE/GERIATRICS 10945 LE CONTE AVE., SUITE 2339 LOS ANGELES, CA 90095	N/A	PC	OPTIMIZING CARE MANAGER EFFICIENCY AND PATIENT-CAREGIVER ENGAGEMENT IN THE UCLA ALZHEIMER'S AND	159,915.
UCLA HEALTH BOX 957085, 12-138 CHS SANTA MONICA, CA 90095-7085	N/A	PC	DEVELOPING A MENTAL HEALTH MODEL FOR PEDIATRIC PALLIATIVE CARE/PROJECT CARE (COMFORT AND	217,568.
UCLA HEALTH BOX 957085, 12-138 CHS SANTA MONICA, CA 90095-7085	N/A	PC	THANK YOU CONTRIBUTION	5,000.
UCLA HEALTH SOUND BODY SOUND MIND 11100 SANTA MONICA BLVD, SUITE 1910 LOS ANGELES, CA 90025	N/A	PC	HUNTINGTON PARK COMMUNITY HEALTH IMPROVEMENT PROJECT	212,500.
UCSD SCHOOL OF MEDICINE 9500 GILMAN DRIVE, #0606 LA JOLLA, CA 92093	N/A	PC	MEDICAL STUDENT SCHOLARSHIP (2018-2019)	55,000.
UCSD SCHOOL OF MEDICINE 9500 GILMAN DRIVE, #0606 LA JOLLA, CA 92093	N/A	PC	MEDICAL STUDENT SCHOLARSHIP (2019-2020)	55,000.
UCSF SCHOOL OF MEDICINE UNIVERSITY DEVELOPMENT AND ALUMNI RELATIONS 220 MONTGOMERY STREET, 5TH FLOOR SAN FRANCISCO, CA 94104	N/A	PC	MEDICAL STUDENT SCHOLARSHIP (2018-2019)	55,000.
Total from continuation sheets				

Part XV Supplementary Information**3 Grants and Contributions Paid During the Year (Continuation)**

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
UCSF SCHOOL OF MEDICINE UNIVERSITY DEVELOPMENT AND ALUMNI RELATIONS 220 MONTGOMERY ST., 5TH FLOOR SAN FRANCISCO, CA 94104	N/A	PC	MEDICAL STUDENT SCHOLARSHIP (2019-2020)	55,000.
USC LEONARD DAVIS SCHOOL OF GERONTOLOGY 3715 MCCLINTOCK AVE., SUITE 110 LOS ANGELES, CA 90089	N/A	PC	KETH RENKEN ENDOWED SCHOLARSHIP FUND	10,000.
USC NORRIS COMPREHENSIVE CANCER CENTER HEALTH SCIENCES CAMPUS NRT 511 B 1450 BIGGY STREET LOS ANGELES, CA 90089	N/A	PC	C4-SPA4 (COMPREHENSIVE CANCER CONTROL COALITION IN SERVICE PLANNING AREA 4)	140,888.
USC NORRIS COMPREHENSIVE CANCER CENTER HEALTH SCIENCES CAMPUS NRT 511 B 1450 BIGGY STREET LOS ANGELES, CA 90089	N/A	PC	PRECISION ONCOLOGY PROGRAM	339,607.
VIP COMMUNITY MENTAL HEALTH CENTER 1721 GRIFFIN AVE. LOS ANGELES, CA 90031	N/A	PC	ENHANCING MEDICAL SERVICES IN ADOLESCENT CARE & TRANSITION (ACT) CLINIC	158,125.
WESTERNU COLLEGE OF OSTEOPATHIC MEDICINE OF THE PACIFIC 309 E. SECOND ST. POMONA, CA 91766	N/A	PC	MEDICAL STUDENT SCHOLARSHIP (2018-2019)	55,000.
WESTERNU COLLEGE OF OSTEOPATHIC MEDICINE OF THE PACIFIC 309 EAST SECOND STREET POMONA, CA 91766 POMONA, CA 91766	N/A	PC	MEDICAL STUDENT SCHOLARSHIP (2019-2020)	55,000.
WHITE MEMORIAL OTOLARYNGOLOGY FOUNDATION 1700 E. CESAR CHAVEZ AVE., SUITE 2300 LOS ANGELES, CA 90033	N/A	PC	MEDICAL SERVICES IN AN UNDSERVED COMMUNITY	2,500.
Total from continuation sheets				

Part XV Supplementary Information**3 Grants and Contributions Approved for Future Payment (Continuation)**

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
RADIANT HEALTH CENTERS 17982 SKY PARK CIRCLE, SUITE J IRVINE, CA 92614-6408	N/A	PC	MEDICALLY TAILORED MEALS (MTM) PILOT PROJECT	50,000.
ALZHEIMER'S GREATER LOS ANGELES 4221 WILSHIRE BLVD., SUITE 400 LOS ANGELES, CA 90010	N/A	PC	THE SAVVY CAREGIVER: TRANSLATION, TRANSFORMATION, AND FEASIBILITY OF EVIDENCE-BASED PROGRAM	200,000.
COMMUNITY HEALTH COUNCILS 3731 STOCKER ST., SUITE 201 LOS ANGELES, CA 90008	N/A	PC	YOUTH OF COLOR WORKFORCE DEVELOPMENT PIPELINE PROJECT	250,733.
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.
PATH OF LIFE MINISTRIES 1240 PALMYRITA AVE SUITE A RIVERSIDE, CA 92507	N/A	PC	MAYORS INITIATIVE FOR ENDING HOMELESSNESS THROUGH HEALTH AND WHOLENESS	200,000.
UCI SCHOOL OF MEDICINE 1001 HEALTH SCIENCES ROAD 240 IRVINE HALL IRVINE, CA 92697	N/A	PC	SOCIAL WORK INTERVENTION FOR TRANSFORMING DEMENTIA HEALTH CARE: SWIFT-DC	250,000.
HERALD CHRISTIAN HEALTH CENTER 8841 GARVEY AVE. ROSEMEAD, CA 91770	N/A	PC	INTEGRATION OF SOCIAL SERVICES IN A PRIMARY CARE SETTING	75,000.
CITRUS VALLEY HEALTH FOUNDATION PO BOX 2499 WEST COVINA, CA 91793	N/A	PC	NUTRITION FOR LIFE	500,000.
HAYNES FAMILY OF PROGRAMS 233 W. BASELINE RD., BOX 400 LA VERNE, CA 91750	N/A	PC	TRAUMA-INFORMED ARTS ENRICHMENT PROGRAM	224,319.
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	210,000.
Total from continuation sheets				4,697,148.

Part XV Supplementary Information**3 Grants and Contributions Approved for Future Payment (Continuation)**

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
GOOD SAMARITAN HOSPITAL 1225 WILSHIRE BLVD. LOS ANGELES, CA 90017	N/A	PC	COMPLEX HEALTHCARE COORDINATION AND PALLIATIVE CARE AT GOOD SAMARITAN HOSPITAL	207,996.
CALIFORNIA HEALTH FOUNDATION & TRUST 1215 K STREET SACRAMENTO, CA 95814	N/A	PC	COMMUNITIES LIFTING COMMUNITIES: A COMMUNITY HEALTH IMPROVEMENT INITIATIVE FOCUSED ON REDUCING	200,000.
DOWNTOWN WOMEN'S CENTER 442 S. SAN PEDRO ST. LOS ANGELES, CA 90013	N/A	PC	AGING IN PLACE FOR FORMERLY HOMELESS WOMEN	150,000.
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.
INNER CITY LAW CENTER 1309 EAST SEVENTH STREET LOS ANGELES, CA 90021	N/A	PC	HEALTH AND HOUSING INFRASTRUCTURE EXPANSION PROJECT	300,000.
UCLA DEVELOPMENT UCLA DEVELOPMENT 10920 WILSHIRE BLVD., SUITE 1508 LOS ANGELES, CA 90024	N/A	PC	COMMUNITY-BASED CLINICAL EDUCATION PROGRAM	749,100.
WELLNEST 3031 S. VERMONT AVE. LOS ANGELES, CA 90007	N/A	PC	DAY TREATMENT INTENSIVE PROGRAM	150,000.
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.
NONPROFIT FINANCE FUND HEADQUARTERS 5 HANOVER SQUARE, 9TH FLOOR NEW YORK, NY 10004	N/A	PC	THE ACCLERATING PERMANENT SUPPORTIVE HOUSNG (APSH) FUND	750,000.
Total from continuation sheets				

Part XV | **Supplementary Information****3a Grants and Contributions Paid During the Year Continuation of Purpose of Grant or Contribution**

NAME OF RECIPIENT - ALZHEIMER'S GREATER LOS ANGELES

THE SAVVY CAREGIVER: TRANSLATION, TRANSFORMATION, AND FEASIBILITY OF

EVIDENCE-BASED PROGRAM FOR DEMENTIA CAREGIVERS

NAME OF RECIPIENT - SOUTHERN CALIFORNIA GRANTMAKERS

PROGRAM DESIGN FOR PHILANTHROPIC FOUNDATIONS ON (1) DISASTER

RELIEF/PREPAREDNESS FUNDING STRATEGIES AND (2) VETERAN HEALTH

NAME OF RECIPIENT - UNITED WAY OF GREATER LOS ANGELES

TO SUPPORT THE RONALD MCDONALD HOUSE CHARITIES OF SOUTHERN CALIFORNIA

AND UNITED WAY CREATING PATHWAYS OUT OF POVERTY

NAME OF RECIPIENT - WISE & HEALTHY AGING

CULTURAL COMPETENCY CAPACITY BUILDING: EVIDENCE-BASED ALZHEIMER'S

DISEASE AND DEMENTIA SPECIALTY COURSE

NAME OF RECIPIENT - UCLA FAMILY MEDICINE

INTERNATIONAL MEDICAL GRADUATE (IMG) PROGRAM (2018-2019):

SUSTAINABILITY AND PROGRAM EXPANSION PROJECT

NAME OF RECIPIENT - UCLA HEALTH

OPTIMIZING CARE MANAGER EFFICIENCY AND PATIENT-CAREGIVER ENGAGEMENT IN

THE UCLA ALZHEIMER'S AND DEMENTIA CARE PROGRAM

NAME OF RECIPIENT - UCLA HEALTH

DEVELOPING A MENTAL HEALTH MODEL FOR PEDIATRIC PALLIATIVE CARE/PROJECT

CARE (COMFORT AND REFLECTIVE EXPRESSION)

Part XV | **Supplementary Information**

3b Grants and Contributions Approved for Future Payment Continuation of Purpose of Grant or Contribution

NAME OF RECIPIENT - ALZHEIMER'S GREATER LOS ANGELES

THE SAVVY CAREGIVER: TRANSLATION, TRANSFORMATION, AND FEASIBILITY OF
EVIDENCE-BASED PROGRAM FOR DEMENTIA CAREGIVERS

NAME OF RECIPIENT - CALIFORNIA COMMUNITY FOUNDATION

NSI: SUPPORTING NON-PROFITS, PARTICULARLY HEALTH AND HUMAN SERVICES
ORGANIZATIONS, REACH STRATEGIC ALLIANCES

NAME OF RECIPIENT - CALIFORNIA HEALTH FOUNDATION & TRUST

COMMUNITIES LIFTING COMMUNITIES: A COMMUNITY HEALTH IMPROVEMENT
INITIATIVE FOCUSED ON REDUCING DISPARITIES AND IMPROVING COMMUNITY
HEALTH IN THE SOUTHERN CALIFORNIA REGION

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

Name of the organization

UNIHEALTH FOUNDATION

Employer identification number

95-5004033

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)() (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

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

Name of organization UNIHEALTH FOUNDATION	Employer identification number 95-5004033
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	CEDARS-SINAI MEDICAL CENTER 8700 BEVERLY BOULEVARD LOS ANGELES, CA 90048	\$ 250,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization UNIHEALTH FOUNDATION	Employer identification number 95-5004033
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

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

Name of organization UNIHEALTH FOUNDATION	Employer identification number 95-5004033
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

FORM 990-PF

OTHER PROFESSIONAL FEES

STATEMENT 5

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
INVESTMENT ADVISORS	200,000.	200,000.		0.
CUSTODIAL FEES	79,482.	79,482.		0.
INVESTMENT MANAGEMENT FEES	3,278,623.	3,278,623.		0.
CONSULTANTS	1,235.	0.		1,235.
RECORD STORAGE	991.	0.		991.
MAINTENANCE	55,907.	2,238.		53,669.
MISC SERVICE FEES	12,171.	8,299.		3,872.
TO FORM 990-PF, PG 1, LN 16C	3,628,409.	3,568,642.		59,767.

FORM 990-PF

TAXES

STATEMENT 6

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
CURRENT SECTION 4940				
EXCISE TAX EXPENSE	386,383.	0.		0.
STATE TAXES	235.	235.		0.
PAYROLL TAXES	90,154.	9,677.		80,477.
BUSINESS TAXES	409.	409.		0.
TO FORM 990-PF, PG 1, LN 18	477,181.	10,321.		80,477.

FORM 990-PF

OTHER EXPENSES

STATEMENT 7

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
INSURANCE	78,867.	31,134.		47,733.
OFFICE EXPENSE	20,127.	1,525.		18,602.
PROFESSIONAL DEVELOPMENT	4,835.	0.		4,835.
OTHER GRANT RELATED EXPENSES	219,837.	0.		219,837.
TO FORM 990-PF, PG 1, LN 23	323,666.	32,659.		291,007.

FORM 990-PF

CORPORATE STOCK

STATEMENT 8

DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE
WILLIAM BLAIR INTL	12,867,969.	12,867,969.
PAAMCO	205,650.	205,650.
WAMCO	13,239,515.	13,239,515.
VAUGHAN NELSON	10,865,826.	10,865,826.
EUROPACIFIC GROWTH	14,868,772.	14,868,772.
LAZARD EM	4,410,978.	4,410,978.
PAYDEN EM INCOME	8,441,295.	8,441,295.
HS MGMT EQ	24,717,622.	24,717,622.
PIMCO COMMODITY REAL RETURN FD	3,283,797.	3,283,797.
MATTHEWS PACIFIC TIGER	4,167,197.	4,167,197.
COHEN & STEERS INSTL REALTY	9,062,355.	9,062,355.
FIDELITY 500 INDEX FUND	46,141,950.	46,141,950.
TOTAL TO FORM 990-PF, PART II, LINE 10B	152,272,926.	152,272,926.

FORM 990-PF

CORPORATE BONDS

STATEMENT 9

DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE
BRANDYWINE FX	8,713,756.	8,713,756.
PIMCO TOTAL RETURN	16,690,255.	16,690,255.
TOTAL TO FORM 990-PF, PART II, LINE 10C	25,404,011.	25,404,011.

FORM 990-PF

OTHER INVESTMENTS

STATEMENT 10

DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
JP MORGAN TRANSFER ACCT	FMV	49,074.	49,074.
RLH INVESTORS II, LP	FMV	625,216.	625,216.
OAKTREE FUND IV	FMV	46,007.	46,007.
OCM FUND VII	FMV	121,009.	121,009.
OAK HILL CAPITAL	FMV	853,417.	853,417.
SIGULAR GUFF BRIC FUND II	FMV	1,333,833.	1,333,833.
OCM OPPORTUNITES FUND VII(B)	FMV	53,281.	53,281.
GOLDENTREE OFFSHORE FUND	FMV	2,535,542.	2,535,542.
KING STREET CAPITAL LTD	FMV	2,399,006.	2,399,006.
OHA EURO CREDIT FUND	FMV	470,497.	470,497.
BLACKSTONE RE VII	FMV	2,754,999.	2,754,999.
BLACKSTONE FUND OF FUNDS	FMV	9,480,831.	9,480,831.
RLH INVESTORS III, LP	FMV	3,889,430.	3,889,430.
CRESCENT CAPITAL HIGH INCOME FD	FMV	8,245,606.	8,245,606.
ROBECO BOSTON PARTNERS	FMV	10,878,657.	10,878,657.
SLIVER LAKE IV	FMV	6,654,410.	6,654,410.
METROPOLITAN WEST TOTAL RETURN	FMV	16,459,572.	16,459,572.
TEMPLETON GLOBAL	FMV	9,004,351.	9,004,351.
NEW MOUNTAIN PARTNERS IV	FMV	3,639,829.	3,639,829.
INDUSTRY VENTURES IV	FMV	2,316,044.	2,316,044.
PRINCIPAL DIVERS REAL ASSETS	FMV	2,744,550.	2,744,550.
SANDERSON INTL VALUE FUND	FMV	15,772,900.	15,772,900.
DOUBLELINE	FMV	11,053,304.	11,053,304.
RLH INVESTORS IV LP	FMV	966,385.	966,385.
NEW MOUNTAIN PARTNERS V	FMV	2,199,565.	2,199,565.
TRIDENT VII	FMV	2,496,263.	2,496,263.
SILVER LAKE V	FMV	1,382,059.	1,382,059.
CENTERBRIDGE REAL ESTATE FUND	FMV	750,148.	750,148.
SVB STRATEGIC INVESTORS IX	FMV	337,296.	337,296.
ALTAS PARTNERS II	FMV	1,214,851.	1,214,851.
ROYCE INTERNATIONAL FUND	FMV	2,791,641.	2,791,641.
JP MORGAN SLP III	FMV	1,532,013.	1,532,013.
RIALTO REF III - PROPERTY	FMV	692,003.	692,003.
RIALTO REF III - DEBT	FMV	1,625,268.	1,625,268.
TOTAL TO FORM 990-PF, PART II, LINE 13		127,368,857.	127,368,857.

FORM 990-PF

DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT

STATEMENT 11

DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
EQUIPMENT	46,327.	43,323.	3,004.
COMPUTER SOFTWARE	10,519.	10,519.	0.
LEASEHOLD IMPROVEMENT	30,027.	6,817.	23,210.
TOTAL TO FM 990-PF, PART II, LN 14	86,873.	60,659.	26,214.

FORM 990-PF

OTHER ASSETS

STATEMENT 12

DESCRIPTION	BEGINNING OF YR BOOK VALUE	END OF YEAR BOOK VALUE	FAIR MARKET VALUE
DEFERRED COMPENSATION INVESTMENTS	648,327.	649,133.	649,133.
DEPOSITS	9,165.	9,665.	9,665.
PROGRAM RELATED INVESTMENTS	0.	750,000.	750,000.
TOTAL TO FORM 990-PF, PART II, LINE 15	657,492.	1,408,798.	1,408,798.

FORM 990-PF

OTHER LIABILITIES

STATEMENT 13

DESCRIPTION	BOY AMOUNT	EOY AMOUNT
DEFERRED RENT	85,368.	72,235.
DEFERRED TAX LIABILITY	196,929.	0.
EMPLOYEE SETTLEMENT	223,438.	210,410.
DEFERRED COMPENSATION LIABILITY	648,327.	649,133.
TOTAL TO FORM 990-PF, PART II, LINE 22	1,154,062.	931,778.

FORM 990-PF

PART VIII - LIST OF OFFICERS, DIRECTORS
TRUSTEES AND FOUNDATION MANAGERS

STATEMENT 14

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
BRADLEY C. CALL 800 WILSHIRE BLVD, SUITE 1300 LOS ANGELES, CA 90017	CHAIRMAN & CEO 20.00	200,000.	24,000.	9,600.
DAVID S. CANNOM, MD 800 WILSHIRE BLVD, SUITE 1300 LOS ANGELES, CA 90017	DIRECTOR 3.00	27,750.	0.	0.
DAVID R. CARPENTER 800 WILSHIRE BLVD, SUITE 1300 LOS ANGELES, CA 90017	DIRECTOR 3.00	32,250.	0.	0.
PATRICK C. HADEN 800 WILSHIRE BLVD, SUITE 1300 LOS ANGELES, CA 90017	DIRECTOR 3.00	32,750.	0.	0.
LYDIA H. KENNARD 800 WILSHIRE BLVD, SUITE 1300 LOS ANGELES, CA 90017	DIRECTOR 3.00	29,750.	0.	0.
CHARLES C. REED 800 WILSHIRE BLVD, SUITE 1300 LOS ANGELES, CA 90017	DIRECTOR 3.00	34,750.	0.	0.
KEITH W. RENKEN 800 WILSHIRE BLVD, SUITE 1300 LOS ANGELES, CA 90017	DIRECTOR 3.00	31,750.	0.	0.
FRANK M. SANCHEZ, PHD 800 WILSHIRE BLVD, SUITE 1300 LOS ANGELES, CA 90017	DIRECTOR 3.00	29,000.	0.	0.
ROBERT G. SPLAWN, MD 800 WILSHIRE BLVD, SUITE 1300 LOS ANGELES, CA 90017	DIRECTOR 3.00	29,750.	0.	0.
AMY WOHL, PHD 800 WILSHIRE BLVD, SUITE 1300 LOS ANGELES, CA 90017	DIRECTOR 3.00	12,333.	0.	0.

JENNIFER VANORE
 800 WILSHIRE BLVD, SUITE 1300
 LOS ANGELES, CA 90017

PRESIDENT
 40.00

196,787.

30,105.

9,600.

KATHLEEN H. SALAZAR
 800 WILSHIRE BLVD, SUITE 1300
 LOS ANGELES, CA 90017

CFO
 40.00

231,875.

33,149.

0.

TOTALS INCLUDED ON 990-PF, PAGE 6, PART VIII

888,745.

87,254.

19,200.

FORM 990-PF

SUMMARY OF PROGRAM-RELATED INVESTMENTS

STATEMENT 15

DESCRIPTION

PROGRAM-RELATED INVESTMENT LOAN TO GENESIS LA ECONOMIC
 GROWTH CORPORATION TO SUPPORT THE RETHINK HOUSING PROGRAM
 WHICH TARGETS THE RESTORATION AND DEVELOPMENT OF SMALL
 HOUSING PROJECTS.

AMOUNT

TO FORM 990-PF, PART IX-B, LINE 1

750,000.

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

		Enter filer's identifying number
Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. UNIHEALTH FOUNDATION	Employer identification number (EIN) or 95-5004033
	Number, street, and room or suite no. If a P.O. box, see instructions. 800 WILSHIRE BLVD., SUITE 1300	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. LOS ANGELES, CA 90017	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 4

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

KATHLEEN SALAZAR

- The books are in the care of ▶ 800 WILSHIRE BLVD., STE 1300 - LOS ANGELES, CA 90017
Telephone No. ▶ 213 630-6500 Fax No. ▶ _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 6-month extension of time until AUGUST 15, 2020, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ▶ calendar year _____ or
 ▶ tax year beginning OCT 1, 2018, and ending SEP 30, 2019.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	499,410.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	449,410.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	50,000.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.