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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.

For calendar year 2021 or tax year beginning **OCT 1, 2021**, and ending **SEP 30, 2022**

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 (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 ... <input type="checkbox"/>
G Check all that apply: <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Address change <input type="checkbox"/> Name change		D 1. Foreign organizations, check here ... <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation ... <input type="checkbox"/>
H Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here ... <input type="checkbox"/>
I Fair market value of all assets at end of year (from Part II, col. (c), line 16) \$ 305,493,581.	J Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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 ... <input type="checkbox"/>

Part I Analysis of Revenue and Expenses <small>(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a).)</small>		(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	650,000.		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	5,418,003.	4,857,612.		STATEMENT 1
	5a Gross rents				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10	20,987,099.			
	b Gross sales price for all assets on line 6a	101,953,482.			
	7 Capital gain net income (from Part IV, line 2)		20,575,391.		
	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	67,254.	72,076.		STATEMENT 2	
12 Total. Add lines 1 through 11	27,122,356.	25,505,079.			
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc.	1,140,390.	366,655.		773,735.
	14 Other employee salaries and wages	526,083.	14,957.		511,126.
	15 Pension plans, employee benefits	354,970.	49,036.		305,934.
	16a Legal fees	14,135.	10,650.		3,485.
	b Accounting fees	80,544.	40,272.		40,272.
	c Other professional fees	3,699,479.	3,622,764.		76,715.
	17 Interest				
	18 Taxes	291,144.	1,144.		0.
	19 Depreciation and depletion	7,723.	7,723.		
	20 Occupancy	210,053.	24,804.		185,249.
	21 Travel, conferences, and meetings	9,499.	3,679.		5,820.
	22 Printing and publications				
	23 Other expenses	148,091.	38,267.		109,824.
	24 Total operating and administrative expenses. Add lines 13 through 23	6,482,111.	4,179,951.		2,012,160.
	25 Contributions, gifts, grants paid	19,807,383.			15,433,151.
26 Total expenses and disbursements. Add lines 24 and 25	26,289,494.	4,179,951.		17,445,311.	
27 Subtract line 26 from line 12:					
a Excess of revenue over expenses and disbursements ...	832,862.				
b Net investment income (if negative, enter -0-)		21,325,128.			
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	138,413.	124,805.	124,805.
	2 Savings and temporary cash investments	9,576,038.	2,789,024.	2,789,024.
	3 Accounts receivable	3,750.		
	Less: allowance for doubtful accounts		3,750.	3,750.
	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	124,812.	130,888.	130,888.
	10a Investments - U.S. and state government obligations			
	b Investments - corporate stock	STMT 8 212,516,002.	159,306,889.	159,306,889.
	c Investments - corporate bonds	STMT 9 64,660,348.	49,227,661.	49,227,661.
	11 Investments - land, buildings, and equipment: basis			
Less: accumulated depreciation				
12 Investments - mortgage loans				
13 Investments - other	STMT 10 87,852,269.	87,702,404.	87,702,404.	
14 Land, buildings, and equipment: basis	93,730.			
Less: accumulated depreciation	STMT 11 79,422.	18,701.	14,308.	
15 Other assets (describe)	STATEMENT 12 3,909,288.	6,193,852.	6,193,852.	
16 Total assets (to be completed by all filers - see the instructions. Also, see page 1, item I)	378,795,871.	305,493,581.	305,493,581.	
Liabilities	17 Accounts payable and accrued expenses	271,284.	199,638.	
	18 Grants payable	10,856,642.	15,230,874.	
	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 1,151,733.	923,163.	
23 Total liabilities (add lines 17 through 22)	12,279,659.	16,353,675.		
Net Assets or Fund Balances	Foundations that follow FASB ASC 958, check here	<input checked="" type="checkbox"/>		
	and complete lines 24, 25, 29, and 30.			
	24 Net assets without donor restrictions	360,935,387.	285,715,477.	
	25 Net assets with donor restrictions	5,580,825.	3,424,429.	
	Foundations that do not follow FASB ASC 958, check here	<input type="checkbox"/>		
	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	366,516,212.	289,139,906.		
30 Total liabilities and net assets/fund balances	378,795,871.	305,493,581.		

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	366,516,212.
2 Enter amount from Part I, line 27a	2	832,862.
3 Other increases not included in line 2 (itemize)	3	0.
4 Add lines 1, 2, and 3	4	367,349,074.
5 Decreases not included in line 2 (itemize) NET UNREALIZED LOSS ON INVESTMENTS	5	78,209,168.
6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 29	6	289,139,906.

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	101,953,482.		81,378,091.	20,575,391.

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) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	
a			
b			
c			
d			
e			20,575,391.

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 20,575,391.

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 N/A

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

1a Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1. Date of ruling or determination letter: _____ (attach copy of letter if necessary - see instructions)	1	296,419.
b All other domestic foundations enter 1.39% (0.0139) of line 27b. Exempt foreign organizations, enter 4% (0.04) 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	296,419.
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	296,419.
6 Credits/Payments:		
a 2021 estimated tax payments and 2020 overpayment credited to 2021	6a	429,647.
b Exempt foreign organizations - tax withheld at source	6b	0.
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	429,647.
8 Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached	8	0.
9 Tax due. If the total of lines 5 and 8 is more than 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	133,228.
11 Enter the amount of line 10 to be: Credited to 2022 estimated tax <input type="checkbox"/> 133,228. Refunded <input type="checkbox"/>	11	0.

Part VI-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?		X
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition 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.		X
c Did the foundation file Form 1120-POL for this year?		X
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?		X
If "Yes," attach a detailed description of the activities.		
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		X
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?	X	
b If "Yes," has it filed a tax return on Form 990-T for this year?	X	
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year?		X
If "Yes," attach the statement required by <i>General Instruction T</i> .		
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?	X	
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 XIV	X	
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 <i>General Instruction G</i> ? If "No," attach explanation	X	
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 2021 or the tax year beginning in 2021? See the instructions for Part XIII. If "Yes," complete Part XIII		X
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses		X
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		X
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		X
13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	X	
Website address ▶ <u>UNIHEALTHFOUNDATION.ORG</u>		
14 The books are in care of ▶ <u>KATHLEEN H. SALAZAR</u> Telephone no. ▶ <u>(213) 630-6500</u> Located at ▶ <u>800 WILSHIRE BLVD., STE 1300, LOS ANGELES, CA</u> ZIP+4 ▶ <u>90017</u>		
15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the year ▶ <u>15</u> N/A		
16 At any time during calendar year 2021, 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?		X
See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country ▶ _____		

Part VI-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.

	Yes	No
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?	1a(1)	X
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?	1a(2)	X
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	1a(3)	X
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	1a(4)	X
(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.)	1a(5)	X
	1a(6)	X
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	X
c Organizations relying on a current notice regarding disaster assistance, check here		
d 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 2021?	1d	X
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 2021, did the foundation have any undistributed income (Part XII, lines 6d and 6e) for tax year(s) beginning before 2021?	2a	X
If "Yes," list the years ▶ _____, _____, _____, _____		
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	N/A
c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. ▶ _____, _____, _____, _____		
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?	3a	X
b If "Yes," did it have excess business holdings in 2021 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 Form 4720, Schedule C, to determine if the foundation had excess business holdings in 2021.)	3b	N/A
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	X
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 2021?	4b	X

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Part VI-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))?		X
(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?		X
(3) Provide a grant to an individual for travel, study, or other similar purposes?		X
(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions		X
(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?		X
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	N/A	
c Organizations relying on a current notice regarding disaster assistance, check here	<input type="checkbox"/>	
d 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? If "Yes," attach the statement required by Regulations section 53.4945-5(d).	N/A	
6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If "Yes" to 6b, file Form 8870.		X
7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?		X
b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?	N/A	
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?		X

Part VII 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		1121190	115265.	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
MERCY SIORDIA - 800 WILSHIRE BLVD, #1300, LOS ANGELES, CA 90017	ADM, SR PROGRAM OFFICER	146,641.	20,318.	0.
KRISTOPHER EAMES - 800 WILSHIRE BLVD, #1300, LOS ANGELES, CA 90017	ADM, DIR OF OPERATIONS	130,588.	19,132.	0.
ALEXANDER SALAZAR - 800 WILSHIRE BLVD, #1300, LOS ANGELES, CA 90017	ADM, ACCOUNTANT	74,785.	10,764.	0.
COLETTE BADMAGHARIAN - 800 WILSHIRE BLVD, #1300, LOS ANGELES, CA 90017	ADM, PROGRAM ASSOC	69,830.	10,367.	0.
TERRY FRIAS - 800 WILSHIRE BLVD, #1300, LOS ANGELES, CA 90017	ADM, EXEC ASSISTANT	56,715.	8,438.	0.
Total number of other employees paid over \$50,000				0

Part VII 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 V 1633 BROADWAY, 48TH FLOOR, NEW YORK, NY 10019	INVESTMENT MGMT	383,950.
BLACKSTONE REAL ESTATE PARTNERS LP 345 PARK AVENUE, NEW YORK, NY 10154	INVESTMENT MGMT	306,783.
CANTERBURY CONSULTING INC. - 610 NEWPORT CENTER DRIVE #500, NEWPORT BEACH, CA 62660	INVESTMENT ADVISORS	235,070.
HS MANAGEMENT PARTNERS - 598 MADISON AVENUE, 14TH FLOOR, NEW YORK, NY 10022	INVESTMENT MGMT	210,628.
CENTERBRIDGE PARTNERS LP 375 PARK AVE, NEW YORK, NY 10152	INVESTMENT MGMT	145,356.
Total number of others receiving over \$50,000 for professional services		18

Part VIII-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 VIII-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	1,500,000.
2 SEE STATEMENT 16	1,000,000.
3 All other program-related investments. See instructions.	
Total. Add lines 1 through 3	2,500,000.

Part IX 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	349,579,500.
b	Average of monthly cash balances	1b	5,665,882.
c	Fair market value of all other assets (see instructions)	1c	16,232.
d	Total (add lines 1a, b, and c)	1d	355,261,614.
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	355,261,614.
4	Cash deemed held for charitable activities. Enter 1.5% (0.015) of line 3 (for greater amount, see instructions)	4	5,328,924.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3	5	349,932,690.
6	Minimum investment return. Enter 5% (0.05) of line 5	6	17,496,635.

Part X 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 IX, line 6	1	17,496,635.
2a	Tax on investment income for 2021 from Part V, line 5	2a	296,419.
b	Income tax for 2021. (This does not include the tax from Part V.)	2b	
c	Add lines 2a and 2b	2c	296,419.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	17,200,216.
4	Recoveries of amounts treated as qualifying distributions	4	52.
5	Add lines 3 and 4	5	17,200,268.
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 XII, line 1	7	17,200,268.

Part XI 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	17,445,311.
b	Program-related investments - total from Part VIII-B	1b	2,500,000.
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 XII, line 4	4	19,945,311.

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Part XII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2020	(c) 2020	(d) 2021
1 Distributable amount for 2021 from Part X, line 7				17,200,268.
2 Undistributed income, if any, as of the end of 2021:				
a Enter amount for 2020 only			471,816.	
b Total for prior years:		0.		
3 Excess distributions carryover, if any, to 2021:				
a From 2016				
b From 2017				
c From 2018				
d From 2019				
e From 2020				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2021 from Part XI, line 4: ▶ \$ 19,945,311.				
a Applied to 2020, but not more than line 2a ...			471,816.	
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 2021 distributable amount				17,200,268.
e Remaining amount distributed out of corpus	2,273,227.			
5 Excess distributions carryover applied to 2021 (If an amount appears in column (d), the same amount must be shown in column (a).)	0.			0.
6 Enter the net total of each column as indicated below:				
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	2,273,227.			
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 2020. Subtract line 4a from line 2a. Taxable amount - see instr. ...			0.	
f Undistributed income for 2021. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2022				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 2016 not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2022. Subtract lines 7 and 8 from line 6a	2,273,227.			
10 Analysis of line 9:				
a Excess from 2017 ...				
b Excess from 2018 ...				
c Excess from 2019 ...				
d Excess from 2020 ...				
e Excess from 2021 ...	2,273,227.			

Part XIII Private Operating Foundations (see instructions and Part VI-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 2021, 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) 2021	(b) 2020	(c) 2019	(d) 2018	
2 a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part IX for each year listed					
b 85% (0.85) of line 2a					
c Qualifying distributions from Part XI, 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 IX, 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 XIV 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 XIV **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				
ALLIANCE FOR CHILDREN'S RIGHTS 3333 WILSHIRE BLVD LOS ANGELES, CA 90010	N/A	PC	PARTNERING TO IMPROVE THE HEALTH AND WELLBEING OF YOUNG PEOPLE IMPACTED BY OUR CHILD WELFARE SYSTEM	250,000.
ALS ASSOCIATION GOLDEN WEST CHAPTER P.O. BOX 7085 WOODLAND HILLS, CA 91365	N/A	PC	EXCELLENCE IN ALS CARE INITIATIVE	150,000.
BET TZEDEK 3250 WILSHIRE BLVD., 13TH FLOOR LOS ANGELES, CA 90010	N/A	PC	MEDICAL LEGAL PARTNERSHIP EXPANSION PROJECT: TRAUMA-FOCUSED SERVICES AND RESIDENCY	247,000.
BRILLIANT CORNERS 527 W. 7TH STREET; 11TH FLOOR LOS ANGELES, CA 90014	N/A	PC	CAPACITY BUILDING FOR RECUPERATIVE CARE IN L.A. COUNTY	165,000.
CALIFORNIA HOSPITAL MED CENTER FDN 1401 S. GRAND AVE.; LEAVEY HALL, ROOM 302 LOS ANGELES, CA 90015	N/A	PC	HOPE STREET MARGOLIS FAMILY CENTER STRATEGIC PLANNING	150,000.
Total	SEE CONTINUATION SHEET(S) ▶ 3a			15,433,151.
b Approved for future payment				
ALLIANCE FOR CHILDRENS RIGHTS 3333 WILSHIRE BLVD LOS ANGELES, CA 90010	N/A	PC	PARTNERING TO IMPROVE THE HEALTH AND WELLBEING OF YOUNG PEOPLE IMPACTED BY OUR CHILD WELFARE SYSTEM	500,000.
BET TZEDEK 3250 WILSHIRE BLVD., 13TH FLOOR LOS ANGELES, CA 90010	N/A	PC	MEDICAL LEGAL PARTNERSHIP EXPANSION PROJECT: TRAUMA-FOCUSED SERVICES AND RESIDENCY	253,000.
CHILD DEVELOPMENT INSTITUTE 18050 VANOWEN ST. RESEDA, CA 91335	N/A	PC	HOSPITAL TO HOME BRIDGE FOR VULNERABLE INFANTS PROGRAM	350,000.
Total	SEE CONTINUATION SHEET(S) ▶ 3b			10,686,102.

Part XV-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.

Table with 5 main columns: (a) Business code, (b) Amount, (c) Exclusion code, (d) Amount, (e) Related or exempt function income. Rows include program service revenue, membership dues, interest on savings, dividends, rental income, and other revenue.

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

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

Table with 2 columns: Line No., Explain below how each activity for which income is reported in column (e) of Part XV-A contributed importantly to the accomplishment of the foundation's exempt purposes.

Part XVI Information Regarding Transfers to and Transactions and Relationships With Noncharitable Exempt Organizations

Table with columns for Yes/No and rows for various transactions (1a(1), 1a(2), 1b(1) through 1b(6), 1c).

Table with 4 columns: (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 [X] No

Table with 3 columns: (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... Signature of officer or trustee: [Signature] Date: [Date] Title: CHAIRMAN & CEO

May the IRS discuss this return with the preparer shown below? See instr. [X] Yes [] No

Table for Paid Preparer Use Only with fields for name, signature, date, firm name, address, and phone number.

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 HS MANAGEMENT PARTNERS	P	10/01/21	09/30/22
b RLH INVESTORS IV, LP	P	10/01/21	09/30/22
c SIGULER GUFF BRIC OPPS FUND II	P	10/01/21	09/30/22
d SILVER LAKE PARTNERS III [1134B]	P	10/01/21	09/30/22
e SILVER LAKE PARTNERS IV	P	10/01/21	09/30/22
f SILVER LAKE PARTNERS V	P	10/01/21	09/30/22
g NEW MOUNTAIN PARTNERS IV	P	10/01/21	09/30/22
h NEW MOUNTAIN PARTNERS V	P	10/01/21	09/30/22
i NEW MOUNTAIN PARTNERS VI	P	10/01/21	09/30/22
j INDUSTRY VENTURES PARTNERSHIP HOLDINGS IV, LP	P	10/01/21	09/30/22
k RLH INVESTORS III, LP	P	10/01/21	09/30/22
l RIALTO REAL ESTATE FUND III - DEBT [1172B]	P	10/01/21	09/30/22
m TRIDENT VII PARALLEL FUND, LP	P	10/01/21	09/30/22
n CENTERBRIDGE	P	10/01/21	09/30/22
o SVB STRATEGIC INVESTORS IX	P	10/01/21	09/30/22

(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 29,777,160.		28,400,669.	1,376,491.
b 19,000,000.		15,920,816.	3,079,184.
c 5,464,829.		4,822,881.	641,948.
d 3,791,661.		3,289,654.	502,007.
e 3,969,479.		2,885,623.	1,083,856.
f 1,314,195.			1,314,195.
g 4,403,391.		500,000.	3,903,391.
h 989,148.		873,137.	116,011.
i 324,053.			324,053.
j 2,000,000.		2,082,308.	-82,308.
k 2,000,000.		1,749,644.	250,356.
l 3,500,000.		3,658,721.	-158,721.
m 5,920,527.		5,920,527.	0.
n 2,206,765.		1,879,507.	327,258.
o 2,098,006.		1,893,306.	204,700.

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			1,376,491.
b			3,079,184.
c			641,948.
d			502,007.
e			1,083,856.
f			1,314,195.
g			3,903,391.
h			116,011.
i			324,053.
j			-82,308.
k			250,356.
l			-158,721.
m			0.
n			327,258.
o			204,700.

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 SVB STRATEGIC INVESTORS X	P	10/01/21	09/30/22
b ALTAS PARTNER HOLDINGS II	P	10/01/21	09/30/22
c AEA INVESTORS FUND VII	P	10/01/21	09/30/22
d SEARCHLIGHT CAPITAL III	P	10/01/21	09/30/22
e HARBOURVEST DOVER STREET X	P	10/01/21	09/30/22
f CRESCENT CAPITAL HIGH INCOME FUND LP	P	10/01/21	09/30/22
g RIALTO REAL ESTATE FUND III - PROPERTY [1172A]	P	10/01/21	09/30/22
h CPREF AIV III LP	P	10/01/21	09/30/22
i RLH INVESTORS II, LP	P	10/01/21	09/30/22
j OCM PRINCIPAL OPPTS FUND IV, LP	P	10/01/21	09/30/22
k FIDELITY 500	P	10/01/21	09/30/22
l VAUGHAN NELSON SMALL CAP VALUE	P	10/01/21	09/30/22
m ROBEKO	P	10/01/21	09/30/22
n EUROPACIFIC GROWTH FD	P	10/01/21	09/30/22
o MATTHEWS PACIFIC TIGER	P	10/01/21	09/30/22

(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 523,714.		523,714.	0.
b 51,022.		51,022.	0.
c 1,532,930.		1,527,187.	5,743.
d 408,142.			408,142.
e 2,772.		2,643.	129.
f 994.		593.	401.
g 2,362.		11,309.	-8,947.
h 111,742.		111,742.	0.
i 19,859.			19,859.
j 2,328,220.			2,328,220.
k 1,852,745.		1,844,583.	8,162.
l 291,639.		272,774.	18,865.
m 111,318.		129,767.	-18,449.
n 824,448.		512,343.	312,105.
o 176,085.		76,679.	99,406.

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			0.
b			0.
c			5,743.
d			408,142.
e			129.
f			401.
g			-8,947.
h			0.
i			19,859.
j			2,328,220.
k			8,162.
l			18,865.
m			-18,449.
n			312,105.
o			99,406.

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 WILLIAM BLAIR INT'L GR FD	P	10/01/21	09/30/22
b SANDERSON INT'L VALUE FUND	P	10/01/21	09/30/22
c ROYCE INTERNATIONAL FUND	P	10/01/21	09/30/22
d PIMCO TOTAL RETURN FD	P	10/01/21	09/30/22
e OHA EUROPEAN STRATEGIC CREDIT FUND	P	10/01/21	09/30/22
f WAMCO CORE PLUS FD	P	10/01/21	09/30/22
g CASH (37) - UHF CASH	P	10/01/21	09/30/22
h COHEN & STEERS INSTL REALTY	P	10/01/21	09/30/22
i PRINCIPAL DIVERSIFIED REAL ASSETS	P	10/01/21	09/30/22
j GOLDENTREE MASTER FUND LTD	P	10/01/21	09/30/22
k KING STREET CAPITAL LTD	P	10/01/21	09/30/22
l BLACKSTONE REAL ESTATE VII LP	P	10/01/21	09/30/22
m OAK HILL CAPITAL PARTNERS III, LP	P	10/01/21	09/30/22
n OCM OPPORTUNITIES FUND VII, LP	P	10/01/21	09/30/22
o OCM OPPORTUNITIES FUND VIIB	P	10/01/21	09/30/22

(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 1,467,333.			1,467,333.
b 947,935.			947,935.
c 1,399.			1,399.
d 421,085.		53,717.	367,368.
e 205,855.		205,855.	0.
f 301,721.		301,721.	0.
g 627,501.		422,247.	205,254.
h 603,790.		589,831.	13,959.
i 294,404.			294,404.
j 33,674.			33,674.
k 61,733.			61,733.
l			0.
m 758,606.		758,606.	0.
n 703,951.		104,965.	598,986.
o 358,248.			358,248.

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			1,467,333.
b			947,935.
c			1,399.
d			367,368.
e			0.
f			0.
g			205,254.
h			13,959.
i			294,404.
j			33,674.
k			61,733.
l			0.
m			0.
n			598,986.
o			358,248.

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 CCI CORE BOND FUND	P	10/01/21	09/30/22
b CPREF CAYMAN LP	P	10/01/21	09/30/22
c			
d			
e			
f			
g			
h			
i			
j			
k			
l			
m			
n			
o			

(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 166,707.			166,707.
b 2,334.			2,334.
c			
d			
e			
f			
g			
h			
i			
j			
k			
l			
m			
n			
o			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Losses (from col. (h)) Gains (excess of col. (h) gain over col. (k), but not less than "-0-")
(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			166,707.
b			2,334.
c			
d			
e			
f			
g			
h			
i			
j			
k			
l			
m			
n			
o			

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	20,575,391.
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 XIV 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
CASA COLINA HOSPITAL AND CENTERS 255 E. BONITA AVE. POMONA, CA 91767	N/A	PC	A COMMUNITY COLLABORATION TO REDUCE HEALTH DISPARITIES FOR INDIVIDUALS AT RISK	266,666.
CHARLES R. DREW UNIVERSITY 6500 WILSHIRE BLVD., SUITE 1600 LOS ANGELES, CA 90048	N/A	PC	MEDICAL STUDENT SCHOLARSHIP 2022-2023	66,976.
CHARLES R. DREW UNIVERSITY 6500 WILSHIRE BLVD., SUITE 1600 LOS ANGELES, CA 90048	N/A	PC	INCREASING THE CALIFORNIA NURSING WORKFORCE: EDUCATION THROUGH DUAL COLLEGE ENROLLMENT	55,000.
CHILD DEVELOPMENT INSTITUTE 18050 VANOWEN ST. RESEDA, CA 91335	N/A	PC	HOSPITAL TO HOME BRIDGE FOR VULNERABLE INFANTS PROGRAM	250,000.
CITY NET 4508 ATLANTIC AVENUE #292 LONG BEACH, CA 90807-1513	N/A	PC	HANDS ACROSS MONTECITO - PROVISION OF COMPREHENSIVE CASE MANAGEMENT AND HOUSING NAVIGATION SERVICES	150,000.
CITY OF HOPE 1500 EAST DUARTE RD. DUARTE, CA 91010	N/A	PC	EXPANDING GERIATRIC MULTIDISCIPLINARY MEDICAL CARE AND SUPPORTIVE CARE SERVICES AT CITY OF	184,896.
COMMUNITY CLINIC ASSOCIATION OF LA COUNTY 445 SOUTH FIGUEROA STREET SUITE 2100 LOS ANGELES, CA 90071	N/A	PC	FAMILY NURSE PRACTITIONER COMMUNITY CARE RESIDENCY PROGRAM	325,000.
CSULA 5151 STATE UNIVERSITY DRIVE LOS ANGELES, CA 90032	N/A	PC	LA BIOSPACE ACCELERATOR PROGRAM	143,619.
DIGNITY HEALTH FOUNDATION 1401 S. GRAND AVE.; LEAVEY HALL, ROOM 302 LOS ANGELES, CA 90015	N/A	PC	CULTURAL TRAUMA AND MENTAL HEALTH RESILIENCY	640,000.
DOWNTOWN WOMEN'S CENTER 442 S. SAN PEDRO ST. LOS ANGELES, CA 90013	N/A	PC	SCALING GENDER-SPECIFIC & TRAUMA-INFORMED PERMANENT SUPPORTIVE HOUSING THROUGHOUT LOS	86,350.
Total from continuation sheets				14,471,151.

Part XIV 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
EMANATE HEALTH FOUNDATION 1041 WEST BADILLO STREET; SUITE 106 COVINA, CA 91722	N/A	PC	NUTRITION FOR LIFE	190,100.
FIVE ACRES 760 W. MOUNTAIN VIEW ST ALTADENA, CA 91001-4925	N/A	PC	EXPANDING BEHAVIORAL AND MENTAL HEALTH SERVICES TO UNSERVED AND UNDERSERVED CHILDREN, YOUTH AND	150,000.
FOOD FINDERS INC 10539 HUMBOLT STREETS LOS ALAMITOS, CA 90720	N/A	PC	FOOD RESCUE & HUNGER RELIEF	100,000.
HARBOR INTERFAITH SERVICES INC 670 W 9TH ST SAN PEDRO, CA 90731-3108	N/A	PC	IMPROVING STABILITY AND SELF-SUFFICIENCY THROUGH CLINICAL BASED SERVICES	191,397.
HOLLYWOOD FOOD COALITION P.O. BOX 480157 LOS ANGELES, CA 90048	N/A	PC	ENHANCE OUR COMMUNITY WELLNESS PROGRAM BY HIRING A PROGRAM MANAGER TO REMOVE SOCIAL BARRIERS FOR	74,000.
HUNTINGTON MEMORIAL HOSPITAL 100 W. CALIFORNIA BLVD PASADENA, CA 91105	N/A	PC	GRADUATE MEDICAL EDUCATION (GME) PROGRAM	75,000.
LIFT INC. 1910 MAGNOLIA AVE; SUITE 404 LOS ANGELES, CA 90007	N/A	PC	BREAKING THE INTERGENERATIONAL CYCLE OF POVERTY AND PREVENTING COMMUNITY HEALTH INEQUITIES	100,000.
LOMA LINDA UNIVERSITY COLEMAN PAVILLION, STE 1112 LOMA LINDA, CA 92350	N/A	PC	CHILD ABUSE PEDIATRIC (CAP) FELLOWSHIP	90,000.
LOMA LINDA UNIVERSITY COLEMAN PAVILLION, STE 1112 LOMA LINDA, CA 92350	N/A	PC	MEDICAL STUDENT SCHOLARSHIP 2022-2023	55,000.
LOMA LINDA UNIVERSITY HEALTH COLEMAN PAVILLION, STE 1112 LOMA LINDA, CA 92350	N/A	PC	MEDICAL HOME MODEL FOR FOSTER YOUTH	200,000.
Total from continuation sheets				

Part XIV 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
MOMS ORANGE COUNTY 1128 W. SANTA ANA BLVD. SANTA ANA, CA 92703	N/A	PC	MATERNAL MENTAL HEALTH: A CIRCLE OF SUPPORT FOR EXPECTANT AND NEW PARENTS	110,000.
MOUNT ST. MARY'S UNIVERSITY 12001 CHALON ROAD LOS ANGELES, CA 90049-1599	N/A	PC	MSMU-SCFHC PRIMARY CARE TRAINING PARTNERSHIP	208,483.
NATIONAL HEALTH CARE FOR THE HOMELESS 604 GALLATIN AVE STE 106 NASHVILLE, TN 37206-3489	N/A	PC	BED AVAILABILITY REALTIME REPORT DEMONSTRATION PROJECT AND TRAUMA-INFORMED PRACTICES TOOLKIT AND	440,000.
NATIONAL HEALTH FOUNDATION 515 S. FIGUEROA ST., SUITE 1300 LOS ANGELES, CA 90071	N/A	PC	CAPACITY BUILDING TO EXPAND HEALTH SERVICES FOR PEOPLE EXPERIENCING HOMELESSNESS	150,000.
ORANGE COUNTY ASSOC. FOR MENTAL HEALTH 1971 EAST 4TH STREET SUITE 130A SANTA ANA, CA 92705	N/A	PC	HOMELESS MENTALLY ILL MULTI-SERVICE CENTER PROGRAM	60,000.
PROJECT JOY 5022 W AVE N STE 10232 PALMDALE, CA 93551-5757	N/A	PC	BLACK MATERNAL ALTERNATIVE CARE ALLIANCE - IMPROVING ACCESS TO MENTAL HEALTH	50,000.
PROVIDENCE LITTLE COMPANY OF MARY FDN 4101 TORRANCE BLVD. TORRANCE, CA 90503	N/A	PC	THE PROVIDENCE AND CHARLES DREW UNIVERSITY COMMUNITY HEALTH WORKER ACADEMY EXPANSION PROJECT	198,916.
PROVIDENCE TRINITYCARE HOSPICE FOUNDATION 5315 TORRANCE BLVD., SUITE B-1 TORRANCE, CA 90503	N/A	PC	DISCHARGE PLANNING AND PLACEMENT OPTIONS FOR CHRONICALLY OR TERMINALLY ILL HOMELESS PATIENTS	90,000.
SABAN COMMUNITY CLINIC 8405 BEVERLY BLVD LOS ANGELES, CA 90048-3401	N/A	PC	HEALTHY MOMS & HEALTHY BABIES	98,266.
SCAN GROUP 3800 KILROY AIRPORT WAY LONG BEACH, CA 90806-2494	N/A	PC	HEALTHCARE IN ACTION: A STREET MEDICINE INITIATIVE DESIGNED TO SERVE PATIENTS EXPERIENCING	500,000.
Total from continuation sheets				

Part XIV 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
SIMI VALLEY HOSPITAL AND HEALTH CARE SER. 1 ADVENTIST HEALTH WAY ROSEVILLE, CA 95661-3266	N/A	PC	CAREGIVER NAVIGATION SUPPORT PROJECT	125,000.
ST. MARY MEDICAL CENTER FOUNDATION 1050 LINDEN AVENUE LONG BEACH, CA 90813	N/A	PC	HEALTHLINK PROJECT	322,483.
SUSAN G. KOMEN FOUNDATION 13770 NOEL ROAD DALLAS, TX 75380	N/A	PC	NAVIGATION SERVICES TO IMPROVE BREAST HEALTH IN ORANGE COUNTY	237,712.
THE PEOPLE CONCERN 2116 ARLINGTON AVE, SUITE 100 LOS ANGELES, CA 90018-1353	N/A	PC	CLINICAL SERVICES FOR INTERIM AND PERMANENT SUPPORTIVE HOUSING PARTICIPANTS	400,000.
TIDES FOUNDATION PO BOX 29903 SAN FRANCISCO, CA 94129-0903	N/A	PC	EXPANDING GRADUATE MEDICAL EDUCATION IN CALIFORNIA	250,000.
UC DAVIS ONE SHIELDS AVE, 2ND FLOOR DAVIS, CA 95616	N/A	PC	MEDICAL STUDENT SCHOLARSHIP 2022-2023	55,000.
UC IRVINE 252 IRVINE HALL IRVINE, CA 92617-3950	N/A	PC	MEDICAL STUDENT SCHOLARSHIP 2022-2023	55,000.
UC IRVINE 252 IRVINE HALL IRVINE, CA 92617-3950	N/A	PC	SEXUAL ASSAULT NURSE EXAMINERS (SANE) PROGRAM	228,152.
UC LOS ANGELES 405 HILGARD AVENUE LOS ANGELES, CA 90095	N/A	PC	TRAINING HEALTHCARE PROVIDERS TO PROVIDE MENTAL HEALTH INTERVENTION TO CHILDREN WITH	200,000.
UC LOS ANGELES 405 HILGARD AVENUE LOS ANGELES, CA 90095	N/A	PC	INTERNATIONAL MEDICAL GRADUATE PROGRAM	55,000.
Total from continuation sheets				

Part XIV 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
UC LOS ANGELES 405 HILGARD AVENUE LOS ANGELES, CA 90095	N/A	PC	COMMUNITY-BASED CLINICAL EDUCATION PROGRAM	249,700.
UC LOS ANGELES 405 HILGARD AVENUE LOS ANGELES, CA 90095	N/A	PC	MEDICAL STUDENT SCHOLARSHIP 2022-2023	55,000.
UC RIVERSIDE 245 UNIVERSITY OFFICE BUILDING RIVERSIDE, CA 92521-0217	N/A	PC	OPENING THE RIVERSIDE HULEN PLACE HOMELESS CLINIC	201,091.
UC RIVERSIDE 245 UNIVERSITY OFFICE BUILDING RIVERSIDE, CA 92521-0217	N/A	PC	MEDICAL STUDENT SCHOLARSHIP 2022-2023	55,000.
UC SAN DIEGO 9500 GILMAN DRIVE #0606 LA JOLLA, CA 92093	N/A	PC	MEDICAL STUDENT SCHOLARSHIP 2022-2023	55,000.
UC SAN FRANCISCO 521 PARNASSUS AVE; BOX 0125, FLOOR 5 SAN FRANCISCO, CA 94143	N/A	PC	PROACTIVE PALLIATIVE CARE (PRO-PC)	199,993.
UC SAN FRANCISCO 521 PARNASSUS AVE; BOX 0125, FLOOR 5 SAN FRANCISCO, CA 94143	N/A	PC	MEDICAL STUDENT SCHOLARSHIP 2022-2023	55,000.
UNITED STATES VETERANS INITIATIVE 800 W. SIXTH ST., SUITE 1505 LOS ANGELES, CA 90017	N/A	PC	SUPPORTING MENTAL HEALTH AND WELLBEING FOR AT-RISK WOMEN VETERANS	137,500.
UNITED WAY OF GREATER LOS ANGELES 1150 S. OLIVE ST., SUITE T500 LOS ANGELES, CA 90015	N/A	PC	EXPANDING PATIENT NAVIGATION FOR UNHOUSED OLDER ADULTS	224,325.
UNITED WAY OF GREATER LOS ANGELES 1150 S. OLIVE ST., SUITE T500 LOS ANGELES, CA 90015	N/A	PC	COMMUNITY HEALTH	25,000.
Total from continuation sheets				

Part XIV 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 1975 ZONAL AVENUE, SUITE 500 LOS ANGELES, CA 90033	N/A	PC	PRECISION ONCOLOGY PHASE II	200,038.
KECK SCHOOL OF MEDICINE OF USC 1975 ZONAL AVENUE, SUITE 500 LOS ANGELES, CA 90033	N/A	PC	DEVELOPMENT AND IMPLEMENTATION OF A REALITY-BASED HOMELESSNESS CURRICULUM FOR THE	100,000.
KECK SCHOOL OF MEDICINE OF USC 1975 ZONAL AVENUE, SUITE 500 LOS ANGELES, CA 90033	N/A	PC	ATTENUATING BURNOUT TO IMPROVE CLINICIAN SATISFACTION, RETENTION AND QUALITY OF CARE	661,737.
KECK SCHOOL OF MEDICINE OF USC 1975 ZONAL AVENUE, SUITE 500 LOS ANGELES, CA 90033	N/A	PC	MEDICAL STUDENT SCHOLARSHIP 2022-2023	55,000.
USC LEONARD DAVIS SCHOOL OF GERONTOLOGY 3715 MCCLINTOCK AVE. LOS ANGELES, CA 90089	N/A	PC	EDWARD L. SCHNEIDER RESEARCH FUND	15,000.
USC LEONARD DAVIS SCHOOL OF GERONTOLOGY 3715 MCCLINTOCK AVE. LOS ANGELES, CA 90089	N/A	PC	EDWARD L. SCHNEIDER RESEARCH FUND	50,000.
VALLEY COMMUNITY HEALTHCARE 6801 COLDWATER CANYON AVE. NORTH HOLLYWOOD, CA 91605	N/A	PC	RN PRACTICE TRANSFORMATION PROJECT	200,000.
VIP COMMUNITY MENTAL HEALTH CENTER 1721 GRIFFIN AVE. LOS ANGELES, CA 90031	N/A	PC	EXPANSION OF THE FETAL ALCOHOL SPECTRUM DISORDER (FASD) SUBSPECIALTY PEDIATRIC CLINIC AT THE LAC+USC	200,000.
VOLUNTEERS OF AMERICA OF LOS ANGELES 3600 WILSHIRE BLVD., SUITE 1500 LOS ANGELES, CA 90010-2619	N/A	PC	RECUPERATIVE CARE BEDS FOR MEDICALLY FRAGILE INDIVIDUALS WHO ARE HOMELESS	300,000.
WESTERN UNIVERSITY OF HEALTH SCIENCES 309 E. SECOND STREET POMONA, CA 91766	N/A	PC	MEDICAL STUDENT SCHOLARSHIP 2022-2023	55,000.
Total from continuation sheets				

Part XIV 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
ALZHEIMER'S FAMILY CENTER 9451 INDIANAPOLIS AVE. HUNTINGTON BEACH, CA 92646	N/A	PC	EQUILIBRIUM VIRTUAL THERAPY PROGRAM	150,000.
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.
CALIFORNIA COMMUNITY FOUNDATION 221 S. FIGUEROA STREET, SUITE 400 LOS ANGELES, CA 90012	N/A	PC	NSI: SUPPORTING NON-PROFITS, PARTICULARLY HEALTH AND HUMAN SERVICES ORGANIZATIONS, REACH	70,000.
CALIFORNIA SCIENCE CENTER FOUNDATION 700 EXPOSITION PARK DRIVE LOS ANGELES, CA 90037	N/A	PC	SAMUEL OSHIN AIR AND SPACE CENTER (ENDEAVOUR LA CAMPAIGN)	10,000.
CAMBODIAN FAMILY 1626 E. FOURTH ST. SANTA ANA, CA 92701	N/A	PC	BODY, MIND, AND SPIRITUAL WELLNESS (BMSW) PROGRAM	200,000.
FRIENDS IN DEED 444 E. WASHINGTON BLVD PASADENA, CA 91114	N/A	PC	THE FOOD PANTRY; STREET OUTREACH AND HOUSING; AND BAD WEATHER SHELTER	50,000.
GRYD FOUNDATION 1933 S. BROADWAY, SUITE 1111 LOS ANGELES, CA 90007	N/A	PC	GRYD FOUNDATION YOUTH SQUAD 360 HEALTH & WELLNESS PROJECT	100,000.
H.O.P.E. 21231 HAWTHORNE BLVD. TORRANCE, CA 90503	N/A	PC	INCREASE CAPACITY TO ADDRESS DEMAND FOR AFFORDABLE HOUSING FOR PEOPLE WITH I/DD AT RISK OF HOMELESSNESS	150,000.
HAYNES FAMILY OF PROGRAMS 233 W. BASELINE ROAD; BOX 400 LA VERNE, CA 91750	N/A	PC	TRAUMA-INFORMED ARTS ENRICHMENT PROGRAM	74,619.
INNER CITY LAW CENTER 1309 EAST SEVENTH STREET LOS ANGELES, CA 90021	N/A	PC	HEALTH AND HOUSING INFRASTRUCTURE EXPANSION PROJECT	100,000.
Total from continuation sheets				

Part XIV 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
JVS SOCIAL 6505 WILSHIRE BLVD. SUITE 200 LOS ANGELES, CA 90048	N/A	PC	JVS SOCIAL HEALTHWORKS PROGRAM EXPANSION	100,000.
JWCH INSTITUTE 5650 JILLSON ST. COMMERCE, CA 90040	N/A	PC	ENHANCED MEDICAL SERVICES AND HOUSING COLLABORATION	350,000.
JWCH INSTITUTE 5650 JILLSON ST. COMMERCE, CA 90040	N/A	PC	CLINICAL PROJECT EVALUATION/FOOD DISTRIBUTION	75,000.
LA FAMILY HOUSING 7843 LANKERSHIM BLVD. NORTH HOLLYWOOD, CA 91605	N/A	PC	CAPACITY BUILDING TO EXPAND HEALTH SERVICES FOR PEOPLE EXPERIENCING HOMELESSNESS	346,280.
LOS ANGELES CHRISTIAN HEALTH CENTERS 453 SOUTH SPRING STREET, SUITE 1201 LOS ANGELES, CA 90013-2013	N/A	PC	EXPANSIONS AND IMPLEMENTATION OF INTEGRATED HEALTH AND HOUSING STRATEGIES	150,000.
LOS ANGELES NEIGHBORHOOD LAND TRUST 1689 BEVERLY BLVD. LOS ANGELES, CA 90026	N/A	PC	GARDEN APPRENTICESHIP PROGRAM: YOUTH HEALTH, WELLNESS AND LEADERSHIP DEVELOPMENT	50,000.
MASSACHUSETTS INSTITUTE OF TECHNOLOGY 600 MEMORIAL DRIVE W98-300 CAMBRIDGE, MA 02139-4307	N/A	PC	KENNARD AND REEVES SCHOLARSHIP FUND	25,000.
MERCY CHEFS INC 4240 PORTSMOUTH BOULEVARD CHESAPEAKE, VA 23321	N/A	PC	FUNDING FOR WEST COAST MOBILE KITCHEN	50,000.
ORANGE COUNTY'S UNITED WAY 18012 MITCHELL SOUTH IRVINE, CA 92614	N/A	PC	UNITED TO END HOMELESSNESS WELCOMEHOMEOC PROGRAM	500,000.
PARTNERS IN CARE FOUNDATION 732 MOTT ST STE 150 SAN FERNANDO, CA 91340-4241	N/A	PC	EXPANDING THE GERIATRIC SOCIAL WORK EDUCATION CONSORTIUM (GSWEC) TO ADDRESS THE CRITICAL SHORTAGE OF	82,577.
Total from continuation sheets				

Part XIV 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
PLAY EQUITY FUND 2141 WEST ADAMS BOULEVARD LOS ANGELES, CA 90018	N/A	PC	PLAY EQUITY FUND-YOUTH SPORTS	50,000.
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.
ROESSLERCHADWICK FOUNDATION' 26800 S. ACADEMY DRIVE PALOS VERDES PENINSULA, CA 90274-3980	N/A	PC	IMPROVE EDUCATIONAL AND WELLNESS OUTCOMES FOR LOW INCOME STUDENTS	75,000.
SOUTHERN CALIFORNIA GRANTMAKERS 1000 N. ALAMEDA ST., SUITE 230 LOS ANGELES, CA 90012	N/A	PC	2021-22 STATE OF AMERICAN VETERAN STUDY	300,000.
ST. FRANCIS HS OF LA CANADA FLINTRIDGE 200 FOOTHILL BLVD LA CANADA, CA 91011	N/A	PC	MENTAL HEALTH & WELLNESS PROGRAM	75,000.
WEINGART CENTER ASSOCIATION 566 S. SAN PEDRO ST. LOS ANGELES, CA 90013	N/A	PC	EXPAND WEINGART CENTER ASSOCIATIONS CLINICAL SERVICES DEPARTMENT TO ENSURE ROBUST MENTAL HEALTH SUPPORT FOR	125,000.
WESTSIDE FAMILY HEALTH CENTER 3861 SEPULVEDA BLVD CULVER CITY, CA 90230	N/A	PC	SUPPORTING CHWS THROUGH TRAINING	250,000.
WHITTIER COLLEGE 13406 E. PHILADELPHIA ST. WHITTIER, CA 90608	N/A	PC	CREATING A HEALTHY LIFE LAB PROGRAM AT WHITTIER COLLEGE TO PROMOTE CAMPUS HEALTH & WELLNESS AND LAUNCH	190,275.
YMCA OF METROPOLITAN LOS ANGELES 4301 W 3RD ST. LOS ANGELES, CA 90020	N/A	PC	ADDRESSING YOUTH HEALTH IN UNDERSERVED AREAS OF LOS ANGELES: THE LA YMCAS PHYSICAL LEARNING ACTIVITIES	150,000.
YWCA OF SAN GABRIEL VALLEY 101 SOUTH BARRANCA AVENUE COVINA, CA 91723-2712	N/A	PC	YWCA-SGV, WELLNESS, EQUITY AND EMPOWERMENT CENTER (W.E. EMPOWER), A COMMUNITY ENGAGEMENT AND HEALTH RESOURCE	100,000.
Total from continuation sheets				

Part XIV 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
COMMUNITY HEALTH INITIATIVE OF ORANGE COUNTY 1505 E. 17TH STREET, SUITE 121 SANTA ANA, CA 92705	N/A	PC	COMMUNITY HEALTH ACCESS PROGRAM: EXPANSION TO ASSIST OLDER ADULTS ENROLLING IN MEDI-CAL, MEDICARE,	150,000.
HARBOR INTERFAITH SERVICES INC 670 W 9TH ST SAN PEDRO, CA 90731-3108	N/A	PC	IMPROVING STABILITY AND SELF-SUFFICIENCY THROUGH CLINICAL BASED SERVICES	408,603.
HOLLYWOOD FOOD COALITION P.O. BOX 480157 LOS ANGELES, CA 90048	N/A	PC	ENHANCE OUR COMMUNITY WELLNESS PROGRAM BY HIRING A PROGRAM MANAGER TO REMOVE SOCIAL BARRIERS FOR	59,200.
JWCH INSTITUTE 5650 JILLSON ST. COMMERCE, CA 90040	N/A	PC	ENHANCED MEDICAL SERVICES AND HOUSING COLLABORATION	700,000.
KECK SCHOOL OF MEDICINE OF USC 1975 ZONAL AVENUE, SUITE 500 LOS ANGELES, CA 90033	N/A	PC	DEVELOPMENT AND IMPLEMENTATION OF A REALITY-BASED HOMELESSNESS CURRICULUM FOR THE	200,000.
KECK SCHOOL OF MEDICINE OF USC 1975 ZONAL AVENUE, SUITE 500 LOS ANGELES, CA 90033	N/A	PC	ATTENUATING BURNOUT TO IMPROVE CLINICIAN SATISFACTION, RETENTION AND QUALITY OF CARE	1,383,066.
LOMA LINDA UNIVERSITY COLEMAN PAVILLION, STE 1112 LOMA LINDA, CA 92350	N/A	PC	MEDICAL HOME MODEL FOR FOSTER YOUTH	400,000.
LOS ANGELES NEIGHBORHOOD LAND TRUST 1689 BEVERLY BLVD. LOS ANGELES, CA 90026	N/A	PC	GARDEN APPRENTICESHIP PROGRAM: YOUTH HEALTH, WELLNESS AND LEADERSHIP DEVELOPMENT	50,000.
MOMS ORANGE COUNTY 1128 W. SANTA ANA BLVD. SANTA ANA, CA 92703	N/A	PC	MATERNAL MENTAL HEALTH: A CIRCLE OF SUPPORT FOR EXPECTANT AND NEW PARENTS	240,000.
MOUNT SAINT MARY'S UNIVERSITY 12001 CHALON ROAD LOS ANGELES, CA 90049-1599	N/A	PC	MSMU-SCFHC PRIMARY CARE TRAINING PARTNERSHIP	191,436.
Total from continuation sheets				9,583,102.

Part XIV 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
NATIONAL HEALTH CARE FOR THE HOMELESS COUNCIL INC 604 GALLATIN AVE STE 106 NASHVILLE, TN 37206-3489	N/A	PC	BED AVAILABILITY REALTIME REPORT DEMONSTRATION PROJECT AND TRAUMA-INFORMED PRACTICES TOOLKIT AND	742,500.
NORTHEAST VALLEY HEALTH CORPORATION 1172 N. MACLAY AVENUE SAN FERNANDO, CA 91340	N/A	PC	VAN NUYS WOMENS & REPRODUCTIVE HEALTH CENTER	300,000.
ONEGENERATION 17400 VICTORY BLVD VAN NUYS, CA 91406	N/A	PC	BREAKING SILOS AND LEVERAGING RESOURCES FAMILY CAREGIVER AND WORKFORCE INITIATIVE	75,000.
PROJECT JOY 5022 W AVE N STE 10232 PALMDALE, CA 93551-5757	N/A	PC	BLACK MATERNAL ALTERNATIVE CARE ALLIANCE - IMPROVING ACCESS TO MENTAL HEALTH	100,000.
PROVIDENCE HEALTH & SERVICES FOUNDATION 501 S. BUENA VISTA STREET BURBANK, CA 91505	N/A	PC	MENTAL HEALTH ASSESSMENT TEAMS (MHAT) IN THE SAN FERNANDO VALLEY	450,000.
PROVIDENCE LITTLE COMPANY OF MARY FOUNDATION 4101 TORRANCE BLVD. TORRANCE, CA 90503	N/A	PC	THE PROVIDENCE AND CHARLES DREW UNIVERSITY COMMUNITY HEALTH WORKER ACADEMY EXPANSION PROJECT	544,580.
PROVIDENCE TRINITYCARE HOSPICE FOUNDATION 5315 TORRANCE BLVD., SUITE B-1 TORRANCE, CA 90503	N/A	PC	DISCHARGE PLANNING AND PLACEMENT OPTIONS FOR CHRONICALLY OR TERMINALLY ILL HOMELESS PATIENTS	185,000.
ST JEANNE DE LESTONNAC FREE CLINIC 1215 E. CHAPMAN AVENUE ORANGE, CA 92866-2237	N/A	PC	CONNECTION TO CARE (C2C) ACCESS TO SPECIALTY CARE	300,000.
ST. FRANCIS HS OF LA CANADA FLINTRIDGE 200 FOOTHILL BLVD LA CANADA, CA 91011	N/A	PC	MENTAL HEALTH & WELLNESS PROGRAM	75,000.
ST. MARY MEDICAL CENTER 1050 LINDEN AVENUE LONG BEACH, CA 90813	N/A	PC	HEALTHLINK PROJECT	589,407.
Total from continuation sheets				

Part XIV 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
THE PEOPLE CONCERN 2116 ARLINGTON AVE, SUITE 100 LOS ANGELES, CA 90018-1353	N/A	PC	CLINICAL SERVICES FOR INTERIM AND PERMANENT SUPPORTIVE HOUSING PARTICIPANTS	500,000.
UNITED WAY OF GREATER LOS ANGELES 1150 S. OLIVE ST., SUITE T500 LOS ANGELES, CA 90015	N/A	PC	EXPANDING PATIENT NAVIGATION FOR UNHOUSED OLDER ADULTS	275,675.
UNIVERSITY OF CALIFORNIA LOS ANGELES 405 HILGARD AVENUE LOS ANGELES, CA 90095	N/A	PC	TRAINING HEALTHCARE PROVIDERS TO PROVIDE MENTAL HEALTH INTERVENTION TO CHILDREN WITH	200,000.
UNIVERSITY OF CALIFORNIA, RIVERSIDE 245 UNIVERSITY OFFICE BUILDING RIVERSIDE, CA 92521-0217	N/A	PC	OPENING THE RIVERSIDE HULEN PLACE HOMELESS CLINIC	398,909.
USC LEONARD DAVIS SCHOOL OF GERONTOLOGY 3715 MCCLINTOCK AVE. LOS ANGELES, CA 90089	N/A	PC	EDWARD L. SCHNEIDER RESEARCH FUND	50,000.
VALLEY COMMUNITY HEALTHCARE 6801 COLDWATER CANYON AVE. NORTH HOLLYWOOD, CA 91605	N/A	PC	RN PRACTICE TRANSFORMATION PROJECT	150,000.
WALKING SHIELD INC 3100 AIRWAY AVE SUITE 118 COSTA MESA, CA 92626-4604	N/A	PC	ADVANCING HEALTH EQUITY IN NATIVE AMERICAN COMMUNITIES	330,000.
WEINGART CENTER ASSOCIATION 566 S. SAN PEDRO ST. LOS ANGELES, CA 90013	N/A	PC	EXPAND WEINGART CENTER ASSOCIATIONS CLINICAL SERVICES DEPARTMENT TO ENSURE ROBUST MENTAL HEALTH SUPPORT FOR	125,000.
WHITTIER COLLEGE 13406 E. PHILADELPHIA ST. WHITTIER, CA 90608	N/A	PC	CREATING A HEALTHY LIFE LAB PROGRAM AT WHITTIER COLLEGE TO PROMOTE CAMPUS HEALTH & WELLNESS AND LAUNCH	409,726.
Total from continuation sheets				

Part XIV Supplementary Information

3a Grants and Contributions Paid During the Year Continuation of Purpose of Grant or Contribution

NAME OF RECIPIENT - BET TZEDEK

MEDICAL LEGAL PARTNERSHIP EXPANSION PROJECT: TRAUMA-FOCUSED SERVICES

AND RESIDENCY TRAINING

NAME OF RECIPIENT - CASA COLINA HOSPITAL AND CENTERS

A COMMUNITY COLLABORATION TO REDUCE HEALTH DISPARITIES FOR INDIVIDUALS

AT RISK FOR LOWER-LIMB AMPUTATION.

NAME OF RECIPIENT - CITY NET

HANDS ACROSS MONTECITO - PROVISION OF COMPREHENSIVE CASE MANAGEMENT AND

HOUSING NAVIGATION SERVICES FOR THOSE EXPERIENCING HOMELESSNESS IN THE

IMMEDIATE AND SURROUNDING AREAS OF MONTECITO, CA.

NAME OF RECIPIENT - CITY OF HOPE

EXPANDING GERIATRIC MULTIDISCIPLINARY MEDICAL CARE AND SUPPORTIVE CARE

SERVICES AT CITY OF HOPE'S ANTELOPE VALLEY COMMUNITY SITE

NAME OF RECIPIENT - DOWNTOWN WOMEN'S CENTER

SCALING GENDER-SPECIFIC & TRAUMA-INFORMED PERMANENT SUPPORTIVE HOUSING

THROUGHOUT LOS ANGELES COUNTY

NAME OF RECIPIENT - FIVE ACRES

EXPANDING BEHAVIORAL AND MENTAL HEALTH SERVICES TO UNSERVED AND

UNDERSERVED CHILDREN, YOUTH AND FAMILIES THROUGH TELEHEALTH AND

IN-PERSON COMMUNITY-BASED PREVENTION PROGRAMS

NAME OF RECIPIENT - HOLLYWOOD FOOD COALITION

ENHANCE OUR COMMUNITY WELLNESS PROGRAM BY HIRING A PROGRAM MANAGER TO

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

REMOVE SOCIAL BARRIERS FOR COMMUNITY DINNER GUESTS AROUND ACCESSING

HEALTHCARE, HOUSING, AND OTHER SERVICES ESSENTIAL TO IMPROVING

LONG-TERM HEALTH.

NAME OF RECIPIENT - LIFT INC.

BREAKING THE INTERGENERATIONAL CYCLE OF POVERTY AND PREVENTING

COMMUNITY HEALTH INEQUITIES THROUGH MEDICAL-FINANCIAL PARTNERSHIPS

NAME OF RECIPIENT - NATIONAL HEALTH CARE FOR THE HOMELESS

BED AVAILABILITY REALTIME REPORT DEMONSTRATION PROJECT AND

TRAUMA-INFORMED PRACTICES TOOLKIT AND TRAINING IN LA COUNTY

NAME OF RECIPIENT - SCAN GROUP

HEALTHCARE IN ACTION: A STREET MEDICINE INITIATIVE DESIGNED TO SERVE

PATIENTS EXPERIENCING HOMELESSNESS

NAME OF RECIPIENT - UC LOS ANGELES

TRAINING HEALTHCARE PROVIDERS TO PROVIDE MENTAL HEALTH INTERVENTION TO

CHILDREN WITH PALLIATIVE CARE NEEDS

NAME OF RECIPIENT - KECK SCHOOL OF MEDICINE OF USC

DEVELOPMENT AND IMPLEMENTATION OF A REALITY-BASED HOMELESSNESS

CURRICULUM FOR THE HOMELESS HEALTHCARE WORKFORCE

NAME OF RECIPIENT - VIP COMMUNITY MENTAL HEALTH CENTER

EXPANSION OF THE FETAL ALCOHOL SPECTRUM DISORDER (FASD) SUBSPECIALTY

PEDIATRIC CLINIC AT THE LAC+USC HUB CLINIC

Part XIV 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 - CALIFORNIA COMMUNITY FOUNDATION

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

NAME OF RECIPIENT - H.O.P.E.

INCREASE CAPACITY TO ADDRESS DEMAND FOR AFFORDABLE HOUSING FOR PEOPLE
WITH I/DD AT RISK OF HOMELESSNESS OR DISPLACEMENT

NAME OF RECIPIENT - PARTNERS IN CARE FOUNDATION

EXPANDING THE GERIATRIC SOCIAL WORK EDUCATION CONSORTIUM (GSWEC) TO
ADDRESS THE CRITICAL SHORTAGE OF GERIATRIC SOCIAL WORKERS WHO PROVIDE
HOME-BASED SERVICES FOR FRAIL AND ISOLATED OLDER ADULTS.

NAME OF RECIPIENT - WEINGART CENTER ASSOCIATION

EXPAND WEINGART CENTER ASSOCIATIONS CLINICAL SERVICES DEPARTMENT TO
ENSURE ROBUST MENTAL HEALTH SUPPORT FOR HIGH-ACUITY RESIDENTS AT EACH
OF THE ORGANIZATIONS SATELLITE INTERIM HOUSING SITES.

NAME OF RECIPIENT - WHITTIER COLLEGE

CREATING A HEALTHY LIFE LAB PROGRAM AT WHITTIER COLLEGE TO PROMOTE
CAMPUS HEALTH & WELLNESS AND LAUNCH A DIVERSE COHORT OF STUDENTS INTO
HEALTH PROFESSIONS

NAME OF RECIPIENT - YMCA OF METROPOLITAN LOS ANGELES

Part XIV Supplementary Information

3a Grants and Contributions Paid During the Year Continuation of Purpose of Grant or Contribution

ADDRESSING YOUTH HEALTH IN UNDERSERVED AREAS OF LOS ANGELES: THE LA

YMCAS PHYSICAL LEARNING ACTIVITIES FOR YOUTH (PLAY)

NAME OF RECIPIENT - YWCA OF SAN GABRIEL VALLEY

YWCA-SGV, WELLNESS, EQUITY AND EMPOWERMENT CENTER (W.E. EMPOWER), A

COMMUNITY ENGAGEMENT AND HEALTH RESOURCE CENTER.

Part XIV Supplementary Information**3b Grants and Contributions Approved for Future Payment Continuation of Purpose of Grant or Contribution**

NAME OF RECIPIENT - BET TZEDEK

MEDICAL LEGAL PARTNERSHIP EXPANSION PROJECT: TRAUMA-FOCUSED SERVICES

AND RESIDENCY TRAINING

NAME OF RECIPIENT - COMMUNITY HEALTH INITIATIVE OF ORANGE COUNTY

COMMUNITY HEALTH ACCESS PROGRAM: EXPANSION TO ASSIST OLDER ADULTS

ENROLLING IN MEDI-CAL, MEDICARE, & OTHER SERVICES

NAME OF RECIPIENT - HOLLYWOOD FOOD COALITION

ENHANCE OUR COMMUNITY WELLNESS PROGRAM BY HIRING A PROGRAM MANAGER TO

REMOVE SOCIAL BARRIERS FOR COMMUNITY DINNER GUESTS AROUND ACCESSING

HEALTHCARE, HOUSING, AND OTHER SERVICES ESSENTIAL TO IMPROVING

LONG-TERM HEALTH.

NAME OF RECIPIENT - KECK SCHOOL OF MEDICINE OF USC

DEVELOPMENT AND IMPLEMENTATION OF A REALITY-BASED HOMELESSNESS

CURRICULUM FOR THE HOMELESS HEALTHCARE WORKFORCE

NAME OF RECIPIENT - NATIONAL HEALTH CARE FOR THE HOMELESS COUNCIL INC

BED AVAILABILITY REALTIME REPORT DEMONSTRATION PROJECT AND

TRAUMA-INFORMED PRACTICES TOOLKIT AND TRAINING IN LA COUNTY

NAME OF RECIPIENT - UNIVERSITY OF CALIFORNIA LOS ANGELES

TRAINING HEALTHCARE PROVIDERS TO PROVIDE MENTAL HEALTH INTERVENTION TO

CHILDREN WITH PALLIATIVE CARE NEEDS

NAME OF RECIPIENT - WEINGART CENTER ASSOCIATION

EXPAND WEINGART CENTER ASSOCIATIONS CLINICAL SERVICES DEPARTMENT TO

Part XIV Supplementary Information

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

ENSURE ROBUST MENTAL HEALTH SUPPORT FOR HIGH-ACUITY RESIDENTS AT EACH
OF THE ORGANIZATIONS SATELLITE INTERIM HOUSING SITES.

NAME OF RECIPIENT - WHITTIER COLLEGE

CREATING A HEALTHY LIFE LAB PROGRAM AT WHITTIER COLLEGE TO PROMOTE
CAMPUS HEALTH & WELLNESS AND LAUNCH A DIVERSE COHORT OF STUDENTS INTO
HEALTH PROFESSIONS

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2021

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), 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), 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).

Name of organization UNIHEALTH FOUNDATION	Employer identification number 95-5004033
--	--

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	PROVIDENCE HEALTH & SERVICES FOUNDATION PO BOX 389673 SEATTLE, WA 98138-9673	\$ 650,000.	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
--	--

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
--	--

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 DIVIDENDS AND INTEREST FROM SECURITIES STATEMENT 1

SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDENDS	(A) REVENUE PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME
INVESTMENT INCOME	5,418,003.	0.	5,418,003.	4,857,612.	
TO PART I, LINE 4	5,418,003.	0.	5,418,003.	4,857,612.	

FORM 990-PF OTHER INCOME STATEMENT 2

DESCRIPTION	(A) REVENUE PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME
PASSTHROUGH UBTI INCOME/LOSS	-8,079.	0.	
MISCELLANEOUS INCOME	3,205.	0.	
PROGRAM RELATED INVESTMENT INTEREST	72,076.	72,076.	
RECOVERED GRANTS	52.	0.	
TOTAL TO FORM 990-PF, PART I, LINE 11	67,254.	72,076.	

FORM 990-PF LEGAL FEES STATEMENT 3

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
LEGAL FEES	14,135.	10,650.		3,485.
TO FM 990-PF, PG 1, LN 16A	14,135.	10,650.		3,485.

FORM 990-PF ACCOUNTING FEES STATEMENT 4

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
ACCOUNTING FEES	80,544.	40,272.		40,272.
TO FORM 990-PF, PG 1, LN 16B	80,544.	40,272.		40,272.

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 MANAGEMENT FEES	3,314,614.	3,314,614.		0.
INVESTMENT ADVISORS	241,320.	241,320.		0.
CUSTODIAL FEES	60,834.	60,834.		0.
GRANTS MANAGEMENT	46,448.	0.		46,448.
MAINTENANCE	19,995.	2,255.		17,740.
OTHER SERVICE FEES	11,859.	3,741.		8,118.
WEBSITE	4,409.	0.		4,409.
TO FORM 990-PF, PG 1, LN 16C	3,699,479.	3,622,764.		76,715.

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 TAX EXPENSE	290,000.	0.		0.
STATE TAXES	850.	850.		0.
BUSINESS TAXES	294.	294.		0.
TO FORM 990-PF, PG 1, LN 18	291,144.	1,144.		0.

FORM 990-PF

OTHER EXPENSES

STATEMENT 7

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
PROJECT BASED COSTS	7,000.	0.		7,000.
INSURANCE	89,082.	36,309.		52,773.
ORGANIZATIONAL MEMBERSHIPS	25,000.	0.		25,000.
OTHER EXPENSES	27,009.	1,958.		25,051.
TO FORM 990-PF, PG 1, LN 23	148,091.	38,267.		109,824.

FORM 990-PF

CORPORATE STOCK

STATEMENT 8

DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE
WILLIAM BLAIR INTL	17,559,225.	17,559,225.
VAUGHAN NELSON	6,892,713.	6,892,713.
EUROPACIFIC GROWTH	18,799,562.	18,799,562.
HS MGMT EQ	19,544,291.	19,544,291.
MATTHEWS PACIFIC TIGER	5,431,424.	5,431,424.
COHEN & STEERS INSTL REALTY	5,019,503.	5,019,503.
ROBECO BOSTON PARTNERS	6,617,215.	6,617,215.
PRINCIPAL DIVERS REAL ASSETS	5,613,845.	5,613,845.
FIDELITY 500 INDEX FUND	55,794,712.	55,794,712.
ROYCE INTERNATIONAL FUND	4,858,810.	4,858,810.
ISHARES RUSSELL 1000 GROWTH	13,175,589.	13,175,589.
TOTAL TO FORM 990-PF, PART II, LINE 10B	159,306,889.	159,306,889.

FORM 990-PF

CORPORATE BONDS

STATEMENT 9

DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE
PIMCO TOTAL RETURN	13,851,860.	13,851,860.
WAMCO	12,751,991.	12,751,991.
DOUBLELINE	9,197,725.	9,197,725.
CCI BOND FUND	13,426,085.	13,426,085.
TOTAL TO FORM 990-PF, PART II, LINE 10C	49,227,661.	49,227,661.

FORM 990-PF

OTHER INVESTMENTS

STATEMENT 10

DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
RLH INVESTORS II, LP	FMV	271,808.	271,808.
OCM FUND VII	FMV	31,285.	31,285.
OAK HILL CAPITAL	FMV	76,433.	76,433.
SIGULAR GUFF BRIC FUND II	FMV	408,797.	408,797.
OCM OPPORTUNITES FUND VII(B)	FMV	1,922.	1,922.
OHA EURO CREDIT FUND	FMV	121,805.	121,805.
BLACKSTONE RE VII	FMV	1,146,528.	1,146,528.
RLH INVESTORS III, LP	FMV	3,208,737.	3,208,737.
SLIVER LAKE IV	FMV	7,248,150.	7,248,150.
NEW MOUNTAIN PARTNERS IV	FMV	1,653,426.	1,653,426.
INDUSTRY VENTURES IV	FMV	6,147,472.	6,147,472.
RLH INVESTORS IV LP	FMV	3,171,716.	3,171,716.
NEW MOUNTAIN PARTNERS V	FMV	8,580,451.	8,580,451.
TRIDENT VII	FMV	4,719,256.	4,719,256.
SILVER LAKE V	FMV	3,403,814.	3,403,814.
CENTERBRIDGE REAL ESTATE FUND	FMV	3,609,261.	3,609,261.
SVB STRATEGIC INVESTORS IX	FMV	3,780,930.	3,780,930.
AEA INVESTORS FUND VII	FMV	4,137,285.	4,137,285.
ALTAS PARTNERS II	FMV	4,278,256.	4,278,256.
SEARCHLIGHT	FMV	3,879,708.	3,879,708.
SVB STRATEGIC INVESTORS X	FMV	2,794,107.	2,794,107.
HARBOURVEST DOVER X	FMV	5,213,962.	5,213,962.
NEW MOUNTAIN VI	FMV	3,070,577.	3,070,577.
JP MORGAN SLP III	FMV	1,232,454.	1,232,454.
RIALTO REF III - PROPERTY	FMV	655,678.	655,678.
RIALTO REF III - DEBT	FMV	1,599,566.	1,599,566.
BLACKSTONE SP IX	FMV	1,845,539.	1,845,539.
KING STREET CAPITAL LTD	FMV	175,016.	175,016.
SANDERSON INTL VALUE FUND	FMV	11,238,465.	11,238,465.
TOTAL TO FORM 990-PF, PART II, LINE 13		87,702,404.	87,702,404.

FORM 990-PF

DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT

STATEMENT 11

DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
EQUIPMENT	63,703.	63,703.	0.
LEASEHOLD IMPROVEMENT	30,027.	15,719.	14,308.
TOTAL TO FM 990-PF, PART II, LN 14	93,730.	79,422.	14,308.

FORM 990-PF

OTHER ASSETS

STATEMENT 12

DESCRIPTION	BEGINNING OF YR BOOK VALUE	END OF YEAR BOOK VALUE	FAIR MARKET VALUE
DEFERRED COMPENSATION INVESTMENTS	899,623.	684,187.	684,187.
DEPOSITS	9,665.	9,665.	9,665.
PROGRAM RELATED INVESTMENTS	3,000,000.	5,500,000.	5,500,000.
TOTAL TO FORM 990-PF, PART II, LINE 15	3,909,288.	6,193,852.	6,193,852.

FORM 990-PF

OTHER LIABILITIES

STATEMENT 13

DESCRIPTION	BOY AMOUNT	EOY AMOUNT
DEFERRED RENT	45,968.	32,834.
EMPLOYEE SETTLEMENT	206,142.	206,142.
DEFERRED COMPENSATION LIABILITY	899,623.	684,187.
TOTAL TO FORM 990-PF, PART II, LINE 22	1,151,733.	923,163.

FORM 990-PF

PART VII - 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	260,000.	34,500.	9,600.
DAVID S. CANNOM, MD 800 WILSHIRE BLVD, SUITE 1300 LOS ANGELES, CA 90017	DIRECTOR 3.00	36,500.	0.	0.
DAVID R. CARPENTER 800 WILSHIRE BLVD, SUITE 1300 LOS ANGELES, CA 90017	DIRECTOR 3.00	33,000.	0.	0.
PATRICK C. HADEN 800 WILSHIRE BLVD, SUITE 1300 LOS ANGELES, CA 90017	DIRECTOR 3.00	33,000.	0.	0.
LYDIA H. KENNARD 800 WILSHIRE BLVD, SUITE 1300 LOS ANGELES, CA 90017	DIRECTOR 3.00	28,000.	0.	0.
CHARLES C. REED 800 WILSHIRE BLVD, SUITE 1300 LOS ANGELES, CA 90017	DIRECTOR 3.00	34,500.	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	30,000.	0.	0.
ROBERT G. SPLAWN, MD 800 WILSHIRE BLVD, SUITE 1300 LOS ANGELES, CA 90017	DIRECTOR 3.00	35,000.	0.	0.
AMY WOHL, PHD 800 WILSHIRE BLVD, SUITE 1300 LOS ANGELES, CA 90017	DIRECTOR 3.00	33,000.	0.	0.

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

PRESIDENT

40.00

280,172.

38,160.

9,600.

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

CFO

40.00

287,018.

42,605.

0.

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

1,121,190.

115,265.

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 VIII-B, LINE 1

1,500,000.

FORM 990-PF

SUMMARY OF PROGRAM-RELATED INVESTMENTS

STATEMENT 16

DESCRIPTION

PROGRAM-RELATED INVESTMENT LOAN TO RONALD MCDONALD HOUSE CHARITIES OF SOUTHERN CALIFORNIA TO SUPPORT ACQUISITION AND RENOVATION OF THE WESTSIDE LOS ANGELES RONALD MCDONALD HOUSE.

AMOUNT

TO FORM 990-PF, PART VIII-B, LINE 2

1,000,000.