

Form **990**Department of the Treasury  
Internal Revenue Service**Return of Organization Exempt From Income Tax**

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

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

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**Open to Public  
Inspection**A For the 2022 calendar year, or tax year beginning and ending****B** Check if applicable:

- ☐ Address change  
☐ Name change  
☐ Initial return  
☐ Final return/terminated  
☐ Amended return  
☐ Application pending

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

Doing business as

Number and street (or P.O. box if mail is not delivered to street address)

**1321 GARDEN HIGHWAY**

Room/suite

**210**

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

**SACRAMENTO, CA 95833****F** Name and address of principal officer: **CHET P. HEWITT****SAME AS C ABOVE****D** Employer identification number**45-5282243****E** Telephone number**(916) 993-7701****G** Gross receipts \$ **190,687,271.****H(a)** Is this a group returnfor subordinates? ☐ Yes ☒ No**H(b)** Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. See instructions

**H(c)** Group exemption number**I** Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( ) (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: **WWW.SHFCENTER.ORG****K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other**L** Year of formation: **2012** **M** State of legal domicile: **CA****Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b>	Briefly describe the organization's mission or most significant activities: <b>THE CENTER BRINGS PEOPLE, IDEAS AND INFRASTRUCTURE TOGETHER TO CREATE A COLLECTIVE IMPACT THAT</b>
	<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.
	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a) <b>8</b>
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b) <b>7</b>
	<b>5</b>	Total number of individuals employed in calendar year 2022 (Part V, line 2a) <b>0</b>
	<b>6</b>	Total number of volunteers (estimate if necessary) <b>0</b>
	<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12 <b>0.</b>
<b>7b</b>	Net unrelated business taxable income from Form 990-T, Part I, line 11 <b>0.</b>	
<b>Revenue</b>	<b>8</b>	Contributions and grants (Part VIII, line 1h) <b>242,659,281.</b>
	<b>9</b>	Program service revenue (Part VIII, line 2g) <b>0.</b>
	<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d) <b>46,620.</b>
	<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) <b>0.</b>
	<b>12</b>	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) <b>242,705,901.</b>
<b>Expenses</b>	<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3) <b>24,287,458.</b>
	<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4) <b>0.</b>
	<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) <b>0.</b>
	<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e) <b>0.</b>
	<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) <b>0.</b>
	<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) <b>160,003,045.</b>
	<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) <b>184,290,503.</b>
<b>19</b>	Revenue less expenses. Subtract line 18 from line 12 <b>58,415,398.</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b>	Total assets (Part X, line 16) <b>212,836,349.</b>
	<b>21</b>	Total liabilities (Part X, line 26) <b>115,651,549.</b>
	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20 <b>97,184,800.</b>

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer		Date		
	<b>SCOTT SENT, INTERIM CFO</b>				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	<b>AMANDA H. WILLIAMS</b>	<b>AMANDA H. WILLIAMS</b>	<b>11/17/23</b>		<b>P01281212</b>
<b>Firm's name</b>	<b>GILBERT CPAS</b>		<b>Firm's EIN 68-0037990</b>		
	<b>Firm's address 2880 GATEWAY OAKS DR, STE 100 SACRAMENTO, CA 95833</b>		<b>Phone no. 916-646-6464</b>		

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No

**Part III Statement of Program Service Accomplishments**Check if Schedule O contains a response or note to any line in this Part III ☒ **X****1** Briefly describe the organization's mission:

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

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

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

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

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

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**4a** (Code: ) (Expenses \$ **68,853,700.** including grants of \$ ) (Revenue \$ )  
**COVID-19 COMMUNITY OUTREACH PROJECT**

**THE CENTER AT SIERRA HEALTH FOUNDATION PARTNERED WITH THE CALIFORNIA DEPARTMENT OF SOCIAL SERVICES, THE CALIFORNIA DEPARTMENT OF PUBLIC HEALTH AND THE LABOR AND WORKFORCE DEVELOPMENT AGENCY TO PROVIDE FUNDING FOR COMMUNITY-BASED ORGANIZATIONS THROUGHOUT CALIFORNIA TO SUPPORT OUTREACH TO MITIGATE THE HEALTH CONSEQUENCES OF COVID-19 ON DISPROPORTIONATELY IMPACTED POPULATIONS AND COMMUNITIES. COMMUNITY-BASED ORGANIZATIONS HAVE BEEN PROVIDING CRITICAL SERVICES AND INFORMATION TO CALIFORNIANS DURING THE PANDEMIC AND ARE KEY PARTNERS IN CONTINUING TO PROVIDE EDUCATION AND OUTREACH ACROSS THE STATE.**

**4b** (Code: ) (Expenses \$ **46,478,814.** including grants of \$ ) (Revenue \$ )  
**MAT ACCESS POINTS PROJECT**

**THE MEDICATION ASSISTED TREATMENT (MAT) ACCESS POINTS PROJECT IS SUPPORTING ORGANIZATIONS THROUGHOUT CALIFORNIA TO ADDRESS THE OPIOID AND SUBSTANCE USE EPIDEMIC. THE PROJECT CREATES A COMMUNITY OF PRACTICE THAT LIFTS UP AND MAKES AVAILABLE RACIALLY AND CULTURALLY RESPONSIVE POPULATION-BASED AND PLACE-BASED APPROACHES FOR CALIFORNIA'S MOST UNDERSERVED COMMUNITIES. MAT USES MEDICATIONS WITH COUNSELING TO TREAT THE WHOLE PERSON. IT IS CONSIDERED THE GOLD STANDARD OF CARE FOR OPIOID USE DISORDER.**

**4c** (Code: ) (Expenses \$ **39,107,658.** including grants of \$ ) (Revenue \$ )  
**ELEVATE YOUTH CALIFORNIA**

**ELEVATE YOUTH CALIFORNIA IS A STATEWIDE PROGRAM THAT INVESTS IN YOUTH LEADERSHIP, HEALING AND POLICY, SYSTEMS AND ENVIRONMENTAL CHANGE IN UNDER-RESOURCED COMMUNITIES HARMED BY THE WAR ON DRUGS TO PREVENT YOUTH SUBSTANCE USE. FUNDING AND CAPACITY-BUILDING ACTIVITIES SUPPORT COMMUNITY-BASED ORGANIZATIONS WORKING WITH YOUTH ADVOCATES TO BUILD THEIR POWER AND LEADERSHIP SKILLS, HELPING STRENGTHEN A MOVEMENT THAT ELEVATES CALIFORNIA'S YOUTH AND YOUNG ADULTS.**

**4d** Other program services (Describe on Schedule O.)(Expenses \$ **55,607,924.** including grants of \$ **25,726,737.**) (Revenue \$ )**4e** Total program service expenses **210,048,096.**

**SIERRA HEALTH FOUNDATION:  
CENTER FOR HEALTH PROGRAM MANAGEMENT**

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**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	<b>X</b>	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	<b>X</b>	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		<b>X</b>
<b>4</b> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	<b>X</b>	
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>		<b>X</b>
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		<b>X</b>
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		<b>X</b>
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		<b>X</b>
<b>9</b> Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		<b>X</b>
<b>10</b> Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>		<b>X</b>
<b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	<b>X</b>	
<b>b</b> Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		<b>X</b>
<b>c</b> Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		<b>X</b>
<b>d</b> Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		<b>X</b>
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	<b>X</b>	
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	<b>X</b>	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	<b>X</b>	
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	<b>X</b>	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		<b>X</b>
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?		<b>X</b>
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		<b>X</b>
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		<b>X</b>
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		<b>X</b>
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I. See instructions</i>		<b>X</b>
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		<b>X</b>
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		<b>X</b>
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		<b>X</b>
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	<b>X</b>	

**SIERRA HEALTH FOUNDATION:  
CENTER FOR HEALTH PROGRAM MANAGEMENT**

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**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	<b>22</b>	<b>X</b>
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	<b>23</b>	<b>X</b>
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	<b>24a</b>	<b>X</b>
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	<b>24b</b>	
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	<b>24c</b>	
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	<b>24d</b>	
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	<b>25a</b>	<b>X</b>
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	<b>25b</b>	<b>X</b>
<b>26</b> Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	<b>26</b>	<b>X</b>
<b>27</b> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	<b>27</b>	<b>X</b>
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	<b>28a</b>	<b>X</b>
<b>b</b> A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	<b>28b</b>	<b>X</b>
<b>c</b> A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV	<b>28c</b>	<b>X</b>
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	<b>29</b>	<b>X</b>
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	<b>30</b>	<b>X</b>
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	<b>31</b>	<b>X</b>
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	<b>32</b>	<b>X</b>
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	<b>33</b>	<b>X</b>
<b>34</b> Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	<b>34</b>	<b>X</b>
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<b>35a</b>	<b>X</b>
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	<b>35b</b>	
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	<b>36</b>	<b>X</b>
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	<b>37</b>	<b>X</b>
<b>38</b> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	<b>38</b>	<b>X</b>

**Note:** All Form 990 filers are required to complete Schedule O

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

	Yes	No
<b>1a</b> Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	<b>1a</b>	<b>113</b>
<b>b</b> Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	<b>1b</b>	<b>0</b>
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	<b>1c</b>	<b>X</b>

**SIERRA HEALTH FOUNDATION:  
CENTER FOR HEALTH PROGRAM MANAGEMENT**

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

		Yes	No
<b>2a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	<b>2a</b> 0		
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	<b>2b</b>		
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>		<b>X</b>
<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	<b>3b</b>		
<b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<b>4a</b>		<b>X</b>
<b>b</b> If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>		<b>X</b>
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>		<b>X</b>
<b>c</b> If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>		
<b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	<b>6a</b>		<b>X</b>
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>			
<b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	<b>7a</b>		<b>X</b>
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>		
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>		<b>X</b>
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year	<b>7d</b>		
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>		<b>X</b>
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>		<b>X</b>
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>		
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>		
<b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	<b>8</b>		
<b>9 Sponsoring organizations maintaining donor advised funds.</b>			
<b>a</b> Did the sponsoring organization make any taxable distributions under section 4966?	<b>9a</b>		
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>		
<b>10 Section 501(c)(7) organizations.</b> Enter:			
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>		
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>		
<b>11 Section 501(c)(12) organizations.</b> Enter:			
<b>a</b> Gross income from members or shareholders	<b>11a</b>		
<b>b</b> Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>		
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>		
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>		
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>			
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>		
<b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	<b>13b</b>		
<b>c</b> Enter the amount of reserves on hand	<b>13c</b>		
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>		<b>X</b>
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	<b>14b</b>		
<b>15</b> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	<b>15</b>		<b>X</b>
<b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	<b>16</b>		<b>X</b>
<b>17 Section 501(c)(21) organizations.</b> Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	<b>17</b>		

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

Check if Schedule O contains a response or note to any line in this Part VI ☒ **X**

**Section A. Governing Body and Management**

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

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

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

**Section C. Disclosure**

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

**18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
☐ Own website    ☐ Another's website    ☒ Upon request    ☐ Other (explain on Schedule O)

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

**20** State the name, address, and telephone number of the person who possesses the organization's books and records  
**SCOTT SENT, CHIEF FINANCIAL OFFICER - (916) 993-7701**  
**1321 GARDEN HIGHWAY, 210, SACRAMENTO, CA 95833**

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
  - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
  - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
  - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

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

[illegible]

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
<b>1b Subtotal</b>								0.	1,052,441.	88,607.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								0.	1,052,441.	88,607.

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

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
RUNYON SALTZMAN, INC., 2020 L STREET, SUITE 100, SACRAMENTO, CA 95811	PR FIRM FOR COVID CAMPAIGN	22,409,791.
MOSS ADAMS LLP P.O. BOX 101822, PASADENA, CA 91189-1822	ACCOUNTING SERVICES	3,572,983.
MUTUAL ASSISTANCE NETWORK OF DEL PASO HEIGHTS 811 GRAND AVE STE A-3, SACRAMENTO, CA 95838	PROGRAMATIC WORK	1,123,784.
SACRAMENTO FOOD BANK SERVICES 3333 3RD AVENUE, SACRAMENTO, CA 95817	PROGRAMATIC WORK	1,000,000.
ROSE FAMILY CREATIVE EMPOWERMENT CENTER, 7000 FRANKLIN BLVD, 100, SACRAMENTO, CA	PROGRAMATIC WORK	947,704.
<b>2</b> Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization	128	



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**Part VIII Statement of Revenue**

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

				(A)	(B)	(C)	(D)
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b>	Federated campaigns .....	<b>1a</b>				
	<b>b</b>	Membership dues .....	<b>1b</b>				
	<b>c</b>	Fundraising events .....	<b>1c</b>				
	<b>d</b>	Related organizations .....	<b>1d</b>	1,025,000.			
	<b>e</b>	Government grants (contributions) .....	<b>1e</b>	160,993,940.			
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>	28,573,343.			
	<b>g</b>	Noncash contributions included in lines 1a-1f	<b>1g</b>	\$			
	<b>h</b>	<b>Total.</b> Add lines 1a-1f .....		190,592,283.			
<b>Program Service Revenue</b>	<b>2 a</b> .....			<b>Business Code</b>			
	<b>b</b> .....						
	<b>c</b> .....						
	<b>d</b> .....						
	<b>e</b> .....						
	<b>f</b> All other program service revenue .....						
	<b>g</b> <b>Total.</b> Add lines 2a-2f .....						
<b>Other Revenue</b>	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) .....			94,988.		94,988.
	<b>4</b>	Income from investment of tax-exempt bond proceeds .....					
	<b>5</b>	Royalties .....					
	<b>6 a</b>	Gross rents .....	<b>6a</b>	(i) Real	(ii) Personal		
	<b>b</b>	Less: rental expenses ...	<b>6b</b>				
	<b>c</b>	Rental income or (loss) .....	<b>6c</b>				
	<b>d</b>	Net rental income or (loss) .....					
	<b>7 a</b>	Gross amount from sales of assets other than inventory .....	<b>7a</b>	(i) Securities	(ii) Other		
	<b>b</b>	Less: cost or other basis and sales expenses .....	<b>7b</b>				
	<b>c</b>	Gain or (loss) .....	<b>7c</b>				
	<b>d</b>	Net gain or (loss) .....					
<b>8 a</b>	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....	<b>8a</b>					
<b>b</b>	Less: direct expenses .....	<b>8b</b>					
<b>c</b>	Net income or (loss) from fundraising events .....						
<b>9 a</b>	Gross income from gaming activities. See Part IV, line 19 .....	<b>9a</b>					
<b>b</b>	Less: direct expenses .....	<b>9b</b>					
<b>c</b>	Net income or (loss) from gaming activities .....						
<b>10 a</b>	Gross sales of inventory, less returns and allowances .....	<b>10a</b>					
<b>b</b>	Less: cost of goods sold .....	<b>10b</b>					
<b>c</b>	Net income or (loss) from sales of inventory .....						
<b>Miscellaneous Revenue</b>	<b>11 a</b> .....			<b>Business Code</b>			
	<b>b</b> .....						
	<b>c</b> .....						
	<b>d</b> All other revenue .....						
	<b>e</b> <b>Total.</b> Add lines 11a-11d .....						
<b>12</b>	<b>Total revenue.</b> See instructions .....			190,687,271.	0.	0.	94,988.

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**Part IX Statement of Functional Expenses**

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

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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A) Total expenses</b>	<b>(B) Program service expenses</b>	<b>(C) Management and general expenses</b>	<b>(D) Fundraising expenses</b>
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	25,726,737.	25,726,737.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees				
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages				
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
<b>9</b> Other employee benefits				
<b>10</b> Payroll taxes				
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management				
<b>b</b> Legal	141,976.	8,868.	133,108.	
<b>c</b> Accounting	177,540.	11,089.	166,451.	
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	6,200,781.	1,009,111.	5,191,670.	
<b>12</b> Advertising and promotion				
<b>13</b> Office expenses	1,159,931.	558,580.	601,351.	
<b>14</b> Information technology	233,503.	94,977.	138,526.	
<b>15</b> Royalties				
<b>16</b> Occupancy	375,722.	152,824.	222,898.	
<b>17</b> Travel	313,856.	237,550.	76,306.	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	275,100.	230,473.	44,627.	
<b>20</b> Interest	40,000.	40,000.		
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	53,824.	35,082.	18,742.	
<b>23</b> Insurance				
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
<b>a PROGRAM CONTRACTS</b>	172,532,553.	172,280,076.	252,477.	
<b>b MANAGEMENT FEES</b>	9,301,737.	9,301,737.		
<b>c STAFF DEVELOPMENT</b>	216,174.	140,902.	75,272.	
<b>d PROGRAM SUPPLIES</b>	174,552.	113,773.	60,779.	
<b>e All other expenses</b>	130,360.	106,317.	24,043.	
<b>25 Total functional expenses.</b> Add lines 1 through 24e	217,054,346.	210,048,096.	7,006,250.	0.
<b>26 Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

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**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	36,797,278.	<b>1</b>	34,921,112.
	<b>2</b> Savings and temporary cash investments .....	68,011,029.	<b>2</b>	48,078,899.
	<b>3</b> Pledges and grants receivable, net .....	89,600,495.	<b>3</b>	75,813,517.
	<b>4</b> Accounts receivable, net .....	101,940.	<b>4</b>	52,945.
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....	500,000.	<b>7</b>	1,800,000.
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	12,804,896.	<b>9</b>	7,475,792.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	1,681,137.		
	<b>b</b> Less: accumulated depreciation .....	291,788.		
		1,259,528.	<b>10c</b>	1,389,349.
	<b>11</b> Investments - publicly traded securities .....		<b>11</b>	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	3,757,063.	<b>12</b>	2,269,303.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
<b>15</b> Other assets. See Part IV, line 11 .....	4,120.	<b>15</b>	5,724,499.	
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	212,836,349.	<b>16</b>	177,525,416.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	3,535,011.	<b>17</b>	13,796,565.
	<b>18</b> Grants payable .....	36,219,645.	<b>18</b>	13,311,487.
	<b>19</b> Deferred revenue .....	72,239,989.	<b>19</b>	73,810,104.
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	3,656,904.	<b>25</b>	5,789,535.
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....	115,651,549.	<b>26</b>	106,707,691.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	2,511,550.	<b>27</b>	4,310,331.
	<b>28</b> Net assets with donor restrictions .....	94,673,250.	<b>28</b>	66,507,394.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> <b>Total net assets or fund balances</b> .....	97,184,800.	<b>32</b>	70,817,725.
	<b>33</b> <b>Total liabilities and net assets/fund balances</b> .....	212,836,349.	<b>33</b>	177,525,416.

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**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	190,687,271.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	217,054,346.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	-26,367,075.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	97,184,800.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	0.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	70,817,725.

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		<b>X</b>
<b>b</b>	Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input checked="" type="checkbox"/> Both consolidated and separate basis	<b>X</b>	
<b>c</b>	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	<b>X</b>	
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____	<b>X</b>	
<b>b</b>	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____	<b>X</b>	

Form **990** (2022)

**SCHEDULE A**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**  
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
Attach to Form 990 or Form 990-EZ.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**

Open to Public  
Inspection

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

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

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

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: \_\_\_\_\_
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations .....
- g Provide the following information about the supported organization(s).

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

## SIERRA HEALTH FOUNDATION:

CENTER FOR HEALTH PROGRAM MANAGEMENT

45-5282243 Page 2

Schedule A (Form 990) 2022

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	11,865,165.	56,793,608.	161,507,991.	242,659,281.	190,592,283.	663,418,328.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	11,865,165.	56,793,608.	161,507,991.	242,659,281.	190,592,283.	663,418,328.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						19,837,419.
<b>6 Public support.</b> Subtract line 5 from line 4.						643,580,909.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>7</b> Amounts from line 4 .....	11,865,165.	56,793,608.	161,507,991.	242,659,281.	190,592,283.	663,418,328.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	27,917.	21,003.	25,916.	46,620.	94,988.	216,444.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						663,634,772.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	

**13 First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	96.98 %
<b>15</b> Public support percentage from 2021 Schedule A, Part II, line 14 .....	<b>15</b>	94.48 %
<b>16a 33 1/3% support test - 2022.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
<b>b 33 1/3% support test - 2021.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>17a 10% -facts-and-circumstances test - 2022.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>b 10% -facts-and-circumstances test - 2021.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

Schedule A (Form 990) 2022

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						
<b>14 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2021 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2022</b> (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2021</b> Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2022.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization .....

☐

**b 33 1/3% support tests - 2021.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization .....

☐

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

☐

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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



**Part IV** Supporting Organizations (continued)

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

**Section D. All Type III Supporting Organizations**

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

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a governmental entity (see instructions).			
<b>2</b> Activities Test. Answer lines 2a and 2b below.			
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI</b> identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
<b>2a</b>			
<b>b</b> Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
<b>2b</b>			
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.			
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in <b>Part VI</b> .			
<b>3a</b>			
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.			
<b>3b</b>			

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
<b>1</b> Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
<b>a</b> Average monthly value of securities	<b>1a</b>		
<b>b</b> Average monthly cash balances	<b>1b</b>		
<b>c</b> Fair market value of other non-exempt-use assets	<b>1c</b>		
<b>d Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>		
<b>e Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):			
<b>2</b> Acquisition indebtedness applicable to non-exempt-use assets	<b>2</b>		
<b>3</b> Subtract line 2 from line 1d.	<b>3</b>		
<b>4</b> Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	<b>4</b>		
<b>5</b> Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>		
<b>6</b> Multiply line 5 by 0.035.	<b>6</b>		
<b>7</b> Recoveries of prior-year distributions	<b>7</b>		
<b>8 Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>		

Section C - Distributable Amount			Current Year
<b>1</b> Adjusted net income for prior year (from Section A, line 8, column A)	<b>1</b>		
<b>2</b> Enter 0.85 of line 1.	<b>2</b>		
<b>3</b> Minimum asset amount for prior year (from Section B, line 8, column A)	<b>3</b>		
<b>4</b> Enter greater of line 2 or line 3.	<b>4</b>		
<b>5</b> Income tax imposed in prior year	<b>5</b>		
<b>6 Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	<b>6</b>		
<b>7</b> <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).			

**SIERRA HEALTH FOUNDATION:  
CENTER FOR HEALTH PROGRAM MANAGEMENT**

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

Section D - Distributions		Current Year
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>	
<b>4</b> Amounts paid to acquire exempt-use assets	<b>4</b>	
<b>5</b> Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	<b>5</b>	
<b>6</b> Other distributions ( <i>describe in Part VI</i> ). See instructions.	<b>6</b>	
<b>7</b> <b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	<b>8</b>	
<b>9</b> Distributable amount for 2022 from Section C, line 6	<b>9</b>	
<b>10</b> Line 8 amount divided by line 9 amount	<b>10</b>	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
<b>1</b> Distributable amount for 2022 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2022 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2022			
<b>a</b> From 2017			
<b>b</b> From 2018			
<b>c</b> From 2019			
<b>d</b> From 2020			
<b>e</b> From 2021			
<b>f</b> <b>Total</b> of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2022 distributable amount			
<b>i</b> Carryover from 2017 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2022 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2022 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b> Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7</b> <b>Excess distributions carryover to 2023.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2018			
<b>b</b> Excess from 2019			
<b>c</b> Excess from 2020			
<b>d</b> Excess from 2021			
<b>e</b> Excess from 2022			

Schedule A (Form 990) 2022



**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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

Name of the organization

**SIERRA HEALTH FOUNDATION:  
CENTER FOR HEALTH PROGRAM MANAGEMENT**

Employer identification number

**45-5282243**

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

☒ 501(c)( 3 ) (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 <b>SIERRA HEALTH FOUNDATION: CENTER FOR HEALTH PROGRAM MANAGEMENT</b>	Employer identification number <b>45-5282243</b>
---	---

**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
<u>1</u>		\$ <u>142,672,110.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>2</u>		\$ <u>16,523,605.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>3</u>		\$ <u>14,000,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>4</u>		\$ <u>4,441,080.</u>	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.)

Employer identification number

45-5282243

## Part II

[illegible]

Name of organization <b>SIERRA HEALTH FOUNDATION: CENTER FOR HEALTH PROGRAM MANAGEMENT</b>	Employer identification number <b>45-5282243</b>
---	---

**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



**SCHEDULE C**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527  
Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**

Open to Public  
Inspection

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

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

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

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

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

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

Name of organization	<b>SIERRA HEALTH FOUNDATION: CENTER FOR HEALTH PROGRAM MANAGEMENT</b>	Employer identification number	<b>45-5282243</b>
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**Part I-A** Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.

2 Political campaign activity expenditures ..... \$ \_\_\_\_\_

3 Volunteer hours for political campaign activities ..... \_\_\_\_\_

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

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ..... \$ \_\_\_\_\_
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ..... \$ \_\_\_\_\_
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No
- 4a Was a correction made? ☐ Yes ☐ No
- b If "Yes," describe in Part IV.

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

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ..... \$ \_\_\_\_\_
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ..... \$ \_\_\_\_\_
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ..... \$ \_\_\_\_\_
- 4 Did the filing organization file Form 1120-POL for this year? ☐ Yes ☐ No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990) 2022

LHA

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

- A** Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check ☐ if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b> Total lobbying expenditures to influence public opinion (grassroots lobbying)		21,004.													
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying)		0.													
<b>c</b> Total lobbying expenditures (add lines 1a and 1b)		21,004.													
<b>d</b> Other exempt purpose expenditures		217,033,342.													
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d)		217,054,346.													
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.		1,000,000.													
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.			
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f)		250,000.													
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0-		0.													
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0-		0.													
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?			<input type="checkbox"/> Yes <input type="checkbox"/> No												

**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.

See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) Total
<b>2a</b> Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000.
<b>c</b> Total lobbying expenditures	5,153.			21,004.	26,157.
<b>d</b> Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.
<b>f</b> Grassroots lobbying expenditures	905.			21,004.	21,909.

Schedule C (Form 990) 2022

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

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

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

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

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

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

**Part IV** Supplemental Information

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

**PART II-A**

GRASS ROOTS LOBBYING-CASH DONATION AND PERSONNEL EXPENSES FOR MEASURE L, ON THE BALLOT FOR THE COUNTY OF SACRAMENTO. ACTIVITIES WERE LIMITED TO CONTACTING COMMUNITY MEMBERS VIA EMAIL AND CALENDAR INVITES TO PROMOTE AN INFORMATION SESSION HELD AT SIERRA HEALTH FOUNDATION ON OCTOBER 17, 2022. THE PURPOSE OF THE MEASURE L INFORMATION SESSION WAS TO EDUCATE COMMUNITY

LEADERS ABOUT MEASURE L, ITS FUNDING SOURCES AND IMPACT.

**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

Complete if the organization answered "Yes" on Form 990,  
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**

Open to Public  
Inspection

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

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....		
2 Aggregate value of contributions to (during year) .....		
3 Aggregate value of grants from (during year) .....		
4 Aggregate value at end of year .....		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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

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

<input type="checkbox"/> Preservation of land for public use (for example, recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

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

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after July 25, 2006, and not on a historic structure listed in the National Register .....	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

☐ Yes ☐ No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

☐ Yes ☐ No

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

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

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

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

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

(i) Revenue included on Form 990, Part VIII, line 1 ..... \$ .....

(ii) Assets included in Form 990, Part X ..... \$ .....

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

a Revenue included on Form 990, Part VIII, line 1 ..... \$ .....

b Assets included in Form 990, Part X ..... \$ .....

## SIERRA HEALTH FOUNDATION:

Schedule D (Form 990) 2022

CENTER FOR HEALTH PROGRAM MANAGEMENT

45-5282243 Page 2

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

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

a ☐ Public exhibitiond ☐ Loan or exchange programb ☐ Scholarly researche ☐ Other \_\_\_\_\_c ☐ Preservation for future generations

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

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

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

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

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

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

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

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

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

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

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

a Board designated or quasi-endowment \_\_\_\_\_ %

b Permanent endowment \_\_\_\_\_ %

c Term endowment \_\_\_\_\_ %

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

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

(i) Unrelated organizations

(ii) Related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? ☐

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

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		1,222,575.	200,918.	1,021,657.
c Leasehold improvements				
d Equipment		111,279.	90,870.	20,409.
e Other		347,283.		347,283.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				1,389,349.

Schedule D (Form 990) 2022

**SIERRA HEALTH FOUNDATION:  
CENTER FOR HEALTH PROGRAM MANAGEMENT**

Schedule D (Form 990) 2022

**45-5282243** Page **3**

**Part VII Investments - Other Securities.**

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

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

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

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

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DUE TO SIERRA HEALTH FOUNDATION	569,274.
(3) DUE TO DIGNITY HEALTH	1,000,000.
(4) DUE TO IMPACT ASSETS	2,000,000.
(5) OTHER INTERCOMPANY PAYABLES	-4,535.
(6) OPERATING LEASE LIABILITY	2,224,796.
(7) .....	
(8) .....	
(9) .....	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	5,789,535.

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

**Schedule D (Form 990) 2022**

## SIERRA HEALTH FOUNDATION:

Schedule D (Form 990) 2022

CENTER FOR HEALTH PROGRAM MANAGEMENT

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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements .....	<b>1</b>	190,687,271.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments .....	<b>2a</b>	
<b>b</b>	Donated services and use of facilities .....	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants .....	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.) .....	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> .....	<b>2e</b>	0.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> .....	<b>3</b>	190,687,271.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b .....	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.) .....	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> .....	<b>4c</b>	0.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) .....	<b>5</b>	190,687,271.

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

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

<b>1</b>	Total expenses and losses per audited financial statements .....	<b>1</b>	217,054,346.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities .....	<b>2a</b>	
<b>b</b>	Prior year adjustments .....	<b>2b</b>	
<b>c</b>	Other losses .....	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.) .....	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> .....	<b>2e</b>	0.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> .....	<b>3</b>	217,054,346.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b .....	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.) .....	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> .....	<b>4c</b>	0.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) .....	<b>5</b>	217,054,346.

**Part XIII Supplemental Information.**

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

**PART X, LINE 2:**

THE CENTER APPLIES THE ACCOUNTING PRINCIPLES RELATED TO ACCOUNTING FOR  
 UNCERTAINTY IN INCOME TAXES AND HAS DETERMINED THAT THERE IS NO MATERIAL  
 IMPACT ON THE FINANCIAL STATEMENTS.



**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
**Attach to Form 990.**  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

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

**Part I General Information on Grants and Assistance**

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ **Yes** ☐ **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
COMMUNITY FOUNDATION OF SAN JOAQUIN - 6735 HERNDON PLACE SUITE B - STOCKTON, CA 95219	26-1476916	501C(3)	2,000,000.	0.			GENERAL SUPPORT
CALIFORNIA CALLS FOR EDUCATION FUND - 4801 EXPOSITION BLVD. - LOS ANGELES, CA 90016	46-2301623	501C(3)	1,500,000.	0.			GENERAL SUPPORT
REGENTS OF THE UNIVERSITY OF CALIFORNIA, UC MERCED - 5200 NORTH LAKE ROAD - MERCED, CA 95343	94-3250114	501C(3)	1,000,000.	0.			GENERAL SUPPORT
ACTION COUNCIL OF MONTEREY COUNTY, INC. - 295 MAIN STREET, SUITE 500 - SALINAS, CA 93901	77-0357101	501C(3)	950,000.	0.			GENERAL SUPPORT
JAKARA MOVEMENT 6089 N. 1ST ST., STE 102 FRESNO, CA 93710	26-3225754	501C(3)	729,693.	0.			GENERAL SUPPORT
LITTLE MANILA FOUNDATION PO BOX 1356 STOCKTON, CA 95201	20-2661354	501C(3)	621,035.	0.			GENERAL SUPPORT

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **183.**
- 3** Enter total number of other organizations listed in the line 1 table **2.**

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) 2022

**SIERRA HEALTH FOUNDATION:  
CENTER FOR HEALTH PROGRAM MANAGEMENT**

Schedule I (Form 990)

**45-5282243**

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**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
INLAND EMPIRE LABOR INSTITUTE 1074 E. LA CADENA DRIVE SUITE 1 RIVERSIDE, CA 92507	33-0575477	501C(3)	550,000.	0.			GENERAL SUPPORT
SOMALI FAMILY SERVICE OF SAN DIEGO 5348 UNIVERSITY AVENUE SAN DIEGO, CA 92105	91-2065038	501C(3)	510,000.	0.			GENERAL SUPPORT
CALIFORNIA INDIAN MANPOWER CONSORTIUM - 738 NORTH MARKET BLVD. - SACRAMENTO, CA 95834	94-2472564	501C(3)	500,000.	0.			GENERAL SUPPORT
CENTRAL VALLEY COMMUNITY FOUNDATION - 1260 FULTON STREET SUITE 200 - FRESNO, CA 93721	26-1476916	501C(3)	500,000.	0.			GENERAL SUPPORT
CHINESE PROGRESSIVE ASSOCIATION 1042 GRANT AVENUE 5TH FLOOR SAN FRANCISCO, CA 94133	23-7404756	501C(3)	500,000.	0.			GENERAL SUPPORT
INLAND EMPIRE COMMUNITY FOUNDATION 3700 SIXTH STREET, SUITE 200 RIVERSIDE, CA 92501	33-0748536	501C(3)	500,000.	0.			GENERAL SUPPORT
PREVENT CHILD ABUSE CALIFORNIA 4700 ROSEVILLE ROAD NORTH HIGHLANDS, CA 95660	94-2860387	501C(3)	500,000.	0.			GENERAL SUPPORT
RAFIKI COALITION FOR HEALTH & WELLNESS - 601 CESAR CHAVEZ STREET - SAN FRANCISCO, CA 94124	94-3098879	501C(3)	500,000.	0.			GENERAL SUPPORT
SOUTHERN CALIFORNIA GRANTMAKERS 1000 NORTH ALAMEDA ST., STE 230 LOS ANGELES, CA 90012	95-2831058	501C(3)	500,000.	0.			GENERAL SUPPORT

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**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GREATER SACRAMENTO URBAN LEAGUE 3725 MARYSVILLE BLVD SACRAMENTO, CA 95838-3738	94-1686314	501C(3)	464,850.	0.			GENERAL SUPPORT
CHINESE FOR AFFIRMATIVE ACTION 17 WALTER U. LUM PLACE SAN FRANCISCO, CA 94108	94-2161304	501C(3)	427,311.	0.			GENERAL SUPPORT
MY SISTER'S HOUSE 3053 FREEPORT BOULEVARD #120 SACRAMENTO, CA 95818	68-0464114	501C(3)	425,000.	0.			GENERAL SUPPORT
REGENTS OF THE UNIVERSITY OF CA, DAVIS - 2801 SECOND ST. - DAVIS, CA 95618	94-6036494	501C(3)	389,171.	0.			GENERAL SUPPORT
SUTTER COUNTY SUPERINTENDENT OF SCHOOLS - 970 KLAMATH LANE - YUBA CITY, CA 95993	94-6002768	GOVERNMENT	369,147.	0.			GENERAL SUPPORT
HORN OF AFRICA COMMUNITY NORTH AMERICAN - 5348 UNIVERSITY AVENUE SUITE 101 - SAN DIEGO, CA 92105	33-0696380	501C(3)	317,466.	0.			GENERAL SUPPORT
CALIFORNIA STATE ALLIANCE OF YMCA'S - 1107 9TH ST. SUITE 1007 - SACRAMENTO, CA 95814	47-1924794	501C(3)	300,000.	0.			GENERAL SUPPORT
WORKING PARTNERSHIPS USA 2302 ZANKER ROAD SAN JOSE, CA 95131	77-0387535	501C(3)	300,000.	0.			GENERAL SUPPORT
UNITED WAY OF MONTEREY COUNTY 232 MONTEREY STREET SUITE 200 SALINAS, CA 93901	94-1322169	501C(3)	294,272.	0.			GENERAL SUPPORT

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**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMELIA ANN ADAMS WHOLE LIFE CENTER 6702 INGLEWOOD AVE SUITE K STOCKTON, CA 95207	81-4694078	501C(3)	276,000.	0.			GENERAL SUPPORT
FRESNO INTERDENOMINATIONAL REFUGEE MINISTRIES - 1940 N. FRESNO STREET - FRESNO, CA 93703	77-0357297	501C(3)	260,000.	0.			GENERAL SUPPORT
TENGX CENTER OF THE NORTHSTATE, INC. - 1681 E. CYPRESS AVENUE SUITE C - REDDING, CA 96002	87-2873311	501C(3)	260,000.	0.			GENERAL SUPPORT
CONGREGATIONS ORGANIZED FOR PROPHETIC ENGAGEMENT - 1501 W. HIGHLAND, STE. 1 - SAN BERNADINO, CA 92411	33-0938212	501C(3)	250,000.	0.			GENERAL SUPPORT
JEWISH VOCATIONAL & CAREER COUNSELING SERVICE - 548 MARKET STREET, PMB 37733 - SAN FRANCISCO, CA 94104	94-2213100	501C(3)	250,000.	0.			GENERAL SUPPORT
PILIPINO WORKERS CENTER OF SOUTHERN CALIFORNIA - 153 GLENDALE BLVD., 1ST FLOOR - LOS ANGELES, CA 90026	77-0439301	501C(3)	250,000.	0.			GENERAL SUPPORT
KUTTURAN CHAMORU FOUNDATION 3307 OREGON AVENUE LONG BEACH, CA 90806	26-4564957	501C(3)	235,000.	0.			GENERAL SUPPORT
FRESNO BARRIOS UNIDOS 4403 EAST TULARE AVENUE FRESNO, CA 93702	77-0363955	501C(3)	232,000.	0.			GENERAL SUPPORT
FLINTRIDGE CENTER 236 WEST MOUNTAIN STREET SUITE 106 PASADENA, CA 91103	26-1559274	501C(3)	200,000.	0.			GENERAL SUPPORT

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**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HEALTH EDUCATION COUNCIL SERVING POPULATIONS AT RISK - 7617 ALMA VISTA WAY SUITE C - SACRAMENTO, CA 95831-4000	68-0249296	501C(3)	200,000.	0.			GENERAL SUPPORT
LOS ANGELES BLACK WORKER CENTER PO BOX 431900 LOS ANGELES, CA 90043	86-3395355	501C(3)	200,000.	0.			GENERAL SUPPORT
TALLER SAN JOSE BUILDERS 801 NORTH BROADWAY SANTA ANA, CA 92701	59-3816355	501C(3)	200,000.	0.			GENERAL SUPPORT
THE FRESNO CENTER 4879 E. KINGS CANYON RD. FRESNO, CA 93727	77-0280265	501C(3)	200,000.	0.			GENERAL SUPPORT
CENTER ON RACE, POVERTY & ENVIRONMENT - 1012 JEFFERSON STREET - DELANO, CA 93215	05-0557231	501C(3)	183,582.	0.			GENERAL SUPPORT
TIDES CENTER P.O. BOX 889385 LOS ANGELES, CA 90088-9385	94-3213100	501C(3)	180,012.	0.			GENERAL SUPPORT
CHAFFEY COLLEGE FOUNDATION 5885 HAVEN AVENUE RANCHO CUCAMONGA, CA 91737	95-4095445	501C(3)	175,000.	0.			GENERAL SUPPORT
FOUNDATION FOR CALIFORNIA COMMUNITY COLLEGES - 1102 Q. STREET, SUITE 4800 - SACRAMENTO, CA 95811	68-0412350	501C(3)	175,000.	0.			GENERAL SUPPORT
REGENTS OF THE UNIVERSITY OF CALIFORNIA AT BERKELEY - 1608 FOURTH ST., SUITE 220 - BERKELEY, CA 94720	94-6002123	501C(3)	175,000.	0.			GENERAL SUPPORT

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**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CALIFORNIA COLLABORATIVE FOR IMMIGRANT JUSTICE - 1999 HARRISON ST. STE 1800 - OAKLAND, CA 94612	85-2856613	501C(3)	171,000.	0.			GENERAL SUPPORT
LGBTQ + COLLABORATIVE 209 SEMPLE STREET MODESTO, CA 95354	85-1911056	501C(3)	160,000.	0.			GENERAL SUPPORT
VISION Y COMPROMISO 2536 EDWARDS AVE. EL CERRITO, CA 94530	32-0071651	501C(3)	160,000.	0.			GENERAL SUPPORT
HMONG YOUTH AND PARENTS UNITED 631 ELEANOR AVENUE SACRAMENTO, CA 95815	26-3840730	501C(3)	158,500.	0.			GENERAL SUPPORT
CALIFORNIA BLACK MEDIA 1809 S STREET 101-226 SACRAMENTO, CA 95811	42-2898252	501C(3)	150,000.	0.			GENERAL SUPPORT
LOS ANGELES BROTHERHOOD CRUSADE-BLACK UNITED FUND, INC. - 200 EAST SLAUSON AVENUE - LOS ANGELES, CA 90011	95-2543819	501C(3)	150,000.	0.			GENERAL SUPPORT
ORGANIZING ROOTS 139 PRAGUE STREET SAN FRANCISCO, CA 94112	87-2183308	501C(3)	150,000.	0.			GENERAL SUPPORT
REGENTS UNIVERSITY OF CALIFORNIA LOS ANGELES - 10889 WILSHIRE BLVD., STE 700 - LOS ANGELES, CA 90095-1406	95-6006143	501C(3)	150,000.	0.			GENERAL SUPPORT
STONE SOUP FRESNO 1345 BULLDOG LANE FRESNO, CA 93710	77-0430680	501C(3)	150,000.	0.			GENERAL SUPPORT

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**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY ENTERPRISES 6000 J STREET SUITE 3400 SACRAMENTO, CA 95819-	94-1337638	501C(3)	150,000.	0.			GENERAL SUPPORT
FAITH IN THE VALLEY 2027 E. HARDING WAY STOCKTON, CA 95205	77-0635938	501C(3)	135,625.	0.			GENERAL SUPPORT
UNITED WAY OF MERCED COUNTY, INC. 531 WEST MAIN STREET MERCED, CA 95340	94-2633265	501C(3)	130,000.	0.			GENERAL SUPPORT
EQUALITY CALIFORNIA INSTITUTE 555 WEST 5TH ST., 35TH FLOOR LOS ANGELES, CA 90013	68-0438008	501C(3)	125,000.	0.			GENERAL SUPPORT
CRISIS INTERVENTION SERVICES DBA SIERRA COMMUNITY HOUSE - PO BOX 1232 - KINGS BEACH, CA 96143	94-2985554	501C(3)	124,051.	0.			GENERAL SUPPORT
SHASTA COUNTY CITIZENS ADVOCATING RESPECT - PO BOX 990586 - REDDING, CA 96099	68-0340000	501C(3)	124,000.	0.			GENERAL SUPPORT
CENTRAL VALLEY WORKERS CENTER 3485 W. SHAW AVENUE SUITE 103 FRESNO, CA 93711	83-1708059	501C(3)	122,500.	0.			GENERAL SUPPORT
CANAL ALLIANCE 91 LARKSPUR STREET SAN RAFAEL, CA 94901	94-2832648	501C(3)	120,721.	0.			GENERAL SUPPORT
SERVICES & IMMIGRANT RIGHTS & EDUCATION NETWORK - 1415 KOLL CIRCLE SUITE 108 - SAN JOSE, CA 95112	77-0487468	501C(3)	110,000.	0.			GENERAL SUPPORT

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**SIERRA HEALTH FOUNDATION:  
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**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GREENACTION FOR HEALTH & ENVIRONMENTAL JUSTICE - 315 SUTTER STREET 2ND FLOOR - SAN FRANCISCO, CA 94108	43-2050242	501C(3)	107,545.	0.			GENERAL SUPPORT
YOLO COUNTY CHILDREN'S ALLIANCE 600 A STREET DAVIS, CA 95616	68-0526185	501C(3)	107,410.	0.			GENERAL SUPPORT
COMMUNITY INTERVENTIONS PO BOX 30225 BAKERSFIELD, CA 93385	85-4199206	501C(3)	106,000.	0.			GENERAL SUPPORT
ROOT & REBOUND 1730 FRANKLIN ST. SUITE 300 OAKLAND, CA 94612	46-3876220	501C(3)	106,000.	0.			GENERAL SUPPORT
DOLORES C. HUERTA FOUNDATION PO BOX 2087 BAKERSFIELD, CA 93303	91-2145992	501C(3)	103,582.	0.			GENERAL SUPPORT
LEADERSHIP COUNSEL FOR JUSTICE AND ACCOUNTABILITY - 2210 SAN JOAQUIN ST. - FRESNO, CA 93721	46-1517800	501C(3)	103,582.	0.			GENERAL SUPPORT
ANTI-RECIDIVISM COALITION 1320 E. 7TH STREET - STE 260 LOS ANGELES, CA 90021	46-2140915	501C(3)	100,000.	0.			GENERAL SUPPORT
CALIFORNIA ASSOCIATION OF NONPROFITS - PO BOX 1610 - CAPITOLA, CA 95010	77-0045382	501C(3)	100,000.	0.			GENERAL SUPPORT
COMMUNITY INITIATIVES 1000 BROADWAY SUITE 480 OAKLAND, CA 94607	94-3255070	501C(3)	100,000.	0.			GENERAL SUPPORT

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COMMUNITY JUSTICE ALLIANCE 1809 S STREET, SUITE 101 - 291 SACRAMENTO, CA 95811	83-2059750	501C(3)	100,000.	0.			GENERAL SUPPORT
COMMUNITY MATTERS PO BOX 14816 SANTA ROSA, CA 95402	68-0369720	501C(3)	100,000.	0.			GENERAL SUPPORT
FAITH IN ACTION EAST BAY 8400 ENTERPRISE WAY OAKLAND, CA 94621	94-2494442	501C(3)	100,000.	0.			GENERAL SUPPORT
LIBERTY HILL FOUNDATION 1001 WILSHIRE BLVD. LOS ANGELES, CA 90017	51-0181191	501C(3)	100,000.	0.			GENERAL SUPPORT
MOTIVATING ACTION LEADERSHIP OPPORTUNITY - 936 NORTH LA PALOMA AVENUE - ONTARIO, CA 91764-2914	82-4711809	501C(3)	100,000.	0.			GENERAL SUPPORT
ROOTS COMMUNITY HEALTH CENTER 9925 INTERNATIONAL BLVD., SUITE 5 OAKLAND, CA 94603-2558	26-2583954	501C(3)	100,000.	0.			GENERAL SUPPORT
SMALL BUSINESS MAJORITY FOUNDATION 1015 15TH STREET NW SUITE 450 WASHINGTON, DC 20005	03-0576666	501C(3)	100,000.	0.			GENERAL SUPPORT
TRYBE, INC. 3542 FRUITVALE AVENUE #135 OAKLAND, CA 94602-2327	46-4326520	501C(3)	100,000.	0.			GENERAL SUPPORT
ASIAN COMMUNITY CENTER OF SACRAMENTO VALLEY, INC. - 7334 PARK CITY DRIVE - SACRAMENTO, CA 95831	94-2271380	501C(3)	95,000.	0.			GENERAL SUPPORT

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SOUTH SACRAMENTO CHRISTIAN CENTER CHURCH: M4L PROGRAM - 7710 STOCKTON BLVD - SACRAMENTO, CA 95823	68-0186235	501C(3)	90,000.	0.			GENERAL SUPPORT
INTERNATIONAL RESCUE COMMITTEE 440 GRAND AVENUE, SUITE 500 OAKLAND, CA 94610	13-5660870	501C(3)	89,115.	0.			GENERAL SUPPORT
MADERA COALITION FOR COMMUNITY JUSTICE - 219 SOUTH D STREET - MADERA, CA 93638	77-0391942	501C(3)	87,500.	0.			GENERAL SUPPORT
COMMUNITY WATER CENTER 222 N. GARDEN ST., STE. 130 VISALIA, CA 93291	80-0267674	501C(3)	83,582.	0.			GENERAL SUPPORT
CALIFORNIANS FOR JUSTICE EDUCATION FUND INC. - 548 MARKET ST. PMB 41203 - SAN FRANCISCO, CA 94104-5401	94-3256009	501C(3)	83,582.	0.			GENERAL SUPPORT
COMMUNITIES UNITED FOR RESTORATIVE YOUTH JUSTICE - 490 LAKE PARK AVENUE #16086 - OAKLAND, CA 94610	27-5008441	501C(3)	80,000.	0.			GENERAL SUPPORT
PACIFIC JUVENILE DEFENDER CENTER, INC. - 201 SPEAR STREET SUITE 1100 - SAN FRANCISCO, CA 94105	27-3192302	501C(3)	80,000.	0.			GENERAL SUPPORT
RESTORE 180 710 VAN NESS AVE. STE 188 FRESNO, CA 93721	87-1164599	501C(3)	80,000.	0.			GENERAL SUPPORT
POWER CALIFORNIA 436 14TH STREET SUITE 500 OAKLAND, CA 94612	77-0651682	501C(3)	76,439.	0.			GENERAL SUPPORT

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NORTH BAY JOBS WITH JUSTICE PO BOX 427 SANTA ROSA, CA 95402	81-1374240	501C(3)	75,000.	0.			GENERAL SUPPORT
NATIONAL CENTER FOR YOUTH LAW 1212 BROADWAY, SUITE 600 OAKLAND, CA 94612	94-2506933	501C(3)	70,000.	0.			GENERAL SUPPORT
COMMUNITIES FOR A NEW CALIFORNIA EDUCATION FUND - 4120 DOUGLAS BLVD. #306-418 - GRANITE BAY, CA 95746	45-1636468	501C(3)	68,977.	0.			GENERAL SUPPORT
MERCED LAO FAMILY COMMUNITY, INC. 1748 MILES COURT SUITE B MERCED, CA 95348-4300	77-0268241	501C(3)	65,000.	0.			GENERAL SUPPORT
SOUTH SACRAMENTO CHRISTIAN CENTER CHURCH - 7710 STOCKTON BLVD - SACRAMENTO, CA 95823	68-0186235	501C(3)	65,000.	0.			GENERAL SUPPORT
FRESNO METRO BLACK CHAMBER OF COMMERCE - 1444 FULTON STREET #206 - FRESNO, CA 93721	77-0527269	501C(3)	63,729.	0.			GENERAL SUPPORT
THE ALLIANCE FOR COMMUNITY WELLNESS DBA LA FAMILIA - 26081 MOCINE AVENUE - HAYWARD, CA 94544	94-2297155	501C(3)	60,585.	0.			GENERAL SUPPORT
EAST BAY SANCTUARY COVENANT 2362 BANCROFT WAY BERKELEY, CA 94704	94-3249753	501C(3)	57,500.	0.			GENERAL SUPPORT
SAN FRANCISCO INTERFAITH COUNCIL PO BOX 29055 SAN FRANCISCO, CA 94129-0055	94-3152098	501C(3)	55,000.	0.			GENERAL SUPPORT

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HEALTHY AGING ASSOCIATION 3500 COFFEE RD., SUITE 19 MODESTO, CA 95355	77-0546574	501C(3)	53,000.	0.			GENERAL SUPPORT
EAST BAY COMMUNITY FOUNDATION 200 FRANK H. OGAWA PLAZA OAKLAND, CA 94612	94-6070996	501C(3)	50,000.	0.			GENERAL SUPPORT
EQUITY-ALLIANCE-GROUP, INC. 4719 QUAIL LAKES DRIVE G322 STOCKTON, CA 95207	83-1374603	501C(3)	50,000.	0.			GENERAL SUPPORT
SIGMA BETA XI, INC. 12125 DAY STREET, SUITE E303 MORENO VALLEY, CA 92557	30-0779014	501C(3)	50,000.	0.			GENERAL SUPPORT
SOCIAL GOOD FUND, INC. PO BOX 5473 RICHMOND, CA 94805	46-1323531	501C(3)	50,000.	0.			GENERAL SUPPORT
VIETNAMESE AMERICAN ROUNDTABLE 6111 JASON CT. SAN JOSE, CA 95123	82-1802251	501C(3)	50,000.	0.			GENERAL SUPPORT
IMMIGRANT LEGAL RESOURCE CENTER 1458 HOWARD STREET SAN FRANCISCO, CA 94103	94-2939540	501C(3)	47,500.	0.			GENERAL SUPPORT
CENTER FOR YOUNG WOMEN'S DEVELOPMENT - 832 FOLSOM ST STE 700 - SAN FRANCISCO, CA 94107-1142	94-3227681	501C(3)	40,000.	0.			GENERAL SUPPORT
CENTER ON JUVENILE AND CRIMINAL JUSTICE - 424 GUERRERO STREET SUITE A - SAN FRANCISCO, CA 94110	94-3136811	501C(3)	40,000.	0.			GENERAL SUPPORT

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HUMAN RIGHTS WATCH 350 FIFTH AVE. 34TH FLOOR NEW YORK, NY 10118-3299	13-2875808	501C(3)	40,000.	0.			GENERAL SUPPORT
W. HAYWOOD BURNS INSTITUTE 475 - 14TH STREET, SUITE 800 OAKLAND, CA 94612	81-0594086	501C(3)	40,000.	0.			GENERAL SUPPORT
YOUTH JUSTICE COALITION P.O. BOX 73688 LOS ANGELES, CA 90003	83-0466818	501C(3)	40,000.	0.			GENERAL SUPPORT
YOUTH LAW CENTER 832 FOLSOM STREET SUITE 700 SAN FRANCISCO, CA 94107.	94-1715280	501C(3)	40,000.	0.			GENERAL SUPPORT
RYSE, INC. 3939 BISSELL AVENUE RICHMOND, CA 94805-2200	26-0692904	501C(3)	35,000.	0.			GENERAL SUPPORT
SOCIAL & ENVIRONMENTAL ENTREPRENEURS, INC. - 23564 CALABASAS ROAD, SUITE 201 - CALABASAS, CA 91302	95-4116679	501C(3)	32,500.	0.			GENERAL SUPPORT
SAN DIEGO ORGANIZING PROJECT 4305 UNIVERSITY AVENUE SUITE 530 SAN DIEGO, CA 92105	95-3284521	501C(3)	30,000.	0.			GENERAL SUPPORT
SILICON VALLEY DE-BUG 701 LENZEN AVENUE SAN JOSE, CA 95126	46-4274158	501C(3)	30,000.	0.			GENERAL SUPPORT
PESTICIDE ACTION NETWORK NORTH AMERICA/GRANT - 2029 UNIVERSITY AVE. SUITE 200 - BERKELEY, CA 94704	94-2949686	501C(3)	27,930.	0.			GENERAL SUPPORT

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SACRAMENTO STEPS FORWARD 2150 RIVER PLAZA DRIVE, SUITE 385 SACRAMENTO, CA 95833	27-4907397	501C(3)	25,977.	0.			GENERAL SUPPORT
POLICYLINK 1438 WEBSTER STREET, STE. 303 OAKLAND, CA 94612	94-3297479	501C(3)	25,000.	0.			GENERAL SUPPORT
YOUTH FORWARD 2411 15TH STREET, SUITE A SACRAMENTO, CA 95818	81-5343876	501C(3)	25,000.	0.			GENERAL SUPPORT
CALIFORNIA COALITION FOR RURAL HOUSING PROJECT - 717 K. STREET, SUITE 400 - SACRAMENTO, CA 95814	94-2832634	501C(3)	22,500.	0.			GENERAL SUPPORT
CHILDREN NOW 1005 EUCLID AVENUE BERKELEY, CA 94708	94-3059243	501C(3)	22,500.	0.			GENERAL SUPPORT
SEQUOIA RIVERLANDS TRUST 427 SOUTH GARDEN STREET VISALIA, CA 93277	77-0347417	501C(3)	22,500.	0.			GENERAL SUPPORT
THE UTILITY REFORM NETWORK (TURN) 360 GRAND AVE., #150 OAKLAND, CA 94610	23-7351081	501C(3)	22,500.	0.			GENERAL SUPPORT
ARCHITECTS OF HOPE, INC. 2825 PEPPER OAKS DR. SACRAMENTO, CA 95827	84-2434772	501C(3)	20,000.	0.			GENERAL SUPPORT
ASIAN PACIFIC SELF-DEVELOPMENT AND RESIDENTIAL ASSOCIATION - 3830 ALVARADO AVE STE C - STOCKTON, CA 95204-2350	68-0224100	501C(3)	20,000.	0.			GENERAL SUPPORT

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CATHOLIC CHARITIES OF STOCKTON 1106 NORTH EL DORADO ST. STOCKTON, CA 95202-1332	94-1629114	501C(3)	20,000.	0.			GENERAL SUPPORT
CENTRAL VALLEY IMMIGRANT INTEGRATION COLLABORATIVE - 2023 NORTH GATEWAY BLVD. SUITE 101 - FRESNO, CA 93727	83-0682400	501C(3)	20,000.	0.			GENERAL SUPPORT
CENTRAL VALLEY PARTNERSHIP P.O. BOX 5014 FRESNO, CA 93755	81-3125919	501C(3)	20,000.	0.			GENERAL SUPPORT
CRLA FOUNDATION 2210 K STREET, SUITE 200 SACRAMENTO, CA 95816	94-2800442	501C(3)	20,000.	0.			GENERAL SUPPORT
HAVEN WOMEN'S CENTER OF STANISLAUS 618 13TH STREET MODESTO, CA 95354	94-2499361	501C(3)	20,000.	0.			GENERAL SUPPORT
PIT RIVER TRIBE 36970 PARK AVENUE BURNEY, CA 96013	94-2424153	GOVERNMENT	20,000.	0.			GENERAL SUPPORT
RADIO BILINGUE, INC. 5005 E. BELMONT AVENUE FRESNO, CA 93727-2441	94-2472322	501C(3)	20,000.	0.			GENERAL SUPPORT
SOURCE LGBT CENTER INC PO BOX 188 VISALIA, CA 93279	81-1907707	501C(3)	20,000.	0.			GENERAL SUPPORT
ALWAYS KNOCKING 8155 DERBYSHIRE CIRCLE SACRAMENTO, CA 95828	26-4635991	501C(3)	18,892.	0.			GENERAL SUPPORT

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TABERNACLE COMMUNITY DEVELOPMENT 1485 BAYSHORE BLVD. #361 BOX #118 SAN FRANCISCO, CA 94124	94-3402767	501C(3)	15,000.	0.			GENERAL SUPPORT
EARTHLodge CENTER FOR TRANSFORMATION - 235 E. BROADWAY, SUITE 800 - LONG BEACH, CA 90802	82-2538346	501C(3)	10,000.	0.			GENERAL SUPPORT
EDUCATION AND LEADERSHIP FOUNDATION - 4290 E. ASHLAN AVENUE - FRESNO, CA 93726	26-0417563	501C(3)	10,000.	0.			GENERAL SUPPORT
FRESNO FREEDOM SCHOOL, INC. 806 COLLINS AVENUE FRESNO, CA 93706	83-2874515	501C(3)	10,000.	0.			GENERAL SUPPORT
JUDAHH PROJECT 6700 FREEPORT BLVD STE 107 SACRAMENTO, CA 95822	81-5237907	501C(3)	10,000.	0.			GENERAL SUPPORT
LA MAESTRA FAMILY CLINIC 4060 FAIRMOUNT AVE. SAN DIEGO, CA 92105-1608	33-0473171	501C(3)	10,000.	0.			GENERAL SUPPORT
MOVEMENT STRATEGY CENTER 1625 CLAY STREET, 6TH FLOOR OAKLAND, CA 94612	20-1037643	501C(3)	10,000.	0.			GENERAL SUPPORT
NEIGHBORHOOD WELLNESS FOUNDATION 3805 CLAY STREET, SACRAMENTO, CA 95838	47-4874487	501C(3)	10,000.	0.			GENERAL SUPPORT
PILLARS OF THE COMMUNITY 6403 IMPERIAL AVE. SAN DIEGO, CA 92114	45-2323183	501C(3)	10,000.	0.			GENERAL SUPPORT

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SAFETY EDUCATION CENTER, INC. 1515 W. CAMERON AVE. SUITE 300 WEST COVINA, CA 91790	95-3003143	501C(3)	10,000.	0.			GENERAL SUPPORT
SANTA BARBARA NEIGHBORHOOD CLINICS 414 E. COTA ST. FIRST FLOOR SANTA BARBARA, CA 93101	95-2158727	501C(3)	10,000.	0.			GENERAL SUPPORT
STANISLAUS MULTI-CULTURAL DBA WEST MODESTO COMMUNITY COLLABORATIVE - 601 S. MARTIN LUTHER KING DR. - MODESTO, CA 95351	31-1751288	501C(3)	10,000.	0.			GENERAL SUPPORT
STEP FORWARD FOUNDATION 16264 CHURCH STREET SUITE 103 MORGAN HILL, CA 95037	20-8172439	501C(3)	10,000.	0.			GENERAL SUPPORT
THE CHURCH OF THE NAZARENE, INC 5132 ELKHORN BLVD. SACRAMENTO, CA 95842	23-7370482	501C(3)	10,000.	0.			GENERAL SUPPORT
WATTS HEALTHCARE CORPORATION 10300 COMPTON AVE. LOS ANGELES, CA 90002-3628	75-3046480	501C(3)	10,000.	0.			GENERAL SUPPORT
WESTMINSTER FREE CLINIC 2673 SAN MIGUEL CIRCLE THOUSAND OAKS, CA 91360	77-0563241	501C(3)	10,000.	0.			GENERAL SUPPORT
MERCY FOUNDATION - BAKERSFIELD 551 SHANLEY COURT BAKERSFIELD, CA 93311	77-0201321	501C(3)	9,700.	0.			GENERAL SUPPORT
ORANGE COUNTY COMM ORGANIZED FOR RESPONSIBLE DEVT (OCCORD) - 1505 17TH STREET SUITE 122 - SANTA ANA, CA 92705	43-2092827	501C(3)	9,439.	0.			GENERAL SUPPORT

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ROBERTS FAMILY DEVELOPMENT CTR. 766 DARINA AVE SACRAMENTO, CA 95815	68-0470557	501C(3)	9,000.	0.			GENERAL SUPPORT
LOS ANGELES AREA CHAMBER OF COMMERCE - 350 S BIXEL ST - LOS ANGELES, CA 90017	95-2597392	501C(3)	8,931.	0.			GENERAL SUPPORT
REIMAGINE MACK ROAD FOUNDATION 75 QUINTA COURT, SUITE D SACRAMENTO, CA 95823	46-4193875	501C(3)	8,926.	0.			GENERAL SUPPORT
ENCOMPASS COMMUNITY SERVICES 380 ENCINAL STREET SUITE 200 SANTA CRUZ, CA 95060	23-7275290	501C(3)	8,637.	0.			GENERAL SUPPORT
CALIFORNIA ASSOCIATION OF AFRICAN AMERICAN SUPERINTENDENTS AND ADMIN - 11856 BALBOA BLVD SUITE #228 - GRANADA HILLS, CA 91344	26-3944470	501C(3)	8,299.	0.			GENERAL SUPPORT
YOUTH POLICY INSTITUTE OF IOWA 6200 AURORA AVENUE DES MONIES, IA 50322	42-1509945	501C(3)	7,500.	0.			GENERAL SUPPORT
NORTH VALLEY LABOR FEDERATION PO BOX 3133 MODESTO, CA 95354	27-2295195	501C(3)	7,492.	0.			GENERAL SUPPORT
SOUTHERN SUDANESE COMMUNITY CENTER OF SAN DIEGO - 4077 FAIRMONT AVENUE - SAN DIEGO, CA 92105	33-0693051	501C(3)	7,138.	0.			GENERAL SUPPORT
RING OF DEMOCRACY 4174 SALLY RIDE WAY SACRAMENTO, CA 95834	81-4642489	501C(3)	6,842.	0.			GENERAL SUPPORT

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LUCHA/PODER POPULAR 1008 HILLSIDE DRIVE SANTA PAULA, CA 93060	95-3400870	501C(3)	5,758.	0.			GENERAL SUPPORT
21 REASONS SCHOLARSHIP FOUNDATION 3939 45TH STREET SACRAMENTO, CA 95820-2909	82-1420816	501C(3)	5,500.	0.			GENERAL SUPPORT
SELF AWARENESS & RECOVERY 4625 44TH ST #22 SACRAMENTO, CA 95820	47-5249669	501C(3)	5,500.	0.			GENERAL SUPPORT
FRESNO-MADERA-TULARE-KINGS, CENTRAL LABOR COUNCIL, AFL-CIO - 3485 W. SHAW, SUITE 101 - FRESNO, CA 93705	94-0489880	501C(3)	5,411.	0.			GENERAL SUPPORT
CAMERON CHAMP FOUNDATION C/O INTERSECT CAPITAL, LLC SAN RAMON, CA 94583	83-3654069	501C(3)	6,745.	0.			GENERAL SUPPORT
THE CENTER ON PHILANTHROPY & PUBLIC POLICY - UNIVERSITY OF SOUTHERN CALIFORNIA - LOS ANGELES, CA 90089		GOVERNMENT	15,000.	0.			GENERAL SUPPORT
FREEDMAN CONSULTING, LLC 1818 N. STREET NW, SUITE 450 WASHINGTON, DC 20036	04-3762709	FOR PROFIT	10,000.	0.			GENERAL SUPPORT
YES ON MEASURE L SAC KIDS 2022 VANG BALLOT MEASURE COMMITTEE - 1787 TRIBUTE ROAD, ST K - SACRAMENTO, CA 95815	88-3479067	POLITICAL COMMITTEE	20,000.	0.			LOBBYING INCLUDED ON SCHEDULE C - YES ON MEASURE L

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

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

**PART I, LINE 2:**

EACH GRANTEE MUST COMPLY WITH THE MONITORING REQUIREMENTS SET FORTH IN THE  
AGREEMENT. THOSE REQUIREMENTS VARY DEPENDING ON THE PURPOSE OF THE GRANT.

ALL GRANTEES ARE REQUIRED TO PROVIDE A FINAL NARRATIVE AND FINANCIAL  
REPORT. OTHER MONITORING REQUIREMENTS INCLUDE PROGRESS REPORTS, BOTH  
NARRATIVE AND FINANCIAL, AND SITE VISITS.

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest  
Compensated Employees  
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
Attach to Form 990.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**

Open to Public  
Inspection

Name of the organization <b>SIERRA HEALTH FOUNDATION: CENTER FOR HEALTH PROGRAM MANAGEMENT</b>	Employer identification number <b>45-5282243</b>
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**Part I Questions Regarding Compensation**

		Yes	No								
<b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <table style="width:100%; margin-top: 5px;"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (such as maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (such as maid, chauffeur, chef)			
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use										
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence										
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees										
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (such as maid, chauffeur, chef)										
<b>b</b> If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....	<b>1b</b>										
<b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? .....	<b>2</b>										
<b>3</b> Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <table style="width:100%; margin-top: 5px;"> <tr> <td><input type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study	<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Approval by the board or compensation committee					
<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract										
<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study										
<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Approval by the board or compensation committee										
<b>4</b> During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:											
<b>a</b> Receive a severance payment or change-of-control payment? .....	<b>4a</b>		<b>X</b>								
<b>b</b> Participate in or receive payment from a supplemental nonqualified retirement plan? .....	<b>4b</b>		<b>X</b>								
<b>c</b> Participate in or receive payment from an equity-based compensation arrangement? .....	<b>4c</b>		<b>X</b>								
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.											
<b>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b>											
<b>5</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:											
<b>a</b> The organization? .....	<b>5a</b>		<b>X</b>								
<b>b</b> Any related organization? .....	<b>5b</b>		<b>X</b>								
If "Yes" on line 5a or 5b, describe in Part III.											
<b>6</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:											
<b>a</b> The organization? .....	<b>6a</b>		<b>X</b>								
<b>b</b> Any related organization? .....	<b>6b</b>		<b>X</b>								
If "Yes" on line 6a or 6b, describe in Part III.											
<b>7</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III .....	<b>7</b>		<b>X</b>								
<b>8</b> Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....	<b>8</b>		<b>X</b>								
<b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....	<b>9</b>										

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2022

**SIERRA HEALTH FOUNDATION:  
CENTER FOR HEALTH PROGRAM MANAGEMENT**

**45-5282243**

Schedule J (Form 990) 2022

Page **2**

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) CHET P. HEWITT PRESIDENT & CEO	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	557,691.	0.	550.	18,300.	57,468.	634,009.	0.
(2) GIL ALVARADO (THRU 06/2022) SVP FINANCE & ADMIN	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	193,844.	0.	0.	9,333.	0.	203,177.	0.
(3) BEATRIX KOEV CHIEF FINANCIAL OFFIDER	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	174,586.	0.	1,250.	3,506.	0.	179,342.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2022

**Part III** Supplemental Information

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

FORM 990 PART IV, LINE 23

BOARD MEMBERS AND KEY EMPLOYEE ARE PAID FROM A RELATED ORGANIZATION.

THE RELATED ORGANIZATION HAS ESTABLISHED PROCEDURES BY WHICH A WRITTEN

EMPLOYMENT CONTRACT, COMPENSATION SURVEY OR STUDY AND APPROVAL BY THE

BOARD OR COMPENSATION COMMITTEE ARE REQUIRED.

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or Form 990-EZ.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

Open to Public  
Inspection

Name of the organization

SIERRA HEALTH FOUNDATION:  
CENTER FOR HEALTH PROGRAM MANAGEMENT

Employer identification number  
45-5282243

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

REDUCES HEALTH DISPARITIES AND IMPROVES COMMUNITY HEALTH FOR THE  
UNDERSERVED LIVING IN CALIFORNIA.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

LOCAL INITIATIVES PROGRAM

WE LEAD AND ADVOCATE FOR EMERGING ECONOMIC DEVELOPMENT PROJECTS IN  
CALIFORNIA BY ADDING VALUE TO COMMUNITIES' COMMITMENT TO DEVELOP AND  
IMPLEMENT INCLUSIVE ECONOMIC GROWTH STRATEGIES IN UNDERINVESTED  
NEIGHBORHOODS. SOME EXAMPLES INCLUDE:

1) THE SACRAMENTO COUNTY COVID-19 COLLABORATIVE - SAC COLLAB - SUPPORTS  
COVID-19 RESPONSE EFFORTS TO CONTROL THE PANDEMIC. WE HAVE PROVIDED  
COMMUNITY-RESIDENCE CASE INVESTIGATORS, CONTACT TRACERS, RESOURCE  
COORDINATORS, BUSINESS NAVIGATORS AND NOW VACCINE AMBASSADORS TO  
SUPPORT SACRAMENTO COUNTY RESIDENTS, ESPECIALLY THOSE LIVING IN  
NEIGHBORHOODS EXPERIENCING THE WORST IMPACTS OF COVID-19.

2) THE BLACK CHILD LEGACY CAMPAIGN IS THE COMMUNITY-DRIVEN MOVEMENT  
ESTABLISHED BY THE STEERING COMMITTEE ON REDUCTION OF AFRICAN AMERICAN  
CHILD DEATHS, WHICH IS WORKING TO REDUCE DEATHS OF AFRICAN AMERICAN  
CHILDREN BY 10% TO 20% IN SACRAMENTO COUNTY.

COMMUNITY ECONOMIC MOBILITY INITIATIVE

CEMI IS AN INNOVATIVE EFFORT TO ADVANCE EQUITY, INCLUSION AND THE GOALS

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990) 2022



Name of the organization	SIERRA HEALTH FOUNDATION: CENTER FOR HEALTH PROGRAM MANAGEMENT	Employer identification number 45-5282243
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OF FEDERAL AND STATE CLIMATE-RESILIENT ECONOMIC DEVELOPMENT

INITIATIVES. MORE INFORMATION CAN BE FOUND AT

[HTTPS://WWW.SHFCENTER.ORG/PROGRAMS-AND-INITIATIVES/COMMUNITY-ECONOMIC-MOBILIZATION-INITIATIVE-CEMI/](https://www.shfccenter.org/programs-and-initiatives/community-economic-mobilization-initiative-cemi/)

1) PROVIDES GRANT FUNDING FOR COMMUNITY-BASED ORGANIZATIONS TO LEVERAGE PUBLIC FUNDING OPPORTUNITIES.

2) STRENGTHENS THE CAPACITY OF NONPROFITS TO ADDRESS DISPROPORTIONATE AND HISTORIC ECONOMIC AND EMPLOYMENT DISPARITIES IN UNDER-RESOURCED AND BIPOC COMMUNITIES.

3) ESTABLISHES NEW POLICY FRAMEWORKS AND PRACTICE MODELS THAT INCREASE AND SUSTAIN NONPROFIT ENGAGEMENT IN RECOVERY PLANNING AND IMPLEMENTATION EFFORTS AND ENSURE UNDERSERVED COMMUNITIES BENEFIT FROM RECOVERY INVESTMENTS

4) ORGANIZES ACROSS FUNDER AND INTEREST AREA PORTFOLIOS TO LINK AND LEVERAGE THE IMPACT OF INDIVIDUAL AND COLLECTIVE INVESTMENTS MADE BY PUBLIC AND PRIVATE PARTNERS.

5) ASSESSES THE SCOPE AND IMPACT OF ENHANCED COMMUNITY ENGAGEMENT AND INFLUENCE WITHIN AND ACROSS SELECTED ECONOMIC AND CLIMATE-RESILIENT REGIONS.

VACCINE EQUITY CAMPAIGN

THE VACCINE EQUITY CAMPAIGN FUNDS ORGANIZATIONS TO INCREASE BLACK, INDIGENOUS AND PEOPLE OF COLOR (BIPOC) ACCESS TO APPOINTMENTS AND VACCINES, PROVIDING TRANSPORTATION, INTERPRETER SERVICES, CHILDCARE AND OTHER SUPPORTS. AWARDED ORGANIZATIONS LEAD COMMUNITY ACTIVITIES THAT HELP VULNERABLE COMMUNITIES GET VACCINATED AND USE MULTIPLE OUTREACH METHODS, SUCH AS THE EXPERTISE OF COMMUNITY ORGANIZERS, COMMUNITY

Name of the organization	SIERRA HEALTH FOUNDATION: CENTER FOR HEALTH PROGRAM MANAGEMENT	Employer identification number 45-5282243
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HEALTH WORKERS AND PROMOTORAS, WHILE BEING LINKED WITH CLINICIANS WHO  
CAN ADMINISTER THE VACCINES.

STOP THE HATE

STOP THE HATE WORKS TO END HATE CRIMES IMPACTING ASIAN AMERICANS AND  
PACIFIC ISLANDERS, AFRICAN AMERICANS, LGBTQ+ PEOPLE, AND OTHER RACIAL,  
ETHNIC, AND RELIGIOUS MINORITIES BY EQUIPPING COMMUNITY-BASED  
ORGANIZATIONS WITH RESOURCES TO PREVENT AND RESPOND TO HATE INCIDENTS,  
AND TO SUPPORT SURVIVORS AND THEIR FAMILIES. THE CENTER'S STOP THE HATE  
WORK FOCUSES PRIMARILY ON CALIFORNIA'S CENTRAL VALLEY REGION AS PART OF  
A LARGER STATEWIDE INITIATIVE.

REDUCTION IN AFRICAN AMERICAN CHILD DEATHS

BLACK CHILD LEGACY CAMPAIGN WAS ESTABLISHED BY THE STEERING COMMITTEE  
ON REDUCTION OF AFRICAN AMERICAN CHILD DEATHS, A COMMUNITY-DRIVEN BODY  
OF DEDICATED INDIVIDUALS WORKING TO REDUCE DEATHS AMONG AFRICAN  
AMERICAN CHILDREN IN SACRAMENTO COUNTY. THE COMMITTEE WAS ESTABLISHED  
BY A RESOLUTION OF THE SACRAMENTO COUNTY BOARD OF SUPERVISORS IN JUNE  
2013. IN SACRAMENTO COUNTY, AFRICAN AMERICAN CHILDREN DIE AT TWICE THE  
RATE OF ANY OTHER ETHNICITY. BLACK CHILD LEGACY CAMPAIGN WORKS TO END  
THIS DISPARITY BY REDUCING AFRICAN AMERICAN CHILD DEATHS RELATED TO  
INFANT'S SLEEPING SAFELY, CHILD ABUSE AND NEGLECT, PERINATAL CONDITIONS  
AND THIRD PARTY HOMICIDES.

CALIFORNIA ALLIANCE FOR YOUTH AND COMMUNITY JUSTICE

Name of the organization	SIERRA HEALTH FOUNDATION: CENTER FOR HEALTH PROGRAM MANAGEMENT	Employer identification number 45-5282243
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THE CALIFORNIA ALLIANCE FOR YOUTH AND COMMUNITY JUSTICE (CAYCJ),  
FISCALLY SPONSORED BY SIERRA HEALTH FOUNDATION: CENTER FOR HEALTH  
PROGRAM MANAGEMENT, IS A STATEWIDE NETWORK OF COMMUNITY BASED  
ORGANIZATIONS THAT ARE COMMITTED TO DRASTICALLY REDUCING INCARCERATION  
AND IMPROVING OUTCOMES FOR SYSTEM-INVOLVED YOUTH IN CALIFORNIA. CAYCJ  
WAS CREATED TO:

SHARE OPPORTUNITIES, RESOURCES AND STRATEGIES TO TRANSFORM THE JUVENILE  
JUDICIAL AND INCARCERATION SYSTEMS.

- 1) TO DEVELOP AND PROMOTE A STATE PLATFORM FOR SYSTEM AND POLICY CHANGE  
THAT UNITES THE VISION, WISDOM AND COLLECTIVE STRENGTH OF PEOPLE  
WORKING IN LOCAL COUNTIES, REGIONS AND/OR STATE WIDE.
- 2) TO SUPPORT THE INDIVIDUAL WORK OF ALLIANCE MEMBER ORGANIZATIONS THAT  
IS IN ALIGNMENT WITH AND FURTHERS THE PLATFORM/AGENDA OF THE ALLIANCE.
- 3) TO SPONSOR A FEW SPECIFIC INITIATIVES AND/OR CAMPAIGNS AIMED AT  
ACHIEVING THE ALLIANCE'S PLATFORM GOALS.
- 4) TO AMPLIFY THE VOICE OF SYSTEM-INVOLVED YOUTH AND THEIR FAMILIES.
- 5) TO SUPPORT YOUTH LED AND DEVELOPED POLICY PROPOSALS.

AFRICAN AMERICAN BEHAVIORAL HEALTH PROJECT

SINCE JANUARY 2021, SACRAMENTO COUNTY BEHAVIORAL HEALTH SERVICES HAS  
PARTNERED WITH THE CENTER AT SIERRA HEALTH FOUNDATION TO SUPPORT THE  
DEVELOPMENT OF THE COMMUNITY RESPONSIVE WELLNESS PROGRAM'S OUTREACH,  
ENGAGEMENT AND PREVENTION SERVICES FOR BLACK COMMUNITIES OF SACRAMENTO.  
THIS PROGRAM PREVIOUSLY WAS CALLED THE TRAUMA-INFORMED WELLNESS

Name of the organization	SIERRA HEALTH FOUNDATION: CENTER FOR HEALTH PROGRAM MANAGEMENT	Employer identification number 45-5282243
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PROGRAM. THE PROGRAM IS TASKED WITH PROVIDING TRAUMA INFORMED THERAPEUTIC SERVICES TO BLACK COMMUNITY MEMBERS IN NEED. THIS PARTNERSHIP ENTAILED COMBINING TWO CONTRACTS FROM SACRAMENTO COUNTY'S DEPARTMENT OF BEHAVIORAL HEALTH BOTH WITH THE GOAL OF PROVIDING FREE MENTAL HEALTH AND WELLNESS SERVICES TO BLACK COMMUNITY MEMBERS. SOME OF THOSE SERVICES INCLUDE BUT ARE NOT LIMITED TO:

- 1) HEALING CIRCLES
- 2) CASE MANAGEMENT
- 3) RESOURCE NAVIGATION
- 4) GRIEF COUNSELING AND GROUP THERAPY
- 5) TRAUMA INFORMED THERAPEUTIC SERVICES

EXPENSES \$ 55,607,924. INCLUDING GRANTS OF \$ 25,726,737. REVENUE \$ 0.

FORM 990, PART VI, SECTION B, LINE 11B:

THE CFO WILL PROVIDE THE ENTIRE BOARD WITH A COPY OF THE FORM 990 TO REVIEW BEFORE IT IS FILED WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C:

THE CONFLICT OF INTEREST POLICY COVERS BOARD MEMBERS AND REPRESENTATIVE STAFF OF THE CENTER. NO LESS THAN ANNUALLY, A WRITTEN STATEMENT OF CONFIRMATION BY MEMBERS OF THE BOARD AND STAFF ARE RECORDED TO DISCLOSE WHETHER ANY CONFLICTS EXIST.

FORM 990, PART VI, SECTION C, LINE 19:

UPON REQUEST

Name of the organization	SIERRA HEALTH FOUNDATION: CENTER FOR HEALTH PROGRAM MANAGEMENT	Employer identification number 45-5282243
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FORM 990, PART XII, LINE 2C

NEITHER THE PROCESS FOR OVERSIGHT OF THE FINANCIAL STATEMENT AUDIT NOR  
THE PROCESS FOR SELECTION OF AN INDEPENDENT ACCOUNTANT CHANGED FROM THE  
PRIOR YEAR.

**SCHEDULE R**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.  
Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

Name of the organization <b>SIERRA HEALTH FOUNDATION: CENTER FOR HEALTH PROGRAM MANAGEMENT</b>	Employer identification number <b>45-5282243</b>
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**Part I Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
SAN JOAQUIN VALLEY IMPACT INVESTMENT FUND, LLC - 45-5282243, 1321 GARDEN HWY, SACRAMENTO, CA 95833	HEALTH INVESTMENT FUND TO SUPPORT HEALTHCARE ACCESSIBILITY	CALIFORNIA	25,257.	3,059,729.	SIERRA HEALTH FOUNDATION: CENTER FOR HEALTH PROGRAM

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

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2022

**SEE PART VII FOR CONTINUATIONS**

## Schedule R (Form 990) 2022

Page 2

## Part III

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

## Part IV

[illegible]

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

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

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

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			



## Part VI

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

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

[illegible]

**Part VII** Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

**PART I, IDENTIFICATION OF DISREGARDED ENTITIES:****NAME OF DISREGARDED ENTITY:**

SAN JOAQUIN VALLEY IMPACT INVESTMENT FUND, LLC

DIRECT CONTROLLING ENTITY: SIERRA HEALTH FOUNDATION: CENTER FOR HEALTH  
PROGRAM MANAGEMENT**PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS:****NAME OF RELATED ORGANIZATION:**

SIERRA HEALTH FOUNDATION

PRIMARY ACTIVITY: PRIVATE FOUNDATION COMMITTED TO HEALTH EDUCATION,  
STRATEGIC GRANT MAKING, ETC