

EXTENDED TO NOVEMBER 15, 2022

Return of Private Foundation

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

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

Go to www.irs.gov/Form990PF for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

Form 990-PF

Department of the Treasury
Internal Revenue Service

For calendar year 2021 or tax year beginning

, and ending

Name of foundation SIERRA HEALTH FOUNDATION		A Employer identification number 68-0050036
Number and street (or P.O. box number if mail is not delivered to street address) 1321 GARDEN HIGHWAY	Room/suite	B Telephone number (916) 922-4755
City or town, state or province, country, and ZIP or foreign postal code SACRAMENTO, CA 95833		C If exemption application is pending, check here ☐
G Check all that apply: ☐ Initial return ☐ Final return ☐ Address change ☐ Initial return of a former public charity ☐ Amended return ☐ Name change		D 1. Foreign organizations, check here ☐ 2. Foreign organizations meeting the 85% test, check here and attach computation ☐
H Check type of organization: ☒ Section 501(c)(3) exempt private foundation ☐ Section 4947(a)(1) nonexempt charitable trust ☐ Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here ☐
I Fair market value of all assets at end of year (from Part II, col. (c), line 16) \$ 61,368,491.	J Accounting method: ☐ Cash ☒ Accrual ☐ Other (specify) _____ (Part I, column (d), must be on cash basis.)	F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ☐

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a).)		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc., received	275,841.			
	2 Check ☐ if the foundation is not required to attach Sch. B				
	3 Interest on savings and temporary cash investments				
	4 Dividends and interest from securities	576,336.	710,778.		
	5a Gross rents				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10	1,668,644.			STATEMENT 1
	b Gross sales price for all assets on line 6a	11,892,384.			
	7 Capital gain net income (from Part IV, line 2)		3,090,967.		
	8 Net short-term capital gain				
	9 Income modifications				
	10a Gross sales less returns and allowances				
b Less: Cost of goods sold					
c Gross profit or (loss)					
11 Other income	6,564,907.	-189,195.	6,563,283.	STATEMENT 2	
12 Total. Add lines 1 through 11	9,085,728.	3,612,550.	6,563,283.		
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc.	845,746.	48,519.	718,339.	78,888.
	14 Other employee salaries and wages	4,613,157.	0.	4,156,671.	456,486.
	15 Pension plans, employee benefits	1,228,478.	25,078.	1,084,320.	101,914.
	16a Legal fees STMT 3	44,694.	17,077.	3,875.	22,023.
	b Accounting fees STMT 4	52,416.	1,680.	0.	50,736.
	c Other professional fees STMT 5	294,850.	187,219.	91,213.	64,874.
	17 Interest				
	18 Taxes				
	19 Depreciation and depletion	328,893.	0.	70,463.	
	20 Occupancy	225,966.	0.	226,299.	0.
	21 Travel, conferences, and meetings	83,129.	0.	83,745.	0.
	22 Printing and publications	100,291.	0.	72,990.	27,301.
	23 Other expenses STMT 6	172,517.	0.	55,368.	73,907.
	24 Total operating and administrative expenses. Add lines 13 through 23	7,990,137.	279,573.	6,563,283.	876,129.
	25 Contributions, gifts, grants paid	4,463,525.			5,367,771.
	26 Total expenses and disbursements. Add lines 24 and 25	12,453,662.	279,573.	6,563,283.	6,243,900.
27 Subtract line 26 from line 12:					
a Excess of revenue over expenses and disbursements	-3,367,934.				
b Net investment income (if negative, enter -0-)		3,332,977.			
c Adjusted net income (if negative, enter -0-)			0.		

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only.		
		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash - non-interest-bearing	514,592.	523,611.	523,611.
	2 Savings and temporary cash investments			
	3 Accounts receivable 90,219.			
	Less: allowance for doubtful accounts	50,909.	90,219.	90,219.
	4 Pledges receivable			
	Less: allowance for doubtful accounts			
	5 Grants receivable			
	6 Receivables due from officers, directors, trustees, and other disqualified persons			
	7 Other notes and loans receivable			
	Less: allowance for doubtful accounts			
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges			
	10a Investments - U.S. and state government obligations			
	b Investments - corporate stock STMT 8	35,437,993.	35,921,193.	35,921,193.
	c Investments - corporate bonds			
	11 Investments - land, buildings, and equipment: basis 229,164.			
Liabilities	Less: accumulated depreciation STMT 9	2,279,164.	229,164.	229,164.
	12 Investments - mortgage loans			
	13 Investments - other STMT 10	14,492,100.	18,408,689.	18,408,689.
	14 Land, buildings, and equipment: basis 15,273,059.			
	Less: accumulated depreciation STMT 7	5,658,410.	5,373,586.	5,373,586.
	15 Other assets (describe STATEMENT 11)	1,512,554.	822,029.	822,029.
	16 Total assets (to be completed by all filers - see the instructions. Also, see page 1, item I)	59,945,722.	61,368,491.	61,368,491.
	17 Accounts payable and accrued expenses	544,128.	506,348.	
	18 Grants payable	1,011,699.	104,534.	
	19 Deferred revenue			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable	8,894,057.	5,612,392.	
	22 Other liabilities (describe STATEMENT 12)	130,022.	84,006.	
	23 Total liabilities (add lines 17 through 22)	10,579,906.	6,307,280.	
Net Assets or Fund Balances	Foundations that follow FASB ASC 958, check here ☒ and complete lines 24, 25, 29, and 30.			
	24 Net assets without donor restrictions	49,365,816.	55,061,211.	
	25 Net assets with donor restrictions			
	Foundations that do not follow FASB ASC 958, check here ☐ and complete lines 26 through 30.			
	26 Capital stock, trust principal, or current funds			
	27 Paid-in or capital surplus, or land, bldg., and equipment fund			
	28 Retained earnings, accumulated income, endowment, or other funds			
	29 Total net assets or fund balances	49,365,816.	55,061,211.	
	30 Total liabilities and net assets/fund balances	59,945,722.	61,368,491.	

Part III Analysis of Changes in Net Assets or Fund Balances

1 Total net assets or fund balances at beginning of year - Part II, column (a), line 29 (must agree with end-of-year figure reported on prior year's return)	1	49,365,816.
2 Enter amount from Part I, line 27a	2	-3,367,934.
3 Other increases not included in line 2 (itemize) UNREALIZED GAIN ON INVESTMENTS	3	9,063,329.
4 Add lines 1, 2, and 3	4	55,061,211.
5 Decreases not included in line 2 (itemize)	5	0.
6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 29	6	55,061,211.

Part IV Capital Gains and Losses for Tax on Investment Income

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

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) ((e) plus (f) minus (g))
a			
b			
c			
d			
e 11,892,384.		8,801,417.	3,090,967.

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

(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))
a			
b			
c			
d			
e			3,090,967.

2 Capital gain net income or (net capital loss)	If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7	2	3,090,967.
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). See instructions. If (loss), enter -0- in Part I, line 8		3	N/A

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

1a Exempt operating foundations described in section 4940(d)(2), check here ☐ and enter "N/A" on line 1. Date of ruling or determination letter: _____ (attach copy of letter if necessary - see instructions)		1	46,328.
b All other domestic foundations enter 1.39% (0.0139) of line 27b. Exempt foreign organizations, enter 4% (0.04) of Part I, line 12, col. (b)			
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)		2	0.
3 Add lines 1 and 2		3	46,328.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)		4	0.
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		5	46,328.
6 Credits/Payments:			
a 2021 estimated tax payments and 2020 overpayment credited to 2021	6a 21,662.		
b Exempt foreign organizations - tax withheld at source	6b 0.		
c Tax paid with application for extension of time to file (Form 8868)	6c 34,000.		
d Backup withholding erroneously withheld	6d 0.		
7 Total credits and payments. Add lines 6a through 6d		7	55,662.
8 Enter any penalty for underpayment of estimated tax. Check here ☒ if Form 2220 is attached		8	446.
9 Tax due. If the total of lines 5 and 8 is more than 7, enter amount owed		9	
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		10	8,888.
11 Enter the amount of line 10 to be: Credited to 2022 estimated tax 8,888. Refunded		11	0.

Part VI-A Statements Regarding Activities

	Yes	No
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?		X
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition If the answer is "Yes" to 1a or 1b , attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.		X
c Did the foundation file Form 1120-POL for this year?		X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. ▶ \$ <u>0.</u> (2) On foundation managers. ▶ \$ <u>0.</u>		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ▶ \$ <u>0.</u>		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities.		X
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		X
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?	X	
b If "Yes," has it filed a tax return on Form 990-T for this year?	X	
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by <i>General Instruction T</i> .		X
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	X	
7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XIV	X	
8a Enter the states to which the foundation reports or with which it is registered. See instructions. ▶ <u>SEE STATEMENT 13</u>		
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by <i>General Instruction G</i> ? If "No," attach explanation	X	
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2021 or the tax year beginning in 2021? See the instructions for Part XIII. If "Yes," complete Part XIII		X
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses		X
11 At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions <u>STMT 14</u>	X	
12 Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement. See instructions		X
13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ▶ <u>WWW.SIERRAHEALTH.ORG</u>	X	
14 The books are in care of ▶ <u>BEATRIX KOEV</u> Telephone no. ▶ <u>(916) 922-4755</u> Located at ▶ <u>1321 GARDEN HIGHWAY, SACRAMENTO, CA</u> ZIP+4 ▶ <u>95833</u>		
15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here and enter the amount of tax-exempt interest received or accrued during the year ▶ <u>15</u> N/A		
16 At any time during calendar year 2021, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?		X
See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country ▶		

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

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

1a During the year, did the foundation (either directly or indirectly):(1) Engage in the sale or exchange, or leasing of property with a disqualified person? ☐1a(1) Yes No **X**(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? ☐1a(2) Yes No **X**(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? ☐1a(3) Yes No **X**(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? ☐1a(4) Yes **X** No(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? ☐

(6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after

1a(5) Yes No **X**termination of government service, if terminating within 90 days.) ☐1a(6) Yes No **X****b** If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions ☐1b Yes No **X****c** Organizations relying on a current notice regarding disaster assistance, check here ☐**d** Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2021? ☐1d Yes No **X****2** Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):**a** At the end of tax year 2021, did the foundation have any undistributed income (Part XII, lines 6d and 6e) for tax year(s) beginning before 2021? ☐2a Yes No **X**If "Yes," list the years ☐ , ☐ , ☐ , ☐**b** Are there any years listed in 2a for which the foundation is **not** applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to **all** years listed, answer "No" and attach statement - see instructions.) ☐**N/A**

2b Yes No

c If the provisions of section 4942(a)(2) are being applied to **any** of the years listed in 2a, list the years here. ☐**3a** Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? ☐3a Yes No **X****b** If "Yes," did it have excess business holdings in 2021 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Form 4720, Schedule C, to determine if the foundation had excess business holdings in 2021.) ☐**N/A**

3b Yes No

4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? ☐4a Yes No **X****b** Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2021? ☐4b Yes No **X**Form **990-PF** (2021)

Part VI-B Statements Regarding Activities for Which Form 4720 May Be Required (continued)**5a** During the year, did the foundation pay or incur any amount to:

- (1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?
- (2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?
- (3) Provide a grant to an individual for travel, study, or other similar purposes?
- (4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions
- (5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?

	Yes	No
5a(1)		X
5a(2)		X
5a(3)		X
5a(4)		X
5a(5)		X

b If any answer is "Yes" to 5a(1)-(5), did **any** of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance? See instructions

N/A

5b		
----	--	--

c Organizations relying on a current notice regarding disaster assistance, check here▶ ☐**d** If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?

N/A

5d		
----	--	--

If "Yes," attach the statement required by Regulations section 53.4945-5(d).

6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

6a		X
----	--	---

b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

6b		X
----	--	---

If "Yes" to 6b, file Form 8870.

7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?

7a		X
----	--	---

b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?

N/A

7b		
----	--	--

8 Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?

8		X
---	--	---

Part VII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors**1** List all officers, directors, trustees, and foundation managers and their compensation.

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
SEE STATEMENT 15		845,746.	110,694.	0.

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

(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
HANG, KAYING 1321 GARDEN HWY, SACRAMENTO, CA 95833	PRESIDENT OF THE CENTER 40.00	289,018.	34,867.	0.
CERVANTES, MATTHEW 1321 GARDEN HWY, SACRAMENTO, CA 95833	DIRECTOR OF HEALTH PROGRAMS 40.00	159,244.	40,703.	0.
COOKSY, LESLIE J. 1321 GARDEN HWY, SACRAMENTO, CA 95833	EVALUATION DIRECTOR 40.00	151,422.	30,323.	0.
KASSIS, JOAN M. 1321 GARDEN HWY, SACRAMENTO, CA 95833	SR. MANAGER INTERNAL QUALITY 40.00	157,476.	15,235.	0.
DANA, RICHARD L 1321 GARDEN HWY, SACRAMENTO, CA 95833	DIRECTOR OF ECONOMIC DEVELOPMEN 40.00	160,083.	6,856.	0.
Total number of other employees paid over \$50,000				43

Part VII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)**3** Five highest-paid independent contractors for professional services. If none, enter "NONE."

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
ARMANINO PO BOX 398285, SAN FRANCISCO, CA 94139 SIGNATURE STAFF RESOURCES, LLC 1460 TL TOWNSEND DR #104, ROCKWELL, TX 75032 GILBERT ASSOCIATES, INC. - 2880 GATEWAY OAKS DR, STE 100, SACRAMENTO, CA 95814 TEVIS HR 970 RESERVE DR STE. 200, ROSEVILLE, CA 95678 QUORUM TECHNOLOGIES, INC. PO BOX 163330, SACRAMENTO, CA 95816	ACCOUNTING & BUSINESS CONSULTING TEMPORARY PERSONNEL AUDIT AND TAX PREPARER HR CONSULTING COMPUTER SERVICES	524,915. 317,866. 150,571. 148,671. 133,794.
Total number of others receiving over \$50,000 for professional services		0

Part VIII-A Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1 SEE STATEMENT 16	2,372,807.
2 SEE STATEMENT 17	1,930,402.
3 SEE STATEMENT 18	338,927.
4 SEE STATEMENT 19	468,091.

Part VIII-B Summary of Program-Related Investments

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
1 N/A	
2	
All other program-related investments. See instructions.	
3	
Total. Add lines 1 through 3	0.

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

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities	1a	34,492,568.
b	Average of monthly cash balances	1b	1,863,782.
c	Fair market value of all other assets (see instructions)	1c	20,156,344.
d	Total (add lines 1a, b, and c)	1d	56,512,694.
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	1e	0.
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	56,512,694.
4	Cash deemed held for charitable activities. Enter 1.5% (0.015) of line 3 (for greater amount, see instructions)	4	847,690.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3	5	55,665,004.
6	Minimum investment return. Enter 5% (0.05) of line 5	6	2,783,250.

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

1	Minimum investment return from Part IX, line 6	1	2,783,250.
2a	Tax on investment income for 2021 from Part V, line 5	2a	46,328.
b	Income tax for 2021. (This does not include the tax from Part V.)	2b	
c	Add lines 2a and 2b	2c	46,328.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	2,736,922.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	2,736,922.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XII, line 1	7	2,736,922.

Part XI Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26	1a	6,243,900.
b	Program-related investments - total from Part VIII-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part XII, line 4	4	6,243,900.

Form 990-PF (2021)

Part XII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2020	(c) 2020	(d) 2021
1 Distributable amount for 2021 from Part X, line 7				2,736,922.
2 Undistributed income, if any, as of the end of 2021:				
a Enter amount for 2020 only			0.	
b Total for prior years:		0.		
3 Excess distributions carryover, if any, to 2021:				
a From 2016 4,106,530.				
b From 2017 3,444,744.				
c From 2018 5,078,931.				
d From 2019 3,772,112.				
e From 2020 1,513,084.				
f Total of lines 3a through e	17,915,401.			
4 Qualifying distributions for 2021 from Part XI, line 4: ▶ \$ 6,243,900.				
a Applied to 2020, but not more than line 2a ...			0.	
b Applied to undistributed income of prior years (Election required - see instructions) ...		0.		
c Treated as distributions out of corpus (Election required - see instructions)	0.			
d Applied to 2021 distributable amount				2,736,922.
e Remaining amount distributed out of corpus	3,506,978.			
5 Excess distributions carryover applied to 2021 (If an amount appears in column (d), the same amount must be shown in column (a).)	0.			0.
6 Enter the net total of each column as indicated below:				
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	21,422,379.			
b Prior years' undistributed income. Subtract line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable amount - see instructions		0.		
e Undistributed income for 2020. Subtract line 4a from line 2a. Taxable amount - see instr. ...			0.	
f Undistributed income for 2021. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2022				0.
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions)	0.			
8 Excess distributions carryover from 2016 not applied on line 5 or line 7	4,106,530.			
9 Excess distributions carryover to 2022. Subtract lines 7 and 8 from line 6a	17,315,849.			
10 Analysis of line 9:				
a Excess from 2017 ... 3,444,744.				
b Excess from 2018 ... 5,078,931.				
c Excess from 2019 ... 3,772,112.				
d Excess from 2020 ... 1,513,084.				
e Excess from 2021 ... 3,506,978.				

Part XIII Private Operating Foundations (see instructions and Part VI-A, question 9)

N/A

1 a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2021, enter the date of the ruling ▶

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

	Tax year	Prior 3 years			(e) Total
	(a) 2021	(b) 2020	(c) 2019	(d) 2018	
2 a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part IX for each year listed					
b 85% (0.85) of line 2a					
c Qualifying distributions from Part XI, line 4, for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the alternative test relied upon:					
a "Assets" alternative test - enter:					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part IX, line 6, for each year listed					
c "Support" alternative test - enter:					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income					

Part XIV Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year-see instructions.)**1 Information Regarding Foundation Managers:**

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

NONE

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

NONE

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

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

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

SIERRA HEALTH FOUNDATION, (916) 922-4755
1321 GARDEN HIGHWAY, SACRAMENTO, CA 95833

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

SEE ONLINE INFORMATION AT WWW.SIERRAHEALTH.ORG

c Any submission deadlines:

SEE ONLINE INFORMATION AT WWW.SIERRAHEALTH.ORG

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

SEE ONLINE INFORMATION AT WWW.SIERRAHEALTH.ORG

Part XIV Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution * *	Amount
Name and address (home or business)				
a Paid during the year				
SHF PROPERTIES 1321 GARDEN HIGHWAY SACRAMENTO, CA 95833	RELATED	501(C)(2)	PROVIDE GENERAL SUPPORT AND TRANSFER CARMICHAEL PROPERTY	2,051,479.
ROCKEFELLER PHILANTHROPY ADVISORS INC 6 WEST 48TH STREET, 10TH FLOOR NEW YORK, NY 10036	NONE	501(C)(3)	BOYS AND MEN OF COLOR MEMBERSHIP GRANT	25,000.
NEW VENTURE FUND 1201 CONNECTICUT AVENUE, NW STE 300 WASHINGTON, DC 20036	NONE	501(C)(3)	BOYS AND MEN OF COLOR	25,000.
NORTHERN CALIFORNIA PHARMACY & HEALTH 9700 WEST TARON DRIVE ELK GROVE, CA 95757	NONE	501(C)(3)	PUBLIC POLICY	2,500.
WIND YOUTH SERVICES 815 S STREET SACRAMENTO, CA 95811	NONE	501(C)(3)	PRESIDENT'S DISCRETIONARY CHANGES TO YOUTH	25,000.
Total	SEE CONTINUATION SHEET(S)			5,367,771.
b Approved for future payment				
COMMUNITY PARTNERS 1000 N ALAMEDA ST SUITE 240 LOS ANGELES, CA 90012	NONE	501(C)(3)	TO PROVIDE GENERAL SUPPORT	50,000.
LATINO COMMUNITY FOUNDATION 235 MONTGOMERY ST STE 1160 SAN FRANCISCO, CA 94104	NONE	501(C)(3)	TO PROVIDE GENERAL SUPPORT	50,000.
NAACP SACRAMENTO BRANCH PO BOX 188231 SACRAMENTO, CA 95818	NONE	501(C)(3)	TO PROVIDE GENERAL SUPPORT	5,000.
Total				105,000.

Part XV-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.

Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income
(a) Business code	(b) Amount	(c) Exclu- sion code	(d) Amount	
Enter gross amounts unless otherwise indicated.				
1 Program service revenue:				
a COST REIMBURSEMENT				6,563,283.
b				
c				
d				
e				
f				
g Fees and contracts from government agencies				
2 Membership dues and assessments				
3 Interest on savings and temporary cash investments				
4 Dividends and interest from securities		14	576,336.	
5 Net rental income or (loss) from real estate:				
a Debt-financed property				
b Not debt-financed property				
6 Net rental income or (loss) from personal property				
7 Other investment income	523000	89,440.	14	1,624.
8 Gain or (loss) from sales of assets other than inventory			18	1,579,204.
9 Net income or (loss) from special events				
10 Gross profit or (loss) from sales of inventory				
11 Other revenue:				
a				
b				
c				
d				
e				
12 Subtotal. Add columns (b), (d), and (e)		89,440.	2,157,164.	6,563,283.
13 Total. Add line 12, columns (b), (d), and (e)				8,809,887.

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

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

[illegible]

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

		Yes	No
1	Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c)(3) (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?		
a	Transfers from the reporting foundation to a noncharitable exempt organization of:		
	(1) Cash	X	
	(2) Other assets	X	
b	Other transactions:		
	(1) Sales of assets to a noncharitable exempt organization		X
	(2) Purchases of assets from a noncharitable exempt organization		X
	(3) Rental of facilities, equipment, or other assets		X
	(4) Reimbursement arrangements		X
	(5) Loans or loan guarantees		X
	(6) Performance of services or membership or fundraising solicitations		X
c	Sharing of facilities, equipment, mailing lists, other assets, or paid employees	X	
d	If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.		

[illegible]

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

b If "Yes," complete the following schedule.

(a) Name of organization	(b) Type of organization	(c) Description of relationship
SHF PROPERTIES, INC.	501(C)(2)	SEE STATEMENT 21

**Sign
Here**

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



Signature of officer or trustee

Date _____

► CFO

Title

May the IRS discuss this return with the preparer shown below? See instr.

☒ Yes ☐ No

**Paid
Preparer
Use Only**

Print/Type preparer's name

AMANDA H. WILLIAMS

Preparer's signature

Amanda Williams C.P.A.

Date

11/14/22

Check ☐ if self-employed

PTIN

P01281212

Firm's name ► GILBERT CPAS

Firm's EIN	68-0037990
------------	------------

Firm's address ► 2880 GATEWAY OAKS DR, STE 100
SACRAMENTO, CA 95833

Phone no. 916-646-6464

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold, e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.		(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a	CAPITAL GAINS FROM PARTNERSHIPS - BOOK	P	12/31/20	12/31/21
b	CAPITAL GAINS FROM PARTNERSHIPS - TAX	P	12/31/20	12/31/21
c	7,223.8 SHS - AMERICAN FUNDS EUROPACIFIC GROWTH F	P	12/31/19	05/21/21
d	78,046.03 SHS - BMO LGM EMERGING MARKETS EQUITY I	P	12/31/19	11/22/21
e	13,283.55 SHS - DFA US CORE EQUITY 1 PORT	P	12/31/19	12/20/21
f	229,985.37 SHS - PIMCO SHORT ASSET INVESTMENT FUN	P	12/31/19	05/21/21
g	1,918.14 SHS - VANGUARD 500 INDEX ADMIRAL	P	12/31/19	12/20/21
h	CAPITAL GAIN DISTRIBUTION US BANK ACCT #0380	P	12/31/20	12/31/21
i	54 SHS - ADOBE INC	P	12/31/19	12/17/21
j	273 SHS - ALIBABA GROUP HOLDING LTD A D R	P	12/31/19	08/24/21
k	4 SHS - ALPHABET INC CL A	P	12/31/19	09/30/21
l	22 SHS - AON PLC	P	12/31/19	11/05/21
m	21 SHS - AUTOMATIC DATA PROCESSING	P	12/31/19	04/09/21
n	87 SHS - BURLINGTON STORES INC	P	12/31/19	06/04/21
o	84 SHS - EPAM SYSTEMS INC	P	12/31/19	10/01/21

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a 3,883,980.		3,883,980.	0.
b 1,530,118.			1,530,118.
c 510,000.		328,396.	181,604.
d 1,355,545.		1,145,543.	210,002.
e 450,000.		316,419.	133,581.
f 2,300,103.		2,302,152.	-2,049.
g 795,000.		451,649.	343,351.
h 514,055.			514,055.
i 33,000.		15,614.	17,386.
j 46,083.		51,173.	-5,090.
k 10,898.		4,682.	6,216.
l 6,472.		4,119.	2,353.
m 3,925.		3,491.	434.
n 27,179.		15,979.	11,200.
o 43,632.		16,542.	27,090.

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

(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	(l) Losses (from col. (h)) Gains (excess of col. (h) gain over col. (k), but not less than "-0-")
a			0.
b			1,530,118.
c			181,604.
d			210,002.
e			133,581.
f			-2,049.
g			343,351.
h			514,055.
i			17,386.
j			-5,090.
k			6,216.
l			2,353.
m			434.
n			11,200.
o			27,090.

2 Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7
If (loss), enter "-0-" in Part I, line 7 }

2

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

3

SIERRA HEALTH FOUNDATION

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold, e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.		(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a	89 SHS - FORTINET INC	P	12/31/19	10/01/21
b	210 SHS - GODADDY INC CLASS A	P	12/31/19	04/01/21
c	25 SHS - INTUIT INC	P	12/31/19	12/17/21
d	9 SHS - NETFLIX COM INC	P	12/31/19	12/17/21
e	37 SHS - NVIDIA CORP	P	12/31/19	12/17/21
f	41 SHS - PAYPAL HOLDINGS INC	P	12/31/19	09/30/21
g	4,404 SHS - SIRIUS XM HOLDINGS	P	12/31/19	08/17/21
h	922 SHS - TENCENT HLDGS LTD A D R	P	12/31/19	08/05/21
i	13 SHS - UNITEDHEALTH GROUP INC	P	12/31/19	06/24/21
j	22 SHS - ZOETIS INC	P	12/31/19	07/26/21
k	52 SHS - ALCON INC	P	12/31/19	12/20/21
l	205 SHS - ALLEGION PLC	P	12/31/19	05/21/21
m	39 SHS - AMERIPRISE FINL INC	P	12/31/19	12/20/21
n	8 SHS - ANSYS INC	P	12/31/19	12/20/21
o	12 SHS - CHUBB LIMITED COM	P	12/31/19	12/20/21

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a 25,630.		10,670.	14,960.
b 15,767.		16,215.	-448.
c 14,477.		6,453.	8,024.
d 5,295.		4,598.	697.
e 9,305.		4,559.	4,746.
f 10,842.		4,699.	6,143.
g 27,059.		27,126.	-67.
h 54,726.		43,060.	11,666.
i 5,185.		3,822.	1,363.
j 4,378.		2,516.	1,862.
k 4,413.		3,057.	1,356.
l 28,435.		19,243.	9,192.
m 9,730.		4,918.	4,812.
n 3,173.		1,690.	1,483.
o 2,366.		1,858.	508.

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

(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	(l) Losses (from col. (h)) Gains (excess of col. (h) gain over col. (k), but not less than "-0-")
a			14,960.
b			-448.
c			8,024.
d			697.
e			4,746.
f			6,143.
g			-67.
h			11,666.
i			1,363.
j			1,862.
k			1,356.
l			9,192.
m			4,812.
n			1,483.
o			508.

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

SIERRA HEALTH FOUNDATION

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold, e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.		(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a	37 SHS - COCA COLA COMPANY	P	12/31/19	12/21/21
b	0.95 SHS - COMMERCE BANCSHARES INC	P	12/31/19	12/31/21
c	26 SHS - CROWN CASTLE INTL CORP	P	12/31/19	12/20/21
d	13 SHS - CULLEN FROST BANKERS INC	P	12/31/19	12/21/21
e	66 SHS - DANAHER CORP	P	12/31/19	12/20/21
f	255 SHS - EAST WEST BANCORP INC	P	12/31/19	12/31/21
g	14 SHS - ECOLAB INC	P	12/31/19	12/20/21
h	EQUITY LIFESTYLE PPTYS INC	P	12/31/19	03/05/21
i	21 SHS - GENERAL DYNAMICS CORP	P	12/31/19	12/20/21
j	89 SHS - JOHNSON CTLS INTL PLC SHS	P	12/31/19	12/20/21
k	187 SHS - JP MORGAN CHASE CO	P	12/31/19	07/30/21
l	41 SHS - LENNAR CORP CI A	P	12/31/19	12/20/21
m	12 SHS - MARTIN MARIETTA MATIS INC	P	12/31/19	12/20/21
n	75 SHS - MICROCHIP TECHNOLOGY INC	P	12/31/19	12/20/21
o	19 SHS - MICROSOFT CORP	P	12/31/19	12/20/21

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a 2,165.		2,012.	153.
b 64.		48.	16.
c 5,202.		4,215.	987.
d 1,646.		1,069.	577.
e 16,996.		8,973.	8,023.
f 20,222.		9,887.	10,335.
g 3,225.		2,994.	231.
h		5.	-5.
i 4,382.		3,861.	521.
j 7,069.		3,680.	3,389.
k 29,036.		18,494.	10,542.
l 4,505.		2,087.	2,418.
m 5,289.		3,006.	2,283.
n 7,552.		3,976.	3,576.
o 6,211.		2,568.	3,643.

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

(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	(l) Losses (from col. (h)) Gains (excess of col. (h) gain over col. (k), but not less than "-0-")
a			153.
b			16.
c			987.
d			577.
e			8,023.
f			10,335.
g			231.
h			-5.
i			521.
j			3,389.
k			10,542.
l			2,418.
m			2,283.
n			3,576.
o			3,643.

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

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold, e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.		(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a	199 SHS - NOVARTIS AG ADR	P	12/31/19	12/03/21
b	91 SHS - PIONEER NATURAL RESOURCES CO	P	12/31/19	02/24/21
c	14 SHS - PNC FINANCIAL SERVICES GROUP INC	P	12/31/19	12/20/21
d	15 SHS - PROCTER & GAMBLE CO	P	12/31/19	12/20/21
e	38 SHS - QUALCOMM INC COM	P	12/31/19	12/20/21
f	35 SHS - RPM INTERNATIONAL INC	P	12/31/19	12/20/21
g	SUN COMMUNITIES INC	P	12/31/19	02/05/21
h	40 SHS - TYSON FOODS INC CL A	P	12/31/19	12/20/21
i				
j				
k				
l				
m				
n				
o				

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a 16,479.		17,602.	-1,123.
b 12,392.		10,948.	1,444.
c 2,859.		1,608.	1,251.
d 2,404.		2,048.	356.
e 6,956.		2,774.	4,182.
f 3,491.		1,676.	1,815.
g		17.	-17.
h 3,468.		3,646.	-178.
i			
j			
k			
l			
m			
n			
o			

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

(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	(l) Losses (from col. (h)) Gains (excess of col. (h) gain over col. (k), but not less than "-0-")
a			-1,123.
b			1,444.
c			1,251.
d			356.
e			4,182.
f			1,815.
g			-17.
h			-178.
i			
j			
k			
l			
m			
n			
o			

2 Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 If (loss), enter "-0-" in Part I, line 7 }	2	3,090,967.
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). If (loss), enter "-0-" in Part I, line 8 }	3	N/A

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
STUDIOS FOR THE PERFORMING ARTS 2420 N ST UNIT 110 SACRAMENTO, CA 95816	NONE	501(C)(3)	PRESIDENT'S DISCRETIONARY	20,000.
UNITED LATINOS PROMOVRIENDO ACCION PO BOX 22905 SACRAMENTO, CA 95822	NONE	501(C)(3)	PRESIDENT'S DISCRETIONARY	25,000.
SIERRA HEALTH FOUNDATION: CENTER FOR HEALTH PROGRAM MGMT 1321 GARDEN HIGHWAY NO 210 SACRAMENTO, CA 95833	RELATED	501(C)(3)	GENERAL	1,750,000.
SIERRA HEALTH FOUNDATION: CENTER FOR HEALTH PROGRAM MGMT 1321 GARDEN HIGHWAY NO 210 SACRAMENTO, CA 95833	RELATED	501(C)(3)	YOUTH, BOYS AND MEN OF COLOR, BUILD BLACK, SJVIIF, CFBMOC MEMBERSHIP BOARD, ALHAMBRA BLVD.	732,165.
SACRAMENTO REGIONAL COALITION TO END 1331 GARDEN HIGHWAY, SUITE 100 SACRAMENTO, CA 95833	NONE	501(C)(3)	PUBLIC POLICY	10,000.
VOICE OF YOUTH INC 2251 FLORIN RD STE 35 SACRAMENTO, CA 95822	NONE	501(C)(3)	PRESIDENT'S DISCRETIONARY	10,000.
COLOUR OF MUSIC, INC. POST OFFICE BOX 22724 CHARLESTON, SC 29413	NONE	NC	PRESIDENT'S DISCRETIONARY	15,000.
SELF AWARENESS AND RECOVERY 4625 44TH ST SACRAMENTO, CA 95820	NONE	501(C)(3)	PRESIDENT'S DISCRETIONARY	15,000.
REDF 101A CLAY STREET #103 SAN FRANCISCO, CA 94111	NONE	501(C)(3)	PUBLIC POLICY	50,000.
THE FUNDERS NETWORK INC 6705 SW 57TH AVENUE SUITE 700 CORAL GABLES, FL 33143	NONE	501(C)(3)	PRESIDENT'S DISCRETIONARY	5,000.
Total from continuation sheets				3,238,792.

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
PLUMAS CRISIS INTERVENTION AND RESOURCE 591 W. MAIN STREET QUINCY, CA 95971	NONE	501(C)(3)	DIXIE FIRE RELIEF FUND	10,000.
STANFORD SIERRA YOUTH & FAMILIES 8912 VOLUNTEER LN SACRAMENTO, CA 95826	NONE	501(C)(3)	GENERAL	20,000.
CAPITAL PUBLIC RADIO INC 7055 FOLSOM BLVD SACRAMENTO, CA 95826	NONE	501(C)(3)	PRESIDENT'S DISCRETIONARY, PUBLIC POLICY	35,000.
CENTER FOR FATHERS AND FAMILIES 920 DEL PASO BLVD SACRAMENTO, CA 95815	NONE	501(C)(3)	GENERAL	25,000.
LATINO COMMUNITY FOUNDATION 235 MONTGOMERY ST STE 1160 SAN FRANCISCO, CA 94104	NONE	501(C)(3)	LATINO POWER FUND	50,000.
SUSTAINABLE AGRICULTURE AND FOOD 133 E DE LA GUERRA ST 306 SANTA BARBARA, CA 93101	NONE	501(C)(3)	PUBLIC POLICY	2,000.
UNITED WAY OF NORTHERN CALIFORNIA 3300 CHURN CREEK ROAD REDDING, CA 96002	NONE	501(C)(3)	WILDFIRE FUND	10,000.
PUBLIC HEALTH INSTITUTE 555 12TH STREET, FLOOR 10TH OAKLAND, CA 94607	NONE	501(C)(3)	PUBLIC POLICY	50,000.
ASIAN HEALTH SERVICES 101 8TH STREET, SUITE 100 OAKLAND, CA 94607	NONE	501(C)(3)	PUBLIC POLICY	13,000.
IMMIGRANT LEGAL RESOURCE CENTER 1458 HOWARD ST SAN FRANCISCO, CA 94103	NONE	501(C)(3)	SAN JOAQUIN VALLEY DELIVERING ON THE DREAM	25,000.
Total from continuation sheets				

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
POLICYLINK 1438 WEBSTER ST STE 303 OAKLAND, CA 94612	NONE	501(C)(3)	PRESIDENT'S DISCRETIONARY	25,000.
HENRY J KAISER FAMILY FOUNDATION 185 BERRY STREET, SUITE 2000 SAN FRANCISCO, CA 94107	NONE	501(C)(3)	PUBLIC POLICY	35,000.
CALIFORNIA COMMUNITY FOUNDATION 221 S. FIGUEROA STREET, SUITE 400 LOS ANGELES, CA 90012	NONE	501(C)(3)	PRESIDENT'S DISCRETIONARY	10,000.
ASIAN AMERICANS ADVANCING JUSTICE LOS 1145 WILSHIRE BLVD, 2ND FLOOR LOS ANGELES, CA 90017	NONE	501(C)(3)	PUBLIC POLICY	25,000.
COMMUNITY PARTNERS 1000 N ALAMEDA ST SUITE 240 LOS ANGELES, CA 90012	NONE	501(C)(3)	THE CALIFORNIA ACCOUNTABLE COMMUNITIES FOR	50,000.
AMERICAN LEADERSHIP FORUM 601 UNIVERSITY AVENUE, SUITE 127 SACRAMENTO, CA 95825	NONE	CHARITY	LEADERSHIP DINNER	5,000.
AMERICAN RED CROSS SACRAMENTO 431 18TH SL. NW WASHINGTON, DC 20006	NONE	CHARITY	EMERGENCY FIRE RELIEF DONATION	25,000.
CALIFORNIA MONTESSORI PROJECT 5325 ENGLE RD., SUITE 200 CARMICHAEL, CA 95608	NONE	CHARITY	MATCHING GIFT	400.
CAPITAL PUBLIC RADIO, INC. 7055 FOLSOM BLVD. SACRAMENTO, CA 95826	NONE	CHARITY	MATCHING GIFT	6,250.
CAROL EMMOTT FOUNDATION 4931 SW 76TH AVE., #229 PORTLAND, OR 97225	NONE	CHARITY	MATCHING GIFT	500.
Total from continuation sheets				

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
CATHOLIC CHARITIES OF SANTA CLARA COUNTY 2625 ZANKER RD. #200 SAN JOSE, CA 95134	NONE	CHARITY	MATCHING GIFT	400.
CEAZE THE MOMENT 8511 DARTFORD DRIVE SACRAMENTO, CA 95823	NONE	CHARITY	MATCHING GIFT	2,250.
CHRISTIAN BROTHERS HIGH SCHOOL 4315 MARTIN LUTHER KING JR. BLVD. SACRAMENTO, CA 95820	NONE	CHARITY	MATCHING GIFT	2,500.
CLARA'S HOUSE 2715 K STREET, STE D SACRAMENTO, CA 95816	NONE	CHARITY	MATCHING GIFT	2,000.
COMMON GROUND A COVENANT CHURCH 8355 ARROYO VIST DR. SACRAMENTO, CA 95823	NONE	CHARITY	MATCHING GIFT	8,000.
CRISTO REY HIGH SCHOOL 8475 JACKSON RD. SACRAMENTO, CA 95826	NONE	CHARITY	MATCHING GIFT	2,500.
EL DORADO COMMUNITY HEALTH CENTER 4340 GOLDEN CENTER DR. PLACERVILLE, CA 95667	NONE	CHARITY	MATCHING GIFT	12,500.
EQUAL JUSTICE INITIATIVE 122 COMMERCE ST. MONTGOMERY, AL 36104	NONE	CHARITY	MATCHING GIFT	100.
FLUFF BUDDIES PO BOX 432 NORTH HIGHLANDS, CA 95660	NONE	CHARITY	MATCHING GIFT	200.
FUNDERS' NETWORK FOR SMART GROWTH AND LIVABLE COMMUNITIES 1500 SAN REMO AVE., STE 249 CORAL GABLES, FL 33146	NONE	CHARITY	MATCHING GIFT	1,000.
Total from continuation sheets				

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
GATTON COLLEGE OF BUSINESS AT UNIVERSITY OF KENTUCKY 550 X. LIMESTONE ST LEXINGTON, KY 40506	NONE	CHARITY	MATCHING GIFT	2,000.
GRANT YOUTH SPORTS 3270 NAREB ST. SACRAMENTO, CA 95838	NONE	CHARITY	MATCHING GIFT	2,000.
GRANTMAKERS CONCERNED WITH IMMIGRANTS & REFUGEES PO BOX 1100 SEBASTOPOL, CA 95473	NONE	CHARITY	MATCHING GIFT	2,500.
GRANTMAKERS IN HEALTH 1100 CONNECTICUT AVE. NW STE 1200 WASHINGTON, DC 20036	NONE	CHARITY	MATCHING GIFT	11,500.
VIRGINIA ORGANIZING: HEALTH & ENVIRONMENTAL FUNDERS NETWORK PO BOX 1323 LAUREI, MD 20725	NONE	CHARITY	MATCHING GIFT	1,875.
IMPROVE YOUR TOMORROW 4229 NORTHGATE BLVD., STE 5 SACRAMENTO, CA 95839	NONE	CHARITY	MATCHING GIFT	4,120.
INDIANA UNIVERSITY SCHOOL OF PUBLIC HEALTH P.O. BOX 500 BLOOMINGTON, NY 47402	NONE	CHARITY	MATCHING GIFT	2,000.
LOS RIOS FOUNDATION 1919 SPANOS CT. SACRAMENTO, CA 95825	NONE	CHARITY	MATCHING GIFT	500.
MISSION INVESTORS EXCHANGE 417 FIFTH AVE, 8TH FLOOR NEW YORK, NY 10016	NONE	CHARITY	MATCHING GIFT	3,000.
MOREHOUSE SCHOOL OF MEDICINE 720 WESTVIEW DR. SW ATLANTA, GA 30310	NONE	CHARITY	MATCHING GIFT	9,000.
Total from continuation sheets				

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
MUSIC ON A MISSION FOUNDATION 455 CAPITOL MALL, SUITE 801 SACRAMENTO, CA 95814	NONE	CHARITY	MATCHING GIFT	1,000.
MUTUAL ASSISTANCE NETWORK OF DEL PASO HEIGHTS 811 GRAND AVE., SUITE A3 SACRAMENTO, CA 95838	NONE	CHARITY	MATCHING GIFT	250.
MY SISTER'S HOUSE 3053 FREEPORT BLVD. #120 SACRAMENTO, CA 95818	NONE	CHARITY	MATCHING GIFT	7,000.
NORTHERN CA GRANTMAKERS 160 SPEAR ST., STE 360 SAN FRANCISCO, CA 94105	NONE	CHARITY	MATCHING GIFT	5,000.
OLD DOGS NEW TRICKS, INC. 3218 ROOT AVE. CARMICHAEL, CA 95608	NONE	CHARITY	MATCHING GIFT	430.
ONE STEP ABOVE PARENT CLUB 8569 BOND RD. #110 ELK GROVE, CA 95624	NONE	CHARITY	MATCHING GIFT	2,050.
PBS KVIE 2030 W. EL CAMINO AVE. SACRAMENTO, CA 95833	NONE	CHARITY	MATCHING GIFT	720.
PUBLIC POLICY INSTITUTE OF CALIFORNIA 500 WASHINGTON ST., STE 600 SAN FRANCISCO, CA 94111	NONE	CHARITY	MATCHING GIFT	10,000.
PURE YOUTH GROUP 18 TIDES EDGE PL. SACRAMENTO, CA 95835	NONE	CHARITY	MATCHING GIFT	5,000.
REGENTS OF THE UNIVERSITY OF CALIFORNIA, DAVIS 3102 HART HALL ONE SHIELDS AVE. DAVIS, CA 95616	NONE	CHARITY	MATCHING GIFT	125.
Total from continuation sheets				

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
REGENTS OF THE UNIVERSITY OF MICHIGAN 3003 SOUTH STATE ST., SUITE 9000 ANN ARBOR, MI 48109	NONE	CHARITY	MATCHING GIFT	500.
ROSE FAMILY CREATIVE EMPOWERMENT CENTER 7000 GRANKLIN BLVD, STE 1000 SACRAMENTO, CA 95823	NONE	CHARITY	MATCHING GIFT	1,000.
RYSE, INC. 205 41ST STREET RICHMOND, CA 94805	NONE	CHARITY	MATCHING GIFT	100.
SACRAMENTO CHORAL SOCIETY 4025 A BRIDGE STREET FAIR OAKS, CA 95628	NONE	CHARITY	MATCHING GIFT	1,000.
SACRAMENTO COUNTY OFFICE OF EDUCATION PO BOX 269003 SACRAMENTO, CA 95826	NONE	CHARITY	MATCHING GIFT	10,000.
SACRAMENTO HOUSING ALLIANCE 909 12TH STREET, SUITE 114 SACRAMENTO, CA 95814	NONE	CHARITY	MATCHING GIFT	500.
SACRAMENTO LGBT COMMUNITY CENTER 1015 20TH STREET SACRAMENTO, CA 95811	NONE	CHARITY	MATCHING GIFT	5,000.
SACRAMENTO NAACP 4625 44TH ST. RM 15 SACRAMENTO CA SACRAMENTO, CA 95820	NONE	CHARITY	MATCHING GIFT	5,000.
SACRAMENTO TREE FOUNDATION 191 LATHROP WAY, STE D SACRAMENTO, CA 95815	NONE	CHARITY	MATCHING GIFT	1,000.
SANTA CRUZ BARRIOS UNIDOS, INC. 1817 SOQUEL AVE. SANTA CRUZ, CA 95062	NONE	CHARITY	MATCHING GIFT	100.
Total from continuation sheets				

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
SIERRA NEVADA JOURNEYS 190 E. LIBERTY STREET RENO, NV 89501	NONE	CHARITY	MATCHING GIFT	9,500.
SISTERS OF MERCY WEST MIDWEST COMMUNITY 7262 MERCY RD. OMAHA, NE 68124	NONE	CHARITY	MATCHING GIFT	1,000.
ST. FRANCIS OF ASSISI ELEMENTARY SCHOOL 2500 K STREET SACRAMENTO, CA 95816	NONE	CHARITY	MATCHING GIFT	50.
ST. JOHN'S PROGRAM FOR REAL CHANGE 2443 FAIR OAKS BLVD. #369 SACRAMENTO, CA 95825	NONE	CHARITY	MATCHING GIFT	5,200.
SUSTAINABLE AGRICULTURE & FOOD SYSTEMS FUNDERS 601 E. ARRELLAGA ST., STE 101 SANTA BARBARA, CA 93103	NONE	CHARITY	MATCHING GIFT	5,000.
SUTTERVILLE 4THR 4967 MONTEREY WAY SACRAMENTO, CA 95822	NONE	CHARITY	MATCHING GIFT	100.
TECHNOLOGY ASSOCIATION OF GRANTMAKERS 200 W MADISON ST. 3RD FLOOR CHICAGO, IL 60606	NONE	CHARITY	MATCHING GIFT	385.
THE CENTER FOR VIOLENCE-FREE RELATIONSHIPS 344 PLACERVILLE DR., #11 PLACERVILLE, CA 95667	NONE	CHARITY	MATCHING GIFT	2,500.
VALLEY VISION INC. 3400 THIRD AVENUE SACRAMENTO, CA 95817	NONE	CHARITY	MATCHING GIFT	5,000.
VISIONS OF HOPE PO BOX 8189 BEND, OR 97708	NONE	CHARITY	MATCHING GIFT	840.
Total from continuation sheets				

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
WILD LIFE CARE ASSOCIATION PO BOX 680 NORTH HIGHLANDS, CA 95660	NONE	CHARITY	MATCHING GIFT	100.
WOMEN'S EMPOWERMENT 1590 NORTH A ST. SACRAMENTO, CA 95811	NONE	CHARITY	MATCHING GIFT	5,500.
YOLO FOOD BANK 233 HARTER AVENUE WOODLAND, CA 95776	NONE	CHARITY	MATCHING GIFT	2,000.
YOUTH FORWARD 2411 15TH ST, SUITE A SACRAMENTO, CA 95818	NONE	CHARITY	MATCHING GIFT	2,500.
YOUTH MENTORING CONNECTION 4103 W. ADAMS BLVD., 2ND FLOOR LOS ANGELES, CA 90018	NONE	CHARITY	MATCHING GIFT	500.
ZETA BETA LAMBDA FOUNDATION PO BOX 22261 SACRAMENTO, CA 95822	NONE	CHARITY	MATCHING GIFT	2,500.
SACRAMENTO METROPOLITAN CHAMBER OF COMMERCE 1601 ALHAMBRA BLVD. ST 100 SACRAMENTO, CA 95816	NONE	CHARITY	MATCHING GIFT	3,000.
SACRAMENTO ASIAN-PACIFIC CHAMBER OF COMMERCE 1610 R STREET, SUITE 322 SACRAMENTO, CA 95811	NONE	CHARITY	MATCHING GIFT	2,500.
GAMMA EPSILON, INC 4528 GRESHAM DR. EL DORADO HILLS, CA 95762	NONE	CHARITY	MATCHING GIFT	1,000.
COMMUNITY ALLIANCE WITH FAMILY FARMERS PO BOX 363 DAVIS, CA 95617	NONE	CHARITY	MATCHING GIFT	12,500.
Total from continuation sheets				

3 Grants and Contributions Paid During the Year (Continuation)Total from continuation sheets

Part XIV Supplementary Information

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

NAME OF RECIPIENT - SIERRA HEALTH FOUNDATION: CENTER FOR HEALTH PROGRAM

MGMT

YOUTH, BOYS AND MEN OF COLOR, BUILD BLACK, SJVIIF, CFBMOC MEMBERSHIP

BOARD, ALHAMBRA BLVD. BUILDING

Schedule B
(Form 990)Department of the Treasury
Internal Revenue Service**Schedule of Contributors**▶ Attach to Form 990 or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2021

Name of the organization

SIERRA HEALTH FOUNDATION

Employer identification number

68-0050036

Organization type (check one):

Filers of:**Section:**

Form 990 or 990-EZ

- ☐ 501(c)() (enter number) organization
- ☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- ☐ 527 political organization

Form 990-PF

- ☒ 501(c)(3) exempt private foundation
- ☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation
- ☐ 501(c)(3) taxable private foundation

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

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

Special Rules

- ☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

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

Name of organization	Employer identification number
SIERRA HEALTH FOUNDATION	68-0050036

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	PPP LOAN FORGIVENESS - BENEFICIAL STATE BANK 268 N MAIN ST., BUILDING #2 PORTERVILLE, CA 93257	\$ 275,841.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
			Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
			Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
			Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
			Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
			Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
			Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Employer identification number

68-0050036

Part II

[illegible]

Name of organization	Employer identification number
SIERRA HEALTH FOUNDATION	68-0050036

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	

Underpayment of Estimated Tax by Corporations

▶ Attach to the corporation's tax return.

FORM 990-PF

OMB No. 1545-0123

▶ Go to www.irs.gov/Form2220 for instructions and the latest information.

2021

Name SIERRA HEALTH FOUNDATION	Employer identification number 68-0050036
---	---

Note: Generally, the corporation is not required to file Form 2220 (see Part II below for exceptions) because the IRS will figure any penalty owed and bill the corporation. However, the corporation may still use Form 2220 to figure the penalty. If so, enter the amount from page 2, line 38, on the estimated tax penalty line of the corporation's income tax return, but **do not** attach Form 2220.

Part I Required Annual Payment

1 Total tax (see instructions)	1	46,328.
2a Personal holding company tax (Schedule PH (Form 1120), line 26) included on line 1	2a	
2b Look-back interest included on line 1 under section 460(b)(2) for completed long-term contracts or section 167(g) for depreciation under the income forecast method	2b	
2c Credit for federal tax paid on fuels (see instructions)	2c	
2d Total. Add lines 2a through 2c	2d	
3 Subtract line 2d from line 1. If the result is less than \$500, do not complete or file this form. The corporation does not owe the penalty	3	46,328.
4 Enter the tax shown on the corporation's 2020 income tax return. See instructions. Caution: If the tax is zero or the tax year was for less than 12 months, skip this line and enter the amount from line 3 on line 5	4	16,448.
5 Required annual payment. Enter the smaller of line 3 or line 4. If the corporation is required to skip line 4, enter the amount from line 3	5	16,448.

Part II Reasons for Filing - Check the boxes below that apply. If any boxes are checked, the corporation **must** file Form 2220 even if it does not owe a penalty. See instructions.

- 6 ☐ The corporation is using the adjusted seasonal installment method.
- 7 ☐ The corporation is using the annualized income installment method.
- 8 ☒ The corporation is a "large corporation" figuring its first required installment based on the prior year's tax.

Part III Figuring the Underpayment

	(a)	(b)	(c)	(d)	
9 Installment due dates. Enter in columns (a) through (d) the 15th day of the 4th (Form 990-PF filers: Use 5th month), 6th, 9th, and 12th months of the corporation's tax year	9	05/15/21	06/15/21	09/15/21	12/15/21
10 Required installments. If the box on line 6 and/or line 7 above is checked, enter the amounts from Sch A, line 38. If the box on line 8 (but not 6 or 7) is checked, see instructions for the amounts to enter. If none of these boxes are checked, enter 25% (0.25) of line 5 above in each column	10	4,112.	19,052.	11,582.	11,582.
11 Estimated tax paid or credited for each period. For column (a) only, enter the amount from line 11 on line 15. See instructions	11	21,662.			
Complete lines 12 through 18 of one column before going to the next column.					
12 Enter amount, if any, from line 18 of the preceding column	12		17,550.		
13 Add lines 11 and 12	13		17,550.		
14 Add amounts on lines 16 and 17 of the preceding column	14			1,502.	13,084.
15 Subtract line 14 from line 13. If zero or less, enter -0-	15	21,662.	17,550.	0.	0.
16 If the amount on line 15 is zero, subtract line 13 from line 14. Otherwise, enter -0-	16		0.	1,502.	
17 Underpayment. If line 15 is less than or equal to line 10, subtract line 15 from line 10. Then go to line 12 of the next column. Otherwise, go to line 18	17		1,502.	11,582.	11,582.
18 Overpayment. If line 10 is less than line 15, subtract line 10 from line 15. Then go to line 12 of the next column	18	17,550.			

Go to Part IV on page 2 to figure the penalty. Do not go to Part IV if there are no entries on line 17 - no penalty is owed.

Part IV Figuring the Penalty

	(a)	(b)	(c)	(d)
19 Enter the date of payment or the 15th day of the 4th month after the close of the tax year, whichever is earlier. (C corporations with tax years ending June 30 and S corporations: Use 3rd month instead of 4th month. Form 990-PF and Form 990-T filers: Use 5th month instead of 4th month.) See instructions	19			
20 Number of days from due date of installment on line 9 to the date shown on line 19	20			
21 Number of days on line 20 after 4/15/2021 and before 7/1/2021	21			
22 Underpayment on line 17 x $\frac{\text{Number of days on line 21} \times 3\% (0.03)}{365}$...	22	\$	\$	\$
23 Number of days on line 20 after 6/30/2021 and before 10/1/2021	23			
24 Underpayment on line 17 x $\frac{\text{Number of days on line 23} \times 3\% (0.03)}{365}$...	24	\$	\$	\$
25 Number of days on line 20 after 9/30/2021 and before 1/1/2022	25			
26 Underpayment on line 17 x $\frac{\text{Number of days on line 25} \times 3\% (0.03)}{365}$...	26	\$	\$	\$
27 Number of days on line 20 after 12/31/2021 and before 4/1/2022	27	SEE ATTACHED WORKSHEET		
28 Underpayment on line 17 x $\frac{\text{Number of days on line 27} \times 3\% (0.03)}{365}$...	28	\$	\$	\$
29 Number of days on line 20 after 3/31/2022 and before 7/1/2022	29			
30 Underpayment on line 17 x $\frac{\text{Number of days on line 29} \times \%}{365}$	30	\$	\$	\$
31 Number of days on line 20 after 6/30/2022 and before 10/1/2022	31			
32 Underpayment on line 17 x $\frac{\text{Number of days on line 31} \times \%}{365}$	32	\$	\$	\$
33 Number of days on line 20 after 9/30/2022 and before 1/1/2023	33			
34 Underpayment on line 17 x $\frac{\text{Number of days on line 33} \times \%}{365}$	34	\$	\$	\$
35 Number of days on line 20 after 12/31/2022 and before 3/16/2023	35			
36 Underpayment on line 17 x $\frac{\text{Number of days on line 35} \times \%}{365}$	36	\$	\$	\$
37 Add lines 22, 24, 26, 28, 30, 32, 34, and 36	37	\$	\$	\$
38 Penalty. Add columns (a) through (d) of line 37. Enter the total here and on Form 1120, line 34; or the comparable line for other income tax returns	38			
		\$	446.	

* Use the penalty interest rate for each calendar quarter, which the IRS will determine during the first month in the preceding quarter. These rates are published quarterly in an IRS News Release and in a revenue ruling in the Internal Revenue Bulletin. To obtain this information on the Internet, access the IRS website at www.irs.gov. You can also call 1-800-829-4933 to get interest rate information.

**FORM 990-PF
UNDERPAYMENT OF ESTIMATED TAX WORKSHEET**

Name(s) SIERRA HEALTH FOUNDATION					Identifying Number 68-0050036
(A) *Date	(B) Amount	(C) Adjusted Balance Due	(D) Number Days Balance Due	(E) Daily Penalty Rate	(F) Penalty
		-0-			
05/15/21	4,112.	4,112.			
05/15/21	-21,662.	-17,550.			
06/15/21	19,052.	1,502.	92	.000082192	11.
09/15/21	11,582.	13,084.	91	.000082192	98.
12/15/21	11,582.	24,666.	106	.000082192	215.
03/31/22	0.	24,666.	45	.000109589	122.
Penalty Due (Sum of Column F).					446.

* Date of estimated tax payment, withholding credit date or installment due date.

112511
04-01-21

FORM 990-PF GAIN OR (LOSS) FROM SALE OF ASSETS STATEMENT 1

(A) DESCRIPTION OF PROPERTY	(B) GROSS SALES PRICE	(C) COST OR OTHER BASIS	(D) EXPENSE OF SALE	(E) DEPREC.	(F) GAIN OR LOSS
CAPITAL GAINS FROM PARTNERSHIPS - BOOK					
	3,883,980.	3,776,185.	0.	0.	107,795.

(A) DESCRIPTION OF PROPERTY	(B) GROSS SALES PRICE	(C) COST OR OTHER BASIS	(D) EXPENSE OF SALE	(E) DEPREC.	(F) GAIN OR LOSS
CAPITAL GAINS FROM PARTNERSHIPS - TAX					
	1,530,118.	1,530,118.	0.	0.	0.

(A) DESCRIPTION OF PROPERTY	(B) GROSS SALES PRICE	(C) COST OR OTHER BASIS	(D) EXPENSE OF SALE	(E) DEPREC.	(F) GAIN OR LOSS
7,223.8 SHS - AMERICAN FUNDS EUROPACIFIC GROWTH F3					
	510,000.	328,396.	0.	0.	181,604.

(A) DESCRIPTION OF PROPERTY	(B) GROSS SALES PRICE	(C) COST OR OTHER BASIS	(D) EXPENSE OF SALE	(E) DEPREC.	(F) GAIN OR LOSS
MANNER ACQUIRED	DATE ACQUIRED	DATE SOLD			
78,046.03 SHS - BMO LGM EMERGING MARKETS EQUITY I	PURCHASED	12/31/19	11/22/21		
1,355,545.	1,145,543.	0.	0.	210,002.	

(A) DESCRIPTION OF PROPERTY	(B) GROSS SALES PRICE	(C) COST OR OTHER BASIS	(D) EXPENSE OF SALE	(E) DEPREC.	(F) GAIN OR LOSS
MANNER ACQUIRED	DATE ACQUIRED	DATE SOLD			
13,283.55 SHS - DFA US CORE EQUITY 1 PORT	PURCHASED	12/31/19	12/20/21		
450,000.	316,419.	0.	0.	133,581.	

(A) DESCRIPTION OF PROPERTY	(B) GROSS SALES PRICE	(C) COST OR OTHER BASIS	(D) EXPENSE OF SALE	(E) DEPREC.	(F) GAIN OR LOSS
MANNER ACQUIRED	DATE ACQUIRED	DATE SOLD			
229,985.37 SHS - PIMCO SHORT ASSET INVESTMENT FUND	PURCHASED	12/31/19	05/21/21		
2,300,103.	2,302,152.	0.	0.	-2,049.	

(A) DESCRIPTION OF PROPERTY	(B) GROSS SALES PRICE	(C) COST OR OTHER BASIS	(D) EXPENSE OF SALE	(E) DEPREC.	(F) GAIN OR LOSS
MANNER ACQUIRED	DATE ACQUIRED	DATE SOLD			
1,918.14 SHS - VANGUARD 500 INDEX ADMIRAL	PURCHASED	12/31/19	12/20/21		
795,000.	451,649.	0.	0.	343,351.	

(A) DESCRIPTION OF PROPERTY	MANNER ACQUIRED		DATE ACQUIRED	DATE SOLD
CAPITAL GAIN DISTRIBUTION US BANK ACCT #0380	PURCHASED		12/31/20	12/31/21
(B) GROSS SALES PRICE	(C) COST OR OTHER BASIS	(D) EXPENSE OF SALE	(E) DEPREC.	(F) GAIN OR LOSS
514,055.	0.	0.	0.	514,055.

(A) DESCRIPTION OF PROPERTY	MANNER ACQUIRED		DATE ACQUIRED	DATE SOLD
54 SHS - ADOBE INC	PURCHASED		12/31/19	12/17/21
(B) GROSS SALES PRICE	(C) COST OR OTHER BASIS	(D) EXPENSE OF SALE	(E) DEPREC.	(F) GAIN OR LOSS
33,000.	15,614.	0.	0.	17,386.

(A) DESCRIPTION OF PROPERTY	MANNER ACQUIRED		DATE ACQUIRED	DATE SOLD
273 SHS - ALIBABA GROUP HOLDING LTD A D R	PURCHASED		12/31/19	08/24/21
(B) GROSS SALES PRICE	(C) COST OR OTHER BASIS	(D) EXPENSE OF SALE	(E) DEPREC.	(F) GAIN OR LOSS
46,083.	51,173.	0.	0.	-5,090.

(A) DESCRIPTION OF PROPERTY	MANNER ACQUIRED		DATE ACQUIRED	DATE SOLD
4 SHS - ALPHABET INC CL A	PURCHASED		12/31/19	09/30/21
(B) GROSS SALES PRICE	(C) COST OR OTHER BASIS	(D) EXPENSE OF SALE	(E) DEPREC.	(F) GAIN OR LOSS
10,898.	4,682.	0.	0.	6,216.

(A) DESCRIPTION OF PROPERTY	(B) GROSS SALES PRICE	(C) COST OR OTHER BASIS	(D) EXPENSE OF SALE	(E) DEPREC.	(F) GAIN OR LOSS
MANNER ACQUIRED	DATE ACQUIRED	DATE SOLD			
22 SHS - AON PLC	PURCHASED	12/31/19	11/05/21		
	6,472.	4,119.	0.	0.	2,353.

(A) DESCRIPTION OF PROPERTY	(B) GROSS SALES PRICE	(C) COST OR OTHER BASIS	(D) EXPENSE OF SALE	(E) DEPREC.	(F) GAIN OR LOSS
MANNER ACQUIRED	DATE ACQUIRED	DATE SOLD			
21 SHS - AUTOMATIC DATA PROCESSING	PURCHASED	12/31/19	04/09/21		
	3,925.	3,491.	0.	0.	434.

(A) DESCRIPTION OF PROPERTY	(B) GROSS SALES PRICE	(C) COST OR OTHER BASIS	(D) EXPENSE OF SALE	(E) DEPREC.	(F) GAIN OR LOSS
MANNER ACQUIRED	DATE ACQUIRED	DATE SOLD			
87 SHS - BURLINGTON STORES INC	PURCHASED	12/31/19	06/04/21		
	27,179.	15,979.	0.	0.	11,200.

(A) DESCRIPTION OF PROPERTY	(B) GROSS SALES PRICE	(C) COST OR OTHER BASIS	(D) EXPENSE OF SALE	(E) DEPREC.	(F) GAIN OR LOSS
MANNER ACQUIRED	DATE ACQUIRED	DATE SOLD			
84 SHS - EPAM SYSTEMS INC	PURCHASED	12/31/19	10/01/21		
	43,632.	16,542.	0.	0.	27,090.

(A) DESCRIPTION OF PROPERTY	(B) GROSS SALES PRICE	(C) COST OR OTHER BASIS	(D) EXPENSE OF SALE	(E) DEPREC.	(F) GAIN OR LOSS
MANNER ACQUIRED	DATE ACQUIRED	DATE SOLD			
89 SHS - FORTINET INC	PURCHASED	12/31/19	10/01/21		
	25,630.	10,670.	0.	0.	14,960.

(A) DESCRIPTION OF PROPERTY	(B) GROSS SALES PRICE	(C) COST OR OTHER BASIS	(D) EXPENSE OF SALE	(E) DEPREC.	(F) GAIN OR LOSS
MANNER ACQUIRED	DATE ACQUIRED	DATE SOLD			
210 SHS - GODADDY INC CLASS A	PURCHASED	12/31/19	04/01/21		
	15,767.	16,215.	0.	0.	-448.

(A) DESCRIPTION OF PROPERTY	(B) GROSS SALES PRICE	(C) COST OR OTHER BASIS	(D) EXPENSE OF SALE	(E) DEPREC.	(F) GAIN OR LOSS
MANNER ACQUIRED	DATE ACQUIRED	DATE SOLD			
25 SHS - INTUIT INC	PURCHASED	12/31/19	12/17/21		
	14,477.	6,453.	0.	0.	8,024.

(A) DESCRIPTION OF PROPERTY	(B) GROSS SALES PRICE	(C) COST OR OTHER BASIS	(D) EXPENSE OF SALE	(E) DEPREC.	(F) GAIN OR LOSS
MANNER ACQUIRED	DATE ACQUIRED	DATE SOLD			
9 SHS - NETFLIX COM INC	PURCHASED	12/31/19	12/17/21		
	5,295.	4,598.	0.	0.	697.

(A) DESCRIPTION OF PROPERTY	(B) GROSS SALES PRICE	(C) COST OR OTHER BASIS	(D) EXPENSE OF SALE	(E) DEPREC.	(F) GAIN OR LOSS
MANNER ACQUIRED	DATE ACQUIRED	DATE SOLD			
37 SHS - NVIDIA CORP	PURCHASED	12/31/19	12/17/21		
	9,305.	4,559.	0.	0.	4,746.

(A) DESCRIPTION OF PROPERTY	(B) GROSS SALES PRICE	(C) COST OR OTHER BASIS	(D) EXPENSE OF SALE	(E) DEPREC.	(F) GAIN OR LOSS
MANNER ACQUIRED	DATE ACQUIRED	DATE SOLD			
41 SHS - PAYPAL HOLDINGS INC	PURCHASED	12/31/19	09/30/21		
	10,842.	4,699.	0.	0.	6,143.

(A) DESCRIPTION OF PROPERTY	(B) GROSS SALES PRICE	(C) COST OR OTHER BASIS	(D) EXPENSE OF SALE	(E) DEPREC.	(F) GAIN OR LOSS
MANNER ACQUIRED	DATE ACQUIRED	DATE SOLD			
4,404 SHS - SIRIUS XM HOLDINGS	PURCHASED	12/31/19	08/17/21		
	27,059.	27,126.	0.	0.	-67.

(A) DESCRIPTION OF PROPERTY	(B) GROSS SALES PRICE	(C) COST OR OTHER BASIS	(D) EXPENSE OF SALE	(E) DEPREC.	(F) GAIN OR LOSS
MANNER ACQUIRED	DATE ACQUIRED	DATE SOLD			
922 SHS - TENCENT HLDGS LTD A D R	PURCHASED	12/31/19	08/05/21		
	54,726.	43,060.	0.	0.	11,666.

(A) DESCRIPTION OF PROPERTY	(B) GROSS SALES PRICE	(C) COST OR OTHER BASIS	(D) EXPENSE OF SALE	(E) DEPREC.	(F) GAIN OR LOSS
MANNER ACQUIRED	DATE ACQUIRED	DATE SOLD			
13 SHS - UNITEDHEALTH GROUP INC	PURCHASED	12/31/19	06/24/21		
5,185.	3,822.	0.	0.	1,363.	

(A) DESCRIPTION OF PROPERTY	(B) GROSS SALES PRICE	(C) COST OR OTHER BASIS	(D) EXPENSE OF SALE	(E) DEPREC.	(F) GAIN OR LOSS
MANNER ACQUIRED	DATE ACQUIRED	DATE SOLD			
22 SHS - ZOETIS INC	PURCHASED	12/31/19	07/26/21		
4,378.	2,516.	0.	0.	1,862.	

(A) DESCRIPTION OF PROPERTY	(B) GROSS SALES PRICE	(C) COST OR OTHER BASIS	(D) EXPENSE OF SALE	(E) DEPREC.	(F) GAIN OR LOSS
MANNER ACQUIRED	DATE ACQUIRED	DATE SOLD			
52 SHS - ALCON INC	PURCHASED	12/31/19	12/20/21		
4,413.	3,057.	0.	0.	1,356.	

(A) DESCRIPTION OF PROPERTY	(B) GROSS SALES PRICE	(C) COST OR OTHER BASIS	(D) EXPENSE OF SALE	(E) DEPREC.	(F) GAIN OR LOSS
MANNER ACQUIRED	DATE ACQUIRED	DATE SOLD			
205 SHS - ALLEGION PLC	PURCHASED	12/31/19	05/21/21		
28,435.	19,243.	0.	0.	9,192.	

(A) DESCRIPTION OF PROPERTY	(B) GROSS SALES PRICE	(C) COST OR OTHER BASIS	(D) EXPENSE OF SALE	(E) DEPREC.	(F) GAIN OR LOSS
MANNER ACQUIRED	DATE ACQUIRED	DATE SOLD			
39 SHS - AMERIPRISE FINL INC	PURCHASED	12/31/19	12/20/21		
	9,730.	4,918.	0.	0.	4,812.

(A) DESCRIPTION OF PROPERTY	(B) GROSS SALES PRICE	(C) COST OR OTHER BASIS	(D) EXPENSE OF SALE	(E) DEPREC.	(F) GAIN OR LOSS
MANNER ACQUIRED	DATE ACQUIRED	DATE SOLD			
8 SHS - ANSYS INC	PURCHASED	12/31/19	12/20/21		
	3,173.	1,690.	0.	0.	1,483.

(A) DESCRIPTION OF PROPERTY	(B) GROSS SALES PRICE	(C) COST OR OTHER BASIS	(D) EXPENSE OF SALE	(E) DEPREC.	(F) GAIN OR LOSS
MANNER ACQUIRED	DATE ACQUIRED	DATE SOLD			
12 SHS - CHUBB LIMITED COM	PURCHASED	12/31/19	12/20/21		
	2,366.	1,858.	0.	0.	508.

(A) DESCRIPTION OF PROPERTY	(B) GROSS SALES PRICE	(C) COST OR OTHER BASIS	(D) EXPENSE OF SALE	(E) DEPREC.	(F) GAIN OR LOSS
MANNER ACQUIRED	DATE ACQUIRED	DATE SOLD			
37 SHS - COCA COLA COMPANY	PURCHASED	12/31/19	12/21/21		
	2,165.	2,012.	0.	0.	153.

(A) DESCRIPTION OF PROPERTY	(B) GROSS SALES PRICE	(C) COST OR OTHER BASIS	(D) EXPENSE OF SALE	(E) DEPREC.	(F) GAIN OR LOSS
MANNER ACQUIRED	DATE ACQUIRED	DATE SOLD			
0.95 SHS - COMMERCE BANCSHARES INC	PURCHASED	12/31/19	12/31/21		
	64.	48.	0.	0.	16.

(A) DESCRIPTION OF PROPERTY	(B) GROSS SALES PRICE	(C) COST OR OTHER BASIS	(D) EXPENSE OF SALE	(E) DEPREC.	(F) GAIN OR LOSS
MANNER ACQUIRED	DATE ACQUIRED	DATE SOLD			
26 SHS - CROWN CASTLE INTL CORP	PURCHASED	12/31/19	12/20/21		
	5,202.	4,215.	0.	0.	987.

(A) DESCRIPTION OF PROPERTY	(B) GROSS SALES PRICE	(C) COST OR OTHER BASIS	(D) EXPENSE OF SALE	(E) DEPREC.	(F) GAIN OR LOSS
MANNER ACQUIRED	DATE ACQUIRED	DATE SOLD			
13 SHS - CULLEN FROST BANKERS INC	PURCHASED	12/31/19	12/21/21		
	1,646.	1,069.	0.	0.	577.

(A) DESCRIPTION OF PROPERTY	(B) GROSS SALES PRICE	(C) COST OR OTHER BASIS	(D) EXPENSE OF SALE	(E) DEPREC.	(F) GAIN OR LOSS
MANNER ACQUIRED	DATE ACQUIRED	DATE SOLD			
66 SHS - DANAHER CORP	PURCHASED	12/31/19	12/20/21		
	16,996.	8,973.	0.	0.	8,023.

(A) DESCRIPTION OF PROPERTY	(B) GROSS SALES PRICE	(C) COST OR OTHER BASIS	(D) EXPENSE OF SALE	(E) DEPREC.	(F) GAIN OR LOSS
MANNER ACQUIRED	DATE ACQUIRED	DATE SOLD			
255 SHS - EAST WEST BANCORP INC	PURCHASED	12/31/19	12/31/21		
	20,222.	9,887.	0.	0.	10,335.

(A) DESCRIPTION OF PROPERTY	(B) GROSS SALES PRICE	(C) COST OR OTHER BASIS	(D) EXPENSE OF SALE	(E) DEPREC.	(F) GAIN OR LOSS
MANNER ACQUIRED	DATE ACQUIRED	DATE SOLD			
14 SHS - ECOLAB INC	PURCHASED	12/31/19	12/20/21		
	3,225.	2,994.	0.	0.	231.

(A) DESCRIPTION OF PROPERTY	(B) GROSS SALES PRICE	(C) COST OR OTHER BASIS	(D) EXPENSE OF SALE	(E) DEPREC.	(F) GAIN OR LOSS
MANNER ACQUIRED	DATE ACQUIRED	DATE SOLD			
EQUITY LIFESTYLE PPTYS INC	PURCHASED	12/31/19	03/05/21		
	0.	5.	0.	0.	-5.

(A) DESCRIPTION OF PROPERTY	(B) GROSS SALES PRICE	(C) COST OR OTHER BASIS	(D) EXPENSE OF SALE	(E) DEPREC.	(F) GAIN OR LOSS
MANNER ACQUIRED	DATE ACQUIRED	DATE SOLD			
21 SHS - GENERAL DYNAMICS CORP	PURCHASED	12/31/19	12/20/21		
	4,382.	3,861.	0.	0.	521.

(A) DESCRIPTION OF PROPERTY	(B) GROSS SALES PRICE	(C) COST OR OTHER BASIS	(D) EXPENSE OF SALE	(E) DEPREC.	(F) GAIN OR LOSS
MANNER ACQUIRED	DATE ACQUIRED	DATE SOLD			
89 SHS - JOHNSON CTLS INTL PLC SHS	PURCHASED	12/31/19	12/20/21		
	7,069.	3,680.	0.	0.	3,389.

(A) DESCRIPTION OF PROPERTY	(B) GROSS SALES PRICE	(C) COST OR OTHER BASIS	(D) EXPENSE OF SALE	(E) DEPREC.	(F) GAIN OR LOSS
MANNER ACQUIRED	DATE ACQUIRED	DATE SOLD			
187 SHS - JP MORGAN CHASE CO	PURCHASED	12/31/19	07/30/21		
	29,036.	18,494.	0.	0.	10,542.

(A) DESCRIPTION OF PROPERTY	(B) GROSS SALES PRICE	(C) COST OR OTHER BASIS	(D) EXPENSE OF SALE	(E) DEPREC.	(F) GAIN OR LOSS
MANNER ACQUIRED	DATE ACQUIRED	DATE SOLD			
41 SHS - LENNAR CORP CI A	PURCHASED	12/31/19	12/20/21		
	4,505.	2,087.	0.	0.	2,418.

(A) DESCRIPTION OF PROPERTY	(B) GROSS SALES PRICE	(C) COST OR OTHER BASIS	(D) EXPENSE OF SALE	(E) DEPREC.	(F) GAIN OR LOSS
MANNER ACQUIRED	DATE ACQUIRED	DATE SOLD			
12 SHS - MARTIN MARIETTA MATIS INC	PURCHASED	12/31/19	12/20/21		
	5,289.	3,006.	0.	0.	2,283.

(A) DESCRIPTION OF PROPERTY	(B) GROSS SALES PRICE	(C) COST OR OTHER BASIS	(D) EXPENSE OF SALE	(E) DEPREC.	(F) GAIN OR LOSS
MANNER ACQUIRED	DATE ACQUIRED	DATE SOLD			
75 SHS - MICROCHIP TECHNOLOGY INC	PURCHASED	12/31/19	12/20/21		
	7,552.	3,976.	0.	0.	3,576.

(A) DESCRIPTION OF PROPERTY	(B) GROSS SALES PRICE	(C) COST OR OTHER BASIS	(D) EXPENSE OF SALE	(E) DEPREC.	(F) GAIN OR LOSS
MANNER ACQUIRED	DATE ACQUIRED	DATE SOLD			
19 SHS - MICROSOFT CORP	PURCHASED	12/31/19	12/20/21		
	6,211.	2,568.	0.	0.	3,643.

(A) DESCRIPTION OF PROPERTY	(B) GROSS SALES PRICE	(C) COST OR OTHER BASIS	(D) EXPENSE OF SALE	(E) DEPREC.	(F) GAIN OR LOSS
MANNER ACQUIRED	DATE ACQUIRED	DATE SOLD			
199 SHS - NOVARTIS AG ADR	PURCHASED	12/31/19	12/03/21		
	16,479.	17,602.	0.	0.	-1,123.

(A) DESCRIPTION OF PROPERTY	(B) GROSS SALES PRICE	(C) COST OR OTHER BASIS	(D) EXPENSE OF SALE	(E) DEPREC.	(F) GAIN OR LOSS
MANNER ACQUIRED	DATE ACQUIRED	DATE SOLD			
91 SHS - PIONEER NATURAL RESOURCES CO	PURCHASED	12/31/19	02/24/21		
	12,392.	10,948.	0.	0.	1,444.

(A) DESCRIPTION OF PROPERTY	(B) GROSS SALES PRICE	(C) COST OR OTHER BASIS	(D) EXPENSE OF SALE	(E) DEPREC.	(F) GAIN OR LOSS
MANNER ACQUIRED	DATE ACQUIRED	DATE SOLD			
14 SHS - PNC FINANCIAL SERVICES GROUP INC	PURCHASED	12/31/19	12/20/21		
	2,859.	1,608.	0.	0.	1,251.

(A) DESCRIPTION OF PROPERTY	(B) GROSS SALES PRICE	(C) COST OR OTHER BASIS	(D) EXPENSE OF SALE	(E) DEPREC.	(F) GAIN OR LOSS
MANNER ACQUIRED	DATE ACQUIRED	DATE SOLD			
15 SHS - PROCTER & GAMBLE CO	PURCHASED	12/31/19	12/20/21		
	2,404.	2,048.	0.	0.	356.

(A) DESCRIPTION OF PROPERTY	(B) GROSS SALES PRICE	(C) COST OR OTHER BASIS	(D) EXPENSE OF SALE	(E) DEPREC.	(F) GAIN OR LOSS
MANNER ACQUIRED	DATE ACQUIRED	DATE SOLD			
38 SHS - QUALCOMM INC COM	PURCHASED	12/31/19	12/20/21		
	6,956.	2,774.	0.	0.	4,182.

(A) DESCRIPTION OF PROPERTY	(B) GROSS SALES PRICE	(C) COST OR OTHER BASIS	(D) EXPENSE OF SALE	(E) DEPREC.	(F) GAIN OR LOSS
MANNER ACQUIRED	DATE ACQUIRED	DATE SOLD			
35 SHS - RPM INTERNATIONAL INC	PURCHASED	12/31/19	12/20/21		
	3,491.	1,676.	0.	0.	1,815.

(A) DESCRIPTION OF PROPERTY	(B) GROSS SALES PRICE	(C) COST OR OTHER BASIS	(D) EXPENSE OF SALE	(E) MANNER ACQUIRED DEPREC.	(F) DATE ACQUIRED GAIN OR LOSS	DATE SOLD
SUN COMMUNITIES INC	0.	17.	0.	0.		02/05/21

(A) DESCRIPTION OF PROPERTY	(B) GROSS SALES PRICE	(C) COST OR OTHER BASIS	(D) EXPENSE OF SALE	(E) MANNER ACQUIRED DEPREC.	(F) DATE ACQUIRED GAIN OR LOSS	DATE SOLD
40 SHS - TYSON FOODS INC CL A	3,468.	3,646.	0.	0.		12/20/21

CAPITAL GAINS DIVIDENDS FROM PART IV						0.
TOTAL TO FORM 990-PF, PART I, LINE 6A						1,668,644.

FORM 990-PF	OTHER INCOME	STATEMENT	2
-------------	--------------	-----------	---

DESCRIPTION	(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
PARTNERSHIP NET INCOME	0.	-190,819.	0.
MISCELLANEOUS	1,624.	1,624.	0.
COST REIMBURSEMENT	6,563,283.	0.	6,563,283.
TOTAL TO FORM 990-PF, PART I, LINE 11	6,564,907.	-189,195.	6,563,283.

FORM 990-PF	LEGAL FEES			STATEMENT	3
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
LEGAL FEES	44,694.	17,077.	3,875.	22,023.	
TO FM 990-PF, PG 1, LN 16A	44,694.	17,077.	3,875.	22,023.	

FORM 990-PF	ACCOUNTING FEES			STATEMENT	4
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
ACCOUNTING	52,416.	1,680.	0.	50,736.	
TO FORM 990-PF, PG 1, LN 16B	52,416.	1,680.	0.	50,736.	

FORM 990-PF	OTHER PROFESSIONAL FEES			STATEMENT	5
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
INVESTMENT MANAGEMENT	174,497.	174,497.	0.	0.	
RECRUITMENT	5,977.	0.	0.	5,977.	
PROGRAM CONSULTANTS	0.	0.	0.	34,620.	
OTHER PROFESSIONAL FEES	114,376.	12,722.	91,213.	24,277.	
TO FORM 990-PF, PG 1, LN 16C	294,850.	187,219.	91,213.	64,874.	

FORM 990-PF	OTHER EXPENSES			STATEMENT	6
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
SUPPLIES	24,210.	0.	13,894.	0.	
POSTAGE	12.	0.	12.	0.	
EQUIPMENT REPAIRS & MAINTENANCE	25,052.	0.	12,769.	7,697.	
INSURANCE	11,186.	0.	-4,415.	0.	
MISCELLANEOUS	42,696.	0.	30,323.	0.	
EQUIPMENT RENTAL/LEASE	2,870.	0.	2,785.	0.	
WEBSITE EXPENSE	66,491.	0.	0.	66,210.	
TO FORM 990-PF, PG 1, LN 23	172,517.	0.	55,368.	73,907.	

FORM 990-PF	DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT			STATEMENT	7
DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE	FAIR MARKET VALUE	
1321 GARDEN HIGHWAY - LAND	1,474,641.	0.	1,474,641.	1,474,641.	
1321 GARDEN HIGHWAY - BUILDING	11,182,907.	7,555,013.	3,627,894.	3,627,894.	
1321 GARDEN HIGHWAY - FURNITURE, FIXTURES, & EQUIPMENT	2,419,644.	2,344,460.	75,184.	75,184.	
1321 GARDEN HIGHWAY - ART WORK	195,867.	0.	195,867.	195,867.	
TO 990-PF, PART II, LN 14	15,273,059.	9,899,473.	5,373,586.	5,373,586.	

FORM 990-PF	CORPORATE STOCK		STATEMENT	8
DESCRIPTION	BOOK VALUE		FAIR MARKET VALUE	
HELD BY U.S. BANK AS CUSTODIAN	35,921,193.		35,921,193.	
TOTAL TO FORM 990-PF, PART II, LINE 10B	35,921,193.		35,921,193.	

FORM 990-PF	DEPRECIATION OF ASSETS HELD FOR INVESTMENT	STATEMENT	9
-------------	--	-----------	---

DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
70 PORTOLA CORNER LOT - LAND	229,164.	0.	229,164.
TOTAL TO FM 990-PF, PART II, LN 11	229,164.	0.	229,164.

FORM 990-PF	OTHER INVESTMENTS	STATEMENT	10
-------------	-------------------	-----------	----

DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
INVESTMENTS IN PARTNERSHIPS	FMV	18,408,689.	18,408,689.
TOTAL TO FORM 990-PF, PART II, LINE 13		18,408,689.	18,408,689.

FORM 990-PF	OTHER ASSETS	STATEMENT	11
-------------	--------------	-----------	----

DESCRIPTION	BEGINNING OF YR BOOK VALUE	END OF YEAR BOOK VALUE	FAIR MARKET VALUE
PREPAID EXPENSE	119,293.	151,760.	151,760.
DUE FROM CENTER	1,036,245.	255,230.	255,230.
DUE FROM SAN JOAQUIN VALLEY	357,016.	415,039.	415,039.
TO FORM 990-PF, PART II, LINE 15	1,512,554.	822,029.	822,029.

FORM 990-PF	OTHER LIABILITIES	STATEMENT	12
-------------	-------------------	-----------	----

DESCRIPTION	BOY AMOUNT	EOY AMOUNT
DEFERRED EXCISE TAX	80,000.	80,000.
DUE TO CENTER	50,022.	4,006.
TOTAL TO FORM 990-PF, PART II, LINE 22	130,022.	84,006.

STATES

CA, AK, AR, ID, IL, IN, MD, MS, NY, NC, OR, SC, UT, VA, VT, GA, MN, CT, KS, LA, AZ, CO, MA

FORM 990-PF

SCHEDULE OF CONTROLLED ENTITIES
PART VI-A, LINE 11

STATEMENT 14

NAME OF CONTROLLED ENTITY

EMPLOYER ID NO

SHF PROPERTIES INC.

91-1751915

ADDRESS

EXCESS BUSINESS HOLDING [] YES [X] NO

1321 GARDEN HIGHWAY
SACRAMENTO, CA 95833

NAME OF CONTROLLED ENTITY

EMPLOYER ID NO

SIERRA HEALTH FOUNDATION: CENTER FOR HEALTH PROGRAM
MANAGEMENT

45-5282243

ADDRESS

EXCESS BUSINESS HOLDING [] YES [X] NO

1321 GARDEN HIGHWAY, SUITE 210
SACRAMENTO, CA 95833

FORM 990-PF	PART VII - LIST OF OFFICERS, DIRECTORS TRUSTEES AND FOUNDATION MANAGERS	STATEMENT 15
-------------	--	--------------

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
HEWITT, CHET P. 1321 GARDEN HIGHWAY SACRAMENTO, CA 95833	PRESIDENT & CEO 40.00	437,215.	52,024.	0.
ALVARADO, GILBERT 1321 GARDEN HIGHWAY SACRAMENTO, CA 95833	EXECUTIVE VP/COO 40.00	291,211.	58,670.	0.
DAVID W. GORDON 1321 GARDEN HIGHWAY SACRAMENTO, CA 95833	DIRECTOR 0.50	14,960.	0.	0.
DEBRA MCKENZIE 1321 GARDEN HIGHWAY SACRAMENTO, CA 95833	CHAIR 0.50	14,960.	0.	0.
JOSE R. HERMOCILLO 1321 GARDEN HIGHWAY SACRAMENTO, CA 95833	VICE CHAIR 0.50	20,760.	0.	0.
NANCY P. LEE 1321 GARDEN HIGHWAY SACRAMENTO, CA 95833	DIRECTOR 0.50	18,760.	0.	0.
ROBERT A. PETERSEN, CPA 1321 GARDEN HIGHWAY SACRAMENTO, CA 95833	DIRECTOR 0.50	16,160.	0.	0.
SHAMUS ROLLER 1321 GARDEN HIGHWAY SACRAMENTO, CA 95833	DIRECTOR 0.50	14,960.	0.	0.
CLAIRE POMEROY 1321 GARDEN HIGHWAY SACRAMENTO, CA 95833	DIRECTOR 0.50	16,760.	0.	0.
TOTALS INCLUDED ON 990-PF, PAGE 6, PART VII		845,746.	110,694.	0.

FORM 990-PF	SUMMARY OF DIRECT CHARITABLE ACTIVITIES	STATEMENT	16
-------------	---	-----------	----

ACTIVITY ONE

IMPROVING HEALTH AND QUALITY OF LIFE - THIS BROAD PROGRAM CATEGORY FOCUSES ON IMPROVING HEALTH EQUITY AND REDUCING HEALTH DISPARITIES TO PROMOTE HEALTH AND WELL-BEING FOR ALL. THIS IS ACCOMPLISHED IN A VARIETY OF WAYS, INCLUDING THE DEVELOPMENT OF COLLABORATIVE COMMUNITY COALITIONS, LEARNING INSTITUTES, AND EVALUATION AND DISSEMINATION OF KNOWLEDGE.

PROGRAMS ALSO FOCUS ON MENTAL HEALTH AWARENESS AND RESPITE, REDUCING THE DISPROPORTIONATE CAUSES OF DEATH AMONG AFRICAN AMERICAN CHILDREN, SUPPORT FOR COMMUNITY COALITIONS WORKING TO IMPROVE HEALTH AND WORKPLACE WELLNESS.

EXPENSES

TO FORM 990-PF, PART VIII-A, LINE 1

2,372,807.

FORM 990-PF	SUMMARY OF DIRECT CHARITABLE ACTIVITIES	STATEMENT	17
-------------	---	-----------	----

ACTIVITY TWO

PUBLIC POLICY AND EDUCATION PROGRAM - THIS PROGRAM CATEGORY PROMOTES BETTER-INFORMED POLICY DISCOURSE WITH A FOCUS ON HEALTH EQUITY, AND CAPTURES AND DISSEMINATES LESSONS LEARNED FROM GRANTEEES. STAFF ACHIEVES PROGRAM OBJECTIVES THROUGH PARTNERSHIPS, RESEARCH, PUBLIC EDUCATION AND GRANT MAKING.

PROGRAMS WITHIN THIS CATEGORY ALSO FOCUS ON HEALTH AND RACIAL EQUITY, AND WORK TO BUILD MOMENTUM AND PUBLIC AWARENESS TO ADDRESS THE SYSTEMIC BARRIERS THAT LIMIT ACCESS TO OPPORTUNITY FOR UNDERSERVED POPULATIONS.

EXPENSES

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

1,930,402.

FORM 990-PF	SUMMARY OF DIRECT CHARITABLE ACTIVITIES	STATEMENT	18
-------------	---	-----------	----

ACTIVITY THREE

NONPROFIT HEALTH SECTOR DEVELOPMENT - PROGRAMS IN THIS CATEGORY SUPPORT LEADERSHIP DEVELOPMENT AND CAPACITY BUILDING TO CREATE A MORE VIBRANT AND DIVERSE NONPROFIT SECTOR. SPECIFICALLY, PROGRAMS SUPPORT CAPACITY BUILDING AND LEADERSHIP DEVELOPMENT ACTIVITIES FOR CURRENT AND EMERGING NONPROFIT AND PUBLIC LEADERS, AND NONPROFIT ORGANIZATIONS LED BY PEOPLE OF COLOR. THE FOUNDATION ALSO HELPS NONPROFIT ORGANIZATIONS AND PUBLIC AGENCIES ACHIEVE THEIR OBJECTIVES BY PROVIDING A VENUE FOR EDUCATION AND TRAINING, NONPARTISAN DEBATE AND COLLABORATION.

EXPENSES

TO FORM 990-PF, PART VIII-A, LINE 3

338,927.

FORM 990-PF	SUMMARY OF DIRECT CHARITABLE ACTIVITIES	STATEMENT	19
-------------	---	-----------	----

ACTIVITY FOUR

SAN JOAQUIN VALLEY HEALTH FUND - THE SAN JOAQUIN VALLEY HEALTH FUND STRENGTHENS THE CAPACITY OF COMMUNITIES AND ORGANIZATIONS IN THE SAN JOAQUIN VALLEY TO IMPROVE HEALTH AND WELL-BEING BY ADVANCING PROGRAMS AND POLICY CHANGES THAT PROMOTE COMMUNITY HEALTH AND HEALTH EQUITY FOR ALL.

EXPENSES

TO FORM 990-PF, PART VIII-A, LINE 4

468,091.

990-PF	INVOLVEMENT WITH NONCHARITABLE ORGANIZATIONS	STATEMENT	20
	PART XVI, LINE 1, COLUMN (D)		

NAME OF NONCHARITABLE EXEMPT ORGANIZATION

SHF PROPERTIES, INC.

DESCRIPTION OF TRANSFERS, TRANSACTIONS, AND SHARING ARRANGEMENTS

SHF PROPERTIES, INC. UTILIZES THE STAFF AND FACILITIES OF SIERRA HEALTH FOUNDATION. SIERRA HEALTH FOUNDATION DOES NOT CHARGE SHF PROPERTIES, INC. BECAUSE SHF PROPERTIES, INC. SERVES SIERRA HEALTH FOUNDATION EXCLUSIVELY, ANY AMOUNTS THAT SIERRA HEALTH FOUNDATION CHARGED SHF PROPERTIES, INC. WOULD BE BILLED RIGHT BACK TO SIERRA HEALTH FOUNDATION.

NAME OF NONCHARITABLE EXEMPT ORGANIZATION

SHF PROPERTIES, INC.

DESCRIPTION OF TRANSFERS, TRANSACTIONS, AND SHARING ARRANGEMENTS

SIERRA HEALTH FOUNDATION TRANSFERRED \$1,479 OF CASH TO SHF PROPERTIES, INC. IN 2021.

NAME OF NONCHARITABLE EXEMPT ORGANIZATION

SHF PROPERTIES, INC.

DESCRIPTION OF TRANSFERS, TRANSACTIONS, AND SHARING ARRANGEMENTS

SIERRA HEALTH FOUNDATION TRANSFERRED REAL ESTATE PROPERTY VALUED AT \$2,050,000 TO SHF PROPERTIES, INC. IN 2021.

990-PF	AFFILIATION WITH TAX-EXEMPT ORGANIZATIONS	STATEMENT	21
	PART XVI, LINE 2, COLUMN (C)		

NAME OF AFFILIATED OR RELATED ORGANIZATION

SHF PROPERTIES, INC.

DESCRIPTION OF RELATIONSHIP WITH AFFILIATED OR RELATED ORGANIZATION

SHF PROPERTIES, INC. IS A TAX-EXEMPT HOLDING ORGANIZATION THAT ACQUIRES AND HOLDS TITLE TO LAND FOR THE SIERRA HEALTH FOUNDATION. SHF PROPERTIES, INC SHARES STAFF AND OFFICE SPACE WITH SIERRA HEALTH FOUNDATION.

CARRYOVER DATA TO 2022

[illegible]

Name: SIERRA HEALTH FOUNDATION

FEIN:

68-0050036

Type and Entity: PRE-2018 NOL FED

DETAIL CARRYOVER SCHEDULE

Section 382 Annual Limitation

Section 382 Carryover

	Year Originated	Original Carryover Amount		Total Amount Used	Amount Used for 12/31/15		Amount Used for 12/31/16		Amount Used for 12/31/18		Amount Used for 12/31/19		Amount Used for 12/31/20		Amount Used for 12/31/10		Amount Used for 12/31/12		Amount Used for 12/31/13		Amount Used for 12/31/21	
A	2001	1,193,006.		742,313.	40,917.		2,726.		91,755.		12,248.		100,406.						404,821.		89,440.	
B	2002	704,188.																				
C	2003	467,408.																				
D	2007	142,678.																				
E	2008	1,316,970.																				
F	2011	73,407.																				
G	2014	70,819.																				
H	2017	65,560.																				
I																						
J																						
K																						
L																						
M																						
N																						
O																						
P																						
Q																						
R																						
S																						
T																						
U																						
V																						
W																						
	Detail Type	E	S	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for
A		B																				
B		C																				
C																						
D																						
E																						
F																						
G																						
H																						
I																						
J																						
K																						
L																						
M																						
N																						
O																						
P																						
Q																						
R																						
S																						
T																						
U																						
V																						
W																						

Name: SIERRA HEALTH FOUNDATION

FEIN:

68-0050036

Type and Entity: NOL CA
Section 382 Annual Limitation

DETAIL CARRYOVER SCHEDULE

Section 382 Carryover

	Year Originated		Original Carryover Amount	Total Amount Used	Amount Used for 12/31/15	Amount Used for 12/31/16	Amount Used for 12/31/17	Amount Used for 12/31/18	Amount Used for 12/31/13	Amount Used for 12/31/21	Amount Used for	Amount Used for	Amount Used for
A	2008		1,316,970.	454,068.	80,696.	35,957.	12,032.	97,582.	215,776.	12,025.			
B	2011		73,407.										
C	2012		25,808.										
D	2014		72,305.										
E	2019		2,388.										
F	2020		1,858.										
G													
H													
I													
J													
K													
L													
M													
N													
O													
P													
Q													
R													
S													
T													
U													
V													
W													
	Detail Type	ESBC	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for
A													
B													
C													
D													
E													
F													
G													
H													
I													
J													
K													
L													
M													
N													
O													
P													
Q													
R													
S													
T													
U													
V													
W													

FEIN: 68-0050036

DETAIL CARRYOVER SCHEDULE

Section 382 Carryover

[illegible]

Form **8879-TE****IRS e-file Signature Authorization
for a Tax Exempt Entity**

OMB No. 1545-0047

For calendar year 2021, or fiscal year beginning _____, 2021, and ending _____, 20____

2021Department of the Treasury
Internal Revenue Service▶ **Do not send to the IRS. Keep for your records.**
▶ **Go to www.irs.gov/Form8879TE for the latest information.**

Name of filer

SIERRA HEALTH FOUNDATION

EIN or SSN

68-0050036Name and title of officer or person subject to tax **BEATRIX KOEV
CFO****Part I Type of Return and Return Information**

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a Form 990 check here	☐	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b
2a Form 990-EZ check here ...	☐	b Total revenue, if any (Form 990-EZ, line 9)	2b
3a Form 1120-POL check here ▶	☐	b Total tax (Form 1120-POL, line 22)	3b
4a Form 990-PF check here ...	☐	b Tax based on investment income (Form 990-PF, Part V, line 5)	4b
5a Form 8868 check here	☐	b Balance due (Form 8868, line 3c)	5b
6a Form 990-T check here	☒	b Total tax (Form 990-T, Part III, line 4)	6b 0.
7a Form 4720 check here	☐	b Total tax (Form 4720, Part III, line 1)	7b
8a Form 5227 check here	☐	b FMV of assets at end of tax year (Form 5227, Item D)	8b
9a Form 5330 check here	☐	b Tax due (Form 5330, Part II, line 19)	9b
10a Form 8038-CP check here ▶	☐	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that ☒ I am an officer of the above entity or ☐ I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2021 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

☒ I authorize **GILBERT CPAS** to enter my PIN **68005**
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

☐ As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax ▶

Date ▶ **11/15/22****Part III Certification and Authentication**

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

68106201281

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ _____ Date ▶ **11/14/22**

ERO Must Retain This Form - See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

LHA For Privacy act and Paperwork Reduction Act Notice, see instructions.

Form **8879-TE** (2021)

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

OMB No. 1545-0047

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

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

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

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

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. SIERRA HEALTH FOUNDATION	Taxpayer identification number (TIN) 68-0050036
	Number, street, and room or suite no. If a P.O. box, see instructions. 1321 GARDEN HIGHWAY	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. SACRAMENTO, CA 95833	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 7

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

BEATRIX KOEV

- The books are in the care of ► **1321 GARDEN HIGHWAY - SACRAMENTO, CA 95833**

Telephone No. ► **(916) 922-4755**

Fax No. ► _____

- If the organization does not have an office or place of business in the United States, check this box ☐
• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and TINs of all members the extension is for.

- 1 I request an automatic 6-month extension of time until **NOVEMBER 15, 2022**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
► ☒ calendar year **2021** or
► ☐ tax year beginning _____, and ending _____.

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

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

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

Form **990-T****Exempt Organization Business Income Tax Return**
(and proxy tax under section 6033(e))

OMB No. 1545-0047

2021Department of the Treasury
Internal Revenue Service

For calendar year 2021 or other tax year beginning _____, and ending _____

- Go to www.irs.gov/Form990T for instructions and the latest information.
 ► Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for
501(c)(3) Organizations Only

A ☐ Check box if address changed.	Print or Type	Name of organization (☐ Check box if name changed and see instructions.)	D Employer identification number
B Exempt under section ☒ 501(c)(3)) ☐ 408(e) ☐ 220(e) ☐ 408A ☐ 530(a) ☐ 529(a) ☐ 529A		SIERRA HEALTH FOUNDATION	68-0050036
		Number, street, and room or suite no. If a P.O. box, see instructions. 1321 GARDEN HIGHWAY	E Group exemption number (see instructions)
		City or town, state or province, country, and ZIP or foreign postal code SACRAMENTO, CA 95833	F ☐ Check box if an amended return.
		C Book value of all assets at end of year 61,368,491.	
G Check organization type ► ☒ 501(c) corporation ☐ 501(c) trust ☐ 401(a) trust ☐ Other trust			
H Check if filing only to ► ☐ Claim credit from Form 8941 ☐ Claim a refund shown on Form 2439			
I Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation ► ☐			
J Enter the number of attached Schedules A (Form 990-T) 1			
K During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ► ☐ Yes ☒ No If "Yes," enter the name and identifying number of the parent corporation. ►			
L The books are in care of ► BEATRIX KOEV Telephone number ► (916) 922-4755			

Part I Total Unrelated Business Taxable Income

1 Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	1	89,440.
2 Reserved	2	
3 Add lines 1 and 2	3	89,440.
4 Charitable contributions (see instructions for limitation rules)	4	0.
5 Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3	5	89,440.
6 Deduction for net operating loss. See instructions STATEMENT 22	6	89,440.
7 Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5	7	
8 Specific deduction (generally \$1,000, but see instructions for exceptions)	8	1,000.
9 Trusts. Section 199A deduction. See instructions	9	
10 Total deductions. Add lines 8 and 9	10	1,000.
11 Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero	11	0.

Part II Tax Computation

1 Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21)	1	0.
2 Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on Part I, line 11 from: ☐ Tax rate schedule or ☐ Schedule D (Form 1041)	2	
3 Proxy tax. See instructions	3	
4 Other tax amounts. See instructions	4	
5 Alternative minimum tax (trusts only)	5	
6 Tax on noncompliant facility income. See instructions	6	
7 Total. Add lines 3 through 6 to line 1 or 2, whichever applies	7	0.

LHA For Paperwork Reduction Act Notice, see instructions.

Form **990-T** (2021)

Part III Tax and Payments

1a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	1a		
b	Other credits (see instructions)	1b		
c	General business credit. Attach Form 3800 (see instructions)	1c		
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	1d		
e	Total credits. Add lines 1a through 1d	1e		
2	Subtract line 1e from Part II, line 7	2		0.
3	Other amounts due. Check if from: ☐ Form 4255 ☐ Form 8611 ☐ Form 8697 ☐ Form 8866 ☐ Other (attach statement)	3		
4	Total tax. Add lines 2 and 3 (see instructions). ☐ Check if includes tax previously deferred under section 1294. Enter tax amount here	4		0.
5	Current net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 4	5		0.
6a	Payments: A 2020 overpayment credited to 2021	6a		
b	2021 estimated tax payments. Check if section 643(g) election applies ☐	6b		
c	Tax deposited with Form 8868	6c		
d	Foreign organizations: Tax paid or withheld at source (see instructions)	6d		
e	Backup withholding (see instructions)	6e		
f	Credit for small employer health insurance premiums (attach Form 8941)	6f		
g	Other credits, adjustments, and payments: ☐ Form 2439 ☐ Form 4136 ☐ Other Total	6g		
7	Total payments. Add lines 6a through 6g	7		
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached ☐	8		
9	Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed	9		
10	Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid	10		
11	Enter the amount of line 10 you want: Credited to 2022 estimated tax ☐ Refunded ☐	11		

Part IV Statements Regarding Certain Activities and Other Information (see instructions)

1	At any time during the 2021 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here	Yes	No
			X
2	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.		X
3	Enter the amount of tax-exempt interest received or accrued during the tax year \$		
4	Enter available pre-2018 NOL carryovers here \$ <u>3,381,163.</u> Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 4.		
5	Post-2017 NOL carryovers. Enter available Business Activity Code and post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions.		
	Business Activity Code	Available post-2017 NOL carryover	
		\$	
		\$	
6a	Did the organization change its method of accounting? (see instructions)		X
b	If 6a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," explain in Part V		

Part V Supplemental Information

Provide the explanation required by Part IV, line 6b. Also, provide any other additional information. See instructions.

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			
	Signature of officer	Date	CFO Title	May the IRS discuss this return with the preparer shown below (see instructions)? ☒ Yes ☐ No
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed
	AMANDA H. WILLIAMS	Amanda Williams C.P.A.	11/14/22	
	Firm's name	Firm's EIN		PTIN
	GILBERT CPAS	68-0037990		P01281212
	2880 GATEWAY OAKS DR, STE 100			
	Firm's address		Phone no.	
	SACRAMENTO, CA 95833		916-646-6464	

FORM 990-T	PRE 2018 NOL SCHEDULE	STATEMENT 22
------------	-----------------------	--------------

PRE-2018 NOL CARRY FORWARD FROM PRIOR YEAR	3,381,163.
PRE-2018 NOL DEDUCTION INCLUDED IN PART I, LINE 6	89,440.

SCHEDULE A PORTION OF PRE-2018 NOL SCHEDULE A ENTITY	SCHEDULE A SHARE
<u>1</u>	<u>0.</u>

TOTAL SCHEDULE A SHARE OF PRE-2018 NOL	0.
NET OPERATING DEDUCTION	89,440.
BALANCE AFTER PRE-2018 NOL DEDUCTION	0.
EXPIRING NET OPERATING LOSSES	0.
CARRY FORWARD OF NET OPERATING LOSS	3,291,723.

FORM 990-T	PRE-2018 NET OPERATING LOSS DEDUCTION	STATEMENT 23
------------	---------------------------------------	--------------

TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/01	1,193,006.	652,873.	540,133.	540,133.
12/31/02	704,188.	0.	704,188.	704,188.
12/31/03	467,408.	0.	467,408.	467,408.
12/31/07	142,678.	0.	142,678.	142,678.
12/31/08	1,316,970.	0.	1,316,970.	1,316,970.
12/31/11	73,407.	0.	73,407.	73,407.
12/31/14	70,819.	0.	70,819.	70,819.
12/31/17	65,560.	0.	65,560.	65,560.
NOL CARRYOVER AVAILABLE THIS YEAR			3,381,163.	3,381,163.

SCHEDULE A
(Form 990-T)

Department of the Treasury
Internal Revenue Service

Unrelated Business Taxable Income
From an Unrelated Trade or Business

▶ Go to www.irs.gov/Form990T for instructions and the latest information.
▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

1
OMB No. 1545-0047

2021

Open to Public Inspection for
501(c)(3) Organizations Only

A Name of the organization SIERRA HEALTH FOUNDATION	B Employer identification number 68-0050036
C Unrelated business activity code (see instructions) ▶ 523000	D Sequence: 1 of 1

E Describe the unrelated trade or business ▶ **INVESTMENTS IN LIMITED PARTNERSHIPS**

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a Gross receipts or sales				
b Less returns and allowances	c Balance ▶	1c		
2 Cost of goods sold (Part III, line 8)		2		
3 Gross profit. Subtract line 2 from line 1c		3		
4 a Capital gain net income (attach Sch D (Form 1041 or Form 1120)). See instructions		4a		
b Net gain (loss) (Form 4797) (attach Form 4797). See instructions		4b		
c Capital loss deduction for trusts		4c		
5 Income (loss) from a partnership or an S corporation (attach statement) STATEMENT 24		5 89,440.		89,440.
6 Rent income (Part IV)		6		
7 Unrelated debt-financed income (Part V)		7		
8 Interest, annuities, royalties, and rents from a controlled organization (Part VI)		8		
9 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)		9		
10 Exploited exempt activity income (Part VIII)		10		
11 Advertising income (Part IX)		11		
12 Other income (see instructions; attach statement)		12		
13 Total. Combine lines 3 through 12		13 89,440.		89,440.

Part II Deductions Not Taken Elsewhere See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income

1 Compensation of officers, directors, and trustees (Part X)	1	
2 Salaries and wages	2	
3 Repairs and maintenance	3	
4 Bad debts	4	
5 Interest (attach statement). See instructions	5	
6 Taxes and licenses	6	
7 Depreciation (attach Form 4562). See instructions	7	
8 Less depreciation claimed in Part III and elsewhere on return	8a	8b
9 Depletion	9	
10 Contributions to deferred compensation plans	10	
11 Employee benefit programs	11	
12 Excess exempt expenses (Part VIII)	12	
13 Excess readership costs (Part IX)	13	
14 Other deductions (attach statement)	14	
15 Total deductions. Add lines 1 through 14	15	0.
16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)	16	89,440.
17 Deduction for net operating loss. See instructions	17	0.
18 Unrelated business taxable income. Subtract line 17 from line 16	18	89,440.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2021

Part III Cost of Goods SoldEnter method of inventory valuation 

1	Inventory at beginning of year	1	
2	Purchases	2	
3	Cost of labor	3	
4	Additional section 263A costs (attach statement)	4	
5	Other costs (attach statement)	5	
6	Total. Add lines 1 through 5	6	
7	Inventory at end of year	7	
8	Cost of goods sold. Subtract line 7 from line 6. Enter here and in Part I, line 2	8	
9	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?		☐ Yes ☐ No

Part IV Rent Income (From Real Property and Personal Property Leased with Real Property)

1	Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions. A ☐ _____ B ☐ _____ C ☐ _____ D ☐ _____				
2	Rent received or accrued	A	B	C	D
a	From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)				
b	From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)				
c	Total rents received or accrued by property. Add lines 2a and 2b, columns A through D				
3	Total rents received or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column (A)  0.				
4	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)				
5	Total deductions. Add line 4 columns A through D. Enter here and on Part I, line 6, column (B)  0.				

Part V Unrelated Debt-Financed Income (see instructions)

1	Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions. A ☐ _____ B ☐ _____ C ☐ _____ D ☐ _____				
2	Gross income from or allocable to debt-financed property	A	B	C	D
3	Deductions directly connected with or allocable to debt-financed property				
a	Straight line depreciation (attach statement)				
b	Other deductions (attach statement)				
c	Total deductions (add lines 3a and 3b, columns A through D)				
4	Amount of average acquisition debt on or allocable to debt-financed property (attach statement)				
5	Average adjusted basis of or allocable to debt-financed property (attach statement)				
6	Divide line 4 by line 5	%	%	%	%
7	Gross income reportable. Multiply line 2 by line 6				
8	Total gross income (add line 7, columns A through D). Enter here and on Part I, line 7, column (A)  0.				
9	Allocable deductions. Multiply line 3c by line 6				
10	Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B)  0.				
11	Total dividends-received deductions included in line 10  0.				

Part VI Interest, Annuities, Royalties, and Rents from Controlled Organizations (see instructions)

1. Name of controlled organization		2. Employer identification number	Exempt Controlled Organizations			6. Deductions directly connected with income in column 5
			3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	
(1)						
(2)						
(3)						
(4)						

Nonexempt Controlled Organizations				
7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
			Add columns 5 and 10. Enter here and on Part I, line 8, column (A)	Add columns 6 and 11. Enter here and on Part I, line 8, column (B)
Totals			0.	0.

Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add cols 3 and 4)
(1)				
(2)				
(3)				
(4)				
	Add amounts in column 2. Enter here and on Part I, line 9, column (A)			Add amounts in column 5. Enter here and on Part I, line 9, column (B)
Totals	0.			0.

Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1	Description of exploited activity:		
2	Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A)	2	
3	Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)	3	
4	Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7	4	
5	Gross income from activity that is not unrelated business income	5	
6	Expenses attributable to income entered on line 5	6	
7	Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12	7	

1 Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

A	
B	
C	
D	

A	B	C	D

ne 11, column (A) 0.

2 Gross advertising income

Add columns A through D. Enter here and on Part I, line 11, column (A) 0.

a

3 Direct advertising costs by periodical

a Add columns A through D. Enter here and on Part I, line 11, column (B) **0.**

4 Advertising gain (loss). Subtract line 3 from line

2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter zero on line 8 _____

5 Readership costs

6 Circulation income

7 Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter zero

8 Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7

a Add line 8, columns A through D. Enter the greater of the line 8a, columns total or zero here and on Part II, line 13 **0.**

1. Name	2. Title	3. Percentage of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	

Total. Enter here and on Part II, line 1 0.

[illegible]

FORM 990-T (A)	INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT	24
----------------	---------------------------------	-----------	----

DESCRIPTION	NET INCOME OR (LOSS)
KEYHAVEN CAPITAL PARTNERS I, L.P. - ORDINARY BUSINESS INCOME (LOSS)	-15.
CF SSG REAL ESTATE OPPORTUNITY FUND - ORDINARY BUSINESS INCOME (LOSS)	1,214.
CF SSG REAL ESTATE OPPORTUNITY FUND - NET RENTAL REAL ESTATE INCOME	32.
CF CAPITAL PRIVATE EQUITY PARTNERS VIII LP - ORDINARY BUSINESS INCOME (LOSS)	53,845.
CF NATURAL RESOURCES X, LP - ORDINARY BUSINESS INCOME (LOSS)	7,820.
CF CAPITAL VENTURE PARTNERS X, LP - ORDINARY BUSINESS INCOME (LOSS)	323.
CF CAPITAL VENTURE PARTNERS XI, LP - ORDINARY BUSINESS INCOME (LOSS)	12,113.
CF CAPITAL SSG PRIVATE EQUITY FUND LP - ORDINARY BUSINESS INCOME (LOSS)	19,263.
CF CAPITAL SSG PRIVATE EQUITY FUND II LP - ORDINARY BUSINESS INCOME (LOSS)	-363.
CF CAPITAL NATURAL RESOURCES PARTNERS IX LP - ORDINARY BUSINESS INCOME (LOSS)	-4,792.
TOTAL INCLUDED ON SCHEDULE A, PART I, LINE 5	89,440.

Alaska Corporation Net Income Tax Return

Form **6000**

For calendar year 2021 or the taxable year beginning _____, 2021, ending _____, 20____

2021

EIN 68-0050036		NAICS Code 523000	Contact Person BEATRIX KOEV	
Name SIERRA HEALTH FOUNDATION			Title CFO	
Mailing Address 1321 GARDEN HIGHWAY		☐ Check if new address	Contact Email Address WWW.SIERRAHEALTH.ORG	
City SACRAMENTO	State CA	Zip Code 95833	Contact Telephone Number 916-922-4755	Contact Fax Number

Return Information (check applicable boxes)

☐ Final Alaska return	☒ Exempt organization with UBTI	☐ S Corporation (attach Form 1120S)
☐ Consolidated Alaska return	☐ Public Law 86-272 applies	☐ Personal Holding Company
☐ Amended return	☐ HOA filing Form 1120-H	☐ Cooperative Association
☒ Federal extension is in effect	☐ Small corporation exemption (see instructions)	

If amended return box above is checked, then check the following boxes, if applicable:

☐ Amended return to report IRS audit or Form 1120X	☐ This is a protective claim
---	---

SCHEDULE A - NET INCOME TAX SUMMARY

1. Alaska income (loss) from Schedule H, line 12	1	55.99
2. Alaska net operating loss utilized: carryover _____) carryback (_____. Total. Carryback use limited. See instructions.	2	()
3. Alaska taxable income. Add lines 1-2.	3	55.99
4. Alaska income tax from Schedule D, line 2	4	
5. Other taxes from Schedule E, line 7.	5	
6. Total tax. Add lines 4-5	6	
7. Alaska incentive credits applied against tax from Form 6300, line 49.	7	
8. Federal-based credits from Form 6390, line 33	8	
9. Net Alaska income tax. Subtract the sum of lines 7-8 from line 6. If more than \$500, attach Form 6220	9	
10. Payments from page 3, Schedule C.	10	
11. Alaska credit for prior year minimum tax (see instructions).	11	
12. Alaska incentive credits claimed as refund from Form 6300, line 38	12	
13. Tax due (overpaid). Subtract the sum of lines 10-12 from line 9	13	
14. Penalty for underpayment of estimated tax (see instructions).	14	
15. Total amount due (overpaid). Add lines 13-14. If greater than zero, STOP	15	
16. Overpayment credited to 2022 estimated tax (enter as positive number)	16	
17. Refund. Add lines 15-16.	17	

<i>I declare, under penalty of perjury, that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.</i>			☒ Check if the DOR may discuss this return with the preparer (see instructions)		
Officer's Signature		Date 11/15/2022	Title CFO		
Preparer's Signature Amanda Williams C.P.A.		Date 11/15/2022	Preparer's Firm's Name GILBERT CPAS		Preparer's SSN or PTIN P01281212
Preparer Firm's Address 2880 GATEWAY OAKS DRIVE, SUITE 100			EIN 68-0037990		Phone 916-646-6464
City SACRAMENTO	State CA	Zip Code 95833			

EIN 68-0050036	Name SIERRA HEALTH FOUNDATION
-------------------	----------------------------------

SCHEDULE B - ALASKA TAXPAYER INFORMATION

1. ALASKA CONSOLIDATED RETURNS ONLY: LIST ALL CORPORATIONS, OTHER THAN THE TAXPAYER SHOWN ON PAGE 1, WITH NEXUS IN ALASKA INCLUDED IN THIS RETURN. FAILURE TO PROPERLY COMPLETE MAY RESULT IN PENALTIES.

A Name of each corporation with nexus in Alaska	B P.L.86-272 applies	C Alaska Insurance Company	D EIN	E NAICS Code
Name	☐	☐		
Address				
City				
State				
Factor numerators to be reported: ☐ property ☐ payroll	☐ sales			
Name	☐	☐		
Address				
City				
State				
Factor numerators to be reported: ☐ property ☐ payroll	☐ sales			
Name	☐	☐		
Address				
City				
State				
Factor numerators to be reported: ☐ property ☐ payroll	☐ sales			
Name	☐	☐		
Address				
City				
State				
Factor numerators to be reported: ☐ property ☐ payroll	☐ sales			

2. If any taxpayer included in this return is included in a federal consolidated return (Form 1120), provide the name, address, and EIN of the common parent of the federal consolidated group.

EIN	Name			
Address	City	State	Zip Code	

3. If this is the first return, indicate if: ☐ Successor to previously existing business (Enter name, address, and EIN of previous business)

EIN	Name			
Address	City	State	Zip Code	

4. Name and EIN on the prior year's return if different from page 1. State the reason for the change (e.g. merger, name change, etc.)

EIN	Name			
Reason				

EIN	Name
68-0050036	SIERRA HEALTH FOUNDATION

SCHEDULE C - TAX PAYMENT RECORD

Estimated Payments	Date	Amount	Summary	Date	Amount
First			Payment with extension		
Second			Total estimated tax payments		
Third			Overpayment from prior year		
Fourth			Less: Quick Refund from Form 6230	(	)
Total estimated tax payments			Amended return only:		
			Tax paid with original return and additional tax paid		
			Less: Overpayment previously credited to 2022	(	)
			Less: Refund from original return and additional refunds	(	)
			Total net payments to Schedule A, line 10		

SCHEDULE D - ALASKA TAX COMPUTATION

Tax Rate Table is contained in instructions

1. Alaska taxable income from Schedule A, line 3	1	55.99
2. Tax. Use Tax Rate Table to compute tax. Enter here and on Schedule A, line 4	2	

SCHEDULE E - OTHER TAXES

1. Base Erosion and Anti-Abuse Tax (BEAT) from federal Form 8991	1	
2. Apportionment factor, from Schedule I, line 14	2	0.000626
3. Multiply line 1 by line 2	3	
4. Personal Holding Company tax (see instructions)	4	
5. Tax on early cessation of operations - LNG storage facility	5	
6. Other taxes (see instructions)	6	
7. Add lines 3-6. Enter here and on Schedule A, line 5	7	

EIN
68-0050036Name
SIERRA HEALTH FOUNDATION

Page 4

SCHEDULE H - COMPUTATION OF ALASKA INCOME1. Federal taxable income (loss) (see instructions) **1** **89,440.00**

Combined Reporting	2a. Federal taxable income (loss) of corporations not included in line 1	2a	
	2b. Foreign corporations with 20% or greater U.S. factors	2b	
	2c. Income from tax haven corporations and any FSC profit	2c	
	2d. Federal taxable (income) loss of non-unitary corporations	2d	
	2e. Federal taxable (income) loss of corporations with U.S. factors of less than 20%	2e	
	2f. Intercompany eliminations (see instructions).	2f	
	2g. Total adjustments for combined reporting. Add lines 2a-2f.	2g	

3. Net income before state modifications and adjustments. Add lines 1 and 2g **3** **89,440.00**

Additions	4a. Taxes based on or measured by net income	4a	
	4b. Expenses incurred to produce non-business income	4b	
	4c. Federal charitable contributions from federal Form 1120, line 19	4c	
	4d. Net Section 1231 losses from federal Form 4797, line 11	4d	
	4e. Oil and gas service industry expenditures. Enter amount from Form 6327, line 2	4e	
	4f. Reserved.	4f	
	4g. Other (attach schedule).	4g	
4h. Total additions. Add lines 4a-4g	4h		

5. Total. Add lines 3 and 4h. **5** **89,440.00**

Subtractions	6a. Interest from obligations of the United States	6a	
	6b. Intercompany dividends	6b	
	6c. Section 78 gross-up dividends	6c	
	6d. 80% of dividends received from foreign corporations	6d	
	6e. 80% of royalties accrued or received from foreign corporations	6e	
	6f. Non-business income (attach schedule)	6f	
	6g. Federal Form 1120, line 8 capital gain income.	6g	
	6h. Non-recaptured Section 1231 losses from prior years from federal Form 4797, line 12.	6h	
	6i. Other (attach schedule).	6i	
	6j. Total subtractions. Add lines 6a-6i	6j	

7. Apportionable income (loss). Subtract line 6j from line 5. **7** **89,440.00**8. Apportionment factor from Schedule I, line 14. **8** **0.000626**9. Income (loss) apportioned to Alaska. Multiply line 7 by line 8 **9** **55.99**10. Non-business income (loss) net of expenses allocable to Alaska (attach schedule) **10**

Alaska Items	11a. Alaska capital and Section 1231 gain (loss) from Schedule J, line 20	11a	
	11b. Alaska charitable contribution deduction from Schedule K, line 10d, column C	11b	()
	11c. Alaska dividends-received deduction (see instructions).	11c	()
	11d. Total Alaska items (add lines 11a-11c)	11d	

12. Alaska taxable income (loss) before net operating loss. Add lines 9, 10, and 11d. Enter here and on Schedule A, line 1 **12** **55.99**

EIN
68-0050036Name
SIERRA HEALTH FOUNDATION**SCHEDULE I - APPORTIONMENT FACTOR**

Property	1. Property within Alaska		
	A EIN	B Name	C Property within Alaska
	1a		
	1b		
	1c		
	1d		
	1e		
	2. Total of line 1 column C	2	
	3. Property everywhere	3	
	4. Property factor. Divide line 2 by line 3	4	
Payroll	5. Payroll within Alaska		
	A EIN	B Name	C Payroll within Alaska
	5a		
	5b		
	5c		
	5d		
	5e		
	6. Total of line 5 column C	6	
	7. Payroll everywhere	7	
	8. Payroll factor. Divide line 6 by line 7	8	
Sales	9. Sales within Alaska		
	A EIN	B Name	C Sales within Alaska
	9a		56.00
	9b		
	9c		
	9d		
	9e		
	10. Total of line 9 column C	10	56.00
	11. Sales everywhere	11	89,440.00
	12. Sales factor. Divide line 10 by line 11	12	0.000626
	13. Add lines 4, 8, and 12	13	0.000626
	14. Apportionment factor. Divide line 13 by 3 (if less than 3 factors are used, see instructions)	14	0.000626

EIN 68-0050036	Name SIERRA HEALTH FOUNDATION
--------------------------	---

SCHEDULE J - ALASKA CAPITAL AND SECTION 1231 GAINS AND LOSSES**Section 1231 Gains and Losses**

	A Combined	B AK factor	C Alaska Gain or (loss)
1. Current Section 1231 gains and (losses). If a loss enter the result on line 19.	1	0.000626	
2. Alaska net non-recaptured Section 1231 losses from prior years. Enter as a positive number		2	
3. If line 1C is a gain, subtract line 2 from line 1C, but not less than zero. Enter here and on line 15		3	
4. If line 1C is a gain, enter the lesser of line 1C or line 2 here and on line 19, otherwise enter zero		4	

Short-Term Capital Gains and Losses -- STCG/(L)

5. Total current STCG/(L)	5		
6. Non-business STCG/(L)	6		
7. Apportionable STCG/(L). Subtract line 6 from line 5	7	0.000626	
8. Non-business STCG/(L) allocable to Alaska		8	
9. Alaska capital loss carryover utilized () carryback utilized (). Total		9	()
10. Net STCG/(L), add lines 7C, 8, and 9		10	

Long-term Capital Gains and Losses -- LTCG/(L)

11. Total current LTCG/(L)	11		
12. Non-business LTCG/(L)	12		
13. Apportionable LTCG/(L). Subtract line 12 from line 11	13	0.000626	
14. Non-business LTCG/(L) allocable to Alaska		14	
15. Enter amount from line 3		15	
16. Net LTCG/(L). Add lines 13C, 14, and 15		16	

Summary

17. Excess net short-term capital gain, line 10, over net long-term capital loss, line 16	17	
18. Excess net long-term capital gain, line 16, over net short-term capital loss, line 10	18	
19. If line 1C is a loss, enter here, otherwise enter the amount from line 4	19	
20. Add lines 17-19. Enter here and on Schedule H, line 11a	20	

EIN
68-0050036Name
SIERRA HEALTH FOUNDATION

Page 7

SCHEDULE K - CHARITABLE CONTRIBUTION DEDUCTION

	A 10% Limit	B 25% Limit	C Total
1. Current charitable contributions	1		
2. Education credit contributions. See instructions	2		
3. Subtract line 2 from line 1	3		
4. Apportionment factor from Schedule I, line 14	4	0.000626	0.000626
5. Current Alaska Charitable Contributions. Multiply line 3 by line 4	5		
6. Alaska charitable contribution carryover from Form 6385, line 18	6		
7. Add lines 5-6	7		
8. Taxable income for deduction limitation purposes (see instructions)	8	56.00	46.00
9. Multiply line 8, column A by 10% and column B by 25%	9	5.60	11.50
10a. Lesser of line 7, column A or line 9, column A. Send to 10d.	10a		
10b. Subtract line 10a, column A from line 9, column B	10b		11.50
10c. Lesser of line 7, column B or line 10b. Send to 10d	10c		
10d. Alaska Charitable Contribution Deduction is the sum of line 10d, columns A and B. Enter on column C and Schedule H, line 11b	10d		

SCHEDULE L - ALASKA DIVIDENDS-RECEIVED DEDUCTION (DRD)

1. Dividend income included in Schedule H, line 3	1		
Not Eligible	2a. Intercompany dividends from Schedule H, line 6b	2a	
	2b. Section 78 gross-up dividends from Schedule H, line 6c	2b	
	2c. 100% of dividends from foreign corporations. Divide Schedule H, line 6d by 80%	2c	
	2d. Dividends subtracted on Schedule H, line 6f as non-business income	2d	
	2e. Total dividends not eligible for DRD. Add lines 2a-2d	2e	
3. Total dividends eligible for DRD. Subtract line 2e from line 1	3		
4. Apportionment factor from Schedule I, line 14	4	0.000626	
5. Apportioned dividends. Multiply line 3 by line 4	5		
6. Dividends allocable to Alaska included on Schedule H, line 10	6		
7. Total dividends included in taxable income. Add lines 5-6	7		
DRD	8a. Dividends qualifying for 100% deduction	8a	100%
	8b. Dividends qualifying for 65% deduction	8b	65%
	8c. Dividends qualifying for 50% deduction	8c	50%
	8d. Dividends qualifying for 26.7% deduction.	8d	26.7%
	8e. Dividends qualifying for 23.3% deduction.	8e	23.3%
	8f. Other, if applicable (enter % in column B)	8f	
9. Tentative dividends-received deduction. Add lines 8a-8f, column C (see instructions)	9		

2021 AR1100CT
ARKANSAS CORPORATION
INCOME TAX RETURN



C

Software ID

EFORM

Tax Year beginning 01/01/2021 and ending 12/31/2021

INITIAL Return AMENDED Return FINAL Arkansas Return (Going Out of Business) Cooperative Association

FEIN 68-0050036	☐ Check this box if Automatic Federal Extension Form 7004 filed (See Instructions)	☐ Check if Using Three Factor Apportionment Alternative
NAICS Code 523000	Name SIERRA HEALTH FOUNDATION	Type of Corporation Check only one box 5 Domestic (in state) 6 Foreign (out of state) ☒
Date of Incorporation	Address 1321 GARDEN HIGHWAY	☐ Check if address is outside U.S. Foreign Country
Date Began Business in AR 01/01/2015	City SACRAMENTO	State or Province CA Zip 95833

If you are a pass-through entity and are electing the "Check the Box" provision for state income tax purposes, check the type of entity and check one of the filing status boxes below:

LIMITED LIABILITY COMPANY PARTNERSHIP
FILING STATUS: 1 Corporation Operating only in Arkansas 3 Multistate Corporation - Direct Accounting (Prior written approval required for Direct Accounting)
(CHECK ONLY ONE BOX) 2 Multistate Corporation - Apportionment 4 Consolidated return: # of corp.entities in AR

Note: Attach completed copy of Federal Return and Sign Arkansas Return. (See Important Reminders)

ARKANSAS

INCOME

7. Gross Sales: (Less returns and allowances)	7.	00
8. Less Cost of Goods Sold:	8.	00
9. Gross Profit: (Line 7 less Line 8)	9.	00
10. Dividends: (See Instructions)	10.	00
11. Taxable Interest: (Attach AR1100REC)	11.	00
12. Gross Rents/Gross Royalties: (See Instructions)	12.	00
13. Gains or Losses:	13.	00
14. Other Income:	14.	00
15. TOTAL INCOME: (Add Lines 9 through 14)	15.	00

DEDUCTIONS

16. Compensation of Officers/Other Salaries and Wages: (See Instructions)	16.	00
17. Repairs:	17.	00
18. Bad Debts:	18.	00
19. Rent on Business Property:	19.	00
20. Taxes: (Attach AR1100REC)	20.	00
21. Interest:	21.	00
22. Contributions:	22.	00
23. Depreciation: (Attach AR1100REC)	23.	00
24. Depletion:	24.	00
25. Advertising:	25.	00
26. Other Deductions: (Attach schedule)	26.	00
27. TOTAL DEDUCTIONS: (Add Lines 16 through 26)	27.	00
28. Taxable Income Before Net Operating Losses: (Line 15 less Line 27)	28.	00
29. Net Operating Losses: (Adjust for Non-taxable Income)	29.	00

TAX COMPUTATION

30. Net Taxable Income: (Line 28 less Line 29 or Schedule A C4 page 2) (If Amended Return Box Checked, Enter Amended Net Taxable Income)	30.	93	00
31. Tax from Table: (See C. Instructions)	31.	0	00
32. Business Incentive Credits: (Attach all original certificates and Schedule AR1100BIC)	32.		00
33. Tax Liability: (If Amended Return Box Checked, Enter Amended Tax Liability)	33.		00
34. Estimated Tax Paid: (Including estimate carryforward from prior year)	34.		00
35. Payment with Extension Request:	35.		00
36. Withholding Payment: (Attach AR1100-WH)	36.		00
37. Amended Return Only: (Enter Net tax paid (or refunded) on previous returns(s) for this tax year)	37.		00
38. Overpayment: (Line 34 plus Line 35 plus Line 36 plus or minus Line 37; less Line 33)	38.		00
39. Amount Applied to 2022 Estimated Tax	39.		00
40. Amount Applied to Check Off Contributions: (Attach AR1100CO)	40.		00
41. Amount to be Refunded: (Line 38 less Lines 39 and 40)	41.		00
42. Tax Due: (Line 33 less Line 34 and 35 and Line 36, plus or minus Line 37)	42.		00
43. Interest on Tax Due:	43.		00
44. Penalty for Late Filing or Payment: (See Instructions)	44.		00
45. Penalty for Underpayment of Estimated Tax: (Attach AR2220) Enter exception checked in Part 3	45.		00
46. Amount Due: (Add Lines 42 through 45)	46.		00

SCHEDULE A **Apportionment of Income** **for Multistate Corporation**



FEIN: 68-0050036

A. INCOME TO APPORTION:

1. Income per Federal Return: (Federal Form 1120, Line 28) 1. •
2. Add Adjustments: (Attach schedule) 2. •
3. Deduct Adjustments: (Attach schedule) 3. •
4. TOTAL APPORTIONABLE INCOME: 4. •

NOTE: If all factors in **Section B** are 100%, do not complete Columns (A), (B), or (C). The return should be filed as a status 1, CORPORATION OPERATING ONLY IN ARKANSAS and complete all appropriate lines on page 1 of Form AR1100CT. Property and payroll factors are only applicable under special industry regulations, all other filers must use the single sales factor only. Refer to the instructions for industry specific details.

B. APPORTIONMENT FACTOR:

	(A) Amounts in Arkansas	(B) Total Amounts	(C) Percentage (A) ÷ (B)
1. Property Used in Business:			
a. Tangible Assets Used in Business and Inventories			(Calculate to 6 places to the right of the decimal. Fill in all spaces.)
1. Amount Beginning of Year: 1.	00	00	
2. Amount End of Year: 2.	00	00	
3. Total: (Add Lines a1 and a2) 3.	00	00	999.999999 %
4. Average Tangible Assets: (Line 3 ÷ 2) 4.	00	00	(EXAMPLE)
b. Rental Property: (8 times annual rent) b.	00	00	
c. TOTAL PROPERTY: (Add Lines a4 and b) c.	00	00	00 %

2. Salaries, Wages, Commissions and Other Compensation
 Related to the Production of Business Income:

a. Total: a. • a. • a. • %

3. Sales/Receipts:

a. Destination Shipped From Within Arkansas: . a.	00		
b. Destination Shipped From Without Arkansas: b.	00		
c. Origin Shipped From Within Arkansas to U.S. Govt: c.	00		
d. Origin Shipped From Within Arkansas to Other Non-taxable Jurisdictions: d.	00		
e. Other Gross Receipts: (Attach schedule) . . e.	93 00		
f. TOTAL SALES / RECEIPTS: (Add Lines 3a through 3e) f.	93 00	89,440 00	0.103980 %

g. Multiply Column C, Line 3f by 2 to Doubleweight the Sales Factor (If Sales Factor only, do not doubleweight) g. • %

4. Sum of Percentages: (Double Weighted: Add Column C, Lines 1c, 2a and 3g) 4. • %

5. Percentage Attributable to Arkansas: . . Line 4 % Divided By = 5. • %

*For Part B, Line 5, Divide Line 4 by number of entries other than zero which you make on Part B, Column B, Lines (1c), (2a), and (3f).

NOTE: An entry other than zero in Part B, Column B, Line (3f), counts as two (2) entries unless using Single Sales Factor.

C. ARKANSAS TAXABLE INCOME:

1. Income Apportioned to Arkansas: (Part A, Line 4) x (Part B, Line 5, Column C) 1. •
2. Add: Direct Income Allocated to Arkansas: (Attach schedule) 2. •
3. Less: Apportioned NOL to Arkansas: (See NOL Instructions, Attach AR1100NOL form) 3. •
4. TOTAL INCOME TAXABLE TO ARKANSAS: (Enter here and on Line 30, page 1) 4. •

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

Officer's Signature •	Date 11/15/2022	Title CFO	Telephone Number 916-922-4755
Preparer's Signature <i>Amanda Williams C.P.A.</i>	Date 11/15/2022	Preparer's FEIN/PTIN P01281212	
Preparer's Printed Name AMANDA WILLIAMS, CPA - GILBERT CPAS		For Department Use Only	
Area Code and Telephone Number of Preparer 916-646-6464		May the Arkansas Revenue Agency discuss this return with the preparer shown above? ☒ Yes ☐ No	
MAIL RETURN TO: Corporation Income Tax, P O Box 919, Little Rock, AR 72203-0919		C	

For the ☒ calendar year 2021 or ☐ fiscal year beginning and ending

CHECK ONE: ☒ Original ☐ Amended		Name SIERRA HEALTH FOUNDATION		Employer Identification Number (EIN) 68-0050036	
Business Telephone Number (with area code) (916) 922-4755		Address - number and street or PO Box 1321 GARDEN HIGHWAY			
		City, Town or Post Office SACRAMENTO, CA		State ZIP Code 95833	
68 Check box if: A ☐ This is a first return B ☐ Name change C ☐ Address change A Date Arizona operations began 01/01/2013 B Nature of unrelated business activities: INVESTMENT IN PARTNER C Unrelated business activity codes: 523000 D ARIZONA apportionment for multistate organizations only (check one box): 1 ☐ AIR CARRIER 2 ☐ STANDARD 3 ☒ SALES FACTOR ONLY E ☐ Check if Multistate Service Provider Election and Computation (Arizona Schedule MSP) is included. Indicate the year of the election cycle ☐ Yr 1 ☐ Yr 2 ☐ Yr 3 ☐ Yr 4 ☐ Yr 5 F Check federal form filed: 1 ☒ 990-T 2 ☐ Other (specify) _____					
Check box if return filed under extension: 82 82F ☒ REVENUE USE ONLY. DO NOT MARK IN THIS AREA. 88					
81 PM				66 RCVD	

Arizona Unrelated Business Taxable Income Computation

1	Unrelated business taxable income	1	89,440	00
2	Additions related to Arizona tax credits claimed	2		00
3	Subtotal: Add line 1 and line 2. Enter the total.	3	89,440	00
4	Apportionment ratio for multistate organizations only: See instructions 4		0	2
5	Taxable income attributable to Arizona: Line 3 multiplied by line 4 (or if 100% Arizona, enter amount from line 3)	5	2,087	00

Arizona Tax Liability Computation

6	Enter tax: Tax is 4.9 percent of line 5, or \$50, whichever is greater	6	102	00
7	Tax from recapture of tax credits from Arizona Form 300, Part 2, line 25	7		00
8	Subtotal: Add line 6 and line 7. Enter the total.	8	102	00
9	Nonrefundable tax credits from Arizona Form 300, Part 2, line 46	9		00
10	Credit type: Enter form number for each nonrefundable credit claimed: 101 3 102 3 103 3 104 3			
11	Tax liability: Subtract line 9 from line 8. Enter the difference	11	102	00

Tax Payments

12	Refundable tax credits: Check box(es) and enter amt: 121 ☐ 308 122 ☐ 349	12		00
13	Extension payment made with Arizona Form 120EXT or online	13		00
14	Estimated tax payments:	14		00
15	Amended returns. Payment made with original return plus all payments made after it was filed: See instructions	15		00
16	Subtotal payments: Add lines 12 through 15. Enter the total.	16		00
17	Overpayments of tax from original return or later adjustments: See instructions	17		00
18	Total Payments: Subtract line 17 from line 16. Enter the difference	18		00

Computation of Total Due or Overpayment

19	Balance of tax due: If line 11 is larger than line 18, subtract line 18 from line 11. Enter balance of tax due. Skip line 20	19	102	00
20	Overpayment of tax: If line 18 is larger than line 11, subtract line 11 from line 18. Enter overpayment of tax	20		00
21	Penalty and interest	21		00
22	Estimated tax underpayment penalty: If Form 220 is included, check this box 22A ☐	22		00
23	TOTAL AMOUNT DUE: Add lines 19, 21, and 22. Enter the total. See instructions	23	102	00
24	OVERPAYMENT: See instructions	24		00
25	Amount of line 24 to be applied to 2022 estimated tax 25			00
26	Amount to be refunded: Subtract line 25 from line 24. Enter the difference	26		00

Continued on page 2 →

Name (as shown on page 1) SIERRA HEALTH FOUNDATION	EIN 68-0050036
--	--------------------------

SCHEDULE A Apportionment Formula (Multistate Organizations Only)

IMPORTANT: Qualifying air carriers must use Arizona Schedule ACA.

Qualifying multistate service providers must include Arizona Schedule MSP.

If the **"SALES FACTOR ONLY"** box on page 1, line D, is checked, complete only Section A3, Sales Factor, lines a through f. See instructions.

A1 Property Factor - STANDARD APPORTIONMENT ONLY

Value of real and tangible personal property (by averaging the value of owned property at the beginning and end of the tax period; rented property at capitalized value).

A2 Payroll Factor - STANDARD APPORTIONMENT ONLY

Total wages, salaries, commissions and other compensation to employees (per federal Form 990T, or payroll reports).

A3 Sales Factor

a Sales delivered or shipped to Arizona purchasers

b Sales from services or from designated intangibles **for qualifying multistate service providers only** (see instructions; include Schedule MSP)

c Other gross receipts

d Total sales and other gross receipts (the sum of lines a through c)

e Weight AZ sales: (STANDARD x 2; SALES FACTOR ONLY x 1)

f Sales Factor: (for Column A, multiply line d by line e; for Column B, enter the amount from line d; for Column C, divide Column A by Column B.)

STANDARD Apportionment, continue to A4.

SALES FACTOR ONLY Apportionment, enter the amount from

Column C on page 1, line 4

A4 STANDARD Apportionment Total Ratio: Add Column C of lines A1, A2, and A3f. Enter the total. **.023334**

A5 Average Apportionment Ratio for STANDARD Apportionment: Divide line A4, Column C, by four (4). Enter the result on page 1, line 4. (If one of the factors is "0", in both Column A and Column B, see instructions.) **.023334**

LIMITED TO UNRELATED BUSINESS AMOUNTS		
COLUMN A Total Within Arizona Round to nearest dollar.	COLUMN B Total Everywhere Round to nearest dollar.	COLUMN C Ratio Within Arizona A ÷ B
0		
2,087		
2,087	89,440	
x 2 OR x 1		
2,087	89,440	.023334
		.023334
		.023334

Declaration	Under penalties of perjury, I declare that I have examined this return, including the accompanying schedules and statements, and to the best of my knowledge and belief, it is a true, correct and complete return, made in good faith, for the taxable year stated pursuant to the income tax laws of the State of Arizona.		
Please Sign Here	OFFICER'S SIGNATURE	DATE	CFO TITLE
Paid Preparer's Use Only	PAID PREPARER'S SIGNATURE	DATE	P01281212 PAID PREPARER'S TIN
	GILBERT CPAS		68-0037990
	FIRM'S NAME (OR PAID PREPARER'S NAME, IF SELF-EMPLOYED)		FIRM'S EIN
	2880 GATEWAY OAKS DR, STE 100		916-646-6464
	FIRM'S STREET ADDRESS		FIRM'S TELEPHONE NUMBER
	SACRAMENTO, CA		95833
	CITY	STATE	ZIP CODE

Mail to: Arizona Department of Revenue, PO Box 52153, Phoenix, AZ 85072-2153

2021

California Exempt Organization Annual Information Return

199

Calendar Year 2021 or fiscal year beginning (mm/dd/yyyy)

, and ending (mm/dd/yyyy)

Corporation/Organization name

SIERRA HEALTH FOUNDATION

Additional information. See instructions.

California corporation number

1237337

FEIN

68-0050036

Street address (suite or room)

1321 GARDEN HIGHWAY

City

SACRAMENTO

State

CA

ZIP code

95833

Foreign country name

Foreign province/state/county

Foreign postal code

- A** First return ☐ Yes ☒ No
- B** Amended return ☐ Yes ☒ No
- C** IRC Section 4947(a)(1) trust ☐ Yes ☒ No
- D** Final information return?
- ☐ Dissolved ☐ Surrendered (Withdrawn) ☐ Merged/Reorganized
- Enter date: (mm/dd/yyyy) •
- E** Check accounting method: (1) ☐ Cash (2) ☒ Accrual (3) ☐ Other
- F** Federal return filed? (1) • ☒ 990T (2) • ☒ 990PF (3) • ☐ Sch H (990)
- (4) ☐ Other 990 series
- G** Is this a group filing? See instructions ☐ Yes ☒ No
- H** Is this organization in a group exemption ☐ Yes ☒ No
- If "Yes," what is the parent's name?

- I** Did the organization have any changes to its guidelines not reported to the FTB? See instructions ☐ Yes ☒ No
- J** If exempt under R&TC Section 23701d, has the organization engaged in political activities? See instructions. ☐ Yes ☒ No
- K** Is the organization exempt under R&TC Section 23701g? ☐ Yes ☒ No
- If "Yes," enter the gross receipts from nonmember sources \$
- L** Is the organization a limited liability company? ☐ Yes ☒ No
- M** Did the organization file Form 100 or Form 109 to report taxable income? ☒ Yes ☐ No
- N** Is the organization under audit by the IRS or has the IRS audited in a prior year? ☐ Yes ☒ No
- O** Is federal Form 1023/1024 pending? ☐ Yes ☒ No
- Date filed with IRS

Part I Complete Part I unless not required to file this form. See General Information B and C.

Receipts and Revenues	1	Gross sales or receipts from other sources. From Side 2, Part II, line 8	1	19,033,627	00
	2	Gross dues and assessments from members and affiliates	2		00
	3	Gross contributions, gifts, grants, and similar amounts received STMT 1	3	275,841	00
	4	Total gross receipts for filing requirement test. Add line 1 through line 3.			
		This line must be completed. If the result is less than \$50,000, see General Information B	4	19,309,468	00
	5	Cost of goods sold	5		00
	6	Cost or other basis, and sales expenses of assets sold	6	10,223,740	00
	7	Total costs. Add line 5 and line 6	7	10,223,740	00
Expenses	8	Total gross income. Subtract line 7 from line 4	8	9,085,728	00
	9	Total expenses and disbursements. From Side 2, Part II, line 18	9	12,453,662	00
Filing Fee	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	-3,367,934	00
	11	Total payments	11		00
	12	Use tax. See General Information K	12		00
	13	Payments balance. If line 11 is more than line 12, subtract line 12 from line 11	13		00
	14	Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12	14		00
	15	Penalties and interest. See General Information J	15		00
Sign Here	16	Balance due. Add line 12 and line 15. Then subtract line 11 from the result	16		00
	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.				
Paid Preparer's Use Only	Signature of officer	Title	Date	Telephone	
		CFO		916-922-4755	
	Preparer's signature	Date	Check if self-employed	PTIN	
		11/14/22	☐	P01281212	
	Firm's name (or yours, if self-employed) and address			Firm's FEIN	
GILBERT CPAS 2880 GATEWAY OAKS DR, STE 100 SACRAMENTO, CA 95833				68-0037990	
			Telephone		
			916-646-6464		
May the FTB discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No					

Part II Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts - complete Part II or furnish substitute information.

128951 01-19-22

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions	•	1		00
	2	Interest	•	2		00
	3	Dividends	•	3	576,336	00
	4	Gross rents	•	4		00
	5	Gross royalties	•	5		00
	6	Gross amount received from sale of assets (See instructions)	•	6	11,892,384	00
	7	Other income	•	7	6,564,907	00
	8	Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1	•	8	19,033,627	00
	9	Contributions, gifts, grants, and similar amounts paid	•	9	4,463,525	00
	10	Disbursements to or for members	•	10		00
	11	Compensation of officers, directors, and trustees	•	11	845,746	00
	12	Other salaries and wages	•	12	4,613,157	00
	13	Interest	•	13		00
	14	Taxes	•	14		00
	15	Rents	•	15	225,966	00
	16	Depreciation and depletion (See instructions)	•	16	328,893	00
	17	Other expenses and disbursements	•	17	1,976,375	00
	18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	•	18	12,453,662	00

Schedule L Balance Sheet

Beginning of taxable year

End of taxable year

Assets	(a)	(b)	(c)	(d)
1 Cash		514,592	•	523,611
2 Net accounts receivable		50,909	•	90,219
3 Net notes receivable			•	
4 Inventories			•	
5 Federal and state government obligations			•	
6 Investments in other bonds			•	
7 Investments in stock STMT 7		35,437,993	•	35,921,193
8 Mortgage loans			•	
9 Other investments STMT 8		14,492,100	•	18,408,689
10 a Depreciable assets	13,754,348		13,798,418	
b Less accumulated depreciation	(9,570,579)	4,183,769	(9,899,473)	3,898,945
11 Land		3,753,805	•	1,703,805
12 Other assets STMT 9		1,512,554	•	822,029
13 Total assets		59,945,722		61,368,491
Liabilities and net worth				
14 Accounts payable		544,128	•	506,348
15 Contributions, gifts, or grants payable		1,011,699	•	104,534
16 Bonds and notes payable			•	
17 Mortgages payable		8,894,057	•	5,612,392
18 Other liabilities STMT 10		130,022		84,006
19 Capital stock or principal fund			•	
20 Paid-in or capital surplus. Attach reconciliation			•	
21 Retained earnings or income fund		49,365,816	•	55,061,211
22 Total liabilities and net worth		59,945,722		61,368,491

Schedule M-1 Reconciliation of income per books with income per return

Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000.

1 Net income per books	•	5,695,395	7 Income recorded on books this year not included in this return. Attach schedule *	•	9,063,329
2 Federal income tax	•		8 Deductions in this return not charged against book income this year. Attach schedule	•	
3 Excess of capital losses over capital gains	•		9 Total. Add line 7 and line 8		9,063,329
4 Income not recorded on books this year. Attach schedule	•		10 Net income per return. Subtract line 9 from line 6		-3,367,934
5 Expenses recorded on books this year not deducted in this return. Attach schedule	•				
6 Total. Add line 1 through line 5		5,695,395			

* SEE STATEMENT

CA 199	CASH CONTRIBUTIONS INCLUDED ON PART I, LINE 3	STATEMENT	1
--------	--	-----------	---

CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS	DATE OF GIFT	AMOUNT
PPP LOAN FORGIVENESS - BENEFICIAL STATE BANK	268 N MAIN ST., BUILDING #2 PORTERVILLE, CA 93257	12/31/21	275,841.
TOTAL INCLUDED ON LINE 3			275,841.

CA 199	GROSS AMOUNT FROM SALE OF INVESTMENT PROPERTY	STATEMENT	2
--------	---	-----------	---

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED
CAPITAL GAINS FROM PARTNERSHIPS - BOOK	12/31/20	12/31/21	PURCHASED
	COST OR OTHER BASIS	DEPREC.	EXPENSE OF SALE
	3,776,185.	0.	0.
			GROSS SALES PRICE
			3,883,980.

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED
CAPITAL GAINS FROM PARTNERSHIPS - TAX	12/31/20	12/31/21	PURCHASED
	COST OR OTHER BASIS	DEPREC.	EXPENSE OF SALE
	1,530,118.	0.	0.
			GROSS SALES PRICE
			1,530,118.

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED
7,223.8 SHS - AMERICAN FUNDS EUROPACIFIC GROWTH F3	12/31/19	05/21/21	PURCHASED
	COST OR OTHER BASIS	DEPREC.	EXPENSE OF SALE
	328,396.	0.	0.
			GROSS SALES PRICE
			510,000.

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED
78,046.03 SHS - BMO LGM EMERGING MARKETS EQUITY I	12/31/19	11/22/21	PURCHASED
	COST OR OTHER BASIS	DEPREC.	EXPENSE OF SALE
	1,145,543.	0.	0.
			GROSS SALES PRICE
			1,355,545.

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED	
13,283.55 SHS - DFA US CORE EQUITY 1 PORT	12/31/19	12/20/21	PURCHASED	
	COST OR OTHER BASIS	DEPREC.	EXPENSE OF SALE	GROSS SALES PRICE
	316,419.	0.	0.	450,000.

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED	
229,985.37 SHS - PIMCO SHORT ASSET INVESTMENT FUND	12/31/19	05/21/21	PURCHASED	
	COST OR OTHER BASIS	DEPREC.	EXPENSE OF SALE	GROSS SALES PRICE
	2,302,152.	0.	0.	2,300,103.

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED	
1,918.14 SHS - VANGUARD 500 INDEX ADMIRAL	12/31/19	12/20/21	PURCHASED	
	COST OR OTHER BASIS	DEPREC.	EXPENSE OF SALE	GROSS SALES PRICE
	451,649.	0.	0.	795,000.

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED	
CAPITAL GAIN DISTRIBUTION US BANK ACCT #0380	12/31/20	12/31/21	PURCHASED	
	COST OR OTHER BASIS	DEPREC.	EXPENSE OF SALE	GROSS SALES PRICE
	0.	0.	0.	514,055.

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED	
54 SHS - ADOBE INC	12/31/19	12/17/21	PURCHASED	
	COST OR OTHER BASIS	DEPREC.	EXPENSE OF SALE	GROSS SALES PRICE
	15,614.	0.	0.	33,000.

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED	
273 SHS - ALIBABA GROUP HOLDING LTD A D R	12/31/19	08/24/21	PURCHASED	
	COST OR OTHER BASIS	DEPREC.	EXPENSE OF SALE	GROSS SALES PRICE
	51,173.	0.	0.	46,083.

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED	
4 SHS - ALPHABET INC CL A	12/31/19	09/30/21	PURCHASED	
	COST OR OTHER BASIS	DEPREC.	EXPENSE OF SALE	GROSS SALES PRICE
	4,682.	0.	0.	10,898.

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED	
22 SHS - AON PLC	12/31/19	11/05/21	PURCHASED	
	COST OR OTHER BASIS	DEPREC.	EXPENSE OF SALE	GROSS SALES PRICE
	4,119.	0.	0.	6,472.

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED	
21 SHS - AUTOMATIC DATA PROCESSING	12/31/19	04/09/21	PURCHASED	
	COST OR OTHER BASIS	DEPREC.	EXPENSE OF SALE	GROSS SALES PRICE
	3,491.	0.	0.	3,925.

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED	
87 SHS - BURLINGTON STORES INC	12/31/19	06/04/21	PURCHASED	
	COST OR OTHER BASIS	DEPREC.	EXPENSE OF SALE	GROSS SALES PRICE
	15,979.	0.	0.	27,179.

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED	
84 SHS - EPAM SYSTEMS INC	12/31/19	10/01/21	PURCHASED	
	COST OR OTHER BASIS	DEPREC.	EXPENSE OF SALE	GROSS SALES PRICE
	16,542.	0.	0.	43,632.

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED	
89 SHS - FORTINET INC	12/31/19	10/01/21	PURCHASED	
	COST OR OTHER BASIS	DEPREC.	EXPENSE OF SALE	GROSS SALES PRICE
	10,670.	0.	0.	25,630.

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED	
210 SHS - GODADDY INC CLASS A	12/31/19	04/01/21	PURCHASED	
	COST OR OTHER BASIS	DEPREC.	EXPENSE OF SALE	GROSS SALES PRICE
	16,215.	0.	0.	15,767.

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED	
25 SHS - INTUIT INC	12/31/19	12/17/21	PURCHASED	
	COST OR OTHER BASIS	DEPREC.	EXPENSE OF SALE	GROSS SALES PRICE
	6,453.	0.	0.	14,477.

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED	
9 SHS - NETFLIX COM INC	12/31/19	12/17/21	PURCHASED	
	COST OR OTHER BASIS	DEPREC.	EXPENSE OF SALE	GROSS SALES PRICE
	4,598.	0.	0.	5,295.

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED	
37 SHS - NVIDIA CORP	12/31/19	12/17/21	PURCHASED	
	COST OR OTHER BASIS	DEPREC.	EXPENSE OF SALE	GROSS SALES PRICE
	4,559.	0.	0.	9,305.

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED	
41 SHS - PAYPAL HOLDINGS INC	12/31/19	09/30/21	PURCHASED	
	COST OR OTHER BASIS	DEPREC.	EXPENSE OF SALE	GROSS SALES PRICE
	4,699.	0.	0.	10,842.

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED	
4,404 SHS - SIRIUS XM HOLDINGS	12/31/19	08/17/21	PURCHASED	
	COST OR OTHER BASIS	DEPREC.	EXPENSE OF SALE	GROSS SALES PRICE
	27,126.	0.	0.	27,059.

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED	
922 SHS - TENCENT HLDGS LTD A D R	12/31/19	08/05/21	PURCHASED	
	COST OR OTHER BASIS	DEPREC.	EXPENSE OF SALE	GROSS SALES PRICE
	43,060.	0.	0.	54,726.

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED	
13 SHS - UNITEDHEALTH GROUP INC	12/31/19	06/24/21	PURCHASED	
	COST OR OTHER BASIS	DEPREC.	EXPENSE OF SALE	GROSS SALES PRICE
	3,822.	0.	0.	5,185.

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED	
22 SHS - ZOETIS INC	12/31/19	07/26/21	PURCHASED	
	COST OR OTHER BASIS	DEPREC.	EXPENSE OF SALE	GROSS SALES PRICE
	2,516.	0.	0.	4,378.

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED	
52 SHS - ALCON INC	12/31/19	12/20/21	PURCHASED	
	COST OR OTHER BASIS	DEPREC.	EXPENSE OF SALE	GROSS SALES PRICE
	3,057.	0.	0.	4,413.

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED	
205 SHS - ALLEGION PLC	12/31/19	05/21/21	PURCHASED	
	COST OR OTHER BASIS	DEPREC.	EXPENSE OF SALE	GROSS SALES PRICE
	19,243.	0.	0.	28,435.

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED	
39 SHS - AMERIPRISE FINL INC	12/31/19	12/20/21	PURCHASED	
	COST OR OTHER BASIS	DEPREC.	EXPENSE OF SALE	GROSS SALES PRICE
	4,918.	0.	0.	9,730.

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED	
8 SHS - ANSYS INC	12/31/19	12/20/21	PURCHASED	
	COST OR OTHER BASIS	DEPREC.	EXPENSE OF SALE	GROSS SALES PRICE
	1,690.	0.	0.	3,173.

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED	
12 SHS - CHUBB LIMITED COM	12/31/19	12/20/21	PURCHASED	
	COST OR OTHER BASIS	DEPREC.	EXPENSE OF SALE	GROSS SALES PRICE
	1,858.	0.	0.	2,366.

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED	
37 SHS - COCA COLA COMPANY	12/31/19	12/21/21	PURCHASED	
	COST OR OTHER BASIS	DEPREC.	EXPENSE OF SALE	GROSS SALES PRICE
	2,012.	0.	0.	2,165.

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED	
0.95 SHS - COMMERCE BANCSHARES INC	12/31/19	12/31/21	PURCHASED	
	COST OR OTHER BASIS	DEPREC.	EXPENSE OF SALE	GROSS SALES PRICE
	48.	0.	0.	64.

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED	
26 SHS - CROWN CASTLE INTL CORP	12/31/19	12/20/21	PURCHASED	
	COST OR OTHER BASIS	DEPREC.	EXPENSE OF SALE	GROSS SALES PRICE
	4,215.	0.	0.	5,202.

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED	
13 SHS - CULLEN FROST BANKERS INC	12/31/19	12/21/21	PURCHASED	
	COST OR OTHER BASIS	DEPREC.	EXPENSE OF SALE	GROSS SALES PRICE
	1,069.	0.	0.	1,646.

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED	
66 SHS - DANAHER CORP	12/31/19	12/20/21	PURCHASED	
	COST OR OTHER BASIS	DEPREC.	EXPENSE OF SALE	GROSS SALES PRICE
	8,973.	0.	0.	16,996.

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED	
255 SHS - EAST WEST BANCORP INC	12/31/19	12/31/21	PURCHASED	
	COST OR OTHER BASIS	DEPREC.	EXPENSE OF SALE	GROSS SALES PRICE
	9,887.	0.	0.	20,222.

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED	
14 SHS - ECOLAB INC	12/31/19	12/20/21	PURCHASED	
	COST OR OTHER BASIS	DEPREC.	EXPENSE OF SALE	GROSS SALES PRICE
	2,994.	0.	0.	3,225.

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED	
EQUITY LIFESTYLE PPTYS INC	12/31/19	03/05/21	PURCHASED	
	COST OR OTHER BASIS	DEPREC.	EXPENSE OF SALE	GROSS SALES PRICE
	5.	0.	0.	0.

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED	
21 SHS - GENERAL DYNAMICS CORP	12/31/19	12/20/21	PURCHASED	
	COST OR OTHER BASIS	DEPREC.	EXPENSE OF SALE	GROSS SALES PRICE
	3,861.	0.	0.	4,382.

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED	
89 SHS - JOHNSON CTLS INTL PLC SHS	12/31/19	12/20/21	PURCHASED	
	COST OR OTHER BASIS	DEPREC.	EXPENSE OF SALE	GROSS SALES PRICE
	3,680.	0.	0.	7,069.

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED	
187 SHS - JP MORGAN CHASE CO	12/31/19	07/30/21	PURCHASED	
	COST OR OTHER BASIS	DEPREC.	EXPENSE OF SALE	GROSS SALES PRICE
	18,494.	0.	0.	29,036.

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED	
41 SHS - LENNAR CORP CI A	12/31/19	12/20/21	PURCHASED	
	COST OR OTHER BASIS	DEPREC.	EXPENSE OF SALE	GROSS SALES PRICE
	2,087.	0.	0.	4,505.

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED	
12 SHS - MARTIN MARIETTA MATIS INC	12/31/19	12/20/21	PURCHASED	
	COST OR OTHER BASIS	DEPREC.	EXPENSE OF SALE	GROSS SALES PRICE
	3,006.	0.	0.	5,289.

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED	
75 SHS - MICROCHIP TECHNOLOGY INC	12/31/19	12/20/21	PURCHASED	
	COST OR OTHER BASIS	DEPREC.	EXPENSE OF SALE	GROSS SALES PRICE
	3,976.	0.	0.	7,552.

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED	
19 SHS - MICROSOFT CORP	12/31/19	12/20/21	PURCHASED	
	COST OR OTHER BASIS	DEPREC.	EXPENSE OF SALE	GROSS SALES PRICE
	2,568.	0.	0.	6,211.

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED	
199 SHS - NOVARTIS AG ADR	12/31/19	12/03/21	PURCHASED	
	COST OR OTHER BASIS	DEPREC.	EXPENSE OF SALE	GROSS SALES PRICE
	17,602.	0.	0.	16,479.

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED	
91 SHS - PIONEER NATURAL RESOURCES CO	12/31/19	02/24/21	PURCHASED	
	COST OR OTHER BASIS	DEPREC.	EXPENSE OF SALE	GROSS SALES PRICE
	10,948.	0.	0.	12,392.

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED	
14 SHS - PNC FINANCIAL SERVICES GROUP INC	12/31/19	12/20/21	PURCHASED	
	COST OR OTHER BASIS	DEPREC.	EXPENSE OF SALE	GROSS SALES PRICE
	1,608.	0.	0.	2,859.

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED	
15 SHS - PROCTER & GAMBLE CO	12/31/19	12/20/21	PURCHASED	
	COST OR OTHER BASIS	DEPREC.	EXPENSE OF SALE	GROSS SALES PRICE
	2,048.	0.	0.	2,404.

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED	
38 SHS - QUALCOMM INC COM	12/31/19	12/20/21	PURCHASED	
	COST OR OTHER BASIS	DEPREC.	EXPENSE OF SALE	GROSS SALES PRICE
	2,774.	0.	0.	6,956.

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED	
35 SHS - RPM INTERNATIONAL INC	12/31/19	12/20/21	PURCHASED	
	COST OR OTHER BASIS	DEPREC.	EXPENSE OF SALE	GROSS SALES PRICE
	1,676.	0.	0.	3,491.

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED	
SUN COMMUNITIES INC	12/31/19	02/05/21	PURCHASED	
	COST OR OTHER BASIS	DEPREC.	EXPENSE OF SALE	GROSS SALES PRICE
	17.	0.	0.	0.

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED	
40 SHS - TYSON FOODS INC CL A	12/31/19	12/20/21	PURCHASED	
	COST OR OTHER BASIS	DEPREC.	EXPENSE OF SALE	GROSS SALES PRICE
	3,646.	0.	0.	3,468.

TOTAL ON FORM 199, PG 2, LINE 6	10,223,740.	0.	0.	11,892,384.
---------------------------------	-------------	----	----	-------------

CA 199	OTHER INCOME	STATEMENT	3
--------	--------------	-----------	---

DESCRIPTION	AMOUNT
PARTNERSHIP NET INCOME	0.
MISCELLANEOUS	1,624.
COST REIMBURSEMENT	6,563,283.
TOTAL TO FORM 199, PART II, LINE 7	6,564,907.

CA 199	CASH CONTRIBUTIONS, GIFTS, GRANTS AND SIMILAR AMOUNTS PAID	STATEMENT	4
--------	---	-----------	---

ACTIVITY CLASSIFICATION: CONTRIBUTIONS, GIFTS AND GRANTS

<u>DONEES NAME AND ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
SHF PROPERTIES 1321 GARDEN HIGHWAY, SACRAMENTO, CA 95833	RELATED	2,051,479.

ORGANIZATIONAL STATUS: 501(C)(2)

<u>DONEES NAME AND ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
ROCKEFELLER PHILANTHROPY ADVISORS INC 6 WEST 48TH STREET, 10TH FLOOR, NEW YORK, NY 10036	NONE	25,000.

ORGANIZATIONAL STATUS: 501(C)(3)

<u>DONEES NAME AND ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
NEW VENTURE FUND 1201 CONNECTICUT AVENUE, NW STE 300, WASHINGTON, DC 20036	NONE	25,000.

ORGANIZATIONAL STATUS: 501(C)(3)

<u>DONEES NAME AND ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
NORTHERN CALIFORNIA PHARMACY & HEALTH 9700 WEST TARON DRIVE, ELK GROVE, CA 95757	NONE	2,500.

ORGANIZATIONAL STATUS: 501(C)(3)

<u>DONEES NAME AND ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
WIND YOUTH SERVICES 815 S STREET, SACRAMENTO, CA 95811	NONE	25,000.

ORGANIZATIONAL STATUS: 501(C)(3)

<u>DONEES NAME AND ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
STUDIOS FOR THE PERFORMING ARTS 2420 N ST UNIT 110, SACRAMENTO, CA 95816	NONE	20,000.

ORGANIZATIONAL STATUS: 501(C)(3)

<u>DONEES NAME AND ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
UNITED LATINOS PROMOViendo ACCION PO BOX 22905, SACRAMENTO, CA 95822	NONE	25,000.

ORGANIZATIONAL STATUS: 501(C)(3)

<u>DONEES NAME AND ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
SIERRA HEALTH FOUNDATION: CENTER FOR HEALTH PROGRAM MGMT 1321 GARDEN HIGHWAY NO 210, SACRAMENTO, CA 95833	RELATED	1,750,000.

ORGANIZATIONAL STATUS: 501(C)(3)

<u>DONEES NAME AND ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
SIERRA HEALTH FOUNDATION: CENTER FOR HEALTH PROGRAM MGMT 1321 GARDEN HIGHWAY NO 210, SACRAMENTO, CA 95833	RELATED	732,165.

ORGANIZATIONAL STATUS: 501(C)(3)

<u>DONEES NAME AND ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
SACRAMENTO REGIONAL COALITION TO END 1331 GARDEN HIGHWAY, SUITE 100, SACRAMENTO, CA 95833	NONE	10,000.

ORGANIZATIONAL STATUS: 501(C)(3)

<u>DONEES NAME AND ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
VOICE OF YOUTH INC 2251 FLORIN RD STE 35, SACRAMENTO, CA 95822	NONE	10,000.
ORGANIZATIONAL STATUS: 501(C)(3)		

<u>DONEES NAME AND ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
COLOUR OF MUSIC, INC. POST OFFICE BOX 22724, CHARLESTON, SC 29413	NONE	15,000.
ORGANIZATIONAL STATUS: NC		

<u>DONEES NAME AND ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
SELF AWARENESS AND RECOVERY 4625 44TH ST, SACRAMENTO, CA 95820	NONE	15,000.
ORGANIZATIONAL STATUS: 501(C)(3)		

<u>DONEES NAME AND ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
REDF 101A CLAY STREET #103, SAN FRANCISCO, CA 94111	NONE	50,000.
ORGANIZATIONAL STATUS: 501(C)(3)		

<u>DONEES NAME AND ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
THE FUNDERS NETWORK INC 6705 SW 57TH AVENUE SUITE 700, CORAL GABLES, FL 33143	NONE	5,000.
ORGANIZATIONAL STATUS: 501(C)(3)		

<u>DONEES NAME AND ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
PLUMAS CRISIS INTERVENTION AND RESOURCE 591 W. MAIN STREET, QUINCY, CA 95971	NONE	10,000.

ORGANIZATIONAL STATUS: 501(C)(3)

<u>DONEES NAME AND ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
STANFORD SIERRA YOUTH & FAMILIES 8912 VOLUNTEER LN, SACRAMENTO, CA 95826	NONE	20,000.

ORGANIZATIONAL STATUS: 501(C)(3)

<u>DONEES NAME AND ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
CAPITAL PUBLIC RADIO INC 7055 FOLSOM BLVD, SACRAMENTO, CA 95826	NONE	35,000.

ORGANIZATIONAL STATUS: 501(C)(3)

<u>DONEES NAME AND ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
CENTER FOR FATHERS AND FAMILIES 920 DEL PASO BLVD, SACRAMENTO, CA 95815	NONE	25,000.

ORGANIZATIONAL STATUS: 501(C)(3)

<u>DONEES NAME AND ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
LATINO COMMUNITY FOUNDATION 235 MONTGOMERY ST STE 1160, SAN FRANCISCO, CA 94104	NONE	50,000.

ORGANIZATIONAL STATUS: 501(C)(3)

<u>DONEES NAME AND ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
SUSTAINABLE AGRICULTURE AND FOOD 133 E DE LA GUERRA ST 306, SANTA BARBARA, CA 93101	NONE	2,000.

ORGANIZATIONAL STATUS: 501(C)(3)

<u>DONEES NAME AND ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
UNITED WAY OF NORTHERN CALIFORNIA 3300 CHURN CREEK ROAD, REDDING, CA 96002	NONE	10,000.

ORGANIZATIONAL STATUS: 501(C)(3)

<u>DONEES NAME AND ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
PUBLIC HEALTH INSTITUTE 555 12TH STREET, FLOOR 10TH, OAKLAND, CA 94607	NONE	50,000.

ORGANIZATIONAL STATUS: 501(C)(3)

<u>DONEES NAME AND ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
ASIAN HEALTH SERVICES 101 8TH STREET, SUITE 100, OAKLAND, CA 94607	NONE	13,000.

ORGANIZATIONAL STATUS: 501(C)(3)

<u>DONEES NAME AND ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
IMMIGRANT LEGAL RESOURCE CENTER 1458 HOWARD ST, SAN FRANCISCO, CA 94103	NONE	25,000.

ORGANIZATIONAL STATUS: 501(C)(3)

<u>DONEES NAME AND ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
POLICYLINK 1438 WEBSTER ST STE 303, OAKLAND, CA 94612	NONE	25,000.
ORGANIZATIONAL STATUS: 501(C)(3)		

<u>DONEES NAME AND ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
HENRY J KAISER FAMILY FOUNDATION 185 BERRY STREET, SUITE 2000, SAN FRANCISCO, CA 94107	NONE	35,000.
ORGANIZATIONAL STATUS: 501(C)(3)		

<u>DONEES NAME AND ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
CALIFORNIA COMMUNITY FOUNDATION 221 S. FIGUEROA STREET, SUITE 400, LOS ANGELES, CA 90012	NONE	10,000.
ORGANIZATIONAL STATUS: 501(C)(3)		

<u>DONEES NAME AND ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
ASIAN AMERICANS ADVANCING JUSTICE LOS 1145 WILSHIRE BLVD, 2ND FLOOR, LOS ANGELES, CA 90017	NONE	25,000.
ORGANIZATIONAL STATUS: 501(C)(3)		

<u>DONEES NAME AND ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
COMMUNITY PARTNERS 1000 N ALAMEDA ST SUITE 240, LOS ANGELES, CA 90012	NONE	50,000.
ORGANIZATIONAL STATUS: 501(C)(3)		

TOTAL FOR THIS
ACTIVITY 5,146,144.

ACTIVITY CLASSIFICATION: MATCHING GRANTS

<u>DONEES NAME AND ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
AMERICAN LEADERSHIP FORUM 601 UNIVERSITY AVENUE, SUITE 127, SACRAMENTO, CA 95825	NONE	5,000.

ORGANIZATIONAL STATUS: CHARITY

<u>DONEES NAME AND ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
AMERICAN RED CROSS SACRAMENTO 431 18TH SL. NW, WASHINGTON, DC 20006	NONE	25,000.

ORGANIZATIONAL STATUS: CHARITY

<u>DONEES NAME AND ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
CALIFORNIA MONTESSORI PROJECT 5325 ENGLE RD., SUITE 200, CARMICHAEL, CA 95608	NONE	400.

ORGANIZATIONAL STATUS: CHARITY

<u>DONEES NAME AND ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
CAPITAL PUBLIC RADIO, INC. 7055 FOLSOM BLVD., SACRAMENTO, CA 95826	NONE	6,250.

ORGANIZATIONAL STATUS: CHARITY

<u>DONEES NAME AND ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
CAROL EMMOTT FOUNDATION 4931 SW 76TH AVE., #229, PORTLAND, OR 97225	NONE	500.

ORGANIZATIONAL STATUS: CHARITY

<u>DONEES NAME AND ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
CATHOLIC CHARITIES OF SANTA CLARA COUNTY 2625 ZANKER RD. #200, SAN JOSE, CA 95134	NONE	400.

ORGANIZATIONAL STATUS: CHARITY

<u>DONEES NAME AND ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
CEAZE THE MOMENT 8511 DARTFORD DRIVE, SACRAMENTO, CA 95823	NONE	2,250.

ORGANIZATIONAL STATUS: CHARITY

<u>DONEES NAME AND ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
CHRISTIAN BROTHERS HIGH SCHOOL 4315 MARTIN LUTHER KING JR. BLVD., SACRAMENTO, CA 95820	NONE	2,500.

ORGANIZATIONAL STATUS: CHARITY

<u>DONEES NAME AND ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
CLARA'S HOUSE 2715 K STREET, STE D, SACRAMENTO, CA 95816	NONE	2,000.

ORGANIZATIONAL STATUS: CHARITY

<u>DONEES NAME AND ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
COMMON GROUND A COVENANT CHURCH 8355 ARROYO VIST DR., SACRAMENTO, CA 95823	NONE	8,000.

ORGANIZATIONAL STATUS: CHARITY

<u>DONEES NAME AND ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
CRISTO REY HIGH SCHOOL 8475 JACKSON RD., SACRAMENTO, CA 95826	NONE	2,500.

ORGANIZATIONAL STATUS: CHARITY

<u>DONEES NAME AND ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
EL DORADO COMMUNITY HEALTH CENTER 4340 GOLDEN CENTER DR., PLACERVILLE, CA 95667	NONE	12,500.

ORGANIZATIONAL STATUS: CHARITY

<u>DONEES NAME AND ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
EQUAL JUSTICE INITIATIVE 122 COMMERCE ST., MONTGOMERY , AL 36104	NONE	100.

ORGANIZATIONAL STATUS: CHARITY

<u>DONEES NAME AND ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
FLUFF BUDDIES PO BOX 432, NORTH HIGHLANDS, CA 95660	NONE	200.

ORGANIZATIONAL STATUS: CHARITY

<u>DONEES NAME AND ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
FUNDERS' NETWORK FOR SMART GROWTH AND LIVABLE COMMUNITIES 1500 SAN REMO AVE., STE 249, CORAL GABLES, FL 33146	NONE	1,000.

ORGANIZATIONAL STATUS: CHARITY

<u>DONEES NAME AND ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
GATTON COLLEGE OF BUSINESS AT UNIVERSITY OF KENTUCKY 550 X. LIMESTONE ST, LEXINGTON, KY 40506	NONE	2,000.

ORGANIZATIONAL STATUS: CHARITY

<u>DONEES NAME AND ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
GRANT YOUTH SPORTS 3270 NAREB ST., SACRAMENTO, CA 95838	NONE	2,000.

ORGANIZATIONAL STATUS: CHARITY

<u>DONEES NAME AND ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
GRANTMAKERS CONCERNED WITH IMMIGRANTS & REFUGEES PO BOX 1100, SEBASTOPOL, CA 95473	NONE	2,500.

ORGANIZATIONAL STATUS: CHARITY

<u>DONEES NAME AND ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
GRANTMAKERS IN HEALTH 1100 CONNECTICUT AVE. NW STE 1200, WASHINGTON, DC 20036	NONE	11,500.

ORGANIZATIONAL STATUS: CHARITY

<u>DONEES NAME AND ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
VIRGINIA ORGANIZING: HEALTH & ENVIRONMENTAL FUNDERS NETWORK PO BOX 1323, LAUREI, MD 20725	NONE	1,875.
ORGANIZATIONAL STATUS: CHARITY		

<u>DONEES NAME AND ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
IMPROVE YOUR TOMORROW 4229 NORTHGATE BLVD., STE 5, SACRAMENTO, CA 95839	NONE	4,120.
ORGANIZATIONAL STATUS: CHARITY		

<u>DONEES NAME AND ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
INDIANA UNIVERSITY SCHOOL OF PUBLIC HEALTH P.O. BOX 500, BLOOMINGTON, NY 47402	NONE	2,000.
ORGANIZATIONAL STATUS: CHARITY		

<u>DONEES NAME AND ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
LOS RIOS FOUNDATION 1919 SPANOS CT., SACRAMENTO, CA 95825	NONE	500.
ORGANIZATIONAL STATUS: CHARITY		

<u>DONEES NAME AND ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
MISSION INVESTORS EXCHANGE 417 FIFTH AVE, 8TH FLOOR, NEW YORK, NY 10016	NONE	3,000.
ORGANIZATIONAL STATUS: CHARITY		

<u>DONEES NAME AND ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
MOREHOUSE SCHOOL OF MEDICINE 720 WESTVIEW DR. SW, ATLANTA, GA 30310	NONE	9,000.

ORGANIZATIONAL STATUS: CHARITY

<u>DONEES NAME AND ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
MUSIC ON A MISSION FOUNDATION 455 CAPITOL MALL, SUITE 801, SACRAMENTO, CA 95814	NONE	1,000.

ORGANIZATIONAL STATUS: CHARITY

<u>DONEES NAME AND ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
MUTUAL ASSISTANCE NETWORK OF DEL PASO HEIGHTS 811 GRAND AVE., SUITE A3, SACRAMENTO, CA 95838	NONE	250.

ORGANIZATIONAL STATUS: CHARITY

<u>DONEES NAME AND ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
MY SISTER'S HOUSE 3053 FREEPORT BLVD. #120, SACRAMENTO, CA 95818	NONE	7,000.

ORGANIZATIONAL STATUS: CHARITY

<u>DONEES NAME AND ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
NORTHERN CA GRANTMAKERS 160 SPEAR ST., STE 360, SAN FRANCISCO, CA 94105	NONE	5,000.

ORGANIZATIONAL STATUS: CHARITY

<u>DONEES NAME AND ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
OLD DOGS NEW TRICKS, INC. 3218 ROOT AVE., CARMICHAEL, CA 95608	NONE	430.

ORGANIZATIONAL STATUS: CHARITY

<u>DONEES NAME AND ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
ONE STEP ABOVE PARENT CLUB 8569 BOND RD. #110, ELK GROVE, CA 95624	NONE	2,050.

ORGANIZATIONAL STATUS: CHARITY

<u>DONEES NAME AND ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
PBS KVIE 2030 W. EL CAMINO AVE., SACRAMENTO, CA 95833	NONE	720.

ORGANIZATIONAL STATUS: CHARITY

<u>DONEES NAME AND ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
PUBLIC POLICY INSTITUTE OF CALIFORNIA 500 WASHINGTON ST., STE 600, SAN FRANCISCO, CA 94111	NONE	10,000.

ORGANIZATIONAL STATUS: CHARITY

<u>DONEES NAME AND ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
PURE YOUTH GROUP 18 TIDES EDGE PL., SACRAMENTO, CA 95835	NONE	5,000.

ORGANIZATIONAL STATUS: CHARITY

<u>DONEES NAME AND ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
REGENTS OF THE UNIVERSITY OF CALIFORNIA, DAVIS 3102 HART HALL ONE SHIELDS AVE., DAVIS, CA 95616	NONE	125.

ORGANIZATIONAL STATUS: CHARITY

<u>DONEES NAME AND ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
REGENTS OF THE UNIVERSITY OF MICHIGAN 3003 SOUTH STATE ST., SUITE 9000, ANN ARBOR, MI 48109	NONE	500.

ORGANIZATIONAL STATUS: CHARITY

<u>DONEES NAME AND ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
ROSE FAMILY CREATIVE EMPOWERMENT CENTER 7000 GRANKLIN BLVD, STE 1000, SACRAMENTO, CA 95823	NONE	1,000.

ORGANIZATIONAL STATUS: CHARITY

<u>DONEES NAME AND ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
RYSE, INC. 205 41ST STREET, RICHMOND, CA 94805	NONE	100.

ORGANIZATIONAL STATUS: CHARITY

<u>DONEES NAME AND ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
SACRAMENTO CHORAL SOCIETY 4025 A BRIDGE STREET, FAIR OAKS, CA 95628	NONE	1,000.

ORGANIZATIONAL STATUS: CHARITY

<u>DONEES NAME AND ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
SACRAMENTO COUNTY OFFICE OF EDUCATION PO BOX 269003, SACRAMENTO, CA 95826	NONE	10,000.

ORGANIZATIONAL STATUS: CHARITY

<u>DONEES NAME AND ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
SACRAMENTO HOUSING ALLIANCE 909 12TH STREET, SUITE 114, SACRAMENTO, CA 95814	NONE	500.

ORGANIZATIONAL STATUS: CHARITY

<u>DONEES NAME AND ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
SACRAMENTO LGBT COMMUNITY CENTER 1015 20TH STREET, SACRAMENTO, CA 95811	NONE	5,000.

ORGANIZATIONAL STATUS: CHARITY

<u>DONEES NAME AND ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
SACRAMENTO NAACP 4625 44TH ST. RM 15 SACRAMENTO CA , SACRAMENTO, CA 95820	NONE	5,000.

ORGANIZATIONAL STATUS: CHARITY

<u>DONEES NAME AND ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
SACRAMENTO TREE FOUNDATION 191 LATHROP WAY, STE D, SACRAMENTO, CA 95815	NONE	1,000.

ORGANIZATIONAL STATUS: CHARITY

<u>DONEES NAME AND ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
SANTA CRUZ BARRIOS UNIDOS, INC. 1817 SOQUEL AVE., SANTA CRUZ, CA 95062	NONE	100.

ORGANIZATIONAL STATUS: CHARITY

<u>DONEES NAME AND ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
SIERRA NEVADA JOURNEYS 190 E. LIBERTY STREET, RENO, NV 89501	NONE	9,500.

ORGANIZATIONAL STATUS: CHARITY

<u>DONEES NAME AND ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
SISTERS OF MERCY WEST MIDWEST COMMUNITY 7262 MERCY RD., OMAHA, NE 68124	NONE	1,000.

ORGANIZATIONAL STATUS: CHARITY

<u>DONEES NAME AND ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
ST. FRANCIS OF ASSISI ELEMENTARY SCHOOL 2500 K STREET, SACRAMENTO, CA 95816	NONE	50.

ORGANIZATIONAL STATUS: CHARITY

<u>DONEES NAME AND ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
ST. JOHN'S PROGRAM FOR REAL CHANGE 2443 FAIR OAKS BLVD. #369, SACRAMENTO, CA 95825	NONE	5,200.

ORGANIZATIONAL STATUS: CHARITY

<u>DONEES NAME AND ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
SUSTAINABLE AGRICULTURE & FOOD SYSTEMS FUNDERS 601 E. ARRELLAGA ST., STE 101, SANTA BARBARA, CA 93103	NONE	5,000.

ORGANIZATIONAL STATUS: CHARITY

<u>DONEES NAME AND ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
SUTTERVILLE 4THR 4967 MONTEREY WAY, SACRAMENTO, CA 95822	NONE	100.

ORGANIZATIONAL STATUS: CHARITY

<u>DONEES NAME AND ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
TECHNOLOGY ASSOCIATION OF GRANTMAKERS 200 W MADISON ST. 3RD FLOOR, CHICAGO, IL 60606	NONE	385.

ORGANIZATIONAL STATUS: CHARITY

<u>DONEES NAME AND ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
THE CENTER FOR VIOLENCE-FREE RELATIONSHIPS 344 PLACERVILLE DR., #11, PLACERVILLE, CA 95667	NONE	2,500.

ORGANIZATIONAL STATUS: CHARITY

<u>DONEES NAME AND ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
VALLEY VISION INC. 3400 THIRD AVENUE, SACRAMENTO, CA 95817	NONE	5,000.

ORGANIZATIONAL STATUS: CHARITY

<u>DONEES NAME AND ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
VISIONS OF HOPE PO BOX 8189, BEND, OR 97708	NONE	840.

ORGANIZATIONAL STATUS: CHARITY

<u>DONEES NAME AND ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
WILD LIFE CARE ASSOCIATION PO BOX 680, NORTH HIGHLANDS, CA 95660	NONE	100.

ORGANIZATIONAL STATUS: CHARITY

<u>DONEES NAME AND ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
WOMEN'S EMPOWERMENT 1590 NORTH A ST., SACRAMENTO, CA 95811	NONE	5,500.

ORGANIZATIONAL STATUS: CHARITY

<u>DONEES NAME AND ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
YOLO FOOD BANK 233 HARTER AVENUE, WOODLAND, CA 95776	NONE	2,000.

ORGANIZATIONAL STATUS: CHARITY

<u>DONEES NAME AND ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
YOUTH FORWARD 2411 15TH ST, SUITE A, SACRAMENTO, CA 95818	NONE	2,500.

ORGANIZATIONAL STATUS: CHARITY

<u>DONEES NAME AND ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
YOUTH MENTORING CONNECTION 4103 W. ADAMS BLVD., 2ND FLOOR, LOS ANGELES, CA 90018	NONE	500.

ORGANIZATIONAL STATUS: CHARITY

<u>DONEES NAME AND ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
ZETA BETA LAMBDA FOUNDATION PO BOX 22261, SACRAMENTO, CA 95822	NONE	2,500.

ORGANIZATIONAL STATUS: CHARITY

<u>DONEES NAME AND ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
SACRAMENTO METROPOLITAN CHAMBER OF COMMERCE 1601 ALHAMBRA BLVD. ST 100, SACRAMENTO, CA 95816	NONE	3,000.

ORGANIZATIONAL STATUS: CHARITY

<u>DONEES NAME AND ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
SACRAMENTO ASIAN-PACIFIC CHAMBER OF COMMERCE 1610 R STREET, SUTIE 322, SACRAMENTO, CA 95811	NONE	2,500.

ORGANIZATIONAL STATUS: CHARITY

<u>DONEES NAME AND ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
GAMMA EPSILON, INC 4528 GRESHAM DR., EL DORADO HILLS, CA 95762	NONE	1,000.

ORGANIZATIONAL STATUS: CHARITY

DONEES NAME AND ADDRESSRELATIONSHIPAMOUNT

COMMUNITY ALLIANCE WITH FAMILY FARMERS
PO BOX 363, DAVIS, CA 95617

NONE

12,500.

ORGANIZATIONAL STATUS: CHARITY

DONEES NAME AND ADDRESSRELATIONSHIPAMOUNT

ACCRUAL TO CASH ADJUSTMENT
1321 GARDEN HIGHWAY, SACRAMENTO, CA 95833

NONE

-2,918.

ORGANIZATIONAL STATUS: CHARITY

TOTAL FOR THIS
ACTIVITY

221,627.

TOTAL INCLUDED ON FORM 199, PART II, LINE 9

5,367,771.

CA 199	COMPENSATION OF OFFICERS, DIRECTORS AND TRUSTEES	STATEMENT	5
--------	--	-----------	---

NAME AND ADDRESS	TITLE AND AVERAGE HRS WORKED/WK	COMPENSATION
HEWITT, CHET P. 1321 GARDEN HIGHWAY SACRAMENTO, CA 95833	PRESIDENT & CEO 40.00	437,215.
ALVARADO, GILBERT 1321 GARDEN HIGHWAY SACRAMENTO, CA 95833	EXECUTIVE VP/COO 40.00	291,211.
DAVID W. GORDON 1321 GARDEN HIGHWAY SACRAMENTO, CA 95833	DIRECTOR 0.50	14,960.
DEBRA MCKENZIE 1321 GARDEN HIGHWAY SACRAMENTO, CA 95833	CHAIR 0.50	14,960.
JOSE R. HERMOCILLO 1321 GARDEN HIGHWAY SACRAMENTO, CA 95833	VICE CHAIR 0.50	20,760.
NANCY P. LEE 1321 GARDEN HIGHWAY SACRAMENTO, CA 95833	DIRECTOR 0.50	18,760.
ROBERT A. PETERSEN, CPA 1321 GARDEN HIGHWAY SACRAMENTO, CA 95833	DIRECTOR 0.50	16,160.
SHAMUS ROLLER 1321 GARDEN HIGHWAY SACRAMENTO, CA 95833	DIRECTOR 0.50	14,960.
CLAIRE POMEROY 1321 GARDEN HIGHWAY SACRAMENTO, CA 95833	DIRECTOR 0.50	16,760.
TOTAL TO FORM 199, PART II, LINE 11		845,746.

CA 199	OTHER EXPENSES	STATEMENT	6
DESCRIPTION		AMOUNT	
PENSION PLANS, EMPLOYEE BENEFITS		1,228,478.	
LEGAL FEES		44,694.	
ACCOUNTING FEES		52,416.	
OTHER PROFESSIONAL FEES		294,850.	
TRAVEL, CONFERENCES, AND MEETINGS		83,129.	
PRINTING AND PUBLICATIONS		100,291.	
SUPPLIES		24,210.	
POSTAGE		12.	
EQUIPMENT REPAIRS & MAINTENANCE		25,052.	
INSURANCE		11,186.	
MISCELLANEOUS		42,696.	
EQUIPMENT RENTAL/LEASE		2,870.	
WEBSITE EXPENSE		66,491.	
TOTAL TO FORM 199, PART II, LINE 17		1,976,375.	

CA 199	INVESTMENTS IN STOCK	STATEMENT	7
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
HELD BY U.S. BANK AS CUSTODIAN	2,855,995.	35,921,193.	
HELD BY COMMONFUND	32,581,998.	0.	
TOTAL TO FORM 199, SCHEDULE L, LINE 7	35,437,993.	35,921,193.	

CA 199	OTHER INVESTMENTS	STATEMENT	8
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
INVESTMENTS IN PARTNERSHIPS	14,492,100.	18,408,689.	
TOTAL TO FORM 199, SCHEDULE L, LINE 9	14,492,100.	18,408,689.	

CA 199	OTHER ASSETS	STATEMENT	9
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
PREPAID EXPENSE	119,293.	151,760.	
DUE FROM CENTER	1,036,245.	255,230.	
DUE FROM SAN JOAQUIN VALLEY	357,016.	415,039.	
TOTAL TO FORM 199, SCHEDULE L, LINE 12	1,512,554.	822,029.	

CA 199	OTHER LIABILITIES	STATEMENT	10
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
DEFERRED EXCISE TAX	80,000.	80,000.	
DUE TO CENTER	50,022.	4,006.	
TOTAL TO FORM 199, SCHEDULE L, LINE 18	130,022.	84,006.	

CA 199	INCOME RECORDED ON BOOKS THIS YEAR NOT INCLUDED IN THIS RETURN	STATEMENT	11
DESCRIPTION		AMOUNT	
UNREALIZED GAIN ON INVESTMENTS		9,063,329.	
TOTAL TO FORM 199, SCHEDULE M-1, LINE 7		9,063,329.	

CA 199	FUND BALANCES	STATEMENT	12
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
NET ASSETS WITHOUT DONOR RESTRICTIONS	49,365,816.	55,061,211.	
TOTAL TO FORM 199, SCHEDULE L, LINE 21	49,365,816.	55,061,211.	

2021

California Exempt Organization Business Income Tax Return

109

Calendar Year 2021 or fiscal year beginning (mm/dd/yyyy), and ending (mm/dd/yyyy)

Corporation/Organization name
SIERRA HEALTH FOUNDATION

California corporation number
1237337

Additional information. See instructions.

FEIN
68-0050036

Street address (suite/room no.)
1321 GARDEN HIGHWAY

PMB no.

City (If the corporation has a foreign address, see instructions.)
SACRAMENTO

State
CA

ZIP code
95833

Foreign country name

Foreign province/state/county

Foreign postal code

- A** First return filed? ☐ Yes ☒ No
- B** Is this an education IRA within the meaning of R&TC Section 23712? ☐ Yes ☒ No
- C** Is the organization under audit by the IRS or has the IRS audited in a prior year? ☐ Yes ☒ No
- D** Final return?
☐ Dissolved ☐ Surrendered (Withdrawn) ☐ Merged/Reorganized
 Enter date (mm/dd/yyyy)
- E** Amended return? ☐ Yes ☒ No
- F** Accounting method used: (1) ☐ Cash (2) ☒ Accrual (3) ☐ Other
- G** Nature of trade or business **SEE STATEMENT 13**
- H** Is the organization a non-exempt charitable trust as described in IRC Section 4947(a)(1)? ☐ Yes ☒ No
- I** Is this organization claiming any former; Enterprise Zone (EZ), Local Agency Military Base Recovery Area (LAMBRA), Targeted Tax Area (TTA), or Manufacturing Enhancement Area (MEA) tax benefits? ☐ Yes ☒ No
- J** Is this organization a qualified pension, profit-sharing, or stock bonus plan as described in IRC Section 401(a)? ☐ Yes ☒ No
- K** Unrelated Business Activity (UBA) code **523000**
- L** Is this a hospital? ☐ Yes ☒ No
If "Yes," attach federal Schedule H (Form 990)

Taxable Corporation	1	Unrelated business taxable income from Side 2, Part II, line 30	•	1	12,025	00
	2	Mult. In 1 by the avg. apport. pctg _____ % from the Sch. R, Apport. Formula Wksht, Part A, In 2 or Part B, In 5. See instr.	•	2		00
	3	Enter the lesser amt from In 1 or In 2. If the unrelated bus. activity is wholly in CA and Sch. R was not compltd, enter the amt from In 1	•	3	12,025	00
Taxable Trust	4	Unrelated business taxable income from Side 2, Part II, line 30	•	4		00
Tax Computation	5	Unrelated business taxable income from line 3 or line 4	•	5	12,025	00
	6	EZ, LAMBRA, or TTA NOL carryover deduction	•	6		00
	7	Net Operating Loss deduction. See General Information N	•	7	12,025	00
	8	Add line 6 and line 7	•	8	12,025	00
	9	Net unrelated business taxable income. Subtract line 8 from line 5	•	9	0	00
	10	Tax 8.84 % x line 9. See General Information J	•	10		00
	11	Tax credits from Schedule B. See instructions	•	11		00
Total Tax	12	Balance. Subtract line 11 from line 10. If line 11 is greater than line 10, enter -0-	•	12		00
	13	Alternative minimum tax. See General Information O	•	13		00
	14	Total tax. Add line 12 and line 13	•	14	0	00
Payments	15	Overpayment from a prior year allowed as a credit	•	15		00
	16	2021 estimated tax payments. See instructions	•	16		00
	17	Withholding (Form 592-B and/or 593). See instructions	•	17	180	00
	18	Amount paid with extension (form FTB 3539)	•	18		00
	19	Total payments and credits. Add line 15 through line 18	•	19	180	00
Use Tax/Tax Due/Overpayment	20	Use tax. See instructions	•	20		00
	21	Payments balance. If line 19 is more than line 20, subtract line 20 from line 19	•	21	180	00
	22	Use tax balance. If line 20 is more than line 19, subtract line 19 from line 20	•	22		00
	23	Tax due. Subtract line 21 from line 14. Pay entire amount with return. See instructions	•	23		00
	24	Overpayment. Subtract line 14 from line 21. See instructions	•	24	180	00
	25	Enter amount of line 24 to be applied to 2022 estimated tax	•	25		00

Refund or Amount Due	26 Refund. If line 25 is less than line 24, then subtract line 25 from line 24	26	180	00
	a Fill in the account information to have the refund directly deposited. Routing number	26a		
	b Type: Checking ☐ Savings ☐ c Account Number	26c		
	27 Penalties and interest. See General Information M	27		00
	28 ☐ Check if estimate penalty computed using Exception B or C and attach form FTB 5806			
	29 Total amount due. Add line 22, line 23, line 25, and line 27, then subtract line 24	29		00

Unrelated Business Taxable Income**Part I Unrelated Trade or Business Income**

1 a Gross receipts or gross sales	b Less returns and allowances	c Balance	1c		00
2 Cost of goods sold and/or operations (Schedule A, line 7)			2		00
3 Gross profit. Subtract line 2 from line 1c			3		00
4 a Capital gain net income. See Specific Line Instructions - Trusts attach Schedule D (541)			4a		00
b Net gain (loss) from Part II, Schedule D-1			4b		00
c Capital loss deduction for trusts			4c		00
5 Income (or loss) from partnerships, limited liability companies, or S corporations. See Specific Line Instructions. Attach Schedule K-1 (565, 568, or 100S) or similar schedule	SEE STATEMENT 14		5	13,025	00
6 Rental income (Schedule C)			6		00
7 Unrelated debt-financed income (Schedule D)			7		00
8 Investment income of an R&TC Section 23701g, 23701i, or 23701n organization (Schedule E)			8		00
9 Interest, Annuities, Royalties and Rents from controlled organizations (Schedule F)			9		00
10 Exploited exempt activity income (Schedule G)			10		00
11 Advertising income (Schedule H, Part III, Column A)			11		00
12 Other income. Attach schedule			12		00
13 Total unrelated trade or business income. Add line 3 through line 12			13	13,025	00

Part II Deductions Not Taken Elsewhere (Except for contributions, deductions must be directly connected with the unrelated business income.)

14 Compensation of officers, directors, and trustees from Schedule I	14		00
15 Salaries and wages	15		00
16 Repairs	16		00
17 Bad debts	17		00
18 Interest	18		00
19 Taxes	19		00
20 Contributions	20		00
21 a Depreciation (Corporations and Associations - Schedule J) (Trusts - form FTB 3885F)	21a	00	
b Less: depreciation claimed on Schedule A	21b	00	21
22 Depletion	22		00
23 a Contributions to deferred compensation plans	23a		00
b Employee benefit programs	23b		00
24 Other deductions	24		00
25 Total deductions. Add line 14 through line 24	25		00
26 Unrelated business taxable income before allowable excess advertising costs. Subtract line 25 from line 13	26	13,025	00
27 Excess advertising costs (Schedule H, Part III, Column B)	27		00
28 Unrelated business taxable income before specific deduction. Subtract line 27 from line 26	28	13,025	00
29 Specific deduction	29	1,000	00
30 Unrelated business taxable income. Subtract line 29 from line 28. If line 28 is a loss, enter line 28	30	12,025	00

Sign Here	Our privacy notice can be found in annual tax booklets or online. Go to ftb.ca.gov/privacy to learn about our privacy policy statement, or go to ftb.ca.gov/forms and search for 1131 to locate FTB 1131 EN-SP, Franchise Tax Board Privacy Notice on Collection. To request this notice by mail, call 800.338.0505 and enter form code 948 when instructed.		
	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.		
Paid Preparer's Use Only	Signature of officer	Title CFO	Date
	Preparer's signature	Date 11/14/22	Check if self-employed ☐
	Firm's name (or yours, if self-employed) GILBERT CPAS		• Telephone 916-922-4755
	and address 2880 GATEWAY OAKS DR, STE 100 SACRAMENTO, CA 95833		• PTIN P01281212 • Firm's FEIN 68-0037990 • Telephone 916-646-6464
May the FTB discuss this return with the preparer shown above? See instructions			• ☒ Yes ☐ No

Schedule A Cost of Goods Sold and/or Operations.

Method of inventory valuation (specify)

N/A

1	Inventory at beginning of year	1		00
2	Purchases	2		00
3	Cost of labor	3		00
4 a	Additional IRC Section 263A costs. Attach schedule	4a		00
b	Other costs. Attach schedule	4b		00
5	Total. Add line 1 through line 4b	5		00
6	Inventory at end of year	6		00
7	Cost of goods sold and/or operations. Subtract line 6 from line 5. Enter here and on Side 2, Part I, line 2	7		00

Do the rules of IRC Section 263A (with respect to property produced or acquired for resale) apply to this organization? ☐ Yes ☒ No

Schedule B Tax Credits.

1	Enter credit name	code	1		00
2	Enter credit name	code	2		00
3	Enter credit name	code	3		00
4	Total. Add line 1 through line 3. If claiming more than 3 credits, enter the total of all claimed credits on line 4. Enter here and on Side 1, line 11		4		00

Schedule K Add-On Taxes or Recapture of Tax.

1	Interest computation under the look-back method for completed long-term contracts. Attach form FTB 3834	1		00
2	Interest on tax attributable to installment: a Sales of certain timeshares or residential lots	2a		00
	b Method for non-dealer installment obligations	2b		00
3	IRC Section 197(f)(9)(B)(ii) election to recognize gain on the disposition of intangibles	3		00
4	Credit recapture. Credit name	4		00
5	Total. Combine the amounts on line 1 through line 4	5		00

Schedule R Apportionment Formula Worksheet. Use only for unrelated trade or business amounts.**Part A. Standard Method - Single-Sales Factor Formula.** Complete this part only if the corporation uses the single-sales factor formula.

	(a) Total within and outside California	(b) Total within California	(c) Percent within California [(b) ÷ (a)] x 100
1 Total sales			
2 Apportionment percentage. Divide total sales column (b) by total sales column (a) and multiply the result by 100. Enter the result here and on Form 109, Side 1, line 2.			

Part B. Three Factor Formula. Complete this part only if the corporation uses the three-factor formula.

	(a) Total within and outside California	(b) Total within California	(c) Percent within California [(b) ÷ (a)] x 100
1 Property factor:			
2 Payroll factor: Wages and other compensation of employees			
3 Sales factor: Gross sales and/or receipts less returns and allowances			
4 Total percentage: Add the percentages in column (c)			
5 Average apportionment percentage: Divide the factor on line 4 by 3 and enter the result here and on Form 109, Side 1, line 2. See instructions for exceptions			

Schedule C Rental Income from Real Property and Personal Property Leased with Real Property

For rental income from debt-financed property, use Schedule D, R&TC Section 23701g, Section 23701i, and Section 23701n organizations. See instructions for exceptions.

1 Description of property	2 Rent received or accrued	3 Percentage of rent attributable to personal property
		%
		%
		%
4 Complete if any item in column 3 is more than 50%, or for any item if the rent is determined on the basis of profit or income	5 Complete if any item in column 3 is more than 10%, but not more than 50%	
(a) Deductions directly connected	(b) Income includible, column 2 less column 4(a)	(a) Gross income reportable, column 2 x column 3
		(b) Deductions directly connected with personal property
		(c) Net income includible, column 5(a) less column 5(b)

Add columns 4(b) and column 5(c). Enter here and on Side 2, Part I, line 6

Schedule D Unrelated Debt-Financed Income

1 Description of debt-financed property			2 Gross income from or allocable to debt-financed property	3 Deductions directly connected with or allocable to debt-financed property	
				(a) Straight-line depreciation	(b) Other deductions
4 Amount of average acquisition indebtedness on or allocable to debt-financed property	5 Average adjusted basis of or allocable to debt-financed property	6 Debt basis percentage, column 4 ÷ column 5	7 Gross income reportable, column 2 x column 6	8 Allocable deductions, total of columns 3(a) and 3(b) x column 6	9 Net income (or loss) includible, column 7 less column 8
		%			
		%			
		%			
Total. Enter here and on Side 2, Part I, line 7					

Schedule E Investment Income of an R&TC Section 23701g, Section 23701i, or Section 23701n Organization

1 Description	2 Amount	3 Deductions directly connected	4 Net investment income, column 2 less column 3	5 Set-asides	6 Balance of investment income, column 4 less column 5
Total. Enter here and on Side 2, Part I, line 8					
Enter gross income from members (dues, fees, charges, or similar amounts)					

Schedule F Interest, Annuities, Royalties and Rents from Controlled Organizations

			Exempt Controlled Organizations		
1 Name of controlled organizations	2 Employer identification number	3 Net unrelated income (loss)	4 Total of specified payments made	5 Part of column (4) that is included in the controlling organization's gross income	6 Deductions directly connected with income in column (5)
1					
2					
3					
Nonexempt Controlled Organizations					
7 Taxable income	8 Net unrelated income (loss)	9 Total of specified payments made	10 Part of column (9) that is included in the controlling organization's gross income	11 Deductions directly connected with income in column (10)	
1					
2					
3					
4 Add columns 5 and 10					
5 Add columns 6 and 11					
6 Subtract line 5 from line 4. Enter here and on Side 2, Part I, line 9					

Schedule G Exploited Exempt Activity Income, other than Advertising Income

1 Description of exploited activity (attach schedule if more than one unrelated activity is exploiting the same exempt activity)	2 Gross unrelated business income from trade or business	3 Expenses directly connected with production of unrelated business income	4 Net income from unrelated trade or business, column 2 less column 3	5 Gross income from activity that is not unrelated business income	6 Expenses attributable to column 5	7 Excess exempt expense, column 6 less column 5 but not more than column 4	8 Net income includible, column 4 less column 7 but not less than zero
Total. Enter here and on Side 2, line 10							

Schedule H Advertising Income and Excess Advertising Costs

Part I Income from Periodicals Reported on a Consolidated Basis

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising income or excess advertising costs. If column 2 is greater than column 3, complete columns 5, 6, and 7. If column 3 is greater than column 2, enter the excess in Part III, column B(b). Do not complete columns 5, 6, and 7.	5 Circulation income	6 Readership costs	7 If column 5 is greater than column 6, enter the income shown in column 4, in Part III, column A(b). If column 6 is greater than column 5, subtract the sum of column 6 and column 3 from the sum of column 5 and column 2. Enter amount in Part III, column A(b). If the amount is less than zero, enter -0-.
Totals						

Part II Income from Periodicals Reported on a Separate Basis

Part III **Column A - Net Advertising Income**

Part III	Column B - Excess Advertising Costs
-----------------	--

(a) Enter "consolidated periodical" and/or names of non-consolidated periodicals	(b) Enter total amount from Part I, columns 4 or 7, and amount listed in Part II, columns 4 or 7	(a) Enter "consolidated periodical" and/or names of non-consolidated periodicals	(b) Enter total amount from Part I, column 4, and amounts listed in Part II, column 4
Enter total here and on Side 2, Part I, line 11		Enter total here and on Side 2, Part II, line 27	

Schedule I	Compensation of Officers, Directors, and Trustees
-------------------	--

1 Name of officer	2 SSN or ITIN	3 Title	4 Percent of time devoted to business	5 Compensation attributable to unrelated business	6 Expense account allowances
			%		
			%		
			%		
			%		
			%		
Total. Enter here and on Side 2, Part II, line 14					

Schedule J Depreciation (Corporations and Associations only. Trusts use form FTB 3885F.)

1 Group and guideline class or description of property	2 Date acquired (mm/dd/yyyy)	3 Cost or other basis	4 Depreciation allowed or allowable in prior years	5 Method of computing depreciation	6 Life or rate	7 Depreciation for this year
1 Total additional first-year depreciation (do not include in items below)						
2 Other depreciation:						
Buildings						
Furniture and fixtures						
Transportation equipment						
Machinery and other equipment						
Other (specify)						
.....						
3 Other depreciation						
4 Total						
5 Amount of depreciation claimed elsewhere on return						
6 Balance. Subtract line 5 from line 4. Enter here and on Side 2, Part II, line 21a						

CA 109	NATURE OF TRADE OR BUSINESS	STATEMENT	13
--------	-----------------------------	-----------	----

INVESTMENTS IN LIMITED PARTNERSHIPS

TO FORM 109, PAGE 1

CA 109	INCOME OR (LOSS) FROM PARTNERSHIPS, LIMITED LIABILITY COMPANIES OR S CORPORATIONS	STATEMENT	14
--------	--	-----------	----

DESCRIPTIONAMOUNT

CF SSG REAL ESTATE OPPORTUNITY FUND - ORDINARY BUSINESS INCOME (LOSS)	823.
CF CAPITAL NATURAL RESOURCES PARTNERS IX LP - ORDINARY BUSINESS INCOME (LOSS)	-2.
CF CAPITAL VENTURE PARTNERS X, LP - ORDINARY BUSINESS INCOME (LOSS)	-15.
CF CAPITAL SSG PRIVATE EQUITY FUND LP - ORDINARY BUSINESS INCOME (LOSS)	763.
KEYHAVEN CAPITAL PARTNERS I, L.P. - ORDINARY BUSINESS INCOME (LOSS)	-15.
CF CAPITAL VENTURE PARTNERS XI, LP - ORDINARY BUSINESS INCOME (LOSS)	-17.
CF CAPITAL PRIVATE EQUITY PARTNERS VIII LP - ORDINARY BUSINESS INCOME (LOSS)	11,989.
CF CAPITAL SSG PRIVATE EQUITY FUND II LP - ORDINARY BUSINESS INCOME (LOSS)	-501.
TOTAL TO FORM 109, PAGE 2, LINE 5	13,025.

2021

Net Operating Loss (NOL) Computation and NOL and Disaster Loss Limitations - Corporations

3805Q

Attach to Form 100, Form 100W, Form 100S, or Form 109.

Corporation name

California corporation number

SIERRA HEALTH FOUNDATION

1237337

During the taxable year the corporation incurred the NOL, the corporation was a(n): ☒ C corporation☐ S corporation ☒ Exempt organization ☐ Limited liability company (electing to be taxed as a corporation)

FEIN

68-0050036

If the corporation previously filed California tax returns under another corporate name, enter the corporation name and California corporation number:

☒

If the corporation is included in a combined report of a unitary group, see instructions, General Information C, Combined Reporting.

Part I Current year NOL. If the corporation does not have a current year NOL, go to Part II.

1 Net loss from Form 100, line 18; Form 100W, line 18; Form 100S, line 15; or Form 109, line 2.

Enter as a positive number 1 00

2 2021 disaster loss included in line 1. Enter as a positive number 2 00

3 Subtract line 2 from line 1. If zero or less, enter -0- and see instructions 3 00

4 a Enter the amount of the loss incurred by a new business included in line 3 4a 00

b Enter the amount of the loss incurred by an eligible small business included in line 3 4b 00

c Add line 4a and line 4b 4c 00

5 General NOL. Subtract line 4c from line 3 5 00

6 Current year NOL. Add line 2, line 4c, and line 5. See instructions ☒ 6 00**Part II NOL carryover and disaster loss carryover limitations.** See instructions.1 Net income - Enter the amount from Form 100, line 18; Form 100W, line 18; Form 100S, line 15 less line 16; or Form 109, line 2; (but not less than -0-). If the corporation taxable income is \$1,000,000 or more, see inst ☒

(g) Available balance

12,025

Prior Year NOLs

(a) Year of loss	(b) Code - See instructions	(c) Type of NOL - See below *	(d) Initial loss - See instructions	(e) Carryover from 2020	(f) Amount used in 2021	(g) Available balance	(h) Carryover to 2022 col. (e) minus col. (f)
2 ☒				☒			☒
☒			SEE STATEMENT 15	☒			☒
☒				☒			☒
☒				☒			☒

Current Year NOLs

	(a) Year of loss	(b) Code - See instructions	(c) Type of NOL - See below *	(d) Initial loss - See instructions	(e) Carryover from 2020	(f) Amount used in 2021	(g) Available balance	(h) Carryover to 2022 col. (e) minus col. (f) See instructions.
3	2021		DIS					
4	2021							
	2021							
	2021							
	2021							

* Type of NOL: General (GEN), New Business (NB), Eligible Small Business (ESB), or Disaster (DIS).

Part III 2021 NOL deduction1 Total the amounts in Part II, line 2, column (f) ☒ 1 12,025 00

2 Enter the total amount from line 1 that represents disaster loss carryover deduction here and on Form 100, line 21; Form 100W, line 21; or Form 100S, line 19. Form 109 filers enter -0- 2 0 00

3 Subtract line 2 from line 1. Enter the result here and on Form 100, line 19; Form 100W, line 19; Form 100S, line 17; or Form 109, line 7 ☒ 3 12,025 00

CA 3805Q		PRIOR YEAR NOLS			STATEMENT 15	
(A) YEAR	(B) CODE (D) LOSS	(C) TYPE OF NOL (E) C/O AMOUNT	(F) AMOUNT USED IN CURRENT YEAR	(G) AVAILABLE BALANCE	(H) CARRYOVER TO NEXT YEAR	
2008		GEN				
	1,316,970.	874,927.	12,025.	0.	862,902.	
2011		GEN				
	73,407.	73,407.	0.	0.	73,407.	
2012		GEN				
	25,808.	25,808.	0.	0.	25,808.	
2014		GEN				
	72,305.	72,305.	0.	0.	72,305.	
2019		GEN				
	2,388.	2,388.	0.	0.	2,388.	
2020		GEN				
	1,858.	1,858.	0.	0.	1,858.	
TOTALS		1,050,693.	12,025.		1,038,668.	

MAIL TO:
Registry of Charitable Trusts
P.O. Box 903447
Sacramento, CA 94203-4470

STREET ADDRESS:
1300 I Street
Sacramento, CA 95814
(916) 210-6400

WEBSITE ADDRESS:
www.oag.ca.gov/charities

ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

**Sections 12586 and 12587, California Government Code
11 Cal. Code Regs. sections 301-306, 309, 311, and 312**

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties. Revenue & Taxation Code section 23703; Government Code section 12586.1. IRS extensions will be honored.

(For Registry Use Only)

SIERRA HEALTH FOUNDATION

Name of Organization

List all DBAs and names the organization uses or has used

1321 GARDEN HIGHWAY

Address (Number and Street)

SACRAMENTO, CA 95833

City or Town, State, and ZIP Code

(916) 922-4755

Telephone Number

E-mail Address

Check if:

☐ Change of address

☐ Amended report

State Charity Registration Number **CT56373**

Corporation or Organization No. **1237337**

Federal Employer ID No. **68-0050036**

ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311, and 312)

Make Check Payable to Department of Justice

Total Revenue	Fee	Total Revenue	Fee	Total Revenue	Fee
Less than \$50,000	\$25	Between \$250,001 and \$1 million	\$100	Between \$20,000,001 and \$100 million	\$800
Between \$50,000 and \$100,000	\$50	Between \$1,000,001 and \$5 million	\$200	Between \$100,000,001 and \$500 million	\$1,000
Between \$100,001 and \$250,000	\$75	Between \$5,000,001 and \$20 million	\$400	Greater than \$500 million	\$1,200

PART A - ACTIVITIES

For your most recent full accounting period (beginning 01/01/2021 ending 12/31/2021) list:

Total Revenue (including noncash contributions) \$ 9,085,728 Noncash Contributions \$ 0 Total Assets \$ 61,368,491
Program Expenses \$ 6,243,900 Total Expenses \$ 12,453,662

PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT

Note: All questions must be answered. If you answer "yes" to any of the questions below, you must attach a separate page providing an explanation and details for each "yes" response. Please review RRF-1 instructions for information required.

	Yes	No
1. During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof, either directly or with an entity in which any such officer, director or trustee had any financial interest?		X
2. During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?		X
3. During this reporting period, were any organization funds used to pay any penalty, fine or judgment?		X
4. During this reporting period, were the services of a commercial fundraiser, fundraising counsel for charitable purposes, or commercial coventurer used?		X
5. During this reporting period, did the organization receive any governmental funding? SEE STATEMENT 16	X	
6. During this reporting period, did the organization hold a raffle for charitable purposes?		X
7. Does the organization conduct a vehicle donation program?		X
8. Did the organization conduct an independent audit and prepare audited financial statements in accordance with generally accepted accounting principles for this reporting period?	X	
9. At the end of this reporting period, did the organization hold restricted net assets, while reporting negative unrestricted net assets?		X

I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, the content is true, correct and complete, and I am authorized to sign.

BEATRIX KOEV

CFO

Signature of Authorized Agent

Printed Name

Title

Date

CA RRF-1	INFORMATION REGARDING GOVERNMENTAL FUNDING	STATEMENT	16
	PART B, LINE 5		

PPP LOAN FORGIVENESS
BENEFICIAL STATE BANK
268 N MAIN ST., BUILDING #2
PORTERVILLE, CA 93257



210112 11062

2021 Colorado C Corporation Income Tax Return

Do not submit federal return, forms or schedules when filing this return.

(0023)

Fiscal Year Beginning (MM/DD/21)		Year Ending (MM/DD/YY)	
01/01		12/31/21	
Name of Corporation		• Colorado Account Number	
SIERRA HEALTH FOUNDATION			
Address		• Federal Employee ID Number	
1321 GARDEN HIGHWAY		68-0050036	
City		State	ZIP
SACRAMENTO		CA	95833
• ☐ Mark for Final Return		• ☐ If you are submitting a statement disclosing a listed or reported transaction, mark this box	
• A. Apportionment of Income. This return is being filed for:			
☐ (42) A corporation not apportioning income;		☐ (45) A corporation electing to pay a tax on its gross Colorado sales;	
☒ (43) A corporation engaged in interstate business apportioning income using receipts-factor apportionment (DR 0112RF required);		☐ (46) A corporation claiming an exemption under P.L. 86-272;	
☐ (44) A corporation engaged in interstate business apportioning income using special regulation; (DR 0112RF required);		☐ (47) Other apportionment method, see instructions concerning the requirement for approval by the Department (fill in below); 	
• B. Separate/Consolidated/Combined Filing. This return is being filed for:			
☐ A single corporation filing a separate return;		☐ An affiliated group of corporations required to file a combined return (Schedule C required);	
☐ An affiliated group of corporations electing to file a consolidated report. Warning: such election is binding for four years. If your election was made in a prior year, enter the year of election in line below. (Schedule C required);		☐ An affiliated group of corporations required to file a combined return that includes another affiliated, consolidated group (Schedule C required)	
• Enter the year of election (yyyy)			
Federal Taxable Income		Round to nearest dollar	
1. Federal taxable income from Federal form 1120 or 990-T	• 1	89,440	00
2. Federal taxable income of companies not included in this return	• 2		00
3. Net federal taxable income, subtract line 2 from line 1	3	89,440	00
Additions			
4. Federal net operating loss deduction	• 4		00
5. Colorado income tax deduction	• 5		00



210112 21062

Name	Account Number
SIERRA HEALTH FOUNDATION	
6. Other additions, submit explanation • 6	00
7. Sum of lines 3 through 6 7	89,440 00
Subtractions	
8. Exempt federal interest • 8	00
9. Excludable foreign source income • 9	00
10. Colorado capital gain subtraction • 10	00
11. Colorado Marijuana Business Deduction • 11	00
12. Other subtractions, explanation required below • 12	00
Explain:	
13. Subtractions allowed under HB21-1002 (see instructions) • 13	
14. Sum of lines 8 through 13 14	00
Taxable Income	
15. Modified federal taxable income, subtract line 14 from line 7 15	89,440 00
16. Colorado taxable income before net operating loss deduction • 16	558 00
17. Colorado net operating loss deduction: (see instructions)	
(a) Colorado net operating losses carried forward from tax years beginning before January 1, 2018 • 17(a)	00
(b) Subtract line 17(a) from line 16, if zero skip to 17(d) 17(b)	558 00
(c) Colorado net operating losses carried forward from tax years beginning on or after January 1, 2018 • 17(c)	00
(d) Colorado net operating loss deduction, sum of (a) and (c) 17(d)	00
18. Colorado taxable income, subtract line 17(d) from line 16 18	558 00
19. Tax, 4.5% of the amount on line 18 • 19	25 00
Credits	
20. Sum of nonrefundable credits from line 27, form DR 0112CR (the sum of lines 20, 21, and 22 cannot exceed tax on line 19.) You must submit the DR 0112CR with your return. • 20	00
21. Non-refundable Enterprise Zone credits used - as calculated, or from the DR 1366 line 84 (the sum of lines 20, 21, and 22 cannot exceed tax on line 19). You must submit the DR 1366 with your return. • 21	00
22. Strategic capital tax credit from DR 1330 line 7b, the sum of lines 20, 21, and 22 cannot exceed line 19, you must submit the DR 1330 with your return. • 22	00
23. Net tax, sum of lines 20, 21, and 22. Subtract that sum from line 19. 23	25 00



210112 31062

Name	Account Number
SIERRA HEALTH FOUNDATION	
24. Recapture of prior year credits • 24	00
25. Sum of lines 23 and 24 25	25 00
26. Estimated tax, extension payments, and credits • 26	00
27. W-2G Withholding from lottery winnings, you must submit the W-2G(s) with your return. • 27	00
28. Gross Conservation Easement Credit from the DR 1305G line 33, you must submit the DR 1305G with your return. • 28	00
29. Innovative Motor Vehicle and Innovative Truck Credit from form DR 0617, you must submit the DR 0617(s) with your return. • 29	00
30. Business Personal Property Credit: Use the worksheet in the 112 book instructions to calculate, you must submit copy of assessor's statement with your return. • 30	00
31. Renewable Energy Tax Credit from form DR 1366 line 85, you must submit the DR 1366 with your return. • 31	00
32. Sum of lines 26 through 31 32	00
33. Net tax due. Subtract line 32 from line 25 33	25 00
34. Penalty • 34	00
35. Interest • 35	00
36. Estimated tax penalty due • 36	00
37. Total due. Enter the sum of lines 33 through 36 • 37	25
38. Overpayment, subtract line 25 from line 32 38	00
39. Amount from line 38 to carry forward to the next year's estimated tax • 39	00
40. Amount from line 38 to be refunded • 40	00

**Direct
Deposit**Routing Number Type: ☐ Checking ☐ SavingsAccount Number

The State may convert your check to a one-time electronic banking transaction. Your bank account may be debited as early as the same day received by the State. If converted, your check will not be returned. If your check is rejected due to insufficient or uncollected funds, the Department of Revenue may collect the payment directly from your bank account electronically.

File and pay at: [Colorado.gov/RevenueOnline](https://colorado.gov/RevenueOnline) or**Mail and Make Checks Payable to:** Colorado Department of Revenue
Denver, CO 80261-0006



210112 41062

Name		Account Number	
SIERRA HEALTH FOUNDATION			
C. The corporation's books are in care of:			
Last Name	First Name	Middle Initial	Phone Number
KOEV	BEATRIX		916-922-4755
Address	City	State	Zip
1321 GARDEN HGHWAY	SACRAMENTO	CA	95833
D. Business code number per federal return (NAICS)		E. Year corporation began doing business in Colorado	
• 523000		• 1/1/2021	
F. Do you want to allow the paid preparer shown below to discuss this return and any related information with the Colorado Department of Revenue? See the instructions.			• ☒ Yes ☐ No
G. Kind of business in detail INVESTMENT IN PARTNERSHIPS			
H. Has the Internal Revenue Service made any adjustments in the corporation's income or tax or have you filed amended federal income tax returns at any time during the last four years?			• ☐ Yes ☒ No
If yes, for which year(s)? (YYYY)			
Did you file amended Colorado returns to reflect such changes or submit copies of the Federal Agent's reports?			• ☐ Yes ☒ No
Last Name of person or firm preparing return	First Name	Middle Initial	
GILBERT CPA'S			
Address of person or firm preparing return	Phone Number		
2880 GATEWAY OAKS DR. SUITE 100	916-646-6464		
City	State	Zip	
SACRAMENTO	CA	95833	
Under penalties of perjury in the second degree, I declare that I have examined this return and to the best of my knowledge is true, correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			
Signature or Title of Officer		Date (MM/DD/YY)	
Do Not Submit Federal Return, Forms or Schedules when Filing this Return			

If you are filing this return **with** a check or payment,
please mail the return to:COLORADO DEPARTMENT OF REVENUE
Denver, CO 80261-0006If you are filing this return **without** a check or payment,
please mail the return to:COLORADO DEPARTMENT OF REVENUE
Denver, CO 80261-0005

These addresses and zip codes are exclusive to the Colorado Department of Revenue, so a street address is not required.



210112RF11062

2021 Schedule RF — Apportionment Schedule

Complete this form in accordance with section **39-22-303.6 C.R.S.**, and the regulations thereunder.

Name	Account Number
SIERRA HEALTH FOUNDATION	
1. Total modified federal taxable income from the DR 0112 line 15	1 89,440
Apportionable Income Apportioned to Colorado By Use of the Receipts Factor	
Do not include foreign source income modified out on the DR 0112 line 9.	
	• Colorado • Everywhere
2. Gross receipts from the sale of tangible personal property • 2	
3. Gross receipts from the sale of services • 3	
4. Gross receipts from the sale, rental, lease, or license of real property • 4	
5. Gross receipts from the rental, lease, or license of tangible personal property • 5	
6. Gross receipts from the sale, rental, lease, or license of intangible property • 6	
7. Distributive share of partnership factors • 7	558 89,440
8. Total receipts (total of lines 2 through 7 in each column) 8	558 89,440
9. Line 8 (Colorado) divided by line 8 (Everywhere) 9	0.623882
Complete Lines 10 and 13 only if nonapportionable income is being directly allocated. If all income is being treated as apportionable income, enter 0 (Zero) on Lines 10 and 13.	
10. Less income directly allocable to any state, including Colorado	
Nonapportionable Income Only	(a) Net rents and royalties from real or tangible property •
	(b) Capital gains and losses •
	(c) Interest and dividends •
	(d) Patents and copyright royalties •
	(e) Other nonapportionable income •
	(f) Total income directly allocable [add lines (a) through (e)] 10
11. Modified federal taxable income subject to apportionment, line 1 less line 10 11	89,440
12. Income apportioned to Colorado, line 9 multiplied by line 11 12	558

Do not submit federal return, forms or schedules when filing this return.



210112RF21062

Name		Account Number
SIERRA HEALTH FOUNDATION		
13. Add income directly allocable to Colorado:		
Nonapportionable Income Only	(a) Net rents and royalties from real or tangible property •	
	(b) Capital gains and losses •	
	(c) Interest and dividends •	
	(d) Patents and copyright royalties •	
	(e) Other nonapportionable income •	
	(f) Total income directly allocable to Colorado [add lines (a) through (e)] 13	
14. Total income apportioned and allocated to Colorado, sum of lines 12 and 13(f). Enter here and on the DR 0112 line 16 14		558
15. ☐ Pursuant to § 39-22-303.6(8) C.R.S. , taxpayer elects to treat all income as apportionable income for the tax year covered by this return		



210900C 11062

DR 0900C (06/04/21)
COLORADO DEPARTMENT OF REVENUE
 Denver CO 80261-0008
Tax.Colorado.gov
 Page 1 of 1

(0021)

2021 C Corporation Income Tax Payment Form

Caution!

This form **MUST** accompany your payment if you filed electronically and wish to pay by check.
 If you paid electronically or do not owe a payment do not return this form.

The Department strongly recommends that you file using Revenue Online (*Colorado.gov/RevenueOnline*) or by another electronic filing method and remit your payment electronically or by EFT. Information on EFT can be found at *Tax.Colorado.gov/electronic-funds-transfer*

To pay by mail, make check or money order payable to the "Colorado Department of Revenue." Be sure to round your payment to the nearest dollar. Clearly write your Colorado Account Number or Federal Employer Identification Number (FEIN) and "2021 DR 0112" on the memo line.

Complete the form below. The amount on the check and the amount entered on the payment document must be the same. This will help maintain accuracy in your tax account. Be sure to keep a copy of the money order or note the check number with your tax records.

DO NOT submit the DR 0112 if you have already filed and paid electronically.

DO NOT CUT - Return Full Page

DR 0900C (06/04/21)			
For tax period: (MM/DD/21)		Ending: (MM/DD/YY)	
01/01/21		12/31/21	
Return the DR 0900C with check or money order payable to the "Colorado Department of Revenue". Mail payments to Colorado Department of Revenue, Denver, Colorado 80261-0008. These addresses and ZIP codes are exclusive to the Colorado Department of Revenue, so a street address is not required. Write your Colorado Account Number or FEIN and "2021 DR 0112" on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this form.			
FEIN			
68-0050036			
Colorado Account Number			
Corporation Name			
SIERRA HEALTH FOUNDATION			
Address			
1321 GARDEN HIGHWAY			
City	State	ZIP	
SACRAMENTO	CA	95833	
The State may convert your check to a one-time electronic banking transaction. Your bank account may be debited as early as the same day received by the State. If converted, your check will not be returned. If your check is rejected due to insufficient or uncollected funds, the Department of Revenue may collect the payment amount directly from your bank account electronically.			Amount Owed
			\$ 25.00

1D0750 1.000

DO NOT CUT - Return Full Page

IF NO PAYMENT IS DUE, DO NOT FILE THIS FORM.

10620021 12312021 00 000000000000 02 00680050036 28

990T1221V011019

**Form CT-990T**
Connecticut Unrelated Business
Income Tax Return

(Rev. 12/21)

2021

Enter Income Year, Beginning: ▶ 01012021 and Ending: ▶ 12312021

SIERRA HEALTH FOUNDATION

CT Tax Reg. # ▶

1321 GARDEN HIGHWAY

FEIN ▶ 680050036

SACRAMENTO

CA 95833 -

Check All Applicable Boxes:

- ▶ ☐ Organization is annualizing its income
Change of:
- ▶ ☐ Mailing address ▶ ☐ Closing month (Attach explanation)
- Return status:
- ▶ ☐ Amended return ▶ ☒ Initial return ▶ ☐ Final return
- If final return:
- ▶ ☐ Dissolved ▶ ☐ Withdrawn ▶ ☐ Merged/reorganized: Enter survivor's CT Tax Reg. #

Type of organization:

- ▶ ☒ Corporation ▶ ☐ 401(a) or 408(a) trust
- ▶ ☐ Other trust ▶ ☐ Other: Explain

1. Date unrelated trade or business began in Connecticut: 01012021
2. Nature of unrelated trade or business income activity: INVESTMENTS IN LIMITED PARTNER
3. Corporation only: Enter state of corporation: CA
- Date of organization: 01011984
- Date qualified in Connecticut if not incorporated in Connecticut: 01012021

Declaration: I declare under penalty of law that I have examined this return (including any accompanying schedules and statements) and, to the best of my knowledge and belief, it is true, complete, and correct. I understand the penalty for willfully delivering a false return or document to the Department of Revenue Services (DRS) is a fine of not more than \$5,000, or imprisonment for not more than five years, or both. The declaration of a paid preparer other than the taxpayer is based on all information of which the preparer has any knowledge.

Signature of officer or fiduciary

Title
CFO

Date

Print name of officer or fiduciary

BEATRIX KOEV

Telephone number

9169224755

Email address of officer

▶ BKOEVS@SIERRAHEALTH.ORG

Paid preparer's signature

Date
11142022Preparer's PTIN
P01281212

Firm's name, address, and ZIP code

GILBERT CPAS
2880 GATEWAY OAKS DR STE 100
SACRAMENTO CA 95833

☒ May DRS contact the preparer shown
below about this return?

Firm's FEIN

680037990

Telephone number

9166466464

Sign Here
Keep a copy for your records.

990T1221V021019



680050036

- Attach a Complete Copy of Federal Form 990-T Including all Schedules as Filed With the Internal Revenue Service -

Computation of Income

1. Federal unrelated business taxable income from 2021 federal Form 990-T	1. ►	0
2. Federal net operating loss deduction claimed on 2021 federal Form 990-T	2. ►	89440
3. Federal deduction for Connecticut tax on unrelated business taxable income	3. ►	0
4. Total: Add Lines 1, 2, and 3.	4. ►	89440
5. Refund or credit for overpayment of Connecticut tax included in federal unrelated business taxable income	5. ►	0
6. Unrelated business taxable income: Subtract Line 5 from Line 4.	6. ►	89440

Computation of Tax

1. Unrelated business taxable income from Line 6 above. If 100% Connecticut, enter also on Line 3.	1. ►	89440
2. Apportionment fraction from <i>Schedule A</i> , Line 5 on Page 3. Carry to six places.	2. ►	0.002549
3. Connecticut unrelated business taxable income: Line 1 or Line 1 multiplied by Line 2.	3. ►	228
4. Operating loss carryover from <i>Schedule B</i> , Line 21 on Page 4. Do not exceed 50% of Line 3.	4. ►	0
5. Income subject to tax: Subtract Line 4 from Line 3.	5. ►	228
6. Tax: Multiply Line 5 by 7.5% (.075).	6. ►	17

Computation of Amount Payable

1. Tax: Include surtax if applicable.	1. ►	17
2. <i>Reserved for future use</i>	2.	
3. Total Tax: Enter the amount from Line 1.	3. ►	17
4. Tax credits from Form CT-1120K, Part III, Line 9. Do not exceed amount on Line 1.	4. ►	0
5. Balance of tax payable: Subtract Line 4 from Line 3. If zero or less, enter "0."	5. ►	17
6a. Paid with application for extension from Form CT-990T EXT	6a. ►	0
6b. Paid with estimates from Forms CT-990T ESA, ESB, ESC, & ESD	6b. ►	0
6c. Overpayment from prior year	6c. ►	0
6. Tax Payments: Enter the total of Lines 6a, 6b, and 6c.	6. ►	0
7. Balance of tax due (overpaid): Subtract Line 6 from Line 5.	7. ►	17
8a. Penalty	8a. ►	0
8b. Interest	8b. ►	0
8c. Form CT-1120I Interest	8c. ►	0
8. Total penalty and interest: Enter the total of Lines 8a, 8b, and Line 8c.	8.	0
9a. Amount to be credited to 2022 estimated tax	9a. ►	0
9b. Amount to be refunded	9b. ►	0
9. Total credited and refunded	9.	0
9c. Acct. type: Ck ► Sv ► 9d. Rout. # ► 9e. Acct. # ►		
9f. Will this refund go to a bank account outside the U.S.? ► 9g. Bank name ►		
10. Balance due with this return: Add Line 7 and Line 8.	10. ►	17 .00

990T1221V031019



680050036

Schedule A - Unrelated Business Income Apportionment

Complete this schedule if the taxpayer's unrelated trade or business is conducted at a regular place of business outside Connecticut.

		Column A	Column B	Column C
		Connecticut	Everywhere	Divide Column A by Column B. Carry to six places
Property (Average value)	1a. Inventories	0	0	
	1b. Tangible property	0	0	
	1c. Real property	0	0	
	1d. Capitalized rent	0	0	
	1. Total	0	0	0.000000
Receipts	2a. Sales of tangibles	0	0	
	2b. Services	0	0	
	2c. Rentals	0	0	
	2d. Other	228	89440	
	2. Total	228	89440	0.002549
Wages, salaries, and other compensation	3. Total	0	0	0.000000
	4. Total: Add Lines 1, 2, and 3 in Column C.			0.002549
	5. Apportionment fraction: Divide Line 4 by number of factors used. Enter here; on <i>Schedule C</i> , Line 4; and on Page 2, <i>Computation of Tax</i> , Line 2.			0.002549

990T1221V041019



680050036

Schedule B - Connecticut Apportioned Operating Loss Carryover Applied to 2021

1. 2001 Connecticut net operating loss available for use in 2021	1.	0
2. 2002 Connecticut net operating loss available for use in 2021	2.	0
3. 2003 Connecticut net operating loss available for use in 2021	3.	0
4. 2004 Connecticut net operating loss available for use in 2021	4.	0
5. 2005 Connecticut net operating loss available for use in 2021	5.	0
6. 2006 Connecticut net operating loss available for use in 2021	6.	0
7. 2007 Connecticut net operating loss available for use in 2021	7.	0
8. 2008 Connecticut net operating loss available for use in 2021	8.	0
9. 2009 Connecticut net operating loss available for use in 2021	9.	0
10. 2010 Connecticut net operating loss available for use in 2021	10.	0
11. 2011 Connecticut net operating loss available for use in 2021	11.	0
12. 2012 Connecticut net operating loss available for use in 2021	12.	0
13. 2013 Connecticut net operating loss available for use in 2021	13.	0
14. 2014 Connecticut net operating loss available for use in 2021	14.	0
15. 2015 Connecticut net operating loss available for use in 2021	15.	0
16. 2016 Connecticut net operating loss available for use in 2021	16.	0
17. 2017 Connecticut net operating loss available for use in 2021	17.	0
18. 2018 Connecticut net operating loss available for use in 2021	18.	0
19. 2019 Connecticut net operating loss available for use in 2021	19.	0
20. 2020 Connecticut net operating loss available for use in 2021	20.	0
21. Total: Add Lines 1 through 20. Enter here and on <i>Computation of Tax</i> , Line 4. Do not exceed 50% of <i>Computation of Tax</i> , Line 3.	21.	0

Schedule C - Computation of Net Operating Loss Carryforward

1. Enter amount from <i>Computation of Income</i> , Line 6, if less than zero.	1.	0
2. Add back specific deduction claimed on 2021 federal Form 990-T	2.	0
3. Subtotal: Add Line 1 and Line 2.	3.	0
4. Apportionment fraction from <i>Schedule A</i> , Line 5	4.	0.002549
5. 2021 Connecticut net operating loss available for carryforward: Line 3 or Line 3 multiplied by Line 4	5.	0

990T1221V041019

Form CT-990T

Do not send this sheet with your return.

Checklist for filing your Connecticut Pass-Through Entity Tax Return:

1. Be sure that the return is not printed on the back of this sheet.
2. Verify that the address lines are correct and proper abbreviations are used.
3. Do not attempt to remove or modify the solid boxes that print out. Altering target marks may affect the processing of your return.
4. Do not send "Draft" or "Unapproved" versions of your return. This will delay or stop the processing of your return.
5. **Do not make manual (hand written or typed) corrections; this is a machine readable return. Changes may only be made by reentering information in your software and re-printing the return.**
6. Make check payable to: **Commissioner of Revenue Services**
7. To ensure proper posting, write your TID (optional) and **"2021 Form CT-990T"** on your check.
8. File amended returns and returns where an electronic filing waiver has been granted to the corresponding address listed below.

Mail paper return to:
Department of Revenue Services
State of Connecticut
PO Box 5014
Hartford CT
06102-5014
9. Verify that all fields print completely and legible before filing this return. If you find any errors, do not make manual changes. Re-enter information in your software and re-print the return.

Do not send this sheet with your return.

Do Not File - Do Not File

Instructions for the Payment Voucher (PV CORP)

1. Only complete this voucher if you owe taxes.
2. If you are filing a paper return mail your return, PV Corp and your payment to the address that appears on the return.
3. **Do not** mail your paper return with your voucher and payment if you are filing electronically. Mail only your voucher and payment to the address below.
4. Write your Federal Employer Identification Number on your check or money order.
5. **Do not** use staples to attach your check. Remove your check stub and keep with your records.
6. If the due date falls on a weekend or holiday, the tax shall be due on the next day that is not a weekend or holiday.

For faster and more accurate posting to your account, use a payment voucher with a valid scanline from the Georgia Department of Revenue's website dor.georgia.gov or one produced by an approved software company listed at dor.georgia.gov/approved-software-vendors.

PLEASE DO NOT mail this entire page. Please cut along dotted line and mail only coupon and payment.
PLEASE DO NOT STAPLE. PLEASE REMOVE ALL CHECK STUBS.

145711 08-10-21

----- Cut along dotted line -----

PV CORP (Rev. 05/26/21)
Corporate and Partnership
Payment Voucher
2021



MAIL TO:
Processing Center
Georgia Department of Revenue
PO Box 740317
Atlanta, GA 30374-0317

☒ Paper Return ☐ Electronically Filed

TYPE OF RETURN: ☒ 03-Corporate ☐ 35-Partnership

FEI Number 68-0050036	Income Tax Year 2021	Beginning Date 01-01-2021	Ending Date 12-31-2021	Vendor Code 150
Name (Type or print plainly the exact Company Name) SIERRA HEALTH FOUNDATION			E-mail Address	
Business Address 1321 GARDEN HIGHWAY		City SACRAMENTO	State CA	ZIP Code 95833
Title CFO	Telephone (916) 922-4755	Signature		Date

PLEASE DO NOT STAPLE. REMOVE ALL CHECK STUBS.

Amount Paid \$ 6.00

03068005003600912312112003000000000015000000006000



Mailing Address:
Georgia Department of Revenue
Processing Center
PO Box 740397
Atlanta, Georgia 30374-0397

Page 1

☐ Amended ☐ Amended due to IRS Audit ☐ Address Change ☐ UET Annualization Exception attached

For the taxable year beginning 01/01/2021 and ending 12/31/2021			
Name of Organization		Name of Fiduciary	
SIERRA HEALTH FOUNDATION			
Number and Street		Number and Street	
1321 GARDEN HIGHWAY			
City or Town		City or Town	
SACRAMENTO			
State	ZIP Code	State	ZIP Code
CA	95833		
		68-0050036	
		NAICS Code	Date of current exemption letter.
		IRS code section for which you are exempt.	
		523000	
Georgia Unrelated Business Taxable Income		SCHEDULE 1	
1. Unrelated business taxable income from Federal Form 990-T (attach copy)		1.	0
2. Additions SEE STATEMENT 1		2.	3025
3. Total (add Line 1 and Line 2)		3.	3025
4. Subtractions		4.	
5. Adjusted unrelated business taxable income (Line 3 less Line 4)		5.	3025
6. Income allocated everywhere		6.	89,440.
7. Unrelated business taxable income subject to apportionment (Line 5 less Line 6)		7.	-86,415.
8. Apportionment ratio (Attach Computation Schedule) ... STATEMENT 2		8.	.033822
9. Georgia apportioned unrelated business taxable income (Line 7 x Line 8)		9.	-2,923.
10. Income allocated to Georgia (Attach Schedule)		10.	3,025.
11. Total of Lines 9 and 10		11.	102.
12. Georgia net operating loss deduction (Attach Schedule) (See IT-611 instructions for 80% limitation)		12.	
13. Georgia unrelated business taxable income (Line 11 less Line 12)		13.	102.



2201615025

Name SIERRA HEALTH FOUNDATIONFEIN 68-0050036

COMPUTATION OF GEORGIA UNRELATED BUSINESS INCOME TAX		SCHEDULE 2
1. Line 13, Schedule 1 multiplied by 5.75%	1.	6
2. Less: Credits used from Schedule 3, do not enter more than Line 1 of Schedule 2	2.	
3. Less: Payments	3.	
4. Withholding Credits (G2-A, G2-LP and/or G2-RP)	4.	
5. Schedule 3B Refundable tax credits	5.	
6. Balance of tax due OR overpayment	6.	6
7. Interest due (See Instructions)	7.	
8. Underestimated tax penalty	8.	
9. Other penalties due (See Instructions)	9.	
10. Balance of tax, interest and penalties due with return	10.	6
11. If Line 6 is an overpayment, amount after any penalties and interest to be credited on _____		
Estimated Tax ►	Refunded ►	

A COPY OF THE FEDERAL 990-T AND SUPPORTING SCHEDULES (AND ANY EXTENSION) MUST BE ATTACHED TO THIS RETURN.

DECLARATION: I/We declare under penalty of perjury that I/we have examined this return (including accompanying schedules and statements) and to the best of my/our knowledge and belief, it is true, correct, and complete. If prepared by a person other than the taxpayer, this declaration is based on all information of which the preparer has knowledge. Georgia Public Revenue Code Section 48-2-31 stipulates that taxes shall be paid in lawful money of the United States, free of any expense to the State of Georgia.

BEATRIX KOEV

Signature of Officer

Signature of Individual or Firm Preparing Return

CFO

Title

11/14/22

Date

P01281212

Employee ID or Social Security Number

GA 600-T	ADDITIONS TO TAXABLE INCOME	STATEMENT	1
----------	-----------------------------	-----------	---

DESCRIPTION	AMOUNT
GA APPORTIONABLE PASSTHROUGH INCOME	3,025.
TOTAL TO FORM 600-T, SCHEDULE 1, LINE 2	3,025.

GA 600-T

APPORTIONMENT COMPUTATION

STATEMENT 2

DESCRIPTION

1) GEORGIA UBTI BEFORE APPORTIONMENT FROM FORM 600-T, SCH 1, LINE 3 LESS LINE 4		3,025.
2) GROSS RECEIPTS WITHIN GEORGIA	3,025.	
3) DIVIDE: GROSS RECEIPTS EVERYWHERE	89,440.	
4) MULTIPLY: GEORGIA APPORTIONMENT RATIO		.033822
5) GEORGIA UBTI TO FORM 600-T, SCHEDULE 1, LINE 11		102.



2201615035

Name SIERRA HEALTH FOUNDATION

FEIN 68-0050036

CREDIT USAGE AND CARRYOVER

(ROUND TO NEAREST DOLLAR)

SCHEDULE 3

1. **Complete a separate schedule for each Credit Code.**
2. Total the amounts on Line 11 of each schedule and enter the total on the credit line of the return.
3. If there is a credit eligible for carryover, please complete a schedule even if the credit is not used for this tax year.
4. Enter credits which are attributable to unrelated trade or business income from Georgia sources. See Form 600 for the credit codes that may apply. Exempt organizations are only eligible for tax credits to the extent they apply to unrelated trade or business income from Georgia sources (note not all credits apply to 600T).
5. See the relevant forms, statutes, and regulations to determine how the credit is allocated to the owners, to determine when carryovers expire, and to see if the credit is limited to a certain percentage of tax.
6. If the credit for a particular credit code originated with more than one person or company, enter separate information on Lines 3 through 9 below.
7. The credit certificate number is issued by the Department of Revenue for credits that are preapproved. If applicable, please enter the Department of Revenue credit certificate number where indicated.
8. Before the Line 12 carryover is applied to the next year, the amount must be reduced by any carryovers that have expired.

For the credit generated this tax year, list the Company Name, ID number, and Credit Certificate number, if applicable. Purchased credits should also be included. If the credit originated with this taxpayer, enter this taxpayer's name and ID# below.

1. Credit Code		
2. Credit remaining from previous years		
3. Company Name		ID Number
Credit Certificate #		Credit Generated this tax year
4. Company Name		ID Number
Credit Certificate #		Credit Generated this tax year
5. Company Name		ID Number
Credit Certificate #		Credit Generated this tax year
6. Company Name		ID Number
Credit Certificate #		Credit Generated this tax year
7. Company Name		ID Number
Credit Certificate #		Credit Generated this tax year
8. Company Name		ID Number
Credit Certificate #		Credit Generated this tax year
9. Company Name		ID Number
Credit Certificate #		Credit Generated this tax year
10. Total available credit for this tax year (sum of Lines 2 through 9)		10.
11. Credit Used this tax year (enter here and on Line 2, Schedule 2)		11.
12. Potential carryover to next tax year (Line 10 less Line 11)		12.

☐ Amended Return? Check the box. See page 1 of instructions for reasons to amend and enter the number that applies.		For calendar year 2021 or fiscal year beginning		Mo 01	Day 01	Year 21	ending		Mo 12	Day 31	Year 21	State use only 1221	
Business name SIERRA HEALTH FOUNDATION						State use only SIER		Federal Employer Identification Number (EIN) 68-0050036					
Current business mailing address 1321 GARDEN HIGHWAY						City SACRAMENTO		State CA	ZIP Code 95833		NAICS Code 523000		

- | | | | | | | | |
|---|--|------------------------------------|---|--|--|--|--------------|
| 1. If a federal audit was finalized this year, enter the latest year audited. | | | | Yes | | X | No |
| 2. Is this an inactive corporation or nameholder corporation? | | | | Yes | | X | No |
| 3. a. Were federal estimated tax payments required? | | | X | Yes | | | No |
| b. Were estimated tax payments based on annualized amounts? | | | X | Yes | | | No |
| 4. Is this a final return? | | | | Yes | | X | No |
| If yes, check the proper box below and enter the date the event occurred _____ | | | | | | | |
| ☐ Withdrawn from Idaho | | ☐ Dissolved | | ☐ Merged or reorganized | | Enter new EIN _____ | |
| 5. Is this an electrical or telephone utility? | | | | Yes | | X | No |
| 6. EIN of parent from consolidated Form 1120, Schedule K as filed with the IRS | | | _____ | | | | |
| 7. Did you use the combined reporting method? | | | | Yes | | X | No |
| a. Does this corporation own more than 50% of another corporation? | | | | Yes | | X | No |
| b. Does another corporation own more than 50% of this corporation? | | | | Yes | | X | No |
| c. Does one interest own more than 50% of this corporation and another corporation? | | | | Yes | | X | No |
| d. Are two or more corporations in this report operating in Idaho or authorized to do business in Idaho? | | | | Yes | | X | No |
| 8. If you're a multinational unitary group, answer questions a, b and c. Complete Form 42. | | | | | | | |
| a. Check the box for your filing method: | | | ☐ Worldwide return | | | ☐ Water's-edge return | See Form 14. |
| b. If you're filing a water's-edge return, do you elect not to file the water's-edge spreadsheets? | | | | Yes | | | No |
| c. If you're filing a worldwide return, did you compute foreign income by making book-to-tax adjustments? | | | | Yes | | | No |
| 9. Did you claim the property tax exemption for investment tax credit property acquired this tax year? | | | | Yes | | X | No |
| 10. Are one or more corporations in this report using cost of performance to compute the sales factor? | | | | Yes | | X | No |

Additions

- | | | |
|--|----|--------|
| 11. Federal taxable income. See instructions | 11 | |
| 12. Interest and dividends not taxable under Internal Revenue Code | 12 | |
| 13. State, municipal and local taxes measured by net income | 13 | |
| 14. Net operating loss deducted on federal return | 14 | |
| 15. Dividends-received deduction on federal return | 15 | |
| 16. Bonus depreciation. Include a schedule. | | |
| Check the box if you have a current year federal passive loss limitation. ☐ | 16 | |
| 17. Other additions, including additions from Form 42, Part II | 17 | 89,440 |
| 18. Add lines 11 through 17: | 18 | 89,440 |

Subtractions

- | | | |
|---|----|--------|
| 19. Foreign dividend gross-up (Sec. 78, Internal Revenue Code) | 19 | |
| 20. Interest from Idaho municipal securities | 20 | |
| 21. Interest on U.S. government obligations. Include a schedule | 21 | |
| 22. Interest and other expenses related to lines 20 and 21 | 22 | |
| 23. Add lines 20 and 21, then subtract line 22 | 23 | |
| 24. Technological equipment donation | 24 | |
| 25. Allocated income. Include a schedule | 25 | |
| 26. Interest and other expenses related to line 25. Include a schedule | 26 | |
| 27. Subtract line 26 from line 25 | 27 | |
| 28. Bonus depreciation. Include a schedule | 28 | |
| 29. Other subtractions, including subtractions from Form 42, Part II | 29 | |
| 30. Total subtractions. Add lines 19, 23, 24, 27, 28, and 29 | 30 | |
| 31. Net business income subject to apportionment. Subtract line 30 from line 18 | 31 | 89,440 |

Continue to page 2.

MAIL TO: Idaho State Tax Commission, PO Box 56, Boise ID 83756-0056
Include a complete copy of your federal Form 1120.



32. Net business income subject to apportionment. Enter the amount from line 31	32	89,440
33. Corporations with all activity in Idaho enter 100%. Multistate/multinational corporations complete and include Form 42; enter the apportionment factor from Form 42, Part I, line 21	33	-0.3108
34. Net business income apportioned to Idaho. Multiply line 32 by the percent on line 33	34	-278
35. Income allocated to Idaho. See instructions	35	
36. Idaho net operating loss carryover ☐ _____ carryback ☐ _____. Enter total	36	
37. Idaho taxable income. Add lines 34 and 35, then subtract line 36	37	-278
38. Idaho income tax. Multiply line 37 by 6.5%. Minimum \$20 for each corporation. (See instructions.)	38	20

Credits

39. Credit for contributions to Idaho educational entities	39	
40. Credit for contributions to Idaho youth and rehabilitation facilities	40	
41. Total business income tax credits from Form 44, Part I, line 10. Include Form 44.	41	
42. Total credits. Add lines 39 through 41	42	
43. Subtract line 42 from line 38. If line 42 is greater than line 38, enter zero.	43	20

Other Taxes

44. Permanent building fund tax. Enter \$10. Combined reports include \$10 for each corporation operating or authorized to do business in Idaho	44	
45. Total tax from recapture of income tax credits from Form 44, Part II, line 6. Include Form 44	45	
46. Fuels tax due. Include Form 75.	46	
47. Sales/use tax due on untaxed purchases (online, mail order and other).	47	
48. Tax from recapture of qualified investment exemption (QIE). Include Form 49ER	48	
49. Total tax. Add lines 43 through 48	49	20
50. Underpayment interest. Include Form 41ESR	50	
51. Donation to Opportunity Scholarship Program.	51	
52. Add lines 49 through 51	52	20

Payments and Other Credits

53. Estimated tax payments. If made under other EINs, provide EINs, amounts and rollforwards	53	
54. Tax paid by affected business entity	54	
55. Special fuels tax refund _____ Gasoline tax refund _____ Include Form 75	55	
56. Tax Reimbursement Incentive credit. Include certificate.	56	
57. Total payments and other credits. Add lines 53 through 56	57	

Refund or Payment Due

58. Tax due. If line 52 is more than line 57, subtract line 57 from line 52	58	20
59. Penalty ☐ _____ Interest from the due date ☐ _____. Enter total	59	
60. Total Due. Add lines 58 and 59	60	20
61. Overpayment. If line 52 is less than line 57, subtract line 52 from line 57	61	
62. Refund. Amount of line 61 you want refunded to you.	62	
63. Estimated Tax. Amount you want credited to your 2022 estimated tax. Subtract line 62 from line 61	63	

Amended Return Only. Complete this section to determine your tax due or refund.

64. Total due (line 60) or overpayment (line 61) on this return	64	
65. Refund from original return plus additional refunds	65	
66. Tax paid with original return plus additional tax paid	66	
67. Amended tax due or refund. Add lines 64 and 65, then subtract line 66.	67	

Within 180 days of receiving this return, the Idaho State Tax Commission may discuss this return with the paid preparer identified below.

☐ Under penalties of perjury, I declare that to the best of my knowledge and belief this return is true, correct and complete. See instructions.

Sign Here	Signature of officer	Date
	☐	11/15/2022
	Title	Phone number
Paid preparer's signature		Preparer's EIN, SSN or PTIN
☐		P01281212
Address 2880 GATEWAY OAKS DRIVE, SUITE 100 SACRAMENTO, CA 95833		Phone number 916-646-6464



0 2 1 2 0 2 9 5

Name as shown on return

Federal Employer Identification Number (EIN)

SIERRA HEALTH FOUNDATION

68-0050036

Part I. Apportionment Formula

Property (Owned Property at Original Cost)	Total	Idaho	Percentage
Beginning of Year			
1. Inventories	1 ■	■	
2. Real and tangible personal property	2 ■	■	
Ending of Year			
3. Inventories	3 ■	■	
4. Real and tangible personal property	4 ■	■	
5. Total of lines 1 through 4	5		
6. Average. Line 5 divided by 2	6		
7. Rented property (capitalized at 8 times rents paid)	7 ■	■	
8. Total property. Add lines 6 and 7	8 ■	■	
9. Idaho property percentage. Compute percentage to four decimal places		9	%
Sales (Gross Receipts)			
10. Gross sales, less returns and allowances	10 ■		
11. Sales delivered or shipped to Idaho purchasers	11	■	
12. Idaho "throwback" sales	12	■	
13. Sales of services	13 ■	■	
14. Other business gross receipts	14 ■ 89,440.00	■ -278.00	
15. Total gross receipts. Add lines 10 through 14	15 ■ 89,440.00	■ -278.00	
16. Idaho sales percentage. Compute percentage to four decimal places		16	-0.3108 %
17. Idaho sales percentage doubled. Multiply line 16 by 2. Utility companies see instructions		17	%
Payroll			
18. Total wages and salaries	18 ■	■	
19. Idaho payroll percentage. Compute percentage to four decimal places		19	%
20. Total Percentage. Add lines 9, 17, and 19. Utility companies add lines 9, 16, and 19		20	-0.3108 %
21. Idaho Apportionment Factor. See instructions		21	-0.3108 %

Part II. Combined Reporting Adjustments

	Water's Edge	Worldwide
Additions		
1. Income of unitary foreign subsidiaries. See instructions	1 ■	■
2. Federal taxable income of unitary subsidiaries not included on the federal return	2 ■	■
3. Income of foreign corporations subject to federal taxation	3 ■	
4. Intercompany transactions eliminated on the federal return	4 ■	■
5. Other additions. Include explanation	5 ■	■
6. Total additions. Add lines 1 through 5. Enter on Form 41, line 17.	6	
Subtractions		
7. Federal taxable income of nonunitary subsidiaries included on the federal return	7 ■	■
8. Exclusion for foreign dividends		
a. Foreign dividends	8a ■	
b. Enter 80% if no spreadsheets filed or 85% if spreadsheets filed	8b %	
c. Dividend exclusion. Multiply line 8a by line 8b	8c ■	
9. Intercompany dividends included on the combined return	9 ■	■
10. Intercompany transactions included on the federal return	10 ■	■
11. Other subtractions. Include explanation	11 ■	■
12. Total subtractions. Add lines 7, 8c, 9, 10, and 11. Enter on Form 41, line 29	12	

**2021 Form IL-990-T****Exempt Organization Income and Replacement Tax Return**

Due on or before the 15th day of the 5th month (4th month for employee trusts) following the close of the tax year.

If this return is not for calendar year 2021, enter your fiscal tax year here.

Tax year beginning _____ 20____, ending _____ 20____
month day year month day year**WARNING** This form is for tax years ending on or after December 31, 2021, and before December 31, 2022.
For all other situations, see instructions to determine the correct form to use.

Enter the amount you are paying.

\$ _____

Step 1: Identify your exempt organization**A** Enter your complete legal business name.If you have a name change, check this box. ☐Name: **SIERRA HEALTH FOUNDATION****B** Enter your mailing address.Check this box if either of the following apply: ☐

- this is your **first return**, or
- you have an **address change**.

C/O: _____

Mailing address: **1321 GARDEN HIGHWAY**City: **SACRAMENTO** State: **CA** ZIP: **95833****C** If this is the first or final return, check the applicable box(es).☐ First return☐ Final return (Enter the date of termination. _____)
mm dd yyyy**D** Enter your federal employer identification no. (FEIN).
68-0050036**E** Check if you are taxed as a corporation. ☒**F** Check if you are taxed as a trust. ☐**G** Provide the nature of your unrelated trade or business. **SEE STATEMENT 22****H** Check this box if you attached Illinois Schedule 1299-D, Income Tax Credits. ☐**I** Enter your North American Industry Classification System (NAICS) Code, if applicable. See instructions.
523000**J** Check this box if you are a 52/53 week filer. ☐**Step 2: Figure your base income or loss**

(Whole dollars only)

1 Unrelated business taxable income or loss from U.S. Form 990-T. See Instructions.**Attach** a copy of your U.S. Form 990-T.**1** _____ .00**2** Illinois income and replacement tax and surcharge deducted in arriving at Line 1.**2** _____ .00**3** **Base income or loss.** Add Lines 1 and 2.**3** _____ .00**STOP****A** If the amount on Line 3 is derived inside Illinois only or if you are an Illinois resident trust, check this box and enter the amount from Step 2, Line 3 on Step 4, Line 12. You may not complete Step 3. (You must leave Step 3, Lines 4 through 11 blank.) ☐**B** If any portion of the amount on Line 3 is derived outside Illinois, check this box and complete all lines of Step 3. (Do not leave Lines 6 through 8 blank.) See instructions. ☒**Step 3: Figure your income allocable to Illinois** (Complete only if you checked the box on Line B, above.)**4** Business income or loss included in Line 3 from non-unitary partnerships, partnerships included on a Schedule UB, S corporations, trusts, or estates. See instructions.**4** **89,440** .00**5** Business income or loss. Subtract Line 4 from Line 3.**5** **-89,440** .00**6** Total sales everywhere. This amount cannot be negative.**6** **89,440** .**7** Total sales inside Illinois. This amount cannot be negative.**7** **0** .**8** Apportionment factor. Divide Line 7 by Line 6. Round to six decimal places.**8** **.000000****9** Business income or loss apportionable to Illinois. Multiply Line 5 by Line 8.**9** **0** .00**10** Business income or loss apportionable to Illinois from non-unitary partnerships, partnerships included on a Schedule UB, S corporations, trusts, or estates. See instructions.**10** **-2,926** .00**11** **Base income or loss allocable to Illinois.** Add Lines 9 and 10.**11** **-2,926** .00**Step 4: Figure your net replacement tax****12** Net income or loss from Line 3 or Line 11.**12** **-2,926** .00**13** Replacement tax. **Corporations** multiply Line 12 by 2.5% (.025); **Trusts** multiply by 1.5% (.015).**13** _____ .00**14** Recapture of investment credits. **Attach** Schedule 4255.**14** _____ .00**15** Replacement tax before investment credits. Add Lines 13 and 14.**15** _____ .00**16** Investment credits. **Attach** Form IL-477.**16** **0** .00**17** **Net replacement tax.** Subtract Line 16 from Line 15. If the amount is negative, enter zero.**17** **0** .00

▼ Attach your payment and Form IL-990-T-V here. ▲

**Step 5: Figure your net income tax**

18	Net income or loss from Line 12.	18	- 2,926 .00
19	Income Tax. See instructions.	19	.00
20	Recapture of investment credits. Attach Schedule 4255.	20	.00
21	Income tax before credits. Add Lines 19 and 20.	21	.00
22	Income tax credits. Attach Schedule 1299-D.	22	.00
23	Net income tax. Subtract Line 22 from Line 21. If the amount is negative, enter zero.	23	0 .00

Step 6: Figure your refund or balance due

24	Net replacement tax from Line 17.	24	.00
25	Net income tax from Line 23.	25	.00
26	Compassionate Use of Medical Cannabis Program Act surcharge. See instructions.	26	.00
27	Sale of assets by gaming licensee surcharge. See instructions.	27	.00
28	Total net income and replacement taxes and surcharges. Add Lines 24, 25, 26, and 27.	28	.00
29	Payments. See instructions.		
a	Credits from previous overpayments.	29a	.00
b	Total payments made before the date this return is filed.	29b	.00
c	Pass-through withholding reported to you on Schedule(s) K-1-P or K-1-T. Attach Schedule(s) K-1-P or K-1-T.	29c	.00
d	Pass-through entity tax credit reported to you. Attach Schedule(s) K-1-P or K-1-T.	29d	.00
e	Illinois income tax withholding. Attach Form(s) W-2G.	29e	.00
30	Total payments. Add Lines 29a through 29e.	30	.00
31	Overpayment. If Line 30 is greater than Line 28, subtract Line 28 from Line 30.	31	.00
32	Amount to be credited forward . See instructions.	32	.00
	Check this box and attach a detailed statement if this carryforward is going to a different FEIN. ☐		
33	Refund. Subtract Line 32 from Line 31. This is the amount to be refunded.	33	.00

34 Complete to direct deposit your refund

Routing Number _____ ☐ Checking or ☐ Savings
 Account Number _____

35 Tax Due. If Line 28 is greater than Line 30, subtract Line 30 from Line 28. This is the amount you owe. 35 .00

► If you owe tax on Line 35, make an electronic payment at Tax.Illinois.gov. If you must mail your payment, complete a payment voucher, Form IL-990-T-V. Write your FEIN, tax year ending, and "IL-990-T-V" on your check or money order and make it payable to "Illinois Department of Revenue." Attach your voucher and payment to the front of this form.

Special Note → Enter the amount of your payment on the top of Page 1 in the space provided.

Step 7: Sign below - Under penalties of perjury, I state that I have examined this return and, to the best of my knowledge, it is true, correct, and complete.

Sign Here	Signature of authorized officer	Date (mm/dd/yyyy)	Title	Phone	☒ Check if the Department may discuss this return with the paid preparer shown in this step. ☐ Check if self-employed
	AMANDA H. WILLIAMS	11/14/2022	CFO	916-922-4755	
Paid Preparer Use Only	Print/Type paid preparer's name	Paid preparer's signature	Date (mm/dd/yyyy)	Paid Preparer's PTIN	
	Firm's name ► GILBERT CPAS	Firm's FEIN ► 68-0037990			
	Firm's address ► 2880 GATEWAY OAKS DR, STE 100,	Firm's phone ► 916-646-6464			

► If a payment is **not** enclosed, mail this return to: **Illinois Department of Revenue, P.O. Box 19009, Springfield, IL 62794-9009**

► If a payment is enclosed, mail this return to: **Illinois Department of Revenue, P.O. Box 19053, Springfield, IL 62794-9053**

FORM IL-990-T	NATURE OF TRADE OR BUSINESS	STATEMENT	22
---------------	-----------------------------	-----------	----

INVESTMENTS IN LIMITED PARTNERSHIPS

TO FORM IL-990-T, PAGE 1

EXTENSION REQUEST FOR INDIANA FORM IT-20NP
**Application for Automatic Extension of Time To File an
Exempt Organization Return**

OMB No. 1545-0047

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

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

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

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

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. SIERRA HEALTH FOUNDATION	Taxpayer identification number (TIN) 68-0050036
	Number, street, and room or suite no. If a P.O. box, see instructions. 1321 GARDEN HIGHWAY	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. SACRAMENTO, CA 95833	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 7

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

BEATRIX KOEV

- The books are in the care of ► **1321 GARDEN HIGHWAY - SACRAMENTO, CA 95833**

Telephone No. ► **(916) 922-4755**

Fax No. ► _____

- If the organization does not have an office or place of business in the United States, check this box ☐ ► ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and TINs of all members the extension is for.

- 1 I request an automatic 6-month extension of time until **NOVEMBER 15, 2022**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
► ☒ calendar year **2021** or
► ☐ tax year beginning _____, and ending _____.

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

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

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

Indiana Nonprofit Organization Unrelated Business Income Tax Return

Calendar Year Ending December 31, 2021 or

Fiscal Year Beginning

01

01

2021

and Ending

12

31

2021

Check box if amended. ☐Check box if name changed. ☐

Name of Organization SIERRA HEALTH FOUNDATION				Federal Employer Identification Number 68 0050036	
Number and Street 1321 GARDEN HIGHWAY			Principal Business Activity Code 523000		Foreign Country 2-Character Code
City SACRAMENTO	State CA	ZIP Code 95833	2-Digit County Code 00	Telephone Number 916 922 4755	

K. Check all boxes that apply: Initial Return ☐ Final Return ☐ In Bankruptcy ☐ Schedule M ☐

L. Do you have on file a valid extension of time to file your return (federal Form 7004 or an electronic extension of time)? Yes ☒ No ☐

M. Check the box if entity has multiple unrelated trades or businesses (see instructions) ☐

Adjusted Gross Income Tax Calculation on Unrelated Business Income

1. Unrelated business taxable income before NOL deduction from federal Form 990-T. Use a minus sign for negative amounts. Attach Form 990-T	1	8944000	00
2. Non-unitary partnership income	2		00
3. Specific deduction (generally \$1,000; see instructions)	3	100000	00
4. Subtract line 2 and line 3 from line 1	4	8844000	00
Modifications (use a minus sign for negative amounts)			
5. Enter name of add-back or deduction _____ Code No. _ _ _	5		00
6. Enter name of add-back or deduction _____ Code No. _ _ _	6		00
7. Enter name of add-back or deduction _____ Code No. _ _ _	7		00
8. Enter name of add-back or deduction _____ Code No. _ _ _	8		00
9. Unrelated business income: add or subtract lines 4 through 8. If not apportioning, enter same amount on line 11	9	8844000	00
10. Enter Indiana apportionment percentage, if applicable, from line 9 of IT-20 Schedule E apportionment (enclose schedule)	10	.15	%
11. Unrelated business apportioned to Indiana (multiply line 9 by line 10; otherwise, enter line 9 amount)	11	13300	00
12. Non-unitary partnership income from Indiana sources	12		00
13. Enter Indiana Net Operating Loss deduction. Enclose Schedule IT-20NOL	13		00
14. Taxable Indiana unrelated business income (add line 11 and line 12 and subtract line 13)	14	13300	00
15. Taxable income from other forms (Form 1120-POL)	15		00
16. Subtotal (add lines 14 and 15)	16	13300	00
17. Indiana tax on unrelated business income (multiply line 16 by tax rate; see instructions for line 17)	17	700	00
18. Sales/use tax on purchases subject to use tax from Sales/Use Tax Worksheet	18		00
19. Total tax due (add lines 17 and 18)	19	700	00
Credit for Estimated Tax and Other Payments			
20. Quarterly estimated tax paid: Qtr. 1 _____ Qtr. 2 _____ Qtr. 3 _____ Qtr. 4 _____ Enter total	20		00
21. Amount paid with extension	21		00
22. Amount of overpayment credit (from tax year ending _____)	22		00
23. Pass-through withholding and other payments (include Schedule IN K-1)	23		00
24. EDGE credit. Enter the total EDGE credit amount claimed (line 19 on Schedule IN-EDGE)	24		00
25. EDGE-R credit. Enter the total EDGE-R credit amount claimed (line 19 on Schedule IN-EDGE-R)	25		00
26. Enter name of offset credit _____ Code No. _____	26		00
27. Enter name of offset credit _____ Code No. _____	27		00
28. Enter name of offset credit _____ Code No. _____	28		00
29. Enter name of offset credit _____ Code No. _____	29		00
30. Enter name of offset credit _____ Code No. _____	30		00
31. Certified credits. Enter the total of certified credits claimed from Schedule IN-OCC and enclose this schedule with your return	31		00
32. Total credits (add lines 20-31)	32		00



33. Balance of tax due (line 19 minus line 32)	33	700
34. Penalty for the underpayment of income tax. Attach Schedule IT-2220		
☐ Check box if using annualization method	34	00
35. Interest: If payment is made after the original due date, compute interest	35	00
36. Penalty: If paid late, enter 10% of line 33; see instructions. If line 19 is zero, enter \$10 per day filed past due date	36	00
37. Total payment due (add lines 33-36). (Payment must be made in U.S. funds) PAY THIS AMOUNT	37	700
38. Total overpayment (line 32 minus lines 19 and 34-36)	38	00
39. Amount of line 38 to be refunded	39	00
40. Amount of line 38 to be applied to the following year's estimated tax account	40	00

BEATRIX KOEV

Personal Representative's Name (Print or Type)

Personal Representative's Email Address

Signature of Corporate Officer

Date

BEATRIX KOEV

CFO

Print or Type Name of Corporate Officer

Title

11 14 22

Signature of Paid Preparer

Date

AMANDA H WILLIAMS

Print or Type Name of Paid Preparer

GILBERT CPAS

Paid Preparer: Firm's Name (or yours if self-employed)

P01281212

PTIN

916 646 6464

Telephone Number

2880 GATEWAY OAKS DR, STE 100

Address

SACRAMENTO

City

CA

State

95833

Zip Code +4

Please mail your forms to:
Indiana Department of Revenue
P.O. Box 7228
Indianapolis, IN 46207-7228



2410000000

Indiana Department of Revenue
Apportionment of Income for Indiana

for Tax Year Beginning 2021 and Ending

Name as shown on return

Federal Employer Identification Number

SIERRA HEALTH FOUNDATION

68 0050036

Each filing entity having income from sources both within and outside Indiana must complete an apportionment schedule except financial institutions and certain insurance companies that use a single receipts factor. Interstate transportation entities must use Schedule E-7. Combined unitary filers must use the apportioning method (relative formula percentage) as outlined in Information Bulletin #12 and Tax Policy Directive #6. Omit cents; percents should be rounded two decimal places; read apportionment instructions.

Part I - Indiana Apportionment of Adjusted Gross Income

Sales/Receipts (less returns and allowances)

Include all non-exempt apportioned gross business income. Do not use non-unitary partnership income of previously apportioned income that must be separately reported as allocated income.

	Column A Total Within Indiana	Column B Total Within and Outside Indiana	Column C Indiana Percentage
Sales delivered or shipped to Indiana:			
1. Shipped from within Indiana	00		
2. Shipped from outside Indiana	00		
Sales shipped from Indiana to:			
3. The United States government	00		
4. Purchasers in a state where the taxpayer is not subject to income tax (under P.L. 86-272) (for years beginning prior to Jan. 1, 2016 only)	00		
Other			
5. Interest & other receipts from extending credit attributed to Indiana	00		
6. Other gross business receipts not previously apportioned	136 00		
7. Direct premiums and annuities received for insurance upon property or risks in Indiana	00		
8. Total Receipts: Add column A receipts lines on 1A through 7A and enter in line 8A. Enter all receipts on line 8B	8A 136 00	8B 89440 00	
Apportionment of income for Indiana:			
9. Apportionment Percentage: Divide line 8A by line 8B (insert as percent, not decimal)			9 0.15

Part II - Business/Other Income Questionnaire

1. List all business locations where the taxpayer has operations or partnership interests and indicate type of activities. This section must be completed - attach additional sheets if necessary.

City	State	Nature of Business Activity
SACRAMENTO	CA	PRIVATE OPERATING FDN.

Accepts Orders? ☐ Yes ☒ No Registered to Do Business? ☒ Yes ☐ No Files Returns in State? ☒ Yes ☐ No

Property in State Leased? ☒ Yes ☐ No Property in State Owned? ☒ Yes ☐ No

City	State	Nature of Business Activity

Accepts Orders? ☐ Yes ☐ No Registered to Do Business? ☐ Yes ☐ No Files Returns in State? ☐ Yes ☐ No

Property in State Leased? ☐ Yes ☐ No Property in State Owned? ☐ Yes ☐ No

City	State	Nature of Business Activity

Accepts Orders? ☐ Yes ☐ No Registered to Do Business? ☐ Yes ☐ No Files Returns in State? ☐ Yes ☐ No

Property in State Leased? ☐ Yes ☐ No Property in State Owned? ☐ Yes ☐ No

City	State	Nature of Business Activity

Accepts Orders? ☐ Yes ☐ No Registered to Do Business? ☐ Yes ☐ No Files Returns in State? ☐ Yes ☐ No

Property in State Leased? ☐ Yes ☐ No Property in State Owned? ☐ Yes ☐ No

2. Briefly describe the nature of Indiana business activities, including the exact title and principal business activity of any partnership in which the taxpayer has an interest:

UNRELATED BUSINESS INCOME FROM FORM K-1'S APPORTIONED TO INDIANA. PART

3. Indicate any partnership in which you have a unitary or general partnership relationship:

NONE

4. Briefly describe the nature of activities of sales personnel operating and soliciting business in Indiana:

NONE

5. Do Indiana receipts for line 3A include all sales shipped from Indiana to (1) the U.S. government; or (2) locations where this taxpayer's only activity in the state of the purchaser consists of the mere solicitation of orders? If no, please explain.

☐ Yes ☒ No

N/A - NO INCOME OF THIS TYPE

6. List the source of any directly allocated income from partnerships, estates, and trusts not in the taxpayer's apportioned tax base:

N/A



Louisiana Department of Revenue

Post Office Box 91011

Baton Rouge, LA 70821-9011

Enter your LA Revenue Account
Number here (Not FEIN):For office
use only.**Mark box if:**

LA Corporation Income Tax Return for 2021	LA Corporation Franchise Tax Return for 2022
Mark box if:	
Calendar Year filer	X
Fiscal Year filer (Enter dates below)	
Short period return (Enter dates below)	
Income (MMDDYY)	Franchise (MMDDYY)
Ended Begun	Ended Begun

Name change.

Address change.

Amended return.

Entity is not required
to file franchise tax.Entity is not required
to file income tax.First time filing
of this form.Final
return

Legal Name SIERRA HEALTH FOUNDATION		
Trade Name		
Mailing Address 1321 GARDEN HIGHWAY		
Unit Type	Unit Number A	
City SACRAMENTO	State CA	ZIP 95833
Foreign Nation, if not United States (do not abbreviate)		

A.	Federal Employer Identification Number	680050036
B.	Federal taxable income	89440
C.	Federal income tax	0
D.	Income tax apportionment percentage	0.85
E.	Gross revenues	89440
F.	Total assets	61368491
G.	NAICS code	523000
H.	Enter the state abbreviation for location of the principal place of business.	CA
I.	Does the income of this corporation include the income of any disregarded entities?	Yes No X
J.	Was the income of this corporation included in a consolidated federal income tax return?	Yes No X
K.	If answered yes to J, enter FEIN of consolidated federal income tax return.	
L.	Do the books of the corporation contain intercompany debt?	Yes X No
M.	Enter the code for the federal form filed.	
N.	Enter the code for the type of entity.	
O.	Pass-through Entity Tax Election	

Computation of Income Tax - See instructions.

1A.	Louisiana net income before loss adjustments and income tax deduction	760
1B.	Subchapter S corporation exclusion	0
	Loss carryforward [\$.00]	
1C.	less federal tax refund applicable to loss [\$.00] Attach schedule.	0
1C1.	Loss carryforward utilized	0
1D.	Federal income tax deduction	0
1D1.	Federal Disaster Relief Credits	0
1E.	Louisiana taxable income	760
2.	Louisiana income tax	30
3.	Nonrefundable income tax credits from Schedule NRC-P1	0
4.	Income tax after priority 1 credits	30

Computation of Franchise Tax - See instructions.

5A.	Total capital stock, surplus, & undivided profits	0
5B.	Franchise tax apportionment percentage	
5C.	Franchise taxable base	0
6.	Amount of assessed value of real and personal property in Louisiana in 2021	0
7.	Louisiana franchise tax	0
8.	Nonrefundable franchise tax credits from Schedule NRC-P1	0
9.	Franchise tax after priority 1 credits	0

IMPORTANT!

All four (4) pages of this return MUST be mailed in along with completed schedules. Please sign and date the return on Page 3 and remit any amount due shown on Line 25, Column 3. **Do not send cash.**

FOR OFFICE USE ONLY
☐ Field
Flag

--	--	--	--	--	--

DEV ID **2396****22241**

Enter your LA Revenue Account Number here. ►



Net Amount Due				
	Col. 1 - Income tax	Col. 2 - Franchise tax	Col. 3 - Total	
10. Tax liability after priority 1 credits	10. 30	10. 0		
11. Refundable credits from Schedule RC-P2	11. 0	11. 0		
12. Tax liability after priority 2 credits	12. 30	12. 0		
13. Overpayment after priority 2 credits	13. 0	13. 0		
14. Nonrefundable credits from Schedule NRC-P3	14. 0	14. 0		
15. Tax liability after priority 3 credits	15. 30	15. 0	15. 30	
16A. Overpayment after priority 2 credits	16A. 0	16A. 0		
16B. Refundable credits from Schedule RC-P4	16B. 0	16B. 0		
16C. Credit carryforward from prior year return	16C. 0	16C. 0		
16D. Estimated payments	16D. 0			
16E. Payment made with extension	16E. 0	16E. 0		
16F. Total refundable credits and payments	16F. 0	16F. 0		
17. Overpayment	17. 0	17. 0		
18. Tax due	18. 30	18. 0		
19. Amount of Income tax overpayment applied to franchise tax		19. 0		
20. Net Tax due		20. 0		
21. Interest	21. 0	21. 0		
22. Delinquent filing penalty	22. 0	22. 0		
23. Delinquent payment penalty	23. 0	23. 0		
24. Additional donation to The Military Family Assistance Fund	24. 0	24. 0		
25. Total amount due	25. 30	25. 0		

⬇️ **PAY THIS AMOUNT** ⬇️



IMPORTANT!

All four (4) pages of this return MUST be mailed in along with completed schedules. Please sign and date the return on Page 3 and remit any amount due shown on Line 25, Column 3. **Do not send cash.**



22242

Enter your LA Revenue Account Number here. ►

Net Amount Due			
	Col. 1 - Income tax	Col. 2 - Franchise tax	Col. 3 - Total
26. Net overpayment		26. 0	0
27. Amount of overpayment you want to donate to The Military Family Assistance Fund		27.	0
28. Amount of overpayment to be refunded		28.	0
29. Amount of overpayment to be credited to 2022		29.	0

Make payment to Louisiana Department of Revenue. DO NOT SEND CASH. You can pay your taxes online at: www.revenue.louisiana.gov/LaTap.

Under the penalties of perjury, I declare that I have examined this return, including all accompanying documents, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which he has any knowledge.		
Signature of Officer		Title of Officer CFO
Print Name of Officer	Telephone 9169224755	Date (mm/dd/yyyy) 11/15/2022

PAID PREPARER USE ONLY	Print Preparer's Name AMANDA WILLIAMS		Preparer's Signature <i>Amanda Williams C.P.A.</i>	Date (mm/dd/yyyy) 11/15/2022	Check ☐ if Self-employed
	Firm's Name ►	GILBERT CPAS		Firm's FEIN ►	68-003799
	Firm's Address ►	2880 GATEWAY OAKS DRIVE, SUITE 100 SACRAMENTO, CA 95833		Telephone ►	9166466464

IMPORTANT!

All four (4) pages of this return MUST be mailed in along with completed schedules. Please sign and date the return on Page 3 and remit any amount due shown on Line 26, Column 3. **Do not send cash.**

PTIN, FEIN, or LDR Account
Number of Paid Preparer

For Office
Use Only.



22243

Enter your LA Revenue Account Number here. ►



IMPORTANT!

All four (4) pages of this return **MUST** be mailed in along with completed schedules. Please sign and date the return on Page 3 and remit any amount due shown on Line 26, Column 3. **Do not send cash.**

22244

Enter your LA Revenue Account Number here. ►



Schedule NRC-P1 - Nonrefundable Priority 1 Tax Credits			
Description	Code	Corporation Income Tax (A)	Corporation Franchise Tax (B)
1.		0	0
2.		0	0
3.		0	0
4.		0	0
5.		0	0
6.		0	0
7. Total Income Tax Credits: Add credit amounts in Column A, Lines 1 through 6. Enter here and on CIFT-620, Line 3.		0	
8. Total Franchise Tax Credits: Add credit amounts in Column B, Lines 1 through 6. Enter here and on CIFT-620, Line 8.			0

Description	Code
Premium Tax	100
Bone Marrow	120

Description	Code
Qualified Playgrounds	150
Debt Issuance	155

Description	Code
Donations to Public Schools	170
Conversion of Vehicle to Alternative Fuel	185

Description	Code
Other	199

Schedule RC-P4 - Refundable Priority 4 Tax Credits			
Description	Code	Corporation Income Tax (A)	Corporation Franchise Tax (B)
1.		0	0
2.		0	0
3.		0	0
4.		0	0
5.		0	0
6. Total Income Tax Credits: Add credit amounts in Column A, Lines 1 through 5. Enter the result here and on CIFT-620, Line 16B, Col. 1.		0	
7. Total Franchise Tax Credits: Add credit amounts in Column B, Lines 1 through 5. Enter here and on CIFT-620, Line 16B, Col. 2.			0

Description	Code
Inventory Tax	50F
Ad Valorem Natural Gas	51F



Schedule NRC-P3 - Part I - Nonrefundable Priority 3 Tax Credits			
Description	Code	Corporation Income Tax (A)	Corporation Franchise Tax (B)
1.		0	0
2.		0	0
3.		0	0
4.		0	0
5.		0	0
6.		0	0

Description	Code	Description	Code	Description	Code	Description	Code
Previously Unemployed	208	Other	399	Ports of Louisiana Import Export Cargo	459	Ad Valorem Natural Gas Credit Carried Forward	502
New Jobs Credit	224	Refunds by Utilities	412	LA Import	460	Atchafalaya Trace	504
Eligible Re-entrants	228	Donation to School Tuition Organization	424	LA Work Opportunity	461	Cane River Heritage Area	506
Apprenticeship	236			Youth Jobs	462	Ports of Louisiana Investor	508
Biomed/University Research	300	QMC Music Job Creation Credit	454	Inventory Tax Credit Carried Forward & ITEP	500	Enterprise Zone	510
Tax Equalization	305	Neighborhood Assistance	457			Recycling Credit	550
Manufacturing Establishments	310	Research and Development	458			Other	599

Schedule NRC-P3 - Part II - Transferable, Nonrefundable Priority 3 Tax Credits			
Description	Code	Corporation Income Tax (A)	Corporation Franchise Tax (B)
7.		0	0
7A.			
8.		0	0
8A.			
9.		0	0
9A.			
10. Total Income Tax Credits: Add credit amounts in Column A, Lines 1 through 9. Enter here and on CIFT-620, Line 14, Column 1.		0	
11. Total Franchise Tax Credits: Add credit amounts in Column B, Lines 1 through 9. Enter here and on CIFT-620, Line 14, Column 2.			0

IMPORTANT! These codes must be claimed on Lines 7 through 9.

Description	Code	Description	Code	Description	Code	Description	Code
Motion Picture Investment	251	Digital Interactive Media	254	New Markets	259	Other	299
Research and Development	252	Capital Company	257	Motion Picture Infrastructure	261		
Historic Structures	253	LCDFI Credit	258	Angel Investor	262		



Enter your LA Revenue Account Number here. ▶



Schedule RC-P2 - Part I - Refundable Priority 2 Tax Credits			
Description	Code	Corporation Income Tax (A)	Corporation Franchise Tax (B)
1.		0	0
2.		0	0
3.		0	0
4.		0	0
5.		0	0

Schedule RC-P2 - Part II - Transferable, Refundable Priority 2 Tax Credits			
Description	Code	Corporation Income Tax (A)	Corporation Franchise Tax (B)
6. Musical and Theatrical Production	6 2 F	0	
6A.			
7. Musical and Theatrical Production	6 2 F	0	
7A.			
8. Musical and Theatrical Production	6 2 F	0	
8A.			
9. Total Income Tax Credits: Add credit amounts in Column A, Lines 1 through 8. Enter the result here and on CIFT-620, Line 11, Col. 1.		0	
10. Total Franchise Tax Credits: Add credit amounts in Column B, Lines 1 through 5. Enter the result here and on CIFT-620, Line 11, Col. 2.			0



Description	Code
Ad Valorem Offshore Vessels	52F
Telephone Company Property	54F
Prison Industry Enhancement	55F
Mentor-Protege	57F
Milk Producers	58F

Description	Code
Technology Commercialization	59F
School Readiness Child Care Provider	65F
School Readiness Business - Supported Child Care	67F

Description	Code
School Readiness Fees and Grants to Resource and Referral Agencies	68F
Retention and Modernization	70F

Description	Code
Digital Interactive Media and Software	73F
Other Refundable	80F



Enter your LA Revenue Account Number here. ►

All applicable schedules must be completed.

Schedule A - Required Information

			FEIN	Percentage
1. At the end of the tax year, did you directly or indirectly own 50% or more of the voting stock of any corporation or an interest of any partnership, including any entity treated as a corporation or partnership? If yes, list the FEIN and percentage owned for the five largest percentages. Attach a schedule listing the names, addresses, FEIN and percentage owned of all entities.	Yes ☐	1		
		2		
	No ☒	3		
		4		
		5		
2. At the end of the tax year, did any corporation, individual, partnership, trust, or association directly or indirectly own 50% or more of your voting stock? If yes, list the FEIN or SSN and percentage owned for the five largest percentages. Attach a schedule listing the names, addresses, FEIN or SSN and percentage owned of all entities.	Yes ☐	1	FEIN/SSN	Percentage
		2		
	No ☒	3		
		4		
		5		
3. If you answered yes to Line 1 on CIFT-620, list the FEIN of five of those entities. Also, attach a schedule listing the names, addresses, and FEIN of all entities.	Yes ☐	1	FEIN	Percentage
		2		
	No ☒	3		
		4		
		5		

Schedule B - Computation of Income Tax Apportionment Percentage

Description of items used as ratios	1. Total amount	2. Louisiana amount	3. Percent
1. Net sales of merchandise and/or charges for services			
A. Sales	0	0	
B. Charges for services	0	0	
C. Other gross apportionable income	89440	763	
D. Total - Add the amounts in Columns 1 and 2.	89440	763	.85 %
2. For certain oil & gas businesses only. Wages, salaries, and other personal service compensation paid during the year (see instructions). If ratio not used, check box. ☐	0	0	%
3. For certain oil & gas businesses only (see instructions). Income tax property ratio - Enter percentage from Schedule C, Line 24. If ratio not used, check box. ☐			%
4. ONLY corporations primarily in the oil and gas business, enter ratio from Line 1D, Column 3 (see instructions).			%
5. Total of percents in Column 3			.85 %
6. Average of percents - Divide Line 5 by applicable number of ratios. Enter here and on CIFT-620, Line D.			.85 %



Enter your LA Revenue Account Number here. ► _____

Schedule C - Computation of Corporate Income Tax Property Ratio For Certain Oil & Gas Companies				
	Located Everywhere		Located in Louisiana	
	1. Beginning of year	2. End of year	3. Beginning of year	4. End of year
Intangible Assets				
1. Cash	0	0		
2. Notes and accounts receivable	0	0		
3. Reserve for bad debts	(0)	(0)		
4. Investment in U.S. govt. obligations	0	0		
5. Stock and obligations of subsidiaries	0	0		
6. Other investments - Attach schedule	0	0		
7. Loans to stockholders	0	0		
8. Other intangible assets - Attach schedule	0	0		
9. Accumulated depreciation	(0)	(0)		
10. Total intangible assets - Add Lines 1 through 9	0	0		
Real and Tangible Assets				
11. Inventories	0	0	0	0
12. Bldgs. and other depreciable assets	0	0	0	0
13. Accumulated depreciation	(0)	(0)	(0)	(0)
14. Depletable assets	0	0	0	0
15. Accumulated depletion	(0)	(0)	(0)	(0)
16. Land	0	0	0	0
17. Other real & tangible assets - Attach schedule	0	0	0	0
18. Excessive reserves, assets not reflected on books, or undervalued assets	0	0	0	0
19. Total real and tangible assets - Add Lines 11 through 18	0	0	0	0
20. Less real and tangible assets not used in production of net apportionable income - Attach schedule	0	0	0	0
21. Balance - Subtract Line 20 from Line 19	0	0	0	0
22. Beginning of year balance		0		0
23. Total - Add Lines 21 and 22.		0		0
24. Income tax property ratio (Line 23, Column 4 ÷ Line 23, Column 2)				%



Enter your LA Revenue Account Number here. ► _____

Schedule D - Computation of Louisiana Net Income					
See instructions if separate accounting method is used and check box. ☐					
	Totals			Totals	
1A. Gross receipts	0	.00	22. Other employee benefit plans	0	.00
1B. Less returns and allowances	0	.00	23. Other deductions - Attach schedule.	0	.00
1C. Balance. Subtract Line 1B from Line 1A.	0	.00	24. Total deductions - Add Lines 10 through 23.	0	.00
2. Less: Cost of goods sold and/or operations - Attach schedule.	0	.00	25. Net income from all sources - Subtract Line 24 from Line 9.	89440	.00
3. Gross profit - Subtract Line 2 from Line 1C.	0	.00	26. Allocable income from all sources:		
4. Gross rents	0	.00	26A. Net rents and royalties from immovable or corporeal movable property	0	.00
5. Gross royalties	0	.00	26B. Royalties from the use of patents, trademarks, etc.	0	.00
6. Income from estates, trusts, partnerships	89440	.00	26C. Income from estates, trusts, and partnerships	0	.00
7. Income from construction, repair, etc.	0	.00	26D. Income from construction, repair, etc.	0	.00
8. Other income - Attach schedule.	0	.00	26E. Other allocable income	0	.00
9. Total income - Add Lines 3 through 8.	89440	.00	26F. Allocable expenses	(0)	.00
10. Compensation of officers	0	.00	26G. Net allocable income from all sources	0	.00
11. Salaries and wages (not deducted elsewhere)	0	.00	27. Net income subject to apportionment - Subtract Line 26G from Line 25.	89440	.00
12. Repairs	0	.00	28. Net income apportioned to Louisiana	760	.00
13. Bad debts	0	.00	29. Allocable income from Louisiana sources:		
14. Rent	0	.00	29A. Net rents and royalties from immovable or corporeal movable property	0	.00
15. Taxes and licenses - Attach schedule.	0	.00	29B. Royalties from the use of patents, trademarks, etc.	0	.00
16. Interest	0	.00	29C. Income from estates, trusts, and partnerships	0	.00
17. Charitable Contributions	0	.00	29D. Income from construction, repair, etc.	0	.00
18. Depreciation - Attach schedule.	0	.00	29E. Other allocable income	0	.00
19. Depletion - Attach schedule.	0	.00	29F. Allocable expenses	(0)	.00
20. Advertising	0	.00	29G. Net allocable income from Louisiana sources	0	.00
21. Pension, profit sharing, stock bonus, and annuity plans	0	.00	30. Louisiana net income before loss adjustments and federal income tax deduction - Add Line 28 and Line 29G.	760	.00



Enter your LA Revenue Account Number here. ► _____

Schedule E - Reconciliation of Income Per Books with Income Per Return

1. Net income per books	0	6. Total - Add Lines 1 through 5c.	0
2. Louisiana income tax	0	7. Income recorded on books this year, but not included in this return - Attach Schedule.	0
3. Excess of capital loss over capital gains	0	8. Deductions in this tax return not charged against book income this year:	
4. Taxable income not recorded on books this year - Attach schedule	0	a. Depreciation	0
5. Expenses recorded on books this year, but not deducted in this return:		b. Depletion	0
a. Depreciation	0	c. Other - Attach Schedule	0
b. Depletion	0	9. Total - Add Lines 7 through 8c.	0
c. Other - Attach schedule.	0	10. Net income from all sources per return - Subtract Line 9 from Line 6.	0

Schedule G - Liabilities and Capital from Balance Sheet

Liabilities and Capital	1. Beginning of year	2. End of year
1. Accounts payable	0	0
2. Mortgages, notes, and bonds payable one year old or less at balance sheet date and having a maturity of one year or less from original date incurred	0	0
3. Other current liabilities - Attach schedule.	0	0
4. Loans from stockholders - Attach schedule.	0	0
5. Due to subsidiaries and affiliates	0	0
6. Mortgages, notes, and bonds payable more than one year old at balance sheet date or having a maturity of more than one year from original date incurred	0	0
7. Other liabilities - Attach schedule.	0	0
8. Capital stock: a. Preferred stock	0	0
b. Common stock	0	0
9. Paid-in or capital surplus	0	0
10. Surplus reserves - Attach schedule.	0	0
11. Earned surplus and undivided profits	0	0
12. Excessive reserves or undervalued assets	0	0
13. Totals - Add Lines 1 through 12.	0	0



All applicable schedules must be completed.

Schedule F - Reconciliation of Federal and Louisiana Net Income See R.S. 47:287.71, R.S. 47:287.73, and R.S. 47:287.82 for information.	
	Column 1
1. Enter the total net income calculated under federal law before special deductions.	0
2. Additions to federal net income:	
a. Louisiana income tax	0
b. Related members interest\intangible\management fee expenses or costs. From Form R-6950 (see instructions).	0
c. Donation to School Tuition Organization Credit (see instructions).	0
d. Other additions - Attach schedule.	0
e. Total additions - Add Lines 2a through 2d.	0
3. Subtractions from federal net income:	
a. Bank dividends (see instructions).	0
b. All other dividends	0
c. Interest	0
d. Road Home - The amount included in federal taxable income.	0
e. Louisiana depletion in excess of federal depletion	0
f. Expenses not deducted on the federal return due to Internal Revenue Code Section 280C	0
g. Exempt amount of related members interest\intangible\management fee expenses or costs. From Form R-6950 (see instructions).	0
h. Compensation for disaster services (see instructions).	0
i. Expenses not deducted on the federal return due to Internal Revenue Code Section 280E.	0
j. COVID-19 Relief Benefits	0
k. Other subtractions - Attach schedule.	0
l. Total subtractions - Add Lines 3a through 3k.	0
4. Louisiana net income from all sources - The amount should agree with Schedule D, Line 25.	0



See Revenue Ruling 06-010 and Revenue Information Bulletin 13-006. **All applicable schedules must be completed.** Complete Lines 1 through 11 only if there is an end of year balance in the "Due to Subsidiaries and Affiliates" account or an **equivalent account** on the books of the corporation. All corporations must complete Lines 12 through 19.

Schedule G-1 Computation of Franchise Tax Base	
1. Capital Stock:	
1A. Common Stock - Include paid-in or Capital Surplus	0
1B. Preferred Stock - Include paid-in or Capital Surplus	0
2. Total Capital stock - Add Lines 1A and 1B.	0
3. Surplus and undivided profits	0
4. Surplus reserves - Include any excessive reserves or undervalued assets	0
5. Total - Add Lines 2, 3, and 4	0
6. Due to subsidiaries and affiliates (Do not net with receivables)	0
7. Deposit liabilities to affiliates - Included in the amount on Line 6	0
8. Accounts payable less than 180 days old - Included in the amount on Line 6	0
9. Adjusted debt to affiliates - Subtract Lines 7 and 8 from Line 6	0
10A. If Line 9 is greater than zero, AND Line 5 is greater than or equal to zero, subtract Line 5 from Line 9. If both conditions of this line do not apply, skip to Line 10B.	0
10B. If Line 9 is greater than zero, AND Line 5 is less than or equal to zero, subtract Line 5 from Line 9. Multiply the difference by 50 percent and enter the result here.	0
11. Additional Surplus and Undivided Profits - See instructions	0
Total Franchise Taxable Base	
12. Capital Stock: Common Stock	0
Preferred Stock	0
13. Paid-in or capital surplus - Include items of paid-in capital in excess of par value	0
14. Surplus reserves - Attach schedule	0
15. Earned surplus and undivided profits	0
16. Excessive reserves or undervalued assets	0
17. Additional surplus and undivided profits - From Line 11 above	0
18. Allowable deductions - See instructions	0
19. Total capital, surplus and undivided profits - Add Lines 12 through 17 and subtract Line 18. Also enter the total on CIFT-620, Line 5A. Round to the nearest dollar.	0

Note: All accounts on the books of the corporation should be reviewed to determine if an account is an item of capital, surplus or undivided profits. All items of capital, surplus and undivided profits must be included in the franchise taxable base. See Revenue Information Bulletin 06-026.



Enter your LA Revenue Account Number here. ►

Schedule H - Computation of Corporate Franchise Tax Property Ratio		
	LOCATED EVERYWHERE	LOCATED IN LOUISIANA
	1. End of year	2. End of year
1. Cash	0	0
2. Notes and accounts receivable	0	0
3. Reserve for bad debts	(0)	(0)
4. Investment in U.S. gov. obligations	0	0
5. Stock and obligations of subsidiaries	0	0
6. Other investments - Attach schedule	0	0
7. Loans to stockholders	0	0
8. Other intangible assets - Attach schedule	0	0
9. Accumulated depreciation	(0)	(0)
10. Total intangible assets - Add Lines 1-9	0	0
11. Inventories	0	0
12. Bldgs. and other depreciable assets	0	0
13. Accumulated depreciation	(0)	(0)
14. Depletable assets	0	0
15. Accumulated depletion	(0)	(0)
16. Land	0	0
17. Other real & tangible assets - Attach schedule	0	0
18. Excessive reserves, assets not reflected on books, or undervalued assets	0	0
19. Total real and tangible assets - Add Lines 11 through 18	0	0
20. Total Assets - Add Lines 10 and 19	0	0
21. Franchise tax property ratio (Line 20, Column 2 ÷ Line 20, Column 1)		%



Enter your LA Revenue Account Number here. ►

Schedule I - Computation of Corporate Franchise Tax Apportionment Percentage			
Description of items used as ratios	1. Total amount	2. Louisiana amount	3. Percent
1. Net sales of merchandise, charges for services, and other revenues			
A. Sales	0	0	
B. Charges for services	0	0	
C. Other Revenues:			
(i) Rents and royalties	0	0	
(ii) Dividends and interest from subsidiaries	0	0	
(iii) Other dividends and interest	0	0	
(iv) All other revenues	0	0	
D. Total - If the ratio is not used, check the box.	0	0	
2. Franchise tax property ratio - Enter the percentage from Schedule H, Line 21. If the ratio is not used, check the box.			%
3. Total of applicable percents in Column 3			%
4. Average of percents - Divide Line 3 by applicable number of ratios. Enter here and on CIFT-620, Line 5B.			%



Enter your LA Revenue Account Number here. ►

Schedule J - Calculation of Income Tax			
1. Enter the amount of net taxable income from CIFT-620, Line 1E. Short period filers mark this box ☐ and see the instructions.			760
2. Calculation of tax	Column 1 Net income in each bracket	Rate	Column 2 Tax
a. First \$25,000 of net taxable income	760	x 4% =	30
b. Next \$25,000	0	x 5% =	0
c. Next \$50,000	0	x 6% =	0
d. Next \$100,000	0	x 7% =	0
e. Over \$200,000	0	x 8% =	0
3. Add the amounts in Column 1, Lines 2a through 2e and enter the result.	760		
4. Add the amounts in Column 2, Lines 2a through 2e. Round to the nearest dollar. Enter the result in Column 2 and on CIFT-620, Line 2.			30

Schedule J-1 - Pass-Through Entity Tax Election Calculation of Income Tax			
1. Enter the amount of net taxable income from CIFT-620, Line 1E. Short period filers mark this box ☐ and see the instructions.			0
2. Calculation of Tax	Column 1 Net income in each bracket	Rate	Column 2 Tax
a. First \$25,000 of net taxable income	0	x 2% =	0
b. Next \$75,000	0	x 4% =	0
c. Over \$100,000	0	x 6% =	0
3. Add the amounts in Column 1, Lines 2a through 2c and enter the result.	0		
4. Add the amounts in Column 2, Lines 2a through 2c. Round to the nearest dollar. Enter the result in Column 2 and on CIFT-620, Line 2.			0

Schedule K - Summary of Estimated Tax Payments			
	Check number	Date	Amount
1. Credit from prior year return			0
2. First quarter estimated payment			0
3. Second quarter estimated payment			0
4. Third quarter estimated payment			0
5. Fourth quarter estimated payment			0
6. Payment made with extension request			0



Enter your LA Revenue Account Number here. ►

Schedule L - Calculation of Franchise Tax

1. Enter the amount from CIFT-620, Line 5C or Line 6, whichever is greater. Short period filers mark this box and see the instructions. ☐	0
2. Enter the amount of Line 1 or \$300,000, whichever is less.	0
3. Multiply the amount on Line 2 by \$1.50 for each \$1,000 or major fraction and enter the result. See instructions for the suspension of the low-tier of the tax.	0
4. Subtract Line 2 from Line 1 and enter the result.	0
5. Multiply the amount on Line 4 by \$3.00 for each \$1,000 or major fraction and enter the result.	0
6. Add Lines 3 and 5. Round to the nearest dollar. Enter the result here and on CIFT-620, Line 7.	0

Schedule M - Analysis of Schedule G, Line 11, Column 2 - Earned surplus and undivided profits per books

1. Balance at beginning of year	0	b. Stock	0
2. Net income per books	0	c. Property	0
3. Other increases - Attach schedule.	0	6. Other decreases - Attach schedule.	0
4. Total - Add Lines 1, 2, and 3.	0	7. Total - Add Lines 5a through 6.	0
5. Distributions: a. Cash	0	8. Balance at end of year - Subtract Line 7 from Line 4.	0

Schedule N - Additional Information Required

1. Describe the nature of your business activity and specify your principal product or service, both in Louisiana and elsewhere. Louisiana: _____ _____ _____ Elsewhere: _____ _____ _____	2. Indicate the date and state of incorporation. _____ 3. Indicate parishes in which property is located. _____ _____ _____ _____ _____ _____
---	---



K-120

Rev. 7-21

Page 1 of 6

2021**CORPORATE INCOME TAX****021****151021**

For the taxable year beginning

01012021

ending

12312021**SIERRA HEALTH FOUNDATION
1321 GARDEN HIGHWAY**

EIN this entity

EIN Federal Consolidated Parent

SACRAMENTO**CA 95833****680050036**

A. Method Used to Determine Income of Corporation in Kansas:

B. Business Activity Code:

G. Type of Federal Return Filed:

1. Activity wholly within Kansas - Single entity

523000**X** 1. Separate

2. Activity wholly within Kansas - Consolidated

C. Date Business Began in KS:

2. Consolidated

X 3. Single entity apportionment method (K-120AS)**01012021**H. Have you submitted Form K-120EL? **N**

4. Combined income method - Single corporation filing (Sch. K-121)

D. Date Business Discontinued in KS:

I. Enter your original federal due date if other than the 15th day of the 4th month after the end of the tax year:

5. Combined income method - Multiple corporation filing (Sch. K-121)

05152022

6. Qualified elective two-factor (K-120AS) Year qualified:

E. State and Month/Day/Year of Incorporation:

J. Name or address has changed?

7. Common carrier mileage (Enclose mileage apportionment schedule)

CA 01311984

8. Alternative or separate accounting (Enclose letter of authorization and schedule)

F. State of Commercial Domicile:

Filing an amended corporate income return. Reason for amended return:
Note: This form cannot be used for tax years prior to 2021.

Amended affects Kansas only

Adjustment by IRS

Amended Federal return

1. Federal taxable income

89440.0013. Contribution to capital exceptions
(I.R.C. § 118) (Sch. req.)

2. Total state and municipal interest

14. Disallowed business meal expenses
(I.R.C. § 274) (Sch. req.)3. Taxes on or measured by income or fees
or payments in lieu of income taxes (Part
IV, line 2)15. Other subtractions from federal taxable
income (Sch. req.)

4. Federal net operating loss deduction

16. Total subtractions from federal taxable
income (Add lines 9 - 15)5. 250 deduction related to Global Intangible
Low-Taxed Income (GILTI)
(I.R.C. § 250(a)(1)(B)) (Sch. req.)17. Net income before apportionment (Add
line 1 to line 8 and subtract line 16)**89440.00**6. Business interest expense carryforward
deduction (I.R.C. § 163(j)) (Sch. req.)18. Nonbusiness income - Total company
(Sch. req.)7. Other additions to federal taxable
income (Sch. req.)19. Apportionable business income
(Subtract line 18 from line 17)**89440.00**8. Total additions to federal taxable income
(Add lines 2 - 7)20. Average percent to Kansas (Part VI, lines A,
B, C, & E: if 100% enter 100.0000)**0.2426**9. Interest on U. S. government obligations
(Part V, line 2)A **0.0000** C. **0.2426**
B10. I.R.C. § 78 and 80% of foreign dividends
(Sch. req.)21. Amount to Kansas (Multiply line 19 by
line 20)**216.98**11. Global Intangible Low-Taxed Income
(GILTI) (I.R.C. § 951(A)) (Sch. req.)22. Nonbusiness income - Kansas
(Sch. req.)12. Disallowed business interest deduction
(I.R.C. § 163(j)) (Sch. req.)

23. Kansas Expensing Recapture (Sch. req.)

K-120**2021****CORPORATE INCOME TAX****021****151121**

Rev. 7-21

Page 2 of 6

SIERRA HEALTH FOUNDATION**680050036**

24. Kansas Expensing Deduction (Sch. req.)

37. Total of all other refundable credits
(Part I, line 37)25. Kansas net income before NOL
deduction (Add lines 21, 22 and 23,
then subtract line 24)**216.98**38. Payments remitted with original return
(See instructions)26. Kansas net operating loss deduction
(Sch. req.)39. Overpayment from original return
**(This figure is a subtraction; see
instructions)**27. Combined report (Schedule K-121) or
alternative/separate accounting income
(Sch. req.)40. Total prepaid credits (Add lines 34-38
and subtract line 39)28. Kansas taxable income (Subtract line
26 from line 25 or enter line 27, as
applicable)**216.98**41. **Balance due****8.68**

29. Normal tax (4% of line 28)

8.68

42. Interest

30. Surtax (3% of line 28 in excess of
\$50,000)

43. Penalty

31. Total tax (Add lines 29 and 30. If filing
combined, use line 30 of K-121.)**8.68**

44. Estimated tax penalty

32. Total nonrefundable credits (Part I, line
30; cannot exceed amount on line 31)

If annualizing to compute penalty, check this field

33. Balance (Subtract line 32 from line 31;
cannot be less than zero)**8.68**45. Total tax, interest & penalty due (Add
lines 41-44) Complete Form K-120V &
enclose it with your payment**8.68**34. Estimated tax paid and amount credited
forward (Part II, line 4)

46. Overpayment

35. Other tax payments (enclose separate
schedule)47. **Refund.** Enter the amount of line 46
you wish to be refunded

36. Amount paid with Kansas extension

48. **Credit Forward.** Enter the amount of
line 46 (original return only) you wish
to apply to 2022 estimated tax. (Line
48 cannot exceed the total of lines 34,
35 and 36)

I authorize the Director of Taxation or the Director's designee to discuss my K-120 and any enclosures with my preparer.

I declare under the penalties of perjury that to the best of my knowledge and belief this is a true, correct, and complete return.

Officer

Signature

(Required)

Title

CFODate **11152022**

Preparer

Signature

(Required)

Amanda Williams C.P.A.Preparer
Phone Number**9166466464**Preparer PTIN, EIN, or SSN
(Required)**P01281212**

PART I - NONREFUNDABLE CREDITS

- 1. Center for Entrepreneurship Credit (Enclose Schedule K-31; see instructions)
- 2. Agritourism Liability Insurance Credit (Enclose Schedule K-33; See instructions)
- 3. Business and Job Development Credit - for carry forward use only (Enclose Schedule K-34; See instructions)
- 4. Historic Preservation Credit (Enclose Schedule K-35; See instructions)
- 5. Disabled Access Credit (Enclose Schedule K-37; See instructions)
- 6. Swine Facility Improvement Credit (Enclose Schedule K-38; See instructions)
- 7. Oil and Gas Well Plugging Credit (Enclose Schedule K-39; See instructions)
- 8. Assistive Technology Contribution Credit (Enclose Schedule K-42; See instructions)
- 9. Eisenhower Foundation Contribution Credit (Enclose Schedule K-43; See instructions)
- 10. Purchases from Qualified Vendor Credit (Enclose Schedule K-44; See instructions)
- 11. Friends of Cedar Crest Association Contribution Credit (Enclose Schedule K-46; See instructions)
- 12. Qualified Charitable Distribution Credit (Enclose Schedule K-48)
- 13. Research and Development Credit (Enclose Schedule K-53; See instructions)
- 14. Venture Capital Credit - for carryforward use only (Enclose Schedule K-55; See instructions)
- 15. Seed Capital Credit - for carryforward use only (Enclose Schedule K-55; See instructions)
- 16. High Performance Incentive Program Credit (Enclose Schedule K-59; See instructions)
- 17. Community Service Contribution Credit (Enclose Schedule K-60; See instructions)
- 18. Alternative-Fueled Motor Vehicle Property Credit (Enclose Schedule K-62; See instructions)
- 19. Low Income Student Scholarship Credit (Enclose Schedule K-70; see instructions)
- 20. Law Enforcement Training Center Credit - for carry forward use only (Enclose Schedule K-72; see instructions)
- 21. Petroleum Refinery Credit - for carry forward use only (Enclose Schedule K-73; see instructions)
- 22. Kansas National Guard and Reserve Employer Credit (Enclose Schedule K-74; see instructions)
- 23. Single City Port Authority Credit (Enclose Schedule K-76; see instructions)
- 24. Qualifying Pipeline Credit - for carry forward use only (Enclose Schedule K-77; see instructions)
- 25. BioMass-to-Energy Credit - for carry forward use only (Enclose Schedule K-79; see instructions)
- 26. Environmental Compliance Credit (Enclose Schedule K-81; see instructions)
- 27. Storage and Blending Equipment Credit - for carry forward use only (Enclose Schedule K-82; see instructions)
- 28. Electric Cogeneration Facility Credit - for carry forward use only (Enclose Schedule K-83; see instructions)
- 29. Farm Net Operating Loss (Enclose Schedule K-139F; see instructions)
- 30. Total nonrefundable credits (Add lines 1 - 29. Enter total here and on line 32, page 2)

REFUNDABLE CREDITS

- 31. Telecommunications Credit (Enclose Schedule K-36; See instructions)
- 32. Child Day Care Assistance Credit (Enclose Schedule K-56; See instructions)
- 33. Small Employer Healthcare Credit (Enclose Schedule K-57; See instructions)
- 34. Community Service Contribution Credit (Enclose Schedule K-60; See instructions)
- 35. Individual Development Account Credit (Enclose Schedule K-68; See instructions)
- 36. Farm Net Operating Loss (Enclose Schedule K-139F; See instructions)
- 37. Total refundable credits (Add lines 31 - 36. Enter total here and on line 37, page 2)

KANSAS Corporation Apportionment Schedule
FOR USE BY CORPORATIONS APPORTIONING INCOME
(Corporations using the combined income method must use Schedule K-121)

 For the taxable year beginning **01012021**, ending **12312021**

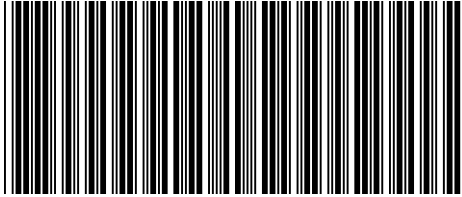
Name as shown on Form K-120

Employer Identification Number (EIN)

SIERRA HEALTH FOUNDATION**68-0050036****PART VI****APPORTIONMENT FORMULA**

A. Property		WITHIN KANSAS		TOTAL COMPANY		PERCENT WITHIN KANSAS
		Beginning of Year	End of Year	Beginning of Year	End of Year	
(1) Value of owned real and tangible personal property used in business at original cost:						
Inventory						
Depreciable assets						
Land						
Other tangible assets (Enclose schedule) .						
Less: Construction in progress . . .						
Total property to be averaged . . .						
Average owned property (Beg. + End ÷ 2)						
(2) Net annual rented property. Multiplied by 8						
TOTAL PROPERTY (Enter on line 20A, page 1)						A %
B. Payroll (Those corporations qualified and utilizing the elective two-factor formula must complete this area only during the first year of qualifying. After the 10th year, the business must re-qualify.)						
		WITHIN KANSAS		TOTAL COMPANY		
(1) Compensation of officers						
(2) Wages, salaries and commissions						
(3) Payroll expense included in cost of goods sold						
(4) Payroll expense included in repairs						
(5) Other wages and salaries						
TOTAL PAYROLL (Enter on line 20B, page 1) (If qualified and utilizing the elective two-factor formula, do not carry this percentage to page 1)						B %
C. Sales (Gross receipts, less returns and allowances)						
(1) Sales delivered or shipped to purchasers in Kansas:						
(a) Shipped from outside Kansas						
(b) Shipped from within Kansas						
(2) Sales shipped from Kansas to:						
(a) The United States Government						
(b) Purchasers in a state where the taxpayer would not be taxable (e.g., under federal Public Law 86-272)						
(3) Dividends						
Interest						
Rents						
Royalties						
Gains/losses from intangible asset sales						
Gross proceeds from tangible asset sales						
Other income (Enclose schedule)				217	89440	
TOTAL SALES (Enter on line 20C, page 1)				217	89440	0.242621%
D(1). Total percent (Sum of lines A, B & C if utilizing three-factor formula)						D(1) %
D(2). Total percent (Sum of lines A & C if qualified and utilizing two-factor formula)						D(2) 0.242621 %
E. Average percent of either D(1) or D(2), whichever is applicable (Enter on line 20, page 1)						E 0.242621 %

[illegible]



2021 Form M-990T

MA21636011019

Unrelated Business Income Tax Return

Year beginning 01012021 Ending 12312021

SIERRA HEALTH FOUNDATION
1321 GARDEN HIGHWAY

68 0050036
SACRAMENTO

CA 95833

Check if: Enclosing Schedule TDS Amended return Federal amendment Federal audit Final return
Enclosing Schedule FCI Amended return due to IRS BBA Partnership Audit

Check if (one only): ☒ 501(c)(3) 501

1. Unrelated business taxable income	1	89440
2. Foreign, state or local income, franchise, excise or capital stock taxes deducted from U.S. net income	2	
3. Section 168(k) "bonus" depreciation adjustment	3	
4. Section 31l and 31K intangible expense add back adjustment	4	
5. Federal NOL add back adjustment	5	
6. Section 31J and 31K interest expense add back adjustment	6	
7. Reserved for future use	7	
8. Abandoned Building Renovation deduction Total cost	x .10 = 8	
9. Other adjustments, including research and development expenses	9	
10. Income subject to apportionment.	10	89440
11. Income apportionment percentage	11	0.030602
12. Multiply line 10 by line 11	12	2737
13. Income not subject to apportionment	13	
14. Add lines 12 and 13	14	2737
15. Certified Massachusetts solar or wind power deduction	15	
16. Taxable income before net operating loss deduction	16	2737

SIGN HERE. Under penalties of perjury, I declare that to the best of my knowledge and belief this return and enclosures are true, correct and complete.

Signature of appropriate officer

Date

Phone

9169224755

Paid preparer's signature

Date

11142022

Paid preparer's EIN

68 0037990

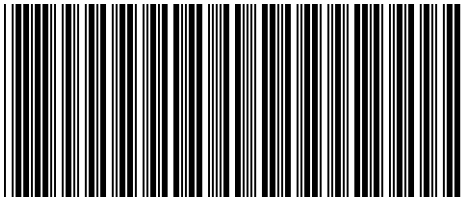
Check if you are signing as an authorized delegate
of the appropriate officer of the corporation
(see instructions)

Taxpayer's e-mail address

PRIVACY ACT NOTICE AVAILABLE UPON REQUEST

11/14/2022

10:02:54



2021 Form M-990T

MA21636021019

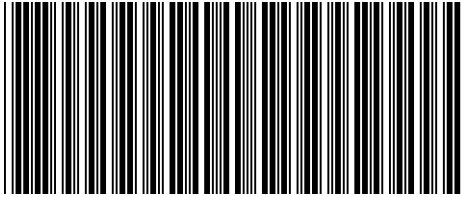
Unrelated Business Income Tax Return

68 0050036

17.	Loss carryover deduction	17	
18.	Taxable income. Subtract line 17 from line 16	18	2737
19.	Multiply line 18 by .08	19	219
20.	Credit recapture (enclose Schedule CRS) and/or additional tax on installment sales.	20	
21.	Excise due before credits. Add lines 19 and 20	21	219
22.	Total credits. Enclose Schedule CMS	22	
23.	Excise due before voluntary contributions. Subtract line 22 from line 21. Not less than "0"	23	219
24.	Voluntary contribution for endangered wildlife conservation	24	
25.	Total excise plus voluntary contribution. Add lines 23 and 24	25	219
26.	2020 overpayment applied to 2021 estimated tax	26	
27.	2021 Massachusetts estimated tax payments (do not include amount in line 26)	27	
28.	Payment made with extension	28	
29.	Payment with original return. Use only if amending a return	29	
30.	Pass-through entity withholding. Payer ID number	30	
31.	Total refundable credits. Enclose Schedule CMS	31	
32.	Total payments. Add lines 26 through 31	32	
33.	Amount overpaid. Subtract line 25 from line 32	33	
34.	Amount overpaid to be credited to 2022 estimated tax	34	
35.	Amount overpaid to be refunded. Subtract line 34 from line 33	35	
36.	Balance due. Subtract line 32 from line 25	36	219
37a.	M-2220 penalty	37a	
37b.	Other penalties	37b	
37.	Total penalty. Add lines 37a and 37b	37	
38.	Interest on unpaid balance	38	
39.	Total payment due at time of filing	39	219

11/14/2022

10:02:54



2021 Schedule F

MA21066011019

Income Apportionment

SIERRA HEALTH FOUNDATION

68 0050036

Fill in: Section 38 manufacturer
 Mutual fund service corporation reporting sales of mutual funds only
 Mutual fund service corporation reporting sales of non-mutual funds
X Other
 Change in method of calculating one or more factors from prior year

LOCATION

SACRAMENTO

STATE FACILITY TYPE

CA OFFICE BUILDING

ACCEPTS
ORDERS

REG. IN
STATE
X

FILES IN
STATE
X

Apportionment Factors

1. Tangible property			
a. Property owned	Massachusetts	Worldwide	
b. Property rented	Massachusetts	Worldwide	
c. Total property owned and rented	Massachusetts	Worldwide	
d. Tangible property apportionment percentage		1d	
2. Payroll			
a. Total payroll	Massachusetts	Worldwide	
b. Payroll apportionment percentage		2b	
3. Sales			
a. Tangible (destination)	Massachusetts		
b. Tangible (throw back)	Massachusetts	Worldwide	
c. Services	Massachusetts	Worldwide	
d. Rents and royalties	Massachusetts	Worldwide	
e. Other sales factors	Massachusetts	Worldwide	89440
f. Total sales factors	Massachusetts	Worldwide	89440
g. Sales apportionment percentage		3g	0.030602
4. Apportionment percentage		4	0.061204
5. Massachusetts apportionment percentage		5	0.030602

157691 01-05-22

11/14/2022 10:02:54



UBIT Return Payment

Pay by Check

If you are not required to pay electronically, you can use this voucher to pay by check.

- Make your check payable to "Minnesota Revenue."
- Print your Minnesota Tax ID number in the memo line of your check.
- Mail your payment and the voucher below to the address on the voucher.

Note: Your payment may be delayed if your voucher information is missing or incorrect. When printing the voucher, set your printer to "Actual size" (not "Shrink oversized pages").

Scan Line

The scan line is the most important part of the voucher. When submitting your voucher make sure the scan line:

- Is printed with 66 digits - characters, symbols, or masking are unacceptable.
- Is not cut off or missing.

Pay Electronically

- Pay electronically from your bank account. Go to www.revenue.state.mn.us and type **make a payment** into the Search box. Choose **Bank Account** from the menu. We do not charge for this service.
- Pay by credit card or debit card. Go to www.revenue.state.mn.us and type **make a payment** into the Search box. Choose **Credit or Debit Card** from the menu. A third party processes these payments and charges a fee for this service.
- Pay by ACH credit transfer through your financial institution. Go to www.revenue.state.mn.us and type **ACH Credit** into the Search box.

159495 09-16-21

Cut carefully along this line to detach.
Your check authorizes us to make a one-time electronic fund transfer from your account.

1116



UBIT Return Payment

SIERRA HEALTH FOUNDATION

1321 GARDEN HIGHWAY
SACRAMENTO

CA 95833

Make check payable to:

Minnesota Revenue

Mail Station 1257, St. Paul, MN 55146-1257

Preparer Tax
Identification Number: P01281212

Minnesota Tax ID
(required): 4255480

Federal ID: 680050036
Tax-Year End: 123121

Amount of Check: 37 00

[illegible]



2021 M4NP, Unrelated Business Income Tax (UBIT) Return

For tax-exempt organizations, cooperatives, homeowners associations, and political organizations with unrelated business income. Refer to *2021 Unrelated Business Income Tax Return Instructions* on our website at www.revenue.state.mn.us.

Tax year beginning (MM/DD/YYYY) 01/01 /2021, and ending (MM/DD/YYYY) 12/31 /2021 (required)

SIERRA HEALTH FOUNDATION

Name of Organization

680050036

FEIN

4255480

Minnesota Tax ID (required)

1321 GARDEN HIGHWAY

Mailing Address

☐ Check if New Address

SACRAMENTO

City

County

CA 95833

State ZIP Code

This Organization Files Federal Form (check one)

☒ 990-T ☐ 1120-C ☐ 1120-H ☐ 1120-POL

Exempt Under IRS Section (check one)

☒ 501(c)(3) ☐ 528 ☐ Other: _____

Check All That Apply: ☐ Amended Return ☒ Filing Under an Extension ☐ Final Return (refer to inst., pg. 4) ☐ Enter Close Date:

Enter your NAICS Codes (refer to inst., pg. 4)

523000

Was 100% of the business conducted in Minnesota for this tax year?

Are you filing a combined income return? ☐ Yes ☒ No

☐ Yes ☒ No (complete and attach Schedule M4NPA)

**You must round amounts
to nearest whole dollar.**

- | | | |
|--|-----------|--------------|
| 1 Federal taxable income before net operating loss and specific deduction
(total from all federal Form 990-T Schedule As, Part II line 16; 1120-C, line 25c;
1120-H, line 17; or 1120-POL, line 17c)..... | 1 | <u>89440</u> |
| 2 Total additions to federal taxable income (from Form M4NPI, line 1) | 2 | _____ |
| 3 Federal taxable income after additions (add lines 1 and 2) | 3 | <u>89440</u> |
| 4 Total subtractions from federal taxable income (from Form M4NPI, line 2) | 4 | _____ |
| 5 Federal taxable income (loss) after subtractions (refer to instructions). If you conducted business both
within and outside Minnesota, complete Form M4NPA (refer to instructions, pg. 4). If 100% of your
activities were conducted in Minnesota, do not complete Form M4NPA. Enter line 5 on line 6 | 5 | <u>89440</u> |
| 6 Minnesota taxable net income (loss) (from Form M4NPA, line 10.) If 100% of your activities
were conducted in Minnesota, enter amount from line 5 above. | 6 | <u>376</u> |
| 7 Minnesota net operating loss deduction (from Form M4NP NOL) | 7 | _____ |
| 8 Subtract line 7 from line 6 (if zero or less, enter zero) | 8 | <u>376</u> |
| 9 Total deductions from taxable net income (from Form M4NPI, line 3) | 9 | _____ |
| 10 Taxable income (subtract line 9 from line 8; if zero or less, enter zero) | 10 | <u>376</u> |
| 11 Regular tax (multiply line 10 by 9.8% [0.098]; if zero or less, enter zero) | 11 | <u>37</u> |
| 12 Proxy tax (refer to instructions, pg. 4) | 12 | _____ |
| 13 Tax before credits (add lines 11 and 12) | 13 | <u>37</u> |
| 14 Total credits against tax (from Form M4NPI, line 4) | 14 | _____ |
| 15 Minnesota tax liability (subtract line 14 from line 13; if zero or less, enter zero) | 15 | <u>37</u> |

Continued next page

2021 M4NP UBIT Return, Page 2 (continued)

SIERRA HEALTH FOUNDATION

Name of Organization

680050036

FEIN

4255480

Minnesota Tax ID

16	Minnesota Nongame Wildlife Fund donation (refer to instructions, pg. 4)	16	
17	Add lines 15 and 16	17	37
18	Total refundable credits (from Form M4NPI, line 5)	18	
19	Amount credited from your 2020 Form M4NP, line 32	19	
20	2021 estimated tax payments	20	
21	2021 extension payment	21	
22	Total refundable credits and payments (add lines 18, 19, 20, and 21)	22	
23	Subtract line 22 from line 17	23	37
24	Penalty (determine from worksheet in the instructions, pg. 5)	24	
25	Interest (determine from worksheet in the instructions, pg. 5)	25	
26	Additional charge for underpayment of estimated tax (from Form M15NP, line 17)	26	
27	Tax, Nongame Wildlife Fund donation, penalty, interest and additional charge for underpayment of estimated tax (add lines 17, 24, 25, and 26)	27	37
28	Amount from line 27	28	37
29	Amount from line 22	29	
30	AMOUNT DUE. If line 28 is more than or equal to line 29, subtract line 29 from 28	30	37

Payment method: ☐ Electronic ☒ Check ☐ Amended Return Payment by Check
(Refer to instructions, page 2.)

31	OVERPAYMENT. If line 29 is more than line 28, subtract line 28 from line 29	31	
32	Amount of line 31 to be credited to your 2022 estimated tax	32	
33	Refund (subtract line 32 from line 31)	33	

To have your refund direct deposited, enter your banking information below.

Account Type:

☐ Checking ☐ Savings

Routing Number

Account Number (use an account not associated with any foreign banks)

I declare that this return is correct and complete to the best of my knowledge and belief.

Authorized Signature	CFO	/ /	9169224755
<u>Amanda Williams C.P.A.</u>	Title	Date (MM/DD/YYYY)	Daytime Phone
Signature of Preparer	P01281212	11/14/2022	9166466464
	PTIN	Date (MM/DD/YYYY)	Preparer's Daytime Phone

Email Address for Correspondence, if Desired

This email address belongs to (check one) ☐ Employee ☐ Paid Preparer

Attach a complete copy of your federal Form 990-T, 1120-C, 1120-H or 1120-POL and all supporting schedules. ☒

Mail to: Minnesota Department of Revenue, Mail Station 1257, 600 N. Robert St., St. Paul, MN 55146-1257

I authorize the Minnesota Department of Revenue to discuss this tax return with the paid preparer listed here.

2021 M4NPA Apportionment Calculation

For tax-exempt organizations, cooperatives, homeowners associations, and political organizations with unrelated business income. Refer to *2021 Unrelated Business Income Tax Return Instructions* on our website at www.revenue.state.mn.us.

If you conducted business both within and outside Minnesota during the year, complete Schedule M4NPA to determine your Minnesota source income. Do not complete this schedule if you conducted all your business in Minnesota during the tax year.

SIERRA HEALTH FOUNDATION

Name of Organization

680050036

FEIN

4255480

Minnesota Tax ID

**You must round amounts
to nearest whole dollar.**

A
Minnesota

B
Total

1	Federal taxable income (loss) (from Form M4NP, line 5)	1	<u>89440</u>	
2	Total nonapportionable income	2		
3	Total apportionable income (subtract line 2 from line 1)	3	<u>89440</u>	
4	Sales or receipts	4	<u>376</u>	<u>89440</u>
5	Sales of non-filing entities (refer to inst., pg. 10)	5		
6	Total sales or receipts (add lines 4 and 5) (Financial institutions: refer to inst., pg. 11)	6	<u>376</u>	<u>89440</u>
7	Minnesota apportionment factor (divide line 6A amount by line 6B; carry to six decimal places)	7	<u>.004204</u>	
8	Net income apportioned to Minnesota (multiply line 3 by line 7)	8	<u>376</u>	
9	Minnesota nonapportionable income	9		
10	Minnesota taxable income (add lines 8 and 9) Enter on Form M4NP, line 6	10	<u>376</u>	

MARYLAND
FORM
500

CORPORATION INCOME
TAX RETURN



215000004

2021

\$

OR FISCAL YEAR BEGINNING 0101 2021, ENDING 123121

680050036

► Federal Employer Identification Number (9 digits) FEIN Applied for Date (MMDDYY)

523000

► Date of Organization or Incorporation (MMDDYY) ► Business Activity Code No. (6 digits)

SIERRA HEALTH FOUNDATION

Name

1321 GARDEN HIGHWAY

Current Mailing Address (PO Box, number, street and apt. no)

Current Mailing Address Line 2 (Apt No., Suite No., Floor No.)

SACRAMENTO

City or Town

CA

State

95833

ZIP Code + 4

Foreign Country Name

Foreign Province/State/County

Foreign Postal Code

Do not write in this space.

► ME ► YE

Amended
Return ►

STAPLE CHECK
HERE

CHECK HERE IF:

- ☐ Name or address has changed ► ☐ Inactive corporation ☐ First filing of the corporation ► ☐ Final Return
► ☐ This tax year's beginning and ending dates are different from last year's due to an acquisition or consolidation.

IF FILING TO CLAIM A NET OPERATING LOSS, CHECK THE APPROPRIATE BOX

☐ Carryback ☐ Carryforward

Attach copies of the federal form for the loss year and Form 1139.

SEE CORPORATION INSTRUCTIONS. ATTACH A COPY OF THE FEDERAL INCOME TAX RETURN THROUGH SCHEDULE M2.

1a. Federal Taxable Income (Enter amount from Federal Form 1120 line 28 or Form 1120-C line 25c.) See Instructions. Check applicable box:

☐ 1120 ☐ 1120-REIT ☒ 990T

☐ Other: _____ IF 1120S, FILE ON FORM 510. 1a. 89440 .00

1b. Special Deductions (Federal Form 1120 line 29b or

Form 1120-C line 26b). 1b. .00

1c. Federal Taxable Income before net operating loss deduction

(Subtract line 1b from 1a) ► 1c. 89440 .00

MARYLAND ADJUSTMENTS TO FEDERAL TAXABLE INCOME

(All entries must be positive amounts.)

ADDITION ADJUSTMENTS

2a. Section 10-306.1 related party transactions. ► 2a. .00

2b. Decoupling Modification Addition adjustment

(Enter code letter(s) from instructions.) ► 2b. .00

2c. Total Maryland Addition Adjustments to Federal Taxable Income (Add lines 2a and 2b) 2c. .00

SUBTRACTION ADJUSTMENTS

3a. Section 10-306.1 related party transactions ► 3a. .00

3b. Dividends for domestic corporation claiming foreign tax credits

(Federal form 1120/1120C Schedule C line 18) ► 3b. .00



215000104

NAME SIERRA HEALTH FOUN FEIN 680050036

- 3c. Dividends from related foreign corporations
(Federal form 1120/1120C Schedule C line 14, 16b and 16c) ▶ 3c. .00
- 3d. Decoupling Modification Subtraction adjustment
(Enter code letter(s) from instructions.) ▶ 3d. .00
- 3e. Total Maryland Subtraction Adjustments to Federal Taxable Income
(Add lines 3a through 3d.) 3e. .00
4. Maryland Adjusted Federal Taxable Income before NOL deduction is applied
(Add lines 1c and 2c, and subtract line 3e.) 4. 89440.00
5. Enter Adjusted Federal NOL Carry-forward available from previous tax years (including
FDSC Carry-forward) on a separate company basis (Enter NOL as a positive amount.) ▶ 5. .00
6. **Maryland Adjusted Federal Taxable Income** (If line 4 is less than or equal to zero,
enter amount from line 4.) (If line 4 is greater than zero, subtract line 5 from line 4 and
enter result. If result is less than zero, enter zero.) 6. 89440.00

MARYLAND ADDITION MODIFICATIONS
(All entries must be positive amounts.)

- 7a. State and local income tax ▶ 7a. .00
- 7b. Dividends and interest from another state, local or federal tax
exempt obligation ▶ 7b. .00
- 7c. Net operating loss modification recapture (Do not enter NOL carryover.
See instructions.) ▶ 7c. .00
- 7d. Domestic Production Activities Deduction ▶ 7d. .00
- 7e. Deduction for Dividends paid by captive REIT ▶ 7e. .00
- 7f. Other additions (Enter code letter(s) from
instructions and attach schedules). ▶ 7f. .00
- 7g. Total Addition Modifications (Add lines 7a through 7f) 7g. .00

MARYLAND SUBTRACTION MODIFICATIONS
(All entries must be positive amounts.)

- 8a. Income from US Obligations ▶ 8a. .00
- 8b. Other subtractions (Enter code letter(s) from
instructions and attach schedule) ▶ 8b. .00
- 8c. Total Subtraction Modifications (Add lines 8a, 8b) 8c. .00

NET MARYLAND MODIFICATIONS

9. Total Maryland Modifications (Subtract line 8c from 7g. If less than zero,
enter negative amount.) 9. .00
10. Maryland Modified Income (Add lines 6 and 9.) 10. 89440.00

APPORTIONMENT OF INCOME

(To be completed by multistate corporations whose apportionment factor is less than 1, otherwise skip to line 13.)

11. Maryland apportionment factor (from page 4 of this form)
(If factor is zero, enter .000001.) ▶ 11. -.000157
12. Maryland apportionment income (Multiply line 10 by line 11.) 12. -14.00
13. Maryland taxable income (from line 10 or line 12, whichever is applicable.) 13. .00
14. Tax (Multiply line 13 by 8.25%) 14. .00
- 15a. Estimated tax paid with Form 500D, Form MW506NRS and/or credited
from 2020 overpayment ▶ 15a. .00
- 15b. Tax paid with an extension request (Form 500E) ▶ 15b. .00
- 15c. Nonrefundable business income tax credits from Part AAA. (See instructions for Form 500CR.)
- 15d. Refundable business income tax credits from Part DDD. (See instructions for Form 500CR.)
- 15e. The Heritage Structure Rehabilitation Tax Credit is claimed on line 1 of Part DDD on Form 500CR.
Check here ☐ if you are a non-profit corporation.
- 15f. Nonresident tax paid on behalf of the corporation by pass-through entities
(Attach Maryland Schedule 510 K-1.) ▶ 15f. .00

You must file this form electronically to
claim business tax credits from Form 500CR.



215000204

NAME SIERRA HEALT FEIN 680050036

- 15g. If amending, total payments made with original plus additional tax paid after original was filed. 15g. 00
- 15h. Total payments and credits (add lines 15a through 15g). 15h. 00
16. Balance of tax due (If line 14 exceeds line 15h enter the difference.) 16. 00
17. Overpayment (If line 15h exceeds line 14, enter the difference.) 17. 00
- 17a. If amending prior overpayment (Total all refunds previously issued.) 17a. 00
18. Interest and/or penalty from Form 500UP or late payment interest for original return 18. 00
19. Total balance due (Add lines 14, 17a and 18. Subtract line 15h.) 19. 00
20. Amount of overpayment from original return to be applied to estimated tax for 2022 (not to exceed the net of lines 17 minus 17a and 18.) 20. 00
21. Amount of overpayment TO BE REFUNDED (Add lines 18 and 20, and subtract the total from line 17.) (If amending subtract lines 17a and 18 from line 17.) 21. 00

DIRECT DEPOSIT OF REFUND (See Instructions.) **Be sure the account information is correct.**

To comply with banking and **NACHA (National Automated Clearing House Association)** rules, if this refund will go to an account outside of the United States, place "Y" in this box ☐ or if you authorize the State of Maryland to direct deposit your refund, check this box ☐ and complete the following information clearly and legibly.

22a. Type of account: ☐ Checking ☐ Savings22b. Routing Number (9-digits): 22c. Account number: 22d. Name as it appears on the bank account: **INFORMATIONAL PURPOSES ONLY (LINES 23 & 24)**

23. NOL generated in Current Year - Carryforward 20 years and carry back 2 years (farming loss **ONLY**). (If line 6 is less than zero, enter on line 23.) 23. 00
24. NAM generated in Current Year - Carried Forward/Back with Loss on Line 23 per Section 10-205(e) (If line 6 is less than zero AND line 9 is greater than zero, enter the amount from line 9 on line 24.) 24. 00

FOR USE IF AMENDING THE RETURN

Explanation of Changes to Income, Modifications, Apportionment Factor and Credits. Show the computation in detail and attach schedules as necessary. Check the box or boxes that reflect the reason for filing this amended return and explain in the space provided below the checkboxes. If more space is needed, you may attach additional pages.

- ☐ 1. Amended to claim a Net Operating Loss Deduction
- ☐ 2. Amended to report a federal adjustment or an RAR (Revenue Agent Report)
- ☐ 3. Amended to claim Business Tax Credit.
- ☐ 4. Amended to claim nonresident PTE Tax Credit
- ☐ 5. Amended to report income omitted on previous filing
- ☐ 6. Amended to change apportionment factor
- ☐ 7. Amended for another reason stated below:
-
-



215000304

NAME SIERRA HEALT FEIN 680050036

Schedule A - COMPUTATION OF APPORTIONMENT FACTOR (Applies only to multistate corporations. See instructions.)

NOTE: Special apportionment formulas are required for rental/leasing, financial institutions, transportation and manufacturing companies. Worldwide headquartered companies see instructions.		Column 1 TOTALS WITHIN MARYLAND	Column 2 TOTALS WITHIN AND WITHOUT MARYLAND	Column 3 DECIMAL FACTOR (Column 1 ÷ Column 2 rounded to six places)
1A. Receipts	a. Gross receipts or sales less returns and allowances ▶	.00	.00	
	b. Dividends	.00	.00	
	c. Interest	.00	.00	
	d. Gross rents	.00	.00	
	e. Gross royalties	.00	.00	
	f. Capital gain net income	.00	.00	
	g. Other income (Attach schedule.)	.00	.00	
	h. Total receipts (Add lines 1A(a) through 1A(g), for Columns 1 and 2.) ▶	-14 .00	89440 .00	-0.000157 ◀
1B. Receipts	Multiply factor on line 1A, Column 3 by 5. Disregard this line if special apportionment formula is used.			-0.000785
2. Property	a. Inventory	.00	.00	
	b. Machinery and equipment	.00	.00	
	c. Buildings	.00	.00	
	d. Land	.00	.00	
	e. Other tangible assets (Attach schedule.)	.00	.00	
	f. Rent expense capitalized (multiply by eight)	.00	.00	
	g. Total property (Add lines 2a through 2f, for Columns 1 and 2.) ▶	.00	.00	— . — ◀
3. Payroll	a. Compensation of officers	.00	.00	
	b. Other salaries and wages	.00	.00	
	c. Total payroll (Add lines 3a and 3b, for Columns 1 and 2.) ▶	.00	.00	— . — ◀
4. Total of factors	(Add entries in Column 3.)			-0.000942
5. Maryland apportionment factor	Divide line 4 by eight for three-factor formula, or by the number of factors used if special apportionment formula required. (If factor is zero, enter .000001 on line 11 page 2.)			-0.000157

▶ ☐ Check here if special apportionment formula is used.



215000404

NAME SIERRA HEALT FEIN 680050036

SCHEDULE B - ADDITIONAL INFORMATION REQUIRED (Attach a separate schedule if more space is necessary.)

1. Telephone number of corporation tax department: 9166466464
2. Address of principal place of business in Maryland (if other than indicated on page 1): _____
3. Brief description of operations in Maryland: UBI FROM INVESTMENTS IN PARTNERSHIPS
4. Has the Internal Revenue Service made adjustments (for a tax year in which a Maryland return was required) that were not previously reported to the Maryland Revenue Administration Division? ☐ Yes ☒ No
 If "yes", indicate tax year(s) here: _____ and submit an amended return(s) together with a copy of the IRS adjustment report(s) under separate cover.
5. Did the corporation file employer withholding tax returns/forms with the Maryland Revenue Administration Division for the last calendar year? ☐ Yes ☒ No
6. Is this entity part of the federal consolidated filing? ☐ Yes ☒ No
If a multistate operation, provide the following:
7. Is this entity a multistate corporation that is a member of a unitary group? ☐ Yes ☒ No
8. Is this entity a multistate manufacturer with more than 25 employees? ☐ Yes ☒ No

SCHEDULE C - ADDITIONAL INFORMATION REQUIRED (Attach a separate schedule if more space is necessary.)

1. **SOURCE OF GRANT OR LOAN FORGIVENESS SUBTRACTION.** List the name(s) of the issuing agency/entity on the lines below.
 United States Federal Government (agency/entity) _____

 State Government (agency/entity) _____

 Local Government (agency/entity) _____

Subtraction for donations of certain disposable diapers, certain hygiene products, and certain monetary gifts.
 List the name(s) of the qualified charitable entity on the lines below.



215000504

SIGNATURE AND VERIFICATION

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. If prepared by a person other than taxpayer, the declaration is based on all information of which the preparer has any knowledge.

Check here ☒ if you authorize your preparer to discuss this return with us.

Officer's signature

Date

Officer's Name and Title

Preparer's signature (Required by Law)

Date

Telephone number of preparer

Printed name of the Preparer / or Firm's name

Street address of preparer or Firm's address

City, State, ZIP Code + 4

▶ _____
Preparer's PTIN (Required by Law)

▶ _____
CODE NUMBERS (3 digits per line)

INCLUDE ALL REQUIRED PAGES OF FORM 500

Make checks payable to and mail to:

Comptroller Of Maryland
Revenue Administration Division
110 Carroll Street
Annapolis, Maryland 21411-0001
(Write Your FEIN On Check Using Blue Or Black Ink.)



831052131115

Mississippi

Corporate Income and Franchise Tax Return

2021

Tax Year Beginning

Tax Year Ending **12312021**FEIN **680050036**

Mississippi Secretary of State ID

Legal Name and DBA

SIERRA HEALTH FOUNDATION

Address

1321 GARDEN HIGHWAY

City

SACRAMENTO

State

CA

Zip +4

95833

County Code

NAICS Code

523000**CHECK ALL THAT APPLY**

Amended Return

Final Return

☒ Non Profit**CHECK ONE**

100% Mississippi

☒ Multistate ApportioningMultistate Direct
Accounting**FRANCHISE TAX****(ROUND TO THE NEAREST DOLLAR)**

1	Taxable capital (from Form 83-110, line 18)	1	
2	Franchise tax (minimum tax \$25)	☒ Fee-In-Lieu	25
3	Franchise tax credit (from Form 83-401, line 1)	3	
4	Net franchise tax due (line 2 minus line 3)	4	25

INCOME TAX

Combined income tax return (enter FEIN of reporting corporation)

5	Mississippi net taxable income (from Form 83-122, line 30 or Form 83-310, line 5, column C)	5	189
6	Income tax	6	
7	Income tax credits (from Form 83-401, line 3 or Form 83-310, line 5, column B)	7	
8	Net income tax due (line 6 minus line 7)	8	

PAYMENTS AND TAX DUE

9	Total franchise and income tax (line 4 plus line 8)	9	25
10	Overpayments from prior year	10	
11	Estimated tax payments and payment with extension	11	
12	Total payments (line 10 plus line 11)	12	
13	Net total franchise and income tax (line 9 minus line 12)	13	25
14	Interest and penalty on underestimated income tax payments (from Form 83-305, line 19)	14	
15	Late payment interest	15	
16	Late payment penalty	16	



831052132115

Mississippi

Corporate Income and Franchise Tax Return

2021

Page 2

FEIN 680050036

17 Late filing penalty (minimum income tax penalty \$100)	17	0
18 Total balance due (if line 9 is larger than line 12, add line 13 through line 17)	18	25
19 Total overpayment (if line 12 is larger than line 9 plus line 14, subtract line 9 and line 14 from line 12)	19	0
20 Overpayment credited to next year (from line 19)	20	0
21 Overpayment to be refunded (line 19 minus line 20)	21	0

See instructions for electronic payment options or attach payment voucher, Form 83-300, with check or money order for balance due.

PART I: CORPORATE INFORMATION

1 Is this a publicly traded corporation? Yes If yes, under what symbol? X No

2 If final return, enter reason and date effective: Date

3 If the corporation has been sold, merged, or converted to a Single-Member LLC (SMLLC), complete the following: Name, address and FEIN of the new existing corporation or owner of the SMLLC: FEIN

4 If amended return, check reason. Mississippi Correction Federal Correction Other

5 Check if the company has been audited by the IRS. If the company has been audited, what year(s) are involved?

6 Principal business activity in Mississippi UBI INVESTMENT 6a County location in Mississippi

7 Principal product or service in Mississippi N/A

8 Contact person for this return BEATRIX KOEV 8a Location and phone number 916-922-4755

PART II: CORPORATE OFFICER INFORMATION

List the owners, officers, directors or partners who have a responsibility in the fiscal management of the organization.

OFFICER NAME AND TITLE	SSN	ADDRESS	OWNERSHIP PERCENTAGE

Page 3

Page 4

SUPPLEMENTAL CORPORATE AFFILIATION SCHEDULE

[illegible]



831102131115

Mississippi

Corporate Franchise Tax Schedule

2021

FEIN 680050036

CAPITAL BASE	(ROUND TO THE NEAREST DOLLAR)
--------------	-------------------------------

1 Capital stock	1	0
2 Paid in capital	2	0
3 Surplus and retained earnings	3	0
4 Loans from shareholders or affiliates	4	0
5 Deferred taxes, contingent liabilities, all true reserves, and other elements (attach schedule)	5	0
6 Less treasury stock	6	0
7 Holding company exclusion (attach schedule)	7	0
8 Total capital base (add line 1 through line 7)	8	0

APPORTIONMENT RATIO	A MISSISSIPPI	B EVERYWHERE
---------------------	---------------	--------------

9 Real and tangible personal property owned at year end (net book value)	9A	0	9B	0
10 Gross receipts	10A	189	10B	89440
11 Total (line 9 plus line 10)	11A	189	11B	89440
12 Mississippi ratio (line 11A divided by line 11B)			12	0.2113
13 Taxable capital apportioned to Mississippi (line 8 multiplied by line 12. If 100% Mississippi, enter amount from line 8)			13	0

ASSESSED VALUE OF MISSISSIPPI PROPERTY
--

Mississippi County	Mississippi Assessed Value of Real Property	Mississippi Assessed Value of Personal Property
	0	0
	0	0
	0	0
	0	0

TAXABLE CAPITAL

14 Total assessed value of Mississippi property (attach additional schedule if needed)	14	0
15 Taxable capital (enter the larger of line 13 or line 14)	15	0
16 Prorate (except for initial return; if period is less than twelve months, multiply line 15 by the number of months covered by the return and divide by twelve)	16	0
17 Capital exemption (attach schedule)	17	0
18 Final taxable capital (line 15 or line 16 minus line 17. Round amount up to the next highest \$1,000 and enter amount on Form 83-105, line 1. If negative, enter zero on Form 83-105, line 1)	18	0



831222131115

Mississippi

Net Taxable Income Schedule

2021

Page 1

FEIN 680050036

COMPUTATION OF MISSISSIPPI NET TAXABLE INCOME	(ROUND TO THE NEAREST DOLLAR)
--	--------------------------------------

1 Federal taxable income (loss) before net operating loss deductions and special deductions (from federal Form 1120, page 1, line 28. If multistate direct accounting, enter zero and skip to line 23)	1	89440
--	---	-------

STATE ADDITIONS TO FEDERAL TAXABLE INCOME
--

2 State, local or foreign government taxes based on income	2	0
3 Interest on obligations of other states or political subdivisions (net of expenses)	3	0
4 Depletion expense in excess of cost	4	0
5 Federal capital loss carryover deduction	5	0
6 Federal special depreciation allowance	6	0
7 Other additions required by law (attach schedule)	7	0
8 Total additions (add line 2 through line 7)	8	0

STATE DEDUCTIONS FROM FEDERAL TAXABLE INCOME

9 Interest on obligations of the United States (net of expenses)	9	0
10 Wages reduced on federal return for federal employment tax credits	10	0
11 Income (loss) from partnership, S corporation or trust	11	0
12 Income (loss) from construction contracting or production of natural mineral resource products (net of expenses)	12	0
13 Additional depreciation due to a difference in the depreciable base for federal and state purposes (attach schedule)	13	0
14 Other deductions (attach schedule)	14	0
15 Total deductions (add line 9 through line 14)	15	0

APPORTIONMENT / ALLOCATION (MULTISTATE ONLY)

If 100% Mississippi, complete line 16 then skip to page 2, line 20

16 Adjusted federal income (loss) (line 1 plus line 8 minus line 15)	16	89440
17 Adjustment for nonbusiness income (loss) net of expenses (from Form 83-150, column E, line 2)	17	0
18 Apportionable business income (loss) (line 16 minus line 17)	18	89440
19 Apportionment ratio (enter ratio and check box as shown on Form 83-125, part II)	19	0.2113

Sales
retailManufacturers
retail
1D2733 1.000Manufacturers (wholesale),
Financial institutions, Pipelines
(for pharmaceutical suppliers,
see instructions)

Special Formula



831222132115

Mississippi

Net Taxable Income Schedule

2021

Page 2

FEIN 680050036

APPORTIONMENT / ALLOCATION

20 Mississippi apportioned income (loss)(if 100% Mississippi, enter line 16, otherwise, multiply line 18 by line 19)	20	189
21 Nonbusiness income (loss) allocated to Mississippi (from Form 83-150, column F, line 2)	21	0
22 Mississippi income (loss) from partnership, S corporation or trust (attach Mississippi K-1s, Form 84-132)	22	0
23 Mississippi income (loss) from construction contracting or production of natural mineral resource products (from Form 83-124, page 2, line 31 and/or page 3, line 46)	23	0
24 Adjustments related to Mississippi tax credits claimed	24	0
25 Mississippi capital loss carryover/carryback deduction (from Form 83-155, part II, line 2)	25	0
26 Other adjustments (attach schedule)	26	0

MISSISSIPPI TAXABLE INCOME

27 Income (loss) apportioned and allocated to Mississippi (add line 20 through line 26)	27	189
28 Mississippi net operating loss deduction (from Form 83-155, part I, line 2)	28	0
29 Income exemption (attach schedule; if not applicable enter zero)	29	0
30 Mississippi net taxable income (loss) (line 27 minus line 28 and line 29. Enter on Form 83-105, line 5; If filing combined, enter income (loss) on Form 83-310. If negative, enter zero on Form 83-105, line 5)	30	189



FEIN 680050036

Mississippi

Business Income Apportionment Schedule

2021

PART I: COMPUTATION OF APPORTIONMENT FACTORS			(ROUND TO FOUR DECIMAL PLACES)
	A Total Mississippi	B Total Everywhere	C Mississippi Ratio
1 Property factor			
a Beginning of taxable year	0	0	
b End of taxable year	0	0	
c Total (line 1a plus line 1b)	0	0	
d Average net book value of assets (divide line 1c by two)	0	0	
e Rental property (enter annual rental property multiplied by eight)	0	0	
f Total (line 1d plus line 1e)	0	0	
g Mississippi property factor (line 1f, column A divided by line 1f, column B)			
2 Payroll factor (line 2, column A divided by line 2, column B)	0	0	
3 Sales factor (line 3, column A divided by line 3, column B)	189	89440	
			0.2113

PART II: APPLICATION OF APPORTIONMENT FACTORS (CHECK ONE)	
Retailing, renting, servicing, merchandising or wholesaling	4 Sales factor (from part I, line 3, column C) (enter ratio on Form 83-122, line 19)
Manufacturers that sell principally at retail 5a Property factor (from part I, line 1g, column C) 5b Payroll factor (from part I, line 2, column C) 5c Subtotal (line 5a plus line 5b) 5d Average (divide line 5c by two) 5e Sales factor (from part I, line 3, column C) 5f Total (line 5d plus line 5e) 5g Weighted average (divide line 5f by two) (enter ratio on Form 83-122, line 19)	
Financial institutions, pipelines or manufacturers that sell principally at wholesale (for major medical or pharmaceutical suppliers, see instructions Form 83-100) 6a Property factor (from part I, line 1g, column C) 6b Payroll factor (from part I, line 2, column C) 6c Sales factor (from part I, line 3, column C) 6d Total (add lines 6a, 6b and 6c) 6e Average (divide line 6d by three) (enter ratio on Form 83-122, line 19)	
Airlines, motor carriers, express companies, telephone and telegraph companies	7 Special formula required (attach schedule and enter ratio on Form 83-122, line 19)

Mississippi Corporate Income Tax Voucher

Instructions

Estimated Tax Payments

Every corporate taxpayer having an annual income tax liability in excess of \$200 must make estimated tax payments. For more information about estimated income tax payments for corporations, please see the Instructions, Form 83-100.

Return Payments

This voucher, 83-300, should be used to remit return payments for corporations. Composite S corporations and composite partnerships use Form 84-300, Pass-Through Entity Income Tax Voucher. Partnerships that elect to withhold and remit 5% of the partnership's net gain/profit to each partners' tax account should use Form 84-387, Partnership Income Tax Withholding Voucher.

Payment Options

- To pay this amount online, go to www.dor.ms.gov, click on Taxpayer Access Point (TAP) and follow the instructions.
- To pay by check or money order, complete the payment coupon below:
 - Make the check or money order payable to Department of Revenue
 - Mail both the payment coupon and check/money order to: **P.O. Box 23192, Jackson, MS 39225-3192**
 - Check the appropriate box on the voucher for the payment type you are remitting.
 - Check the amended return box on the voucher if you are making a payment with an amended return.
 - Write the identification number on the check or money order.

1D2701 4.000

Cut Along the Dotted Line

Form 83-300-21-3-1-115 (Rev. 04/21)



833002131115

Mississippi Corporate Income Tax Voucher

Tax Year Beginning 01012021

Tax Year Ending 12312021

FEIN 680050036

Payment Due Date

Legal Name and DBA

SIERRA HEALTH FOUNDATION

Address

1321 GARDEN HIGHWAY

City

SACRAMENTO

State

CA

Zip +4

95833

CHECK ONE

Return Payment

Estimated Payment

Amended Return Payment

Amount Paid

25



**Department of
Taxation and Finance**

184641 04-01-21

Office of Processing and Taxpayer Services
W A Harriman Campus, Albany NY 12227

Taxpayer ID: 68-0050036

Taxpayer name: SIERRA HEALTH FOUNDATION

You must file this New York State corporation tax return electronically.

Individual taxpayers and paid preparers who use software to prepare their returns or their clients' returns, but file on paper, are subject to penalties.

E-filing has many advantages:

- It is fast, easy, and secure.
- There are no additional costs. Once you've paid for your New York State tax preparation software, you can e-file your New York State return for **free**.

90% of New Yorkers enjoy the benefits of e-filing.

If you are a corporation:

Because you prepared this New York State tax return using software, you **must** file it electronically.

If you are a paid preparer:

Because you prepared this return using software, you must e-file it. If you file a paper New York State tax return, you will be in violation of New York State law and subject to penalties.

If you are a corporation that used a paid preparer:

Since your preparer used software to prepare this return, it must be e-filed. If your tax return preparer gave you a paper New York State tax return with instructions to mail it, contact them and request that they file it electronically.

There is no charge for e-filing:

New York State Tax Law prohibits your tax preparer from charging you a separate or additional fee for e-filing your New York State tax return.

If you cannot e-file you must include Form CT-2:

If an individual corporation or a paid preparer does not meet the requirements to e-file, a software-generated Form CT-2, *Corporation Tax Return Summary*, **must** be included with the paper return to ensure the return is considered processible.

Questions?

Visit our website for more information about New York's e-file mandate.

**CT-2**

Department of Taxation and Finance

Corporation Tax Return Summary**THIS FORM MUST
BE FILED WITH
YOUR RETURN**

1 Legal name of corporation

1. SIERRA HEALTH FOUNDATION

Payment
enclosed

2. 250.00

3 Return type

3. CT13

4 Employer ID number (EIN)

4. 68-0050036

5 File number (FCC)

5. MM7

6 Period beginning date (mm-dd-yy)

6. 01-01-21

7 Period ending date (mm-dd-yy)

7. 12-31-21

8 Amended (Y=1; N=0)

8. 0

9 Final (Y=1; N=0)

9.

10 NAICS code

10. 523000

11 MTA indicator (None = 0; Y = 1; N = 2; Both = 3)

11.

12 Federal 1120-H filed (Y = 1; N = 0)

12.

13 REIT/RIC indicator (Y = 1; N = 0)

13.

14 Tax due/MTA surcharge

14. 250.00

15 Mandatory first installment (MFI) - no extension filed and tax due is over \$1,000

15.

16 Balance due

16. 250.00

17 Amount of overpayment credited to next period - NYS

17.

18 Refund of overpayment

18.

19 Refund of unused tax credits

19.

20 Tax credits to be credited as an overpayment to next year's return

20.

21 Amount of overpayment credited to next period - MTA

21.

22 Amount of MTA surcharge retaliatory tax credit to be refunded

22.

23 Fixed dollar minimum

23.

24 Designated agent's (Article 9-A) or combined parent's (Article 33) EIN

24. -

25 New York receipts

25.

26 Have you been convicted of an offense (NYS Penal Law, Art. 200 or 496, or section 195.20)?

26.

27 Paid preparer's EIN

27. 68-0037990

28 Preparer's NYTPRIN

28.

29 Excl. code

29.

541001211019

184951
11-18-21

1019

For office use only

Form CT-186-E filers only

30	Excise tax on telecommunication services - NYS	30.		
31	Excise tax on mobile telecommunication services subject to the 2.9% rate	31.		
32	Total excise tax on telecommunication services	32.		
33	Tax on gross income - NYS	33.		
34	MTA surcharge related to non-mobile telecommunication services	34.		
35	MTA surcharge related to telecommunication services subject to the 0.721% tax rate	35.		
36	Total MTA surcharge related to telecommunication services	36.		
37	MTA surcharge on gross income	37.		
38	Balance due - NYS	38.		
39	Balance due - MTA	39.		
40	Provided telecommunication services in the MCTD this year? (None = 0; Y = 1; N = 2; Both = 3)	40.		
41	Subject to supervision of the Department of Public Service and provided utility services in the MCTD this year? (None = 0; Y = 1; N = 2; Both = 3)	41.		
42	Overpayment credited to next year's tax - NYS	42.		
43	Overpayment credited to next year's tax - MTA	43.		
44	Refund of overpayment - NYS	44.		
45	Refund of overpayment - MTA	45.		
46	Refund of unused tax credits - NYS	46.		
47	Refund of unused tax credits - MTA	47.		
48	Refundable tax credits to be credited to next year's tax - NYS	48.		
49	Refundable tax credits to be credited to next year's tax - MTA	49.		



**CT-13**

Department of Taxation and Finance

**Unrelated Business Income
Tax Return**Amended
return ☐

Tax Law - Article 13

All filers enter tax period:

beginning **01-01-21** ending **12-31-21**

Employer identification number (EIN) 68-0050036	File number MM7	Business telephone number 916-922-4755	If you claim an overpayment, mark an X in the box ☐
Legal name of corporation SIERRA HEALTH FOUNDATION		Trade name/DBA	
Mailing address Care of (c/o) Number and street or PO Box 1321 GARDEN HIGHWAY		State or country of incorporation	
City SACRAMENTO, CA		U.S. state/Canadian province 95833	ZIP/Postal code
Country (if not United States)		For office use only	
NAICS business code number (from federal return) 523000	If you need to update your address or phone information for corporation tax, or other tax types, you can do so online. See <i>Business information</i> in Form CT-1.		
Principal unrelated business activity (see instructions) SEE STATEMENT 1			

Form CT-247, Application for Exemption from Corporation Franchise Taxes by a Not-For-Profit**Organization** - Have you filed this New York State application for exemption? (see instructions) Yes ☐ No ☒Mark an **X** in this box if you are an employee trust as defined in Internal Revenue Code (IRC) section 401(a) ☐Mark an **X** in this box if you ceased operating the unrelated business during the tax year covered by this return (see section Who must file Form CT-13 in the instructions) ☐

A. Pay amount shown on line 22. Make payable to: New York State Corporation Tax ◀ Attach your payment here. Detach all check stubs. (See instructions for details.)	A	Payment enclosed 250.
--	----------	---------------------------------

Computation of income and tax

1 Federal unrelated business taxable income before net operating loss deduction and after \$1,000 specific deduction	1	88,440.
2 New York State Article 13 and Article 23 tax deducted on federal return	2	
3 Additions required for shareholders of federal S corporations (see instructions)	3	
4 Grossed-up taxes for shareholders of New York S corporations (see instructions)	4	
5 Other additions (see instructions) STMT 2	5	1,000.
6 Add lines 1 through 5	6	89,440.
7 Other income (see instructions)	7	
8 Federal S corporation shareholder subtractions (see instructions)	8	
9 Other subtractions (see instructions)	9	
10 Total subtractions (add lines 7, 8, and 9)	10	
11 Taxable income before net operating loss deduction (subtract line 10 from line 6)	11	89,440.
12 New York net operating loss deduction (attach federal and NYS computations; see instructions)	12	
13 Taxable income (subtract line 12 from line 11)	13	89,440.
14 Allocated taxable income (multiply line 13 by -6.2276 % from line 42; or enter amount from line 13 if allocation is not claimed)	14	-5,570.
15 Tax based on income (multiply line 14 by 9% (.09))	15	0.
16 Minimum tax	16	250.00
17 Tax (line 15 or line 16, whichever is larger)	17	250.
18 Total prepayments from line 46	18	
19 Balance (if line 18 is less than line 17, subtract line 18 from line 17)	19	250.
20 Interest on late payment (see instructions)	20	
21 Late filing and late payment penalties (see instructions)	21	
22 Balance due (add lines 19, 20, and 21 and enter here; enter the payment amount on line A above)	22	250.
23 Overpayment (if line 17 is less than line 18, subtract line 17 from line 18)	23	
24 Amount of overpayment on line 23 to be credited to next year	24	
25 Amount of overpayment on line 23 to be refunded (subtract line 24 from line 23)	25	

See page 3 for third-party designee, certification, and signature entry areas.

400001211019



Have you been audited by the Internal Revenue Service in the past 5 years?

Yes ☐No ☒

If Yes, list years: _____

Federal return was filed on:

990-T ☒Other: ☐

Attach a complete copy of your federal return.

Schedule A - Unrelated business allocation

If you did not maintain a regular place of business outside New York State, leave this schedule blank. A regular place of business is any office, factory, warehouse, or other space regularly used by the taxpayer in its unrelated business. If you claim this allocation, attach a list of each place of business, the location, nature of activities, and number and duties of employees.

Average value of:		A New York State	B Everywhere	
26	Real estate owned (see instructions)	26		
27	Gross rents (attach list; see instructions)	27		
28	Inventories owned	28		
29	Other tangible personal property owned (see instructions)	29		
30	Total (add lines 26 through 29)	30		
31	Percentage in New York State (divide line 30, column A, by line 30, column B)	31		%

Receipts in the regular course of business from:

32	Sales of tangible personal property shipped to points within New York State	32			
33	All sales of tangible personal property	33			
34	Services performed	34			
35	Rentals of property	35			
36	Other business receipts	36	- 5,570.	89,440.	
37	Total (add lines 32 through 36)	37	- 5,570.	89,440.	
38	Percentage in New York State (divide line 37, column A, by line 37, column B)	38		- 6.2276	%
39	Wages, salaries, and other compensation of employees (except general executive officers; see instructions)	39			
40	Percentage in New York State (divide line 39, column A, by line 39, column B)	40			%
41	Total of New York State percentages (add lines 31, 38, and 40)	41		- 6.2276	%
42	Business allocation percentage (divide line 41 by three or by the number of percentages)	42		- 6.2276	%

Composition of prepayments claimed on line 18*

		Date paid	Amount
43	Payment with extension request, Form CT-5, line 5	43	
44a	Second installment from Form CT-400	44a	
44b	Third installment from Form CT-400	44b	
44c	Fourth installment from Form CT-400	44c	
45	Amount of overpayment credited from prior years	45	
46	Total prepayments (add lines 43 through 45; enter here and on line 18)	46	

* Taxpayers subject to the unrelated business income tax are not required to make estimated tax payments. If you did make these unrequired payments, report them on lines 44a, 44b, and 44c.

Amended return information

If filing an amended return, mark an X in the box for any items that apply and attach documentation.

Final federal determination ☐

If marked, enter date of determination: • _____

Capital loss carryback ☐Federal return filed Form 1139 • ☐Amended Form 990-T ☐

400002211019



Third - party designee (see instructions)	Yes ☐ No ☐	Designee's name (<i>print</i>)	Designee's phone number
	Designee's email address		PIN

Certification: I certify that this return and any attachments are to the best of my knowledge and belief true, correct, and complete.

Authorized person	Printed name of authorized person BEATRIX KOEV	Signature of authorized person	Official title CFO	
	Email address of authorized person BKOEV@SIERRAHEALTH.ORG		Telephone number 916-922-4755	Date 11-15-22
Paid preparer use only (see instr.)	Firm's name (<i>or yours if self-employed</i>) GILBERT CPAS		Firm's EIN 68-0037990	Preparer's PTIN or SSN P01281212
	Signature of individual preparing this return <i>Amanda Williams C.P.A.</i>	Address City State ZIP code 2880 GATEWAY OAKS DR, STE 100 SACRAMENTO, CA 95833		
	Email address of individual preparing this return AMANDA@GILBERTCPA.COM	Preparer's NYTPRIN or Excl. code	Date 11-14-22	

See instructions for where to file.

400003211019



FORM CT-13 PRINCIPAL UNRELATED BUSINESS ACTIVITY STATEMENT 1

INVESTMENTS IN LIMITED PARTNERSHIPS

FORM CT-13 OTHER ADDITIONS STATEMENT 2

DESCRIPTION	AMOUNT
NONAPPORTIONABLE INCOME (LOSS)	1,000.
TOTAL TO FORM CT-13, PAGE 1, LINE 5	1,000.

**Worksheet for Additional Input and Instructions
North Carolina CD-405 C Corporation Tax Return**

1. Enter all dates as MM DD YY.
2. Enter all currency (dollar) amounts as whole dollars only. Round your entries to the nearest dollar.
3. Make sure Calculations are done before printing.

Provide the following information for the Scan Band.

Other tax year beginning (MM DD YY) 01 01 21

and ending (MM DD YY) 12 31 21

Legal Name SIERRA HEALTH FOUNDATION

Address 1321 GARDEN HIGHWAY

Federal EIN 68-0050036

N.C. Secretary of State ID Number

Primary NAICS Code 523000

City SACRAMENTO State(2 Letter Code) CA Zip code 95833

Enter Y or N to the following questions:

 N Does a Penalty Exception Apply?

If yes, enter X by one of the following:

___ Annualized Income

___ Short Period

 Covid 19 legislation

CD-405 (40)

8-17-21

C Corporation Tax Return 2021

North Carolina Department of Revenue

DOR Use Only

For calendar year 2021, or other tax year beginning 01 01 21 and ending 12 31 21

SIERRA HEALTH FOUNDATION

1321 GARDEN HIGHWAY

SACRAMENTO CA 95833

Federal Employer ID Number 680050036

N.C. Secretary of State ID Number

NAICS Code 523000

☐ Initial Return ☐ Short Year Return ☐ Captive REIT ☐ Non U.S./Foreign ☐ NC-Rehab ☐ NC-478 is attached
☐ Final Return ☐ Amended Return ☒ Tax Exempt ☐ Combined Return (Approved Taxpayers Only) ☐ Has Escheatable Property

SIER 1321 95833 680050036

523000

☒ Yes
☐ No

Federal Extension Were you granted an automatic extension to file your 2021 federal income tax return (Form 1120)?

PP 680037990 PFSP F IR N FR N SR N AR N

TN 9169224755 RE N TE Y NF N CR N NCR N 478 N EP N FDEXT Y

SIERRA HEALTH FOUNDATION

1321 GARDEN HIGHWAY

SACRAMENTO

CA 95833

GR	0	09	0	21	0	30	0
TA	0	10	89440	22	0	34	0
01	0	11	0	24	0	EU	0
HCE	N	13	0	26	43	35A	0
02	0	15	0	27A	0	35B	0
03	0	16	89440	27B	0	38	0
05	0	17	19052	27C	0	39	0
06	0	18	1704	27D	0	40	0
07	0	19	0	27E	0	41	0
08	0	20	1704	29	43		

Sch. A Computation of Franchise Tax

1. Net Worth 0
 Holding Company Exception
 2. Investment in N.C. Tangible Property 0
 3. Appraised Value of N.C. Tangible Property 0
 4. Taxable Amount 0
 5. Total Franchise Tax Due 0
 6. Payment with Franchise Tax Extension 0
 7. Tax Credits 0
 8. Franchise Tax Due 0

9. Franchise Tax Overpaid 0

Sch. B Computation of Corporate Income Tax

10. Federal Taxable Income 89440
 11. Adjustments to Federal Taxable Income 0
 12. Net Income Before Contributions 89440
 13. Contributions to Donees Outside N.C. 0
 14. N.C. Taxable Income 89440
 15. Nonapportionable Income 0
 16. Apportionable Income 89440
 17. Apportionment Factor 1.9052 %

I declare and certify that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete.

☐ Refund Due 0

☒ Payment Due 243

Signature and Title of Officer: CFO 11-15-2022

Date

9169224755

Corporate Phone Number

Check here if you authorize the North Carolina Department of Revenue to discuss this return and attachments with the paid preparer below.

PAID PREPARER USE ONLY

If prepared by a person other than taxpayer, this certification is based on all information of which the preparer has any knowledge.

Signature of Paid Preparer: Amanda Williams C.P.A. 11-15-2022

Date

9166466464

Preparer's Phone Number

68-0037990

Preparer's FEIN, SSN, or PTIN

☒ FEIN
☐ SSN
☐ PTIN

Mail to: NCDOR, P.O. Box 25000, Raleigh, N.C. 27640-0500. Returns are due by the 15th day of the 4th month after the end of the income year.

Legal Name (First 10 Characters)	SIERRA HEA	Federal Employer ID Number	680050036
CD-405 Line-by-Line Information			
N.C. Education Endowment Fund: You may contribute to the N.C. Education Endowment Fund by making a contribution or designating some or all of your overpayment to the Fund. To make a contribution, enclose Form NC-EDU and your payment of 0			
Sch. B Computation of Corporate Income Tax		Sch. D Investment in N.C. Tangible Property	
18. Income Apportioned to N.C.	1704	Inventory valuation method	
19. Nonapportionable Income Allocated to N.C.	0	1. Total inventories located in N.C.	0
20. Income Subject to N.C. Tax	1704	2. Total furniture, fixtures, and M & E located in N.C.	0
21. % Depletion over Cost - N.C. Property	0	3. Total land and buildings located in N.C.	0
22. State Net Loss (Attach schedule)	0	4. Total leasehold improvements and other N.C. tangible property	0
23. Income Before Contributions to N.C. Donees	1704	5. Add Lines 1 through 4	0
24. Contributions to N.C. Donees	0	6. Accumulated depreciation, depletion, and amortization with respect to N.C. tangible property	0
25. Net Taxable Income	1704	7. Debts existing for the purchase or improvement of N.C. real estate	0
26. N.C. Net Income Tax	43	8. Investment in N.C. Tangible Property	0
27. Payments and Credits		Sch. E Appraised Value of N.C. Tangible Property	
a. Income Tax Extension	0	1. County tax value of N.C. tangible property	0
b. 2021 Estimated Tax (previous payments if amended)	0	2. Appraised value of N.C. tangible property	0
c. Partnership (include Form D-403, NC K-1)	0	Sch. G Federal Taxable Income Before NOL Deduction	
d. Nonresident Withholding (include 1099 or W-2)	0	1. a. Gross receipts or sales	0
e. Tax Credits	0	b. Returns and allowances	0
28. Add Lines 27a through 27e	0	c. Balance - Line 1a minus Line 1b	0
29. Income Tax Due	43	2. Cost of goods sold (Attach schedule)	0
30. Income Tax Overpaid	0	3. Gross Profit (Line 1c minus Line 2)	0
Tax Due or Refund		4. Dividends (Attach schedule)	0
31. Franchise Tax Due or Overpayment	200	5. a. Interest on obligations of U.S. and its instrumentalities	0
32. Income Tax Due or Overpayment	43	b. Other interest	0
33. Balance of Tax Due or Overpayment	243	6. Gross rents	0
34. Underpayment of Estimated Income Tax	0	7. Gross royalties (Attach schedule)	0
EU. Exception to Underpayment of Estimated Tax	0	8. Capital gain net income (Attach schedule)	0
35. a. Interest	0	9. Net gain (loss) (Attach schedule)	0
b. Penalties	0	10. Other income (Attach schedule)	89440
c. Add Lines 35a and 35b	0	11. Total Income	89440
36. Total Due	243	12. Compensation of officers (Attach sch., including addresses)	0
37. Overpayment	0	13. Salaries and wages (less employment credits)	0
38. 2022 Estimated Income Tax	0	14. Repairs and maintenance	0
39. N.C. Nongame and Endangered Wildlife Fund	0	15. Bad debts	0
40. N.C. Education Endowment Fund	0	16. Rents	0
41. Amount to be Refunded	0	17. Taxes and licenses	0
Sch. C Net Worth		18. Interest	0
1. Total assets	0	19. Charitable contributions	0
2. Total liabilities	0	20. a. Depreciation	0
3. Line 1 minus Line 2	0	b. Depreciation included in cost of goods sold	0
4. Accumulated depreciation, depletion, and amortization permitted for income tax purposes (Attach schedule)	0	c. Balance - Line 20a minus 20b	0
5. Line 3 minus Line 4	0	21. Depletion	0
6. Affiliated indebtedness (Attach schedule)	0	22. Advertising	0
7. Line 5 plus (or minus) Line 6	0	23. Pension, profit-sharing, and similar plans	0
8. Apportionment factor	1.9052%	24. Employee benefit programs	0
9. Net Worth	0	25. Reserved for future use	0
		26. Other deductions (Attach schedule)	0
		27. Total Deductions	0
		28. Taxable Income Per Federal Return Before NOL and Special Deductions	89440
		29. Special Deductions	0
		30. Federal Taxable Income	89440

Legal Name (First 10 Characters)

SIERRA HEA

Federal Employer ID Number

680050036

Sch. H Adjustments to Federal Taxable Income

1.	Additions		
a.	Taxes based on net income	1a.	0
b.	Contributions	1b.	0
c.	Royalties to related members	1c.	0
d.	Net interest expense to related members	1d.	0
e.	Expenses attributable to income not taxed	1e.	0
f.	Bonus depreciation	1f.	0
g.	Section 179 expense deduction	1g.	0
h.	Other (Attach schedule)	1h.	0
2.	Total Additions	2.	0
3.	Deductions		
a.	U.S. obligation interest (net of expenses) (Attach schedule)	3a.	0
b.	Other deductible dividends	3b.	0
c.	Royalties received from related members	3c.	0
d.	Qualified interest expense to related members	3d.	0
e.	Bonus depreciation	3e.	0
f.	Section 179 expense deduction	3f.	0
g.	Other (Attach schedule)	3g.	0
4.	Total Deductions	4.	0
5.	Adjustments to Federal Taxable Income	5.	0

Sch. I Contributions

1.	Contributions to Donees Outside N.C.		
a.	Total contributions to donees outside N.C.	1a.	0
b.	Multiply Schedule B, Line 12 by 5%, if Line 12 is greater than zero. Otherwise enter zero.	1b.	0
c.	Amount Deductible	1c.	0
2.	Contributions to N.C. Donees		
a.	Total contributions to N.C. donees other than those listed in Line 2d	2a.	0
b.	Multiply Sch. B, Line 23 by 5%, if Line 23 is greater than zero. Otherwise enter zero.	2b.	0
c.	Enter the lesser of Line 2a or 2b	2c.	0
d.	Total contributions to the State of N.C. and its political subdivisions	2d.	0
e.	Amount Deductible	2e.	0

Sch. F Other Information - All Taxpayers Must Complete this Schedule

1. a. State of incorporation	CALIFORNIA	8. Is this corporation subject to franchise tax but not N.C. income tax because the corporation's income tax activities are protected under P.L. 86-272? (If yes, attach explanation)
b. Date incorporated	01 31 84	
2. Date of N.C. Certificate of Authority		
3. a. Regular or principal trade or business in N.C.	UBI INVEST	9. Officers' names and addresses:
b. Regular or principal trade or business everywhere	UBI	President
4. Principal place business is directed or managed	CA	Vice-President
5. What was the last year the IRS redetermined the corporation's federal taxable income?		Secretary
6. a. Were adjustments reported to N.C.?		Treasurer
b. If so, when?		
7. Does this corporation finance or discount its receivables through a related or an affiliated company?		

Explanation of Changes for Amended Return:**This page must be filed with this form.**

Legal Name (First 10 Characters)

SIERRA HEA

Federal Employer ID Number

680050036

Sch. L Balance Sheet per Books

	Beginning of Tax Year		End of Tax Year	
	(a)	(b)	(c)	(d)
Assets				
1. Cash		0		0
2. a. Trade notes and accounts receivable	0		0	
b. Less allowance for bad debts	(0)	0 (	0)	0
3. Inventories		0		0
4. a. U.S. government obligations		0		0
b. State and other obligations		0		0
5. Tax-exempt securities		0		0
6. Other current assets (Attach end of year schedule)		0		0
7. Loans to shareholders		0		0
8. Mortgage and real estate loans		0		0
9. Other investments (Attach end of year schedule)		0		0
10. a. Buildings and other depreciable assets	0		0	
b. Less accumulated depreciation	(0)	0 (	0)	0
11. a. Depletable assets	0		0	
b. Less accumulated depletion	(0)	0 (	0)	0
12. Land (net of any amortization)		0		0
13. a. Intangible assets (amortizable only)	0		0	
b. Less accumulated amortization	(0)	0 (	0)	0
14. Other assets (Attach end of year schedule)		0		0
15. Total Assets		0		0
Liabilities and Shareholders' Equity				
16. Accounts payable		0		0
17. Mortgages, notes, and bonds payable in less than 1 year		0		0
18. Other current liabilities (Attach end of year schedule)		0		0
19. Loans from shareholders		0		0
20. Mortgages, notes, and bonds payable in 1 year or more		0		0
21. Other liabilities (Attach end of year schedule)		0		0
22. Capital stock: a. Preferred Stock	0		0	
b. Common Stock	0	0	0	0
23. Additional paid-in capital		0		0
24. Retained earnings - Appropriated (Attach end of year sch.)		0		0
25. Retained earnings - Unappropriated		0		0
26. Adjustments to shareholders' equity (Attach end of year sch.)		0		0
27. Less cost of treasury stock	(	0)	(	0
28. Total Liabilities and Shareholders' Equity		0		0

Sch. M-1 Reconciliation of Income (Loss) per Books with Income per Return

1. Net income (loss) per books	0	7. Income recorded on books this year not included on this return:	
2. Federal income tax	0	Tax-exempt interest	\$ 0
3. Excess of capital losses over capital gains	0		
4. Income subject to tax not recorded on books this year:	0		0
5. Expenses recorded on books this year not deducted on this return:		8. Deductions on this return not charged against book income this year:	
a. Depreciation	\$ 0	a. Depreciation	\$ 0
b. Charitable Contributions	\$ 0	b. Charitable Contributions	\$ 0
c. Travel and entertainment	\$ 0		
			0
	0	9. Add Lines 7 and 8	0
6. Add Lines 1 through 5	0	10. Income	0

This page must be filed with
this form.

Legal Name (First 10 Characters)

SIERRA HEA

Federal Employer ID Number

680050036

Sch. M-2 Retained Earnings Analysis

1. Balance at beginning of year	0	5. Distributions: a. Cash	0
2. Net income (loss) per books	0	b. Stock	0
3. Other increases:		c. Property	0
		6. Other decreases:	0
	0	7. Add Lines 5 and 6	0
4. Add Lines 1, 2, and 3	0	8. Balance at End of Year	0

Sch. N Nonapportionable Income

(A) Nonapportionable Income	(B) Gross Amounts	(C) Related Expenses	(D) Net Amounts	(E) Net Amounts Allocated Directly to N.C.
	0	0	0	0
	0	0	0	0
	0	0	0	0
	0	0	0	0
	0	0	0	0
1. Nonapportionable Income			0	
2. Nonapportionable Income Allocated to N.C.				0

Explanation of why income listed is nonapportionable income rather than apportionable income:

Sch. O Computation of Apportionment Factor**Part 1. Domestic and Other Corporations Not Apportioning Franchise or Income Outside N.C.**

%

Part 2. Corporations Apportioning Franchise or Income to N.C. and to Other States

	1. Within North Carolina	2. Total Everywhere
1. Gross Receipts Subject to Apportionment	0	0
2. Gross Rents Subject to Apportionment	0	0
3. Gross Royalties Subject to Apportionment	0	0
4. Dividends Subject to Apportionment	0	0
5. Interest Subject to Apportionment	0	0
6. Other Apportionable Income	1704	89440
7. Share of Receipts from Noncorporate Entities Subject to Apportionment	0	0
8. Total	1704	89440
9. N.C. Apportionment Factor		1.9052 %

Part 3. Special Apportionment Formulas

%

This page must be filed with this form.

CD-V Corporate Worksheet for Additional Input and Instructions

This worksheet is used for data entry only. DO NOT MAIL IT WITH THE RETURN. The information automatically carries to the proper pages. Failure to complete the entries on this worksheet results in an incorrect return.

In order for the form to calculate correctly, please enter the following information:

Enter X by your Period Ending Date:

☒	12 - December 2021
☐	01 - January 2022
☐	02 - February 2022
☐	03 - March 2022
☐	04 - April 2022
☐	05 - May 2022
☐	06 - June 2022
☐	07 - July 2022
☐	08 - August 2022
☐	09 - September 2022
☐	10 - October 2022
☐	11 - November 2022

If you are a Short Year 2020 filer, check here: ☐

Did you know you can pay online?

Benefits of Paying Taxes Online

- Accurate, secure, convenient
- Schedule payments in advance
- Bank drafts (free), MasterCard or Visa (\$2 convenience fee for every \$100 paid)
- Enjoy peace of mind, knowing your payment will be processed timely and efficiently

How to Pay Taxes Online

Visit www.ncdor.gov and search for online file and pay.

How to Pay Taxes Using Paper

If you are unable to pay online, complete the voucher (below), cut across the dotted line, and send the completed voucher and your check or money order to the NCDOR, PO Box 25000, Raleigh, NC 27640-0650. If you pay taxes online, DO NOT submit the paper voucher.

Please check boxes that apply
 X Non Profit/Tax Exempt
 Non US/Foreign
 Coop. or Mutual Assn.

Cut Here

CD-V (40)

9-24-12

Corporate Income Tax Payment Voucher

North Carolina Department of Revenue

For calendar year	2021	or other tax year beginning		and ending	
SIERRA HEALTH FOUNDATION				680050036	
1321 GARDEN HIGHWAY			Y NP/TE	N NF	N CO/MA
SACRAMENTO	CA	95833	Total Corporate Income Tax Due	\$	243.00

6620140004



12203 6800500361 0000000 06505

2021 Form OR-20-INC
Oregon Corporation Income Tax Return

Oregon Department of Revenue

Page 1 of 6 • Use UPPERCASE letters. • Use blue or black ink. • Print actual size (100%). • Don't submit photocopies or use staples.

Fiscal year beginning (MM/DD/YYYY)

Fiscal year ending (MM/DD/YYYY)

01/01/2021

12/31/2021

See instructions for checkboxes.

☐ New name	☐ New address	☒ Extension	☐ Form OR-37
☐ REIT/RIC	☐ Amended	☐ Form OR-24	☐ Federal Form 8886
☐ GILTI included on federal return	☐ Alternative apportionment request included		

Legal name

SIERRA HEALTH FOUNDATION

Federal employer identification number (FEIN)

68-0050036

Doing business as (DBA) or assumed business name (ABN)

Attn: or c/o, first name

Initial

Attn: or c/o, last name

Current address

1321 GARDEN HIGHWAY

City

State

ZIP code

SACRAMENTO

CA

95833

Contact first name

Initial

Contact last name

BEATRIX

KOEV

Contact phone

916-922-4755

Email

WWW.SIERRAHEALTH.ORG

2021 Form OR-20-INC

Oregon Department of Revenue

Page 2 of 6 • Use UPPERCASE letters. • Use blue or black ink. • Print actual size (100%). • Don't submit photocopies or use staples.

Use **Form OR-20-INC** when the corporation derives Oregon-source income, but the income-producing activity doesn't actually constitute "doing business." **If the corporation has an Oregon address or has Oregon sales and one other apportionment factor for Oregon, the corporation should file Form OR-20.**

Only complete questions A through D if this is your first return, or the answer changed during this tax year.

A. Incorporated in (state) Incorporated on (date) (MM/DD/YYYY)

CA 01/31/1984

B. State of commercial domicile

C. Date business activity began in Oregon (MM/DD/YYYY)

D. Business activity code

CA 01/01/2015

523000

E. ☐ (1) Consolidated federal return ☐ (2) Consolidated Oregon return ☐ (3) Corporations included in consolidated federal return, but not in Oregon return

F. Parent corporation name, if applicable

Parent corporation FEIN, if applicable

G. List the tax years for which federal waivers of the statute of limitations are in effect and dates on which waivers expire

H. List the tax years for which federal taxable income was changed by an IRS audit or by an amended federal return filed during this tax year

I. If first return, indicate: ☐ New business ☐ Successor to previous business

Name of previous business

FEIN

J. If final return, indicate: ☐ Withdrawn ☐ Dissolved ☐ Merged or reorganized

Name of merged or reorganized corporation

FEIN

Continued on next page

Page 3 of 6 • Use UPPERCASE letters. • Use blue or black ink. • Print actual size (100%). • Don't submit photocopies or use staples.

K. ☐ Utility or telecommunications companies (see instructions)

L. ☐ Limited partner income only. (include a copy of federal Schedule K-1, if applicable)

M. Fill in the amount of your total Oregon sales M.

1. Taxable income from U.S. corporation income tax return (see instructions) 1.	89,440.00
2. Total additions from Schedule OR-ASC-CORP, Section A (see instructions) 2.	
3. Income after additions (line 1 plus line 2). 3.	89,440.00
4. Total subtractions from Schedule OR-ASC-CORP, Section B (see instructions) 4.	
5. Net income before apportionment (line 3 minus line 4). Carry amount on line 5 to Schedule OR-AP, part 2, line 1 5.	89,440.00
6. Enter the apportionment percentage from Schedule OR-AP, part 1, line 23 6.	1.9667 %
7. Oregon taxable income from Schedule OR-AP, part 2, line 12 7.	1,759.00

Tax

8. Calculated income tax (see instructions) 8.	116.00
9. Tax adjustments (include schedule) 9.	
10. Tax before credits (line 8 plus line 9) 10.	116.00

Credits

11. Total standard credits from Schedule OR-ASC-CORP, Section C (see instructions) 11.	
12. Tax after standard credits (line 10 minus line 11) 12.	116.00
13. Total carryforward credits from Schedule OR-ASC-CORP, Section D 13.	

Continued on next page

Income tax

14. Income tax after standard and carryforward credits
(line 12 minus line 13) 14. 116.00
15. LIFO benefit recapture subtraction (see instructions) 15.
16. Net income tax (line 14 minus line 15, see instructions) (no minimum
income tax) 16. 116.00
17. Estimated tax payments, other prepayments, and refundable
credits from Schedule ES line 8. Include payments made
with extension 17.
18. Withholding payments made on your behalf from pass-through
entity or real estate income 18.
19. **Tax due.** Is line 16 more than line 17 plus line 18? If so, line 16 minus
lines 17 and 18 **Tax due** 19. 116.00
20. **Overpayment.** Is line 16 less than line 17 plus line 18? If so, line 17
plus line 18, minus line 16. **Overpayment** 20.
21. Penalty due with this return 21.
22. Interest due with this return 22.
23. Interest on underpayment of estimated tax (include Form OR-37) . . .23.
24. Total penalty and interest (add lines 21 through 23) 24.
25. **Total due** (line 19 plus line 24) **Tax due** 25. 116.00
26. **Refund available** (line 20 minus line 24) **Refund** 26.
27. Amount of refund to be credited to your open estimated
tax account 27.
28. **Net refund** (line 26 minus line 27) **Net refund** 28.

Continued on next page

Schedule ES - Estimated tax payments, other prepayments, and refundable credits

1. Quarter 1

Payer name

Payer FEIN

Date paid

1. Amount paid. 1.

2. Quarter 2

Payer name

Payer FEIN

Date paid

2. Amount paid. 2.

3. Quarter 3

Payer name

Payer FEIN

Date paid

3. Amount paid. 3.

4. Quarter 4

Payer name

Payer FEIN

Date paid

4. Amount paid. 4.

Continued on next page

Page 6 of 6 • Use UPPERCASE letters. • Use blue or black ink. • Print actual size (100%). • Don't submit photocopies or use staples.

5. Overpayment of another year's tax applied as a credit against this year's tax 5.
6. Payments made with extension or other prepayments for this tax year and date paid 6.
Date paid (MM/DD/YYYY)
7. Total refundable credits from Schedule OR-ASC-CORP, Section E . . . 7.
8. Total prepayments and refundable credits (carry to line 17 on previous page). 8.

Under penalty of false swearing, I declare that the information in this return and any enclosures are true, correct, and complete.

Officer signature

X

Date (MM/DD/YYYY)

11/15/2022

Officer first name

Initial

Officer last name

BEATRIX

KOEV

Officer title

CFO

Preparer signature other than taxpayer

X

Date (MM/DD/YYYY)

Phone

Preparer license number

11/15/2022

916-646-6464

P01281212

Preparer first name

Initial

Preparer last name

AMANDA

H

WILLIAMS

Preparer address

2880 GATEWAY OAKS DRIVE, SUITE 100

City

State

ZIP code

SACRAMENTO

CA

95833

Mail refund returns and no tax due returns to:
Refund, PO Box 14777, Salem OR 97309-0960

Mail tax-to-pay returns with payment to:
Oregon Department of Revenue, PO Box 14790, Salem OR 97309-0470

Do not include a payment voucher with your return. Include a complete copy of your federal Form 1120 and schedules.

2021 Schedule OR-AP
Apportionment of Income for Corporations and Partnerships

Oregon Department of Revenue

Page 1 of 4
Use UPPERCASE letters.
Use blue or black ink.
Print actual size (100%).
Don't submit photocopies or use staples.

Corporation legal name (as shown on your Oregon return)

SIERRA HEALTH FOUNDATION

Federal employer identification number (FEIN)

68-0050036

Describe the nature and provide the location(s) of your Oregon business activities:

UBI INVESTMENT

Part 1 - Apportionment information

Property/real estate income and interest factor

(Don't enter an amount less than zero)

Oregon

- 1a. Inventories 1a.
2a. Buildings and other depreciable assets 2a.
3a. Land 3a.
4a. Other assets 4a.
5a. Minus: Construction in progress 5a.
6a. Rented property (capitalize at 8 times the rental rate paid) 6a.
7a. Net income from real property (insurance only) 7a.
8a. Interest received on loans secured by real property
(insurance only) 8a.
9a. Total property or real estate income and interest (Oregon) 9a.

Continued on next page

2021 Schedule OR-AP

Oregon Department of Revenue

Page 2 of 4 • Use UPPERCASE letters. • Use blue or black ink. • Print actual size (100%). • Don't submit photocopies or use staples.

Everywhere

- 1b. Inventories 1b.
- 2b. Buildings and other depreciable assets 2b.
- 3b. Land 3b.
- 4b. Other assets 4b.
- 5b. Minus: Construction in progress 5b.
- 6b. Rented property (capitalize at 8 times the rental rate paid). 6b.
- 7b. Net income from real property (insurance only) 7b.
- 8b. Interest received on loans secured by real property
(insurance only). 8b.
- 9b. **Total** property or real estate income and interest (Everywhere). . . . 9b.

Payroll factor (wage and commission)

Oregon

- 10a. Compensation of officers 10a.
- 11a. Other wages, salaries, and commissions 11a.
- 12a. **Total** wages and compensation (Oregon). 12a.

Everywhere

- 10b. Compensation of officers 10b.
- 11b. Other wages, salaries, and commissions 11b.
- 12b. **Total** wages and compensation (Everywhere). 12b.

Continued on next page

2021 Schedule OR-AP

Oregon Department of Revenue

Page 3 of 4 • Use UPPERCASE letters. • Use blue or black ink. • Print actual size (100%). • Don't submit photocopies or use staples.

Sales factor

Oregon

13. Shipped from outside Oregon	13.	
14. Shipped from inside Oregon	14.	
15. Shipped from Oregon to the United States government	15.	
16. Shipped from Oregon to purchasers where corporation isn't taxable.	16.	
17. Partnership sales (from Schedule OR-PI)	17.	
18. Other business receipts	18.	1,759.00
19. Direct premiums (insurance only)	19.	
20. Annuity considerations (insurance only)	20.	
21. Finance and service charge (insurance only)	21.	
22a. Total sales (Oregon)	22a.	1,759.00

Everywhere

22b. Total sales (Everywhere)	22b.	89,440.00
---	------	-----------

23. Oregon apportionment percentage (See Instructions) (Enter the amount from the worksheet) (Round to four decimal places).	23.	1.9667 %
--	-----	----------

Continued on next page

2021 Schedule OR-AP

Oregon Department of Revenue

Page 4 of 4 • Use UPPERCASE letters. • Use blue or black ink. • Print actual size (100%). • Don't submit photocopies or use staples.

Part 2 - Taxable income computation

1. Income	1.	89,440.00
2. Subtract: Net nonapportionable income included in line 1. Include schedule	2.	
3. Subtract: Gains from prior year installment sales included in line 1. Include schedule	3.	
4. Total net income subject to apportionment	4.	89,440.00
5. Oregon apportionment percentage (from part 1, line 23) (Round to four decimal places)	5.	1.9667 %
6. Income apportioned to Oregon (line 4 times line 5)	6.	1,759.00
7. Add: Net nonapportionable income allocated entirely to Oregon. Include schedule	7.	
8. Add: Gain from prior year installment sales apportioned to Oregon. Include schedule	8.	
9. Total of lines 6, 7, and 8	9.	1,759.00
10a. Oregon apportioned net loss from prior years. Include schedule . . .	10a.	
10b. Net capital loss from other years. See instructions. Include schedule	10b.	
11. Total loss (line 10a plus line 10b)	11.	
12. Oregon taxable income (line 9 minus line 11)	12.	1,759.00



dor.sc.gov

THO

STATE OF SOUTH CAROLINA
EXEMPT ORGANIZATION BUSINESS TAX RETURN
 Due by the 15th day of the fifth month following the close of the taxable year.

SC 990-T
 (Rev. 9/15/20)
 3315

SC file # _____ Income Tax period ending <u>12/31/2021</u> FEIN <u>68-0050036</u> Name <u>SIERRA HEALTH FOUNDATION</u> Mailing address <u>1321 GARDEN HIGHWAY</u> City <u>SACRAMENTO</u> State <u>CA</u> ZIP <u>95833</u> Change of ☐ Address ☐ Accounting Period ☒ Check if you filed a federal or state extension. Attach complete copy of federal return.	County or counties in SC where property is located _____ Audit location: street address _____ City _____ State _____ ZIP _____ Audit contact _____ Phone number <u>916-922-4755</u> Check if: ☐ Initial Return ☐ Amended Return Check if: ☐ Merged ☐ Reorganized ☐ Final
--	--

1. Federal unrelated business taxable income from federal tax returns ▶ 1.	89,440	00	
2. Net adjustment from Schedule A and B, line 12. ▶ 2.		00	
3. Total net income as reconciled (add line 1 and line 2). ▶ 3.	89,440	00	
4. If multi-state organization, enter amount from Schedule G, line 6; otherwise, enter amount from line 3 ▶ 4.	354	00	
5. South Carolina net operating loss carryover, if applicable. ▶ 5.	<	00	>
6. South Carolina net income subject to tax (subtract line 5 from line 4) ▶ 6.	354	00	
7. Tax (multiply line 6 by 5%) ▶ 7.	18	00	
8. Nonrefundable credits from Schedule C, line 5 (attach SC1120TC) ▶ 8.		00	
9. Balance of tax (subtract line 8 from line 7) ▶ 9.	18	00	
10. Payments: (a) Tax withheld (attach 1099s, I-290s, and/or W-2s) ▶ 10a.		00	
(b) Paid by declaration ▶ 10b.		00	
(c) Paid with extension ▶ 10c.		00	
Refundable credit: (d) Motor Fuel Income Tax Credit (attach I-385). ▶ 10d.		00	
11. Total payments and refundable credit (add line 10a through line 10d) ▶ 11.		00	
12. Balance of tax (subtract line 11 from line 9) ▶ 12.	18	00	
13. (a) Interest. ▶ 13a.		00	
(b) Late file/pay penalty. ▶ 13b.		00	
(c) Declaration penalty (attach SC2220) ▶ 13c.		00	
Total (add line 13a through line 13c) See penalty and interest instructions ▶ 13.		00	
14. Total Income Tax, interest, and penalty (add line 12 and line 13) BALANCE DUE ▶ 14.	18	00	
15. Overpayment (subtract line 9 from line 11) 00 To be applied as follows:			
(a) Estimated Tax ▶ 00			
(b) REFUND ▶			00



SC990-T

Page 2

SCHEDULE A AND B ADDITIONS TO FEDERAL TAXABLE INCOME

- | | |
|---|----------|
| 1. Taxes on or measured by income | 1. _____ |
| 2. Federal net operating loss | 2. _____ |
| 3. _____ | 3. _____ |
| 4. _____ | 4. _____ |
| 5. Other additions (attach schedule) | 5. _____ |
| 6. Total additions (add line 1 through line 5). | 6. _____ |

DEDUCTIONS FROM FEDERAL TAXABLE INCOME

- | | |
|--|-----------|
| 7. Interest on US obligations. | 7. _____ |
| 8. _____ | 8. _____ |
| 9. _____ | 9. _____ |
| 10. Other deductions (attach schedule). | 10. _____ |
| 11. Total deductions (add line 7 through line 10) | 11. _____ |
| 12. Net adjustment (subtract line 11 from line 6) Also enter on SC990-T, page 1, line 2. | 12. _____ |

SCHEDULE C SUMMARY OF INCOME TAX CREDITS (FROM SC1120TC)

- | | |
|---|-----------------|
| 1. Credit carryover from previous year's SC990-T, Schedule C (should match SC1120TC, Column A, line 13) . . | 1. _____ |
| 2. Enter total credits from SC1120TC, Column B, line 13. (attach SC1120TC and tax credit schedules) . . | 2. _____ |
| 3. Total credits (add line 1 and line 2). | 3. _____ |
| 4. Tax from SC990-T, line 7 | 4. <u>18.00</u> |
| 5. Lesser of line 3 or line 4 (enter on SC990-T, line 8; should match SC1120TC, Column C, line 13) . . . | 5. _____ |
| 6. Enter credits lost due to statute (should match SC1120TC, Column D, line 13) | 6. _____ |
| 7. Credit carryover (subtract line 5 and line 6 from line 3; should match SC1120TC, Column E, line 13) . . | 7. _____ |

SCHEDULE D RESERVED
SCHEDULE E RESERVED

Sign Here Under penalty of law, I certify that I have examined this return, including accompanying annual report, statements, and schedules, and it is true and complete to the best of my knowledge.

Signature of officer BEATRIX KOEV		Officer's title CFO		Email 916-922-4755	
Print officer's name		Date 11/15/22		Phone number	
I authorize the Director of the SCDOR or delegate to discuss this return, attachments, and related tax matters with the preparer.		Yes ☒ No ☐		Print preparer's name AMANDA WILLIAMS	
Preparer's signature <i>Amanda Williams C.P.A.</i>		Date 11/15/22		Preparer's phone number 916-646-6464	
Firm's name (or yours if self-employed) GILBERT CPAS		Check if self-employed ☐		PTIN or FEIN 68-0037990	
Use Only and address 2880 GATEWAY OAKS DRIVE, SUITE 100				ZIP 95833	

If this is an organization's final return, signing here authorizes the SCDOR to disclose that information with the South Carolina Secretary of State (SCSOS). You must close with the SCSOS and the SCDOR.

Taxpayer's signature

Date

33152059



SC990-T

Page 3

Only multi-state organizations must complete Schedules F, G, and H

SCHEDULE F INCOME SUBJECT TO DIRECT ALLOCATION

	Gross Amounts 1	Less: Related Expenses 2	Net Amounts Allocated Directly to SC and Other States 3	Net Amounts Allocated Directly to SC 4
1. Interest not connected with business				
2. Dividends received				
3. Rents				
4. Gains/losses on real property				
5. Gains/losses on intangible personal property				
6. Investment income directly allocated	89,440.00			354.00
7. Total income directly allocated				
8. Income directly allocated to SC				354.00

SCHEDULE G COMPUTATION OF TAXABLE INCOME OF MULTI-STATE ORGANIZATIONS

1. Total net income as reconciled from SC990-T, page 1, line 3	1.	89,440.00
2. Income subject to direct allocation to SC and other states from Schedule F, line 7	2.	
3. Total net income subject to apportionment (subtract line 2 from line 1)	3.	89,440.00
4. Multiply line 3 by appropriate ratio from Schedule H-1, H-2, or H-3	4.	
5. Income subject to direct allocation to SC from Schedule F, line 8	5.	354.00
6. Total SC net income (add line 4 and line 5). Also enter on SC990-T, page 1, line 4	6.	354.00

SCHEDULE H-1 COMPUTATION OF SALES RATIO

	Amount	Ratio
1. Total sales within South Carolina (see 1040 instructions)		
2. Total sales everywhere (see 1040 instructions)		
3. Sales ratio (line 1 divided by line 2)		%

Note: If there are no sales anywhere: Enter 100% on line 3 if South Carolina is the principal place of business
Enter 0% on line 3 if the principal place of business is outside of South Carolina.

SCHEDULE H-2 COMPUTATION OF GROSS RECEIPTS RATIO

	Amount	Ratio
1. South Carolina gross receipts		
2. Amounts allocated to South Carolina on Schedule F	< >	
3. South Carolina adjusted gross receipts (subtract line 2 from line 1)		
4. Total gross receipts		
5. Total amounts allocated on Schedule F	< >	
6. Total adjusted gross receipts (subtract line 5 from line 4)		
7. Gross receipts ratio (line 3 divided by line 6)		%

SCHEDULE H-3 COMPUTATION OF RATIO FOR SECTION 12-6-2310 COMPANIES

	Amount	Ratio
1. Total within South Carolina (see SC 1120 instructions)		
2. Total everywhere		
3. Taxable ratio (line 1 divided by line 2)		%

20141

1062

Utah Tax Return for Miscellaneous Corporations

2021
TC-20MC

For calendar year 2021 or fiscal year (mm/dd/yyyy):

beginning - 01/01/2021 and ending - 12/31/2021

☐ Amended Return (code 1-4)

☐ Mark "X" if you filed federal form 8886

Corporation name

SIERRA HEALTH FOUNDATION

Address

1321 GARDEN HIGHWAY

City

SACRAMENTO

Foreign country (if not U.S.)

State ZIP + 4

CA 95833

Telephone number

9169224755

Employer Identification Number

680050036

UT Incorporation/Qualification No.

1 Corporation return type - mark "X" for return type (see instructions):

☐ Regulated Investment Company

☐ Homeowners Association

☐ One-day Target Corporation with
IRC Section 338 Election

☐ Real Estate Investment Trust

☒ Unrelated Business Income

☐ Other

2 Tax - enter the amount calculated on Schedule A (see instructions)

2 105

3 Utah use tax

3

4 IRC 965(a) deferred foreign income installment amount

4

5 Total tax - add lines 2 through 4

5 105

6 Refundable credits - enter total from Schedule B (attach Schedule B)

6

7 Prepayments from Schedule E, line 4 (attach Schedule E)

7

8 Amended return only (see instructions)

8

9 Total refundable credits and prepayments - add lines 6 through 8

9

10 Tax Due - subtract line 9 from line 5 (not less than zero)

10 105

11 Penalties and interest (see instructions)

11

12 Total Due - Pay this amount - add line 10 and line 11

12 105

13 Overpayment - subtract the sum of lines 5 and 11 from line 9 (not less than zero)

13

14 Amount of overpayment on line 13 to be applied to next taxable year

14

15 Refund - subtract line 14 from line 13

15

16 Mark "X" for each quarterly estimated prepayment
meeting an exception (attach documentation):
☐ 1st

☐ 2nd

☐ 3rd

☐ 4th

USTC USE ONLY

Under penalties of perjury, I declare to the best of my knowledge and belief, this return and schedules are true, correct and complete.

SIGN Signature of officer

HERE

Date

11/15/2022

Title

CFO

 "X" if USTC may discuss
this return with preparer below: ☒

Paid

Preparer's signature

Amanda Williams C.P.A.

Date

11/15/2022

Preparer's telephone number

9166466464

Preparer's PTIN

☐ 01281212

Preparer's EIN

☐ 680037990

 Firm's name and address
 GILBERT CPAS
 2880 GATEWAY OAKS DRIVE, SUITE
 SACRAMENTO, CA 95833

- 1 Enter the year-end date of the last year for which a federal examination has been completed: / /
mm/dd/yyyy

Under separate cover, send a summary and supporting schedules for all federal adjustments and the federal tax liability for each year for which federal audit adjustments have not been reported to the Tax Commission. Include the date of final determination. Send the information to:

Auditing Division, Utah State Tax Commission, 210 North 1950 West, Salt Lake City, UT 84134-2000

- 2 Enter the year-end dates of years with federal examinations now in progress, and/or final determination of past examinations still pending.

 / /
 mm/dd/yyyy

 / /
 mm/dd/yyyy

 / /
 mm/dd/yyyy

 / /
 mm/dd/yyyy

- 3 Enter the year-end dates of years for which extensions for proposing additional assessments of federal tax were agreed to with the Internal Revenue Service.

 / /
 mm/dd/yyyy

 / /
 mm/dd/yyyy

 / /
 mm/dd/yyyy

 / /
 mm/dd/yyyy

Note: Utah Code §59-7-519 extends the Statute of Limitations for tax assessment if federal audit adjustments are not fully reported.

Part 1: Regulated Investment Company

1	Investment company taxable income (loss) from federal form 1120-RIC	▪ 1	
2	Municipal interest as determined in IRC Section 852(b)(2)	2	
3	Exclusion of net capital gain as determined in IRC Section 852(b)(2)	3	
4	Net taxable income (loss) - add lines 1 through 3	▪ 4	
5	Deduction for capital gain dividends as defined in IRC Section 852(b)(3)(c)	5	
6	Exempt interest dividends as defined in IRC Section 852(b)(5)(c)	6	
7	Utah taxable income (loss) - subtract the sum of lines 5 and 6 from line 4	▪ 7	
8	Initial tax - multiply line 7 by 4.95% (.0495) (not less than zero)	▪ 8	
9	Minimum tax	9	100.
10	Tax - enter the greater of line 8 or line 9 Enter this amount on TC-20MC, line 2 Attach a copy of federal form 1120-RIC to this return.	▪ 10	

Part 2: Real Estate Investment Trust

1	REIT taxable income (loss) from federal form 1120-REIT	▪ 1	
2	Income taxed for federal purposes under the IRC but not included in line 1 above	2	
3	Net operating loss deduction from federal form 1120-REIT	▪ 3	
4	Apportionable income (loss) - add lines 1 through 3	▪ 4	
5	Apportionment fraction - enter 1.000000, or TC-20, Schedule J, line 9 or 10, if applicable	5	
6	Taxable income (loss) - multiply line 4 by decimal on line 5	▪ 6	
7	Utah losses carried forward from prior years (attach documentation)	▪ 7	
8	Utah taxable income (loss) - subtract line 7 from line 6	▪ 8	
9	Initial tax - multiply line 8 by 4.95% (.0495) (not less than zero)	▪ 9	
10	Minimum tax	10	100.
11	Tax - enter the greater of line 9 or line 10 Enter this amount on TC-20MC, line 2. Attach a copy of federal form 1120-REIT to this return.	▪ 11	

Part 3: Homeowners Association with IRC Section 528 Income

- 1 **Taxable income (loss)** from federal form 1120-H ▪ 1
 - 2 **Tax** - multiply line 1 by 4.95% (.0495) (not less than zero) ▪ 2
Enter this amount on TC-20MC, line 2.
Attach a copy of federal form 1120-H to this return.
-

Part 4: Unincorporated Exempt Organization or Exempt Corporation Having Unrelated Business Income

- 1 Total unrelated business taxable income (loss) from federal form 990-T ▪ 1 89440
 - 2 Apportionment fraction - enter 1.000000, or TC-20, Schedule J, line 9 or 10, if applicable 2 0.023669
 - 3 **Utah taxable income (loss)** - multiply line 1 by decimal on line 2 ▪ 3 2117
 - 4 **Tax** - multiply line 3 by 4.95% (.0495) (not less than zero) ▪ 4 105
Enter this amount on TC-20MC, line 2
Attach a copy of federal form 990-T to this return.
-

Part 5: One-day Target Corporation with an IRC Section 338 Election

- 1 Gain (loss) on deemed sale of assets ▪ 1
- 2 Apportionment fraction (see instructions) 2
- 3 Utah apportioned gain (loss) - multiply line 1 by decimal on line 2 ▪ 3
- 4 Utah losses carried forward from prior years. Attach documentation. (see instructions) ▪ 4
- 5 **Utah taxable gain (loss)** - subtract line 4 from line 3 ▪ 5
- 6 Initial tax - multiply line 5 by 4.95% (.0495) (not less than zero) ▪ 6
- 7 Minimum tax 7 100.
- 8 **Tax** - enter the greater of line 6 or line 7 ▪ 8
Enter this amount on TC-20MC, line 2
Attach a copy of the federal return and IRS form 8023 to this return.

(use with TC-20, TC-20S,
TC-20MC and TC-65)

Note: Use this schedule only if the entity does business in Utah and one or more other states and income must be apportioned to Utah.

Briefly describe the nature and location(s) of your Utah business activities:

UBI INVESTMENT IN PARTNERSHIPS

Apportionable Income Factors

		Column A Inside Utah	Column B Inside and Outside Utah
1 Property Factor			
a Land	▪ 1a		▪
b Depreciable assets	▪ 1b		▪
c Inventory and supplies	▪ 1c		▪
d Rented property	▪ 1d		▪
e Other allowable property (see instructions)	▪ 1e		▪
f Total tangible property - add lines 1a through 1e	▪ 1f		▪
2 Property factor - divide line 1f, Column A, by line 1f, Column B (to six decimal places)			▪ 2
3 Payroll Factor			
a Total wages, salaries, commissions and other compensation	▪ 3a		▪
4 Payroll factor - divide line 3a, Column A, by line 3a, Column B (to six decimal places)			▪ 4
5 Sales Factor			
a Total sales (gross receipts less returns and allowances)			▪ 5a
b Sales delivered or shipped to Utah buyers from outside Utah	▪ 5b		
c Sales delivered or shipped to Utah buyers from within Utah	▪ 5c		
d Sales shipped from Utah to the United States government	▪ 5d		
e Sales shipped from Utah to buyers in states where the corp. has no nexus (corporation not taxable in buyer's state)	▪ 5e		
f Rent and royalty income	▪ 5f		▪
g Services and other allowable sales (see instructions)	▪ 5g	2117	▪ 89440
h Total sales (add lines 5a through 5g)	▪ 5h	2117	▪ 89440
6 Sales factor - line 5h, Column A, divided by line 5h, Column B (to six decimals)			▪ 6 0.023669

Continued on page 2

► 7 All entities - enter your NAICS code here (see instructions)

▪ 7 523000

Apportionment Fraction

Optional apportionment taxpayers (see instructions) complete **Part 1** or **Part 2**.

Sales factor weighted taxpayers (see instructions) complete **Part 2**.

Part 1: Equally-Weighted Three Factor Formula (see instructions for those who qualify)

8 Total factors - add lines 2, 4 and 6

8 0.023669

9 Calculate the **Apportionment Fraction** to **SIX DECIMALS**
Divide line 8 by 3 (or the number of factors present)

▪ 9 0.023669

Part 2: Sales Factor Formula (see instructions for those who qualify)

10 **Apportionment Fraction** - enter the six-decimal sales factor from line 6

▪ 10 0.023669

Enter the fraction from line 9 or line 10, above, as follows:

TC-20 filers: Enter on TC-20, Schedule A, line 12

TC-20S filers: Enter on TC-20S, Schedule A, line 12

TC-20MC filers: Enter on TC-20MC, Schedule A, where indicated

TC-65 filers: Enter on TC-65, Schedule A, line 15

Utah State Tax Commission
Corporate/Partnership Payment Coupon

THO
TC-559
Rev. 11/16

Payment Coupon

Use payment coupon TC-559 to make the following corporate/partnership tax payments:

- 1) Estimated tax payments
- 2) Extension payments
- 3) Return payments

Mark the circle on the coupon that shows the type of payment you are making.

Corporation Estimated Tax Requirements

Every corporation with a tax liability of \$3,000 or more in the current or previous tax year must make quarterly estimated tax payments. A parent company filing a combined report must make the payment when the total tax is \$3,000 or more for all affiliated companies, including those that pay only the minimum tax.

A corporation does not have to make estimated tax payments the first year it is required to file a Utah return if it makes a payment on or before the due date, without extension, equal to or greater than the minimum tax.

Estimated tax payments are due in four equal payments on the 15th day of the 4th, 6th, 9th and 12th months of the entity's taxable year. You may make quarterly payments equal to 90 percent of the current year tax or 100 percent of the previous year tax. A corporation that had a tax liability of \$100 (the minimum tax) for the previous year may prepay the minimum tax amount of \$100 on the 15th day of the 12th month instead of making four \$25 payments.

The Tax Commission will charge an underpayment penalty to entities that fail to make or underpay the required estimated tax.

Extension Payment Requirements

A corporation/partnership has an automatic filing extension if it makes the necessary extension payment by the return due date. The estimated tax payments must equal at least the lesser of:

- 1) 90 percent of the current year tax liability
(or the \$100 corporation minimum tax, if greater), or
- 2) 100 percent of the previous-year tax liability.

The remaining tax, plus any penalty and interest, is due when the return is filed.

Note: A pass-through entity (partnership or S corporation) must pay 100 percent of any pass-through withholding by the original due date to avoid penalties and interest.

Penalties and Interest

If your tax payments do not equal the lesser of 90 percent of the current-year tax liability (\$100 minimum tax for corporations) or 100 percent of the previous-year tax liability, we will assess a penalty of 2 percent of the unpaid tax for each month of the extension period. We will assess a late filing penalty if you file the return after the extension due date.

We will assess interest at the legal rate from the original due date until paid in full.

See Pub 58, *Utah Interest and Penalties*, at tax.utah.gov/forms.

Where to File

Send your payment coupon and payment to:

Corporate/Partnership Tax Payment
Utah State Tax Commission
210 N 1950 W
Salt Lake City, UT 84134-0180

Electronic Payment

You may make estimated tax, extension and return payments at taxexpress.utah.gov.

SEPARATE AND RETURN ONLY THE BOTTOM COUPON WITH PAYMENT. KEEP TOP PORTION FOR YOUR RECORDS.

1Y5402 1.000

**Corporation/Partnership
Payment Coupon**

Tax year ending (mm/dd/yyyy)

12/31/2021

Mail to: Utah State Tax Commission, 210 N 1950 W, SLC UT 84134-0180

Estimated payment:

☐ 1st qtr. ☐ 3rd qtr. ☐ Extension payment
☐ 2nd qtr. ☐ 4th qtr. ☒ Return payment

Name of corporation/partnership

SIERRA HEALTH FOUNDATION

EIN

68-0050036

Address

1321 GARDEN HIGHWAY

City

SACRAMENTO

State

CA

ZIP Code

95833

Payment amount enclosed

\$ 105 00

Make check or money order payable to the Utah State Tax Commission.
Do not send cash. Do not staple check to coupon. Detach check stub.

C
P
T

3219927026000006800500365123120214034000000000000

Form CO-411**Vermont Corporate Income Tax Return**

Check Appropriate Box(es)	☐ Name Change	☐ Accounting Period Change	☐ Extended Return	☐ Unitary Combined	☐ PL 86-272 is Applicable
	☐ Address Change	☐ Amended Return	☒ Federal Extension Requested	☐ Unitary Consolidated	☐ Final Return (Cancels Account)
Entity Name (Principal Vermont Corporation)			FEIN		Primary 6-digit NAICS number
SIERRA HEALTH FOUNDATION			680050036		523000
Address			Tax year BEGIN date (YYYYMMDD)		Tax year END date (YYYYMMDD)
1321 GARDEN HIGHWAY			20210101		20211231
Address (Line 2)			Number of companies in Water's Edge Group		Number with Vermont Nexus
City		State	ZIP Code		
SACRAMENTO		CA	95833		
Foreign Country			Federal tax return filed		
			(Check one box)		
			☐ 1120 ☐ 1120-F ☒ 990-T ☐ 1120-H ☐ Other		

Place an "X" in the box left of the line number to indicate a loss amount.

Enter all amounts in whole dollars.

1. FEDERAL TAXABLE INCOME (Federal Form 1120, Line 30 plus any deduction for a federal net operating loss, Line 29a.) ☐ **Check to indicate loss** 1. 89440.00
2. Bonus Depreciation Adjustment (see instructions) ☐ **Check to indicate loss** 2. .00
3. Federal Taxable Income adjusted for disallowance of Bonus Depreciation (Add Lines 1 and 2) ☐ **Check to indicate loss** 3. 89440.00
4. ADD (a) Interest on non-Vermont state and local Obligations. 4a. .00
- (b) State and local income or franchise taxes. ☐ **Check to indicate loss** 4b. .00
- LESS (c) Non-business income or loss allocated everywhere (Schedule BA-402, Line 1a, or leave blank) ☐ **Check to indicate loss** 4c. .00
- (d) Foreign dividends received. 4d. .00
- (e) Interest on U.S. Government obligations 4e. .00
- (f) "Gross Up" required by IRC sec. 78 and other excludable income 4f. .00
- (g) Targeted Job Credit salary and wage expense addback 4g. .00
5. NET APPORTIONABLE INCOME (Add Lines 3, 4(a), and 4(b). Then subtract Lines 4(c) through 4(g).) ☐ **Check to indicate loss** 5. 89440.00

**Check box if exception
to minimum tax applies:**☐ SMALL FARM CORPORATION
(\$75 minimum)☐ NO VERMONT ACTIVITY
(\$0)☐ HOMEOWNER'S / CONDO ASSOC.
(Federal Form 1120-H only) (\$0)

Entity Name	
SIERRA HEALTH FOUNDATION	
FEIN	Fiscal Year Ending (YYYYMMDD)
680050036	



* 2 1 4 1 1 1 2 1 0 *

6. Vermont Percentage (100% or amount from Schedule BA-402, Line 22)
Calculate percentage to six places to the right of the decimal point. 6. -0.178900 %
7. Apportionable Income (from Form CO-411, Line 5), ... ☐ Check to indicate loss 7. 89440 .00
8. Income Apportioned to Vermont (Multiply Lines 6 and 7), ... ☒ Check to indicate loss 8. -160 .00
9. Income Allocated to Vermont (Schedule BA-402, Line 1b) ☐ Check to indicate loss 9. .00
10. Foreign Dividends Allocated to Vermont (Schedule BA-402, Line 1d) 10. .00
11. Net Vermont Income Allocated and Apportioned to Vermont
(Add Lines 8, 9, and 10.) ☒ Check to indicate loss 11. -160 .00
12. Vermont Net Operating Loss deduction applied (attach schedule), ... 12. .00
13. Vermont Net taxable Income for this entity (Line 11 minus Line 12), ... ☒ Check to indicate loss 13. -160 .00
14. Vermont Tax. Apply Vermont Tax Rates (below) to amount on Line 13 14. 300 .00
15. Credits (Schedule BA-404, Column C, Line 11), ... 15. .00
16. Use Tax for taxable items on which no sales tax was charged, including online purchases 16. .00
17. Tax Due for this entity (Subtract Line 15 from Line 14. To that result, add Line 16), ... 17. 300 .00
18. Gross Receipts (For purpose of minimum tax calculation. See instructions) 18. .00

TAX COMPUTATION SCHEDULE

(Effective for taxable periods beginning January 1, 2012)

IF VERMONT NET INCOME IS	TAX IS
\$10,000 or less	6.00%
\$10,001 to \$25,000	\$600 plus 7.00% of excess over \$10,000
\$25,001 and over	\$1,650 plus 8.50% of excess over \$25,000

IF VERMONT GROSS RECEIPTS ARE	MINIMUM TAX IS
\$2,000,000 or less	\$300
\$2,000,001 - \$5,000,000	\$500
\$5,000,001 and over	\$750

File the return on the due date required under the Internal Revenue Code, unless extended.

Pay by the due date required under the Internal Revenue Code, even if the return is extended.

Corporations with liabilities over \$500, see instructions for estimated payments on Vermont Form CO-414.

Entity Name	
SIERRA HEALTH FOUNDATION	
FEIN	Fiscal Year Ending (YYYYMMDD)
680050036	



* 2 1 4 1 1 1 3 1 0 *

Amount from Line 17 300

19. Total Tax Due (Add Line 17 plus Line 13 of all attached Schedules CO-421)	19.	<u>300.00</u>
20. Payments		
20a. Estimated Payments	20a.	<u>.00</u>
20b. Payment with Extension	20b.	<u>.00</u>
20c. Nonresident Estimated Payments (Form WH-435)	20c.	<u>.00</u>
20d. Real Estate Withholding Payments (Form RW-171).	20d.	<u>.00</u>
20e. Prior Year Overpayment Applied	20e.	<u>.00</u>
20f. Total Payments (Add Lines 20a through 20e)	20f.	<u>.00</u>
21. Balance Due. If Line 19 is more than Line 20f, subtract Line 20f from Line 19. Make checks payable to Vermont Department of Taxes	21.	<u>300.00</u>
22. Payment submitted with this return	22.	<u>.00</u>
23. Overpayment. If Line 20f is more than Line 19, Subtract Line 19 from Line 20f	23.	<u>.00</u>
24. Overpayment to be applied to next tax year	24.	<u>.00</u>
25. Overpayment to be refunded (Subtract Line 24 from Line 23)	25.	<u>.00</u>

I hereby certify that I am an officer or authorized agent responsible for the taxpayer's compliance with the requirements of Title 32 of the Vermont Statutes and that this return is true, correct, and complete to the best of my knowledge. If prepared by a person other than the taxpayer, this declaration further provides that under 32 V.S.A. §5901, this information has not been and will not be used for any other purpose, or made available to any other person, other than for the preparation of this return unless a separate valid consent form is signed by the taxpayer and retained by the preparer.

Signature of Responsible Officer		Date (MMDDYYYY)	Daytime Telephone Number
		111522	916-922-4755
Printed Name	Email Address		

☒ Check if the Department of Taxes may discuss this return with the preparer shown.

Paid Preparer's Signature		Date (MMDDYYYY)	Preparer's Telephone Number
		111522	916-646-6464
Preparer's Printed Name	Email Address (optional)		
AMANDA WILLIAMS	Amanda Williams C.P.A.		
Firm's Name (or yours if self-employed)	EIN	Preparer's SSN or PTIN	
GILBERT CPAS	680037990	P01281212	
Firm's Address (or yours if self-employed) (Street, City, State, ZIP Code)			☐ Check if self-employed
2880 GATEWAY OAKS DRIVE, SUITE 100, SACRAMENTO, CA 9583			

**Send return
and check to:** Vermont Department of Taxes
133 State Street
Montpelier, VT 05633-1401

For Department Use Only	
Ck. Amt.	Init.

Form CO-411
Page 3 of 3
Rev. 10/21

1062

1D5515 1.000

Schedule BA-402**Vermont Apportionment & Allocation**

* 2 1 4 0 2 1 1 1 0 *

For Unitary filers, complete a separate
Schedule BA-402 for each taxable affiliate

Attach to Form CO-411
or Form BI-471

Entity Name (same as on Form CO-411 or Form BI-471)	Fiscal Year Ending (YYYYMMDD)	FEIN
SIERRA HEALTH FOUNDATION	20211231	680050036
FOR UNITARY GROUPS ONLY - Name of Affiliate		Affiliate's FEIN

PART 1 Directly Allocated Non-Business Income, Other Non-Apportionable Income and Foreign Dividends

Place an "x" in the box left of the line number to indicate a loss amount.

Enter all amounts in WHOLE DOLLARS.

	Everywhere	Vermont
1a-b. Non-Business Income or Other Non-Apportionable Income. ☐ Check to indicate loss	1a. 89440.00	☒ Check to indicate loss 1b. -160.00
1c-d. Foreign Dividends ☐ Check to indicate loss	1c. .00	☐ Check to indicate loss 1d. .00

PART 2 Sales and Receipts Factor**Section A Sales and Receipts Factor**

	Everywhere	Vermont
2. Sales or gross receipts	2. .00	
3. Services received in or delivered to Vermont		3. .00
4. Sales delivered or shipped to purchasers in Vermont from outside Vermont		4. .00
5. Sales delivered or shipped to purchasers in Vermont from within Vermont		5. .00
6. Sales shipped from Vermont to the U.S. Government		6. .00
7. Sales shipped from Vermont to purchasers in a state where the entity is not taxable		7. .00
8. Business interest and dividends	8a. .00	8b. .00
9. Royalties	9a. .00	9b. .00
10. Gross rents	10a. .00	10b. .00
11. Other business income (attach detailed supporting statement).	11a. .00	11b. .00
12. TOTAL INCOME, SALES, AND GROSS RECEIPTS (Add Lines 2-11)	12a. .00	12b. .00
12c. Vermont Sales and Receipts factor as percent of Everywhere. (Divide Line 12b by Line 12a). Calculate percentage to six places to the right of the decimal point		12c. %

Entity Name (same as on Form CO-411 or Form BI-471)	
SIERRA HEALTH FOUNDATION	
FEIN	Fiscal Year Ending (YYYYMMDD)
680050036	20211231



* 2 1 4 0 2 1 2 1 0 *

Section B Salaries and Wages Factor

Everywhere

Vermont

13. TOTAL SALARIES AND WAGES 13a. .00 13b. .00
 13c. Vermont as percent of Everywhere (Divide Line 13b by Line 13a).
 Calculate percentage to six places to the right of the decimal point. 13c. %

Section C Property Factor (Average value during year)

Everywhere

Vermont

14. Inventories 14a. .00 14b. .00
 15. Buildings and other depreciable
 assets (original cost) 15a. .00 15b. .00
 16. Depletable assets (original cost) 16a. .00 16b. .00
 17. Land. 17a. .00 17b. .00
 18. Other assets (Attach schedule). 18a. .00 18b. .00
 19. Rented real and personal property
 (Multiply annual rent by 8). 19a. .00 19b. .00
 20. TOTAL PROPERTY
 (Add Lines 14 through 19). 20a. .00 20b. .00
 20c. Vermont as percent of Everywhere (Divide Line 20b by Line 20a)
 Calculate percentage to six places to the right of the decimal point. 20c. 0.000000 %

Section D Vermont Apportionment Factors

21. VERMONT COMBINED FACTORS (Sales and Receipts, Double-weighted)
 (Add Line 12c twice, and Lines 13c and 20c above).
 Calculate percentage to six places to the right of the decimal point. 21. 0.000000 %
 22. VERMONT APPORTIONMENT FACTOR (Divide Line 21 by 4 or as indicated below).
 Calculate percentage to six places to the right of the decimal point. 22. 0.000000 %

Express as a decimal to six places. If there are fewer than three factors with
 an "Everywhere" denominator, then divide Line 21 as follows:

- Sales/Receipts and Salaries and Wages - divide by 3
- Sales/Receipts and Property - divide by 3
- Salaries and Wages and Property - divide by 2
- Sales/Receipts only - divide by 2
- Salaries and Wages only - divide by 1
- Property only - divide by 1

(Transcribe to Form CO-411, Line 6; or Schedule CO-421, Line 1;
 or Schedule BI-472, Line 10; or Schedule BI-473, Line 11.)

Form 500

Virginia Department of Taxation
P.O. Box 1500
Richmond, VA 23218-1500

2021 Virginia Corporation Income Tax Return



Attention: Return must be filed electronically. Use this form only if you have an approved waiver.
Do not file this form to carry back a net operating loss. Use Form 500NOLD.

Official Use Only

FISCAL or
SHORT Year Filer: Beginning Date _____, 2021; Ending Date _____
☐ Short Year Return ☐ Change in Accounting Period

FEIN 68-0050036		Name SIERRA HEALTH FOUNDATION		Check all that apply: ☐ Initial Filer ☐ Name Change ☐ Mailing Address Change ☐ Physical Address Change	
Mailing Address 1321 GARDEN HIGHWAY					
City or Town SACRAMENTO		State CA	ZIP Code 95833		
Physical Address (if different from Mailing Address)				Entity Type Code NP	
Physical City or Town		State	ZIP Code		
			NAICS Code 523000		
Date Incorporated 01/31/1984	State or Country of Incorporation CALIFORNIA		Description of Business Activity INVESTMENTS IN LIMITED PARTNERSHIPS		

Check Applicable Boxes	Final Return	Corporate Telecommunications Company
☐ Consolidated - Sch. 500AC Enclosed	☐ Final Return - Check here and applicable boxes below.	Enter amount from Form 500T, Line 7: _____ .00
☐ Combined - Sch. 500AC Enclosed	☐ Withdrawn	Noncorporate Telecommunications Company
☐ Change in Filing Status	☐ Dissolved - No longer liable for tax.	Check box and enter amount from Form 500T, Line 10: ☐ _____ .00
☒ Sch. 500A Enclosed	Dissolved Date: _____	Electric Supplier Company
☐ Sch. 500AB Enclosed	☐ Merged	Enter amount from Sch. 500EL, Line 7 or 14: _____ .00
☒ Nonprofit Corporation	Merger Date: _____	Home Service Contract Provider
☐ Certified Company Apportionment - Sch. 500AP Enclosed	Merged FEIN: _____	Enter amount from Form 500HS, Line 10: ☐ Check box if a noncorporate HSCP. _____ .00
Enter number of affiliates: _____	☐ S Corp Effective: _____	
☐ Amended Return (See instructions)		
Enter reason code: _____		

Questions and Related Information

A. Have you made any payments to an affiliated corporation, a related individual, or other related entity for interest, royalties or other expenses related to intangible property (patents, trademarks, copyrights, and similar intangible property)? If yes, complete and enclose Schedule 500AB.
Enter exception amount from Schedule 500AB, Line 8. **A.** _____ .00

B. Coalfield Employment Enhancement Tax Credit earned from 2021 Form 306, Line 11. **B.** _____ .00

C. If a net operating loss deduction was claimed in computing federal taxable income on the U.S. Corporation Income Tax Return, provide the requested information. If a NOL resulted from a merger, enter the FEIN of the company generating the NOL prior to the merger date.
 (1) Year of Loss _____
 (2) Federal NOL **3563655**
 (3) Percent of federal NOL used this year _____ %
 FEIN _____
 (If there are NOLs for more than one year, enclose a schedule for each year with the information requested in Section C.) **SEE STATEMENT 1**

D. If pass-through entity withholding is claimed, enter the number of Schedules VK-1 and complete and enclose Schedule 500ADJ, Page 2. **D.** _____

E. Has your federal income tax liability been redetermined with the IRS and finalized for any prior year(s) that has not previously been reported to the Department? If yes, provide the year(s).
 Year **E.** _____
 Year _____
 Year _____

F. Location of corporation's books **1321 GARDEN HIGHWAY, SACRAMEN**

Contact for corporation's books **BEATRIX KOEV** Contact Phone Number **(916) 922-4755**

2021 Virginia Form 500

Page 2

FEIN
68-0050036



INCOME

1. Federal taxable income (from enclosed federal return)	1.	0 .00
2. Total additions from Schedule 500ADJ, Section A, Line 7	2.	89440 .00
3. Total (add Lines 1 and 2)	3.	89440 .00
4. Total subtractions from Schedule 500ADJ, Section B, Line 10	4.	.00
5. Balance (subtract Line 4 from Line 3)	5.	89440 .00
6. Savings and Loan Association's Bad Debt Deduction (see instructions)	6.	.00
7. Virginia taxable income (subtract Line 6 from Line 5)	7.	89440 .00

TAX COMPUTATION

8. Apportionable Income (Schedule 500A Filers) - Complete Lines 8(a) through 8(d). See instructions.		
(a) Income subject to Virginia tax from Schedule 500A, Section B, Line 3(j)	8(a).	880 .00
(b) Apportionment factor percentage from Schedule 500A, Section B, Line 1 or Line 2(f)	8(b).	.983900 %
(c) Nonapportionable investment function income from Schedule 500A, Section B, Line 3(c)	8(c).	.00
(d) Nonapportionable investment function loss from Schedule 500A, Section B, Line 3(e)	8(d).	.00
9. Income tax (6% of Line 7 or 6% of Line 8(a))	9.	53 .00

PAYMENTS AND CREDITS

10. Nonrefundable tax credits: Enter the amount from Schedule 500CR, Section 2, Part 1, Line 1B	10.	.00
11. Adjusted corporate tax (subtract Line 10 from Line 9)	11.	53 .00
12. 2021 estimated Virginia income tax payments including overpayment credit from 2020	12.	.00
13. Extension payment	13.	.00
14. Refundable tax credits from Schedule 500CR, Section 4, Part 1, Line 1A	14.	.00
15. Pass-through entity total withholding from Schedule 500ADJ, Section D	15.	.00
16. Total payments and credits (add Lines 12 through 15)	16.	.00

REFUND OR TAX DUE

17. Tax owed (if Line 11 is greater than Line 16, subtract Line 16 from Line 11)	17.	53 .00
18. Penalty (see instructions)	18.	.00
19. Interest (see instructions)	19.	.00
20. Additional charge from Form 500C, Line 17 (enclose Form 500C)	20.	.00
21. Total due (add Lines 17 through 20)	21.	53 .00
22. Overpayment (if Line 16 is greater than Line 11, subtract Line 11 from Line 16)	22.	.00
23. Amount to be credited to 2022 estimated tax	23.	.00
24. Amount to be refunded (subtract Line 23 from Line 22)	24.	.00

I, the undersigned president, vice-president, treasurer, assistant treasurer, chief accounting officer, or other officer duly authorized to act on behalf of the corporation for which this return is made, declare under the penalties provided by law that this return (including any accompanying schedules and statements) has been examined by me and is, to the best of my knowledge and belief, a true, correct, and complete return, made in good faith, for the taxable year stated, pursuant to the income tax laws of the Commonwealth of Virginia. If prepared by a person other than the taxpayer, this declaration is based on all information of which he or she has any knowledge.

By checking the box to the right, I (we) authorize the Department to discuss this return with the undersigned preparer. → ☒ X

Date	Signature of Officer	Title CFO
Printed Name of Officer BEATRIX KOEV		Phone Number (916) 922-4755
Print Preparer's Name and Firm Name AMANDA H. WILLIAMS GILBERT CPAS		Preparer Phone Number 916-646-6464
Date 11/14/22	Individual or Firm, Signature of Preparer Amanda Williams C.P.A.	Address of Preparer 2880 GATEWAY OAKS DR, STE SACRAMENTO, CA 95833
Preparer's FEIN, PTIN, or SSN P01281212	Approved Vendor Code 1019	

IMPORTANT: INCLUDE A COPY OF YOUR FEDERAL RETURN WITH THIS RETURN

2021 Virginia Schedule 500ADJ

Corporation Schedule of Adjustments



Name as shown on Virginia return **SIERRA HEALTH FOUNDATION**

FEIN **68-0050036**

Use **Schedule 500ADJS** in addition to the Schedule 500ADJ if you are claiming more additions or subtractions than the Schedule 500ADJ allows. Refer to the Form 500 Instructions for addition and subtraction codes.

Check this box and enclose Schedule 500ADJS with your return ☐

Section A - Additions to Federal Taxable Income

1. Fixed date conformity addition - Depreciation	1.		.00			
2. Fixed date conformity addition - Other	2.		.00			
3. Taxable addition from Schedule 500AB, Line 10	3.		.00			
4. Net income tax and other taxes that are based on, measured by, or computed with reference to net income	4.		.00			
5. Interest on state obligations other than Virginia	5.		.00			
6. Other Additions						
See instructions for addition codes.						
	Code					
6a. <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>99</td></tr><tr><td> </td></tr><tr><td> </td></tr></table> STATEMENT 2	99			6a.	89440	.00
99						
6b.	6b.		.00			
6c.	6c.		.00			
7. Total Additions. Add Lines 1-5 and 6a-6c. Enter here and on Form 500, Line 2	7.	89440	.00			

Section B - Subtractions from Federal Taxable Income

1. Fixed date conformity subtraction - Depreciation	1.		.00			
2. Fixed date conformity subtraction - Other	2.		.00			
3. Income from obligations or securities of the U.S. exempt from state income taxes, but not from federal income taxes	3.		.00			
4. Foreign dividend gross-up (IRC § 78)	4.		.00			
5. Refund or credit of income taxes included in federal taxable income	5.		.00			
6. Subpart F income (IRC § 951) and/or Global Intangible Low-Taxed Income (IRC § 951A)	6.		.00			
7. Foreign source income subtraction allowed by Va. Code § 58.1-402 C 8	7.		.00			
8. Dividends received from corporations in which the recipient owns 50% or more of the voting stock, to the extent remaining in federal taxable income	8.		.00			
9. Other Subtractions. See instructions for subtraction codes.						
9a. <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td></tr><tr><td> </td></tr><tr><td> </td></tr></table>				9a.		.00
9b.	9b.		.00			
9c.	9c.		.00			
10. Total Subtractions. Add Lines 1-8 and 9a-9c. Enter here and on Form 500, Line 4	10.		.00			

Section C - Amended Return

If you are filing an amended return, complete Section C to determine if you will receive an additional refund or if you need to make an additional payment.

1. Add amount paid with original return plus additional tax paid after it was filed. (Do not include amount paid from Form 500, Line 20.)	1.		.00
2. Add Line 1 from above and Line 16 from Form 500 and enter the total here	2.		.00
3. Overpayment, if any, as shown on original return or as previously adjusted	3.		.00
4. Subtract Line 3 from Line 2	4.		.00
5. If Line 4 above is less than Line 11 on amended Form 500, subtract Line 4 above from Line 11 on amended Form 500. This is the tax you owe	5.		.00
6. Refund. If Line 11 on amended Form 500 is less than Line 4 above, subtract Line 11 on amended Form 500 from Line 4 above. This is the tax you overpaid	6.		.00

EXPLANATION OF CHANGES TO INCOME AND MODIFICATIONS

Enclose an explanation for amending return. Provide the line reference from the Form 500 for which a change is reported and give the reason for each change. Show any computation in detail and enclose any applicable schedules.

VA 500		NOL CARRYFORWARD ADJUSTMENT			STATEMENT	1
YEAR END DATE	FEDERAL NOL	ADDITION	SUBTRACTION	NET VIRGINIA MODIFICATION	PERCENT OF FEDERAL NOL UTILIZED THIS YEAR	
12/31/01	788,185.	0.	788,185.	0.	.0000	
12/31/02	704,188.	0.	704,188.	0.	.0000	
12/31/03	467,408.	0.	467,408.	0.	.0000	
12/31/07	142,678.	0.	142,678.	0.	.0000	
12/31/08	1,316,970.	0.	1,316,970.	0.	.0000	
12/31/11	73,407.	0.	73,407.	0.	.0000	
12/31/14	70,819.	0.	70,819.	0.	.0000	
NET VIRGINIA MODIFICATION				0.		

VA 500ADJ		ADDITIONS TO TAXABLE INCOME	STATEMENT	2
CODE AND DESCRIPTION			AMOUNT	
99 NONAPPORTIONABLE INCOME (LOSS)			89,440.	
TOTAL TO FORM 500ADJ - ADDITIONS			89,440.	

**2021 Virginia
Schedule 500FED**

**Corporation Schedule of
Federal Line Items**



Enclose Schedule 500FED with your Virginia Corporation Income Tax Return, Form 500.
Schedule 500FED does not replace the requirement to enclose a complete federal Form 1120 with your Virginia return.

Name as shown on Virginia return **SIERRA HEALTH FOUNDATION**

FEIN **68-0050036**

Form 1120 - Deductions and Taxable Income

1. Federal Taxable Income before NOL and Special Deductions	1.	89440	.00
2. Net Operating Loss Deduction	2.	3563655	.00
3. Special Deductions	3.	1000	.00
4. Federal Taxable Income after NOL and Special Deductions	4.		.00

Form 1120, Schedule C - Dividends and Special Deductions

5. Subpart F Income and/or Global Intangible Low-Taxed Income	5.		.00
6. Gross-Up for Foreign Taxes Deemed Paid	6.		.00

Form 1120, Schedule K or M-1

7. Tax Exempt Interest	7.		.00
------------------------------	----	--	-----

Form 5884 - Work Opportunity Credit

8. Salaries and Wages not deducted due to the WOTC	8.		.00
--	----	--	-----

Form 4562 - Special Depreciation Allowance and Other Depreciation

9. Special depreciation allowance for qualified property placed in service during the taxable year	9.		.00
10. Property subject to 168(f)(1) election	10.		.00
11. Other depreciation	11.		.00

Form 1118, Schedule A - Income or Loss Before Adjustments - Gross Income or Loss

12. Total: Dividends (Exclude Gross-up)	12.		.00
13. Total: Dividends (Gross-up)	13.		.00
14. Total: Inclusions (Exclude Gross-up)	14.		.00
15. Total: Inclusions (Gross-up)	15.		.00
16. Total: Interest	16.		.00
17. Total: Gross Rents, Royalties, and License Fees	17.		.00
18. Total: Gross Income from Performance of Services	18.		.00
19. Total: Other	19.		.00
20. Total: Total Gross Income or Loss from Outside the US	20.		.00

Form 1118, Schedule A - Income or Loss Before Adjustments - Deductions

21. Total: Allocable - Rental, Royalty, and Licensing Expenses - Depreciation, Depletion, and Amortization	21.		.00
22. Total: Allocable - Rental, Royalty, and Licensing Expenses - Other Expenses	22.		.00
23. Total: Allocable - Expenses Related to Gross Income from Performance of Services	23.		.00
24. Total: Allocable - Other Allocable Deductions	24.		.00
25. Total: Total Allocable Deductions	25.		.00
26. Total: Apportioned Share of Deductions	26.		.00
27. Total: Net Operating Loss Deduction	27.		.00
28. Total: Total Deductions	28.		.00

Form 1118, Schedule A - Income or Loss Before Adjustments - Total Income

29. Total: Total Income or (Loss) Before Adjustments	29.		.00
--	-----	--	-----

2021 Virginia Schedule 500A

Corporation Allocation and Apportionment of Income



Name as shown on Form 500 SIERRA HEALTH FOUNDATION	FEIN 68-0050036
--	---------------------------

Check if you are - ☐ Filing a consolidated or combined return.
☐ A certified company conducting business in certain disadvantaged localities electing to use a modified apportionment method (enclose Schedule 500AP).

Section A - Apportionment Method

1. Motor Carrier Mileage Factor ☐ If an exception applies, check the applicable box below ☐ Exception 1 ☐ Exception 2 2. Financial Corporation Cost of Performance Factor ☐ 3. Construction Corporation Completed Contract Basis Sales Factor ☐ 4. Railway Company Revenue Car Miles ☐ 5. Retail Company Apportionment ☐ 6. Debt Buyers Apportionment ☐	7. Manufacturer's Modified Apportionment Method Sales Factor ☐ (a) Enter beginning date of election year _____ (b) Wage and employment certification required each year: Check to certify that the average weekly wages of the full-time employees is greater than the lower of the state or local average weekly wages for its industry, and that the average annual number of full-time employees of the manufacturing company is at least 90% of the base year employment ☐ 8. Enterprise Data Center Operation ☐ 9. Multi-Factor Formula With Double-Weighted Sales ☒
--	---

Section B - Apportionment Computation

	Column A Total	Column B Virginia	Column C Percentage
1. Single Factor Computation Motor carriers, financial corporations, construction corporations, railway companies, retail companies, debt buyers, manufacturers who elected the modified apportionment method in Section A, and certain enterprise data center operations 1	.00	.00	%
2. Multi-Factor Computation (a) Property Factor 2(a) (b) Payroll Factor 2(b) (c) Sales Factor 2(c)	.00 .00 89440.00	.00 .00 880.00	% % .983900 %
(d) Double-Weighted Sales Factor Apportionment: Multiply the sales factor from Line 2(c) by 2 2(d)			1.967800 %
(e) Sum of Percentages. Add Lines 2(a), 2(b), and 2(d) 2(e)			1.967800 %
(f) Multi-Factor Percentage (Double-Weighted Sales): Divide Line 2(e) by 4, reduced by the number of factors, if any, having no denominator 2(f)			.983900 %
3. Income Subject to Virginia Tax			
(a) Virginia Taxable Income from Form 500, Line 7 3(a)			89440.00
(b) Total Dividends (total amount of allocable income) 3(b)			.00
(c) Nonapportionable Investment Function Income. Enter on Form 500, Line 8(c) 3(c)			.00
(d) Add Lines 3(b) and 3(c) 3(d)			.00
(e) Nonapportionable Investment Function Loss. Enter on Form 500, Line 8(d) 3(e)			.00
(f) Total Nonapportionable Income. Line 3(d) minus Line 3(e) 3(f)			.00
(g) Income Subject to Apportionment. Line 3(a) minus Line 3(f) 3(g)			89440.00
(h) Income Apportioned to Virginia. Multiply the percentage from Line 1 or Line 2(f) by Line 3(g) 3(h)			880.00
(i) Dividends Allocated to Virginia. Portion of dividends reported on Line 3(b) 3(i)			.00
(j) Income Subject to Virginia Tax. Add Lines 3(h) and 3(i). Enter on Form 500, Line 8(a) 3(j)			880.00