Form **990-PF**

Department of the Treasury
Internal Revenue Service

Return of Private Foundation

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

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

OMB No. 1545-0047

2024

Open to Public Inspection

For calendar year 2024, or tax year beginning 01-01-2024 , and ending 12-31-2024

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 (see instructions)
(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 ☐ Initial return of a former public charity ☐ Final return ☐ Amended return ☐ Address change ☐ Name change

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

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

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

I Fair market value of all assets at end of year (from Part II, col. (c), *line 16)* ▶$ 58,704,602

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

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

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

			(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1	Contributions, gifts, grants, etc., received (attach schedule)	2,500,000			
	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	553,926	900,248		
	5a	Gross rents				
	b	Net rental income or (loss)				
	6a	Net gain or (loss) from sale of assets not on line 10	1,442,191			
	b	Gross sales price for all assets on line 6a 34,544,878				
	7	Capital gain net income (from Part IV, line 2)		1,484,252		
	8	Net short-term capital gain				
	9	Income modifications				
	10a	Gross sales less returns and allowances				
	b	Less: Cost of goods sold				
	c	Gross profit or (loss) (attach schedule)				
	11	Other income (attach schedule)	14,129,462	-169,700	14,129,462	
	12	**Total.** Add lines 1 through 11	18,625,579	2,214,800	14,129,462	
Operating and Administrative Expenses	13	Compensation of officers, directors, trustees, etc.	946,370	0	876,761	69,608
	14	Other employee salaries and wages	10,952,381	0	10,146,799	812,871
	15	Pension plans, employee benefits	2,700,584	0	2,501,948	198,784
	16a	Legal fees (attach schedule)	12,955	0	3,875	9,754
	b	Accounting fees (attach schedule)	48,761	0	0	48,761
	c	Other professional fees (attach schedule)	235,710	161,950	72,671	11,537
	17	Interest				
	18	Taxes (attach schedule) (see instructions)	25,798	0	0	0
	19	Depreciation (attach schedule) and depletion	417,799	0	70,463	
	20	Occupancy	280,540	0	265,227	4,075
	21	Travel, conferences, and meetings	158,181	0	90,334	68,522
	22	Printing and publications	67,576	0	3,138	64,438
	23	Other expenses (attach schedule)	376,198	0	98,246	328,989
	24	**Total operating and administrative expenses.** Add lines 13 through 23	16,222,853	161,950	14,129,462	1,617,339
	25	Contributions, gifts, grants paid	2,080,036			2,423,986
	26	**Total expenses and disbursements.** Add lines 24 and 25	18,302,889	161,950	14,129,462	4,041,325
	27	Subtract line 26 from line 12:				
	a	**Excess of revenue over expenses and disbursements**	322,690			
	b	**Net investment income** (if negative, enter -0-)		2,052,850		
	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. (See instructions.)

			Beginning of year	End of year	
			(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1	Cash—non-interest-bearing	1,061,816		
	2	Savings and temporary cash investments			
	3	Accounts receivable ▶ 26,183			
		Less: allowance for doubtful accounts ▶	4,550	26,183	26,183
	4	Pledges receivable ▶			
		Less: allowance for doubtful accounts ▶			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)			
	7	Other notes and loans receivable (attach schedule) ▶			
		Less: allowance for doubtful accounts ▶			
	8	Inventories for sale or use			
	9	Prepaid expenses and deferred charges			
	10a	Investments—U.S. and state government obligations (attach schedule)			
	b	Investments—corporate stock (attach schedule)	35,803,424	39,190,710	39,190,710
	c	Investments—corporate bonds (attach schedule)			
	11	Investments—land, buildings, and equipment: basis ▶ 229,164			
		Less: accumulated depreciation (attach schedule) ▶	229,164	229,164	229,164
	12	Investments—mortgage loans			
	13	Investments—other (attach schedule)	14,802,699	13,859,287	13,859,287
	14	Land, buildings, and equipment: basis ▶ 16,119,158			
		Less: accumulated depreciation (attach schedule) ▶ 11,036,891	5,490,661	5,082,267	5,082,267
	15	Other assets (describe ▶)	467,745	316,991	316,991
	16	**Total assets** (to be completed by all filers—see the instructions. Also, see page 1, item I)	57,860,059	58,704,602	58,704,602
Liabilities	17	Accounts payable and accrued expenses	780,829	971,594	
	18	Grants payable	601,235	267,046	
	19	Deferred revenue			
	20	Loans from officers, directors, trustees, and other disqualified persons			
	21	Mortgages and other notes payable (attach schedule)	5,129,122	4,880,271	
	22	Other liabilities (describe ▶)	8,507,716	7,769,811	
	23	**Total liabilities**(add lines 17 through 22)	15,018,902	13,888,722	
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	42,841,157	44,815,880	
	25	Net assets with donor restrictions			
		Foundations that do not follow FASB ASC 958, check here ▶ ☐ **and complete lines 26 through 30.**			
	26	Capital stock, trust principal, or current funds			
	27	Paid-in or capital surplus, or land, bldg., and equipment fund			
	28	Retained earnings, accumulated income, endowment, or other funds			
	29	**Total net assets or fund balances** (see instructions)	42,841,157	44,815,880	
	30	**Total liabilities and net assets/fund balances** (see instructions)	57,860,059	58,704,602	

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	42,841,157
2	Enter amount from Part I, line 27a	2	322,690
3	Other increases not included in line 2 (itemize) ▶	3	1,652,033
4	Add lines 1, 2, and 3	4	44,815,880
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	44,815,880

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?	1a		No
b	Did it spend more than $100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition.	1b		No
	*If the answer is "Yes" to **1a** or **1b**, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.*			
c	Did the foundation file **Form 1120-POL** for this year?	1c		No
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: **(1)** On the foundation. ▶ $ 0 **(2)** On foundation managers. ▶ $ 0			
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ▶ $ 0			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS? *If "Yes," attach a detailed description of the activities.*	2		No
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? *If "Yes," attach a conformed copy of the changes*	3		No
4a	Did the foundation have unrelated business gross income of $1,000 or more during the year?	4a	Yes	
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	4b	Yes	
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year? *If "Yes," attach the statement required by General Instruction T.*	5		No
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	6	Yes	
7	Did the foundation have at least $5,000 in assets at any time during the year? *If "Yes," complete Part II, col. (c), and Part XIV.*	7	Yes	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions) ▶ AK, AR, AZ, CA, CO, CT, GA, ID, IL, IN, KS, MA, ME, LA, MD, MN, MO, NM, ND, NY, NC, OK, OR, SC, UT, VA, VT, WI, MS, WV			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? *If "No," attach explanation*	8b	Yes	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2024 or the taxable year beginning in 2024? See the instructions for Part XIII. If "Yes," complete Part XIII	9		No
10	Did any persons become substantial contributors during the tax year? *If "Yes," attach a schedule listing their names and addresses.*	10		No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions.	11	Yes	
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement. See instructions	12		No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Yes	

Website address ▶ WWW.SIERRAHEALTH.ORG

14 The books are in care of ▶ EDWARD HARRIS Telephone no. ▶ (916) 922-4755

Located at ▶ 1321 GARDEN HIGHWAY SACRAMENTO CA ZIP+4 ▶ 95833

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

			Yes	No
16	At any time during calendar year 2024, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?	16		No
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes", enter the name of the foreign country ▶			

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

			Yes	No
	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)		No
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?	1a(2)		No
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	1a(3)		No
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	1a(4)	Yes	
	(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)?	1a(5)		No
	(6) Agree to pay money or property to a government official? (**Exception.** Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.)	1a(6)		No
b	If any answer is "Yes" to 1a(1)–(6), did **any** of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions	1b		No
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 2024?	1d		No
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):			
a	At the end of tax year 2024, did the foundation have any undistributed income (Part XII, lines 6d and 6e) for tax year(s) beginning before 2024?	2a		No
	If "Yes," list the years ▶ 20____ , 20____ , 20____ , 20____			
b	Are there any years listed in 2a for which the foundation is **not** applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to **all** years listed, answer "No" and attach statement—see instructions.)	2b		
c	If the provisions of section 4942(a)(2) are being applied to **any** of the years listed in 2a, list the years here. ▶ 20____ , 20____ , 20____ , 20____			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?	3a		No
b	If "Yes," did it have excess business holdings in 2024 as a result of **(1)** any purchase by the foundation or disqualified persons after May 26, 1969; **(2)** the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or **(3)** the lapse of the 10-, 15-, or 20-year first phase holding period? *(Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2024.)*	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		No
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2024?	4b		No

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

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

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

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

(a) Name and address	**(b)** Title, and average hours per week devoted to position	**(c)** Compensation **(If not paid, enter -0-)**	**(d)** Contributions to employee benefit plans and deferred compensation	**(e)** Expense account, other allowances
CHET P HEWITT 1321 GARDEN HIGHWAY SACRAMENTO, CA 95833	PRESIDENT & CEO 40.00	543,010	69,720	0
EDWARD HARRIS 1321 GARDEN HIGHWAY SACRAMENTO, CA 95833	COO/CFO 40.00	295,000	36,011	0
NANCY P LEE 1321 GARDEN HIGHWAY SACRAMENTO, CA 95833	CHAIR 1.10	23,160	0	0
SHAMUS ROLLER 1321 GARDEN HIGHWAY SACRAMENTO, CA 95833	VICE CHAIR 1.10	18,760	0	0
ROBERT PETERSEN 1321 GARDEN HIGHWAY SACRAMENTO, CA 95833	DIRECTOR 1.10	16,760	0	0
DR CLAIRE POMEROY 1321 GARDEN HIGHWAY SACRAMENTO, CA 95833	DIRECTOR 1.10	16,760	0	0
JOSE HERMOCILLO 1321 GARDEN HIGHWAY SACRAMENTO, CA 95833	DIRECTOR 1.10	16,760	0	0
DEBRA MCKENZIE 1321 GARDEN HIGHWAY SACRAMENTO, CA 95833	DIRECTOR 1.10	16,160	0	0
DAVID W GORDON 1321 GARDEN HIGHWAY SACRAMENTO, CA 95833	DIRECTOR 1.10	0	0	0

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

(a) Name and address of each employee paid more than $50,000	**(b)** Title, and average hours per week devoted to position	**(c)** Compensation	**(d)** Contributions to employee benefit plans and deferred compensation	**(e)** Expense account, other allowances
HANG KAYING 1321 GARDEN HWY SACRAMENTO,CA 95833	PRESIDENT OF THE CEN 40.00	356,604	42,388	0
CERVANTES MATTHEW 1321 GARDEN HWY SACRAMENTO,CA 95833	ASSOCIATE VP FOR PRO 40.00	212,083	41,629	0
VILLALOBOS REYMUNDA M 1321 GARDEN HWY SACRAMENTO,CA 95833	DIRECTOR OF REGIONAL 40.00	193,102	37,743	0
SAMUELS MAURICE C 1321 GARDEN HWY SACRAMENTO,CA 95833	EVALUATION DIRECTOR 40.00	193,102	26,955	0
JENSEN RUTH 1321 GARDEN HWY SACRAMENTO,CA 95833	DIRECTOR OF HUMAN RE 40.00	193,102	16,299	0

Total number of other employees paid over $50,000 ▶ 92

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

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

(a) Name and address of each person paid more than $50,000	**(b)** Type of service	**(c)** Compensation
INTELLIGENT TECHNICAL SOLUTIONS (AFINEOL) 548 GIBSON DR STE 100 ROSEVILLE,CA 95678	IT SERVICES	313,900
GILBERT CPAS 2880 GATEWAY OAKS DR STE 100 SACRAMENTO,CA 95833	AUDIT & TAX PREPARATION	190,274
BAKER TILLY FORMALLY MOSS ADAMS LLP PO BOX 101822 PASADENA,CA 911891822	ACCOUNTING SERVICES	185,344
THE PIVOTAL GROUP INC 830 KUHN DRIVE 212164 CHULA VISTA,CA 91921	INDEPENDENT CONSULTANT	139,781
CLOUD FOR GOOD HOLDINGS PO BOX 200254 DALLAS,TX 75320	SALESFORCE CONSULTANT	123,988

Total number of others receiving over $50,000 for professional services. . . . . ▶

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Part VIII- 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 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 THE 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.	5,810,485
2 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 GRANTEES. 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.	2,722,024
3 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.	668,152
4 RESPONSIVE GRANTS PROGRAM - THIS PROGRAM SUPPORTS COMMUNITY-DRIVEN EFFORTS TO IMPROVE HEALTH, PROMOTE ACCESS AND REDUCE HEALTH INEQUITY THROUGHOUT THE FOUNDATION'S 26-COUNTY FUNDING REGION.THE 2024 RESPONSIVE GRANTS PROGRAM PRIORITIZES PROJECTS THAT ARE EXPERIENCING FUNDING GAPS DUE TO STATEBUDGET CUTS THAT IMPACT HEALTH AND QUALITY OF LIFE FOR CALIFORNIANS.	560,435

Part VIII- Summary of Program-Related Investments (see instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
1	
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	36,533,188
b	Average of monthly cash balances			1b	1,449,741
c	Fair market value of all other assets (see instructions)			1c	14,146,904
d	**Total** (add lines 1a, b, and c)			1d	52,129,833
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	52,129,833
4	Cash deemed held for charitable activities. Enter 1.5% (0.015) of line 3 (for greater amount, see instructions)			4	781,947
5	**Net value of noncharitable-use assets.** Subtract line 4 from line 3			5	51,347,886
6	**Minimum investment return.** Enter 5% (0.05) of line 5			6	2,567,394

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	2,567,394
2a	Tax on investment income for 2024 from Part V, line 5	2a	28,535		
b	Income tax for 2024. (This does not include the tax from Part V.)	2b			
c	Add lines 2a and 2b			2c	28,535
3	Distributable amount before adjustments. Subtract line 2c from line 1			3	2,538,859
4	Recoveries of amounts treated as qualifying distributions			4	0
5	Add lines 3 and 4			5	2,538,859
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	2,538,859

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	4,041,325
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	4,041,325

Part XII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2023	(c) 2023	(d) 2024
1 Distributable amount for 2024 from Part X, line 7				2,538,859
2 Undistributed income, if any, as of the end of 2024:				
a Enter amount for 2023 only.			0	
b Total for prior years: 20 ___ , 20___ , 20___		0		
3 Excess distributions carryover, if any, to 2024:				
a From 2019. 3,772,112				
b From 2020. 1,513,084				
c From 2021. 3,506,978				
d From 2022. 1,654,070				
e From 2023. 1,278,109				
f **Total** of lines 3a through e	11,724,353			
4 Qualifying distributions for 2024 from Part XI, line 4: ▶ $ 4,041,325				
a Applied to 2023, 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 2024 distributable amount				2,538,859
e Remaining amount distributed out of corpus	1,502,466			
5 Excess distributions carryover applied to 2024. *(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	13,226,819			
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 2023. Subtract line 4a from line 2a. Taxable amount—see instructions			0	
f Undistributed income for 2024. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2025				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 2019 not applied on line 5 or line 7 (see instructions) . . .	3,772,112			
9 **Excess distributions carryover to 2025.** Subtract lines 7 and 8 from line 6a	9,454,707			
10 Analysis of line 9:				
a Excess from 2020 1,513,084				
b Excess from 2021 3,506,978				
c Excess from 2022. . . . 1,654,070				
d Excess from 2023 1,278,109				
e Excess from 2024 1,502,466				

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

1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2024, enter the date of the ruling . . . . . ▶

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

	Tax year	Prior 3 years			(e) Total
	(a) 2024	**(b)** 2023	**(c)** 2022	**(d)** 2021	
2a 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 Supplementary Information (Complete this part only if the foundation had $5,000 or more in assets at any time during the year—see instructions.)

1 Information Regarding Foundation Managers:

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

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

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

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

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

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

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

Unclaimed Member Contract

Pursuant to Section 1.1(b)(iii) of the Agreement and Plan of Merger

Name	Address	Contract Number	Contract Type
[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]

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 (See instructions.)
	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	
1 Program service revenue:					
a COST REIMBURSEMENT					14,129,462
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	553,926	
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	24,449			
8 Gain or (loss) from sales of assets other than inventory			18	1,417,742	
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)		24,449		1,971,668	14,129,462
13 **Total.** Add line 12, columns (b), (d), and (e). (See worksheet in line 13 instructions to verify calculations.)				13	16,125,579

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

Line No. ▼	Explain below how each activity for which income is reported in column (e) of Part XV-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes). (See instructions.)
1 A	INCOME IS REIMBURSEMENT FROM PROVIDING STAFF SUPPORT TO SIERRA HEALTH FOUNDATION: CENTER FOR HEALTH PROGRAM MANAGEMENT (THE CENTER). AS THE CENTER DOES NOT HAVE ITS OWN STAFF, THE FOUNDATION WORKED IN COOPERATION WITH THE CENTER TO START THE INTERMEDIARY PARTNERSHIPS PROGRAM. THIS PROGRAM WORKS TO IMPROVE INDIVIDUAL AND COMMUNITY HEALTH AND THE WELL-BEING OF THOSE IN UNDERSERVED COMMUNITIES.

Part XVI 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) (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	1a(1)		No
(2) Other assets	1a(2)		No
b Other transactions:			
(1) Sales of assets to a noncharitable exempt organization	1b(1)		No
(2) Purchases of assets from a noncharitable exempt organization	1b(2)		No
(3) Rental of facilities, equipment, or other assets	1b(3)		No
(4) Reimbursement arrangements	1b(4)		No
(5) Loans or loan guarantees	1b(5)		No
(6) Performance of services or membership or fundraising solicitations	1b(6)		No
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees	1c	Yes	

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

(a) Line No.	**(b)** Amount involved	**(c)** Name of noncharitable exempt organization	**(d)** Description of transfers, transactions, and sharing arrangements
1 c	0	SHF PROPERTIES INC	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.

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)	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.

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 2025-11-15 — ▶ 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 ▶☐	PTIN
AMANDA H WILLIAMS		2025-11-12		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

Additional Data

Return to Form

Software ID:

Software Version:

Form 990PF - Special Condition Description:

Special Condition Description

Schedule B
(Form 990)
(Rev. January 2025)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

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 other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

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

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

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

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

Name of organization
SIERRA HEALTH FOUNDATION

Employer identification number
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	CENTER FOR HEALTH PROGRAM MANAGEMENT 1321 GARDEN HIGHWAY NO 210 SACRAMENTO, C A 958339754	$ 2,500,000	☑ 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.)

Name of organization
SIERRA HEALTH FOUNDATION

Employer identification number
68-0050036

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

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

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

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

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

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

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

Name of organization
SIERRA HEALTH FOUNDATION

Employer identification number
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 information once. See instructions.) $ _____

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

(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

(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

(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

Additional Data

Return to Form

Software ID:

Software Version:

TY 2024 IRS 990 e-File Render

Name: SIERRA HEALTH FOUNDATION

EIN: 68-0050036

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ACCOUNTING	48,761	0	0	48,761

TY 2024 IRS 990 e-File Render

Name: SIERRA HEALTH FOUNDATION

EIN: 68-0050036

Identifier	Return Reference	Explanation
SCHEDULE OF CONTROLLED ENTITIES	PART VII-A, LINE 11	SCNAME OF CONTROLLED ENTITY: SHF PROPERTIES INC.EMPLOYER ID NO: 91-1751915ADDRESS: 1321 GARDEN HIGHWAY, SACRAMENTO, CA 95833EXCESS BUSINESS HOLDING: NONAME OF CONTROLLED ENTITY: SIERRA HEALTH FOUNDATION: CENTER FOR HEALTH PROGRAM MANAGEMENTEMPLOYER ID NO: 45-5282243ADDRESS: 1321 GARDEN HIGHWAY STE 210, SACRAMENTO, CA 95833EXCESS BUSINESS HOLDING: NO

TY 2024 IRS 990 e-File Render

Name: SIERRA HEALTH FOUNDATION

EIN: 68-0050036

Name of Stock	End of Year Book Value	End of Year Fair Market Value
HELD BY U.S. BANK AS CUSTODIAN	39,190,710	39,190,710

TY 2024 IRS 990 e-File Render

Name: SIERRA HEALTH FOUNDATION

EIN: 68-0050036

Category/ Item	Cost/Other Basis	Accumulated Depreciation	Book Value	End of Year Fair Market Value
70 PORTOLA CORNER LOT - LAND	229,164	0	229,164	229,164

TY 2024 IRS 990 e-File Render

Name: SIERRA HEALTH FOUNDATION

EIN: 68-0050036

Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value
INVESTMENTS IN PARTNERSHIPS	FMV	13,859,287	13,859,287

TY 2024 IRS 990 e-File Render

Name: SIERRA HEALTH FOUNDATION

EIN: 68-0050036

Category / Item	Cost / Other Basis	Accumulated Depreciation	Book Value	End of Year Fair Market Value
1321 GARDEN HIGHWAY - LAND	1,474,641	0	1,474,641	1,474,641
1321 GARDEN HIGHWAY - BUILDING	11,578,855	8,507,764	3,071,091	3,071,091
1321 GARDEN HIGHWAY - FURNITURE, FIXTURES, & EQUIPMENT	2,869,340	2,529,127	340,213	340,213
1321 GARDEN HIGHWAY - ART WORK	196,322	0	196,322	196,322

TY 2024 IRS 990 e-File Render

Name: SIERRA HEALTH FOUNDATION

EIN: 68-0050036

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
LEGAL FEES	12,955	0	3,875	9,754

TY 2024 IRS 990 e-File Render

Name: SIERRA HEALTH FOUNDATION

EIN: 68-0050036

Description	Beginning of Year - Book Value	End of Year - Book Value	End of Year - Fair Market Value
PREPAID EXPENSE	23,522	47,039	47,039
DUE FROM CENTER	18,890	67,429	67,429
DUE FROM SAN JOAQUIN VALLEY	425,333	202,523	202,523

TY 2024 IRS 990 e-File Render

Name: SIERRA HEALTH FOUNDATION

EIN: 68-0050036

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
SUPPLIES	51,858	0	40,355	11,503
POSTAGE	188	0	188	0
EQUIPMENT REPAIRS & MAINTENANCE	12,012	0	12,769	3,857
INSURANCE	21,402	0	4,582	67,511
MISCELLANEOUS	79,495	0	38,069	32,026
EQUIPMENT RENTAL/LEASE	2,206	0	2,283	0
WEBSITE EXPENSE	146,187	0	0	151,242
COMMUNITY RELATIONS	62,850	0	0	62,850

TY 2024 IRS 990 e-File Render

Name: SIERRA HEALTH FOUNDATION

EIN: 68-0050036

Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
PARTNERSHIP NET INCOME		-169,700	
COST REIMBURSEMENT	14,129,462		14,129,462

TY 2024 IRS 990 e-File Render

Name: SIERRA HEALTH FOUNDATION

EIN: 68-0050036

Description	Amount
UNREALIZED GAIN ON INVESTMENTS	1,652,033

TY 2024 IRS 990 e-File Render

Name: SIERRA HEALTH FOUNDATION

EIN: 68-0050036

Description	Beginning of Year - Book Value	End of Year - Book Value
DEFERRED EXCISE TAX	80,000	80,000
DUE TO CENTER	498,520	1,605,765
INVESTMENTS HELD FOR CENTER	7,929,196	6,084,046

TY 2024 IRS 990 e-File Render

Name: SIERRA HEALTH FOUNDATION

EIN: 68-0050036

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
INVESTMENT MANAGEMENT	161,950	161,950	0	0
RECRUITMENT	11,537	0	0	11,537
OTHER PROFESSIONAL FEES	62,223	0	72,671	0

TY 2024 IRS 990 e-File Render

Name: SIERRA HEALTH FOUNDATION

EIN: 68-0050036

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
EXCISE	25,798	0	0	0