

Form **990**
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047
2018
Open to Public Inspection

A For the **2019** calendar year, or tax year beginning **07-01-2018**, and ending **06-30-2019**

B Check if applicable
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization
Western Health Advantage
% STEPHANIE MADSEN
Doing business as
Number and street (or P O box if mail is not delivered to street address) Room/suite
2349 Gateway Oaks Drive No 100
City or town, state or province, country, and ZIP or foreign postal code
Sacramento, CA 95833

D Employer identification number
68-0393304
E Telephone number
(916) 563-3188
G Gross receipts \$ 796,444,128

F Name and address of principal officer
Garry Maisel
2349 Gateway Oaks Drive No 100
Sacramento, CA 95833

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
If "No," attach a list (see instructions)
H(c) Group exemption number ▶

I Tax-exempt status 501(c)(3) 501(c) (4) ◀ (insert no) 4947(a)(1) or 527

J Website: ▶ www.westernhealth.com

K Form of organization Corporation Trust Association Other ▶

L Year of formation 1995

M State of legal domicile CA

Part I Summary

1 Briefly describe the organization's mission or most significant activities
IMPROVING THE HEALTH AND WELFARE OF THE COMMUNITIES SERVED BY PROVIDING HEALTH BENEFIT COVERAGE AND FURTHERING MISSIONS OF THE ORGANIZATION'S EXEMPT ORGANIZATION MEMBERS

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets

3 Number of voting members of the governing body (Part VI, line 1a)	8
4 Number of independent voting members of the governing body (Part VI, line 1b)	7
5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	322
6 Total number of volunteers (estimate if necessary)	0
7a Total unrelated business revenue from Part VIII, column (C), line 12	-1,134,733
7b Net unrelated business taxable income from Form 990-T, line 34	0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	0	0
9 Program service revenue (Part VIII, line 2g)	757,037,665	786,509,886
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	745,279	193,871
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3,100	4,340
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	757,786,044	786,708,097
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,340,580	1,295,691
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	27,169,543	28,976,267
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	724,040,520	758,554,140
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	752,550,643	788,826,098
19 Revenue less expenses Subtract line 18 from line 12	5,235,401	-2,118,001
	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	84,964,681	74,023,272
21 Total liabilities (Part X, line 26)	71,648,653	62,784,815
22 Net assets or fund balances Subtract line 21 from line 20	13,316,028	11,238,457

Part II Signature Block

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

Sign Here
Signature of officer: _____ Date: 2020-03-04
RITA RUECKER CFO
Type or print name and title

Paid Preparer Use Only
Print/Type preparer's name: _____ Preparer's signature: _____ Date: 2020-03-04
Check if self-employed PTIN: P01959812
Firm's name: ▶ KPMG LLP Firm's EIN: ▶
Firm's address: ▶ 3975 Freedom Circle Dr Suite 100 Santa Clara, CA 95054 Phone no: (408) 367-5764

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

THE MISSION OF WESTERN HEALTH ADVANTAGE "WHA" IS TO PROMOTE THE HEALTH OF RESIDENTS OF CALIFORNIA AND TO SERVE THE COMMUNITY INTERESTS OF THE RESIDENTS OF CALIFORNIA BY OPERATING A HEALTH MAINTENANCE ORGANIZATION WHA IS A COMMUNITY HEALTH PLAN CONTROLLED BY ITS TWO MEMBERS, BOTH OF WHICH ARE HEALTH SYSTEMS TAX EXEMPT UNDER 501(C)(3) THE MEMBER HEALTH SYSTEMS CONTROL THE APPOINTMENT OF SIX OUT OF EIGHT MEMBERS TO THE BOARD OF DIRECTORS OF WHA, WITH THE SEVENTH MEMBER BEING ELECTED BY A MAJORITY OF THE OTHER DIRECTORS AND THE EIGHTH MEMBER BEING THE PRESIDENT SERVING ON THE BOARD EX OFFICIO THE MEMBER HEALTH SYSTEMS, COMPOSED OF NETWORKS OF HOSPITALS AND PHYSICIAN GROUPS, ARE SUBJECT TO REQUIREMENTS THAT THEY PERFORM COMMUNITY HEALTH NEEDS ASSESSMENTS AND DEVELOP PLANS TO SERVE THE COMMUNITY ON A PER-HOSPITAL BASIS THE MEMBER HEALTH SYSTEMS ADVANCE THEIR CHARITABLE MISSIONS BY PROVIDING FINANCIAL ASSISTANCE, CHARITY CARE, EDUCATION, INFORMATION AND OTHER PUBLIC ACTIVITIES EACH OF THE

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

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses \$ 777,188,679 including grants of \$) (Revenue \$ 787,654,819) See Additional Data

4b (Code) (Expenses \$ 1,295,691 including grants of \$ 1,295,691) (Revenue \$) See Additional Data

4c (Code) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 778,484,370

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 22 regarding organizational requirements, such as political campaign activities, lobbying, and financial reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 23 through 38 regarding compensation, bond issues, escrow accounts, 501(c)(3) organizations, and other IRS filings.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

<p>2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return</p>	<p>2a</p>	<p>322</p>			
<p>b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note.If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)</p>			<p>2b</p>	<p>Yes</p>	
<p>3a Did the organization have unrelated business gross income of \$1,000 or more during the year?</p>			<p>3a</p>	<p>Yes</p>	
<p>b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O</p>			<p>3b</p>	<p>Yes</p>	
<p>4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?</p>			<p>4a</p>		<p>No</p>
<p>b If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)</p>					
<p>5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?</p>			<p>5a</p>		<p>No</p>
<p>b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?</p>			<p>5b</p>		<p>No</p>
<p>c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?</p>			<p>5c</p>		
<p>6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?</p>			<p>6a</p>		<p>No</p>
<p>b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?</p>			<p>6b</p>		
<p>7 Organizations that may receive deductible contributions under section 170(c).</p>					
<p>a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?</p>			<p>7a</p>		
<p>b If "Yes," did the organization notify the donor of the value of the goods or services provided?</p>			<p>7b</p>		
<p>c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?</p>			<p>7c</p>		
<p>d If "Yes," indicate the number of Forms 8282 filed during the year</p>	<p>7d</p>				
<p>e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?</p>			<p>7e</p>		
<p>f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?</p>			<p>7f</p>		
<p>g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?</p>			<p>7g</p>		
<p>h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?</p>			<p>7h</p>		
<p>8 Sponsoring organizations maintaining donor advised funds.</p>					
<p>Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?</p>			<p>8</p>		
<p>9a Did the sponsoring organization make any taxable distributions under section 4966?</p>			<p>9a</p>		
<p>b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?</p>			<p>9b</p>		
<p>10 Section 501(c)(7) organizations. Enter</p>					
<p>a Initiation fees and capital contributions included on Part VIII, line 12</p>	<p>10a</p>				
<p>b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities</p>	<p>10b</p>				
<p>11 Section 501(c)(12) organizations. Enter</p>					
<p>a Gross income from members or shareholders</p>	<p>11a</p>				
<p>b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)</p>	<p>11b</p>				
<p>12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?</p>					
<p>b If "Yes," enter the amount of tax-exempt interest received or accrued during the year</p>	<p>12b</p>		<p>12a</p>		
<p>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</p>					
<p>a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O</p>			<p>13a</p>		
<p>b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans</p>	<p>13b</p>				
<p>c Enter the amount of reserves on hand</p>	<p>13c</p>				
<p>14a Did the organization receive any payments for indoor tanning services during the tax year?</p>			<p>14a</p>		<p>No</p>
<p>b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O</p>			<p>14b</p>		
<p>15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N</p>			<p>15</p>		<p>No</p>
<p>16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O</p>			<p>16</p>		<p>No</p>

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions Check if Schedule O contains a response or note to any line in this Part VI



Section A. Governing Body and Management

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

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (No); 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (Yes); 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (Yes); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (Yes); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (Yes); 13 Did the organization have a written whistleblower policy? (Yes); 14 Did the organization have a written document retention and destruction policy? (Yes); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official (Yes); b Other officers or key employees of the organization (Yes); If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions); 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (No); 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed CA
18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you made these available Check all that apply
Own website Another's website [checked] Upon request Other (explain in Schedule O)
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
20 State the name, address, and telephone number of the person who possesses the organization's books and records
STEPHANIE MADSEN 2349 GATEWAY OAKS DRIVE SUITE 100 Sacramento, CA 95833 (916) 563-3193

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Garry Maisel President & CEO	40 0 0 0	X		X				1,023,529	0	116,607
(2) B Konard Jones Chairman Of The Board	1 0 0 0	X		X				0	0	0
(3) Tammy Wilcox Vice-Chair of the Board	1 0 0 0	X		X				0	0	0
(4) Elnora Cameron SECRETARY OF THE BOARD	1 0 0 0	X		X				0	0	0
(5) Laurie Harting Director	1 0 0 0	X						0	0	0
(6) DR Shanaz Khambatta DO Director	1 0 0 0	X						0	0	0
(7) DR Alvin Sockolov MD Director	1 0 0 0	X						0	0	0
(8) Kevin Klockenga Director	1 0 0 0	X						0	0	0
(9) Mariette Ruecker Treasurer & CFO	40 0 0 0			X				467,575	0	52,270
(10) Donald Hufford Chief Medical Officer	40 0 0 0				X			459,402	0	70,973
(11) William Figenshu Chief Sales Officer	40 0 0 0				X			384,478	0	31,628
(12) Rebecca Downing Chief Legal Officer	40 0 0 0				X			325,306	0	52,739
(13) Ali Darugar CIO (thru 4/2019)	40 0 0 0				X			306,853	0	55,648
(14) Glenn Hamburg Chief Information Officer	40 0 0 0				X			314,861	0	31,568
(15) Keith Howes Chief Human Resources officer	40 0 0 0				X			289,681	0	44,484
(16) Frederick Heron CHIEF EXPERIENCE OFFICER	40 0 0 0				X			263,445	0	51,964
(17) GARY PLUNDO MEDICAL DIRECTOR	40 0 0 0					X		284,756	0	34,261

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) Michele Lehuta Major Contracts Director	40 0 0 0					X		208,337	0	23,633
(19) Elizabeth Hargett Sales Director	40 0 0 0					X		188,745	0	33,879
(20) Yvette Crockell Pharmacy Director	40 0 0 0					X		188,975	0	29,634
(21) Mary Ingram Actuarial Services Director	40 0 0 0					X		188,222	0	28,506
1b Sub-Total										
1c Total from continuation sheets to Part VII, Section A										
1d Total (add lines 1b and 1c)										
							4,894,165	0	657,794	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 50

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
DIGNITY HOSPITAL, 1090 GOLD CENTER DRIVE STE 300 RANCHO CORDOVA, CA 95670	MEDICAL SERVICES	203,853,580
EXPRESS SCRIPTS INC, ONE EXPRESS WAY ST LOUIS, MO 63121	PHARMACY BENEFITS	100,812,481
HILL PHYSICIANS MEDICAL GROUP, 2409 CAMINO RAMON SAN RAMON, CA 94583	MEDICAL BENEFITS	90,463,378
MERCY MEDICAL GROUP, 1 SHRADER ST 640 SAN FRANCISCO, CA 94117	MEDICAL SERVICES	75,989,645
THE REGENTS OF THE UNIVERSITY OF CA, ONE SHIELDS AVENUE DAVIS, CA 95616	MEDICAL SERVICES	66,092,533

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 95

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a			
	b Membership dues	1b			
	c Fundraising events	1c			
	d Related organizations	1d			
	e Government grants (contributions)	1e			
	f All other contributions, gifts, grants, and similar amounts not included above	1f			
	g Noncash contributions included in lines 1a - 1f \$ _____				
h Total. Add lines 1a-1f		0			

Program Service Revenue			Business Code			
	2a PREMIUMS EARNED		524114	787,632,613	787,632,613	
b PPO PREMIUM REVENUE		524298	-1,144,933		-1,144,933	
c ADMINISTRATIVE INCOME		524292	22,206	22,206		
d _____						
e _____						
f All other program service revenue						
g Total. Add lines 2a-2f			786,509,886			

Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		186,111		10,200	175,911	
	4 Income from investment of tax-exempt bond proceeds		0				
	5 Royalties		0				
	6a Gross rents	(i) Real	(ii) Personal				
	b Less rental expenses						
	c Rental income or (loss)	0	0				
	d Net rental income or (loss)			0			
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
	b Less cost or other basis and sales expenses	9,743,791					
	c Gain or (loss)	9,736,031					
	d Net gain or (loss)	7,760		7,760		7,760	
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a	0				
	b Less direct expenses	b	0				
	c Net income or (loss) from fundraising events			0			
	9a Gross income from gaming activities See Part IV, line 19	a	0				
b Less direct expenses	b	0					
c Net income or (loss) from gaming activities			0				
10a Gross sales of inventory, less returns and allowances	a	0					
b Less cost of goods sold	b	0					
c Net income or (loss) from sales of inventory			0				
Miscellaneous Revenue	Business Code						
11a MISCELLANEOUS REVENUE	900009	4,340			4,340		
b _____							
c _____							
d All other revenue							
e Total. Add lines 11a-11d			4,340				
12 Total revenue. See Instructions			786,708,097	787,654,819	-1,134,733	188,011	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	1,295,691	1,295,691		
2 Grants and other assistance to domestic individuals. See Part IV, line 22.	0			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.	0			
4 Benefits paid to or for members.	0			
5 Compensation of current officers, directors, trustees, and key employees.	3,968,238	1,656,091	2,312,147	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	0			
7 Other salaries and wages.	19,386,604	16,335,990	3,050,614	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	620,428	503,947	116,481	
9 Other employee benefits.	3,434,403	2,692,243	742,160	
10 Payroll taxes.	1,566,594	1,268,535	298,059	
11 Fees for services (non-employees)				
a Management.	22,447,957	21,158,561	1,289,396	
b Legal.	0			
c Accounting.	445,284		445,284	
d Lobbying.	11,200		11,200	
e Professional fundraising services. See Part IV, line 17.	0			
f Investment management fees.	0			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	711,700,926	711,700,926		
12 Advertising and promotion.	2,133,304	2,133,304		
13 Office expenses.	3,182,664	1,587,240	1,595,424	
14 Information technology.	5,212,462	4,976,500	235,962	
15 Royalties.	0			
16 Occupancy.	1,566,067	1,566,067		
17 Travel.	112,619	74,908	37,711	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.	0			
19 Conferences, conventions, and meetings.	779,757	572,985	206,772	
20 Interest.	108,818	108,818		
21 Payments to affiliates.	0			
22 Depreciation, depletion, and amortization.	1,902,027	1,902,027		
23 Insurance.	304,267	304,267		
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a AFFORDABLE CARE ACT FEES	6,893,753	6,893,753		
b NATIONCARE EXPENSES	1,459,111	1,458,593	518	
c TAXES	33,694	33,694		
d DMHC FEES	260,230	260,230		
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e.	788,826,098	778,484,370	10,341,728	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	38,637,019	1	36,687,228
	2 Savings and temporary cash investments	5,126,524	2	5,361,502
	3 Pledges and grants receivable, net	0	3	0
	4 Accounts receivable, net	5,799,473	4	8,275,009
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	0	5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L	0	6	0
	7 Notes and loans receivable, net	0	7	0
	8 Inventories for sale or use	0	8	0
	9 Prepaid expenses and deferred charges	5,556,990	9	2,201,330
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 12,805,724		
	b Less accumulated depreciation	10b 8,898,340	4,931,812	10c 3,907,384
	11 Investments—publicly traded securities	2,279,933	11	2,524,390
	12 Investments—other securities See Part IV, line 11	0	12	0
	13 Investments—program-related See Part IV, line 11	0	13	0
	14 Intangible assets	0	14	0
	15 Other assets See Part IV, line 11	22,632,930	15	15,066,429
16 Total assets. Add lines 1 through 15 (must equal line 34)	84,964,681	16	74,023,272	
Liabilities	17 Accounts payable and accrued expenses	16,626,026	17	5,110,576
	18 Grants payable	0	18	0
	19 Deferred revenue	16,670,844	19	16,348,891
	20 Tax-exempt bond liabilities	0	20	0
	21 Escrow or custodial account liability Complete Part IV of Schedule D	0	21	0
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties	0	23	0
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24) Complete Part X of Schedule D	38,351,783	25	41,325,348
	26 Total liabilities. Add lines 17 through 25	71,648,653	26	62,784,815
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	13,316,028	27	11,238,457
	28 Temporarily restricted net assets	0	28	0
	29 Permanently restricted net assets	0	29	0
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	13,316,028	33	11,238,457	
34 Total liabilities and net assets/fund balances	84,964,681	34	74,023,272	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	786,708,097
2	Total expenses (must equal Part IX, column (A), line 25)	2	788,826,098
3	Revenue less expenses Subtract line 2 from line 1	3	-2,118,001
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	13,316,028
5	Net unrealized gains (losses) on investments	5	40,430
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	11,238,457

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990 Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		No
2b	Yes	
2c	Yes	
3a		No
3b		

Additional Data

Software ID:

Software Version:

EIN: 68-0393304

Name: Western Health Advantage

Form 990 (2018)

Form 990, Part III, Line 4a:

PUBLIC BENEFIT HEALTH COVERAGE WHA PROMOTES THE COMMON GOOD AND GENERAL WELFARE OF THE COMMUNITY BY OFFERING HEALTH BENEFIT COVERAGE TO THE PUBLIC THROUGH MULTIPLE, EASILY ACCESSIBLE CHANNELS WHA SERVES INDIVIDUALS, SMALL EMPLOYER GROUPS, AND LARGE EMPLOYER GROUPS WHA BENEFITS THE COMMUNITY AND PROMOTES SOCIAL WELFARE BY REASON OF (1) ENROLLMENT THAT IS OPEN TO INDIVIDUALS (BOTH ON AND OFF THE CALIFORNIA HEALTH BENEFITS EXCHANGE, COVERED CALIFORNIA) AND SMALL GROUPS, (2) SERVING LOW INCOME, HIGH RISK, MEDICALLY UNDERSERVED, OR ELDERLY PERSONS, AND (3) HAVING HMO PREMIUMS ON A COMMUNITY-RATED BASIS COVERAGE TO ALL GROUP AND INDIVIDUAL MEMBERS WHA COMMUNICATES WITH ITS MEMBERS AND PROVIDERS THROUGH QUARTERLY PRINTED PUBLICATIONS ADVANTAGE MAGAZINE IS A QUARTERLY MAGAZINE AIMED AT PROMOTING HEALTHY LIFESTYLES AND ASSISTING MEMBERS TO TAKE ADVANTAGE OF THEIR HEALTH BENEFITS COVERAGE PROVIDER INSIDER IS A QUARTERLY INFORMATIONAL MAGAZINE FOR PROVIDERS WHA WELLNESS PROGRAMS WHA PROVIDES WELLNESS RESOURCES AND SUPPORT FOR INDIVIDUAL AND EMPLOYER/BROKER-DRIVEN WELLNESS INITIATIVES, THE OVERALL GOAL OF WHICH IS TO REDUCE HEALTHCARE COSTS FOR SOCIETY OUR ONLINE WELLNESS PROGRAM REACHES INDIVIDUALS BY OFFERING HEALTH ASSESSMENTS AND TRACKING TOOLS WHA'S WELLNESS INITIATIVES REACH BEYOND WHA'S BASE OF MEMBERS EDUCATIONAL SEMINARS AND PROGRAMS AT THE EMPLOYER GROUP LEVEL ARE OFFERED TO ALL EMPLOYEES REGARDLESS OF HEALTH PLAN AFFILIATION HEALTH RESOURCES AND INFORMATION ARE FREELY GIVEN AT HEALTH EVENTS, AND WHA'S WELLNESS MANAGER APPEARS REGULARLY IN MEDIA DRIVEN CAMPAIGNS, INCLUDING GIVING INTERVIEWS ON LOCAL TELEVISION NEWS PROGRAMS SEEN THROUGHOUT NORTHERN CALIFORNIA, PROMOTING HEALTHY EATING AND ACTIVITY WHAFIT WHAFIT IS WHA'S OWN HEALTH AND WELLNESS PROGRAM, FORMED IN 2013, TO PROMOTE THE HEALTH AND WELL-BEING OF ITS EMPLOYEES PROMOTING POSITIVE BEHAVIOR CHANGES AMONG WHA'S EMPLOYEES BENEFITS THE COMMUNITY, AS THESE EMPLOYEES ARE MEMBERS OF THE COMMUNITY THAT WHA SERVES WHA STANDS FOR NOT ONLY WESTERN HEALTH ADVANTAGE, BUT IN THIS CONTEXT, WELLNESS, HEALTH AND ACTION COMMUNITYFIT WHA OFFERS COMMUNITYFIT, A NO COST FITNESS IN THE PARK PROGRAM, TWICE A YEAR FOR 6-8 WEEKS THE PURPOSE OF THIS PROGRAM IS TO PROMOTE MOVEMENT DURING THE WORKDAY COMMUNITYFIT IS AVAILABLE TO ALL MEMBERS OF THE COMMUNITY AND CURRENTLY ADMINISTERED IN VARIOUS PARKS IN DOWNTOWN SACRAMENTO DURING SPRING AND FALL SESSIONS WITH CLASSES SUCH AS YOGA, PILATES, CIRCUIT TRAINING, AND MINDFULNESS MEDITATION, COMMUNITYFIT STRIVES TO REACH THE PUBLIC BY MAKING FITNESS AFFORDABLE AND CONVENIENT, WITH THE HOPE OF LOWERING HEALTH CARE COSTS AND IMPROVING THE WELL-BEING OF THE COMMUNITY WHA AND THE AMERICAN HEART ASSOCIATION ADDITIONALLY, WHA'S WELLNESS MANAGER LEADS A COORDINATED "WORKPLACE ACHIEVEMENT INDEX" WELLNESS PROGRAM WITH THE AMERICAN HEART ASSOCIATION (AHA), WHICH BRINGS THE AHA'S VAST RESOURCES ON HEART-HEALTHY LIVING TO MANY WORKSITES IN THE REGION THROUGH THIS PROGRAM THE AHA AND WHA HELP CREATE HEALTHY WORK ENVIRONMENTS, WHICH INCREASES PRODUCTIVITY, REDUCES ABSENTEEISM (DUE TO FEWER HEALTH PROBLEMS EXPERIENCED BY EMPLOYEES), AND LOWERS TURNOVER WHICH INCREASES PRODUCTIVITY, REDUCES ABSENTEEISM (DUE TO FEWER HEALTH PROBLEMS EXPERIENCED BY EMPLOYEES), AND LOWERS TURNOVER

Form 990, Part III, Line 4b:

COMMUNITY OUTREACH AND SUPPORT WHA SUPPORTS MEMBER HEALTH SYSTEMS' MISSIONS THROUGH CHARITABLE GRANTS WHA PROVIDES BENEFITS TO THE COMMUNITY BEYOND HEALTH CARE BENEFITS THROUGH FUNDING PROGRAMS FOR THE PROMOTION OF HEALTH AND OTHER CHARITABLE PURPOSES, INCLUDING SUPPORT FOR THE CHARITABLE ACTIVITIES OF THE MEMBER HEALTH SYSTEMS FOR FISCAL YEAR 2018-2019, WHA BUDGETED OVER \$1,200,000 TO SUPPORT CHARITABLE PROGRAMS WHICH BENEFIT THE COMMUNITY SERVED BY WHA, INCLUDING (1) A \$115,000 CONTRIBUTION TO THE AMERICAN HEART ASSOCIATION FOR A COMMUNITY HEALTH AWARENESS PROGRAM, (2) A \$100,000 CONTRIBUTION TO THE CROCKER ART MUSEUM FOR OUTREACH, (3) A \$100,000 CONTRIBUTION TO THE BIG DAY OF GIVING, AND EDUCATION PROGRAMS, AND (3) SPONSORSHIP OF HEALTHY KIDS DAY, WHICH IS INTENDED TO INCREASE AWARENESS OF HEALTHY LIFESTYLES FOR CHILDREN AND OFFERS FREE HEALTH, DENTAL AND VISION SCREENING FOR CHILDREN, AND FREE FLU SHOTS FOR MEMBERS OF ALL AGES ADDITIONAL GRANTEEES INCLUDE THE NONPROFIT RESOURCE CENTER AND LIGHTHOUSE COUNSELING AND FAMILY RESOURCE CENTER CONTRIBUTION OF WHA EMPLOYEES TO WHA'S COMMUNITY WHA EMPLOYEES EXEMPLIFY OUR ORGANIZATION'S OBJECTIVES AND PHILOSOPHY OF "GIVING BACK" TO THOSE WE SERVE EACH YEAR, THEY DONATE MORE THAN 2,000 VOLUNTEER HOURS SERVING ON BOARDS, WORKING IN SCHOOLS AND SUPPORTING LOCAL NON-PROFIT ORGANIZATIONS IN A WIDE VARIETY OF WAYS WHA'S MISSION IS TO IMPROVE AND ENRICH THE LIVES OF COMMUNITY MEMBERS BY SUPPORTING LOCAL ORGANIZATIONS THROUGHOUT THE YEAR WHA ANNOUNCES GIVING OPPORTUNITIES THAT HAVE A POSITIVE IMPACT ON THE HEALTH AND WELLBEING OF THE COMMUNITY IN SUPPORT OF THIS MISSION, WHA ENCOURAGES EMPLOYEE PARTICIPATION, WHETHER THROUGH FINANCIAL DONATIONS, VOLUNTEER EFFORTS OR COMMUNITY ACTIVITIES LIKE WEEKEND FUN RUNS AND AN ANNUAL BIKE TREK WITH SUPERVISOR APPROVAL, EMPLOYEES CAN ALSO ATTEND EVENTS THAT MAY OCCUR DURING REGULAR WORK HOURS DOLLARS FOR DO-ERS WESTERN HEALTH ADVANTAGES DOLLARS FOR DO-ERS PROGRAM WILL DONATE UP TO \$100 PER YEAR TO A SELECTED CHARITY ON BEHALF OF THE EMPLOYEES WHO HAVE CONFIRMED THEIR VOLUNTEERISM OF 20 OR MORE HOURS WITH THE ORGANIZATION WHA EMPLOYEE MATCHING CHARITABLE CONTRIBUTIONS WHA MATCHES EMPLOYEE CHARITABLE DONATIONS DOLLAR FOR-DOLLAR, UP TO \$250 PER FISCAL YEAR PER EMPLOYEE EMPLOYEES CAN GIVE VIA PAYROLL DEDUCTIONS OR ONE-TIME CASH DONATIONS DONATIONS MUST BE MADE TO QUALIFIED NONPROFIT ORGANIZATIONS WHA OFFERS EMPLOYEES 8 HOURS OF PAID TIME-OFF EACH YEAR TO VOLUNTEER AT THE ORGANIZATION OF THEIR CHOICE IN ADDITION, EMPLOYEES ARE GIVEN THE OPPORTUNITY TO PARTICIPATE IN 8 HOURS OF VOLUNTEER ACTIVITIES AT WESTERN HEALTH ADVANTAGE SPONSORED EVENTS WHA CEO INVOLVEMENT IN THE COMMUNITY THE PRESIDENT AND CEO OF WHA, GARRY MAISEL, SUPPORTS VARIOUS COMMUNITY CHARITIES AND CAUSES, IN ADDITION TO IMPROVING HEALTHCARE FOR THE COMMUNITY AS AN ACTIVE BOARD MEMBER OF WHA

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities
For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.
▶Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2018
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If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

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

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

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

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

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

Name of the organization Western Health Advantage	Employer identification number 68-0393304
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (see instructions) ▶ \$ _____
- 3 Volunteer hours for political campaign activities (see instructions) _____

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

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

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

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

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
1				
2				
3				
4				
5				
6				

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

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

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

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

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

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

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

Part IV Supplemental Information

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

Return Reference	Explanation
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SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements
▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047
2018
Open to Public Inspection

Name of the organization
Western Health Advantage

Employer identification number
68-0393304

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

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

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

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

Preservation of land for public use (e g , recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Year	
a Total number of conservation easements	2a	
b Total acreage restricted by conservation easements	2b	
c Number of conservation easements on a certified historic structure included in (a)	2c	
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d	

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

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

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

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

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

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

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

b Assets included in Form 990, Part X ▶ \$ _____

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table
- | | Amount |
|---|--------|
| 1c Beginning balance | |
| 1d Additions during the year | |
| 1e Distributions during the year | |
| 1f Ending balance | |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . Yes No
- b** If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII

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

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

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶
 - b** Permanent endowment ▶
 - c** Temporarily restricted endowment ▶
- The percentages on lines 2a, 2b, and 2c should equal 100%
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- | | | |
|--|-----|----|
| (i) unrelated organizations | Yes | No |
| (ii) related organizations | | |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		500,229	329,377	170,852
d Equipment		10,643,486	7,917,953	2,725,533
e Other		1,662,009	651,010	1,010,999
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				3,907,384

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

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

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

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

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

(a) Description	(b) Book value
(1) PHARMACY REBATES	7,446,617
(2) ACA RISK ADJUSTMENT	3,613,320
(3) HELD RATE RECEIVABLES	1,442,506
(4) UC RISK ADJUSTMENT	1,312,592
(5) ESI PRICING CREDITS	550,873
(6) NATIONCARE RECEIVABLE	401,942
(7) INCOME TAX RECEIVABLE	216,468
(8) SETTLEMENT REIMBURSEMENT	56,250
(9) OTHER ASSETS	25,861
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	15,066,429

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

(a) Description of liability	(b) Book value
(1) Federal income taxes	0
IBNR	9,928,921
CLAIMS PAYABLE	7,850,808
MEDICAL COST PAYABLE	8,505,665
CAPITATION PAYABLE	11,377,494
INTEREST PAYABLE	98,022
NOTES PAYABLE TO SPONSORS	3,564,438
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	41,325,348

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

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

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

1	Total revenue, gains, and other support per audited financial statements	1	786,748,527
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	40,430
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d	2e	40,430
3	Subtract line 2e from line 1	3	786,708,097
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	786,708,097

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

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

1	Total expenses and losses per audited financial statements	1	788,826,098
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	788,826,098
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5	788,826,098

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 68-0393304

Name: Western Health Advantage

Form 990, Schedule D, Part IX, - Other Assets

(a) Description	(b) Book value
(1) PHARMACY REBATES	7,446,617
(1) ACA RISK ADJUSTMENT	3,613,320
(2) HELD RATE RECEIVABLES	1,442,506
(3) UC RISK ADJUSTMENT	1,312,592
(4) ESI PRICING CREDITS	550,873
(5) NATIONCARE RECEIVABLE	401,942
(6) INCOME TAX RECEIVABLE	216,468
(7) SETTLEMENT REIMBURSEMENT	56,250
(8) OTHER ASSETS	25,861

Supplemental Information

Return Reference	Explanation
PART X, LINE 2	<p>THE COMPANY FOLLOWS THE PROVISIONS OF FASB ACCOUNTING STANDARDS CODIFICATION (ASC) SUBTOPIC 740-10, INCOME TAXES - OVERALL THIS PRONOUNCEMENT PRESCRIBES A RECOGNITION THRESHOLD AND MEASUREMENT ATTRIBUTE FOR THE FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT OF A TAX POSITION EXPECTED TO BE TAKEN IN A TAX RETURN IT ALSO PROVIDES GUIDANCE ON DERECOGNITION, CLASSIFICATION, INTEREST AND PENALTIES, ACCOUNTING IN INTERIM PERIODS, DISCLOSURE, AND TRANSITION THE COMPANY FILES TAX RETURNS IN THE UNITED STATES AND CALIFORNIA ALL TAX PERIODS BEGINNING WITH THE TAX YEAR ENDED DECEMBER 31, 2014 AND THEREAFTER ARE OPEN TO EXAMINATION FOR U S PURPOSES, AND ALL TAX PERIODS BEGINNING WITH THE TAX PERIOD ENDED DECEMBER 31, 2014 AND THEREAFTER ARE OPEN TO EXAMINATION FOR CALIFORNIA PURPOSES THE COMPANY IS CURRENTLY UNDER EXAMINATION WITH THE FRANCHISE TAX BOARD FOR THE TAX YEAR ENDED DECEMBER 31, 2014 AND JUNE 30, 2015 THE COMPANY IS NOT UNDER EXAMINATION BY THE IRS OR ANY OTHER TAX AUTHORITIES SIGNIFICANT JUDGMENT IS REQUIRED IN APPLYING THE PRINCIPLES OF ASC SUBTOPIC 740-10 THE CALCULATION OF THE PROVISION FOR INCOME TAXES INVOLVES DEALING WITH UNCERTAINTIES IN THE APPLICATION OF COMPLEX TAX LAWS AND REGULATIONS IN DETERMINING THE ADEQUACY OF THE PROVISION FOR INCOME TAXES, THE COMPANY REGULARLY ASSESSES THE POTENTIAL SETTLEMENT OUTCOMES RESULTING FROM INCOME TAX EXAMINATIONS HOWEVER, THE FINAL OUTCOME OF THE TAX EXAMINATIONS, INCLUDING THE TOTAL AMOUNT PAYABLE OR THE TIMING OF ANY SUCH PAYMENTS UPON RESOLUTION OF THESE ISSUES, CANNOT BE PREDICTED WITH CERTAINTY IN ADDITION, THE COMPANY CANNOT BE CERTAIN THAT SUCH AMOUNT WILL NOT BE MATERIALLY DIFFERENT THAN THAT WHICH IS REFLECTED IN THE COMPANY'S HISTORICAL INCOME TAX PROVISIONS AND ACCRUALS SHOULD THE IRS OR OTHER TAX AUTHORITIES ASSESS ADDITIONAL TAXES AS A RESULT OF A FUTURE EXAMINATION, THE COMPANY MAY BE REQUIRED TO RECORD CHARGES TO OPERATIONS IN FUTURE PERIODS THAT COULD HAVE A MATERIAL IMPACT ON THE RESULTS OF OPERATIONS, FINANCIAL POSITION, OR CASH FLOWS IN THE APPLICABLE PERIOD OR PERIODS</p>

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I (Form 990)

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

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization Western Health Advantage

Employer identification number

68-0393304

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

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

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section (if applicable), (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation (book, FMV, appraisal, other), (g) Description of noncash assistance, (h) Purpose of grant or assistance. Rows 1-12.

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

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22

Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
PART I, LINE 2	WHA'S MANAGEMENT TEAM EVALUATES POTENTIAL DONATIONS TO OUTSIDE ORGANIZATIONS TAKING INTO ACCOUNT HOW THE OUTSIDE ORGANIZATION ALIGNS WITH THE WHA'S MISSION GRANT RECIPIENTS ARE TYPICALLY WELL-KNOWN ORGANIZATIONS WITH A STRONG REPUTATION FOR DOING GOOD WITHIN THE COMMUNITY GRANTS ARE MADE FOR GENERAL SUPPORT OR SPECIFIC PROJECTS THAT FURTHER THE OUTSIDE ORGANIZATION'S MISSION OF BENEFITING THE COMMUNITY GRANTS ARE MADE AFTER REVIEW OF A WRITTEN APPLICATION, REVIEWED BY THE GRANT COMMITTEE AND WRITTEN AGREEMENT WITH WHA

Additional Data

Software ID:
Software Version:
EIN: 68-0393304
Name: Western Health Advantage

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
American Heart Association 7272 Greenville Ave Dallas, TX 952314596	13-5613797	501(c)(3)	115,000				Health Initiative
GREATER SACRAMENTO AREA ECONOMIC COUNCIL 400 Capitol Mall Suite 2500 SACRAMENTO, CA 95814	46-5517841	501(c)(3)	100,000				Civic Leadership

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CROCKER ART MUSEUM 216 O Street SACRAMENTO, CA 95814	94-2552486	501(c)(3)	100,000				Arts Education
MERCY FOUNDATION 3400 Data Drive Rancho Cordova, CA 95670	23-7072762	501(c)(3)	40,000				Health Neurological

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Sacramento Ballet Association 2420 N Street Suite 100 SACRAMENTO, CA 95816	94-1674349	501(c)(3)	56,000				arts education
Cristo Rey High School 8475 Jackson Road Sacramento, CA 95826	41-2191660	501(c)(3)	27,000				Workplace Assistance

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ACADEMY OF FRIENDS 650 Fifth Street Suite 408 San Francisco, CA 94107	94-3064135	501(c)(3)	25,000				aids research
american leadership forum 1601 Response Road Suite 350 Sacramento, CA 95815	91-1792774	501(c)(3)	20,000				Leadership Education

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NORTHBAY HEALTHCARE FOUNDATION 4500 Business Center Drive Fairfield, CA 94534	94-2995085	501(c)(3)	35,000				Community Support
WOODLAND HEALTHCARE FOUNDATION 1321 Cottonwood Sreet Suite 207 Woodland, CA 95695	94-1196203	501(c)(3)	20,000				Donation To Imaging

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DOWNTOWN SACRAMENTO 980 9th Street Suite 400 Sacramento, CA 95814	68-0270320	501(c)(6)	26,960				Community Support
Soil born Farm Urban Agriculture Project PO Box 661175 Sacramento, CA 95866	20-0774693	501(c)(3)	15,000				Community Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
B Street Theatre 2711 B Street Sacramento, CA 95816	95-4047805	501(c)(3)	70,000				Theatre
breathe california of sacramento 909 12th Street SACRAMENTO, CA 95814	94-1641240	501(c)(3)	11,280				Health Education

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SACRAMENTO ASIAN PACIFIC 2331 Alhambra Blvd Ste 100 Sacramento, CA 95817	68-0423644	501(c)(6)	25,000				Community Outreach
WEAVE INC 1900 K Street Sacramento, CA 95811	94-2493158	501(c)(3)	40,730				CRISIS INTERVENTION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SACRAMENTO BIG DAY OF GIVING SPONSOR 955 University Avenue Sacramento, CA 95825	94-2891517	501(c)(3)	100,000				COMMUNITY SUPPORT
SACRAMENTO FOOD BANK & family services 3333 Third Ave SACRAMENTO, CA 95817	94-3315566	501(c)(3)	69,438				FOOD BANK SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SACRAMENTO METROPOLITAN CHAMBER OF COMMERCE One Capitol Mall Suite 700 SACRAMENTO, CA 95814	94-0824600	501(c)(6)	68,000				COMMUNITY SUPPORT
UC REGENTS MONDAVI CENTER GALA One Shields Ave Davis, CA 95616	94-6036494	Government	45,000				ARTS EDUCATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GIFTS TO SHARE 915 I STREET 3RD FLOOR Sacramento, CA 95814	94-2985546	501(c)(3)	19,500				PROGRAM SUPPORT
BIG BROTHERS BIG SISTERS OF THE GREATER 1540 Rover Park Drive Sacramento, CA 95815	94-1559583	501(c)(3)	6,600				COMMUNITY SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SAN JUAN EDUCATION FOUNDATION PO Box 127 Carmichael, CA 95815	94-3160088	501(c)(3)	5,290				Sponsorship education foundation
California State University 6000 J Street Sacramento Hall 118 Sacramento, CA 95819	68-0365325	Government	10,000				Sponsorship The University Foundation at Sacramento State education

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Sacramento Theatre Company 1419 H Street Sacramento, CA 95814	94-1347081	501(c)(3)	6,000				Arts Education
Nonprofit Resource Center 2031 K Street Sacramento, CA 95811	68-0173440	501(c)(3)	6,000				Civic Leadership

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Greater Sacramento Urban League 3725 Marysville Blvd Sacramento, CA 95838	94-1686314	501(c)(3)	6,000				Community Support
River City Food Bank PO Box 160204 Sacramento, CA 95816	91-1851398	501(c)(3)	5,455				Community Support

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
Western Health Advantage

Employer identification number
68-0393304

Part I Questions Regarding Compensation

		Yes	No		
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> First-class or charter travel <input checked="" type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input checked="" type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) </td> </tr> </table>	<input type="checkbox"/> First-class or charter travel <input checked="" type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input checked="" type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)			
<input type="checkbox"/> First-class or charter travel <input checked="" type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input checked="" type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)				
<p>b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</p>	1b	Yes			
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</p>	2		No		
<p>3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee </td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee			
<input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee				
<p>4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization</p>					
<p>a Receive a severance payment or change-of-control payment?</p>	4a		No		
<p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p>	4b	Yes			
<p>c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III</p>	4c		No		
<p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p>					
<p>5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of</p>					
<p>a The organization?</p>	5a		No		
<p>b Any related organization? If "Yes," on line 5a or 5b, describe in Part III</p>	5b		No		
<p>6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of</p>					
<p>a The organization?</p>	6a		No		
<p>b Any related organization? If "Yes," on line 6a or 6b, describe in Part III</p>	6b		No		
<p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III</p>	7	Yes			
<p>8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III</p>	8		No		
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9				

Part III Supplemental Information

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

Return Reference	Explanation
Schedule J, Part I, Question 1a	<p>WHA PAID \$180 EACH FOR YEARLY HEALTH CLUB DUES FOR TWO OFFICERS, SIX KEY EMPLOYEES, AND TWO HIGHEST COMPENSATED EMPLOYEES LISTED ON FORM 990 PART VII. THESE AMOUNTS HAVE BEEN INCLUDED AS TAXABLE BENEFITS IN ON THE EMPLOYEES' 2018 W-2S. CLUB DUES HAVE BEEN PAID BY WHA FOR BUSINESS USE BY ONE OFFICER. AS THE USE OF THIS CLUB IS FOR BUSINESS USE ONLY AND NOT FOR PERSONAL USE, NO AMOUNT HAS BEEN INCLUDED AS TAXABLE COMPENSATION TO THE OFFICER. SPOUSAL TRAVEL FOR PURPOSES OF ATTENDING A BUSINESS EVENT WAS PROVIDED TO THE SPOUSES ACCOMPANYING 6 PERSONS LISTED ON FORM 990, PART VII, SECTION A. THE ATTENDANCE OF THE SPOUSES WAS DETERMINED TO BE A BUSINESS EXPENSE AND THUS NOT INCLUDED IN THE TAXABLE INCOME FOR THOSE LISTED INDIVIDUALS.</p>

Return Reference	Explanation
Schedule J, Part I, Question 4b	THE ORGANIZATION HAS A 457(F) PLAN WHEREBY PARTICIPANTS VEST AFTER 5 YEARS, WITH IMMEDIATE VESTING UPON DEATH, DISABILITY, OR INVOLUNTARY TERMINATION WITHOUT CAUSE

Return Reference	Explanation
Schedule J, Part I, Question 7	BONUSES/INCENTIVES ARE BASED ON AN INDIVIDUAL'S PERFORMANCE AND ARE DISCRETIONARY BASED ON MEETING ESTABLISHED GOALS



SCHEDULE O
(Form 990 or 990-EZ)**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018**Open to Public Inspection**

Department of the Treasury

Name of the organization

Western Health Advantage

Employer identification number

68-0393304

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section A, Line 4	REPLACED "DIGNITY HEALTH" WITH "DIGNITY COMMUNITY CARE" AS A NEW COPORATE MEMBER ADDED A NEW STANDING COMMITTEE, THE PUBLIC POLICY COMMITTEE, ADDED CRITERIA FOR ADDITION OF NEW CORPORATE MEMBERS, ADDED TWO NEW SPECIAL ACTIONS TO BE APPROVED BY CORPORATE MEMBERS, ADDED A PROVISION ALLOWING A CORPORATE MEMBER TO WITHDRAW ON LESS THAN 90 DAYS NOTICE WITH APPROVAL OF THE OTHER CORPORATE MEMBERS

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section A, Line 6	DIGNITY COMMUNITY CARE AND NORTHBAY HEALTHCARE GROUP ARE MEMBERS OF WESTERN HEALTH ADVANTAGE

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	DIGNITY COMMUNITY CARE AND NORTHBAY HEALTHCARE GROUP HAVE RIGHTS TO ELECT AND REMOVE MOST BOARD MEMBERS

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section A, Line 7B	DIGNITY COMMUNITY CARE AND NORTHBAY HEALTHCARE GROUP RETAIN THE APPROVAL RIGHTS AFFORDED MEMBERS FOR CERTAIN SIGNIFICANT TRANSACTIONS (E G CHANGE IN BYLAWS)

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, Line 11	THE BOARD OF DIRECTORS REVIEWS THE FORM 990 BEFORE THE RETURN IS FILED THE ORGANIZATION'S CFO AND FINANCE DIRECTOR WORK CLOSELY WITH AN OUTSIDE ACCOUNTING FIRM TO PREPARE AND REVIEW THE RETURN A COMPLETE COPY OF FORM 990 IS PROVIDED TO THE ENTIRE BOARD PRIOR TO FILING WITH THE INTERNAL REVENUE SERVICE

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, Line 12C	ON AN ANNUAL BASIS, THE ORGANIZATION DISTRIBUTES CONFLICT OF INTEREST QUESTIONNAIRES WHICH THE BOARD MEMBERS, OFFICERS, AND KEY EMPLOYEES COMPLETE AND RETURN THE CHIEF LEGAL OFFICER OF THE ORGANIZATION REVIEWS THE RETURNED FORMS FOR COMPLIANCE IF A CONFLICT IS REPORTED IT WOULD BE HANDLED IN ACCORDANCE WITH THE CONFLICTS OF INTEREST POLICY, WHICH REQUIRES INDIVIDUALS WITH A POTENTIAL CONFLICT TO RECUSE THEMSELVES FROM THE BOARD'S DELIBERATIONS ON THE ISSUE OF CONFLICT

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, Line 15	THE BOARD OF DIRECTORS REVIEWS THE COMPENSATION OF THE CHIEF EXECUTIVE OFFICER AND AUTHORIZES THE CEO TO APPROVE COMPENSATION OF THE OTHER CHIEF LEVEL EMPLOYEES WITH THE CAVEAT THAT ALL COMPENSATION OF THE CHIEF LEVEL EMPLOYEES MUST BE WITHIN THE RECOMMENDATIONS OF THE INDEPENDENT COMPENSATION REPORT A WRITTEN POLICY REQUIRES THAT THE BOARD DETERMINE THAT COMPENSATION IS REASONABLE TO WHAT IS BASED UPON INFORMATION SUFFICIENT TO DETERMINE WHETHER THE VALUE OF SERVICES IS THE AMOUNT THAT WOULD ORDINARILY BE PAID FOR LIKE SERVICES BY LIKE ENTERPRISES, WHETHER TAXABLE OR TAX EXEMPT UNDER LIKE CIRCUMSTANCES RELEVANT INFORMATION INCLUDES, BUT IS NOT LIMITED TO, COMPENSATION LEVELS PAID BY SIMILARLY SITUATED ORGANIZATIONS, BOTH TAXABLE AND TAX-EXEMPT, FOR FUNCTIONALLY COMPARABLE POSITIONS, THE AVAILABILITY OF SIMILAR SERVICES IN THE GEOGRAPHIC AREA OF THE APPLICABLE TAX EXEMPT ORGANIZATION, CURRENT COMPENSATION SURVEYS COMPILED BY INDEPENDENT FIRMS, AND ACTUAL WRITTEN OFFERS FROM SIMILAR INSTITUTIONS COMPETING FOR THE SERVICES OF THE DISQUALIFIED PERSON THE BOARD MUST ALSO MAKE A FINDING THAT COMPENSATION TO THE CEO AND CFO IS JUST AND REASONABLE ANY MEMBERS OF THE BOARD WHO HAVE A CONFLICT CANNOT BE INCLUDED IN THE DECISION MAKING PROCESS

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section C, Line 19	WHILE FEDERAL TAX LAWS DO NOT MANDATE THAT THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS BE MADE AVAILABLE FOR PUBLIC INSPECTION, THE ORGANIZATION MAKES ITS FINANCIAL STATEMENTS AVAILABLE UPON REQUEST

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION CAPITATION EXPENSES TOTAL FEES 571470899

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION CLAIMS EXPENSE TOTAL FEES 133590424

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION MEDICAL ADMINISTRATION TOTAL FEES 6639603

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2018

Open to Public Inspection

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**
 ▶ **Attach to Form 990.**
 ▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Department of the Treasury
Internal Revenue Service

Name of the organization
Western Health Advantage

Employer identification number

68-0393304

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No

Part III Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

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

Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) WESTERN HEALTH ADVANTAGE COMMUNITY 2349 GATEWAY OAKS FRNE SUITE 100 SACRAMENTO, CA 95833 87-0748090	Inactive	CA	NA	C CORP	0	0	100 000 %	Yes	

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

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

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation