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Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2018

Open to Public Inspection

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.

A For the 2019 calendar year, or tax year beginning 04-01-2018 , and ending 03-31-2019

B Check if applicable

Address change

Name change

Initial return

Final return/terminated

Amended return

Application pending

C Name of organization

CALIFORNIA HEALTHCARE FOUNDATION

Doing business as

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

1438 WEBSTER ST NO 400

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

OAKLAND, CA 94612

F Name and address of principal officer

CRAIG ZIEGLER

1438 WEBSTER ST NO 400

OAKLAND, CA 94612

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 CHCF ORG

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

TO SUPPORT MEANINGFUL, MEASURABLE IMPROVEMENTS IN HEALTH CARE FOR ALL CALIFORNIANS

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)

4 Number of independent voting members of the governing body (Part VI, line 1b)

5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)

6 Total number of volunteers (estimate if necessary)

7a Total unrelated business revenue from Part VIII, column (C), line 12

7b Net unrelated business taxable income from Form 990-T, line 34

Revenue

8 Contributions and grants (Part VIII, line 1h)

9 Program service revenue (Part VIII, line 2g)

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d )

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3 )

14 Benefits paid to or for members (Part IX, column (A), line 4)

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)

16a Professional fundraising fees (Part IX, column (A), line 11e)

b Total fundraising expenses (Part IX, column (D), line 25)

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)

18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)

19 Revenue less expenses Subtract line 18 from line 12

Net Assets or Fund Balances

20 Total assets (Part X, line 16)

21 Total liabilities (Part X, line 26)

22 Net assets or fund balances Subtract line 21 from line 20

Prior Year

Current Year

Beginning of Current Year

End of Year

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

2020-01-08

Date

CRAIG ZIEGLER VP FINANCE, ADMIN / INVESTS / TREAS

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date

Check if self-employed

PTIN P01008919

Firm's name HOOD & STRONG LLP

Firm's EIN 94-1254756

Firm's address 275 BATTERY ST STE 900

Phone no (415) 781-0793

SAN FRANCISCO, CA 94111

May the IRS discuss this return with the preparer shown above? (see instructions)

Yes No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2018)

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

CHCF IS DEDICATED TO ADVANCING MEANINGFUL, MEASURABLE IMPROVEMENTS IN THE WAY THE HEALTH CARE DELIVERY SYSTEM PROVIDES CARE TO THE PEOPLE OF CALIFORNIA, PARTICULARLY THOSE WITH LOW INCOMES AND THOSE WHOSE NEEDS ARE NOT WELL SERVED BY THE STATUS QUO

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

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

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

If "Yes," describe these changes on Schedule O

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

<b>4a</b>	(Code ) (Expenses \$ 10,314,584 including grants of \$ 8,841,696 ) (Revenue \$ 0 )
See Additional Data	

<b>4b</b>	(Code ) (Expenses \$ 9,405,814 including grants of \$ 7,965,585 ) (Revenue \$ 0 )
See Additional Data	

<b>4c</b>	(Code ) (Expenses \$ 7,124,743 including grants of \$ 4,797,107 ) (Revenue \$ 0 )
See Additional Data	



















(Code ) (Expenses \$ 8,138,102 including grants of \$ 2,097,500 ) (Revenue \$ 1,009,883 )
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ACROSS OUR THREE PRIMARY GOALS, CHCF ALSO USES A VARIETY OF TOOLS TO INCREASE THE IMPACT OF OUR GRANT MAKING. OUR EXTERNAL ENGAGEMENT WORK USES POLICY CONVENINGS, RESEARCH AND ANALYSIS, AND STRATEGIC COMMUNICATIONS TO SUPPORT THE PROGRAMMATIC WORK OF THE FOUNDATION. 1) CONVENING: WE BRING STAKEHOLDERS TOGETHER TO FIND SOLUTIONS, SPREAD KNOWLEDGE, AND CREATE THE IMPETUS FOR CHANGE. 2) RESEARCH: WE CREATE A DATA AND POLICY ANALYSIS AGENDA THAT HELPS DECISIONMAKERS MAKE INFORMED CHOICES. 3) ENGAGEMENT: WE USE OUR VOICE AND RELATIONSHIPS TO ADDRESS HEALTH CARE PROBLEMS AND FIND SOLUTIONS.

<b>4d</b>	Other program services (Describe in Schedule O )
(Expenses \$ 8,138,102 including grants of \$ 2,097,500 ) (Revenue \$ 1,009,883 )	

<b>4e</b>	<b>Total program service expenses</b> ▶ 34,983,243
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**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> . . . . .	<b>1</b>	No
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? . . . . .	<b>2</b>	No
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> . . . . .	<b>3</b>	No
<b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> . . . . .	<b>4</b>	
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i> . . . . .	<b>5</b>	No
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>  . . . . .	<b>6</b>	No
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>  . . . . .	<b>7</b>	No
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>  . . . . .	<b>8</b>	No
<b>9</b> Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>  . . . . .	<b>9</b>	No
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>  . . . . .	<b>10</b>	No
<b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>  . . . . .	<b>11a</b> Yes	
<b>b</b> Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>  . . . . .	<b>11b</b> Yes	
<b>c</b> Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>  . . . . .	<b>11c</b>	No
<b>d</b> Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>  . . . . .	<b>11d</b>	No
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>  . . . . .	<b>11e</b>	No
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>  . . . . .	<b>11f</b> Yes	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>  . . . . .	<b>12a</b>	No
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>  . . . . .	<b>12b</b> Yes	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> . . . . .	<b>13</b>	No
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? . . . . .	<b>14a</b>	No
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> . . . . . 	<b>14b</b> Yes	
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> . . . . . 	<b>15</b>	No
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> . . . . . 	<b>16</b>	No
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions) . . . . .	<b>17</b>	No
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> . . . . .	<b>18</b>	No
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> . . . . .	<b>19</b>	No
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> . . . . .	<b>20a</b>	No
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<b>20b</b>	
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . . 	<b>21</b> Yes	
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . . 	<b>22</b> Yes	

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

	Yes	No
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> . . . . .	<b>23</b> Yes	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> . . . . .	<b>24a</b>	No
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .	<b>24b</b>	
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	<b>24c</b>	
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .	<b>24d</b>	
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	<b>25a</b>	No
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	<b>25b</b>	No
<b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> . . . . .	<b>26</b>	No
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> . . . . .	<b>27</b>	No
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	<b>28a</b>	No
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	<b>28b</b>	No
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	<b>28c</b>	No
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .	<b>29</b>	No
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .	<b>30</b>	No
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .	<b>31</b>	No
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .	<b>32</b>	No
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . .	<b>33</b> Yes	
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> . . . . .	<b>34</b> Yes	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<b>35a</b> Yes	
<b>b</b> If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	<b>35b</b> Yes	
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	<b>36</b>	
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> . . . . .	<b>37</b>	No
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	<b>38</b> Yes	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**Check if Schedule O contains a response or note to any line in this Part V ☐

	Yes	No
<b>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable . . . . .	<b>1a</b> 138	
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . .	<b>1b</b> 0	
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	<b>1c</b> Yes	

<b>2a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return . . . . .		<b>2a</b>	63			
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				<b>2b</b>	Yes	
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .				<b>3a</b>	Yes	
<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O . . . . .				<b>3b</b>	Yes	
<b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .				<b>4a</b>		No
<b>b</b> If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)						
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .				<b>5a</b>		No
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?				<b>5b</b>		No
<b>c</b> If "Yes," to line 5a or 5b, did the organization file Form 8886-T? . . . . .				<b>5c</b>		
<b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . . . .				<b>6a</b>		No
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .				<b>6b</b>		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>						
<b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . .				<b>7a</b>		
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .				<b>7b</b>		
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .				<b>7c</b>		
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year . . . . .				<b>7d</b>		
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?				<b>7e</b>		
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .				<b>7f</b>		
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .				<b>7g</b>		
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .				<b>7h</b>		
<b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .				<b>8</b>		
<b>9a</b> Did the sponsoring organization make any taxable distributions under section 4966? . . . . .				<b>9a</b>		
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .				<b>9b</b>		
<b>10 Section 501(c)(7) organizations.</b> Enter						
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12 . . . . .				<b>10a</b>		
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities				<b>10b</b>		
<b>11 Section 501(c)(12) organizations.</b> Enter						
<b>a</b> Gross income from members or shareholders . . . . .				<b>11a</b>		
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them ) . . . . .				<b>11b</b>		
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?				<b>12a</b>		
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year				<b>12b</b>		
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>						
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O				<b>13a</b>		
<b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans . . . . .				<b>13b</b>		
<b>c</b> Enter the amount of reserves on hand . . . . .				<b>13c</b>		
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year? . . . . .				<b>14a</b>		No
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .				<b>14b</b>		
<b>15</b> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N . . . . .				<b>15</b>		No
<b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O . . . . .				<b>16</b>		No

**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**

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

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

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

**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 ☒ 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.  
**CRAIG ZIEGLER 1438 WEBSTER ST STE 400 OAKLAND, CA 94612 (510) 238-1040**

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) AGUILAR-GAXIOLA SERGIO ..... BOARD MEMBER	3 00 .....	X						33,000	0	0
(2) AUGUSTINOS NICHOLAS ..... BOARD MEMBER	3 00 .....	X						32,000	0	0
(3) CARLISLE DAVID ..... BOARD MEMBER	3 00 .....	X						21,250	0	0
(4) ESCOBAR ZOILA ..... BOARD MEMBER	3 00 .....	X						0	0	0
(5) GILBERT BRADLEY ..... BOARD MEMBER	3 00 .....	X						34,000	0	0
(6) GROSS DANIEL ..... BOARD CHAIR	5 00 .....	X						44,000	0	0
(7) HILL ELIZABETH G ..... BOARD MEMBER	3 00 .....	X						37,000	0	0
(8) JONES MARC ..... BOARD MEMBER	3 00 .....	X						36,000	0	0
(9) O'KEEFE LYNNE CHOU ..... BOARD MEMBER	3 00 .....	X						13,500	0	0
(10) REYES CAROLINA ..... BOARD MEMBER	3 00 .....	X						30,000	0	0
(11) WELTY JOHN D ..... BOARD MEMBER	3 00 .....	X						33,000	0	0
(12) HERNANDEZ SANDRA ..... PRESIDENT & C E O	45 00 .....	X		X				589,668	0	91,085
(13) ZIEGLER CRAIG ..... VP OF FIN, ADMIN &INVESTS/TREAS &SEC	45 00 .....			X				366,675	0	82,656
(14) CARTER KARA ..... SENIOR VP OF PROGRAMS	45 00 .....				X			330,269	0	55,342
(15) SHEWRY SANDRA ..... VP EXTERNAL ENGAGEMENT	45 00 .....					X		309,567	0	54,586
(16) BUCKLEY MELISSA ..... PROGRAM DIRECTOR OF INNOVATIONS	45 00 .....					X		269,942	0	79,642
(17) PERRONE CHRIS ..... PROGRAM DIRECTOR OF IMPROVING ACCESS	45 00 .....					X		255,090	0	62,461

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

[illegible]

<b>1b Sub-Total</b>			
<b>c Total from continuation sheets to Part VII, Section A</b>			
<b>d Total (add lines 1b and 1c)</b>	2,928,649	0	536,814

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 ► 39

		Yes	No
<b>3</b>	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual . . . . .</i>	<b>3</b>	No
<b>4</b>	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual . . . . .</i>	<b>4</b> Yes	
<b>5</b>	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person . . . . .</i>	<b>5</b>	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
MAKENA CAPITAL MANAGEMENT  2755 SAND HILL RD SUITE 200 MENLO PARK, CA 94025	INVESTMENT MANAGEMENT	5,200,919
FORUM ONE COMMUNICATIONS  15954 JACKSON CREEK PARKWAY SUITE MONUMENT, CO 80132	WEBSITE HOSTING & REBUILD	269,755
VALUE STREAM CONSULTING LLC  3500 N VILLAGE DRIVE SUITE 264 ST JOSEPH, MO 64506	GRANT SYSTEM IMPLEMENTATION	159,713
ANGELENO GROUP LLC  2029 CENTURY PARK EAST SUITE 2980 LOS ANGELES, CA 90067	INVESTMENT MANAGEMENT	129,101
LEGACY VENTURE  180 LYTTON AVENUE PALO ALTO, CA 94301	INVESTMENT MANAGEMENT	103,750

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 ▶ 5



**Part VIII Statement of Revenue**

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

**Contributions, Gifts, Grants and Other Similar Amounts**

<b>1a</b> Federated campaigns . . .	<b>1a</b>	
<b>b</b> Membership dues . . .	<b>1b</b>	
<b>c</b> Fundraising events . . .	<b>1c</b>	
<b>d</b> Related organizations	<b>1d</b>	
<b>e</b> Government grants (contributions)	<b>1e</b>	
<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	
<b>g</b> Noncash contributions included in lines 1a - 1f \$ _____		
<b>h Total.</b> Add lines 1a-1f . . . . . ▶		

**Program Service Revenue**

<b>2a</b> PRI INTEREST INCOME	Business Code				
	900099	1,009,883	1,009,883		
<b>b</b> _____					
<b>c</b> _____					
<b>d</b> _____					
<b>e</b> _____					
<b>f</b> All other program service revenue					
<b>g Total.</b> Add lines 2a-2f . . . . . ▶		1,009,883			

**Other Revenue**

<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		1,200,373		827,646	372,727
<b>4</b> Income from investment of tax-exempt bond proceeds . . . . . ▶					
<b>5</b> Royalties . . . . . ▶					
<b>6a</b> Gross rents	(i) Real	(ii) Personal			
	2,209,585				
<b>b</b> Less rental expenses	1,600,466				
<b>c</b> Rental income or (loss)	609,119				
<b>d</b> Net rental income or (loss) . . . . . ▶		609,119			609,119
<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
		81,026,311			
<b>b</b> Less cost or other basis and sales expenses	3,582,055	65,816,819			
<b>c</b> Gain or (loss)	-3,582,055	15,209,492			
<b>d</b> Net gain or (loss) . . . . . ▶		11,627,437		-3,582,055	15,209,492
<b>8a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . . <b>a</b>					
<b>b</b> Less direct expenses . . . . . <b>b</b>					
<b>c</b> Net income or (loss) from fundraising events . . . . . ▶					
<b>9a</b> Gross income from gaming activities See Part IV, line 19 . . . . . <b>a</b>					
<b>b</b> Less direct expenses . . . . . <b>b</b>					
<b>c</b> Net income or (loss) from gaming activities . . . . . ▶					
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . . <b>a</b>					
<b>b</b> Less cost of goods sold . . . . . <b>b</b>					
<b>c</b> Net income or (loss) from sales of inventory . . . . . ▶					
Miscellaneous Revenue	Business Code				
<b>11a</b> INSURANCE REIMB	900099	650			650
<b>b</b> _____					
<b>c</b> _____					
<b>d</b> All other revenue . . . . .					
<b>e Total.</b> Add lines 11a-11d . . . . . ▶		650			
<b>12 Total revenue.</b> See Instructions . . . . . ▶		14,447,462	1,009,883	-2,754,409	16,191,988

**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
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	22,552,039	22,552,039		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22.	1,149,849	1,149,849		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
<b>4</b> Benefits paid to or for members.				
<b>5</b> Compensation of current officers, directors, trustees, and key employees.	2,220,412	812,416	1,407,996	
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).				
<b>7</b> Other salaries and wages.	7,061,394	5,892,836	1,168,558	
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	983,168	828,096	155,072	
<b>9</b> Other employee benefits.	1,105,059	869,845	235,214	
<b>10</b> Payroll taxes.	523,314	410,733	112,581	
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management.				
<b>b</b> Legal.	84,786	67,699	17,087	
<b>c</b> Accounting.	84,643		84,643	
<b>d</b> Lobbying.				
<b>e</b> Professional fundraising services. See Part IV, line 17.				
<b>f</b> Investment management fees.	3,532,596		3,532,596	
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	880,992	520,469	360,523	
<b>12</b> Advertising and promotion.				
<b>13</b> Office expenses.	201,739	171,363	30,376	
<b>14</b> Information technology.	208,412	164,892	43,520	
<b>15</b> Royalties.				
<b>16</b> Occupancy.	123,730	97,623	26,107	
<b>17</b> Travel.	288,884	198,722	90,162	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials.				
<b>19</b> Conferences, conventions, and meetings.				
<b>20</b> Interest.				
<b>21</b> Payments to affiliates.				
<b>22</b> Depreciation, depletion, and amortization.	133,468	105,306	28,162	
<b>23</b> Insurance.	92,235	72,780	19,455	
<b>24</b> 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):				
<b>a</b> UNRELATED BUS INC TAX	526,795		526,795	
<b>b</b> PRI INTEREST DISCOUNT	446,851	446,851		
<b>c</b> DIRECT CHARITABLE (PRC)	436,248	436,248		
<b>d</b> LIBRARY & INFO SERVICES	72,511	71,068	1,443	
<b>e</b> All other expenses	211,489	114,408	97,081	
<b>25</b> Total functional expenses. Add lines 1 through 24e.	42,920,614	34,983,243	7,937,371	0
<b>26</b> 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
<b>Assets</b>	<b>1</b>	Cash—non-interest-bearing . . . . .		18,521	<b>1</b>	47,380
	<b>2</b>	Savings and temporary cash investments . . . . .		2,889,148	<b>2</b>	5,460,332
	<b>3</b>	Pledges and grants receivable, net . . . . .			<b>3</b>	
	<b>4</b>	Accounts receivable, net . . . . .		72,822	<b>4</b>	130,358
	<b>5</b>	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .			<b>5</b>	
	<b>6</b>	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 . . . . .			<b>6</b>	
	<b>7</b>	Notes and loans receivable, net . . . . .			<b>7</b>	
	<b>8</b>	Inventories for sale or use . . . . .			<b>8</b>	
	<b>9</b>	Prepaid expenses and deferred charges . . . . .		625,346	<b>9</b>	511,009
	<b>10a</b>	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.	<b>10a</b>	39,936,414		
	<b>b</b>	Less: accumulated depreciation	<b>10b</b>	2,146,337		
				36,309,275	<b>10c</b>	37,790,077
	<b>11</b>	Investments—publicly traded securities . . . . .			<b>11</b>	
	<b>12</b>	Investments—other securities. See Part IV, line 11 . . . . .		758,396,788	<b>12</b>	739,026,243
	<b>13</b>	Investments—program-related. See Part IV, line 11 . . . . .		8,775,905	<b>13</b>	7,018,210
	<b>14</b>	Intangible assets . . . . .			<b>14</b>	
<b>15</b>	Other assets. See Part IV, line 11 . . . . .		1,239,834	<b>15</b>	1,216,911	
<b>16</b>	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .		808,327,639	<b>16</b>	791,200,520	
<b>Liabilities</b>	<b>17</b>	Accounts payable and accrued expenses . . . . .		1,272,959	<b>17</b>	1,750,297
	<b>18</b>	Grants payable . . . . .		18,538,383	<b>18</b>	14,210,676
	<b>19</b>	Deferred revenue . . . . .			<b>19</b>	
	<b>20</b>	Tax-exempt bond liabilities . . . . .			<b>20</b>	
	<b>21</b>	Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .			<b>21</b>	
	<b>22</b>	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .			<b>22</b>	
	<b>23</b>	Secured mortgages and notes payable to unrelated third parties . . . . .			<b>23</b>	
	<b>24</b>	Unsecured notes and loans payable to unrelated third parties . . . . .			<b>24</b>	
	<b>25</b>	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D . . . . .			<b>25</b>	
	<b>26</b>	<b>Total liabilities.</b> Add lines 17 through 25 . . . . .		19,811,342	<b>26</b>	15,960,973
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>					
	<b>27</b>	Unrestricted net assets . . . . .		788,516,297	<b>27</b>	775,239,547
	<b>28</b>	Temporarily restricted net assets . . . . .			<b>28</b>	
	<b>29</b>	Permanently restricted net assets . . . . .			<b>29</b>	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>					
	<b>30</b>	Capital stock or trust principal, or current funds . . . . .			<b>30</b>	
	<b>31</b>	Paid-in or capital surplus, or land, building or equipment fund . . . . .			<b>31</b>	
	<b>32</b>	Retained earnings, endowment, accumulated income, or other funds . . . . .			<b>32</b>	
<b>33</b>	<b>Total net assets or fund balances</b> . . . . .		788,516,297	<b>33</b>	775,239,547	
<b>34</b>	<b>Total liabilities and net assets/fund balances</b> . . . . .		808,327,639	<b>34</b>	791,200,520	

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI ☐

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	14,447,462
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	42,920,614
<b>3</b>	Revenue less expenses Subtract line 2 from line 1	<b>3</b>	-28,473,152
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	788,516,297
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	15,329,958
<b>6</b>	Donated services and use of facilities	<b>6</b>	-133,556
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	0
<b>10</b>	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	775,239,547

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII ☐

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
<b>b</b> Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
<b>c</b> If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
<b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
<b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

# Additional Data

**Software ID:**  
**Software Version:**  
**EIN:** 95-4523231  
**Name:** CALIFORNIA HEALTHCARE FOUNDATION

Form 990 (2018)

**Form 990, Part III, Line 4a:**

IMPROVING ACCESS CHCF WORKS TO ADVANCE STATE POLICY REFORMS AND DELIVERY SYSTEM TRANSFORMATION TO IMPROVE COVERAGE AND CARE THIS WORK INCLUDES 1) ACCESS TO AFFORDABLE COVERAGE CHCF HELPS TO ADVANCE STATE POLICIES AND PRACTICES THAT ENSURE THAT ALL LOW-INCOME CALIFORNIANS HAVE AFFORDABLE COVERAGE AND THAT MEDI-CAL ENROLLEES CAN GET THE CARE THEY NEED, WHEN THEY NEED IT 2) SAFETY-NET CAPACITY CHCF FOSTERS DELIVERY SYSTEM TRANSFORMATION AND WORKFORCE SOLUTIONS THAT EXPAND THE CAPACITY OF SAFETY-NET ORGANIZATIONS TO PROVIDE TIMELY, HIGH-QUALITY, AND PATIENT-CENTERED CARE TO LOW-INCOME CALIFORNIANS

**Form 990, Part III, Line 4b:**

HIGH-VALUE CARE CHCF WORKS TO IMPROVE OUTCOMES FOR POPULATIONS RECEIVING UNWANTED, INEFFECTIVE, AND UNNECESSARY CARE THIS WORK INCLUDES 1) CARE FOR PEOPLE WITH COMPLEX NEEDS CHCF DEVELOPS, EVALUATES, AND SPREADS EFFECTIVE MODELS THAT IMPROVE CARE OUTCOMES FOR LOW-INCOME PEOPLE WITH COMPLEX NEEDS, PARTICULARLY THOSE SERVED BY BOTH THE MEDICAL AND BEHAVIORAL HEALTH SYSTEMS 2) MATERNITY CARE CHCF WORKS TO IMPROVE QUALITY AND LOWER COSTS OF MATERNITY CARE IN CALIFORNIA, ESPECIALLY FOR LOW-INCOME WOMEN, BY ENSURING APPROPRIATE CARE AND REDUCING DISPARITIES IN OUTCOMES 3) SERIOUS ILLNESS AND END-OF-LIFE CARE CHCF AIMS TO EXPAND STATEWIDE PALLIATIVE CARE CAPACITY BY 20% AND TO UNDERSTAND THE END-OF-LIFE EXPERIENCES AND OUTCOMES OF LOW-INCOME CALIFORNIANS TO DRIVE IMPROVEMENTS IN THE SAFETY NET

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**Form 990, Part III, Line 4c:**

LAYING THE FOUNDATION CHCF WORKS TO BUILD A STRONG FOUNDATION FOR DELIVERING MEANINGFUL CHANGE IN CALIFORNIA'S HEALTH CARE SYSTEM BY PROVIDING TIMELY RESEARCH, SUPPORTING HEALTH CARE JOURNALISM, TRAINING LEADERS, AND DEVELOPING CROSS-SECTOR NETWORKS THIS WORK INCLUDES 1) MARKET ANALYSIS AND INSIGHT CHCF PROVIDES RESEARCH AND ANALYSIS THAT GIVES A MARKET-WIDE VIEW OF THE COMPLEX HEALTH CARE ECOSYSTEM AND SUPPORTS INFORMED DECISIONS ABOUT CALIFORNIA'S HEALTH CARE MARKET 2) SUPPORTING HIGH-QUALITY HEALTH JOURNALISM CHCF SUPPORTS HEALTH CARE JOURNALISM SO CHCF'S AUDIENCES HAVE ACCESS TO TIMELY, RELEVANT INFORMATION ABOUT THE MOST PRESSING ISSUES RELATED TO THE HEALTH CARE AND POLICY LANDSCAPE 3) BUILDING LEADERSHIP CHCF SUPPORTS LEADERSHIP TRAINING AND SKILL-BUILDING FOR CALIFORNIA'S HEALTH CARE PROFESSIONALS AND STATE POLICY PARTNERS, AS WELL AS LEARNING OPPORTUNITIES FOR ORGANIZATIONS IMPROVING CARE DELIVERY IN THE SAFETY NET 4) BRIDGING THE INNOVATION GAP CHCF SUPPORTS THE DEVELOPMENT OF INFORMATION, NETWORKS, AND COMMUNICATION PLATFORMS THAT ENABLE SAFETY-NET PLAYERS AND ENTREPRENEURS TO WORK TOGETHER TO IMPROVE THE DELIVERY SYSTEM

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

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization  
CALIFORNIA HEALTHCARE FOUNDATION

Employer identification number  
95-4523231

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?

☐ Yes ☐ 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?

☐ Yes ☐ 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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

☐ Yes

☐ No

b

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

(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 . . . . .	4,200,000			4,200,000
b Buildings . . . . .	31,897,945			31,897,945
c Leasehold improvements	1,452,055	27,905	25,039	1,454,921
d Equipment . . . . .		319,788	277,478	42,310
e Other . . . . .		2,038,721	1,843,820	194,901
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				37,790,077

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) PRIVATE EQUITY AND VENTURE CAPITAL	75,351,448	F
(B) MULTI-ASSET CLASS COMMINGLED FUNDS	589,236,538	F
(C) FIXED INCOME FUNDS	64,610,922	F
(D) GLOBAL EQUITY INDEXED EXCHANGE TRADED FUND	9,827,335	F
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12 ) ▶	739,026,243	

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)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15 ) . . . . . ▶	

Part X

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

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 25 ) ▶		

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.

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

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

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

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

**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:** 95-4523231  
**Name:** CALIFORNIA HEALTHCARE FOUNDATION

**Supplemental Information**

Return Reference	Explanation
PART X, LINE 2	WHILE THE FOUNDATION IS GENERALLY EXEMPT FROM INCOME TAXES, IT IS SUBJECT TO TAX ON INCOME WHICH IS DEEMED TO BE UNRELATED TO ITS EXEMPT PURPOSE THE FOUNDATION GENERATES SUCH UNRE LATED BUSINESS INCOME THROUGH SOME OF ITS INVESTMENT ACTIVITY MANAGEMENT EVALUATED THE FO UNDATION'S TAX POSITIONS AND CONCLUDED THAT THE FOUNDATION HAS MAINTAINED ITS TAX EXEMPT S TATUS AND HAD TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENTS TO THE FINANCIAL S TATEMENTS

**SCHEDULE F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
CALIFORNIA HEALTHCARE FOUNDATION

**Statement of Activities Outside the United States**

- Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.  
► Attach to Form 990.  
► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No 1545-0047

**2018**

**Open to Public  
Inspection**

**Employer identification number**

95-4523231

**Part I** **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

**1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes ☐ No

**2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States

**3** Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed )

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
See Add'l Data					
<b>3a</b> Sub-total	0	0			199,747,497
<b>b</b> Total from continuation sheets to Part I					0
<b>c Totals</b> (add lines 3a and 3b)	0	0			199,747,497

**Part II** **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

<b>1</b>	<b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)

- 2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . . ► \_\_\_\_\_
- 3 Enter total number of other organizations or entities . . . . . ► \_\_\_\_\_

<b>Part III</b>	<b>Grants and Other Assistance to Individuals Outside the United States.</b> Complete if the organization answered "Yes" to Form 990, Part IV, line 16.
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Part III can be duplicated if additional space is needed.

[illegible]



**Part IV Foreign Forms**

- 1 Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* ☒ Yes ☐ No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U S Owner (see Instructions for Forms 3520 and 3520-A, don't file with Form 990)* ☐ Yes ☒ No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U S Persons with Respect to Certain Foreign Corporations (see Instructions for Form 5471)* ☒ Yes ☐ No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* ☒ Yes ☐ No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U S Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* ☒ Yes ☐ No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713, don't file with Form 990)* ☐ Yes ☒ No

**Part V** **Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

ReturnReference	Explanation

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 95-4523231

**Name:** CALIFORNIA HEALTHCARE FOUNDATION

### Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
CENTRAL AMERICA AND THE CARIBBEAN -	0	0	INVESTMENTS		197,881,914
EUROPE (INCLUDING ICELAND & GREENLAND) -	0	0	INVESTMENTS		1,865,583

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

Schedule I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Grants and Other Assistance to Organizations,  
Governments and Individuals in the United States

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization  
CALIFORNIA HEALTHCARE FOUNDATION

Employer identification number  
95-4523231

Part I

General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . 

☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II

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

(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
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . 134

3 Enter total number of other organizations listed in the line 1 table . . . . . 47

**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
See Additional Data Table					
(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	BOTH GRANTS AND CONTRACTS FOR WORK WITH A CHARITABLE PURPOSE ARE TREATED AS GRANTS FOR THE PURPOSE OF FORM 990. A CONTRACT OR AWARD LETTER IS ISSUED, AS APPROPRIATE, AND INCLUDES THE PURPOSE OF THE GRANT, THE SCOPE OF WORK (IF APPLICABLE), A SCHEDULE OF DELIVERABLES, A SCHEDULE OF PAYMENTS AND THE REQUIREMENTS TO BE MET FOR THOSE PAYMENTS. WHEN GRANT DELIVERABLES ARE RECEIVED, THEY ARE REVIEWED BY STAFF WHO ARE RESPONSIBLE FOR DETERMINING IF THE DELIVERABLES MEET THE EXPECTATIONS OF THE GRANT. DELIVERABLES INCLUDE FINANCIAL REPORTS AND/OR INVOICES WHICH ARE REVIEWED AGAINST THE ORIGINAL BUDGET FOR THE GRANT TO ENSURE THAT FUNDS ARE EXPENDED FOR THE INTENDED PURPOSES. IN ADDITION, CHCF ADOPTED A GRANTEE RISK MONITORING PROGRAM THROUGH WHICH AN INTERNAL COMMITTEE REVIEWS CHCF'S GRANTS ON A QUARTERLY BASIS AGAINST A SET OF RISK-CRITERIA. IF WARRANTED, THE COMMITTEE MAY RECOMMEND FOR CHCF TO CONDUCT AN AUDIT OF ANY OF THESE GRANTS.

Additional Data

Software ID:  
Software Version:  
EIN: 95-4523231  
Name: CALIFORNIA HEALTHCARE FOUNDATION

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
ABLE TO BEHAVIORAL HEALTH SERVICES PC 320 WEST 27TH ST FL 7 NEW YORK, NY 10018	47-5519672		50,000				ASSOCIATION OF COMMUNITY AFFILIATED PLANS (ACAP) INNOVATION CHALLENGE
ACADEMYHEALTH 1666 K STREET NW SUITE 1100 WASHINGTON, DC 20006	52-1260918	501(C)(3)	12,000				HEALTH DATAPALOOZA CONFERENCE SPONSORSHIP 2018, 2019 MEMBERSHIP

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ADAPTATION HEALTH LLC 1900 AMELIA STREET NEW ORLEANS, LA 70119	83-1353659		30,000				MEDICAID INNOVATION SESSION AT THE 2018 MEDICAID HEALTH PLANS ASSOCIATION ANNUAL CONFERENCE, ARIZONA MEDICAID INNOVATION LAB
ALTAMED HEALTH SERVICES CORPORATION 2040 CAMFIELD AVE LOS ANGELES, CA 90040	95-2810095	501(C)(3)	100,000				HEALTH EDUCATION PROGRAMS

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AMERICAN BAR ASSOCIATION FUND FOR JUSTICE AND EDUCATION 321 N CLARK STREET CHICAGO, IL 60610	36-6110299	501(C)(3)	225,000				GENERAL SUPPORT FOR THE IMMIGRATION JUSTICE PROJECT
AMERICAS PHYSICIAN GROUPS 915 WILSHIRE BLVD SUITE 1620 LOS ANGELES, CA 900713322	47-0878940	501(C)(6)	10,000				SAFETY NET SCHOLARSHIPS FOR THE 2019 AMERICA'S PHYSICIAN GROUP CONFERENCE



Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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ARNOLD CONSULTING LLC 13850 MOTLEY ROAD BENTONVILLE, AK 72712	81-4960665		6,825				ONGOING SOCIAL MEDIA REVIEW FOR C-SECTION PATIENT EDUCATION PROJECT LAUNCH
ARROWHEAD REGIONAL MEDICAL CENTER FOUNDATION 400 N PEPPER AVE COLTON, CA 92374	95-3213342	501(C)(3)	27,000				ARROWHEAD REGIONAL EMERGENCY DEPARTMENT INFORMATION EXCHANGE (EDIE) IMPLEMENTATION

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ASIAN HEALTH SERVICES 818 WEBSTER STREET OAKLAND, CA 946074220	94-2235908	501(C)(3)	10,000				ANNUAL GALA, 2018, ANNUAL GALA 2019
ATHENE LAW LLP 5432 GEARY BLVD SUITE 200 SAN FRANCISCO, CA 94121	83-0659938		21,000				POLICIES TO EXPAND MEDI-CAL ELIGIBILITY STATE APPROACHES TO THE ASSET TEST, PLANNING GRANT WORKFORCE COMMISSION PROCESS ANALYSIS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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ATLANTIC 57 600 NEW HAMPSHIRE AVE WASHINGTON, DC 20037	04-3483736		62,180				FUTURE HEALTH WORKFORCE CONTENT STRATEGY, FUTURE HEALTH WORKFORCE CONTENT DEVELOPMENT AND ENGAGEMENT
AUS MARKETING RESEARCH SYSTEMS INC 155 GAITHER DR STE A MT LAUREL, NJ 08054	23-2776958		210,084				SETTING THE STAGE FOR UNDERSTANDING LOW-INCOME CONSUMERS EXPERIENCE OF CARE IN CALIFORNIA, STATEWIDE HEALTH POLICY POLL

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

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AVIA LLC 111 EAST WACKER DRIVE SUITE 300 CHICAGO, IL 60601	46-0825548		90,000				AVIA MEDICAID TRANSFORMATION PROJECT - ACCESS TO NATIONAL NETWORK OF HOSPITAL LEADERS FOCUSED ON TECH-ENABLED SOLUTIONS
BAILIT HEALTH PURCHASING LLC 56 PICKERING STREET NEEDHAM, MA 02492	04-3340991		223,709				OPTIONS FOR MULTI-PURCHASER ALIGNMENT IN CALIFORNIA, BUILDING ON SMART CARE IN CALIFORNIA, STRENGTHENING DHCS PURCHASING AND OVERSIGHT ON BEHALF OF MEDI-CAL ENROLLEES, SETTING PERFORMANCE GOALS FOR MEDI-CAL MANAGED CARE

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
BLUE SKY CONSULTING GROUP 1939 HARRISON STREET SUITE 211 OAKLAND, CA 94612	59-3810591		455,378				POST-ACA REVENUE OPTIONS ANALYSIS, UPDATE AND REVISIONS TO CALIFORNIA'S HEALTH CARE SAFETY NET REPORT, MEDI-CAL FACTS AND FIGURES, MEDI-CAL'S EXPERIENCE WITH RURAL AND GEOGRAPHIC MANAGED CARE, BEHAVIORAL HEALTH INTEGRATION PILOT EXPLORATION
BLUEPATH HEALTH INC 929 SIR FRANCIS DRAKE BLVD 101C KENTFIELD, CA 949041548	46-3484135		148,000				TELEHEALTH COALITION MANAGEMENT AND MEMBER ENGAGEMENT, MEDI-CAL PLAN TELEHEALTH LANDSCAPE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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BOARD OF TRUSTEES OF LELAND STANFORD JUNIOR UNIVERSITY 450 SERRA MALL STANFORD, CA 94305	94-1156365	501(C)(3)	1,675,804				DISTRIBUTE AND MANAGE MATERNAL ADDICTION LANDSCAPE SURVEY, CALIFORNIA BIRTH EQUITY COLLABORATIVE PILOT TO IMPROVE MATERNITY CARE AND OUTCOMES WITH AND FOR BLACK MOTHERS , SUPPORT FOR ALLCOVE'S (NETWORK OF STANDALONE, INTEGRATED YOUTH MENTAL HEALTH CENTERS) EVALUATION, FINANCIAL AND SPREAD STRATEGIES
BRANDEIS UNIVERSITY SCHNEIDER INSTITUTE FOR HEALTH POLICY THE HELLER SCHOOL MS-035 415 WALTHAM, MA 02453	04-2103552	501(C)(3)	10,000				PRINCETON CONFERENCE, 2019

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CALIFORNIA ACADEMY OF FAMILY PHYSICIANS 1520 PACIFIC AVENUE SAN FRANCISCO, CA 94109	94-2938597	501(C)(3)	50,000				RAISING AWARENESS AND PROMOTING OPEN CONVERSATIONS WHAT HEALTH CARE PROFESSIONALS NEED TO KNOW ABOUT THE HEALTH CARE CONSEQUENCES OF IMMIGRATION POLICY
CALIFORNIA ASSOCIATION OF PUBLIC HOSPITALS AND HEALTH SYSTEMS 70 WASHINGTON STREET SUITE 215 OAKLAND, CA 94607	94-2932254	501(C)(3)	156,248				PREVENTING HARMFUL CHANGES TO U S IMMIGRATION POLICY, THE FUTURE OF DELIVERY SYSTEM REFORM AND VALUE-BASED PAYMENT FOR PUBLIC HOSPITALS, THE FUTURE OF PUBLIC HOSPITAL FINANCING IN CALIFORNIA PLANNING PHASE 1

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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CALIFORNIA BUDGET & POLICY CENTER 1107 9TH STREET SUITE 310 SACRAMENTO, CA 95814	68-0346784	501(C)(3)	150,000				UNDERSTANDING CALIFORNIA'S PUBLIC MENTAL HEALTH SYSTEM, 2019 POLICY INSIGHTS CONFERENCE
CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES 1501 CAPITOL AVENUE PO BOX 997415 MS 1101 SACRAMENTO, CA 958897415	68-0317191	CA DHCS	175,000				SUPPORT FOR IMPLEMENTATION OF FEDERAL MANAGED CARE RULE



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CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY 1600 NINTH STREET ROOM 460 SACRAMENTO, CA 95814	68-0281366	CHHS	9,994				STATEWIDE GUIDANCE ON SHARING SENSITIVE HEALTH INFORMATION, TRAINING AND EDUCATIONAL OPPORTUNITIES RELATED TO INTEROPERABILITY & DATA SHARING CHHSA
CALIFORNIA HEALTH POLICY STRATEGIES 580 RIVERGATE WAY SACRAMENTO, CA 95831	81-1559868		157,454				REENTRY HEALTH PROJECT PHASE 2, TOWARD UNIVERSAL COVERAGE STATE ALTERNATIVES TO THE FEDERAL INDIVIDUAL MANDATE, REENTRY HEALTH PROJECT CONTINUATION, MAT IN COLLABORATIVE COURTS SUPPORTING JUDICIAL TRAINING TO HELP REFER PEOPLE INTO MAT INSTEAD OF JAIL, WORKFORCE COMMISSION OUTREACH LIAISON

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CALIFORNIA HOSPITAL ASSESSMENT AND REPORTING TASK FORCE 1688 ORVIETTO DRIVE ROSEVILLE, CA 95661	36-4616681	501(C)(3)	17,825				CREATING AN OPIOID SAFE HOSPITAL HONOR ROLL
CALIFORNIA IMMIGRANT POLICY CENTER 634 S SPRING STREET SUITE 600A LOS ANGELES, CA 90014	81-5304541	501(C)(3)	69,908				PROTECTING IMMIGRANT FAMILIES IN CALIFORNIA A PUBLIC CHARGE CAMPAIGN

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CALIFORNIA MENTAL HEALTH ADVOCATES FOR CHILDREN & YOUTH 2201 K STREET SACRAMENTO, CA 95816	81-3727983	501(C)(3)	10,000				CONFERENCE SUPPORT FOR CALIFORNIA MENTAL HEALTH ADVOCATES FOR CHILDREN AND YOUTH'S 39TH ANNUAL CONFERENCE
CALIFORNIA PAN-ETHNIC HEALTH NETWORK 1221 PRESERVATION PARK WAY STE 200 OAKLAND, CA 94612	94-3306223	501(C)(3)	677,757				ADVANCING HEALTH EQUITY AND DELIVERY SYSTEM TRANSFORMATION IN CALIFORNIA

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CALIFORNIA PHYSICIAN ALLIANCE 1137 WILSHIRE BLVD LOS ANGELES, CA 90017	94-3043086	501(C)(3)	25,000				CORE SUPPORT, 2018
CALIFORNIA PRIMARY CARE ASSOCIATION 1231 I STREET SUITE 400 SACRAMENTO, CA 95814	94-3215565	501(C)(3)	169,000				CALIFORNIA PRIMARY CARE ASSOCIATION'S ANNUAL CONFERENCE 2018, PUBLIC CHARGE EDUCATION & RESOURCES FOR COMMUNITY HEALTH CENTERS, PROVIDING TECHNICAL ASSISTANCE TO COMMUNITY BASED CARE MANAGEMENT ENTITIES TO HELP THEM UNDERSTAND AND NAVIGATE THEIR ROLE IN THE HEALTH HOMES PROGRAM, BUILDING LEADERSHIP DEVELOPMENT CAPACITY FOR COMMUNITY HEALTH CENTER LEADERS

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CALIFORNIA RURAL INDIAN HEALTH BOARD INC 1020 SUNDOWN WAY ROSEVILLE, CA 95661	23-7052541	501(C)(3)	10,000				CONFERENCE SUPPORT CALIFORNIA TRIBAL OPIOID SUMMIT
CALIFORNIA SCHOOL-BASED HEALTH ALLIANCE 1203 PRESERVATION PARK WAY SUITE 302 OAKLAND, CA 94612	94-3201896	501(C)(3)	10,000				2019 CALIFORNIA SCHOOL-BASED HEALTH CONFERENCE SUPPORT

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CALIFORNIA STATE UNIVERSITY SAN MARCOS FOUNDATION 333 S TWIN OAKS VALLEY ROAD SAN MARCOS, CA 92096	80-0390564	501(C)(3)	69,274				INTEGRATING PALLIATIVE CARE EDUCATION FOR FUTURE HEALTH CARE WORKFORCE
CALIFORNIANS FOR DRUG FREE YOUTH 600 B ST STE 1450 SAN DIEGO, CA 92101	77-0202396	501(C)(3)	20,000				THE 2019 CALIFORNIA OPIOID SUMMIT A SHARED VISION OF HARM REDUCTION AND BEST PRACTICES

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CALMATTERS 1017 L STREET 261 SACRAMENTO, CA 95814	47-2474086		80,000				CALMATTERS EXPLAINER AND SERIES ON THE BEHAVIORAL HEALTH CARE SYSTEM
CAMDEN COALITION OF HEALTHCARE PROVIDERS 800 COOPER STREET 7TH FLOOR CAMDEN CAMDEN, NJ 08102	32-0332843	501(C)(3)	20,000				CONFERENCE SPONSORSHIP PUTTING CARE AT THE CENTER (NATIONAL CENTER FOR COMPLEX HEALTH AND SOCIAL NEEDS), PUTTING CARE AT THE CENTER 2019 CONFERENCE SPONSORSHIP

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CAMPANILE FOUNDATION 5500 CAMPANILE DRIVE SAN DIEGO, CA 921828030	33-0868418	501(C)(3)	20,000				SUPPORTING COLLEGE OF HEALTH AND HUMAN SERVICES STUDENTS TO PARTICIPATE IN SDSU STUDY ABROAD PROGRAM
CAPITAL LINK INC 40 COURT STREET 10TH FLOOR BOSTON, MA 02108	52-1593251	501(C)(3)	37,500				CALIFORNIA COMMUNITY HEALTH CENTERS FINANCIAL & OPERATIONS PERFORMANCE ANALYSIS, 2013-2017



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CASA CORNELIA LEGAL SERVICES 2760 FIFTH AVE STE 200 SAN DIEGO, CA 92103	33-0719221	501(C)(3)	75,000				GENERAL SUPPORT
CATALYZ LLC 1122 E PIKE STREET SUITE 767 SEATTLE, WA 98122	81-1322576		80,000				HUMAN-CENTERED PARTNERSHIPS

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CATTANEO & STROUD INC 1601 OLD BAYSHORE HIGHWAY 107 BURLINGAME, CA 94010	94-2956629		69,750				CALIFORNIA MEDICAL GROUP SURVEY, 2018
CENTER FOR EFFECTIVE PHILANTHROPY INC 675 MASSACHUSETTS AVE 7TH FLOOR CAMBRIDGE, MA 02139	04-3523528	501(C)(3)	20,000				CENTER FOR EFFECTIVE PHILANTHROPY (CEP) GENERAL OPERATING SUPPORT 2018-19

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CENTER FOR EXCELLENCE IN HEALTH CARE JOURNALISM 10 NEFF HALL MISSOURI SCHOOL OF JOURNALISM COLUMBIA, MI 65211	41-1908032	501(C)(3)	40,000				SUPPORT FOR HEALTH JOURNALISM 2019
CENTER FOR HEALTH CARE STRATEGIES INC 200 AMERICAN METRO BLVD SUITE 119 HAMILTON, NJ 08619	22-3375015	501(C)(3)	144,401				HEALTH HOMES TECHNICAL ASSISTANCE TO DHCS, DEVELOPING A BLUEPRINT FOR INTEGRATING PHYSICAL AND BEHAVIORAL HEALTH FOR MEDI-CAL ENROLLEES, ACCELERATING ACTION TOWARDS VALUE-BASED PAYMENT AND CARE OPTIONS FOR MANAGED CARE ORGANIZATIONS, ADDITIONAL SUPPORT RELATED TO THE ROLLOUT OF BEHAVIORAL HEALTH INTEGRATION IN MEDI-CAL BLUEPRINT FOR CALIFORNIA

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CENTER FOR HEALTH POLICY DEVELOPMENT NATIONAL ACADEMY FOR STATE HEALTH POLICY 2 MONUMENT SQUARE SUITE 910 PORTLAND, ME 04101	52-1576801	501(C)(3)	10,000				NATIONAL ACADEMY FOR STATE HEALTH POLICY'S ANNUAL CONFERENCE
CENTER FOR QUALITY SYSTEMS IMPROVEMENT 1688 ORVIETTO DRIVE ROSEVILLE, CA 95661	26-0443177	501(C)(3)	49,858				UNDERSTANDING AND PROMOTING CONSUMER ACTIVATION THROUGH CAL HOSPITAL COMPARE

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CENTRAL AMERICAN RESOURCE CENTER-CARECEN OF NO CA 3101 MISSION ST STE 101 SAN FRANCISCO, CA 94110	94-3036508	501(C)(3)	250,000				GENERAL SUPPORT
CHANGE MATRIX LLC 2251 N RAMPART BLVD 365 LAS VEGAS, NV 89128	26-4721525		20,000				SUPPORT FOR EXPANDING THE BENCH

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CHICANA LATINA FOUNDATION 1419 BURLINGAME AVE SUITE W2 BURLINGAME, CA 94010	94-2923423	501(C)(3)	100,000				SCIENCE, TECHNOLOGY, ENGINEERING, AND MATHEMATICS (STEM) SCHOLARSHIPS
COALITION FOR COMPASSIONATE CARE OF CALIFORNIA 2530 RIVER PLAZA DRIVE SUITE 110 SACRAMENTO, CA 958333675	27-0419836	501(C)(3)	287,336				PEDIATRIC PALLIATIVE CARE WAIVER TRANSITION ASSISTANCE, STRENGTHENING SERIOUS ILLNESS CARE IN MEDI-CAL - SB 1004 AND BEYOND, 2019 SUMMIT SUPPORT, CHARTING A PATH FOR GREATER ELECTRONIC EXCHANGE OF POLST

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COLORTHISWORLD COMMUNICATIONS INC 6 MOSS AVENUE OAKLAND, CA 94610	81-2495966		16,750				MY BIRTH MATTERS CONSUMER EDUCATION CAMPAIGN
COMMUNICATIONS NETWORK 777 6TH STREET NW 11TH FL WASHINGTON, DC 20001	52-2114179	501(C)(3)	25,000				SUPPORT FOR COMNET 18

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COMMUNITY CLINIC ASSOCIATION OF LOS ANGELES COUNTY 700 S FLOWER ST SUITE 3150 LOS ANGELES, CA 90017	95-4576023	501(C)(3)	20,000				SUPPORT OF CCALAC'S 2018 POLICY CAFE EVENT SERIES, CCALAC 2019 CONFERENCE SUPPORT
COMMUNITY HEALTH ALLIANCE OF PASADENA 455 W MONTANA STREET PASADENA, CA 91103	95-4536824	501(C)(3)	28,000				TRANSITIONS CLINIC NETWORK CLINIC GRANT - COMMUNITY HEALTH ALLIANCE FOR PASADENA



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COMMUNITY HEALTH COUNCILS INC 3731 STOCKER STREET SUITE 201 LOS ANGELES, CA 90008	95-4487664	501(C)(3)	10,000				COMMUNITY HEALTH COUNCIL 2018 COMMUNITY BASED RESEARCH SUMMIT
COMMUNITY MEDICAL CENTERS INC 7210 MURRAY DRIVE STOCKTON, CA 95210	94-2437106	501(C)(3)	28,000				TRANSITIONS CLINIC NETWORK CLINIC GRANT - COMMUNITY MEDICAL CENTERS

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COMMUNITY NETWORK FOR APPROPRIATE TECHNOLOGIES 906 SILVA AVENUE SANTA ROSA, CA 95404	94-2515452	501(C)(3)	15,000				PLANNING FOR PEER PILOT EXPANSION INCLUDING DISSEMINATION OF ADVANCE CARE PLANNING TOOLS FOR PEOPLE WITH SERIOUS MENTAL ILLNESS
COMMUNITY PARTNERS 1000 NORTH ALAMEDA ST 240 LOS ANGELES, CA 90012	95-4302067	501(C)(3)	50,000				EXPLORING HOSPICE FOR HOMELESS INDIVIDUALS IN LOS ANGELES COUNTY

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
CONVERGENCE HEALTH CONSULTING 1688 ORVIETTO DRIVE ROSEVILLE, CA 95661	20-2595242		5,470				OPIOID MEASURES CONVENINGS DISCUSSION OF MEASURES TO INFORM SMART CARE CA FUTURE EFFORTS
CORPORATION FOR SUPPORTIVE HOUSING 800 SOUTH FIGUEROA SUITE 810 LOS ANGELES, CA 90017	13-3600232	501(C)(3)	149,900				HEALTH HOMES PROGRAM (HHP) HOUSING LINKAGES IN THE INLAND EMPIRE

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
COUNCIL ON FOUNDATIONS 1255 23RD STREET NW SUITE 200 SACRAMENTO, CA 20037	13-6068327	501(C)(3)	25,000				2019 MEMBERSHIP
COUNTY BEHAVIORAL HEALTH DIRECTORS ASSOCIATION OF CALIFORNIA 2125 19TH STREET 2ND FLOOR SACRAMENTO, CA 95818	68-0232359	501(C)(3)	15,000				SUPPORT FOR CBHDA POLICY FORUM (DECEMBER 2018)

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
COUNTY OF LOS ANGELES 2010 ZONAL AVE OPD BLDG 4P41 LOS ANGELES, CA 90026	95-6000927	COUNTY OF LA	200,200				BEHAVIORAL HEALTH INTEGRATION IN PRIMARY CARE LAC DHS
CSWEETENER 655 REDWOOD HWY SUITE 360 MILL VALLEY, CA 94941	81-2732188	501(C)(3)	10,000				INNOVATION FUND ADVISORY COMMITTEE GRANT GENERAL 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
EAST VALLEY COMMUNITY HEALTH CENTER 420 SOUTH GLENDORA AVENUE WEST COVINA, CA 91790	23-7068586	501(C)(3)	28,000				TRANSITIONS CLINIC NETWORK CLINIC GRANT - EAST VALLEY COMMUNITY HEALTH CENTER
EMERGENCY MEDICAL SERVICES AUTHORITY 10901 GOLD CENTER DRIVE SUITE 400 RANCHO CORDOVA, CA 95670	94-6001347	CA EMSA	25,000				EMSA POLST EREGISTRY ONBOARDING

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
ENGAGE R&D 556 S FAIR OAKS AVENUE SUITE 101 603 PASADENA, CA 91105	82-0676544		60,000				EVALUATION OF ENCORE PROGRAM TO MATCH RETIRED PHYSICIANS WITH HEALTH CENTERS, PARTNERING TO STRENGTHEN THE FIELD OF PHILANTHROPIC EVALUATION
EVERYDAY IMPACT CONSULTING 717 K STREET SUITE 532 SACRAMENTO, CA 95814	81-0689202		25,000				DEVELOPMENT STRATEGY AND IMPLEMENTATION FOR THE HEALTH PROFESSIONS EDUCATION FOUNDATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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FAMILY HEALTH CENTERS OF SAN DIEGO 823 GATEWAY CENTER WAY SAN DIEGO, CA 92102	95-2833205	501(C)(3)	38,000				TRANSITIONS CLINIC NETWORK CLINIC GRANT - FAMILY HEALTH CENTERS OF SAN DIEGO, DELIVERY OF MEDICAL CARE AND MENTAL HEALTH SERVICES
FENTON COMMUNICATIONS INC 630 9TH AVENUE SUITE 910 NEW YORK, NY 10036	13-3099102		49,955				DEVELOPMENT OF A COMMUNICATIONS PLAN FOR BLUEPRINT PROJECT



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
FORENSIC MENTAL HEALTH ASSOCIATION OF CALIFORNIA 1041 HAMAN WAY ROSEVILLE, CA 95678	94-2780630	501(C)(3)	10,000				CONFERENCE SUPPORT FOR WORDS TO DEEDS XII NOVEMBER 15-16, 2018 IN LOS ANGELES
FOUNDATION CENTER 32 OLD SLIP 24TH FLOOR NEW YORK, CA 10005	13-1837418	501(C)(3)	20,000				2019 GENERAL SUPPORT (\$12,500 FOR NATIONAL, \$7,500 FOR SF LEARNING CENTER)

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
FREEDOM FOR IMMIGRANTS 1322 WEBSTER ST STE 300 OAKLAND, CA 94612	80-0875881	501(C)(3)	130,000				GENERAL SUPPORT
FRIENDSHIP HOUSE ASSOCIATION OF AMERICAN INDIANS 56 JULIAN AVENUE SAN FRANCISCO, CA 941033507	23-7097915	501(C)(3)	75,000				STRATEGIC PLANNING FOR A NEW WOMEN AND CHILDREN S LODGE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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GRANTMAKERS CONCERNED WITH IMMIGRANTS AND REFUGEES PO BOX 1100 SEBASTAPOL, CA 95473	20-2559651	501(C)(3)	5,667				2018 MEMBERSHIP (AUG-DEC) & 2019 (JAN-DEC) MEMBERSHIP
GRANTMAKERS FOR EFFECTIVE ORGANIZATIONS 1310 L STREET NW SUITE 650 WASHINGTON, DC 20005	01-0669150	501(C)(3)	24,690				SUPPORT FOR GRANTMAKERS FOR EFFECTIVE ORGANIZATIONS (GEO) 2019 LEARNING CONFERENCE, 2019 MEMBERSHIP

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
GRANTMAKERS IN HEALTH 1100 CONNECTICUT AVE NW STE 1200 WASHINGTON, DC 200364110	13-3206571	501(C)(3)	40,000				SUPPORT FOR GIH 2018 ANNUAL CONFERENCE, 2019 MEMBERSHIP, GRANTMAKERS IN HEALTH (GIH) ANNUAL CONFERENCE ON HEALTH PHILANTHROPY (2019)
GREG FACKTOR & ASSOCIATES LLC 316 N ROSSMORE AVENUE SUITE 505 LOS ANGELES, CA 900042415	46-2478293		58,310				COMMUNITY HEALTH CENTER MERGERS & ACQUISITIONS ROADMAP AND TOOLKIT PROJECT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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HARC INC 41550 ECLECTIC STREET PALM DESERT, CA 92260	20-5719074	501(C)(3)	10,000				IMPROVE AVAILABILITY OF, AND ACCESS TO, HEALTH CARE
HEALTH ACCESS FOUNDATION 1127 11TH STREET SUITE 234 SACRAMENTO, CA 95814	93-0957949	501(C)(3)	153,000				TOWARD UNIVERSAL COVERAGE HEALTH ACCESS FOUNDATION COVERAGE EXPANSION WORK, 2019 FAMILIES USA CONFERENCE RECEPTION SPONSOR

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
HEALTH CARE CONFERENCE ADMINISTRATORS LLC 37 TATOOSH KEY BELLEVUE, WA 98006	91-1892021		10,000				SAFETY NET SCHOLARSHIPS FOR ANNUAL NATIONAL VALUE-BASE PAYMENT & PAY FOR PERFORMANCE SUMMIT, 2019
HEALTH CAREER CONNECTION INC 267 DEERFIELD DRIVE MORAGA, CA 94556	25-1904312	501(C)(3)	100,000				2018 SUMMER INTERN PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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HEALTH EDUCATION COUNCIL SERVING POPULATIONS AT RISK 3950 INDUSTRIAL BOULEVARD SUITE 600 600 SACRAMENTO, CA 95691	68-0249296	501(C)(3)	20,000				VENTANILLA DE SALUD MENTE SANA, VIDA SANA MENTAL HEALTH SCREENINGS TO REDUCE CHRONIC DISEASES
HEALTH EVOLUTION SERVICES LLC 50 FRANCISCO STREET SUITE 203 SAN FRANCISCO, CA 94133	90-0869370		42,000				PILOT SCHOLARSHIP SUPPORT FOR NON- CLINICAL EXECUTIVES IN HEALTH CARE, SCHOLARSHIP AND SPONSORSHIP SUPPORT FOR HEALTH EVOLUTION SUMMIT 2019

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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HEALTH MANAGEMENT ASSOCIATES ONE MICHIGAN AVENUE BUILDING 120 N WASHINGTON SQUARE SUITE 705 LANSING, MI 48933	38-2599727		374,821				ENSURING ACCESS TO MEDICATION-ASSISTED TREATMENT (MAT) IN LA COUNTY JAILS, MAT IN JAIL TRANSITIONS PLANNING AND LAUNCHING A DHCS-FUNDED LEARNING COLLABORATIVE, MEDICAL "PRIMERS FOR POLICYMAKERS" SERIES, SUPPORT FOR DHCS STAFF TRAINING ON MAT, KEYNOTE ADDRESS NAS CONFERENCE, 2018, CLOSING GAPS TO ENSURE UNIVERSAL ACCESS TO MAT ACROSS CRIMINAL JUSTICE AND COUNTY WELFARE, MODELING IMPACTS OF WORKFORCE STRATEGIES, WORKFORCE COMMISSION DISSENT STATEMENT PRODUCTION
HEALTH SCIENCES HIGH SCHOOL AND MIDDLE COLLEGE 3910 UNIVERSITY AVENUE SUITE 100 SAN DIEGO, CA 92105	20-5886784	501(C)(3)	10,000				FACULTY SCHOLARSHIP FUNDS TRAINING STUDENTS FOR HEALTH CARE CAREERS



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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
HEALTHIDX INC 100 KEYES ROAD SUITE 204 CONCORD, MA 01742	47-3764634		25,000				CONTROLLED SUBSTANCE UTILIZATION REVIEW AND EVALUATION SYSTEM (CURES) INTEROPERABILITY TECHNICAL ASSISTANCE
HEALTHRIGHT 360 1833 FILLMORE ST 3RD FL SAN FRANCISCO, CA 94115	94-6129071	501(C)(3)	20,000				INNOVATION FUND ADVISORY COMMITTEE GRANT GENERAL SUPPORT, ACCELERATING MERGERS TO ADVANCE SCALE TOOLS FOR SAFETY NET ORGANIZATIONS - PHASE 2

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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HEALTHTECH CAPITAL MANAGEMENT LLC 12133 FOOTHILL LANE LOS ALTOS HILLS, CA 94022	27-2398824		10,000				2019 MEMBERSHIP
HILL COUNTRY COMMUNITY CLINIC 29632 HWY 299 E PO BOX 228 ROUND MOUNTAIN, CA 96084	94-2831597	501(C)(3)	28,000				TRANSITIONS CLINIC NETWORK CLINIC GRANT - HILL COUNTRY HEALTH AND WELLNESS CENTER

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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HISPANICS IN PHILANTHROPY 414 13TH STREET SUITE 200 OAKLAND, CA 94612	94-3040607	501(C)(3)	15,000				2019 MEMBERSHIP, MY BIRTH MATTERS- C-SECTION CAMPAIGN IN SPANISH
HOMELESS PRENATAL PROGRAM INC 2500 18TH STREET SAN FRANCISCO, CA 94110	94-3146280	501(C)(3)	20,100				ANNUAL EVENTS IN 2018, EVENTS IN 2019 AND OTHER SERVICES, INCLUDING HEALTHY BABIES PROGRAM, EVENTS IN 2019 AND HEALTHY BABIES PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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IMMIGRANT LEGAL RESOURCE CENTER 1458 HOWARD STREET SAN FRANCISCO, CA 94103	94-2939540	501(C)(3)	25,000				ASSESSING NEW OPPORTUNITIES FOR LEGAL-MEDICAL SUPPORT TO PRESERVE HEALTH CARE ACCESS FOR IMMIGRANTS IN CALIFORNIA
INDEPENDENT SECTOR 1602 L STREET NW SUITE 900 WASHINGTON, DC 20036	52-1081024	501(C)(3)	17,500				SUPPORT FOR UPSWELL LA EVENT NOVEMBER 14-16, 2018, 2019 MEMBERSHIP

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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INFORMING CHANGE 2040 BANCROFT WAY STE 400 BERKELEY, CA 94704	94-3297997		149,990				CHCF HEALTH CARE LEADERSHIP PROGRAM 2019 EVALUATION AND STRATEGIC CONSULTING ENGAGEMENT
INSTITUTE FOR COMMUNITY HEALTH 350 MAIN STREET 5TH FLOOR MALDEN, MA 02148	04-3543853	501(C)(3)	102,145				GIVING MORE THAN YOU GET? QUANTIFYING IMMIGRANTS' CONTRIBUTIONS AND EXPENDITURES TO PRIVATE HEALTH COVERAGE, TOWARD UNIVERSAL COVERAGE IMMIGRANT ENROLLMENT AND UTILIZATION DATA EXPLORATION, PRESERVING HEALTH COVERAGE FOR IMMIGRANTS IMPACT OF PROPOSED PUBLIC CHARGE RULE CHANGES ON SICK CHILDREN

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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INSTITUTO FAMILIAR DE LA RAZA 2919 MISSION STREET SAN FRANCISCO, CA 94110	94-2523608	501(C)(3)	10,000				ANNIVERSARY EVENT, 2018
INSURE THE UNINSURED PROJECT 1107 9TH STREET SUITE 1025 SACRAMENTO, CA 95814	27-4159194	501(C)(3)	550,000				TOWARD UNIVERSAL COVERAGE 2018 COVERAGE EXPANSION POLICY EXPLAINERS, ITUP 23RD ANNUAL CONFERENCE SUPPORT, INSURE THE UNINSURED PROJECT CORE SUPPORT 2019-2020

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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INTEGRATED HEALTHCARE ASSOCIATION 500 12TH STREET STE 300 OAKLAND, CA 94607	94-3211035	501(C)(6)	314,853				SUPPORTING SMART CARE CALIFORNIA'S IMPLEMENTATION OF STRATEGIC RECOMMENDATIONS AND ADVANCEMENT OF HIGH VALUE CARE GOALS, END-OF-LIFE METRICS IN MEDI-CAL
JDRF INTERNATIONAL 26 BROADWAY 14TH FL NEW YORK, NY 10004	23-1907729	501(C)(3)	7,500				GENERAL SUPPORT

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JEWISH FAMILY SERVICE OF SAN DIEGO 8804 BALBOA AVE SAN DIEGO, CA 92123	95-1644024	501(C)(3)	100,000				GENERAL SUPPORT
JOHNS HOPKINS UNIVERSITY 615 NORTH WOLFE STREET BALTIMORE, MD 212052103	52-0595110	501(C)(3)	12,500				USE OF HOME-BASED PRIMARY AND PALLIATIVE CARE IN THE MEDICAID PROGRAM



Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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JSI RESEARCH & TRAINING INSTITUTE INC 44 FARNSWORTH STREET BOSTON, MA 02210	04-2679824	501(C)(3)	82,451				EVALUATION OF L A CARE'S EMANAGEMENT PROGRAM, HEALTH PLAN PERSPECTIVES ON RATE ADJUSTMENT PROGRAMS, EVALUATION OF COMMUNITY HEALTH CENTER NETWORK'S USE OF RUBICONMD ECONSULT PLATFORM
JUSTICE IN AGING 3660 WILSHIRE BLVD SUITE 718 LOS ANGELES, CA 90010	95-3132674	501(C)(3)	25,000				WHITE PAPER ON PALLIATIVE CARE FOR DUALY ELIGIBLE INDIVIDUALS

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JWCH INSTITUTE INC 5650 JILSON STREET COMMERCE, CA 90040	95-2289916	501(C)(3)	28,000				TRANSITIONS CLINIC NETWORK CLINIC GRANT - JWCH
KERN COMMUNITY FOUNDATION 3300 TRUXTUN AVENUE SUITE 220 BAKERSFIELD, CA 93301	77-0555874	501(C)(3)	15,000				SCHOLARSHIPS FOR CENTRAL VALLEY STUDENTS ENTERING THE HEALTH CARE PROFESSIONS

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LA MAESTRA FAMILY CLINIC INC 4060 FAIRMOUNT AVENUE SAN DIEGO, CA 92105	33-0473171	501(C)(3)	28,000				TRANSITIONS CLINIC NETWORK CLINIC GRANT - LA MAESTRA FAMILY CLINIC
LATINO CENTER FOR PREVENTION AND ACTION IN HEALTH AND WELFARE 450 W 4TH STREET SUITE 130 SANTA ANA, CA 92701	33-0562943	501(C)(3)	99,700				25TH ANNIVERSARY, BUSINESS PLANNING AND MEDIA STRATEGY WORK FOR LATINO HEALTH ACCESS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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LEADING RESOURCES INC 1930 N STREET SACRAMENTO, CA 95811	91-1762703		57,375				PLANNING GRANT WORKFORCE COMMISSION PROCESS ANALYSIS, WORKFORCE COMMISSION PROCESS ANALYSIS
LIFECOURSE STRATEGIES LLC PO BOX 877 ORINDA, CA 94563	20-5638409		15,000				PROJECT MANAGEMENT OF CALIFORNIA PUBLIC HOSPITAL PALLIATIVE CARE LEARNING COMMUNITY

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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LIFELONG MEDICAL CARE 2344 SIXTH STREET BERKELEY, CA 94710	94-2502308	501(C)(3)	38,000				GENERAL SUPPORT, TRANSITIONS CLINIC NETWORK CLINIC GRANT - LIFELONG MEDICAL CARE
MANATT PHELPS & PHILLIPS LLP ONE EMBARCADERO CENTER 29TH FLOOR SAN FRANCISCO, CA 94111	95-2375841		537,250				DATA-SHARING IN THE CONTEXT OF THE OPIOID EPIDEMIC, OPIOID INITIATIVE IMPLEMENTATION TOOLKIT FOR HEALTH PLANS, MEDI-CAL INTEROPERABILITY SUPPORT, CALIFORNIA INTEROPERABILITY POLICY ISSUE BRIEF

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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MARJAREE MASON CENTER 1600 M STREET FRESNO, CA 93721	94-1156639	501(C)(3)	25,000				HEALTH CARE NEEDS ASSESSMENT OF DOMESTIC VIOLENCE VICTIMS
MATERNAL SAFETY FOUNDATION PO BOX 1584 BENTONVILLE, AR 72712	82-5018868	501(C)(3)	5,994				MY BIRTH MATTERS SOCIAL MEDIA OUTREACH

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

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MATHEMATICA POLICY RESEARCH INC PO BOX 2393 PRINCETON, NJ 085432393	22-2112296		363,276				LANDMARK HEALTH EVALUATION - IMPLEMENTATION, QUANTIFYING THE COST OF PERINATAL MOOD AND ANXIETY DISORDER IN THE UNITED STATES, IDENTIFYING AND ADDRESSING THE FACTORS AFFECTING INPATIENT PSYCHIATRIC BED AVAILABILITY IN CALIFORNIA
MEDIA IMPACT FUNDERS INC 200 WEST WASHINGTON SQUARE 220 PHILADELPHIA, PA 19106	26-1948166	501(C)(3)	10,000				2018 MEMBERSHIP (SEP-DEC) AND 2019 (JAN-DEC) MEMBERSHIP

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MENTAL HEALTH CALIFORNIA 4301 BROOKFIELD DR 233533 SACRAMENTO, CA 95823	81-5335719	501(C)(3)	10,000				2018 CALIFORNIA CHAMPIONS OF MENTAL HEALTH CHARITY AWARDS DINNER
METROPOLITAN GROUP LLC 519 SW 3RD AVE SUITE 700 PORTLAND, OR 97204	93-1308687		84,950				COMMUNICATION FOR MEDICATION ASSISTED TREATMENT (MAT) EXPANSION PROJECT



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
MIXTECO INDIGENA COMMUNITY ORGANIZING PROJECT 520 W FIFTH STREET SUITE F OXNARD, CA 93030	30-0045901	501(C)(3)	10,000				FOR OUTREACH TO MEXICAN LNDIGENA COMMUNITY WITH INFORMATION ABOUT DOMESTIC VIOLENCE AND MENTAL HEALTH
NATIONAL ACADEMY OF SCIENCES 500 5TH STREET NW WASHINGTON, DC 20001	53-0196932	501(C)(3)	100,000				HEALTH AND MEDICINE RELATED ACTIVITIES, NATIONAL ACADEMY OF MEDICINE'S LEADERSHIP CONSORTIUM FOR A VALUE & SCIENCE-DRIVEN HEALTH SYSTEM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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NATIONAL ASSOCIATION OF HEALTH DATA ORGANIZATIONS 124 SOUTH 400 EAST SUITE 220 SALT LAKE CITY, UT 84111	52-1563768	501(C)(3)	29,579				ANNUAL NAHDO CONFERENCE, 2018, THE ABCS OF ALL PAYOR CLAIMS DATABASES - HOW HAVE STATES USED DATA TO UNDERSTAND COST DRIVERS, BEHAVIORAL HEALTH NEEDS, AND POPULATION HEALTH
NATIONAL COALITION ON HEALTH CARE 1111 14TH STREET NW 900 WASHINGTON, DC 20005	52-1687849	501(C)(3)	39,675				ORIENTING NEW CONGRESSIONAL MEMBERS TO THE AFFORDABLE CARE ACT AND MEDICAID'S CRITICAL ROLE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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NATIONAL OPINION RESEARCH CENTER 55 EAST MONROE ST CHICAGO, IL 60603	36-2167808	501(C)(3)	1,064,494				EMPLOYER BENEFITS SURVEY, 2018, LISTENING TO LOW-INCOME CALIFORNIANS
NORTHERN CALIFORNIA GRANTMAKERS 160 SPEAR STREET SUITE 360 SAN FRANCISCO, CA 94105	94-2761355	501(C)(3)	17,500				2019 MEMBERSHIP

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

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OREGON COMMUNITY HEALTH INFORMATION NETWORK 1881 SW NAITO PARKWAY PORTLAND, OR 97201	20-0195556	501(C)(3)	316,768				INTEGRATION OF MEDITATION-ASSISTED TREATMENT TOOL AND WORKFLOWS INTO ELECTRONIC HEALTH RECORDS OF CALIFORNIA SAFETY NET CLINICS- PHASE 1, DEVELOPING REGIONAL OREGON COMMUNITY HEALTH INFORMATION NETWORK (OCHIN) TRAINING AND SUPPORT CENTERS
PACIFIC BUSINESS GROUP ON HEALTH 575 MARKET STREET SUITE 600 SAN FRANCISCO, CA 94105	94-3093623	501(C)(3)	418,767				PLANNING GRANT - SUSTAINING AND SPREADING PRACTICE TRANSFORMATION IN CALIFORNIA, CORE SUPPORT FOR THE CALIFORNIA QUALITY COLLABORATIVE, CONVENING A MEDICAL CHIEF MEDICAL OFFICERS ROUNDTABLE, PAYOR/PROVIDER ALIGNMENT AROUND INTEGRATED BEHAVIORAL HEALTH CARE, SUPPORT FOR PBGH'S MATERNITY CARE EFFORTS 2019-20

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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PACIFIC HEALTH CONSULTING GROUP 72 OAK KNOLL AVENUE SAN ANSELMO, CA 94960	68-0403180		193,496				CALIFORNIA SENATE BILL 17 (SB17) IMPLEMENTATION WORKSHOPS, PUBLICATION PAYMENT STRATEGIES FOR THE TRANSITIONS CLINIC MODEL, MEETING FACILITATION AND TECHNICAL SUPPORT FOR CALIFORNIA OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT (OSHDP) ALL-PAYOR CLAIMS DATABASE PLANNING, RECOMMENDATIONS TO INFORM CHCF'S ONGOING COMMUNITY HEALTH WORKER FUNDING STRATEGY, HEALTH CARE FUNDERS GROUP 2019
PASCHAL ROTH PUBLIC AFFAIRS INC 1127 11TH STREET SUITE 824 SACRAMENTO, CA 95814	26-3273301		196,000				TELEHEALTH STRATEGIC COMMUNICATIONS PLAN PROPOSAL, COMMUNICATION SUPPORT FOR WORKFORCE COMMISSION, COMMUNICATION SUPPORT FOR THE CA FUTURE HEALTH WORKFORCE COMMISSION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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PERRY UNDEM LLC 4800 HAMPDEN LN STE 200 PMB228 BETHESDA, MD 20814	46-1891050		351,560				UNDERSTANDING LOW-INCOME CALIFORNIANS ATTITUDES AND EXPERIENCES WITH SERIOUS ILLNESS AND END OF LIFE
PETALUMA HEALTH CENTER 1455 N MCDOWELL BLVD PETALUMA, CA 94954	68-0437840	501(C)(3)	75,000				COASTAL HEALTH ALLIANCE ACQUISITION PLANNING GRANT & TOOLKIT DEVELOPMENT SUPPORT

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PETER HARBAGE CONSULTING LLC 1400 K STREET SUITE 204 SACRAMENTO, CA 95814	26-2265256		604,355				DRUG MEDI-CAL ORGANIZED DELIVERY SYSTEM PILOT IMPLEMENTATION TECHNICAL ASSISTANCE TO DHCS YEAR 3, ENSURING MAT ACCESS AT RESIDENTIAL TREATMENT CENTERS TOOLKIT AND TRAINING, HEALTH HOME PROGRAM MENTAL HEALTH INTEGRATION - SUPPORT TO DHCS, CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES CARE COORDINATION ASSESSMENT - STAKEHOLDER ADVISORY GROUP, WHOLE PERSON CARE MID-POINT PAPER INNOVATIONS, PARTNERSHIPS, AND REMAINING CHALLENGES, CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES CARE COORDINATION ASSESSMENT - BENEFICIARY INPUT PROCESS, DMC-ODS IMPLEMENTATION TECHNICAL ASSISTANCE TO DHCS FOR WAIVER YEARS 4-5
PROJECT HOPE - THE PEOPLE-TO-PEOPLE HEALTH FOUNDATION 7500 OLD GEORGETOWN ROAD SUITE 600 BETHESDA, MD 208146133	53-0242962	501(C)(3)	50,000				HEALTH AFFAIRS STRATEGIC PLANNING

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

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PUBLIC HEALTH INSTITUTE 555 12TH STREET 10TH FLOOR OAKLAND, CA 946074046	94-1646278	501(C)(3)	579,000				BUILDING THE HEALTH WORKFORCE IN CALIFORNIA STRATEGIC PLAN, THE OPIOID SAFETY COALITIONS NETWORK PROGRAM MANAGEMENT 2017-19, CENTER FOR CONNECTED HEALTH POLICY CORE SUPPORT, CHARTING THE FUTURE, FUTURE OF MEDICAID FORUM, CONFERENCE SUPPORT FOR THE NATIONAL OPIOID LEADERSHIP SUMMIT 2019
PUBLIC POLICY INSTITUTE OF CALIFORNIA 500 WASHINGTON STREET SUITE 600 SAN FRANCISCO, CA 94111	94-3207299	501(C)(3)	10,000				PPIC SPEAKER SERIES ON CALIFORNIA'S FUTURE, 2019



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PYRAMID COMMUNICATIONS 1932 FIRST AVENUE SUITE 507 SEATTLE, WA 98101	91-1622387		167,445				DESIGN AND FACILITATION OF THE TECHNICAL ASSISTANCE PROVIDERS FORUM
RAND CORPORATION 1776 MAIN STREET M4W SANTA MONICA, CA 904072138	95-1958142	501(C)(3)	691,967				EVALUATION OF THE SUSTAINABLE MODELS FOR TELEHEALTH IN THE SAFETY NET INITIATIVE IMPACT AND LESSONS LEARNED, STATE-BASED APPROACHES TO COST CONTAINMENT - WHAT ARE THE SAVINGS OPPORTUNITIES FOR CALIFORNIA

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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REDWOOD EMPIRE PUBLIC TELEVISION INC 7246 HUMBOLDT HILL ROAD EUREKA, CA 95503	94-1658168	501(C)(3)	10,000				DOCUMENTARY ON ADVERSE CHILDHOOD EXPERIENCES AND ADDICTION IN HUMBOLDT COUNTY
ROCK HEALTH INC 301 HOWARD STREET SUITE 950 SAN FRANCISCO, CA 94105	45-1204321	501(C)(3)	25,000				SPONSORSHIP FOR ROCK HEALTH SUMMIT, 2018

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RUBEN DELUNA CREATIVE 8812 SILVERARROW CIRCLE AUSTIN, TX 78759	81-1155969		13,950				TOWARD UNIVERSAL COVERAGE UNINSURED CALIFORNIANS ANIMATION
RUBICONMD INC 330 HUDSON STREET SUITE 302 NEW YORK, NY 10013	46-3434920		50,000				RUBICONMD AND CERNER INTEGRATION FOR SAN JOAQUIN

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SAN DIEGO FAMILY CARE 6973 LINDA VISTA ROAD SAN DIEGO, CA 92111	95-2700856	501(C)(3)	10,000				SUPPORT MEDICAL CARE AND MENTAL HEALTH SERVICES
SAN FRANCISCO IN HOME SUPPORTIVE SERVICES PUBLIC AUTHORITY 832 FOLSOM ST 9TH FL SAN FRANCISCO, CA 94107	68-0376444	SF IHSS	7,500				SAN FRANCISCO PALLIATIVE CARE WORKGROUP HEALTH CARE DECISIONS DAY CAMPAIGN

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SAN FRANCISCO PUBLIC HEALTH FOUNDATION 1855 FOLSOM ST 520 SAN FRANCISCO, CA 94103	94-3117093	501(C)(3)	1,345,337				TRANSITIONS CLINIC NETWORK PLANNING GRANT FOR STATEWIDE LEARNING COLLABORATIVE, TRANSITIONS CLINIC NETWORK STATEWIDE EXPANSION
SAN JOAQUIN COUNTY CLINICS 500 W HOSPITAL ROAD FRENCH CAMP, CA 95213	45-4464197	501(C)(3)	28,000				TRANSITIONS CLINIC NETWORK CLINIC GRANT - SAN JOAQUIN COUNTY CLINICS

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SANTA ROSA COMMUNITY HEALTH CENTERS 3569 ROUND BARN CIRCLE SANTA ROSA, CA 954035781	68-0365296	501(C)(3)	28,000				TRANSITIONS CLINIC NETWORK CLINIC GRANT - SANTA ROSA COMMUNITY HEALTH CENTERS
SILICON VALLEY COMMUNITY FOUNDATION 2440 WEST EL CAMINO REAL STE 300 MOUNTAIN VIEW, CA 940401498	20-5205488	501(C)(3)	20,000				CALIFORNIA GUBERNATORIAL DEBATE, 2018

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SMALL BUSINESS MAJORITY FOUNDATION INC 4000 BRIDGEWAY SUITE 305 SAUSALITO, CA 94965	03-0576666	501(C)(3)	200,000				COMMUNICATING THE SMALL BUSINESS CASE FOR COVERAGE SMALL BUSINESS MAJORITY 2019-2020
SOLANO PRIDE CENTER 1234 EMPIRE ST SUITE 1560 FAIRFIELD, CA 94533	68-0477185	501(C)(3)	10,000				IMPROVE ACCESS TO MENTAL HEALTH CARE FOR LGBTQ, FILIPINO, AND LATINO POPULATIONS

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SOUTHERN CALIFORNIA GRANTMAKERS 1000 N ALAMEDA STREET SUITE 230 LOS ANGELES, CA 90012	95-2831058	501(C)(3)	31,000				ANNUAL CONFERENCE, 2018, 2019 MEMBERSHIP, SUPPORT FOR SOUTHERN CALIFORNIA GRANTMAKERS 2019 ANNUAL CONFERENCE
SPANISH-SPEAKING UNITY COUNCIL OF ALAMEDA COUNTY INC 1900 FRUITVALE AVE SUITE 2A OAKLAND, CA 94601	94-1670490	501(C)(3)	20,000				PLANNING GRANT FOR HEALTH-RELATED WORK AND HEALTH INITIATIVES



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SPEIRE HEALTHCARE STRATEGIES LLC 40 BURTON HILLS BLVD SUITE 200 NASHVILLE, TN 37215	82-1624040		25,514				PRIMED A ROUNDTABLE SERIES ON TECH-ENABLED INNOVATION IN MEDICAID, J P MORGAN PRESENTATION ON PRIORITIES FOR TECH-ENABLED INNOVATION IN MEDICAID
SPUR - SAN FRANCISCO BAY AREA PLANNING & URBAN RESEARCH ASSOCIATION 654 MISSION STREET SAN FRANCISCO, CA 94105	94-1498232	501(C)(3)	25,000				BUILDING HEALTHY PLACES MOVEMENT IN OAKLAND, CA

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ST ADVISORS INC 2349 GREEN STREET SAN FRANCISCO, CA 94123	45-5053693		25,000				LANDSCAPE OF TELE-MAT COMPANIES
ST JOHN'S WELL CHILD AND FAMILY CENTER INC 808 W 58TH STREET LOS ANGELES, CA 90037	95-4067758	501(C)(3)	28,000				TRANSITIONS CLINIC NETWORK CLINIC GRANT - ST JOHN'S WELL CHILD AND FAMILY CENTER INC

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STARLING ADVISORS LLC 4035 WASHINGTON AVE NEW ORLEANS, LA 70125	30-0888850		64,614				PARTNERSHIPS TO ENHANCE THE CAPACITY AND SUSTAINABILITY OF THE SAFETY NET
STARTUP HEALTH 85 BROAD STREET 29TH FLOOR NEW YORK, NY 10004	45-4362441		35,000				STARTUP HEALTH 2019 CONFERENCE, ANNUAL HEALTH 2 0 CONFERENCE, 2018 - HEALTH TRANSFORMER HANGOUT VIP AFTER PARTY

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THE ASPEN INSTITUTE INC 2300 N STREET NW SUITE 700 WASHINGTON, CA 20037	84-0399006	501(C)(3)	135,499				ASSESSING THE EFFECTIVENESS OF THE CHCF HEALTH JOURNALISM GRANT PORTFOLIO
THE CALIFORNIA HEALTH CARE SAFETY NET INSTITUTE 70 WASHINGTON STREET SUITE 215 OAKLAND, CA 94607	94-2970752	501(C)(3)	223,026				SUPPORTING SUCCESS IN WHOLE PERSON CARE DATA SHARING, CAPH/SNI ANNUAL CONFERENCE, 2018

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THE CALIFORNIA REGIONAL EXTENSION CENTER 2230 L STREET SACRAMENTO, CA 95816	27-0879297	501(C)(3)	10,000				2019 CALHIPSO (CALIFORNIA HEALTH INFORMATION PARTNERSHIP & SERVICES ORGANIZATION) "HIT (HEALTH INFORMATION TECHNOLOGY) - AFTER MEANINGFUL USE" CONFERENCE
THE CHILDRENS PARTNERSHIP 811 WILSHIRE BOULEVARD SUITE 1000 LOS ANGELES, CA 90017	46-4106389	501(C)(3)	129,232				PRESERVING HEALTH COVERAGE FOR IMMIGRANTS QUALITATIVE RESEARCH & STORIES

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THE HEALTH COMMUNICATION RESEARCH INSTITUTE INC 5025 J STREET SUITE 311 SACRAMENTO, CA 95819	68-0195121	501(C)(3)	25,000				SUPPORT FOR JOSHUA'S HOUSE
THE MAVEN PROJECT 3838 CALIFORNIA STREET SUITE 316 SAN FRANCISCO, CA 94118	46-5370676	501(C)(3)	40,000				GENERAL SUPPORT

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THE URBAN INSTITUTE 2100 M STREET NW WASHINGTON, DC 20037	52-0880375	501(C)(3)	30,000				COUNTY REPORT CARDS CALCULATING NUMBERS OF PEOPLE WITH OPIOID USE DISORDER FOR RURAL COUNTIES, SUBSTANCE USE COUNSELORS IN EMERGENCY DEPARTMENTS ISSUE BRIEF
THE YOUNG CENTER FOR IMMIGRANT CHILDRENS RIGHTS 6020 S UNIVERSITY AVE CHICAGO, IL 60637	26-1839249	501(C)(3)	145,000				GENERAL SUPPORT

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TIDES CENTER 1438 WEBSTER STREET SUITE 101 OAKLAND, CA 94612	94-3213100	501(C)(3)	208,936				ADVANCING HEALTH CENTERS' POPULATION HEALTH MANAGEMENT CAPABILITIES, PLANNING GRANT LAUNCH OF TREATING ADDICTION IN PRIMARY CARE 2 0, POLICY BRIEFING ON CALIFORNIA'S LATINO PHYSICIAN CRISIS, HEALTH-FOCUSED PROGRAMMING IN THE SAN FRANCISCO BAY AREA
TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA 423 GUARDIAN DR PHILADELPHIA, PA 19104	23-1352685	501(C)(3)	22,500				HEALTH CARE PODCAST PILOT BY REPORTER DAN GORENSTEIN



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UC DAVIS FOUNDATION ONE SHIELDS AVENUE DAVIS, CA 956165270	94-6081352	501(C)(3)	82,000				TO SUPPORT THE BETTY IRENE MOORE SCHOOL OF NURSING AT UC DAVIS, TRAIN THE TRAINER (T3) PRIMARY CARE MANAGEMENT FELLOWSHIP BUILDING INTEGRATED PAIN AND ADDICTION MANAGEMENT IN THE SAFETY NET
UC HASTINGS FOUNDATION 200 MCALLISTER ST STE 209 SAN FRANCISCO, CA 94102	23-7135898	501(C)(3)	148,318				GENERAL SUPPORT OF THE CENTER FOR GENDER & REFUGEE STUDIES, UC HASTINGS COLLEGE OF THE LAW, PROPRIETARY PRICES PRACTICE AND PRECEDENT

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UNIVERSITY OF CALIFORNIA BERKELEY 200 CALIFORNIA HALL 1500 BERKELEY, CA 94720	94-6002123	501(C)(3)	549,459				TOWARD UNIVERSAL COVERAGE EXPANDING COVERAGE BY INCREASING AFFORDABILITY FOR CALIFORNIANS ON COVERED CA, CONSOLIDATION IN CALIFORNIA'S HOSPITAL, PHYSICIAN, AND INSURANCE MARKETS, 2012-16 IMPACT ON PRICES AND PREMIUMS IN COMPARISON TO NATIONAL TRENDS, TOWARD UNIVERSAL COVERAGE ENHANCING CALIFORNIA SIMULATION OF INSURANCE MARKETS (CALSIM) CAPACITY
UNIVERSITY OF CALIFORNIA DAVIS ONE SHIELDS AVENUE DAVIS, CA 95616	94-6036494	501(C)(3)	29,967				EXAMINING 10 YEARS OF MEDI-CAL BUDGET CHANGES, CONFERENCE SUPPORT FOR PEDIATRIC TELEHEALTH COLLOQUIUM, UC DAVIS COMPREHENSIVE CANCER CENTER'S WOMEN'S CANCER CARE PROGRAM

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UNIVERSITY OF CALIFORNIA IRVINE 510 ALDRICH HALL IRVINE, CA 92697	95-2226406	501(C)(3)	40,000				UC IRVINE HEALTH CARE FORECAST CONFERENCE, 2019
UNIVERSITY OF CALIFORNIA LOS ANGELES 405 HILGARD AVENUE LOS ANGELES, CA 90095	95-6006143	501(C)(3)	337,567				TOWARD UNIVERSAL COVERAGE UNDERSTANDING HEALTH AND OTHER CHARACTERISTICS OF UNDOCUMENTED CALIFORNIANS BASED ON CALIFORNIA HEALTH INTERVIEW SURVEY (CHIS) DATA, LATINO PHYSICIAN SHORTAGE IN CALIFORNIA THE PATIENT PERSPECTIVE, PRESERVING HEALTH COVERAGE FOR IMMIGRANTS ECONOMIC & HEALTH IMPLICATIONS OF PROPOSED PUBLIC CHARGE RULES ON CALIFORNIA AND LOCAL JURISDICTIONS

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
UNIVERSITY OF CALIFORNIA SAN FRANCISCO 500 PARNASSUS AVENUE SAN FRANCISCO, CA 94143	94-6036493	501(C)(3)	1,257,422				TECHNICAL ASSISTANCE FOR PAYER/PROVIDER PARTNERSHIPS, INTERPROFESSIONAL EDUCATION IN PALLIATIVE CARE FOR RURAL CALIFORNIA PROVIDERS, MEDICALLY-ASSISTED TREATMENT IN HOSPITALS SUPPORTING INPATIENT INITIATION OF OPIOID AGONIST TREATMENT, CHCF HEALTH CARE LEADERSHIP PROGRAM RENEWAL FOR COHORT 18 AND 19, A STUDY OF SUPPORTIVE HOUSING AND HEALTH OF LGBTQ OLDER ADULTS, SCOPE OF PRACTICE EXPANSIONS TO IMPROVE ACCESS TO QUALITY CARE, QUALITY TRENDS IN MEDICAL, POLICY OPTIONS FOR STRENGTHENING GRADUATE MEDICAL EDUCATION IN CALIFORNIA, PRIMARY PALLIATIVE CARE AT CALIFORNIA PUBLIC HOSPITALS NEEDS ASSESSMENT AND IMPLEMENTATION DESIGN, MODELING IMPACTS OF WORKFORCE STRATEGIES, USE OF HOME-BASED PRIMARY AND PALLIATIVE CARE IN THE MEDICAID PROGRAM, EHR ENHANCEMENT FOR ADDICTION CARE IN THE SAFETY NET, REVISION OF BUPRENORPHINE FAQ, TIPSHEETS, AND OTHER OPIOID-RELATED DOCUMENTS AS NEEDED, CORE SUPPORT TO UCSF HEALTHFORCE, EVALUATION OF THE HEALTH WORKFORCE PILOT PROJECTS ON COMMUNITY PARAMEDICINE,
UNIVERSITY OF CALIFORNIA SAN FRANCISCO FOUNDATION PO BOX 0248 SAN FRANCISCO, CA 94143	94-2829914	501(C)(3)	100,000				UC CRIMINAL JUSTICE AND HEALTH CONSORTIUM

**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
UNIVERSITY OF SOUTHERN CALIFORNIA 3720 SOUTH FLOWER ST STE 325 LOS ANGELES, CA 900894019	95-1642394	501(C)(3)	643,434				EVALUATION OF OMADA DIABETES PREVENTION PROGRAM ADOPTION IN THE SAFETY NET, COMMUNITY-BASED PALLIATIVE CARE IN CALIFORNIA SAFETY-NET SYSTEMS, CARE INTEGRATION FOR OPIOID-DEPENDENT FREQUENT EMERGENCY DEPARTMENT USERS (IMPLEMENTATION GRANTS), PSCANNER - INCORPORATING MEDICAL DATA INTO A CLINICAL DATA NETWORK, WORKING WITH HOLLYWOOD TO NORMALIZE BIRTH AND IMPROVE MATERNITY CARE, TRAIN THE TRAINER NONOPIOID PAIN MANAGEMENT TRAINING PROGRAM IN LA COUNTY CLINICS, HEALTH DATA JOURNALISM FELLOWSHIP FOR CALIFORNIA REPORTERS, 2017, RENEWAL- USC HEALTH DATA JOURNALISM FELLOWSHIP TRAINING, NEWS AND REPORTING COLLABORATIVE CALIFORNIA'S UNINSURED AND POLICY SOLUTIONS, HELPING POPULAR CULTURE ACCURATELY PORTRAY ADDICTION AND RECOVERY, UNDERSTANDING BARRIERS TO PALLIATIVE CARE REFERRALS, PARTNERING WITH HOLLYWOOD TO IMPROVE MATERNITY CARE/MATERNAL HEALTH PART 2
VIA CARE COMMUNITY HEALTH CENTER 501 S ATLANTIC BLVD LOS ANGELES, CA 900222621	80-0699156	501(C)(3)	28,000				TRANSITIONS CLINIC NETWORK CLINIC GRANT - VIA CARE COMMUNITY HEALTH CENTER

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
VILCAP INC 1101 K STREET NW SUITE 920 WASHINGTON, DC 20005	27-4059343	501(C)(3)	194,568				SERIES OF MULTI-STATE MEDICAID INNOVATION BRIEFINGS TO IDENTIFY CHALLENGES AND SOLUTIONS THROUGH A MEDICAID INNOVATION "CHALLENGE"
VPE PUBLIC RELATIONS 316 W 2ND ST 1202 LOS ANGELES, CA 91001	95-4350808		10,000				RESEARCH TO INFORM FUTURE GRANT MAKING TO SPANISH-LANGUAGE MEDIA IN L A AND CENTRAL VALLEY REGIONS

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
WE HOPE 1854 BAY ROAD EAST PALO ALTO, CA 94303	94-3342713	501(C)(3)	50,000				TELEHEALTH AND BEHAVIORAL HEALTH PROGRAM FOR THE HOMELESS POPULATION
WESTERN CENTER ON LAW AND POVERTY 3701 WILSHIRE BOULEVARD SUITE 208 LOS ANGELES, CA 900102809	95-2897721	501(C)(3)	20,000				STATUS OF IMPLEMENTING TIMELY ACCESS TO CARE STANDARDS IN CALIFORNIA

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
WHITE MOUNTAIN RESEARCH ASSOCIATES LLC PO BOX 760 WALPOLE, NH 036080760	22-3783652		14,700				EVALUATION OF HEALTHFINCH'S IMPLEMENTATION OF THE CHARLIE PRACTICE AUTOMATION PLATFORM WHICH AUTOMATES ROUTINE, REPETITIVE CLINICAL TASKS IN ATHENAHEALTH, EPIC, AND ALLSCRIPTS EMERGENCY MEDICAL RECORDS



**Form 990, Schedule I, Part III, Grants and Other Assistance to Domestic Individuals.**

<b>(a)</b> Type of grant or assistance	<b>(b)</b> Number of recipients	<b>(c)</b> Amount of cash grant	<b>(d)</b> Amount of non-cash assistance	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	<b>(f)</b> Description of non-cash assistance
CALIFORNIA HEALTH PLANS AND INSURERS, 2018 EDITION	1	76,700			
HEALTH INFORMATION EXCHANGE AND THE MEDICALLY UNDERSERVED A CALIFORNIA LANDSCAPE ASSESSMENT	1	76,630			
THE HUB INNOVATION PROGRAM EVALUATION PLAN	1	75,000			
COMMUNITY PARAMEDICINE PILOT PROJECT MANAGEMENT	1	65,000			
AN EXAMINATION OF ELECTRONIC HEALTH RECORDS (ERH) OPTIONS AND MIGRATION COSTS - A GUIDE FOR FEDERALLY QUALIFIED HEALTH CLINICS IN CALIFORNIA CONTEMPLATING A CHANGE IN EHRS	1	52,155			

**Form 990, Schedule I, Part III, Grants and Other Assistance to Domestic Individuals.**

<b>(a)</b> Type of grant or assistance	<b>(b)</b> Number of recipients	<b>(c)</b> Amount of cash grant	<b>(d)</b> Amount of non-cash assistance	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	<b>(f)</b> Description of non-cash assistance
OUTREACH AND DISSEMINATION OF MY BIRTH MATTERS MATERIALS	1	51,832			
TRANSITIONS CLINIC NETWORK FINANCIAL SUSTAINABILITY BUSINESS CONSULTANT SUPPORT	1	48,920			
2019 ALMANAC MATERNITY CARE REPORT	1	45,000			
STRENGTHENING SERIOUS ILLNESS CARE IN MEDI-CAL - SB 1004 AND BEYOND	2	41,000			
ASSESS STRATEGIC AND BUSINESS OPTIONS FOR CENTER FOR CONNECTED HEALTH POLICY	1	38,750			

Form 990, Schedule I, Part III, Grants and Other Assistance to Domestic Individuals.					
(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
HEALTH CARE COSTS 101, 2019 EDITION	1	34,900			
"LISTENING TO MOTHERS" SURVEY 4-PART VIDEO SERIES	1	34,830			
VERATO PLANNING SUPPORT	1	34,125			
CALIFORNIA BIRTH EQUITY COLLABORATIVE PILOT	1	29,706			
PROJECT MANAGEMENT FOR BEHAVIORAL HEALTH INTEGRATION RESEARCH	1	26,960			

Form 990, Schedule I, Part III, Grants and Other Assistance to Domestic Individuals.					
(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
CONSULTATION ON INTEGRATING PHYSICAL AND BEHAVIORAL HEALTH FOR MEDI-CAL ENROLLEES	1	26,250			
WORKFORCE DEVELOPMENT NOMAD IMPLEMENTATION	1	26,000			
IMPROVING USER EXPERIENCE AND FUNCTIONALITY OF CA OPIOID DASHBOARD PLANNING GRANT	1	25,000			
PLANNING GRANT SUPPORT FOR HEALTH TECH 4 MEDICAID	1	24,800			
TOWARD UNIVERSAL COVERAGE ELIGIBLE BUT NOT ENROLLED IN MEDI-CAL LANDSCAPE AND STRATEGY ANALYSIS	1	24,500			

**Form 990, Schedule I, Part III, Grants and Other Assistance to Domestic Individuals.**

<b>(a)</b> Type of grant or assistance	<b>(b)</b> Number of recipients	<b>(c)</b> Amount of cash grant	<b>(d)</b> Amount of non-cash assistance	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	<b>(f)</b> Description of non-cash assistance
HEALTH WORKFORCE COMMISSIONER TESTIMONIALS	1	24,367			
EXPLAINER UNDERSTANDING CONSUMER COST-SHARING IN CALIFORNIA'S INDIVIDUAL MARKET	2	20,475			
"HOW DO YOU PAY FOR THAT?" PUBLICATION SERIES ON MEDICALLY-ASSISTED TREATMENT INTEGRATION	1	19,250			
RESEARCH AND TECHNICAL ASSISTANCE ON PROPOSED CHANGES TO PUBLIC CHARGE POLICY	1	18,000			
FACILITATION CONVENING ON MATERNAL MENTAL HEALTH IN CA	1	15,800			

Form 990, Schedule I, Part III, Grants and Other Assistance to Domestic Individuals.					
(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
CHCF TELEHEALTH PATIENT TESTIMONIAL VIDEO	1	15,499			
LISTENING TO MOTHERS PROJECT MANAGEMENT AND REPORT SUPPORT	1	13,750			
NEXT PHASE TREATMENT STARTS HERE CHCF MEDICALLY-ASSISTED TREATMENT ADVISORY GROUP 2019 MEETINGS	1	13,450			
OPIOID EXPOSURE IN PREGNANCY TRAINING MODULES	1	12,350			
DENTAL VAN VIDEOS	1	10,995			

**Form 990, Schedule I, Part III, Grants and Other Assistance to Domestic Individuals.**

<b>(a)</b> Type of grant or assistance	<b>(b)</b> Number of recipients	<b>(c)</b> Amount of cash grant	<b>(d)</b> Amount of non-cash assistance	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	<b>(f)</b> Description of non-cash assistance
CALIFORNIA MATERNAL QUALITY CARE COLLABORATIVE CONSUMER WEBSITE USER TESTING	1	9,895			
PLANNING GRANT INTEGRATING EMERGENCY DEPARTMENT-BRIDGE AND PROJECT SHOUT (SUPPORT FOR HOSPITAL OPIOID USE TREATMENT) INTO ONE STATE-SUPPORTED EXPANSION PROGRAM	1	9,755			
TREATMENT STARTS HERE CHCF MECIALLY-ASSISTED TREATMENT ADVISORY GROUP KICKOFF MEETING	1	9,750			
TESTING MESSAGES FOR BIRTH EQUITY WORK	1	9,000			
TOWARD UNIVERSAL COVERAGE POSSIBLE CHCF CONTRIBUTIONS TO REDUCING NEGATIVE IMPACT OF PUBLIC CHARGE POLICY	1	9,000			

**Form 990, Schedule I, Part III, Grants and Other Assistance to Domestic Individuals.**

<b>(a)</b> Type of grant or assistance	<b>(b)</b> Number of recipients	<b>(c)</b> Amount of cash grant	<b>(d)</b> Amount of non-cash assistance	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	<b>(f)</b> Description of non-cash assistance
QUALITY IMPROVEMENT OPERATIONAL BOOT CAMP FOR PROGRAM MANAGER OF CALIFORNIA BRIDGE	1	8,829			
PLANNING GRANT EVALUATION OF RETIRED PHYSICIANS IN HEALTH CENTERS MATCHING PROGRAM	1	8,600			
UPDATE 2016 EMERGENCY DEPARTMENT DATA	1	8,000			
MEDI-CAL HEALTH PLAN TEXTING INITIATIVE	1	6,188			
TOWARD UNIVERSAL COVERAGE INDIVIDUAL MANDATE ISSUE BRIEF	1	5,950			



Form 990, Schedule I, Part III, Grants and Other Assistance to Domestic Individuals.					
(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
BUILDING THE CHCF ECOSYSTEM DASHBOARD	1	5,400			
UPDATE HISTORY OF HEALTH INSURANCE IN CALIFORNIA	1	4,900			
MEDICATION ASSISTED TREATMENT IN THE EMERGENCY DEPARTMENT PROJECT LEADERSHIP	1	4,875			
ADVISORY GROUP FOR "UNDERSTANDING LOW-INCOME CALIFORNIANS ATTITUDES AND EXPERIENCES WITH SERIOUS ILLNESS AND END OF LIFE"	4	4,000			
CALIFORNIA PRIMARY CARE ASSOCIATION CONFERENCE PRESENTATION - TECHNOLOGY MODELS TO ENABLE COMMUNITY BASED WHOLE PERSON CARE	1	4,000			

**Form 990, Schedule I, Part III, Grants and Other Assistance to Domestic Individuals.**

<b>(a)</b> Type of grant or assistance	<b>(b)</b> Number of recipients	<b>(c)</b> Amount of cash grant	<b>(d)</b> Amount of non-cash assistance	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	<b>(f)</b> Description of non-cash assistance
PROJECT MANAGEMENT EVALUATION OF ENCORE PROGRAM TO MATCH RETIRED PHYSICIANS WITH HEALTH CENTERS	1	4,000			
PRESENTATION NEONATAL ABSTINENCE SYNDROME CONFERENCE 2018	1	3,341			
CARE INTEGRATION PROJECT PLANNING	1	3,300			
EXPERT ROUNDTABLE SOLICITING INPUT FOR PUBLIC COMMENT ON REVISION OF NARCOTIC TREATMENT PROGRAM REGULATIONS	1	3,200			
ARTICLE ON END-OF-LIFE ISSUES	1	2,500			

Form 990, Schedule I, Part III, Grants and Other Assistance to Domestic Individuals.					
(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
SUPPORT LAUNCH OF ACADEMIC DETAILING WORK WITH CALIFORNIA DEPARTMENT OF PUBLIC HEALTH	1	2,000			
MY BIRTH MATTERS WEBINAR HOSTED BY THE CALIFORNIA HOSPITAL PATIENT SAFETY ORGANIZATION	1	697			
ACA RESOURCE UPDATE	1	675			

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -	DLN: 93493015008080
Schedule J (Form 990)	Compensation Information		OMB No 1545-0047
			2018
	For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees		
Department of the Treasury Internal Revenue Service		▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ▶ Attach to Form 990. ▶ Go to <a href="http://www.irs.gov/Form990">www.irs.gov/Form990</a> for instructions and the latest information.	
Name of the organization CALIFORNIA HEALTHCARE FOUNDATION		Employer identification number 95-4523231	

Part I Questions Regarding Compensation		Yes	No
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.			
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use		
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence		
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees		
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
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.		1b	
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?		2	
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.			
<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract		
<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study		
<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee		
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:			
a Receive a severance payment or change-of-control payment?		4a	No
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?		4b	No
c Participate in, or receive payment from, an equity-based compensation arrangement?		4c	No
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
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:			
a The organization?		5a	No
b Any related organization?		5b	No
If "Yes," on line 5a or 5b, describe in Part III.			
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:			
a The organization?		6a	No
b Any related organization?		6b	No
If "Yes," on line 6a or 6b, describe in Part III.			
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.		7	No
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.		8	No
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		9	

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

[illegible]

**Part III**   **Supplemental Information**

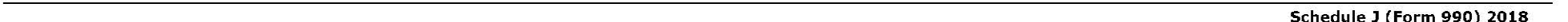
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation
PART II COLUMN (B)(III), OTHER REPORTABLE COMPENSATION	THERE ARE FOUR ITEMS REPORTED IN THIS COLUMN. 1. PAYMENTS TO 7 EMPLOYEES FOR CELL PHONES ALLOWANCE (\$4,840). 2. PAYMENTS TO 2 EMPLOYEES FOR WAIVING MEDICAL COVERAGE (\$2,400). 3. PAYMENTS TO 4 EMPLOYEES FOR PARTICIPATION IN THE FOUNDATION'S WELLNESS PROGRAM (\$1,200). 4. EXCESS SECTION 415 RETIREMENT CONTRIBUTIONS PAID IN CASH TO 1 EMPLOYEE (\$2,100).

Return Reference	Explanation
PART II COLUMN (C), RETIREMENT AND OTHER DEFERRED COMPENSATION	THE FOUNDATION HOSTS A 401(K) RETIREMENT PLAN FOR ALL EMPLOYEES WHICH HAS BASE EMPLOYER CONTRIBUTIONS, AN EMPLOYER MATCHING COMPONENT, AND EMPLOYEE CONTRIBUTIONS FIGURES REPORTED IN THIS COLUMN ARE THE 401(K) MATCH AND EMPLOYER CONTRIBUTIONS ONLY

Return Reference	Explanation
PART II COLUMN (D), NONTAXABLE BENEFITS	FIGURES REPORTED IN THIS COLUMN INCLUDE HEALTH AND WELFARE BENEFITS





**SCHEDULE O**  
(Form 990 or 990-EZ)

Department of the Treasury

Name of the organization

CALIFORNIA HEALTHCARE FOUNDATION

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

OMB No 1545-0047

**2018****Open to Public Inspection****Employer identification number**

95-4523231

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE FORM 990 IS PREPARED BY THE STAFF OF THE FOUNDATION IN COORDINATION WITH A PUBLIC ACCOUNTING FIRM. PRIOR TO FILING THE RETURN, IT IS REVIEWED IN DETAIL BY THE BOARD'S AUDIT COMMITTEE AND THEN REVIEWED WITH AND APPROVED BY THE FULL BOARD OF DIRECTORS.

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, SECTION B, LINE 12C	ALL DIRECTORS, OFFICERS & KEY EMPLOYEES ARE REQUIRED TO DISCLOSE POTENTIAL CONFLICTS ANNUALLY POTENTIAL CONFLICT INFORMATION IS COMPILED, REVIEWED BY THE VICE PRESIDENT OF FINANCE , ADMINISTRATION & INVESTMENTS, AND THEN REPORTED TO THE FULL BOARD OF DIRECTORS FOR THEIR ACKNOWLEDGMENT AND CONFIRMATION THROUGHOUT THE YEAR AS TRANSACTIONS ARE ENTERED INTO, STAFF AND BOARD MEMBERS ARE ALSO REQUIRED TO SELF-REPORT POTENTIAL CONFLICTS OF INTEREST WHETHER OR NOT THE CONFLICT WAS ORIGINALLY IDENTIFIED ON THE ANNUAL LISTING NEW VENDOR AND GRANTEE ACTIVITY IS ALSO MONITORED AGAINST THE CONFLICT OF INTEREST LISTING WHEN A CONFLICT IS IDENTIFIED, THE PERSON WITH THAT CONFLICT IS REQUIRED TO RECUSE THEMSELVES FROM ANY DECISION MAKING WITH RESPECT TO THE TRANSACTION OR ACTIVITY GIVING RISE TO THE POTENTIAL CONFLICT IN ADDITION, CHCF'S CONFLICT OF INTEREST POLICY HAS A SPECIFIC PROHIBITION AGAINST PRIVATE INUREMENT AND EXCESS BENEFIT TRANSACTIONS WITH RESPECT TO ANY TRANSACTION IN WHICH CHCF PARTICIPATES

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	THE FOUNDATION HAS A DOCUMENTED COMPENSATION PROGRAM, INCLUDING A COMPENSATION PHILOSOPHY AND POLICIES AND PROCEDURES AS PART OF THOSE POLICIES AND PROCEDURES, THE FOUNDATION ENGAGES INDEPENDENT COMPENSATION CONSULTANTS TO DEVELOP MARKET COMPARABLES, SURVEY THE MARKET BASED ON THOSE MARKET COMPARABLES, AND BENCHMARK THE FOUNDATION'S SALARIES AND TOTAL COMPENSATION TO MARKET DATA THE FOUNDATION'S COMPENSATION PROGRAM, AS WELL AS CEO AND CFO TOTAL COMPENSATION LEVELS, ARE REVIEWED AND APPROVED BY THE FOUNDATION'S BOARD OF DIRECTORS

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE FOUNDATION MAKES ITS FINANCIAL STATEMENTS AND FORM 990 AVAILABLE ON ITS WEBSITE, WWW C HCF ORG FOR 3 YEARS AS SET FORTH IN SEC 6104(D) GOVERNING DOCUMENTS AND THE CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART VII, SECTION A	COMPENSATION OF OFFICERS, DIRECTORS, TRUSTEES, KEY EMPLOYEES, ETC PLEASE REFER TO SCHEDU LE J FOR ADDITIONAL DETAIL REGARDING COMPENSATION

SCHEDULE R  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.  
► Attach to Form 990.  
► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization  
CALIFORNIA HEALTHCARE FOUNDATION

Employer identification number  
95-4523231

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
(1) OAC PROPERTIES LLC 1438 WEBSTER STREET SUITE 400 OAKLAND, CA 94612	RENTAL PROPERTY	CA	609,119	40,004,695	CALIFORNIA HEALTHCARE FOUNDATION

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	
<b>(1) MAKENA FIXED INCOME FUND LP</b> 2755 SAND HILL ROAD STE 200 MENLO PARK, CA 94025 26-1718692	INVESTMENT	DE	CALIFORNIA HEALTHCARE FOUNDATION	EXCLUDED	15,529	31,557,982		No			No	83.450 %

**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



**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**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?

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) MAKENA FIXED INCOME FUND LP	A	8,085	CASH
(2) MAKENA FIXED INCOME FUND LP	B	38,000,000	CASH
(3) MAKENA FIXED INCOME FUND LP	F	971,544	CASH
(4) MAKENA FIXED INCOME FUND LP	S	20,950,000	CASH

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

[illegible]

**Part VII**   **Supplemental Information**

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

Return Reference	Explanation