Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047

2020

Open to Public Inspection

A For the 2020 calendar year, or tax year beginning 04-01-2020 , and ending 03-31-2021

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) 1438 WEBSTER ST NO 400

Room/suite

City or town, state or province, country, and ZIP or foreign postal code
OAKLAND, CA 94612

D Employer identification number
95-4523231

E Telephone number
(510) 238-1040

G Gross receipts $ 118,089,402

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)	**3**	10
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	9
5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)	**5**	53
6	Total number of volunteers (estimate if necessary)	**6**	0
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	-450,803
b	Net unrelated business taxable income from Form 990-T, line 39	**7b**	0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	0	0
9	Program service revenue (Part VIII, line 2g)	647,666	773,731
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	17,946,627	46,201,552
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	890,905	1,060,162
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	19,485,198	48,035,445
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	36,225,432	24,382,254
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	12,290,866	13,008,107
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	10,082,544	9,173,924
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	58,598,842	46,564,285
19	Revenue less expenses. Subtract line 18 from line 12	-39,113,644	1,471,160

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	741,030,213	970,069,278
21	Total liabilities (Part X, line 26)	21,716,522	10,325,681
22	Net assets or fund balances. Subtract line 21 from line 20	719,313,691	959,743,597

Part II Signature Block

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

Sign Here

Signature of officer — Date: 2022-02-15

CRAIG ZIEGLER VP FIN, ADMIN, INVESTS/TREAS & SEC
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 STREET STE 900
SAN FRANCISCO, CA 94111

Phone no. (415) 781-0793

May the IRS discuss this return with the preparer shown above? (see instructions) ☑ **Yes** ☐ **No**

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III . . . . . ☑

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.

4a (Code:) (Expenses $ 10,958,871 including grants of $ 9,750,132) (Revenue $ 0)

IMPROVING ACCESS: CHCF AIMS TO ADVANCE STATE POLICY REFORMS AND DELIVERY SYSTEM TRANSFORMATION TO IMPROVE COVERAGE AND CARE. THIS WORK INCLUDES: 1) ACCESS TO AFFORDABLE COVERAGE: CHCF AIMS TO ADVANCE STATE POLICIES AND PRACTICES THAT ENSURE THAT ALL CALIFORNIANS WITH LOW INCOMES HAVE AFFORDABLE COVERAGE AND THAT MEDI-CAL ENROLLEES CAN GET THE CARE THEY NEED WHEN THEY NEED IT. 2) ACCESS TO PRIMARY CARE: CHCF AIMS TO ADVANCE POLICY, PAYMENT, AND DELIVERY SYSTEM REFORMS TO IMPROVE ACCESS BY CALIFORNIANS WITH LOW INCOMES TO HIGH-QUALITY, LINGUISTICALLY AND CULTURALLY RESPONSIVE PRIMARY CARE INCLUSIVE OF BEHAVIORAL HEALTH CARE. 3) ACCESS TO SPECIALTY CARE: CHCF AIMS TO SPREAD THE USE OF TELEHEALTH IN CALIFORNIA'S SAFETY NET AND TO SPUR MEDI-CAL POLICY AND PAYMENT REFORMS TO IMPROVE ACCESS TO SPECIALTY CARE FOR CALIFORNIANS WITH LOW INCOMES.

4b (Code:) (Expenses $ 10,448,787 including grants of $ 7,982,278) (Revenue $ 0)

LAYING THE FOUNDATION: CHCF AIMS 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 AIMS TO PROVIDE RESEARCH AND ANALYSIS ON CALIFORNIA'S MARKET-WIDE CARE ECOSYSTEM, WITH A PARTICULAR FOCUS ON HOW THAT SYSTEM IS STRUCTURED AND PERFORMING FOR CALIFORNIANS WITH LOW INCOMES. 2) SUPPORTING HIGH-QUALITY HEALTH JOURNALISM: CHCF SUPPORTS HEALTH CARE JOURNALISM SO THAT MAINSTREAM AND COMMUNITY/ETHNIC MEDIA OUTLETS CAN PROVIDE CALIFORNIANS WITH ACCESS TO TIMELY, RELEVANT INFORMATION ABOUT THE MOST PRESSING HEALTH CARE ISSUES. 3) BUILDING LEADERSHIP: CHCF AIMS TO SUPPORT LEADERSHIP AND SKILL-BUILDING FOR CALIFORNIA'S HEALTH CARE PROFESSIONALS AND STATE POLICY PARTNERS, AS WELL AS TO SUPPORT LEARNING OPPORTUNITIES FOR ORGANIZATIONS IMPROVING CARE DELIVERY IN THE SAFETY NET. 4) BRIDGING THE INNOVATION GAP: CHCF AIMS TO DEVELOP INFORMATION, NETWORKS, AND COMMUNICATION PLATFORMS THAT ENABLE SAFETY-NET PROVIDERS AND HEALTH PLANS TO WORK WITH ENTREPRENEURS ON DELIVERY SYSTEM IMPROVEMENT.

4c (Code:) (Expenses $ 4,876,013 including grants of $ 3,399,843) (Revenue $ 0)

ADVANCING PEOPLE-CENTERED CARE: CHCF SUPPORTS CARE SYSTEMS TO WORK COLLABORATIVELY TO ENSURE PEOPLE RECEIVE RESPONSIVE, COMPREHENSIVE, AND COORDINATED SERVICES THAT SUPPORT THEIR HEALTH AND WELL-BEING AND REDUCE INEQUITIES IN CARE. THIS WORK INCLUDES: 1) BEHAVIORAL HEALTH TRANSFORMATION: CHCF AIMS TO TRANSFORM MENTAL HEALTH AND SUBSTANCE USE TREATMENT SO THAT WHEREVER AND HOWEVER THE CARE IS DELIVERED, IT IS EFFECTIVE, APPROPRIATE, AND ACCESSIBLE -- IMPROVING OUTCOMES AND REDUCING INEQUITIES. 2) CARE FOR PEOPLE WITH COMPLEX NEEDS: CHCF AIMS TO HELP MEDI-CAL ENROLLEES WITH CHALLENGING HEALTH OR SOCIAL CIRCUMSTANCES GET HIGH-QUALITY MEDICAL CARE AND SUPPORTIVE SERVICES THAT IMPROVE THEIR LIVES. 3) ADVANCING BLACK HEALTH EQUITY: CHCF AIMS TO IMPROVE CARE AND OUTCOMES FOR BLACK CALIFORNIANS BY WORKING WITH HEALTH CARE PARTNERS TO INTERRUPT RACISM, BUILD TRANSPARENCY AND ACCOUNTABILITY AROUND EQUITABLE CARE, AND DIVERSIFY THE HEALTH CARE WORKFORCE.

(Code:) (Expenses $ 9,125,164 including grants of $ 3,250,000) (Revenue $ 773,731)

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.

4d Other program services (Describe in Schedule O.)
(Expenses $ 9,125,164 including grants of $ 3,250,000) (Revenue $ 773,731)

4e **Total program service expenses** ▶ 35,408,835

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1		No
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2		No
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		
5	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? *If "Yes," complete Schedule C, Part III*	5		No
6	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? *If "Yes," complete Schedule D,* Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D,* Part III	8		No
9	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? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? *If "Yes," complete Schedule D, Part V*	10		No
11	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.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D,* Part VI	11a	Yes	
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? *If "Yes," complete Schedule D, Part VII*	11b	Yes	
c	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? *If "Yes," complete Schedule D, Part VIII*	11c		No
d	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? *If "Yes," complete Schedule D, Part IX*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e		No
f	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)? *If "Yes," complete Schedule D, Part X*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
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? *If "Yes," complete Schedule F, Parts I and IV*	14b	Yes	
15	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? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	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? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	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? *If "Yes," complete Schedule G, Part I* (see instructions)	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	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? *If "Yes," complete Schedule I, Parts I and II*	21	Yes	

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L,* Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L,* Part I	25b		No
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part II*	26		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? *If "Yes," complete Schedule L,* Part III	27		No
28	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):			
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? *If "Yes," complete Schedule L, Part IV*	28a		No
b	A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV*	28b		No
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? *If "Yes," complete Schedule L, Part IV*	28c		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O.	38	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
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	125		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c Yes	

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

2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	**2a**	53		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			**2b**	Yes
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .			**3a**	Yes
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .			**3b**	Yes
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			**4a**	No
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).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .			**5a**	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			**5b**	No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			**5c**	
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .			**6a**	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			**6b**	
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			**7a**	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			**7b**	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			**7c**	
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			**7e**	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			**7f**	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			**7g**	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			**7h**	
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			**8**	
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the sponsoring organization make any taxable distributions under section 4966?			**9a**	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .			**9b**	
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	**10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . .	**10b**			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	**11a**			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	**11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			**12a**	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	**12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? . . . . . **Note.** See the instructions for additional information the organization must report on Schedule O.			**13a**	
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	**13b**			
c	Enter the amount of reserves on hand	**13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?			**14a**	No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .			**14b**	
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year?			**15**	No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? . . If "Yes," complete Form 4720, Schedule O.			**16**	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
1a	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.	**1a**	10		
b	Enter the number of voting members included in line 1a, above, who are independent	**1b**	9		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		**2**		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		**3**		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		**4**		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		**5**		No
6	Did the organization have members or stockholders?		**6**		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		**7a**		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		**7b**		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?		**8a**	Yes	
b	Each committee with authority to act on behalf of the governing body?		**8b**	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*		**9**		No

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	**10a**		No
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?	**10b**		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	**11a**	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	**12a**	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	**12b**	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	**12c**	Yes	
13	Did the organization have a written whistleblower policy?	**13**	Yes	
14	Did the organization have a written document retention and destruction policy?	**14**	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	**15a**	Yes	
b	Other officers or key employees of the organization	**15b**	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	**16a**		No
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?	**16b**		

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.

See instructions for the order in which to list the persons above.

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

(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) HERNANDEZ SANDRA PRESIDENT & C.E.O.	45.00	X		X				641,878	0	97,568
(2) ZIEGLER CRAIG VP FIN, ADMIN, INVESTS/TREAS & SEC	45.00			X				390,680	0	88,613
(3) CARTER KARA SENIOR VP OF PROGRAMS	45.00				X			370,887	0	62,620
(4) BUCKLEY MELISSA PROGRAM DIRECTOR OF INNOVATIONS	45.00					X		286,986	0	92,919
(5) PERRONE CHRISTOPHER PROGRAM DIRECTOR OF IMPROVING ACCESS	45.00					X		273,188	0	64,746
(6) SCHNEIDERMANN MICHELLE PRGM DIR OF ADV PPL CENTERED CARE	45.00					X		275,673	0	48,072
(7) SOUTHWICK SUSAN DIRECTOR OF IT	45.00					X		231,696	0	59,575
(8) READER CHARLES CHIEF TALENT OFFICER	45.00					X		250,745	0	31,710
(9) GROSS DANIEL BOARD MEMBER	3.00	X						43,000	0	0
(10) REYES CAROLINA BOARD MEMBER	3.00	X						40,000	0	0
(11) JONES MARC BOARD MEMBER	3.00	X						36,000	0	0
(12) AGUILAR-GAXIOLA SERGIO BOARD MEMBER	3.00	X						35,000	0	0
(13) AUGUSTINOS NICHOLAS BOARD MEMBER	3.00	X						34,000	0	0
(14) CARLISLE DAVID BOARD MEMBER	3.00	X						31,000	0	0
(15) ESCOBAR ZOILA BOARD MEMBER	3.00	X						30,000	0	0
(16) O'KEEFE LYNNE CHOU BOARD MEMBER	3.00	X						30,000	0	0
(17) GIBBONEY ELIZABETH BOARD MEMBER	3.00	X						0	0	0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
1b Sub-Total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶								3,000,733	0	545,823

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 ▶ 4 0

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**3**		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	**4**	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**5**		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	5,306,176
ANGELENO GROUP LLC 2029 CENTURY PARK EAST SUITE 2980 LOS ANGELES, CA 90067	INVESTMENT MANAGEMENT	128,908
FORUM ONE COMMS CORP 15954 JACKSON CREEK PKWY STE B MONUMENT, CO 80132	WEBSITE HOSTING & MAINTENANCE	122,932
VISIONS INC 1452 DORCHESTER AVE DORCHESTER, MA 02122	TRAINING & CONSULTING	104,622

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 ▶ 4

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	**1a** Federated campaigns . . 1a				
	b Membership dues . . 1b				
	c Fundraising events . . 1c				
	d Related organizations 1d				
	e Government grants (contributions) 1e				
	f All other contributions, gifts, grants, and similar amounts not included above 1f				
	g Noncash contributions included in lines 1a - 1f:$ 1g				
	h Total. Add lines 1a-1f . . . . . ▶				
Program Service Revenue		Business Code			
	2a PRI INTEREST INCOME	900099	773,731	773,731	
	b				
	c				
	d				
	e				
	f All other program service revenue.				
	g Total. Add lines 2a–2f. . . . . ▶	773,731			
	3 Investment income (including dividends, interest, and other similar amounts)		3,678,934	-2,303,478	5,982,412
	4 Income from investment of tax-exempt bond proceeds ▶				
	5 Royalties . . . . . ▶				
		(i) Real	(ii) Personal		
	6a Gross rents 6a	2,116,534			
	b Less: rental expenses 6b	1,592,396			
	c Rental income or (loss) 6c	524,138			
	d Net rental income or (loss)		524,138		524,138
		(i) Securities	(ii) Other ▶		
	7a Gross amount from sales of assets other than inventory 7a	109,131,504	1,852,675		
	b Less: cost or other basis and sales expenses 7b	68,461,561	0		
	c Gain or (loss) 7c	40,669,943	1,852,675		
	d Net gain or (loss) . . . . . ▶		42,522,618	1,852,675	40,669,943
Other Revenue	**8a** Gross income from fundraising events (not including $ _____ of contributions reported on line 1c). See Part IV, line 18 . . . . 8a				
	b Less: direct expenses 8b				
	c Net income or (loss) from fundraising events . . ▶				
	9a Gross income from gaming activities. See Part IV, line 19 . . . 9a				
	b Less: direct expenses 9b				
	c Net income or (loss) from gaming activities . . ▶				
	10a Gross sales of inventory, less				

returns and allowances . .	10a					
b Less: cost of goods sold . .	10b					
c Net income or (loss) from sales of inventory . . ▶						
Miscellaneous Revenue		Business Code				
11a FEDERAL UBI TAX REFUND		900099	532,228			532,228
b STATE UBI TAX REFUND		900099	3,796			3,796
c						
d All other revenue						
e **Total.** Add lines 11a–11d . . . . . ▶			536,024			
12 **Total revenue.** See instructions . . . . . ▶			48,035,445	773,731	-450,803	47,712,517

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).
Check if Schedule O contains a response or note to any line in this Part IX . . . . . ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	23,446,571	23,446,571		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	935,683	935,683		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,956,358	595,602	1,360,756	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	8,140,812	6,570,169	1,570,643	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,168,510	957,568	210,942	
9 Other employee benefits	1,187,176	929,369	257,807	
10 Payroll taxes	555,251	427,008	128,243	
11 Fees for services (non-employees):				
a Management				
b Legal	55,942	45,715	10,227	
c Accounting	96,324		96,324	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	7,075,966		7,075,966	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	609,494	444,763	164,731	
12 Advertising and promotion				
13 Office expenses	122,894	93,765	29,129	
14 Information technology	243,418	183,305	60,113	
15 Royalties				
16 Occupancy	130,114	97,976	32,138	
17 Travel	8,958	3,242	5,716	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	117,273	88,307	28,966	
23 Insurance	94,207	70,938	23,269	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a DIRECT CHARITABLE (PRC)	336,785	336,785		
b STAFF PROF DEVELOPMENT	95,964	21,269	74,695	
c LIBRARY & INFO SERVICES	86,282	85,058	1,224	
d MATCHING GIFTS	60,521	60,521		
e All other expenses	39,782	15,221	24,561	
25 **Total functional expenses.** Add lines 1 through 24e	46,564,285	35,408,835	11,155,450	0
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		577,535	1	659,989
	2	Savings and temporary cash investments		3,794,374	2	6,016,696
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		33,998	4	989,875
	5	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		453,350	9	593,217
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 50,160,086			
	b	Less: accumulated depreciation	10b 1,560,006	47,776,132	10c	48,600,080
	11	Investments—publicly traded securities			11	
	12	Investments—other securities. See Part IV, line 11		679,366,560	12	901,580,521
	13	Investments—program-related. See Part IV, line 11		7,849,928	13	7,270,898
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		1,178,336	15	4,358,002
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)		741,030,213	16	970,069,278
Liabilities	17	Accounts payable and accrued expenses		1,492,999	17	1,968,536
	18	Grants payable		20,223,523	18	8,357,145
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D			25	
	26	**Total liabilities.** Add lines 17 through 25		21,716,522	26	10,325,681
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here ▶ ☑ and complete lines 27, 28, 32, and 33.**				
	27	Net assets without donor restrictions		719,313,691	27	959,743,597
	28	Net assets with donor restrictions			28	
		Organizations that do not follow FASB ASC 958, check here ▶ ☐ and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds			29	
	30	Paid-in or capital surplus, or land, building or equipment fund			30	
	31	Retained earnings, endowment, accumulated income, or other funds			31	
	32	Total net assets or fund balances		719,313,691	32	959,743,597
	33	Total liabilities and net assets/fund balances		741,030,213	33	970,069,278

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	48,035,445
2	Total expenses (must equal Part IX, column (A), line 25)	2	46,564,285
3	Revenue less expenses. Subtract line 2 from line 1	3	1,471,160
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	719,313,691
5	Net unrealized gains (losses) on investments	5	238,892,251
6	Donated services and use of facilities	6	66,495
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column	10	959,743,597

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
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.	3b		

Additional Data

Return to Form

Software ID:

Software Version:

Form 990, Special Condition Description:

Special Condition Description

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No. 1545-0047

2020

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

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

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

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

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

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

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

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

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

- **a** ☐ Public exhibition
- **b** ☐ Scholarly research
- **c** ☐ Preservation for future generations
- **d** ☐ Loan or exchange programs
- **e** ☐ Other .....

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

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

Part IV Escrow and Custodial Arrangements.

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

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

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

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

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

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided 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** Term endowment ▶ .....

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

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

	Yes	No
(i) Unrelated organizations . . . . . **3a(i)**		
(ii) Related organizations . . . . . **3a(ii)**		

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

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	4,760,000			4,760,000
b Buildings	42,175,545			42,175,545
c Leasehold improvements	1,514,455	55,291	30,680	1,539,066
d Equipment		227,299	220,154	7,145
e Other		1,427,496	1,309,172	118,324
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* . . ▶				48,600,080

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	99,077,619	F
(B) MULTI-ASSET CLASS COMMINGLED FUNDS	698,648,911	F
(C) FIXED INCOME FUNDS	34,789,078	F
(D) GLOBAL EQUITY INDEXED EXCHANGE TRADED FUND	69,064,913	F
(E)		
(F)		
(G)		
(H)		
(I)		
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 12.)* ▶	901,580,521	

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
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
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
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
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.

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

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

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

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

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
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 UNRELATED BUSINESS INCOME THROUGH SOME OF ITS INVESTMENT ACTIVITY. MANAGEMENT EVALUATED THE FOUNDATION'S TAX POSITIONS AND CONCLUDED THAT THE FOUNDATION HAS MAINTAINED ITS TAX-EXEMPT STATUS AND HAD TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENTS TO THE FINANCIAL STATEMENTS.

Additional Data

Return to Form

Software ID:

Software Version:

SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

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* for instructions and the latest information.**

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization
CALIFORNIA HEALTHCARE FOUNDATION

Employer identification number
95-4523231

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on 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 Activites 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 the region	**(d)** Activities conducted in region (by type) (such as, 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 the region	**(f)** Total expenditures for and investments in the region
(1)	CENTRAL AMERICA AND THE CARIBBEAN -	0	0	INVESTMENTS		256,551,260
(2)	EUROPE (INCLUDING ICELAND & GREENLAND) -	0	0	INVESTMENTS		203,555
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
(10)						
(11)						
(12)						
(13)						
(14)						
(15)						
(16)						
(17)						
3a	Sub-total	0	0			256,754,815
b	Total from continuation sheets to Part I . . .	0	0			0
c	**Totals** (add lines 3a and 3b)	0	0			256,754,815

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on 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.

1	**(a)** Name of organization	**(b)** IRS code section and EIN (if applicable)	**(c)** Region	**(d)** Purpose of grant	**(e)** Amount of cash grant	**(f)** Manner of cash disbursement	**(g)** Amount of noncash assistance	**(h)** Description of noncash assistance	**(i)** Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

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 . . . . . ▶

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

	(a) Type of grant or assistance	**(b)** Region	**(c)** Number of recipients	**(d)** Amount of cash grant	**(e)** Manner of cash disbursement	**(f)** Amount of noncash assistance	**(g)** Description of noncash assistance	**(h)** Method of valuation (book, FMV, appraisal, other)
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								
(17)								
(18)								

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
PART III ACCOUNTING METHOD:	

Additional Data

Software ID:

Software Version:

(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
(92) GRANTMAKERS CONCERNED WITH IMMIGRANTS AND REFUGEES PO BOX 2178 PETALUMA,CA 94953	20-2559651	501(C)(3)	30,000				2021-2022 MEMBERSHIP
(93) GRANTMAKERS FOR EFFECTIVE ORGANIZATIONS 1310 L STREET NW SUITE 650 WASHINGTON,DC 20005	01-0669150	501(C)(3)	9,690				2021 MEMBERSHIP
(94) GRANTMAKERS IN HEALTH 1100 CONNECTICUT AVENUE NW SUITE 1100 WASHINGTON,DC 200364110	13-3206571	501(C)(3)	44,000				2021-2022 MEMBERSHIP; GRANTMAKERS IN HEALTH (GIH) ANNUAL CONFERENCE, 2021
(95) HEALTHBEGINS LLC 2600 W OLIVE AVE STE 500 BURBANK,CA 91505	46-1646737		104,000				COMMUNITY HEALTH WORKER & PROMOTORES COVID-19 RESPONSE STRATEGY; COMMUNITY BASED ORGANIZATION - HEALTH PLAN PARTNERSHIP BOOTCAMP PLANNING
(96) HEALTHTECH SOLUTIONS LLC 2030 HOOVER BLVD FRANKFORT,KY 40601	45-2938486		65,863				LANDSCAPE OF STATEWIDE HEALTH INFORMATION EXCHANGE (HIE) DATA MODELS: OPTIONS FOR CALIFORNIA
(97) HEALTH CAREER CONNECTION INC 300 FRANK OGAWA PLAZA SUITE 243 OAKLAND,CA 94612	25-1904312	501(C)(3)	50,000				HEALTH EQUITY SCHOLARS PROGRAM
(98) HEALTH LEVEL SEVEN INTERNATIONAL INC 3300 WASHTENAW AVENUE SUITE 227 ANN ARBOR,MI 481044250	22-0311321	501(C)(6)	25,000				GRAVITY PROJECT DOMAIN SUPPORT - ADDRESSING HOUSING INSTABILITY AND HOMELESSNESS
(99) HEALTH MANAGEMENT ASSOCIATES INC 120 N WASHINGTON SQUARE SUITE 705 LANSING,MI 48933	38-2599727		116,707				MEDI-CAL EXPLAINED - PAYMENT AND FINANCE; UNDERSTANDING FUNDING FOR TRAINING OF CALIFORNIA'S NON-DOCTOR OF MEDICINE (MD) WORKFORCE; ADDRESSING COMMUNITY HEALTH WORKERS AND PROMOTORES CHALLENGES AND OPPORTUNITIES FROM COVID; ANALYSIS OF FEDERALLY QUALIFIED HEALTH CENTERS (FQHC) CONTRIBUTION TO MEDI-CAL AMBULATORY SERVICES
(100) HENRY J KAISER FAMILY FOUNDATION 185 BERRY STREET SUITE 2000 SAN FRANCISCO,CA 94107	94-6064808	501(C)(3)	564,044				SUPPORT FOR CALIFORNIA HEALTHLINE, 2021-2022; COVID-19 VACCINE CAMPAIGN PRODUCTION
(101) HILL COUNTRY COMMUNITY CLINIC 29632 HWY 299 E PO BOX 228 ROUND MOUNTAIN,CA 96084	94-2831597	501(C)(3)	40,000				CONNECTED CARE ACCELERATOR - INFRASTRUCTURE AND SPREAD
(102) HISPANICS IN PHILANTHROPY 414 13TH STREET SUITE 200 OAKLAND,CA 94612	94-3040607	501(C)(3)	20,000				2021-2022 MEMBERSHIP
(103) IMPERIAL VALLEY WELLNESS FOUNDATION PO BOX 3005 EL CENTRO,CA 92244	83-4329327	501(C)(3)	100,000				COVID-19 RESPONSE FUNDING FOR IMPERIAL VALLEY WELLNESS FOUNDATION
(104) INDEPENDENT SECTOR 1602 L STREET NW SUITE 900 WASHINGTON,DC 20036	52-1081024	501(C)(3)	25,000				2021-2022 MEMBERSHIP
(105) INLAND EMPIRE COMMUNITY FOUNDATION 3700 SIXTH STREET SUITE 200 RIVERSIDE,CA 92501	33-0748536	501(C)(3)	100,000				COVID-19 RESPONSE FUNDING FOR THE INLAND EMPIRE FUNDERS ALLIANCE RAPID RESPONSE FUND
(106) INSTITUTE FOR COMMUNITY HEALTH 350 MAIN STREET 4TH FLOOR MALDEN,MA 02148	04-3543853	501(C)(3)	15,000				PUBLIC CHARGE: IMPACT ON ESSENTIAL WORKERS WHO ARE IMMIGRANTS
(107) INSTITUTE FOR SUSTAINABLE ECONOMIC EDUCATIONAL AND ENVIRONMENTAL DESIGN 1330 BROADWAY SUITE 300 OAKLAND,CA 94612	90-0777307	501(C)(3)	30,000				STREETWYZE: EXPLORING POTENTIAL PARTNERS FOR SUSTAINABILITY
(108) INSTITUTO FAMILIAR DE LA RAZA 2919 MISSION STREET SAN FRANCISCO,CA 94110	94-2523608	501(C)(3)	110,000				LATINX COVID-19 EMERGENCY COLLABORATION; EVENT SUPPORT FOR INSTITUTO FAMILIAR DE LA RAZA'S CELEBRATION OF DR. ESTELA GARCIAS RETIREMENT
(109) INSURE THE UNINSURED PROJECT 1107 9TH STREET SUITE 1025 SACRAMENTO,CA 95814	27-4159194	501(C)(3)	60,000				INSURE THE UNINSURED PROJECT COVID RESPONSE: INFORMING AND ENGAGING KEY STAKEHOLDERS AND INFLUENCERS
(110) INTERNATIONAL COMMUNITY FOUNDATION 2505 N AVENUE NATIONAL CITY,CA 91950	33-0457858	501(C)(3)	50,000				THE INCIDENCE AND PREVALENCE OF SARS-COV-2 IN BAJA CALIFORNIA
(111) INTEGRATED HEALTHDATA SYSTEMS INC 2205 N MEADOWS AVENUE MANHATTAN BEACH,CA 90266	95-3825995		24,500				EFFECTS OF THE COVID-19 EPIDEMIC ON HEALTH INSURANCE COVERAGE AND HOSPITAL UTILIZATION AND REVENUE IN CALIFORNIA
(112) INTREPID ASCENT LLC 2120 UNIVERSITY AVE STE 722 BERKELEY,CA 94704	46-4484811		398,600				COORDINATING EFFORTS ON SOCIAL SERVICE REFERRALS IN CALIFORNIA; LANDSCAPE OF REGIONAL DATA EXCHANGE ACTIVITIES IN CALIFORNIA
(113) IPSOS PUBLIC AFFAIRS LLC 360 PARK AVENUE SOUTH 17TH FL NEW YORK,NY 10010	52-2073631		73,300				SPRING 2020 RAPID RESPONSE POLLING
(114) IQ 360 1000 BISHOP STREET SUITE 500 HONOLULU,HI 96813	27-3308484		51,018				KEEP YOUR BENEFITS COMMUNICATIONS CAMPAIGN
(115) JDRF INTERNATIONAL 200 VESEY STREET 28TH FLOOR NEW YORK,NY 10281	23-1907729	501(C)(3)	10,000				IMPROVE THE AVAILABILITY OF, AND ACCESS TO, HEALTH CARE IN CALIFORNIA, PARTICULARLY IN ITS RESEARCH WORK IN TWO CORE AREAS: CURING TYPE 1 DIABETES AND IMPROVING THE LIVES OF THE PEOPLE BURDENED BY THIS DISEASE.
(116) JEWISH FAMILY SERVICE OF SAN DIEGO JOAN IRWIN JACOBS CAMPUS/TURK FAMILY CTR 8804 BALBOA AVE SAN DIEGO,CA 92123	95-1644024	501(C)(3)	65,000				SAN DIEGO RAPID RESPONSE NETWORK (SDRRN) MIGRANT SHELTER SERVICES PROGRAM
(117) KAISER FOUNDATION HEALTH PLAN OF WASHINGTON 1730 MINOR AVENUE SUITE 1600 SEATTLE,WA 98101	91-0511770	501(C)(3)	110,000				CONNECTED CARE ACCELERATOR: FORMATIVE EVALUATION OF THE INNOVATION LEARNING COLLABORATIVE
(118) KQED 2601 MARIPOSA STREET SAN FRANCISCO,CA 941101400	94-1241309	501(C)(3)	20,000				CORE SUPPORT
(119) 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)	155,000				COVID-19 RESPONSE: COMMUNITY HEALTH WORKERS AND PROMOTORES
(120) LATINO COMMUNITY FOUNDATION 235 MONTGOMERY STREET SUITE 1160 SAN FRANCISCO,CA 94104	81-0564400	501(C)(3)	500,000				COVID-19 RESPONSE FUNDING FOR THE LOVE NOT FEAR FUND; COVID-19 PREVENTION AND VACCINATION CAMPAIGN
(121) LEADINGAGE CALIFORNIA FOUNDATION 1315 I STREET SUITE 100 SACRAMENTO,CA 95814	95-2383463	501(C)(3)	25,000				PERSONAL PROTECTIVE EQUIPMENT (PPE) TO COMBAT COVID-19 INFECTION
(122) LEADING RESOURCES INC 1930 N STREET SACRAMENTO,CA 95811	91-1762703		29,650				IMPROVING STRUCTURE AND FUNCTION OF THE CALIFORNIA QUALITY COLLABORATIVE (CQC) STEERING COMMITTEE
(123) LEGAL AID SOCIETY OF SAN MATEO COUNTY 330 TWIN DOLPHIN DR SUITE 123 REDWOOD CITY,CA 94065	94-1451894	501(C)(3)	80,994				PUBLIC CHARGE RISK ASSESSMENT TOOLS
(124) LIFELONG MEDICAL CARE PO BOX 11237 BERKELEY,CA 94712	94-2502308	501(C)(3)	10,000				UC PSYCHIATRIC MENTAL HEALTH NURSE PRACTITIONERS (PMHNP) PLACEMENT SITE STIPEND LIFELONG MEDICAL CARE
(125) LOCAL HEALTH PLANS OF CALIFORNIA 1215 K STREET SUITE 2230 SACRAMENTO,CA 95814	95-4626128	501(C)(6)	24,550				LOCAL HEALTH PLANS OF CALIFORNIA INTEROPERABILITY WORKGROUP; PARTNERING WITH COMMUNITY HEALTH WORKERS AND PROMOTORES IN THE FUTURE OF MEDI-CAL (ADVISORY COUNCIL)
(126) LACUSC MEDICAL CENTER 2010 ZONAL AVENUE OPD BUILDING 4P41 4P41 LOS ANGELES,CA 90026	95-6000927	COUNTY OF LA	49,800				BEHAVIORAL HEALTH INTEGRATION IN PRIMARY CARE: LAC DHS
(127) COUNTY OF LOS ANGELES 500 W TEMPLE STREET LOS ANGELES,CA 90012	95-6000927	COUNTY OF LA	9,817				LOS ANGELES COUNTY COMPREHENSIVE PERINATAL SERVICES PROGRAMS BIRTH EQUITY SUMMIT 2020.
(128) MANATT PHELPS & PHILLIPS LLP ONE EMBARCADERO CENTER 29TH FLOOR SAN FRANCISCO,CA 94111	95-2375841		486,450				EVALUATING THE PAST DECADE OF TECH-INNOVATION IN MEDICAID AND ASSESSING THE NEXT; CALIFORNIA PUBLIC OPTION PAPER; WHY WE NEED BETTER DATA EXCHANGE INFRASTRUCTURE - CRITICAL USE CASES IN CALIFORNIA; COVID-19 LEGAL CHANGES: IMPACT ON BEHAVIORAL HEALTH CARE DELIVERY
(129) MARY ANN LIEBERT INC 140 HUGUENOT STREET 3RD FLOOR NEW ROCHELLE,NY 10801	13-3025783		25,000				A SPECIAL ISSUE OF TELEMEDICINE AND E-HEALTH ON UNDERSERVED POPULATIONS
(130) MARCH OF DIMES INC 1550 CRYSTAL DRIVE SUITE 1300 ARLINGTON,VA 22202	13-1846366	501(C)(3)	29,518				MARCH OF DIMES BIRTH EQUITY EFFORTS: 2021
(131) MATHEMATICA INC PO BOX 2393 PRINCETON,NJ 085432393	22-2112296		99,964				TRANSITIONAL PROGRAM OFFICE TO ACCELERATE GRADUATE MEDICAL EDUCATION EXPANSION IN CALIFORNIA; ISSUE BRIEF BASED ON MATHEMATICA'S EVALUATIONS OF LANDMARK'S CARE COORDINATION SERVICES IN THE CALIFORNIA MEDI-CAL MANAGED CARE SETTING
(132) MEDTECH COLOR 16844 MARGATE ST ENCINO,CA 91436	83-0543603	501(C)(3)	25,000				MEDTECH COLOR PITCH COMPETITION SPONSORSHIP
(133) MEDICAL BOARD OF CALIFORNIA CALIFORNIA DEPT OF CONSUMER AFFAIRS 1625 N MARKET BLVD S-103 SACRAMENTO,CA 95834	68-0306572	MBC	75,000				LICENSED PHYSICIANS FROM MEXICO PILOT PROGRAM
(134) MEDIA IMPACT FUNDERS INC 200 WEST WASHINGTON SQUARE STE 220 PHILADELPHIA,PA 19106	26-1948166	501(C)(3)	7,500				2021 MEMBERSHIP
(135) MILLIMAN INC 650 CALIFORNIA ST 21ST FLOOR SAN FRANCISCO,CA 94108	91-0675641		25,000				THE IMPACT OF COVID-19 ON HEALTH CARE UTILIZATION IN CALIFORNIA: AN EARLY LOOK AT CLAIMS DATA
(136) MIRROR GROUP LLC 3851 NEWARK STREET NW B458 WASHINGTON,DC 20016	82-2143504		15,000				EVALUATION OF ANTI-RACISM TRAINING FOR COHORT 18
(137) MISSION CITY COMMUNITY NETWORK INC 8527 SEPULVEDA BLVD NORTH HILLS,CA 91343	95-4226189	501(C)(3)	40,000				CONNECTED CARE ACCELERATOR - INFRASTRUCTURE AND SPREAD
(138) MISSION INVESTORS EXCHANGE INC 105 W 86TH STREET 358 NEW YORK,NY 10024	47-5593271	501(C)(3)	9,000				2021-2022 MEMBERSHIP
(139) MIXTECO INDIGENA COMMUNITY ORGANIZING PROJECT 520 W FIFTH STREET SUITE F OXNARD,CA 93030	30-0045901	501(C)(3)	10,000				VIDEOCONFERENCING CAPABILITY TO COMMUNITY BASED ORGANIZATIONS
(140) 2020 MOM 5042 WILSHIRE BLVD SUITE 31842 LOS ANGELES,CA 90036	45-5009704	501(C)(3)	10,000				2020 MOM'S ANNUAL FORUM, 2021
(141) MORNINGSIDE PRIMARY CARE MEDICAL CENTER 617 W MANCHESTER AVE LOS ANGELES,CA 90044	95-4717163	501(C)(3)	40,000				CONNECTED CARE ACCELERATOR - INFRASTRUCTURE AND SPREAD TRACK
(142) ICAHN SCHOOL OF MEDICINE AT MOUNT SINAI 55 WEST 125TH STREET SUITE 1302 NEW YORK,NY 10027	13-6171197	501(C)(3)	200,000				RAPID DEPLOYMENT OF PALLIATIVE CARE AT THE FRONT LINES: AN AGILE RESPONSE TO COVID-19
(143) MOVEMENT STRATEGY CENTER 436 14TH STREET SUITE 500 OAKLAND,CA 94612	20-1037643	501(C)(3)	15,000				2021 MEMBERSHIP TO BAY AREA JUSTICE FUNDERS NETWORK
(144) NAMI CALIFORNIA 1851 HERITAGE LANE SUITE 150 SACRAMENTO,CA 95815	94-2676057	501(C)(3)	10,000				GENERAL SUPPORT, AND ITS WORK TO IMPROVE MENTAL HEALTH SUPPORT AND SERVICES FOR ALL CALIFORNIANS.
(145) NAMI SAN MATEO COUNTY 2755 CAMPUS DRIVE SUITE 210 SAN MATEO,CA 94403	94-2650681	501(C)(3)	15,000				NAMI SAN MATEO WARMLINE
(146) NARRATIVE NATION INC 82-155 COUNTRY POINT CIRCLE BELLROSE MANOR,NY 11427	82-3760872	501(C)(3)	112,175				LAUNCHING A BLACK BIRTHING JOY PODCAST SERIES; PILOT TO COLLECT AND SHARE BLACK MATERNITY CARE AND BIRTH EXPERIENCES WITH CONSUMERS & PROVIDERS
(147) NATIONAL ACADEMY OF SCIENCES INSTITUTE OF MEDICINE 500 5TH STREET NW WASHINGTON,DC 20001	53-0196932	501(C)(3)	50,000				NATIONAL ACADEMY OF MEDICINE'S LEADERSHIP CONSORTIUM FOR A VALUE & SCIENCE-DRIVEN HEALTH SYSTEM
(148) NATIONAL QUALITY FORUM 1099 14TH STREET NW SUITE 500 WASHINGTON,DC 20005	52-2175544	501(C)(3)	39,400				2021-2022 MEMBERSHIP
(149) NATIONAL HEALTH FOUNDATION 2338 1801 W OLYMPIC BLVD PASADENA,CA 911992338	23-7314808	501(C)(3)	14,743				LOS ANGELES-FOCUSED PLANNING GRANT TO SCOPE WHAT'S NEEDED TO PROVIDE MEDICAL RESPITE AS AN IN-LIEU-OF-SERVICE
(150) NATIONAL ASSOCIATION OF HEALTH DATA ORGANIZATIONS 965 E CENTER ST PROVO,UT 846063535	52-1563768	501(C)(3)	10,000				ANNUAL CONFERENCE, 2020
(151) NATIONAL MEDICAL FELLOWSHIPS INC 12 EAST 46TH ST SUITE 5E NEW YORK,NY 10016	01-0963657	501(C)(3)	10,000				PRIMARY CARE LEADERSHIP PROGRAM SCHOLARS AT LA CLINICA DE LA RAZA
(152) NATIONAL MINORITY QUALITY FORUM INC 1201 15TH STREET NW SUITE 340 WASHINGTON,DC 20005	31-1750942	501(C)(3)	5,865				ANALYSIS OF THE QUALITY OF MEDI-CAL FEE-FOR-SERVICE CLAIMS AND MANAGED CARE DATA
(153) NATIONAL COUNCIL FOR BEHAVIORAL HEALTH 1400 K STREET NW SUITE 400 WASHINGTON,DC 20005	23-7092671	501(C)(3)	15,000				GENERAL SUPPORT FOR COVID RESPONSE
(154) NATIONAL OPINION RESEARCH CENTER 55 EAST MONROE ST CHICAGO,IL 60603	36-2167808	501(C)(3)	451,925				ANNUAL CHCF CALIFORNIA STATEWIDE HEALTH POLICY POLL; LISTENING TO LOW-INCOME CALIFORNIANS; TELLING THE STORY OF CALIFORNIA WORKERS ON MEDI-CAL
(155) NORTHEASTERN RURAL HEALTH CLINICS 1850 SPRING RIDGE DRIVE SUSANVILLE,CA 96130	94-2492609	501(C)(3)	40,000				CONNECTED CARE ACCELERATOR - INFRASTRUCTURE AND SPREAD
(156) NORTHERN CALIFORNIA GRANTMAKERS 160 SPEAR STREET SUITE 360 SAN FRANCISCO,CA 94105	94-2761355	501(C)(3)	35,000				2021-2022 MEMBERSHIP
(157) OFFICE OF SYSTEMS INTEGRATION 2495 NATOMAS PARK DR 640 SACRAMENTO,CA 95833	36-4577241	OSI	25,000				CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY (CHHSA) VIRTUAL DATA EXPO, 2020
(158) OLIVE VIEW-UCLA EDUCATION AND RESEARCH INSTITUTE INC 14445 OLIVE VIEW DRIVE SYLMAR,CA 91342	95-2249539	501(C)(3)	100,000				FORMATIVE EVALUATION OF LA COUNTY SOCIAL DETERMINANTS OF HEALTH INTEGRATION PROJECT
(159) PACIFIC BUSINESS GROUP ON HEALTH 275 BATTERY STREET SUITE 480 SAN FRANCISCO,CA 94111	94-3093623	501(C)(3)	237,216				PRIMARY CARE PRACTICE TRANSFORMATION: REGIONAL IMPROVEMENT THROUGH PLAN ENGAGEMENT; ASSOCIATION HEALTH PLANS IN CALIFORNIA: CURRENT LANDSCAPE AND REGULATORY FRAMEWORK; WEBINAR TO PUBLICIZE FINDINGS OF CALIFORNIA QUALITY COLLABORATIVE'S MULTI-PAYER ALIGNMENT PAPER
(160) PACIFIC HEALTH CONSULTING GROUP 72 OAK KNOLL AVENUE SAN ANSELMO,CA 94960	68-0403180		115,375				EXAMINING MODELS OF MEDICAID REIMBURSEMENT FOR CLINICS PROVIDING CONNECTED HEALTH; SUPPORT FOR HEALTH CARE CLINIC FUNDERS AND TELEHEALTH AFFINITY GROUPS; MEETING SUPPORT FOR CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY (CHHS) BEHAVIORAL HEALTH TASK FORCE, WEST OAKLAND HEALTH CENTER MERGER EXPLORATION
(161) PASCHAL ROTH PUBLIC AFFAIRS INC 1127 11TH STREET SUITE 824 SACRAMENTO,CA 95814	26-3273301		53,132				COORDINATING EFFORTS ON SOCIAL SERVICE REFERRALS IN CALIFORNIA - STATEWIDE MESSAGING AND OUTREACH PLANNING
(162) PEER HEALTH EXCHANGE INC 100 WEBSTER ST SUITE 300 OAKLAND,CA 94607	56-2374305	501(C)(3)	15,000				INNOVATION FUND ADVISORY COMMITTEE GRANT: GENERAL SUPPORT
(163) PROJECT AVARY INC ALTERNATIVE VENTURES FOR AT RISK YOUTH PO BOX 150088 SAN RAFAEL,CA 949150088	68-0433289	501(C)(3)	12,500				GENERAL OPERATING SUPPORT
(164) PROJECT HOPE - THE PEOPLE-TO-PEOPLE HEALTH FOUNDATION 7500 OLD GEORGETOWN ROAD SUITE 600 BETHESDA,MD 208146133	53-0242962	501(C)(3)	395,000				HEALTH AFFAIRS' THEMATIC ISSUE ON BORDERS, IMMIGRATION AND IMMIGRANTS; HEALTH AFFAIRS PERINATAL MENTAL HEALTH PARTIAL THEME ISSUE
(165) PROVIDENCE ST JOSEPH HEALTH FOUNDATION 1801 LIND AVENUE SW NO 9016 RENTON,WA 980573368	94-3078543	501(C)(3)	15,000				ELECTRONIC HEALTH RECORD SUPPORT FOR CHCF GENERALIST PALLIATIVE CARE IN PUBLIC HOSPITALS INITIATIVE
(166) PUBLIC HEALTH ADVOCATES PO BOX 2309 DAVIS,CA 95617	95-4723901	501(C)(3)	220,000				PUBLIC HEALTH'S EQUITY RESPONSE TO COVID; PLANNING GRANT FOR WORK WITH LEAGUE OF CITIES ON HOMELESSNESS
(167) PUBLIC HEALTH INSTITUTE 555 12TH STREET 10TH FLOOR OAKLAND,CA 946074046	94-1646278	501(C)(3)	2,053,664				CA COVID-19 PUBLIC HEALTH CAPACITY BUILDING COLLABORATIVE FUND, REMOTE PATIENT MONITORING LANDSCAPE IN CALIFORNIA MEDI-CAL
(168) PUBLIC POLICY INSTITUTE OF CALIFORNIA 500 WASHINGTON STREET SUITE 600 SAN FRANCISCO,CA 94111	94-3207299	501(C)(3)	80,000				COVID-19 RESPONSIVE HEALTH POLICY RESEARCH PLANNING GRANT; PPIC SPEAKER SERIES ON CALIFORNIA'S FUTURE, 2021
(169) RAFIKI COALITION FOR HEALTH AND WELLNESS 601 CESAR CHAVEZ SAN FRANCISCO,CA 94124	94-3098879	501(C)(3)	50,000				GENERAL OPERATING SUPPORT
(170) RAND CORPORATION 1776 MAIN STREET M4W SANTA MONICA,CA 904072138	95-1958142	501(C)(3)	125,000				CALIFORNIA'S SAFETY NET EXPERIENCE WITH TELEHEALTH DURING COVID-19
(171) REDWOOD COMMUNITY HEALTH COALITION 1310 REDWOOD WAY SUITE 135 PETALUMA,CA 94954	94-3220029	501(C)(3)	47,000				CONSORTIUM ECONSULT PILOT
(172) UNIVERSITY OF CALIFORNIA SAN FRANCISCO 1855 FOLSOM STREET SUITE 425 SAN FRANCISCO,CA 94143	94-6036493	501(C)(3)	594,299				PREGNANCY CORONAVIRUS OUTCOMES REGISTRY; QUALITATIVE STUDY OF COVID-19 SUBSTANCE USE DISORDER (SUD) TREATMENT RULES; SUPPORT UCSF HEALTHFORCE; STRENGTHENING THE CASE FOR PUBLIC HOSP PALLIATIVE CARE SRVS IN RESOURCE-CONSTRAINED TIMES; IMPACT OF LIBERALIZED SUD TREATMENT RULES DURING COVID-19; CHCF HEALTH CARE LEADERSHIP PRGM; CDPH BLACK MATERNAL AND INFANT HEALTH REPORT; SOLVE HEALTH EQUITY SUMMIT; A NOVEL APPROACH TO MEASURING PHYSICIAN SUPPLY IN MEDI-CAL MANAGED CARE; PLANNING GRANT: UNDERSTANDING AND MONITORING PERINATAL MENTAL HEALTH.; IMPACT OF PROP 209 ON CA'S PHYSICIAN WORKFORCE; UC PSYCHIATRIC MENTAL HEALTH NURSE PRACTITIONERS PLACEMENT STIPEND
(173) UNIVERSITY OF CALIFORNIA BERKELEY 200 CALIFORNIA HALL 1500 BERKELEY,CA 94720	94-6002123	501(C)(3)	876,000				USING CALIFORNIA SIMULATION OF INSURANCE MARKETS (CALSIM) TO MODEL HEALTH COVERAGE IN RAPIDLY CHANGING TIMES; PRESERVING MEANINGFUL COVERAGE FOR LOW-MODERATE INCOME CALIFORNIANS; 20TH CONFERENCIA BINATIONAL DE PROMOTORES
(174) UNIVERSITY OF CALIFORNIA DAVIS ONE SHIELDS AVENUE DAVIS,CA 95616	94-6036494	501(C)(3)	50,000				HARDSHIP FUND AT UC DAVIS SCHOOL OF MEDICINE TO PROVIDE SUPPORT FOR RESIDENTS AND FELLOWS INVOLVED IN COVID-19 RESPONSE
(175) UNIVERSITY OF CALIFORNIA LOS ANGELES 405 HILGARD AVENUE LOS ANGELES,CA 90095	95-6006143	501(C)(3)	266,000				ASSESSING END-OF-LIFE CARE IN CALIFORNIA MEDICAID MANAGED CARE PLANS; CALIFORNIA HEALTH INTERVIEW SURVEY: TRACKING AND REPORTING ON COVERAGE AND ACCESS 2019-2020; CALHOPE PHASE 1 EVALUATION OF WEBSITE USE
(176) UNIVERSITY OF CALIFORNIA IRVINE 510 ALDRICH HALL IRVINE,CA 92697	95-2226406	501(C)(3)	80,000				UNIVERSITY OF CALIFORNIA, IRVINE HEALTH CARE FORECAST CONFERENCE, 2021; CONNECTED CARE ACCELERATOR - INFRASTRUCTURE AND SPREAD
(177) RESOURCE IMPACT 1341 G STREET NW FLOOR 5 WASHINGTON,DC 20005	81-2266962	501(C)(3)	50,000				"WE MUST COUNT" COVID-19 DATA CAMPAIGN
(178) ROSENBERG & ASSOCIATES 1901 OLYMPIC BOULEVARD SUITE 200 WALNUT CREEK,CA 94596	68-0278866		64,125				PROJECT MANAGEMENT AND ANALYTICS SUPPORT FOR REFRESHING INNOVATION FUND INVESTMENT STRATEGY; PROJECT MANAGEMENT OF EVALUATION AND SPREAD ACTIVITIES FOR CONCERT HEALTH AND QUARTET; PLANNING GRANT: INCREASING INVESTMENTS IN PRIMARY CARE; CONSULTING SUPPORT FOR MATERNITY CARE FOCUS AREA
(179) SACRAMENTO FOOD BANK & FAMILY SERVICES 3333 THIRD AVENUE SACRAMENTO,CA 95817	94-3315566	501(C)(3)	25,000				GENERAL SUPPORT FOR SACRAMENTO FOOD BANK FOR COVID-19 RESPONSE
(180) SACRAMENTO REGION COMMUNITY FOUNDATION 955 UNIVERSITY AVENUE SUITE 100 SACRAMENTO,CA 95825	94-2891517	501(C)(3)	100,000				COVID-19 RESPONSE FUNDING FOR THE SACRAMENTO REGION DISASTER RELIEF FUND
(181) SAN DIEGO SENIORS COMMUNITY FOUNDATION 626 TARENTO DR SAN DIEGO,CA 92106	81-4910505	501(C)(3)	20,000				HEALTH-RELATED ACTIVITIES AND SUPPORT FOR SAN DIEGO SENIORS
(182) SAN DIEGO STATE UNIVERSITY RESEARCH FOUNDATION 5250 CAMPINILE DR SAN DIEGO,CA 921821931	65-6042721	501(C)(3)	155,000				HEALTH CARE POLICY REPORTING AT KPBS, 2021-2022; COVID-19 RESPONSE GRANT FOR HEALTH CARE POLICY REPORTING
(183) SAN FRANCISCO BUSINESS TIMES 275 BATTERY ST SAN FRANCISCO,CA 94111	43-1366184		20,000				VIRTUAL EVENT - BAY AREA MOVES TO PHASE II: BUSINESS LEADERS TALK RULES FOR RE-ENTRY
(184) SAN FRANCISCO GENERAL HOSPITAL FOUNDATION PO BOX 410836 SAN FRANCISCO,CA 94141	94-3189424	501(C)(3)	10,000				INNOVATION FUND ADVISORY COMMITTEE GRANT: GENERAL SUPPORT
(185) SAN FRANCISCO PUBLIC HEALTH FOUNDATION 1 HALLIDIE PLAZA STE 808 SAN FRANCISCO,CA 94102	94-3117093	501(C)(3)	127,495				COVID-19 RESPONSE: COMMUNITY HEALTH WORKERS AND PROMOTORES; PARTNERING WITH COMMUNITY HEALTH WORKERS AND PROMOTORES IN THE FUTURE OF MEDI-CAL (STAKEHOLDER GROUP)
(186) SAN FRANCISCO STUDY CENTER INC 1663 MISSION STREET SUITE 310 SAN FRANCISCO,CA 94103	94-2168838	501(C)(3)	25,000				DELIVERING COVID-19 PUBLIC HEALTH INFORMATION TO ETHNIC COMMUNITIES
(187) SANTA BARBARA NEIGHBORHOOD CLINICS 414 E COTA ST 1ST FL SANTA BARBARA,CA 93101	77-0496382	501(C)(3)	40,000				CONNECTED CARE ACCELERATOR - INFRASTRUCTURE AND SPREAD
(188) SAN DIEGO AMERICAN INDIAN HEALTH CENTER 2630 FIRST AVENUE SAN DIEGO,CA 92103	95-3397369	501(C)(3)	45,000				CONNECTED CARE ACCELERATOR - INFRASTRUCTURE AND SPREAD
(189) THE SEATTLE FOUNDATION 1601 5TH AVE SUITE 1900 SEATTLE,WA 98101	91-6013536	501(C)(3)	60,000				SUPPORT FOR THE EQUITABLE EVALUATION INITIATIVE; SUPPORT FOR CALIFORNIA FUNDER EQUITABLE EVALUATION COLLABORATORY
(190) SELLERS DORSEY & ASSOCIATES LLC 1635 MARKET STREET SUITE 301 PHILADELPHIA,PA 19103	25-1874383		73,000				DEVELOPING A HEALTH EQUITY ROADMAP FOR MEDI-CAL: PHASE 1
(191) SFMMS COMMUNITY SERVICES FOUNDATION 2720 TAYLOR STREET SUITE 450 SAN FRANCISCO,CA 94133	94-3230890	501(C)(3)	75,000				PERSONAL PROTECTIVE EQUIPMENT (PPE) FOR CALIFORNIA-BASED PHYSICIANS; MEDIA CAMPAIGN FOR SAFE SCHOOL REOPENING IN CALIFORNIA
(192) SIERRA HEALTH FOUNDATION CENTER FOR HEALTH PROGRAM MANAGEMENT 1321 GARDEN HIGHWAY SUITE 210 SACRAMENTO,CA 95833	45-5282243	501(C)(3)	200,000				SUPPORT FOR THE NORTHERN CALIFORNIA COVID-19 RESPONSE FUND AND THE SAN JOAQUIN VALLEY HEALTH FUND COVID-19 RESPONSE CLUSTER.
(193) SIGNAL KEY CONSULTING 874 CORDOVA STREET SAN DIEGO,CA 92107	90-1077050		12,000				A PRACTICAL GUIDE FOR SPREADING COMMUNITY-BASED PALLIATIVE CARE IN THE MEDI-CAL PROGRAM
(194) SLALOM LLC 821 2ND AVENUE SUITE 1900 SEATTLE,WA 98104	84-1246878		249,036				EXECUTION STRATEGY AND ROADMAP - CENTER FOR DATA INSIGHTS AND INNOVATION (CDII)
(195) SLINGSHOT INSIGHTS INC 10 JONES ST SUITE 6E NEW YORK,NY 10014	47-2710810		90,000				PHYSICIAN COVID-19 TRACKING SURVEYS; SURVEYING MDS IN CALIFORNIA ABOUT COVID-19
(196) SOCIAL GOOD FUND INC 12651 SAN PABLO AVENUE SUITE 5473 RICHMOND,CA 94805	46-1323531	501(C)(3)	25,000				GENERAL SUPPORT FOR THE NOCTURNIST'S "BLACK VOICES IN HEALTH CARE" SERIES
(197) SOUTHERN CALIFORNIA GRANTMAKERS 1000 N ALAMEDA STREET SUITE 230 LOS ANGELES,CA 90012	95-2831058	501(C)(3)	177,000				COVID-19 RESPONSE FUNDING - SUPPORT FOR THE BLACK EQUITY COLLECTIVE (COLLECTIVE); 2021-2022 MEMBERSHIP; SCG PUBLIC POLICY CONFERENCE, 2021
(198) SOUTHERN CALIFORNIA PUBLIC RADIO 474 S RAYMOND AVE PASADENA,CA 91105	95-4765734	501(C)(3)	66,250				CORE SUPPORT; MENTAL HEALTH PODCAST SPONSORSHIP
(199) SANTA ROSA COMMUNITY HEALTH CENTERS 3569 ROUND BARN CIRCLE SANTA ROSA,CA 954035781	68-0365296	501(C)(3)	10,000				UC PSYCHIATRIC MENTAL HEALTH NURSE PRACTITIONERS (PMHNP) PLACEMENT SITE STIPEND SANTA ROSA COMMUNITY HEALTH
(200) ST JAMES INFIRMARY 730 POLK ST 4TH FLOOR SAN FRANCISCO,CA 94109	94-3330568	501(C)(3)	12,500				GENERAL OPERATING SUPPORT
(201) ST JOHN'S WELL CHILD AND FAMILY CENTER INC 808 W 58TH STREET LOS ANGELES,CA 90037	95-4067758	501(C)(3)	40,000				CONNECTED CARE ACCELERATOR - INFRASTRUCTURE AND SPREAD
(202) SWIPE OUT HUNGER 800 WILSHIRE BLVD SUITE 2 LOS ANGELES,CA 90017	45-2038035	501(C)(3)	10,000				INNOVATION FUND ADVISORY COMMITTEE GRANT: GENERAL SUPPORT
(203) TEACHERS FOR HEALTHY KIDS 1415 L STREET SUITE 870 SACRAMENTO,CA 95814	47-3697525	501(C)(3)	25,000				TELEHEALTH AND SCHOOLS AS HEALTH CARE HUB
(204) THE CLINIC INC 3860 W MARTIN LUTHER KING BLVD LOS ANGELES,CA 90008	23-7351622	501(C)(3)	40,000				CONNECTED CARE ACCELERATOR - INFRASTRUCTURE AND SPREAD
(205) THE MAVEN PROJECT 1375 SUTTER STREET SUITE 105 SAN FRANCISCO,CA 94115	46-5370676	501(C)(3)	30,000				GENERAL SUPPORT
(206) TIBURCIO VASQUEZ HEALTH CENTER INC 22331 MISSION STREET HAYWARD,CA 94541	23-7118361	501(C)(3)	43,750				CONNECTED CARE ACCELERATOR - INFRASTRUCTURE AND SPREAD; PARTNERING WITH COMMUNITY HEALTH WORKERS AND PROMOTORES IN THE FUTURE OF MEDI-CAL (STAKEHOLDER GROUP)
(207) TIDES FOUNDATION 1014 TORNEY AVENUE SAN FRANCISCO,CA 941290907	51-0198509	501(C)(3)	250,000				COVID-19 RESPONSE FUNDING FOR THE CALIFORNIA IMMIGRANT RESILIENCE FUND
(208) TIDES CENTER 1438 WEBSTER STREET SUITE 101 OAKLAND,CA 94612	94-3213100	501(C)(3)	2,602,036				CONNECTED CARE ACCELERATOR; PLANNING GRANT: ADVANCING PRIMARY CARE THROUGH BEHAVIORAL HEALTH INTEGRATION - PLANNING A COLLABORATIVE; BEHAVIORAL HEALTH INTEGRATION PROJECT (BHIP): PLANNING & EQUITY FOCUS DEVELOPMENT GRANT; PALLIATIVE CARE DELIVERY BEYOND THE COVID ERA: CONSIDERING THE FUTURE OF VIRTUAL CARE
(209) TRADEOFFS INC 424 SOUTH 47TH STREET PHILADELPHIA,PA 19143	83-4075323	501(C)(3)	75,000				WORKFORCE COVERAGE BY THE TRADEOFFS PODCAST; TRADEOFFS SEASON 2
(210) UC DAVIS FOUNDATION 202 COUSTEAU PLACE SUITE 185 DAVIS,CA 95618	94-6081352	501(C)(3)	20,000				BETTY IRENE MOORE SCHOOL OF NURSING AT UC DAVIS SCHOLARSHIP PROGRAM
(211) THE UCLA FOUNDATION 10889 WILSHIRE BLVD SUITE 1100 LOS ANGELES,CA 90024	95-2250801	501(C)(3)	98,000				UCLA LATINO POLICY & POLITICS INITIATIVE'S EFFORTS TO EXPAND HEALTH ACCESS FOR LINGUISTICALLY AND MEDICALLY UNDERSERVED CALIFORNIANS; UCLA FIELDING SCHOOL OF PUBLIC HEALTH; UCLA LUSKIN SCHOOL OF PUBLIC AFFAIRS
(212) UNIVERSITY OF CALIFORNIA SAN FRANCISCO FOUNDATION 220 MONTGOMERY ST 5TH FLOOR SAN FRANCISCO,CA 94104	94-2829914	501(C)(3)	175,000				GLOBALLY REDUCE ADVERSE CHILDHOOD EXPERIENCES (GRACE) INITIATIVE; UCSF LATINX CENTER OF EXCELLENCE (LCOE) AND COVID-19
(213) UNIVERSITY OF LA VERNE 1950 THIRD STREET LA VERNE,CA 91750	95-1644026	501(C)(3)	30,000				COLLEGE OF HEALTH AND COMMUNITY WELLBEING INNOVATION FUND
(214) UNITED STATES OF CARE CAMPAIGN 1110 VERMONT AVE SUITE 950 WASHINGTON,DC 20005	82-2860302	501(C)(3)	100,000				GENERAL SUPPORT: COVID-19 RESPONSE GRANT
(215) UNIVERSITY OF SOUTHERN CALIFORNIA OFFICE OF RESEARCH 3720 SOUTH FLOWER STREET SUITE 325 LOS ANGELES,CA 900894019	95-1642394	501(C)(3)	138,000				WORKING WITH HOLLYWOOD TO SUPPORT BLACK BIRTH EQUITY AND PERINATAL MENTAL HEALTH; ACCURATE PORTRAYAL OF ADDICTION AND MENTAL HEALTH; CENTER FOR HEALTH JOURNALISM CORE ACTIVITIES
(216) UNIVERSITY OF WASHINGTON 4333 BROOKLYN AVE NE BOX 359472 SEATTLE,WA 981959472	91-6001537	UW	35,000				COLLABORATIVE CARE LITERATURE REVIEW
(217) UNIVERSITY OF WASHINGTON FOUNDATION BOX 351210 407 GERBERDING HALL SEATTLE,WA 981951210	94-3079432	501(C)(3)	25,000				INSTITUTE FOR HEALTH METRICS AND EVALUATION'S COVID-19 SPREAD AND SURGE MODELING
(218) THE URBAN INSTITUTE 500 LENFANT PLAZA SW WASHINGTON,DC 200242274	52-0880375	501(C)(3)	100,818				THE CHILLING EFFECTS AND VACCINE ATTITUDES IN CALIFORNIA
(219) VENICE FAMILY CLINIC 604 ROSE AVENUE VENICE,CA 90291	95-2769432	501(C)(3)	30,000				VENICE FAMILY CLINIC AND SOUTH BAY FAMILY HEALTH CARE MERGER
(220) VIRGINIA COMMONWEALTH UNIVERSITY 1101 E MARSHALL ST SANGER HALL ROOM 6030 RICHMOND,VA 23298	54-6001758	VCU	16,274				EVALUATION OF "PILOTING THE USE OF CONSENSUS STANDARDS IN PAYER-PROVIDER CONTRACTS"
(221) VISION Y COMPROMISO 1000 N ALAMEDA ST STE 350 LOS ANGELES,CA 90012	32-0071651	501(C)(3)	170,500				COVID-19 RESPONSE: COMMUNITY HEALTH WORKERS AND PROMOTORES; PROMOTORAS AND COMMUNITY HEALTH WORKERS ANNUAL CONFERENCE, 2020; PARTNERING WITH COMMUNITY HEALTH WORKERS AND PROMOTORES IN THE FUTURE OF MEDI-CAL (ADVISORY COUNCIL & STAKEHOLDER GROUP)
(222) VISTA COMMUNITY CLINIC 1000 VALE TERRACE DRIVE VISTA,CA 920845218	95-2815615	501(C)(3)	40,000				CONNECTED CARE ACCELERATOR - INFRASTRUCTURE AND SPREAD
(223) THE WEST OAKLAND HEALTH COUNCIL 700 ADELINE ST OAKLAND,CA 94607	94-1667294	501(C)(3)	40,000				CONNECTED CARE ACCELERATOR - INFRASTRUCTURE AND SPREAD
(224) WHITE ASH BROADCASTING INC 2589 ALLUVIAL AVE CLOVIS,CA 93611	94-2297746	501(C)(3)	25,750				CORE SUPPORT
(225) WYNNE HEALTH GROUP LLC 5275 S UNIVERSITY BLVD SUITE 900 GREENWOOD VILLAGE,CO 80121	46-1207295		15,000				FEDERAL OPPORTUNITIES AND CHALLENGE FOR CALIFORNIA IN ADVANCING HEALTH POLICY

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . ▶ 179

3 Enter total number of other organizations listed in the line 1 table . . . . ▶ 46

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) ADVANCING THE ROLE OF COMMUNITY HEALTH WORKERS AND PROMOTORES IN THE FUTURE OF MEDI-CAL PROJECT LEAD	1	20,000			
(2) ADVISORY SUPPORT FOR PLANNING CHCF'S PRIMARY CARE INVESTMENT PORTFOLIO	1	8,500			
(3) AFFORDABLE CARE ACT & CALIFORNIA: A PRESENTATION TO THE CALIFORNIA SENATE HEALTH COMMITTEE HEARING MEETING.	1	2,000			
(4) ALMANAC QUALITY METRICS: DEVELOPING AND UPDATING DATA SETS AND HIGH-LEVEL FINDINGS	1	8,100			
(5) ASSESSING OPPORTUNITIES: OLDER ADULTS WITH COMPLEX CARE NEEDS	1	24,825			
(6) CALIFORNIA COVID-19 VACCINATION FOR PEOPLE EXPERIENCING HOMELESSNESS	1	10,000			
(7) CALIFORNIA HEALTH AND HUMAN SERVICES AFFORDABILITY OFFICE INTERNSHIP, SUMMER 2020	1	12,000			
(8) CALIFORNIA HEALTH AND HUMAN SERVICES GENERIC DRUG MANUFACTURING INTERNSHIP, SUMMER 2020	1	12,000			
(9) CALIFORNIA PSYCHIATRIST PIPELINE ANALYSIS	1	12,500			
(10) CALIFORNIA PUBLIC OPTION PAPER	1	7,700			
(11) CALIFORNIA REGIONAL MARKET REPORT WEBINARS	1	34,373			
(12) CALPERS HEALTH CARE TRAINING ACADEMY	1	37,175			
(13) CHCF BIRTH EQUITY ADVISORY GROUP, 2020	2	3,000			
(14) CHCF BIRTH EQUITY ADVISORY GROUP, 2021	5	7,500			
(15) COMMUNITY PARAMEDICINE PROJECT MANAGEMENT GRANT 2021	1	35,000			
(16) COVID-19 & CALIFORNIA'S HEALTH CARE SAFETY NET: RECESSION SCENARIO PLANNING TO INFORM GRANTMAKING	1	25,000			
(17) DIGITAL HEALTH, SOCIAL MEDIA, AND MENTAL WELL-BEING DURING THE COVID-19 PANDEMIC: A SURVEY OF TEENS AND YOUNG ADULTS IN THE UNITED STATES	1	75,000			
(18) ELIGIBLE BUT NOT INSURED: TECHNICAL ASSISTANCE AND PROJECT DEVELOPMENT	1	28,583			
(19) EVALUATION DESIGN FOR THE UC MULTI-CAMPUS PMHNP POST-MASTERS CERTIFICATE PROGRAM	1	60,540			
(20) FUNDRAISING STRATEGY TO ADVANCE GRADUATE MEDICAL EDUCATION (GME) EXPANSION IN CALIFORNIA	1	23,600			
(21) IMPROVING USABILITY OF MEDI-CAL ENROLLEE COMMUNICATIONS	1	81,472			
(22) IMPROVING UTILITY OF THE CALIFORNIA OPIOID OVERDOSE DASHBOARD: IMPLEMENTATION	1	10,000			
(23) INTEROPERABILITY EDUCATION WEBINARS TO SUPPORT COUNTY BEHAVIORAL HEALTH DIRECTORS ASSOCIATION AND CALIFORNIA MENTAL HEALTH SERVICES AUTHORITY	1	6,750			
(24) INTEROPERABILITY STRATEGY AND PLANNING WITH CALIFORNIA SAFETY NET HEALTH PLANS WORKSHOP	1	4,900			
(25) INTEROPERABILITY SUPPORT TO LOCAL HEALTH PLANS OF CALIFORNIA (LHPC) HEALTH PLANS	1	7,500			
(26) LOS ANGELES COUNTY HEALTH CARE INNOVATION BREAKFAST SERIES	1	10,000			
(27) MATERNAL HEALTH OUTCOMES AND BEHAVIORAL HEALTH INTEGRATION: ASSESSMENT OF TECH-ENABLED SOLUTIONS	1	15,000			
(28) PARTNERING WITH COMMUNITY HEALTH WORKERS AND PROMOTORES IN THE FUTURE OF MEDI-CAL (ADVISORY COUNCIL)	1	1,750			
(29) PARTNERING WITH COMMUNITY HEALTH WORKERS AND PROMOTORES IN THE FUTURE OF MEDI-CAL (STAKEHOLDER GROUP)	1	3,750			
(30) PLANNING AND FEASIBILITY: STRENGTHENING L.A. CARE PALLIATIVE CARE CAPABILITIES	2	25,613			
(31) PLANNING GRANT FOR PSYCHIATRIC-MENTAL HEALTH NURSE PRACTITIONER (PMHNP) STRATEGY WORK	1	4,725			
(32) PODCAST ON SERIOUS ILLNESS AND END-OF-LIFE ISSUES: PROTOTYPE	1	8,500			
(33) PROJECT MANAGEMENT FOR CALIFORNIA HEALTH CARE ALMANAC	1	9,900			
(34) PROJECT MANAGEMENT FOR LAUNCH OF TELEHEALTH PROJECT	1	25,000			
(35) PROJECT MANAGEMENT SUPPORT FOR MODERNIZING PAYMENT TO FEDERAL QUALIFIED HEALTH CENTERS (FQHCS): PLANNING GRANTS TO ACCELERATE ACTION	1	18,125			
(36) RESEARCH & TECHNICAL ASSISTANCE: FINAL PUBLIC CHARGE RULE PHASE 2	1	800			
(37) RESEARCH OF SURVEY TOOL	1	1,750			
(38) STRENGTHENING THE CASE FOR PUBLIC HOSPITAL PALLIATIVE CARE SERVICES IN RESOURCE-CONSTRAINED TIMES	3	10,445			
(39) SUBJECT MATTER EXPERT ON CHCF'S COMMUNITY HEALTH WORKER/PROMOTORES WORK	1	1,750			
(40) SUBSTANCE USE DISORDERS (SUD) TREATMENT FOR YOUNG ADULTS IN CALIFORNIA: A LANDSCAPE ASSESSMENT	1	66,750			
(41) TELEHEALTH INITIATIVE PROJECT MANAGEMENT	1	34,600			
(42) TRENDS IN EMERGENCY DEPARTMENT UTILIZATION AND CAPACITY IN CALIFORNIA, 2009-2019	1	5,000			
(43) UC MULTI-CAMPUS PSYCHIATRIC MENTAL HEALTH NURSE PRACTITIONER (PMHNP) POST-MASTERS CERTIFICATE PROGRAM: SUSTAINABILITY PLANNING	1	48,960			
(44) UC PSYCHIATRIC MENTAL HEALTH NURSE PRACTITIONERS (PMHNP) PLACEMENT SITE STIPEND - PATHWAYS TO WELLNESS	1	10,000			
(45) UNDERSTANDING DISCONTINUOUS MEDI-CAL ENROLLMENT: PROJECT DEVELOPMENT, MANAGEMENT AND TECHNICAL ASSISTANCE	1	391			
(46) UNDERSTANDING EVIDENCE AND OPPORTUNITIES FOR PROVIDER EDUCATION AND ENGAGEMENT IN PALLIATIVE CARE	1	21,000			
(47) VIDEOS OF RESPONDENTS THAT HAVE TAKEN THE CHCF SURVEY OF LOW-INCOME CALIFORNIANS	1	4,600			
(48) VIDEOS OF PEOPLE WITH CO-OCCURRING SUBSTANCE USE DISORDER AND MENTAL ILLNESS	1	34,100			
(49) WORKING CALIFORNIANS ON MEDI-CAL	1	15,157			

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

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization
CALIFORNIA HEALTHCARE FOUNDATION

Employer identification number
95-4523231

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate 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.			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax idemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e.g., maid, chauffeur, chef)		
b	If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**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 on 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.			
	☑ Compensation committee	☐ Written employment contract		
	☑ Independent compensation consultant	☑ Compensation survey or study		
	☑ Form 990 of other organizations	☑ 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 accured 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**		

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

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

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

(A) Name and Title		**(B)** Breakdown of W-2 and/or 1099-MISC compensation			**(C)** Retirement and other deferred compensation	**(D)** Nontaxable benefits	**(E)** Total of columns (B)(i)-(D)	**(F)** Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable compensation				
1 HERNANDEZ SANDRA PRESIDENT & C.E.O.	**(i)**	641,218	0	660	51,700	45,868	739,446	0
	(ii)	0	0	0	0	0	0	0
2 ZIEGLER CRAIG VP FIN, ADMIN, INVESTS/TREAS & SEC	**(i)**	387,370	0	3,310	50,675	37,938	479,293	0
	(ii)	0	0	0	0	0	0	0
3 CARTER KARA SENIOR VP OF PROGRAMS	**(i)**	370,027	0	860	38,845	23,775	433,507	0
	(ii)	0	0	0	0	0	0	0
4 BUCKLEY MELISSA PROGRAM DIRECTOR OF INNOVATIONS	**(i)**	286,076	0	910	51,512	41,407	379,905	0
	(ii)	0	0	0	0	0	0	0
5 PERRONE CHRISTOPHER PROGRAM DIRECTOR OF IMPROVING ACCESS	**(i)**	272,097	0	1,091	50,568	14,178	337,934	0
	(ii)	0	0	0	0	0	0	0
6 SCHNEIDERMANN MICHELLE PRGM DIR OF ADV PPL CENTERED CARE	**(i)**	274,913	0	760	42,769	5,303	323,745	0
	(ii)	0	0	0	0	0	0	0
7 SOUTHWICK SUSAN DIRECTOR OF IT	**(i)**	230,603	0	1,093	42,320	17,255	291,271	0
	(ii)	0	0	0	0	0	0	0
8 READER CHARLES CHIEF TALENT OFFICER	**(i)**	249,885	0	860	20,249	11,461	282,455	0
	(ii)	0	0	0	0	0	0	0

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 8 EMPLOYEES FOR CELL PHONES ALLOWANCE ($5,280). 2. PAYMENTS TO 4 EMPLOYEES FOR PARTICIPATION IN THE FOUNDATION'S WELLNESS PROGRAM ($900). 3. EXCESS SECTION 415 RETIREMENT CONTRIBUTIONS PAID IN CASH TO 2 EMPLOYEE ($2,831). 4. TAXABLE GIFT CARDS TO 3 EMPLOYEE ($532.59).
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.
PART II COLUMN (D), NONTAXABLE BENEFITS:	FIGURES REPORTED IN THIS COLUMN INCLUDE HEALTH AND WELFARE BENEFITS.

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ **Attach to Form 990 or 990-EZ.**
▶ **Go to *www.irs.gov/Form990* for the latest information.**

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization
CALIFORNIA HEALTHCARE FOUNDATION

Employer identification number
95-4523231

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.
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.
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.
FORM 990, PART VI, SECTION C, LINE 19	THE FOUNDATION MAKES ITS FINANCIAL STATEMENTS AND FORM 990 AVAILABLE ON ITS WEBSITE, WWW.CHCF.ORG. FOR 3 YEARS AS SET FORTH IN SEC. 6104(D). GOVERNING DOCUMENTS AND THE CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST.
FORM 990, PART VII, SECTION A:	COMPENSATION OF OFFICERS, DIRECTORS, TRUSTEES, KEY EMPLOYEES, ETC.: PLEASE REFER TO SCHEDULE J FOR ADDITIONAL DETAIL REGARDING COMPENSATION.

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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* for instructions and the latest information.**

OMB No. 1545-0047

2020

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	524,138	49,853,282	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	(g) 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) Disproprtionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1) MAKENA FIXED INCOME FUND LP 2755 SAND HILL ROAD STE 200 MENLO PARK, CA 94025 26-1718692	INVESTMENT	DE	CALIFORNIA HEALTHCARE FOUNDATION	EXCLUDED	220,026	43,582,462		No			No	91.810 %

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	(i) 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.

			Yes	No
1	During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a	Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity	1a	Yes	
b	Gift, grant, or capital contribution to related organization(s)	1b		No
c	Gift, grant, or capital contribution from related organization(s)	1c		No
d	Loans or loan guarantees to or for related organization(s)	1d		No
e	Loans or loan guarantees by related organization(s)	1e		No
f	Dividends from related organization(s)	1f	Yes	
g	Sale of assets to related organization(s)	1g		No
h	Purchase of assets from related organization(s)	1h		No
i	Exchange of assets with related organization(s)	1i		No
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		No
l	Performance of services or membership or fundraising solicitations for related organization(s)	1l		No
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
o	Sharing of paid employees with related organization(s)	1o		No
p	Reimbursement paid to related organization(s) for expenses	1p		No
q	Reimbursement paid by related organization(s) for expenses	1q		No
r	Other transfer of cash or property to related organization(s)	1r		No
s	Other transfer of cash or property from related organization(s)	1s	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	F	220,026	CASH
(2) MAKENA FIXED INCOME FUND LP	S	35,500,000	CASH

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate 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		Yes	No	

Part VII Supplemental Information

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

Return Reference	Explanation

Additional Data

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