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

2022

Open to Public Inspection

A For the 2022 calendar year, or tax year beginning 04-01-2022 , and ending 03-31-2023

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

C Name of organization
CALIFORNIA HEALTHCARE FOUNDATION

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) | Room/suite
1438 WEBSTER ST 400

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 $ 162,834,755

F Name and address of principal officer:
TIE KIM
1438 WEBSTER ST 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**	11
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	10
5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)	**5**	69
6	Total number of volunteers (estimate if necessary)	**6**	1
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	3,725,550
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	**7b**	3,304,718

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	0	0
9	Program service revenue (Part VIII, line 2g)	533,971	556,420
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	75,626,019	16,294,820
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	565,418	792,411
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	76,725,408	17,643,651
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	38,605,606	41,648,168
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)	14,458,266	16,320,690
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)	10,732,399	6,619,384
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	63,796,271	64,588,242
19	Revenue less expenses. Subtract line 18 from line 12	12,929,137	-46,944,591

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	962,705,535	833,926,666
21	Total liabilities (Part X, line 26)	8,821,641	7,472,051
22	Net assets or fund balances. Subtract line 21 from line 20	953,883,894	826,454,615

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: 2024-02-15

TIE KIM 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 ▶ 60 SO MARKET ST STE 200
SAN JOSE, CA 95113 — Phone no. (408) 998-8400

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 $ 17,074,928 including grants of $ 14,750,200) (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.

4b (Code:) (Expenses $ 16,567,297 including grants of $ 14,671,468) (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.

4c (Code:) (Expenses $ 13,506,206 including grants of $ 10,726,500) (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.

(Code:) (Expenses $ 9,073,894 including grants of $ 1,500,000) (Revenue $ 556,420)

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 $ 9,073,894 including grants of $ 1,500,000) (Revenue $ 556,420)

4e **Total program service expenses** ▶ 56,222,325

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 Rev. Proc. 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	Yes	
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 the 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 line 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 on 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	163		
b	Enter the number of Forms W-2G included on 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**	69		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			**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? If "Yes," see instructions and file Form 4720, Schedule N.			**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
17	**Section 501(c)(21) organizations.** Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.			**17**	

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**	11		
b	Enter the number of voting members included in line 1a, above, who are independent	**1b**	10		
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 on 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 on 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 on 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 ▶ C A

18 Section 6104 requires an organization to make its Form 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 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: ▶TIE KIM 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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee;	Officer	Key employee	Highest compensated employee	Former			
(1) AGUILAR-GAXIOLA SERGIO A BOARD MEMBER	3.00	X						30,000	0	0
(2) AUGUSTINOS NICHOLAS BOARD MEMBER	3.00	X						31,000	0	0
(3) CARLISLE DAVID MURRAY BOARD MEMBER	3.00	X						29,000	0	0
(4) ESCOBAR ZOILA DALIA BOARD MEMBER	3.00	X						26,000	0	0
(5) GIBBONEY ELIZABETH BOARD MEMBER	3.00	X						0	0	0
(6) GROSS DANIEL L BOARD MEMBER (TERM ENDED FY 22-23)	3.00	X						10,750	0	0
(7) JONES MARC E BOARD MEMBER (TERM ENDED FY 22-23)	3.00	X						32,000	0	0
(8) LINDSAY MELVIN BOARD MEMBER (TERM STARTED FY 22-23)	3.00	X						0	0	0
(9) NGUYEN LOUIE BOARD MEMBER (TERM STARTED FY 22-23)	3.00	X						0	0	0
(10) O'KEEFE LYNNE CHOU BOARD MEMBER	3.00	X						29,000	0	0
(11) LARET MARK BOARD MEMBER	3.00	X						23,250	0	0
(12) REYES CAROLYN BOARD MEMBER	3.00	X						39,000	0	0
(13) HERNANDEZ SANDRA PRESIDENT & C.E.O	45.00	X		X				701,867	0	105,353
(14) ZIEGLER CRAIG VP FIN-ADM-INV/SEC&TRS(TILL 5/16/22)	45.00			X				505,210	0	59,818
(15) KIM TIE VP FIN-ADM-INV/TREAS (EFF. 5/16/22)	45.00			X				257,713	0	63,687
(16) CARTER KARA SR VP PGRMS & SEC.(SEC. EFF 5/16/22)	45.00			X				423,157	0	75,158
(17) BUCKLEY MELISSA PROGRAM DIRECTOR OF INNOVATIONS	45.00					X		307,411	0	102,790

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) Individual trustee or director	Institutional Trustee;	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
(18) SCHNEIDERMANN MICHELLE PRG DIR-ADVANCING PEOPLE CNTR'D CARE	45.00					X		302,901	0	60,037
(19) PERRONE CHRISTOPHER PROGRAM DIRECTOR OF IMPROVING ACCESS	45.00					X		296,795	0	73,437
(20) READER CHARLES CHIEF TALENT OFFICER	45.00					X		290,059	0	46,079
(21) SHEWRY SANDRA VP OF EXTERNAL ENGAGEMENT	45.00					X		315,543	0	37,474

1b Sub-Total . . . . . ▶			
c Total from continuation sheets to Part VII, Section A . . ▶			
d Total (add lines 1b and 1c) . . . . . ▶	3,650,656	0	623,833

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 ▶ 5 3

		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	4,059,972
L FISHER ASSOCIATES LLC 427 BEACON RIDGE BLVD CHAPEL HILL, NC 27516	RECRUITING SERVICES	170,536
FORUM ONE COMMUNICATIONS CORP 6140 S GUN CLUB RD K6 153 AURORA, CO 80016	WEBSITE HOSTING AND MAINTENANCE	112,065

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 ▶ 3

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 OtherAmt 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	900003	556,420	556,420	
b				
c				
d				
e				
f All other program service revenue.				
g **Total.** Add lines 2a–2f. . . . . ▶	556,420			
3 Investment income (including dividends, interest, and other similar amounts)		-67,182	1,107,776	-1,174,958
4 Income from investment of tax-exempt bond proceeds ▶				
5 Royalties . . . . . ▶		7,254		7,254

		(i) Real	(ii) Personal				
6a Gross rents	6a	2,398,853					
b Less: rental expenses	6b	1,613,696					
c Rental income or (loss)	6c	785,157					
d Net rental income or (loss) . . . . . ▶				785,157			785,157

		(i) Securities	(ii) Other				
Other Revenue 7a Gross amount from sales of assets other than inventory	7a	157,321,635	2,617,775				
b Less: cost or other basis and sales expenses	7b	143,577,408	0				
c Gain or (loss)	7c	13,744,227	2,617,775				
d Net gain or (loss) . . . . . ▶				16,362,002		2,617,774	13,744,228
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 . . ▶							
		Business Code					
11a							
b							
OtherRevenueMiscAmt c							
d All other revenue							
e **Total.** Add lines 11a–11d . . . . . ▶							
12 **Total revenue.** See instructions . . . . ▶				17,643,651		556,420	3,725,550	13,361,681

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	39,094,141	39,094,141		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	2,554,027	2,554,027		
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	2,223,759	695,329	1,528,430	
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	10,390,944	8,676,586	1,714,358	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,469,244	1,222,248	246,996	
9 Other employee benefits	1,487,303	1,136,024	351,279	
10 Payroll taxes	749,440	593,011	156,429	
11 Fees for services (non-employees):				
a Management				
b Legal	72,057	40,343	31,714	
c Accounting	89,676		89,676	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	3,276,292		3,276,292	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	937,766	508,145	429,621	
12 Advertising and promotion				
13 Office expenses	175,308	142,002	33,306	
14 Information technology	304,002	245,793	58,209	
15 Royalties				
16 Occupancy	128,093	107,849	20,244	
17 Travel	397,548	223,393	174,155	
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	70,373	56,861	13,512	
23 Insurance	119,536	95,895	23,641	
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)	430,652	430,652	0	
b STAFF PROF DEVELOPMENT	227,330	73,697	153,633	
c PRI INTEREST DISCOUNT &	148,039	148,039	0	
d UBI TAX	35,518	0	35,518	
e All other expenses	207,194	178,290	28,904	
25 **Total functional expenses.** Add lines 1 through 24e	64,588,242	56,222,325	8,365,917	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		1,362,420	1	101,185
	2	Savings and temporary cash investments		7,716,448	2	6,797,872
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		285,709	4	348,049
	5	Loans and other receivables from 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		509,973	9	580,884
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 50,055,527			
	b	Less: accumulated depreciation	10b 1,250,064	48,982,495	10c	48,805,463
	11	Investments—publicly traded securities			11	
	12	Investments—other securities. See Part IV, line 11		893,434,986	12	765,062,076
	13	Investments—program-related. See Part IV, line 11		9,173,984	13	10,971,282
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		1,239,520	15	1,259,855
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)		962,705,535	16	833,926,666
Liabilities	17	Accounts payable and accrued expenses		2,218,053	17	3,002,537
	18	Grants payable		6,603,588	18	3,972,782
	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		0	25	496,732
	26	**Total liabilities.** Add lines 17 through 25		8,821,641	26	7,472,051
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		953,883,894	27	826,454,615
	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		953,883,894	32	826,454,615
	33	Total liabilities and net assets/fund balances		962,705,535	33	833,926,666

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	17,643,651
2	Total expenses (must equal Part IX, column (A), line 25)	2	64,588,242
3	Revenue less expenses. Subtract line 2 from line 1	3	-46,944,591
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	953,883,894
5	Net unrealized gains (losses) on investments	5	-80,648,722
6	Donated services and use of facilities	6	-9,256
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	173,290
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column	10	826,454,615

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 on 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 Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	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

2022

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	42,385,545			42,385,545
c Leasehold improvements	1,514,455	56,789	42,513	1,528,731
d Equipment		118,496	76,232	42,264
e Other		1,220,242	1,131,319	88,923
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* . . ▶				48,805,463

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	46,214,994	F
(B) MULTI-ASSET CLASS COMMINGLED FUNDS	589,928,015	F
(C) FIXED INCOME COMMINGLED GLOBAL FUND	128,156,833	F
(D) GLOBAL EQUITY POOLED FUNDS	75,591	F
(E) ABSOLUTE RETURN FUNDS	686,643	F
(E)		
(F)		
(G)		
(H)		
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 12.)* ▶	765,062,076	

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

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

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* ▶	

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 25.)* ▶	496,732

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

2022

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		150,305,651
(2)	EUROPE (INCLUDING ICELAND & GREENLAND) -	0	0	INVESTMENTS		106,003
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
(10)						
(11)						
(12)						
(13)						
(14)						
(15)						
(16)						
(17)						
3a	Sub-total	0	0			150,411,654
b	Total from continuation sheets to Part I . . .	0	0			0
c	**Totals** (add lines 3a and 3b)	0	0			150,411,654

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:

Report of Foreign Bank and Financial Accounts (FBAR)

OMB No. 1545-2038

Department of the Treasury
Financial Crimes Enforcement Network

Form 114

Report of Foreign Bank and Financial Accounts

For the calendar year ended December 31, 2024

Privacy Act and Paperwork Reduction Act Notice

Part I Filer Information

1	Type of filer	2	Individual name or entity name

3	Mailing address	4	City	5	State	6	Zip/Foreign postal code

7	Country code	8	Taxpayer identification number	9	Date of birth

Part II Foreign Financial Accounts

10	11	12	13	14	15	16	17	18	19	20	21
Account number or other designation	Name of financial institution	Type of account	Maximum value of account	Country code	Account was closed	Number of joint owners	Owner's name	Owner's address	City	State	Zip/Foreign postal code

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) 2023 SUPPORT FOR FUNDERS FOR MATERNAL MENTAL HEALTH	1	27,000			
(2) ADAPTING THE CA BRIDGE PROGRAM TO IMPROVE ACCESS TO REPRODUCTIVE HEALTH - PLANNING GRANT	1	30,000			
(3) ADVANCING BLACK HEALTH EQUITY: LISTENING TO BLACK CALIFORNIANS	1	46,838			
(4) ADVANCING THE ALIGNMENT OF STATE HOUSING ACTIVITIES WITH HEALTH CARE OPPORTUNITIES	1	10,710			
(5) ADVANCING THE NURSE PRACTITIONER WORKFORCE IN CALIFORNIA AB890	1	16,481			
(6) ALMANAC QUALITY METRICS UPDATE 2022-2024	1	5,950			
(7) ALMANAC QUALITY METRICS: DEVELOPING AND UPDATING DATA SETS AND HIGH-LEVEL FINDINGS	1	7,800			
(8) AUDIO/VISUAL STORYTELLING PEOPLE EXPERIENCING HOMELESSNESS	2	68,723			
(9) BEHAVIORAL HEALTH IN MEDI-CAL	1	1,000			
(10) BLOG ARTICLES ON LA CARE/HOUSING INTEGRATION PILOTS	1	9,082			
(11) BUSINESS PLANNING SUPPORT FOR MULTICAMPUS POST-MASTER'S PMHNP CONSORTIUM OFFICE	1	31,950			
(12) CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES COMMUNICATIONS: CROSS PROJECT LEARNING	1	17,205			
(13) CALIFORNIA HEALTH INSURERS ENROLLMENT AND MEDICAL LOSS RATIO UPDATE	1	18,900			
(14) CALIFORNIA HEALTH INSURERS, 2021 EDITION & RELATED PRODUCTS	1	26,180			
(15) CHCF BIRTH EQUITY ADVISORY GROUP, 2022	5	7,500			
(16) CHCF SUMMARY BRIEF ON THE 2022 CALIFORNIA HEALTH INFORMATION TECHNOLOGY (IT) LANDSCAPE ASSESSMENT	1	12,353			
(17) CO-FUNDING SUPPORT FOR A MATERNAL MENTAL HEALTH FUNDERS' CIRCLE	1	2,500			
(18) COMMUNICATIONS PROJECT MANAGEMENT-LISTENING TO BLACK CALIFORNIANS	1	50,490			
(19) COMMUNICATIONS SUPPORT FOR CALHHS BEHAVIORAL HEALTH INITIATIVES	1	11,400			
(20) COMMUNITY BASED ORGANIZATION (CBO) STATEWIDE INVENTORY EXPLORATORY PROJECT	1	15,000			
(21) COMMUNITY HEALTH WORKER & PROMOTOR WORKFORCE CHC: EDITING AND COMMUNICATIONS SUPPORT	1	23,100			
(22) COMMUNITY HEALTH WORKER & PROMOTORES CAPACITY BUILDING COLLABORATIVE ADMINISTRATIVE LEAD	1	250,131			
(23) COMMUNITY HEALTH WORKER STATE PLAN AMENDMENT TECHNICAL ASSISTANCE	1	450			
(24) COMPANY PROFILES FOR LONG TERM SERVICES AND SUPPORTS (LTSS) INNOVATION LANDSCAPE	1	26,200			
(25) CONSULTATION TO STATEWIDE ANALYSIS OF END-OF-LIFE METRICS AMONG MEDI-CAL DECEDENTS	2	390			
(26) CONSULTING SUPPORT RELATED TO BUILDING RELATIONSHIPS AND KNOWLEDGE IN LOS ANGELES	1	3,965			
(27) CONTINUOUS COVERAGE UNWINDING IN CALIFORNIA: FEDERAL FLEXIBILITIES AND STATE ACTIONS	1	36,050			
(28) EARLY AND PERIODIC SCREENING DIAGNOSIS AND TREATMENT OUTREACH AND EDUCATION TOOLKIT: CONSUMER RESEARCH	1	188,840			
(29) ECOSYSTEM DEVELOPMENT TO SUPPORT UNDERREPRESENTED FOUNDERS AND INVESTORS IN HEALTH TECH	1	8,300			
(30) ELIGIBILITY AND ENROLLMENT PROJECT MANAGEMENT: 2023	1	7,290			
(31) ELIGIBLE BUT NOT INSURED: TECHNICAL ASSISTANCE AND PROJECT DEVELOPMENT	1	10,268			
(32) EMERGING OPPORTUNITIES FOR THE ADVANCING PRIMARY CARE BODY OF WORK	1	95,663			
(33) ENHANCED CARE MANAGEMENT TRAINING RESOURCES	1	8,160			
(34) ENVIRONMENTAL DASHBOARDS, FY21-22	1	10,325			
(35) EVALUATION DESIGN FOR THE KAISER POPULATION HEALTH MANAGEMENT INITIATIVE	1	67,600			
(36) EVALUATION DESIGN FOR THE UC MULTI-CAMPUS PMHNP POST MASTERS CERTIFICATE PROGRAM	1	59,660			
(37) EXPERT SUPPORT FOR PRIMARY CARE INVESTMENT COORDINATING GROUP	1	16,500			
(38) EXPLAINER: MENTAL HEALTH SERVICES ACT (MHSA) BUDGET RESERVES AND UNSPENT BALANCES	1	15,500			
(39) EXTERNAL REVIEW AND QUALITY ASSURANCE FOR BENCHMARKING OF PRIMARY CARE SPENDING AND CORRELATION WITH OVERALL COST AND QUALITY PERFORMANCE IN MANAGED MEDI-CAL	1	1,400			
(40) FACILITATION SUPPORT FOR HCAI HOSPITAL EQUITY MEASURES ADVISORY COMMITTEE	1	21,820			
(41) GENERALIST PALLIATIVE CARE IN PUBLIC HOSPITALS SUSTAINING THE GAINS	3	42,475			
(42) HEALTH CARE COSTS 101 AND CALIFORNIA HEALTH CARE COSTS	1	28,313			
(43) HEALTH CARE COSTS 101 AND CALIFORNIA HEALTH CARE COSTS	1	38,700			
(44) HEALTH INFORMATION TECHNOLOGY: POTENTIAL FUNDING SOURCES AND TECHNICAL ASSISTANCE NEEDS FOR THE DELIVERY SYSTEM	1	45,000			
(45) HEALTH PROFESSION ASSOCIATIONS - EXPLORATION	1	2,700			
(46) HOMELESSNESS QUICK REFERENCE GUIDE, 2022	1	4,785			
(47) IMPROVING MEDI-CAL PRESUMPTIVE ELIGIBILITY AND ADDRESSING DISCONTINUOUS ENROLLMENT: PROJECT MANAGEMENT	1	73,440			
(48) IMPROVING USABILITY OF MEDI-CAL ENROLLEE COMMUNICATIONS	1	43,824			
(49) INNOVATION FUND SUBJECT MATTER EXPERT AND MENTOR	7	17,500			
(50) INNOVATION LANDSCAPE: VIRTUAL TRAINING FOR HEALTH CARE WORKERS	1	30,000			
(51) LA COUNTY HEALTH CARE LEADER ROUNDTABLES - PHASE 2	1	32,421			
(52) LA COUNTY MANAGED CARE PLAN NEEDS ASSESSMENT SYNTHESIS	1	24,167			
(53) LISTENING TO BLACK CALIFORNIANS COMMUNITY COMMUNICATIONS CAMPAIGN	1	69,000			
(54) LISTENING TO BLACK CALIFORNIANS PHASE II: ISSUE BRIEFS	1	18,000			
(55) MATERNITY CARE IN CALIFORNIA 2023 UPDATE	1	31,500			
(56) MEDICAID AND HOMELESSNESS POLICY CONSULTANT	1	900			
(57) MEDI-CAL COVERAGE EXPANSION: DEVELOPING IMPACT RESEARCH	1	8,550			
(58) MEDI-CAL EXPLAINED: FACT SHEETS	1	18,000			
(59) MEDI-CAL PALLIATIVE CARE TARGETED HEALTH PLAN TECHNICAL ASSISTANCE	2	45,719			
(60) OPINION PIECE FOR LISTENING TO BLACK CALIFORNIANS	1	30,375			
(61) OUTREACH FOR THE DIGNITY IN PREGNANCY AND CHILDBIRTH COURSE BRIEF SUMMARY	1	34,171			
(62) PALLIATIVE CARE IN PUBLIC HOSPITALS SUSTAINING THE GAINS	1	35,289			
(63) PLANNING AND INITIAL DATA REVIEW: LISTENING TO BLACK CALIFORNIANS DATA ON OLDER ADULTS	1	14,088			
(64) PLANNING PHASE: BUILDING CAPACITY OF SAFETY-NET PROVIDERS TO CARE FOR OLDER ADULTS	1	15,500			
(65) PLANNING PROJECT: MEDI-CAL TRAINING PROGRAM FOR SACRAMENTO LEGISLATIVE STAFF AND ADVOCATES	1	24,400			
(66) PROJECT MANAGEMENT DATA EXCHANGE PORTFOLIO	1	34,600			
(67) PROJECT MANAGEMENT FOR CALIFORNIA HEALTH CARE ALMANAC	1	10,230			
(68) PROJECT MANAGEMENT FOR LISTENING TO BLACK CALIFORNIANS PHASE II	1	24,500			
(69) PROJECT MANAGEMENT SUPPORT	1	21,200			
(70) PSYCHIATRIC MENTAL HEALTH NURSE PRACTITIONER VIDEO	1	23,662			
(71) REMOTE PATIENT MONITORING PROJECT EXPLORATION AND DEVELOPMENT	1	7,900			
(72) RESEARCH & TECHNICAL ASSISTANCE: FINAL PUBLIC CHARGE RULE PHASE 2	1	3,975			
(73) SCOPING AND FRAMEWORK FOR AN EVALUATION OF CONTRACT-MODE IN-HOME SUPPORTIVE SERVICES	1	1,875			
(74) STRATEGIC AND SUSTAINABILITY PLANNING SUPPORT FOR CALIFORNIANS FOR THE ADVANCEMENT OF MIDWIFERY (CAM)	1	1,700			
(75) STRATEGY, PLANNING, AND PROJECT MANAGEMENT SUPPORT FOR PALLIATIVE CARE BODY OF WORK	1	7,000			
(76) STREAMLINING REVENUE CYCLE MANAGEMENT FOR ESSENTIAL COMMUNITY PROVIDERS AND COMMUNITY SUPPORT PROVIDERS	1	88,400			
(77) SUBJECT MATTER EXPERT STIPEND - CALIFORNIA MEDI-CAL PMMI EVALUATION DESIGN	3	7,500			
(78) SUPPORT FOR CHCF SEPT 2021 PRM OFFSITE AND FIELD LEARNING ON LEARNING COLLABORATIVES	1	1,819			
(79) SUPPORT FOR WPC COUNTIES NAVIGATING THE TRANSITION TO CALAIM	1	177,306			
(80) SUPPORTING A WRITER FOR A CHAPTER ON PHILANTHROPY IN THE BOOK "PRACTICAL PLAYBOOK III: WORKING TOGETHER TO IMPROVE MATERNAL HEALTH"	1	6,505			
(81) SUPPORTING INDEPENDENT LIVING IN THE COMMUNITY: INNOVATION LANDSCAPE	1	7,750			
(82) TELEHEALTH EXPERIENCE INTERVIEWS PUBLICATION WRITING	1	16,500			
(83) TELEHEALTH INITIATIVE PROJECT MANAGEMENT	1	2,700			
(84) TELEHEALTH VIDEO SERIES	1	32,862			
(85) THE WEALTH OF CA HOSPITALS AND HEALTH SYSTEMS: AN EXAMINATION OF AUDITED FINANCIAL STATEMENTS	2	26,230			
(86) UNDERSTANDING AUDIENCE NEEDS FOR HEALTH CARE COST TRANSPARENCY DATA	1	46,850			
(87) WEBINAR SUPPORT: EFFECTIVE MESSAGING ABOUT THE MEDI-CAL EXPANSION TO OLDER ADULTS	1	5,472			

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.
NAME OF ORGANIZATION OR GOVERNMENT:	CENTER FOR HEALTH CARE STRATEGIES, INC. (H) PURPOSE OF GRANT OR ASSISTANCE: CALAIM POLICY TRACKING AND ANALYSIS; CALAIM EVALUATION FRAMEWORK; PREPARING FOR APM 2.0: AN IMPLEMENTATION GUIDE FOR CALIFORNIA'S HEALTH CENTERS; LEARNING FROM THE EVIDENCE TO INFORM CALAIM IMPLEMENTATION PRACTICES FOR SENIORS AND PEOPLE WITH DISABILITIES; CALIFORNIA MATERNITY CARE POLICY UPDATES: CALIFORNIA ADVANCING AND INNOVATING MEDI-CAL (CALAIM) AND THE 2021-2022 STATE BUDGET; UNDERSTANDING COMMUNITY BASED ORGANIZATIONS NETWORKS: LESSONS FOR CALIFORNIA; ENHANCED CARE MANAGEMENT: ENVIRONMENTAL SCAN FOR SUPPORTING OVERSIGHT AND ACCOUNTABILITY; SCAN OF STATE MEDICAID EFFORTS TO COVER DOULA SERVICES; ENVIRONMENTAL SCAN: IMPLICATIONS OF USING COST/UTILIZATION TO IDENTIFY POPULATIONS OF FOCUS; MEDI-CAL ENROLLEE ADVISORY COMMITTEE: RESEARCH AND DESIGN; EARLY IMPLEMENTATION OF ECM AND CS FOR ADULTS WITH BEHAVIORAL HEALTH CONDITIONS; INSTITUTIONAL LONG-TERM CARE CARVE-IN EARLY IMPLEMENTATION: MEDI-CAL MANAGED CARE PLAN LEARNING COLLABORATIVE; INCORPORATING COMMUNITY-BASED ORGANIZATIONS IN MEDICAID INITIATIVES THAT ADDRESS HEALTH-RELATED SOCIAL NEEDS: EARLY STATE APPROACHES; CALAIM POLICY AND IMPLEMENTATION SYNTHESIS AND ADVISORY BOARD; HEALTH AND RE-ENTRY 101 BRIEF FOR HEALTH CARE STAKEHOLDERS
NAME OF ORGANIZATION OR GOVERNMENT:	UNIVERSITY OF CALIFORNIA, SAN FRANCISCO (H) PURPOSE OF GRANT OR ASSISTANCE: BRIDGING ADMISSIONS HOPE FELLOWSHIP; PRIORITY (PREGNANCY CORONAVIRUS OUTCOMES REGISTRY) VOICE (VISIONING OPPORTUNITIES TO IMPROVE HEALTHCARE AND EQUITY) STUDY; CALIFORNIA DEPARTMENT OF PUBLIC HEALTH (CDPH) BLACK MATERNAL AND INFANT HEALTH REPORT: SUPPORT TO UCSF CENTER FOR HEALTH EQUITY TO COMPLETE REMAINING CRITICAL ACTIVITIES; A STATEWIDE SURVEY OF PEOPLE EXPERIENCING HOMELESSNESS; ASSESSING DIGITAL HEALTH COMPANY EXPERIENCES WITH EHR APIS; CALIFORNIA IMPROVEMENT NETWORK PHASE 8 REDESIGN PLANNING GRANT; CONNECTED CARE ACCELERATOR DATA COLLECTION EXTENSION; STATE OF PRE-MEDICAL SCHOOL ADVISING IN CALIFORNIA'S PUBLIC INSTITUTIONS; RURAL HEALTH LEADERSHIP DEVELOPMENT PLANNING WORK; TOWARDS A MORE DIVERSE NURSE-MIDWIFERY WORKFORCE: SUPPORT FOR THE MENTORING & BELONGING PROGRAM AT CALIFORNIA'S SCHOOLS OF NURSE-MIDWIFERY; CHC HEALTH CARE LEADERSHIP PROGRAM: RENEWAL FOR COHORTS 22-23; CONNECTED CARE ACCELERATOR EQUITY COLLABORATIVE; STRATEGIC PLAN FOR A WORKFORCE DEVELOPMENT DIVISION OF THE DEPARTMENT OF HEALTH CARE ACCESS AND INFORMATION (HCAI), PART I; DIRECT CARE WORKFORCE FACT SHEETS; EVALUATING PREGNANCY POP-UP VILLAGE; CALIFORNIA IMPROVEMENT NETWORK PHASES 8 AND 9 - PROGRAM OFFICE; EVALUATING EMBRACE; TELEHEALTH EVIDENCE REVIEW; NURSING ADVISING RESOURCES; DEVELOPING RESPECTFUL MATERNITY CARE AND PERINATAL MENTAL HEALTH QUESTIONS FOR THE MATERNAL INFANT HEALTH ASSESSMENT SURVEY; PATIENTS FOR PRIMARY CARE; CALIFORNIA HEALTH WORKFORCE DATA GAPS

Additional Data

Return to Form

Software ID:

Software Version:

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

2022

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, 1099-MISC compensation, and/or 1099-NEC			**(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				
1HERNANDEZ SANDRA PRESIDENT & C.E.O	(i)	700,802	0	1,065	55,100	50,253	807,220	0
	(ii)	0	0	0	0	0	0	0
2ZIEGLER CRAIG VP FIN-ADM-INV/SEC&TRS(TILL 5/16/22)	(i)	200,148	0	305,062	38,364	21,454	565,028	264,482
	(ii)	0	0	0	0	0	0	0
3CARTER KARA SR VP PGRMS & SEC.(SEC. EFF 5/16/22)	(i)	421,792	0	1,365	47,885	27,273	498,315	0
	(ii)	0	0	0	0	0	0	0
4BUCKLEY MELISSA PROGRAM DIRECTOR OF INNOVATIONS	(i)	306,346	0	1,065	55,100	47,690	410,201	0
	(ii)	0	0	0	0	0	0	0
5PERRONE CHRISTOPHER PROGRAM DIRECTOR OF IMPROVING ACCESS	(i)	294,579	0	2,216	54,167	19,270	370,232	0
	(ii)	0	0	0	0	0	0	0
6SCHNEIDERMANN MICHELLE PRG DIR-ADVANCING PEOPLE CNTR'D CARE	(i)	300,186	0	2,715	55,100	4,937	362,938	0
	(ii)	0	0	0	0	0	0	0
7SHEWRY SANDRA VP OF EXTERNAL ENGAGEMENT	(i)	181,138	0	134,405	34,327	3,147	353,017	111,829
	(ii)	0	0	0	0	0	0	0
8READER CHARLES CHIEF TALENT OFFICER	(i)	288,694	0	1,365	33,678	12,401	336,138	0
	(ii)	0	0	0	0	0	0	0
9KIM TIE VP FIN-ADM-INV/TREAS (EFF. 5/16/22)	(i)	256,913	0	800	36,650	27,037	321,400	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 9 EMPLOYEES FOR CELL PHONES ALLOWANCE ($8,170). 2. PAYMENTS TO 3 EMPLOYEES FOR PARTICIPATION IN THE FOUNDATION'S WELLNESS PROGRAM ($1,050). 3. EXCESS SECTION 415 RETIREMENT CONTRIBUTIONS PAID IN CASH TO 2 EMPLOYEES ($3,351). 4. MEDICAL WAIVER TO 2 EMPLOYEES ($1,850). 5. 457(B) PLAN DISTRIBUTIONS TO 2 EMPLOYEES ($435,637).
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.

Additional Data

Return to Form

Software ID:

Software Version:

SCHEDULE O
(Form 990)

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

2022

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.
FORM 990, PART XI, LINE 9:	RETURNED GRANTS 173,290.

Additional Data

Return to Form

Software ID:

Software Version:

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

2022

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	785,158	49,371,798	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) Disproprtionate allocations? No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) General or managing partner? 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	1,688,149	109,902,853		No			No	94.550 %

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) Section 512(b)(13) controlled entity? 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		No
g	Sale of assets to related organization(s)	1g		No
h	Purchase of assets from related organization(s)	1h		No
i	Exchange of assets with related organization(s)	1i		No
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		No
l	Performance of services or membership or fundraising solicitations for related organization(s)	1l		No
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
o	Sharing of paid employees with related organization(s)	1o		No
p	Reimbursement paid to related organization(s) for expenses	1p		No
q	Reimbursement paid by related organization(s) for expenses	1q		No
r	Other transfer of cash or property to related organization(s)	1r	Yes	
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	A	1,688,149	K-1 PARTNER ALLOCATION
(2)MAKENA FIXED INCOME FUND LP	S	52,900,000	CASH
(3)MAKENA FIXED INCOME FUND LP	R	96,643,654	CASH
(4)OAC PROPERTIES LLC	S	2,000,000	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

Return to Form

Software ID:

Software Version: