

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.
▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the **2015** calendar year, or tax year beginning **MAR 1, 2015** and ending **FEB 29, 2016**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> 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 F Name and address of principal officer: CRAIG ZIEGLER SAME AS C ABOVE	D Employer identification number 95-4523231 E Telephone number 510-238-1040 G Gross receipts \$ 51,401,983. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) (4) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.CHCF.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> 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 IDEAS & INNOVATIONS TO IMPROVE HEALTH CARE FOR ALL CALIFORNIANS.		
2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
3	Number of voting members of the governing body (Part VI, line 1a)	3	10
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	9
5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	54
6	Total number of volunteers (estimate if necessary)	6	0
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	937,911.
7b	Net unrelated business taxable income from Form 990-T, line 34	7b	660,676.
8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
9	Program service revenue (Part VIII, line 2g)	150,000.	0.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	608,502.	462,008.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	16,365,952.	12,519,098.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,127,389.	1,002,363.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	18,251,843.	13,983,469.
14	Benefits paid to or for members (Part IX, column (A), line 4)	22,556,799.	26,000,599.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	10,480,818.	10,540,437.
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 0.	0.	0.
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	7,727,307.	6,390,066.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	40,764,924.	42,931,102.
19	Revenue less expenses. Subtract line 18 from line 12	-22,513,081.	-28,947,633.
20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
21	Total liabilities (Part X, line 26)	780,974,997.	728,955,190.
22	Net assets or fund balances. Subtract line 21 from line 20	16,512,839.	16,189,463.
		764,462,158.	712,765,727.

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 CRAIG ZIEGLER, VP FINANCE, ADMIN / INVESTS / TREAS Type or print name and title	Date
Paid Preparer Use Only	Print/Type preparer's name MAGA E. KISRIV	Preparer's signature Date Check if self-employed <input type="checkbox"/> PTIN P01008919
	Firm's name ▶ HOOD & STRONG LLP Firm's address ▶ 275 BATTERY STREET, STE. 900 SAN FRANCISCO, CA 94111	Firm's EIN ▶ 94-1254756 Phone no. 415.781.0793

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

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II and check this box **X**
- Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

		Enter filer's identifying number, see instructions	
Type or print	Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) or	
File by the due date for filing your return. See instructions.	CALIFORNIA HEALTHCARE FOUNDATION	95-4523231	
	Number, street, and room or suite no. If a P.O. box, see instructions.	Social security number (SSN)	
	1438 WEBSTER ST, NO. 400		
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.		
	OAKLAND, CA 94612		

Enter the Return code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01		
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

CRAIG ZIEGLER

- The books are in the care of 1438 WEBSTER ST., STE 400 - OAKLAND, CA 94612
Telephone No. 510-238-1040 Fax No.
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until JANUARY 15, 2017.

5 For calendar year _____, or other tax year beginning MAR 1, 2015, and ending FEB 29, 2016.

6 If the tax year entered in line 5 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

7 State in detail why you need the extension _____
THE TAXPAYER'S FINANCIAL MATTERS ARE QUITE COMPLEX. ADDITIONAL TIME IS REQUIRED TO FILE A COMPLETE AND ACCURATE RETURN.

8a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.		8a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.		8b	\$	0.
c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.		8c	\$	0.

Signature and Verification must be completed for Part II only.

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature Title ACCOUNTANT Date 10/4/16

Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Information about Form 8868 and its instructions is at www.irs.gov/form8868.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box **X**
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file) . You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

	Enter filer's identifying number	
Type or print	Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) or
	CALIFORNIA HEALTHCARE FOUNDATION	95-4523231
	Number, street, and room or suite no. If a P.O. box, see instructions.	Social security number (SSN)
	1438 WEBSTER ST, NO. 400	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	OAKLAND, CA 94612	

Enter the Return code for the return that this application is for (file a separate application for each return)

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

CRAIG ZIEGLER

- The books are in the care of ▶ 1438 WEBSTER ST., STE 400 - OAKLAND, CA 94612
Telephone No. ▶ 510-238-1040 Fax No. ▶
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until OCTOBER 15, 2016, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ▶ calendar year _____ or
 ▶ tax year beginning MAR 1, 2015, and ending FEB 29, 2016.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:
CHCF WORKS AS A CATALYST TO FULFILL THE PROMISE OF BETTER HEALTH CARE FOR ALL CALIFORNIANS. WE SUPPORT IDEAS AND INNOVATIONS THAT IMPROVE QUALITY, INCREASE EFFICIENCY, AND LOWER THE COSTS OF CARE.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No
If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ 10,686,903. including grants of \$ 9,282,619.) (Revenue \$)
THE HIGH VALUE CARE PROGRAM SUPPORTS POLICIES AND CARE MODELS THAT ALIGN WITH PATIENT PREFERENCES, ARE PROVEN EFFECTIVE, AND ARE AFFORDABLE. PROJECTS INCLUDE SUPPORTING EFFORTS TO REDUCE UNNECESSARY C-SECTIONS IN CALIFORNIA, CREATING REGIONAL SAFE PRESCRIBING COALITIONS TO REDUCE OPIOID-RELATED DEATHS, INTEGRATING CARE FOR OPIOID-DEPENDENT HIGH-UTILIZERS OF CARE, INCREASING ACCESS TO PALLIATIVE CARE IN CALIFORNIA BY FOSTERING PARTNERSHIPS BETWEEN INSURERS AND PALLIATIVE CARE PROVIDERS, AND PROMOTING USE OF AND ACCESS TO PHYSICIAN ORDERS FOR LIFE-SUSTAINING TREATMENT (POLST).

4b (Code:) (Expenses \$ 5,058,653. including grants of \$ 4,205,268.) (Revenue \$)
THE IMPROVING ACCESS PROGRAM SEEKS TO: ENSURE LOW-INCOME CALIFORNIANS CAN UNDERSTAND, USE, AND AFFORD COVERAGE; EXPAND TIMELY ACCESS TO CARE THROUGH THE USE OF MORE EFFECTIVE CARE TEAMS, INNOVATIVE SERVICES, AND TECHNOLOGY; AND EXPAND CARE OPTIONS FOR LOW-INCOME CONSUMERS THAT ARE MORE CONVENIENT, EASIER TO USE, AND COST EFFECTIVE. PROJECTS INCLUDE MONITORING ACCESS TO HEALTH CARE AMONG MEDI-CAL ENROLLEES, INCREASING ACCESS TO CARE BY EXPANDING THE ROLE OF PARAMEDICS, UPDATING ACA411 (AN INTERACTIVE, ONLINE TOOL THAT TRACKS CHANGES IN HEALTH INSURANCE COVERAGE, ACCESS TO HEALTH CARE SERVICES AND AFFORDABILITY), ASSESSING THE IMPACT OF PATIENT-CENTERED MEDICAL HOMES, ADVANCING THE CAPABILITIES OF FEDERALLY QUALIFIED HEALTH CENTERS TO MANAGE CARE POPULATIONS, ANALYZING THE PRESCRIPTION DRUG COVERAGE OPTIONS OFFERED

4c (Code:) (Expenses \$ 2,532,940. including grants of \$ 1,905,292.) (Revenue \$)
THE INFORMING DECISION MAKERS PROGRAM PROVIDES FUNDING FOR WORK WHICH FOCUSES ON PROMOTING GREATER TRANSPARENCY AND ACCOUNTABILITY IN CALIFORNIA'S HEALTH CARE SYSTEM BY PRODUCING REPORTS AND ANALYSIS TO POLICYMAKERS, RESEARCHERS, AND THOUGHT LEADERS WITH CRITICAL TREND DATA ABOUT THE COST AND QUALITY OF CALIFORNIA'S HEALTH CARE SYSTEM. THIS WORK, COUPLED WITH INITIATIVES THAT SEEK TO UNLOCK GOVERNMENT HEALTH DATA, PROVIDES CHANGE-MAKERS WITH THE INFORMATION NECESSARY TO MAKE WELL-INFORMED CHOICES THAT MAY ULTIMATELY LEAD TO IMPROVED HEALTH CARE FOR ALL CALIFORNIANS. PROJECTS INCLUDE PRODUCTION OF REGIONAL MARKET REPORTS TO HELP BETTER UNDERSTAND KEY CALIFORNIA HEALTH CARE MARKETS, PRODUCTION OF THE CALIFORNIA HEALTHCARE ALMANAC WHICH PROVIDES TIMELY FACTS ON CALIFORNIA'S HEALTH CARE DELIVERY SYSTEM, AND SUPPORT FOR

4d Other program services (Describe in Schedule O.)
(Expenses \$ 18,049,116. including grants of \$ 10,607,420.) (Revenue \$ 462,008.)

4e Total program service expenses 36,327,612.

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)? <i>If "Yes," complete Schedule A</i>		X
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?		X
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
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? <i>If "Yes," complete Schedule C, Part II</i>		
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
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? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
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? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	X	
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? <i>If "Yes," complete Schedule D, Part VIII</i>		X
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? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		X
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)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	X	
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? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
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? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
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? <i>If "Yes," complete Schedule I, Parts I and III</i>	X	
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? <i>If "Yes," complete Schedule J</i>	X	
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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
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? <i>If "Yes," complete Schedule R, Part I</i>	X	
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	X	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
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? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

Note. All Form 990 filers are required to complete Schedule O

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

Input box for Schedule O

Table with columns for question number, description, and Yes/No columns. Rows include 1a-1c, 2a-2b, 3a-3b, 4a-4b, 5a-5c, 6a-6b, 7a-7h, 8, 9a-9b, 10a-10b, 11a-11b, 12a-12b, 13a-13c, 14a-14b.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 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.		
1b	Enter the number of voting members included in line 1a, above, who are independent		
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?		X
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?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
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?		X
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	X	
8b	Each committee with authority to act on behalf of the governing body?	X	
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		X

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **CA**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 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: **CRAIG ZIEGLER - 510-238-1040**
1438 WEBSTER ST., STE 400, OAKLAND, CA 94612

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MICHELINE CHAU BOARD CHAIR	5.00	X					41,000.	0.	0.	
(2) NICHOLAS AUGUSTINOS BOARD MEMBER	3.00	X					28,000.	0.	0.	
(3) MARIA ECHAVESTE BOARD MEMBER	3.00	X					31,000.	0.	0.	
(4) BRADLEY GILBERT BOARD MEMBER	3.00	X					29,000.	0.	0.	
(5) DANIEL GROSS BOARD MEMBER	3.00	X					28,000.	0.	0.	
(6) ELIZABETH HILL BOARD MEMBER	3.00	X					36,000.	0.	0.	
(7) MARC JONES BOARD MEMBER	3.00	X					33,000.	0.	0.	
(8) PAMELA JOYNER BOARD MEMBER (THRU 03/31/15)	3.00	X					3,750.	0.	0.	
(9) BARBARA LUBASH BOARD MEMBER	3.00	X					32,000.	0.	0.	
(10) JOHN D. WELTY BOARD MEMBER	3.00	X					36,000.	0.	0.	
(11) DR. SANDRA HERNANDEZ PRESIDENT, CEO & BOARD MEMBER	45.00	X		X			552,610.	0.	92,910.	
(12) CRAIG ZIEGLER VP FIN, ADMIN & INVESTS/TREAS./SEC.	45.00			X			355,630.	0.	79,948.	
(13) SOPHIA CHANG VP OF PROGRAMS	45.00				X		308,345.	0.	72,091.	
(14) SANDRA SHEWRY VP EXTERNAL ENGAGEMENT	45.00				X		277,295.	0.	53,026.	
(15) MARIAN MULKEY CHIEF LEARNING OFFICER	45.00					X	240,259.	0.	72,159.	
(16) CHRIS PERRONE PRGM DIRECTOR, IMPROVING ACCESS	45.00					X	213,359.	0.	53,173.	
(17) KELLY PFEIFER PRGM DIRECTOR, HIGH VALUE CARE	45.00					X	246,289.	0.	52,490.	

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 line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) MARIBETH SHANNON PRGM DIRECTOR, INFORMING DECISION MA	36.00					X		207,710.	0.	83,438.
(19) SPENCER SHERMAN DIRECTOR, PUBLISHING & COMMUNICATION	45.00					X		200,880.	0.	20,150.
(20) KIM GALVIN DIRECTOR, HR & OPERATIONS/FORMER SEC	45.00						X	200,056.	0.	9,047.
1b Sub-total								3,100,183.	0.	588,432.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								3,100,183.	0.	588,432.

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 30

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

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	2,740,971.
IRON ORCHARD 13 FIRST STREET, WARWICK, NY 10990	WEBSITE DEVELOPMENT & MAINT	381,513.
ANGELENO GROUP LLC, 2029 CENTURY PARK EAST, SUITE 2980, LOS ANGELES, CA 90067	INVESTMENT MANAGEMENT	217,331.
TRIBRIDGE HOLDINGS, LLC, 4830 W. KENNEDY BLVD, SUITE 890, TAMPA, FL 33609	CRM IMPLEMENTATION	166,912.
LEGACY VENTURE 180 LYTTON AVENUE, PALO ALTO, CA 94301	INVESTMENT MANAGEMENT	103,667.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 5

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f					
	g Noncash contributions included in lines 1a-1f: \$						
	h Total. Add lines 1a-1f						
Program Service Revenue	2 a PRI INTEREST INCOME	Business Code 900099	462,008.	462,008.			
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f		462,008.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		560,936.		-657,703.	1,218,639.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties		7,175.			7,175.	
	6 a Gross rents	(i) Real	1,945,133.				
		(ii) Personal					
		b Less: rental expenses	949,945.				
		c Rental income or (loss)	995,188.				
	d Net rental income or (loss)		995,188.			995,188.	
	7 a Gross amount from sales of assets other than inventory	(i) Securities	1,595,614.	46,831,117.			
		(ii) Other					
		b Less: cost or other basis and sales expenses	0.	36,468,569.			
		c Gain or (loss)	1,595,614.	10,362,548.			
	d Net gain or (loss)		11,958,162.		1,595,614.	10,362,548.	
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a					
		b Less: direct expenses	b				
c Net income or (loss) from fundraising events							
9 a Gross income from gaming activities. See Part IV, line 19	a						
	b Less: direct expenses	b					
	c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold	b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
11 a							
	b						
	c						
	d All other revenue						
e Total. Add lines 11a-11d							
12 Total revenue. See instructions.			13,983,469.	462,008.	937,911.	12,583,550.	

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

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	23,930,111.	23,930,111.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	2,070,488.	2,070,488.		
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	2,185,921.	882,401.	1,303,520.	
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	6,034,930.	5,018,401.	1,016,529.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	825,977.	697,193.	128,784.	
9 Other employee benefits	1,028,204.	798,106.	230,098.	
10 Payroll taxes	465,405.	371,626.	93,779.	
11 Fees for services (non-employees):				
a Management				
b Legal	45,794.	43,903.	1,891.	
c Accounting	132,974.	54,574.	78,400.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	3,388,843.		3,388,843.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	583,380.	198,715.	384,665.	
12 Advertising and promotion				
13 Office expenses	182,393.	145,864.	36,529.	
14 Information technology	148,815.	110,109.	38,706.	
15 Royalties				
16 Occupancy	116,536.	87,321.	29,215.	
17 Travel	244,006.	145,728.	98,278.	
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	149,900.		149,900.	
23 Insurance	143,001.	107,157.	35,844.	
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)	1,073,583.	1,073,583.		
b PRI INTEREST DISCOUNT	380,097.	380,097.		
c MATCHING GIFTS	83,005.	83,005.		
d TAX EXPENSE TRUE-UP	-449,063.		-449,063.	
e All other expenses	166,802.	129,230.	37,572.	
25 Total functional expenses. Add lines 1 through 24e	42,931,102.	36,327,612.	6,603,490.	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 X

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	8,272.	1	21,080.
	2 Savings and temporary cash investments	3,705,030.	2	1,782,907.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	1,136,908.	4	3,073,227.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	520,691.	9	680,486.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 31,451,619.		
	b Less: accumulated depreciation	10b 2,152,026.	31,081,570.	10c 29,299,593.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11	739,663,606.	12	688,147,898.
	13 Investments - program-related. See Part IV, line 11	4,451,794.	13	5,209,478.
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	407,126.	15	740,521.
16 Total assets. Add lines 1 through 15 (must equal line 34)	780,974,997.	16	728,955,190.	
Liabilities	17 Accounts payable and accrued expenses	2,098,546.	17	1,497,126.
	18 Grants payable	14,414,293.	18	14,692,337.
	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 current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	16,512,839.	26	16,189,463.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	764,462,158.	27	712,765,727.
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	764,462,158.	33	712,765,727.	
34 Total liabilities and net assets/fund balances	780,974,997.	34	728,955,190.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	13,983,469.
2	Total expenses (must equal Part IX, column (A), line 25)	2	42,931,102.
3	Revenue less expenses. Subtract line 2 from line 1	3	-28,947,633.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	764,462,158.
5	Net unrealized gains (losses) on investments	5	-22,593,603.
6	Donated services and use of facilities	6	-155,195.
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	712,765,727.

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: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____		X
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 _____		

Form **990** (2015)

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.**

▶ **Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.**

OMB No. 1545-0047

2015

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?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (e.g., recreation or education) Preservation of a 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 Tax 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 8/17/06, 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?

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)?

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

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

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

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

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

(ii) Assets included in Form 990, Part X

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

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

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

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

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

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

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

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

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

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

	Amount
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 on Part XIII

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

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

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment _____ %
- b Permanent endowment _____ %
- c Temporarily restricted endowment _____ %

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

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

	Yes	No
(i) unrelated organizations	3a(i)	
(ii) related organizations	3a(ii)	
b If "Yes" on line 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	2,800,000.			2,800,000.
b Buildings	25,326,674.			25,326,674.
c Leasehold improvements		24,605.	22,373.	2,232.
d Equipment		253,508.	253,508.	0.
e Other	1,020,068.	2,026,764.	1,876,145.	1,170,687.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				29,299,593.

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	97,876,245.	END-OF-YEAR MARKET VALUE
(B) MULTI-ASSET CLASS COMMINGLED FUNDS	578,736,525.	END-OF-YEAR MARKET VALUE
(C) FIXED INCOME FUNDS	11,535,128.	END-OF-YEAR MARKET VALUE
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	688,147,898.	

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. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

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

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

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

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include line numbers and a final total column.

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.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include line numbers and a final total column.

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.

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.

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; do not 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; do not file with Form 990)* Yes No

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

Open to Public
Inspection

Name of the organization **CALIFORNIA HEALTHCARE FOUNDATION** Employer identification number **95-4523231**

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ACADEMYHEALTH 1150 17TH STREET NW, SUITE 600 WASHINGTON, DC 20036	52-1260918	501(C)(3)	27,000.	0.			SPONSORSHIP FOR ACADEMY HEALTH "CONCORDIUM 2015" CONFERENCE; 2016 MEMBERSHIP; SUPPORT FOR
ACCESS YOUTH ACADEMY 9370 WAPLES STREET, SUITE 101 SAN DIEGO, CA 92121	20-5119659	501(C)(3)	70,000.	0.			FOR HEALTH, WELLNESS, AND FITNESS PROGRAMS FOR LOW INCOME YOUTH OF LOW INCOME FAMILIES IN THE
ADVENTIST HEALTH CLEARLAKE HOSPITAL INC. ST. HELENA HOSPITAL CLEARLAKE - 15630-18TH AVENUE - CLEARLAKE, CA 95422	68-0395149	501(C)(3)	60,000.	0.			REDUCING OPIOID-RELATED MORBIDITY AND MORTALITY: SUPPORT FOR REGIONAL SAFE PRESCRIBING COALITIONS
THE ADVISORY BOARD COMPANY 2445 M STREET NW WASHINGTON, DC 20037	52-1468699		50,000.	0.			2014-16 CALIFORNIA HEALTHLINE AND IHEALTHBEAT RENEWAL, AND HCIC MEMBERSHIP RENEWAL
ALAMEDA CONTRA COSTA MEDICAL ASSOCIATION - 6230 CLAREMONT AVENUE - OAKLAND, CA 94618	94-1007633	501(C)(3)	60,000.	0.			REDUCING OPIOID-RELATED MORBIDITY AND MORTALITY: SUPPORT FOR REGIONAL SAFE PRESCRIBING COALITIONS
ALAMEDA HEALTH SYSTEM FOUNDATION 350 FRANK OGAWA PLAZA, SUITE 900 OAKLAND, CA 94612	94-3103136	501(C)(3)	10,000.	0.			2015 ANNUAL GALA; ANNUAL GALA, 2016

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **145.**

3 Enter total number of other organizations listed in the line 1 table **53.**

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2015)

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALZHEIMERS ASSOCIATION, NORTHERN CALIFORNIA AND NORTHERN NEVADA - 2290 N 1ST STREET, SUITE 101 - SAN JOSE, CA 95131	94-2897949	501(C)(3)	17,000.	0.			SUPPORT FOR DEVELOPMENT OF DEMENTIA TRAINING PROGRAM FOR RCFES
AMERICAN INSTITUTES FOR RESEARCH 1000 THOMAS JEFFERSON STREET NW WASHINGTON, DC 20007	25-0965219	501(C)(3)	75,000.	0.			DEVELOPING PRINCIPLES OF PATIENT-CENTERED PERFORMANCE MEASUREMENT
ANTHEM BLUE CROSS 120 SOUTH VIA MERIDA, MAIL DROP CAT201-N002 - THOUSAND OAKS, CA 91362	95-3760980		50,000.	0.			CARE INTEGRATION FOR OPIOID-DEPENDENT HIGH UTILIZERS (PLANNING GRANTS)
ATLANTIC MEDIA STRATEGIES 600 NEW HAMPSHIRE AVENUE, NW WASHINGTON, DC 20037	04-3483736		256,000.	0.			DEEPENING AN UNDERSTANDING OF CHCF'S AUDIENCES TO IMPROVE COMMUNICATION PRODUCTS,
BAART PROGRAMS 1145 MARKET STREET, 10TH FLOOR SAN FRANCISCO, CA 94103	94-2415855		50,000.	0.			CARE INTEGRATION FOR OPIOID-DEPENDENT HIGH UTILIZERS (PLANNING GRANTS)
BAY AREA COUNCIL 353 SACRAMENTO STREET, SUITE 1000 SAN FRANCISCO, CA 94111	20-1826827	501(C)(3)	49,812.	0.			INFORMING POLICY ON MEDI-CAL RATES: ISSUE BRIEF AND STAKEHOLDER INPUT
BETTER HEALTH EAST BAY 2855 TELEGRAPH AVENUE, SUITE 601 BERKELEY, CA 94705	51-0160184	501(C)(3)	75,000.	0.			EAST BAY REGIONAL ER HOSPITAL CONSORTIUM
BEYOND LUCID TECHNOLOGIES, INC. 1220 DIAMOND WAY, SUITE 240 CONCORD, CA 94520	27-0746231		75,000.	0.			COMMUNITY PARAMEDICINE/MOBILE INTEGRATED HEALTH CARE PILOT - INTEROPERABLE
BITWISE INDUSTRIES, INC. 2210 SAN JOAQUIN STREET FRESNO, CA 93721	47-1635652		10,603.	0.			HACK FOR HEALTH FRESNO

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BLUEPATH HEALTH, INC. 929 SIR FRANCIS DRAKE BLVD., STE 1 KENTFIELD, CA 94904-1548	46-3484135		73,750.	0.			VIRTUAL SOLUTIONS FOR PAIN AND MEDICATION-ASSISTED OPIOID ADDICTION
BLUE SKY CONSULTING GROUP 1939 HARRISON STREET, SUITE 211 OAKLAND, CA 94612	59-3810591		37,930.	0.			SAFETY NET FACTS AND FIGURES UPDATE, 2015
TRUSTEES OF BOSTON UNIVERSITY BOSTON UNIVERSITY - ONE SILBER WAY - BOSTON, MA 02215	04-2103547	501(C)(3)	39,000.	0.			SCOPE OF PAIN/RESIDENCY ACTION GROUP
CALIFORNIA ASSOCIATION OF LONG TERM CARE MEDICINE - P.O. BOX 800371 - SANTA CLARITA, CA 91380	94-2552489	501(C)(3)	220,030.	0.			NURSING HOME AND HEALTH PLAN PARTNERSHIPS: HONORING WISHES AND REDUCING HOSPITAL
CALIFORNIA ASSOCIATION OF HEALTH PLANS - 1415 L STREET, #850 - SACRAMENTO, CA 95814	95-3825285	501(C)(3)	7,000.	0.			CALIFORNIA ASSOCIATION OF HEALTH PLANS CONFERENCE SUPPORT
CAPG 915 WILSHIRE BLVD., SUITE 1620 LOS ANGELES, CA 90071-3322	47-0878940	501(C)(6)	10,000.	0.			2016 ANNUAL HEALTHCARE CONFERENCE
CALIFORNIA BUDGET & POLICY CENTER 1107 9TH STREET, SUITE 310 SACRAMENTO, CA 95814	68-0346784	501(C)(3)	10,000.	0.			SPONSOR CA BUDGET AND POLICY CENTER ANNUAL MEETING
CALIFORNIA FOOD POLICY ADVOCATES 436 14TH STREET, SUITE 1220 OAKLAND, CA 94612	94-3163142	501(C)(3)	25,000.	0.			CERTIFYING LOW-INCOME STUDENTS IN MEDI-CAL HOUSEHOLDS FOR FREE SCHOOL MEALS
CALIFORNIA PRIMARY CARE ASSOCIATION - 1231 I STREET, SUITE 400 - SACRAMENTO, CA 95814	94-3215565	501(C)(3)	473,285.	0.			ANNUAL CONFERENCE, 2015; FQHC CAPITATION PAYMENT PREPAREDNESS PROGRAM

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CALIFORNIA CENTER FOR PUBLIC HEALTH ADVOCACY - 1947 GALILEO COURT, SUITE 101 - DAVIS, CA 95618	95-4723901	501(C)(3)	68,000.	0.			DEVELOPING LOCAL ESTIMATES OF PREDIABETES; TO SUPPORT THE PRE-DIABETES CONFERENCE
CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY - 1600 NINTH STREET, ROOM 460 - SACRAMENTO, CA 95814	68-0281366	CHHS	10,000.	0.			SUPPORT FOR EDUCATIONAL TRAININGS AT CHHS RELATED TO OPEN DATA
CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES - 1501 CAPITOL AVENUE, P.O. BOX 997415, MS 1101 - SACRAMENTO, CA 95889-7415	68-0317191	CA DPT HCARE SVC	210,728.	0.			MEDI-CAL EHR INCENTIVE PROGRAM: PROVIDER TA; DATA ANALYSIS OF OPTIONS FOR CCS REDESIGN; SUPPORT
CALIFORNIA HEALTH CARE SAFETY NET INSTITUTE - 70 WASHINGTON STREET, SUITE 215 - OAKLAND, CA 94607	94-2970752	501(C)(3)	25,000.	0.			CONFERENCE SUPPORT FOR CAPH/SNI 2015 ANNUAL SUMMIT
CALIFORNIA JOINT REPLACEMENT REGISTRY LLC - 9400 W. HIGGINS RD., STE. 210 - ROSEMONT, IL 60018-4975	47-3601637		1,085,410.	0.			CALIFORNIA JOINT REPLACEMENT REGISTRY
CALIFORNIA MEDICAL ASSOCIATION FOUNDATION - 2230 L STREET - SACRAMENTO, CA 95816	94-6062822	501(C)(3)	15,000.	0.			NETWORK OF ETHNIC PHYSICIAN ORGANIZATIONS, 2015
CALIFORNIA RURAL LEGAL ASSISTANCE, INC. - 1430 FRANKLIN STREET, SUITE 103 - OAKLAND, CA 94612	95-2428657	501(C)(3)	60,000.	0.			FOR HEALTH AND HUMAN WELL-BEING AND ACCESS TO HEALTH CARE FOR CALIFORNIA FARM WORKERS
CALIFORNIA SCHOOL HEALTH CENTERS ASSOCIATION - 1203 PRESERVATION PARK WAY, SUITE 302 - OAKLAND, CA 94612	94-3201896	501(C)(3)	10,000.	0.			2016 ANNUAL CONFERENCE: CALIFORNIA SCHOOL-BASED HEALTH ALLIANCE
CALIFORNIA STATE UNIVERSITY, SACRAMENTO - 505 SOLANO HALL - SACRAMENTO, CA 95819	68-0365325	CSUS	14,300.	0.			SUPPORT FOR STATE HEALTH CARE INNOVATION CONFERENCE

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CALIFORNIA STATE UNIVERSITY SAN MARCOS FOUNDATION - 333 S. TWIN OAKS VALLEY ROAD - SAN MARCOS, CA 92096	80-0390564	501(C)(3)	675,000.	0.			PLANNING GRANT FOR CSU TO DEVELOP A CURRICULUM FOR HEALTH PLAN CARE MANAGERS; CALIFORNIA
CALIFORNIA TELEHEALTH NETWORK 2001 P STREET, SUITE 100 SACRAMENTO, CA 95811	27-3045436	501(C)(3)	17,500.	0.			2015 STATEWIDE TELEHEALTH SUMMIT; CONFERENCE SUPPORT FOR ANNUAL CALIFORNIA TELEHEALTH
CAMDEN COALITION OF HEALTHCARE PROVIDERS - 800 COOPER STREET, 7TH FLOOR - CAMDEN, NJ 08102	32-0332843	501(C)(3)	174,352.	0.			CODIFY APPROACHES AND DEVELOP TRAINING MATERIALS FOR COMPLEX CARE MANAGEMENT PROGRAMS
SAN DIEGO STATE UNIVERSITY CAMPANILE FOUNDATION - 5500 CAMPANILE DRIVE - SAN DIEGO, CA 92182-8030	33-0868418	501(C)(3)	25,000.	0.			TO FUND UNDER-GRADUATE AND GRADUATE STUDENTS FROM THE COLLEGE OF HEALTH AND HUMAN SERVICES
CAPITOL IMPACT, LLC 1107 9TH ST., STE. 500 SACRAMENTO, CA 95814	03-0539997		63,483.	0.			CONFERENCE SUPPORT FOR STATE STAFF AND CALIFORNIA LEGISLATIVE STAFF EDUCATION INSTITUTE
CARDEA SERVICES 614 GRAND AVENUE, SUITE 400 OAKLAND, CA 94610	94-2401949	501(C)(3)	25,000.	0.			EVENTS MANAGEMENT FOR HIGH VALUE CARE CONFERENCES AND CONVENING
CARECHOICES HOSPICE AND PALLIATIVE SERVICES, INC. - 5 CORPORATE PARK DR., SUITE 100 - IRVINE, CA 92606	20-0079150		100,000.	0.			PAYERS AND PROVIDERS: TESTING NEW PAYMENT AND DELIVERY MODELS FOR PALLIATIVE CARE IN THE
CATTANEO & STROUD, INC. 1601 OLD BAYSHORE HIGHWAY, SUITE 1 BURLINGAME, CA 94010	94-2956629		52,600.	0.			CALIFORNIA MEDICAL GROUP SURVEY AND DATABASE
THE CENTER FOR ASSOCIATION RESOURCES - 2800 W HIGGINS RD., SUITE 440 - HOFFMAN ESTATES, IL 60169	04-3669119		14,500.	0.			DEVELOP THREE YEAR BUSINESS PLAN FOR HEALTH DATA CONSORTIUM

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTER FOR EFFECTIVE PHILANTHROPY, INC. - 675 MASSACHUSETTS AVE., 7TH FLOOR - CAMBRIDGE, MA 02139	04-3523528	501(C)(3)	15,000.	0.			CENTER FOR EFFECTIVE PHILANTHROPY GENERAL OPERATING SUPPORT
CENTER FOR EXCELLENCE IN HEALTH CARE JOURNALISM - 10 NEFF HALL, MISSOURI SCHOOL OF JOURNALISM - COLUMBIA, MO 65211	41-1908032	501(C)(3)	36,000.	0.			SUPPORT FOR ASSOCIATION OF HEALTH CARE JOURNALIST CONFERENCE 2016
CENTER FOR HEALTH POLICY DEVELOPMENT - 10 FREE STREET, 2ND FLOOR - PORTLAND, ME 04101	52-1576801	501(C)(3)	25,000.	0.			NASHP'S 28TH ANNUAL STATE HEALTH POLICY CONFERENCE SUPPORT
CENTER FOR HEALTH CARE STRATEGIES, INC. - 200 AMERICAN METRO BLVD., SUITE 119 - HAMILTON, NJ 08619	22-3375015	501(C)(3)	82,356.	0.			CONSULTANT SUPPORT FOR COMPLEX CARE WORKSHOPS AND WEBINARS; HEALTH PLAN APPROACHES TO TRAINING
THE CENTER FOR YOUTH WELLNESS 3450 THIRD STREET, BUILDING 2, SUITE 201 - SAN FRANCISCO, CA 94124	45-2527627	501(C)(3)	50,000.	0.			TO SUPPORT WELLNESS SERVICES TO BENEFIT YOUTH OF COLOR IN CALIFORNIA
CENTRAL COAST ALLIANCE UNITED FOR A SUSTAINABLE ECONOMY (CAUSE) - 2021 SPERRY AVENUE, SUITE 18 - VENTURA, CA 93003	77-0578864	501(C)(3)	20,000.	0.			SUPPORT FOR HEALTH ACCESS AND EQUITY.; HEALTH ACCESS AND EQUITY
CENTRO DE SALUD LA COMUNIDAD DE SAN YSIDRO INC. SAN YSIDRO HEALTH CENTER - 4004 BEYER BLVD. - SAN YSIDRO, CA 92173	95-2801772	501(C)(3)	50,000.	0.			CARE INTEGRATION FOR OPIOID-DEPENDENT HIGH UTILIZERS (PLANNING GRANTS)
THE CHILDREN'S PARTNERSHIP 1351 3RD STREET PROMENADE, SUITE 2 SANTA MONICA, CA 90401	46-4106389	501(C)(3)	100,000.	0.			CORE SUPPORT FOR THE CHILDREN'S PARTNERSHIP 2015; TCP 2.0: CAPACITY BUILDING FOR THE
CHILDRENS SPECIALTY CARE COALITION 925 L STREET SUITE 1180 SACRAMENTO, CA 95814	68-0484332	501(C)(3)	10,000.	0.			CHILDREN'S SPECIALTY CARE COALITION 2015 STRATEGY RETREAT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CITY OF SAN DIEGO 1200 THIRD AVENUE, SUITE 200 SAN DIEGO, CA 92101	95-6000776	CITY OF SD	16,600.	0.			COMMUNITY PARAMEDICINE DATA PROJECT RURAL/METRO AMBULANCE COMPANY
CIVIC KNOWLEDGE 1370 WILBUR AVENUE SAN DIEGO, CA 92109	47-2068423		20,000.	0.			HEALTHDATA+ 1.5 SERVICES IMPROVING ACCESS FOR UNINSURED FARMWORKERS IN MONTEREY COUNTY: PROGRAM DESIGN
CLINICA DE SALUD DEL VALLE DE SALINAS, INC - 440 AIRPORT BLVD - SALINAS, CA 93905	94-2652757	501(C)(3)	109,500.	0.			CONFERENCE SUPPORT: 2015 ANNUAL SUMMIT ON APRIL 14-15, 2015 IN SACRAMENTO, CA.; MERGER
COALITION FOR COMPASSIONATE CARE OF CALIFORNIA - 1331 GARDEN HIGHWAY, SUITE 100 - SACRAMENTO, CA 95833	27-0419836	501(C)(3)	638,815.	0.			SUPPORT FOR CODE FOR AMERICA'S HEALTH FOCUS AREA
COMMUNITY HEALTH CENTER NETWORK 101 CALLAN AVENUE 3RD FLOOR SAN LEANDRO, CA 94577	94-3253662	501(C)(3)	60,000.	0.			FEASIBILITY STUDY OF DELEGATING MENTAL HEALTH BENEFITS TO A CLINIC MSO
COMMUNITY HEALTH COUNCILS, INC. 3761 STOCKER, SUITE 201 LOS ANGELES, CA 90008	95-4487664	501(C)(3)	17,000.	0.			CALIFORNIA PARTNERSHIP HEALTHCARE ADVOCATES (CPHA) 2015 CONFERENCE
COMMUNITY INITIATIVES 354 PINE STREET, SUITE 700 SAN FRANCISCO, CA 94104	94-3255070	501(C)(3)	25,000.	0.			PROJECT ECHO AND RURAL PALLIATIVE CARE
COMMUNICATIONS NETWORK 1717 NORTH NAPER BLVD, SUITE 102 NAPERVILLE, IL 60563	52-2114179	501(C)(3)	12,500.	0.			COMNET15 CONFERENCE FUNDING 2015

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY PARTNERS MATERNAL MENTAL HEALTH NOW - 833 AMOROSO PLACE - VENICE, CA 90291	95-4302046	501(C)(3)	92,100.	0.			EVALUATION AND QUALITY IMPROVEMENT SUPPORT FOR A PILOT TO IMPLEMENT COLLABORATIVE MATERNAL
COMPILER LLC 120 S VIGNES STREET, #403 LOS ANGELES, CA 90012	47-3675225		17,500.	0.			COMMUNITIES OUTREACH PLAN FOR THE STATE'S HEALTH DATA: CITY AMBASSADORS LOS ANGELES; AMBASSADOR
CONQUER CANCER FOUNDATION OF THE AMERICAN SOCIETY OF CLINICAL ONCOLOGY - 2318 MILL ROAD, STE 800 - ALEXANDRIA, VA 22314	31-1667995	501(C)(3)	20,000.	0.			CONF SUPPORT: 2016 ASCO QUALITY CARE SYMPOSIUM
CONSUMERS UNION OF UNITED STATES 101 TRUMAN AVENUE YONKERS, NY 10703-1057	13-1776434	501(C)(3)	221,777.	0.			CONSUMER REPORTS PHASE 1: ENGAGING CONSUMERS, HOSPITALS, AND THE MEDIA IN A PUBLIC DIALOGUE
COPE HEALTH SOLUTIONS 315 WEST NINTH STREET, SUITE 1001 LOS ANGELES, CA 90015	47-0864952	501(C)(3)	33,000.	0.			COMMUNITY PARAMEDICINE POLICY BRIEF
COUNCIL ON FOUNDATIONS 2121 CRYSTAL DRIVE, SUITE 700 ARLINGTON, VA 22202-3706	13-6068327	501(C)(3)	25,000.	0.			2016 MEMBERSHIP
COUNTY OF SAN LUIS OBISPO 2180 JOHNSON AVENUE SAN LUIS OBISPO, CA 93401	95-6000939	SAN LUIS OBISPO	60,000.	0.			REDUCING OPIOID-RELATED MORBIDITY AND MORTALITY: SUPPORT FOR REGIONAL SAFE PRESCRIBING COALITIONS
COUNTY OF TUOLUMNE 2 SOUTH GREEN STREET SONORA, CA 95370	94-6000547	TUOLUMNE COUNTY	30,000.	0.			REDUCING OPIOID-RELATED MORBIDITY AND MORTALITY: SUPPORT FOR REGIONAL SAFE PRESCRIBING COALITIONS
CRISTOBAL CONSULTING 781 SPRUCE STREET BERKELEY, CA 94707	81-1253558		185,660.	0.			PROJECT MANAGEMENT FOR OPIOID HEATMAP PROJECT; PROJECT MANAGER FOR REGIONAL COALITIONS;

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CYNOSURE SOLUTIONS 1688 ORVIETTO DRIVE ROSEVILLE, CA 95661	20-2595242		61,742.	0.			DEVELOPING A QUALITY MEASUREMENT FOR EVALUATING COVERED CALIFORNIA PROVIDER
INSTITUTE FOR DATA RESEARCH, INC. 10124 WEST BROAD STREET, SUITE C GLEN ALLEN, VA 23060	54-1975843		20,000.	0.			DEVELOP WEB-BASED TOOLS FOR COMMUNITY-BASED PALLIATIVE CARE PROVIDERS
EAST BAY COMMUNITY LAW CENTER 2921 ADELINE STREET BERKELEY, CA 94703	94-3042565	501(C)(3)	60,000.	0.			TO SUPPORT THE EAST BAY MEDICAL LEGAL PARTNERSHIP.; EAST BAY MEDICAL LEGAL PARTNERSHIP
EL CONCILIO OF SAN MATEO COUNTY 1419 BURLINGAME AVE., STE. N BURLINGAME, CA 94010	94-2772110	501(C)(3)	20,000.	0.			PROGRAM SUPPORT
EL DORADO COUNTY COMMUNITY HEALTH CENTER - 4327 GOLDEN CENTER DRIVE - PLACERVILLE, CA 95667	42-1533531	501(C)(3)	50,000.	0.			CARE INTEGRATION FOR OPIOID-DEPENDENT HIGH UTILIZERS (PLANNING GRANTS)
EMERGENCY MEDICAL SERVICES AUTHORITY - 10901 GOLD CENTER DRIVE, SUITE 400 - RANCHO CORDOVA, CA 95670	94-6001347	EMSA	25,000.	0.			EMS CORE MEASURE ANALYSIS
FAMILY HEALTH CENTERS OF SAN DIEGO 823 GATEWAY CENTER WAY SAN DIEGO, CA 92102	95-2833205	501(C)(3)	50,000.	0.			CARE INTEGRATION FOR OPIOID-DEPENDENT HIGH UTILIZERS (PLANNING GRANTS)
FORUM ONE COMMUNICATIONS CORP. 15954 JACKSON CREEK PARKWAY, SUITE MONUMENT, CO 80132	94-3261569		80,796.	0.			OSHPD WEB DATA INITIATIVE, PHASE 2; CALIFORNIA HEALTH AND HUMAN SERVICES HEALTH
FOUNDATION CENTER 32 OLD SLIP, 24TH FLOOR NEW YORK, NY 10005	13-1837418	501(C)(3)	20,000.	0.			2016 MEMBERSHIP

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FUSE CORPS 1202 RALSTON AVENUE, SUITE 1B SAN FRANCISCO, CA 94129	27-5469219	501(C)(3)	149,000.	0.			FUSE/CHHS FELLOWSHIP PROJECT
MASSACHUSETTS GENERAL HOSPITAL THE GENERAL HOSPITAL CORPORATION - 50 STANIFORD STREET, 9TH FLOOR - BOSTON, MA 02114	04-2697983	501(C)(3)	499,298.	0.			SUPPORTING BETTER CHOICES IN CALIFORNIA'S INDIVIDUAL MARKET
GEOCKO, INC. LIVESTORIES 1904 3RD AVE, STE #100 SEATTLE, WA 98101	60-3195346		227,600.	0.			BUILDING THE TECHNICAL INFRASTRUCTURE FOR A DATA REPORT-BUILDING TOOL FOR COUNTY POLICYMAKING;
GRANTMAKERS IN AGING - 2001 JEFFERSON DAVIS HIGHWAY, SUITE 504 - ARLINGTON, VA 22202	13-4014982	501(C)(3)	7,000.	0.			2016 MEMBERSHIP; ANNUAL CONFERENCE
GRANTMAKERS FOR EFFECTIVE ORGANIZATIONS - 1725 DESALES STREET, NW, SUITE 404 - WASHINGTON, DC 20036	01-0669150	501(C)(3)	17,500.	0.			2016 MEMBERSHIP & GENERAL SUPPORT; SPONSORSHIP FOR GEO NATIONAL CONFERENCE
GRANTMAKERS IN HEALTH 1100 CONNECTICUT AVENUE NW, SUITE WASHINGTON, DC 20036	13-3206571	501(C)(3)	45,000.	0.			GIH HEALTH REFORM RESOURCE CENTER FUND; 2016 MEMBERSHIP; ANNUAL CONFERENCE, 2016
THE GREENLINING INSTITUTE 1918 UNIVERSITY AVE., 2ND FL. BERKELEY, CA 94704	94-3173571	501(C)(3)	10,000.	0.			22ND ANNUAL ECONOMIC SUMMIT; ECONOMIC SUMMIT, 2016
GROWTH PHILANTHROPY NETWORK INC. 122 E. 42ND STREET, 17TH FLOOR NEW YORK, NY 10168	42-1625224	501(C)(3)	25,000.	0.			MEMBERSHIP CONTRIBUTION TO SUPPORT SOCIAL IMPACT EXCHANGE'S HEALTH WORKING GROUP
PETER HARBAGE CONSULTING 1400 K STREET, SUITE 204 SACRAMENTO, CA 95814	26-2265256		162,000.	0.			TECHNICAL ASSISTANCE TO DHCS ON IMPLEMENTATION OF DRUG MEDI-CAL ORGANIZED DELIVERY SYSTEM WAIVER;

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HARC INC. HEALTH ASSESSMENT AND RESEARCH FOR COMMUNITIES INC. - 75080 FRANK SINATRA DRIVE, SUITE A221 - PALM DESERT, CA 92211-5202	20-5719074	501(C)(3)	25,000.	0.			PROVIDE SUPPORT FOR HARC'S COMMUNITY HEALTH MONITOR, A TRIENNIAL SURVEY OF THE HEALTH
HEALTH ACCESS FOUNDATION 1127 11TH STREET, SUITE 234 SACRAMENTO, CA 95814	93-0957949	501(C)(3)	165,000.	0.			SUPPORT FOR A PARTNER ON ACCESS, AFFORDABILITY AND TRANSPARENCY ISSUES
HEALTHCARE INFORMATION AND MANAGEMENT SYSTEMS SOCIETY (HIMSS) - 6923 EAGLE WAY - CHICAGO, IL 60678-1692	36-3906745	501(C)(3)	20,000.	0.			SPONSORSHIP 2015 NATIONAL HEALTHCARE INNOVATION SUMMIT 2015; HX360 SPONSORSHIP 2016
HEALTH CARE CONFERENCE ADMINISTRATORS L.L.C. - 37 TATOOSH KEY - BELLEVUE, WA 98006	91-1892021		10,000.	0.			PAY FOR PERFORMANCE CONFERENCE, 2016
HEALTH 2.0 350 TOWNSEND ST., #403 SAN FRANCISCO, CA 94107	26-1478553		116,091.	0.			CHCF CODE-A-THON SERIES; 2015 HEALTH EXPERIENCE CONFERENCE: DESIGN CHALLENGE; THIRD PARTY
HEALTH EVOLUTION SERVICES ONE LETTERMAN DR., BLDG D, SUITE 3 SAN FRANCISCO, CA 94129	90-0869370		39,000.	0.			HEP SUMMIT 2016
HEALTH IMPROVEMENT PARTNERSHIP OF SANTA CRUZ COUNTY - 1800 GREEN HILLS ROAD, SUITE 100 - SCOTTS VALLEY, CA 95066	01-0826156	501(C)(3)	60,000.	0.			REDUCING OPIOID-RELATED MORBIDITY AND MORTALITY: SUPPORT FOR REGIONAL SAFE PRESCRIBING COALITIONS
HEALTH MANAGEMENT ASSOCIATES 120 N. WASHINGTON SQ., SUITE 705 LANSING, MI 48933	38-2599727		96,300.	0.			DENTAL SERVICES IN THE MEDI-CAL PROGRAM: PAST, PRESENT AND FUTURE; INCREASING THE
HEALTH SCIENCES HIGH SCHOOL AND MIDDLE COLLEGE - 3910 UNIVERSITY AVENUE, SUITE 100 - SAN DIEGO, CA 92105	20-5886784	501(C)(3)	25,000.	0.			TO FUND TECHNOLOGY, LEARNING AIDS/TOOLS, AND EXPERIENCES WHICH PROMOTE MINORITY AND LOWER

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HEALTH PLAN OF SAN JOAQUIN 7751 SOUTH MANTHEY ROAD FRENCH CAMP, CA 95231	68-0355833	HPSJ	34,991.	0.			ENHANCING TRANSITIONAL CARE IN THE CENTRAL VALLEY; CARE INTEGRATION FOR OPIOID-DEPENDENT HIGH
HEALTHTECH CAPITAL MANAGEMENT 12133 FOOTHILL LANE LOS ALTOS HILLS, CA 94022	27-2398824		20,000.	0.			2015 HEALTHTECH CONFERENCE "MOVING THE NEEDLE IN HEALTHTECH"; 2016 MEMBERSHIP
HEALTH TECHNOLOGY FORUM 46 LAPIDGE STREET SAN FRANCISCO, CA 94110	46-2325626		10,000.	0.			2015 HTF INNOVATION CONFERENCE
HENRY J. KAISER FAMILY FOUNDATION KAISER FAMILY FOUNDATION - 2400 SAND HILL RD. - MENLO PARK, CA 94025	94-6064808	501(C)(3)	2,738,930.	0.			2016-18 CALIFORNIA HEALTHLINE
HISPANICS IN PHILANTHROPY 414 13TH STREET, SUITE 200 OAKLAND, CA 94612	94-3040607	501(C)(3)	10,000.	0.			2016 MEMBERSHIP
HOMELESS PRENATAL PROGRAM, INC. 2500 18TH STREET SAN FRANCISCO, CA 94110	94-3146280	501(C)(3)	10,000.	0.			OUR HOUSE GALA, 2015; ANNUAL LUNCHEON, 2015, AND OTHER SERVICES
HOMEWATCH NETWORKS 10380 SW VILLAGE CENTER DR #106 PORT ST. LUCIE, FL 34987	26-3875790		31,364.	0.			BOOMER HEALTH AND HEALTH TECHNOLOGIES
HOSPITAL QUALITY INSTITUTE 1215 K STREET, SUITE 800 SACRAMENTO, CA 95814	74-3205570	501(C)(3)	10,000.	0.			CONF SUPPORT: 2015 HOSPITAL QUALITY INSTITUTE CONFERENCE
HUMBOLDT-DEL NORTE INDEPENDENT PRACTICE ASSOCIATION - 2662 HARRIS ST. - EUREKA, CA 95503	68-0351509		136,669.	0.			PLANNING GRANT FOR HUMBOLDT ACCOUNTABLE CARE COMMUNITY ACTIVITIES; REDUCING OPIOID-RELATED

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I.E. COMMUNICATIONS, LLC - 121 PRESERVATION PARK WAY, SUITE 300 - OAKLAND, CA 94612	91-2082734		115,000.	0.			COMMUNICATIONS TECHNICAL ASSISTANCE FOR OPIOID SAFETY COALITIONS
INDEPENDENT SECTOR 1602 L STREET, NW, SUITE 900 WASHINGTON, DC 20036	52-1081024	501(C)(3)	12,500.	0.			2016 MEMBERSHIP
INFORMING CHANGE 2040 BANCROFT WAY STE 400 BERKELEY, CA 94704	94-3297997		13,612.	0.			EVALUATION OF CCBT PROGRAM FOR CHRONIC PAIN MANAGEMENT; EVALUATION OF SAFETY NET ANALYTICS
INSURE THE UNINSURED PROJECT 2444 WILSHIRE BLVD, SUITE 412 SANTA MONICA, CA 90403	27-4159194	501(C)(3)	50,000.	0.			ITUP LEADERSHIP TRANSITION; 2016 ITUP STATEWIDE CONFERENCE AND REGIONAL WORKSHOPS
INTEGRATED HEALTHCARE ASSOCIATION 500 12TH STREET, STE 300 OAKLAND, CA 94607	94-3211035	501(C)(6)	661,626.	0.			MEASURING THE QUALITY OF CANCER CARE AT MD GROUP LEVEL IN CA; CALIFORNIA REGIONAL COST ATLAS;
KAISER FOUNDATION HEALTH PLAN ONE KAISER PLAZA, SUITE 15L OAKLAND, CA 94612	94-1340523	501(C)(3)	22,961.	0.			UPDATED REPORT ON NURSING AND TECHNOLOGY; 2016 INNOVATION LEARNING NETWORK MEMBERSHIP
KQED 2601 MARIPOSA STREET SAN FRANCISCO, CA 94110-1400	94-1241309	501(C)(3)	125,000.	0.			SUPPORT FOR CALIFORNIA REPORT AND THE "STATE OF HEALTH" BLOG
L.A. CARE HEALTH PLAN 1055 WEST 7TH STREET, 10TH FLOOR LOS ANGELES, CA 90017	95-4518790	LA CARE H PLAN	185,000.	0.			REDUCING OPIOID-RELATED MORBIDITY AND MORTALITY: SUPPORT FOR REGIONAL SAFE PRESCRIBING COALITIONS;
LAGUNA BEACH COMMUNITY CLINIC 362 THIRD ST. LAGUNA BEACH, CA 92651	95-2637633	501(C)(3)	10,000.	0.			GENERAL SUPPORT

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LATINAS CONTRA CANCER 255 NORTH MARKET ST., SUITE 175 SAN JOSE, CA 95110	56-2412069	501(C)(3)	35,000.	0.			BUSINESS AND FINANCE PLANNING
LATINO HEALTH ACCESS 450 W. 4TH STREET, SUITE 130 SANTA ANA, CA 92701	33-0562943	501(C)(3)	75,000.	0.			ANNUAL GALA, 2015; HELPING THE NEWLY INSURED NAVIGATE HEALTH INSURANCE AND CARE
LATINO CONSULTANTS 1107 SOUTH FAIR OAKS AVENUE, SUITE SOUTH PASADENA, CA 91030	25-1908030		135,000.	0.			BILINGUAL GUIDE TO HEALTH PROGRAMS
LIFECOURSE STRATEGIES P.O. BOX 877 ORINDA, CA 94563	20-5638409		121,999.	0.			PROJECT MGMT: COMMUNITY-BASED PALLIATIVE CARE IN CALIFORNIA PUBLIC
LIGHTBRIDGE HOSPICE, LLC 6155 CORNERSTONE COURT EAST, SUITE SAN DIEGO, CA 92121	33-1035581		99,954.	0.			PAYERS AND PROVIDERS: TESTING NEW PAYMENT AND DELIVERY MODELS FOR PALLIATIVE CARE IN THE
LONG-TERM QUALITY ALLIANCE 1825 K STREET, NW SUITE 411 WASHINGTON, DC 20006	46-3140288	501(C)(3)	30,000.	0.			GENERAL SUPPORT
LOS ANGELES COUNTY-UNIV OF SO. CALIFORNIA MEDICAL CENTER FDN, INC. - 1200 N. STATE STREET - LOS ANGELES, CA 90033	95-4192908	501(C)(3)	90,000.	0.			CARE INTEGRATION FOR OPIOID-DEPENDENT HIGH UTILIZERS (PLANNING GRANTS)
MANATT, PHELPS & PHILLIPS, LLP ONE EMBARCADERO CENTER, 29TH FLOOR SAN FRANCISCO, CA 94111	95-2375841		319,797.	0.			SUPPORT OF THE DEVELOPMENT OF A HEALTH FOCUS AREA FOR CODE FOR AMERICA; CARING FOR THE
MARIN COMMUNITY FOUNDATION 5 HAMILTON LANDING, SUITE 200 NOVATO, CA 94949	94-3007979	501(C)(3)	10,000.	0.			RXSAFE MARIN PROGRAM

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MARJAREE MASON CENTER 1600 "M" STREET FRESNO, CA 93721	94-1156639	501(C)(3)	25,000.	0.			TO DEVELOP A BEHAVIORAL HEALTH TRAINING PROGRAM ON DOMESTIC VIOLENCE FOR YOUTH
MARCH OF DIMES 3699 WILSHIRE BLVD., SUITE 520 LOS ANGELES, CA 90010	13-1846366	501(C)(3)	40,000.	0.			FUND RESEARCH ON PREMATURE BIRTH AND IMPROVE ACCESS TO HEALTH THROUGH "BECOMING A
MATHEMATICA POLICY RESEARCH, INC. P.O. BOX 2393 PRINCETON, NJ 08543-2393	22-2112296		17,000.	0.			COLLECTING AND REPORTING HEALTH INSURANCE ELIGIBILITY & ENROLLMENT DATA FOR CALIFORNIA
MEDIA IMPACT FUNDERS 200 WEST WASHINGTON SQUARE, SUITE PHILADELPHIA, PA 19106	26-1948166	501(C)(3)	7,500.	0.			2016 FOUNDATION MEMBERSHIP
MONITOR 360 444 SPEAR STREET, SUITE 210 SAN FRANCISCO, CA 94131	20-0479335		149,000.	0.			UNDERSTANDING NARRATIVES ASSOCIATED WITH C-SECTIONS
NATIONAL ACADEMY OF SCIENCES INSTITUTE OF MEDICINE - 500 5TH STREET NW - WASHINGTON, DC 20001	53-0196932	501(C)(3)	50,000.	0.			FOR AN IOM REPORT, "HOUSING, HEALTH AND HOMELESSNESS: EVALUATING THE EVIDENCE"
NATIONAL QUALITY FORUM 1030 15TH STREET, NW, SUITE 800 WASHINGTON, DC 20005	52-2175544	501(C)(3)	10,000.	0.			SUPPORT FOR THE NATIONAL QUALITY FORUMS 2015 ANNUAL CONFERENCE
NATIONAL HISPANIC HEALTH FOUNDATION - 1216 FIFTH AVE., STE. 457 - NEW YORK, NY 10029	26-0051902	501(C)(3)	10,000.	0.			EVENTS, 2015-16
NATIONAL MEDICAL FELLOWSHIPS 347 FIFTH AVENUE, SUITE 510 NEW YORK, NY 10016	36-2125449	501(C)(3)	7,500.	0.			LA CHAMPIONS OF HEALTH AWARDS, 2015

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NATIONAL BUSINESS GROUP ON HEALTH 20 F STREET, NW, SUITE 200 WASHINGTON, DC 20001	52-1147591	501(C)(3)	7,500.	0.			2016 MEMBERSHIP
NATIONAL OPINION RESEARCH CENTER 4350 EAST-WEST HIGHWAY, SUITE 800 BETHESDA, MD 20814	36-2167808	501(C)(3)	228,860.	0.			EMPLOYER HEALTH BENEFITS IN CALIFORNIA, 2015; CONSULTATION TO HELP CALIFORNIA'S HEALTH AND
JUSTICE IN AGING 3660 WILSHIRE BLVD, SUITE 718 LOS ANGELES, CA 90010	95-3132674	501(C)(3)	389,500.	0.			MODERNIZING CALIFORNIA'S ASSISTED LIVING FACILITY OVERSIGHT; ADVANCING INTEGRATED CARE IN
NETWORK180 790 FULLER AVE NE GRAND RAPIDS, MI 49503	38-3672594	KENT COUNTY, MI	15,000.	0.			ADVISORY AND OTHER SUPPORT FOR CHCF'S OPIOID INITIATIVE
NORTHERN CALIFORNIA GRANTMAKERS 160 SPEAR STREET, SUITE 360 SAN FRANCISCO, CA 94105	94-2761355	501(C)(3)	17,500.	0.			2016 MEMBERSHIP
NORXABUSE 21372 CREEKSIDE DRIVE RED BLUFF, CA 96080	47-4882346	501(C)(3)	59,464.	0.			REDUCING OPIOID-RELATED MORBIDITY AND MORTALITY: SUPPORT FOR REGIONAL SAFE PRESCRIBING COALITIONS
ON LOK, INC. 1333 BUSH STREET SAN FRANCISCO, CA 94109-5611	94-3101464	501(C)(3)	10,000.	0.			BAY AREA SENIOR HEALTH POLICY FORUM, 2015
ORANGE COUNTY NEEDLE EXCHANGE PROGRAM - 204 40TH STREET, APT. B - NEWPORT BEACH, CA 92663	47-2547964	501(C)(3)	10,000.	0.			FOR THE DEVELOPMENT AND LAUNCH OF THE FIRST NEEDLE EXCHANGE IN ORANGE COUNTY, WHICH WILL
OREGON HEALTH AND SCIENCE UNIVERSITY - 0690 SW BANCROFT STREET, MAILCODE L106SPA - PORTLAND, OR 97239	93-1176109	OHSU	24,808.	0.			SCHOLARSHIPS FOR CARE MANAGEMENT PLUS TRAINING FOR CALIFORNIA COMMUNITY CLINICS; EPOLST

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LIDERES CAMPESINAS P.O. BOX 20033 OXNARD, CA 93034	95-4611282	501(C)(3)	20,000.	0.			TO SUPPORT THE HEALTH OF FARMWORKERS, ESPECIALLY THOSE AFFECTED BY THE IMPACT OF PESTICIDES.;
PACIFIC BUSINESS GROUP ON HEALTH 575 MARKET STREET, SUITE 600 SAN FRANCISCO, CA 94105	94-3093623	501(C)(3)	180,578.	0.			RETROSPECTIVE BRIEF EVALUATION ON IMPACT OF FREQUENT USERS COLLABORATIVE OF
PACIFIC HEALTH CONSULTING GROUP 72 OAK KNOLL AVENUE SAN ANSELMO, CA 94960	68-0403180		122,934.	0.			CONSULTING SUPPORT FOR INNOVATION FUND SAFETY NET WORK; BUSINESS PLANNING TECHNICAL
PACIFIC VISION FOUNDATION 711 VAN NESS AVE., STE. 500 SAN FRANCISCO, CA 94102	94-2422439	501(C)(3)	25,000.	0.			RESEARCH AND DEVELOP EYE CARE STRATEGY FOR LOW-INCOME POPULATIONS
PAPERCLIP MANAGEMENT SERVICES CORP 447 N. MILL VALLEY DR. MOUNTAIN HOUSE, CA 95391	45-3639888		31,750.	0.			CONSULTING: CA POLST REGISTRY; POLST TECHNICAL MODEL RECOMMENDATIONS; EPOLST CONSULTANT;
PARTNERS HEALTHCARE SYSTEM 25 NEW CHARDON STREET, SUITE 400D BOSTON, MA 02114	04-3230035	501(C)(3)	9,500.	0.			CONNECTED HEALTH SYMPOSIUM & EXPO, 2015
PARTNERSHIP HEALTHPLAN OF CALIFORNIA - 4665 BUSINESS CENTER DRIVE - FAIRFIELD, CA 94534	68-0301406	PHC	286,296.	0.			ABC'S OF QUALITY IMPROVEMENT; PAYERS AND PROVIDERS: TESTING NEW PAYMENT AND DELIVERY
PHYSICIANS MEDICAL FORUM 2201 BROADWAY, SUITE 212 OAKLAND, CA 94612	30-0086728	501(C)(3)	10,000.	0.			ANNUAL MEDICAL EDUCATION CONFERENCE, 2016
PHYSICIANS FOR A NATIONAL HEALTH PROGRAM CALIFORNIA PHYSICIANS ALLIANCE - 1137 WILSHIRE BLVD - LOS ANGELES, CA 90017	94-3043086	501(C)(3)	25,000.	0.			TO EXPAND ITS PROJECT WHITE COAT/PROYECTO BATAS BLANCAS PROGRAM STATEWIDE, TO SUPPORT A

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Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PLACER-NEVADA COUNTY MEDICAL SOCIETY - 4220 ROCKLIN ROAD, SUITE 5 - ROCKLIN, CA 95677	94-1709852	501(C)(6)	50,750.	0.			REDUCING OPIOID-RELATED MORBIDITY AND MORTALITY: SUPPORT FOR REGIONAL SAFE PRESCRIBING COALITIONS
PLUMAS COUNTY PUBLIC HEALTH AGENCY 270 COUNTY HOSPITAL ROAD, SUITE 20 QUINCY, CA 95971	94-6000528	PCPHA	30,000.	0.			REDUCING OPIOID-RELATED MORBIDITY AND MORTALITY: SUPPORT FOR REGIONAL SAFE PRESCRIBING COALITIONS
POLITICAL SOLUTIONS LLC 1414 K ST., SUITE 400 SACRAMENTO, CA 95814	73-1688531		54,000.	0.			ASSISTANCE WITH MONITORING SACRAMENTO POLITICAL AND POLICY HAPPENINGS
PREVENTIVE PRESCRIPTIONS HEALTHCARE FOUNDATION - 949 NW OVERTON, STE. 1201 - PORTLAND, OR 97209	47-2791359	501(C)(3)	30,000.	0.			SPONSORSHIP OF THE FILM, "THE DOCTOR WAR"
PROJECT HOPE - THE PEOPLE-TO-PEOPLE HEALTH FOUNDATION - 7500 OLD GEORGETOWN ROAD, SUITE 600 - BETHESDA, MD 20814-6133	53-0242962	501(C)(3)	556,000.	0.			HEALTH AFFAIRS: SUPPORTING HEALTH CARE JOURNALISM AND COMMUNICATIONS
PUBLIC HEALTH FOUNDATION ENTERPRISES, INC. - 12801 CROSSROADS PARKWAY S. #200 - CITY OF INDUSTRY, CA 91746	95-2557063	501(C)(3)	75,000.	0.			SEARCH FOR CEO POSITION AT SFGH
PUBLIC HEALTH INSTITUTE 555 12TH STREET, 10TH FLOOR OAKLAND, CA 94607-4046	94-1646278	501(C)(3)	187,834.	0.			COUNTY DATA STORYTELLING TOOL: PILOT PHASE; INSURANCE LITERACY CURRICULUM DEVELOPMENT;
QUALITY HEALTHCARE CONCEPTS, INC. 508 LAUREL COURT BENICIA, CA 94510	46-3250709		65,000.	0.			OPIOID SAFETY IN PHARMACIES: DEVELOPING FREE ONLINE EDUCATIONAL MATERIALS FOR PHARMACISTS
QUALIS HEALTH 10700 MERIDIAN AVENUE N, SUITE 100 SEATTLE, WA 98133	91-1072875	501(C)(3)	179,706.	0.			ASSESSMENT OF THE IMPACT OF PCMH IMPLEMENTATION ON SAN MATEO MEDICAL CENTER PATIENT CARE AND COSTS;

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Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RADY CHILDREN'S HOSPITAL FOUNDATION-SAN DIEGO - 3020 CHILDREN'S WAY, MC 5005 - SAN DIEGO, CA 92123	33-0170626	501(C)(3)	99,902.	0.			PAYERS AND PROVIDERS: TESTING NEW PAYMENT AND DELIVERY MODELS FOR PALLIATIVE CARE IN THE
RAND CORPORATION 1776 MAIN STREET, M4W SANTA MONICA, CA 90407-2138	95-1958142	501(C)(3)	49,808.	0.			EVALUATION OF MAVEN PROJECT; EVALUATING THE IMPACT OF TELEHEALTH ON UTILIZATION AND COSTS:
REDWOOD COMMUNITY HEALTH COALITION 1310 REDWOOD WAY, SUITE 135 PETALUMA, CA 94954	94-3220029	501(C)(3)	60,000.	0.			REDUCING OPIOID-RELATED MORBIDITY AND MORTALITY: SUPPORT FOR REGIONAL SAFE PRESCRIBING COALITIONS
UNIVERSITY OF CALIFORNIA, SAN FRANCISCO - 500 PARNASSUS AVENUE - SAN FRANCISCO, CA 94143	94-6036493	UNIV OF CA	1,729,666.	0.			PREVENTABLE HOSPITALIZATIONS RATES AMONG CALIFORNIA'S MEDI-CAL POPULATION;
UNIVERSITY OF CALIFORNIA, BERKELEY 200 CALIFORNIA HALL # 1500 BERKELEY, CA 94720	94-6002123	UNIV OF CA	71,248.	0.			HEALTH DATA VISUALIZATION TRAINING PROGRAM; INCREASING THE AFFORDABILITY OF HEALTH
UNIVERSITY OF CALIFORNIA, LOS ANGELES - 405 HILGARD AVENUE - LOS ANGELES, CA 90095	95-6006143	UNIV OF CA	307,711.	0.			MONITORING THE ACA WITH CHIS 2013-2014 ACCESS MEASURES; EVALUATION OF LAC DHS CARE CONNECTIONS
UNIVERSITY OF CALIFORNIA, IRVINE 510 ALDRICH HALL IRVINE, CA 92697	95-2226406	UNIV OF CA	96,672.	0.			SUPPORT FOR ANNUAL UC IRVINE HEALTH CARE FORECAST CONFERENCE, 2016; REDUCING
UNIVERSITY OF CALIFORNIA, MERCED 5200 NORTH LAKE ROAD MERCER, CA 95343	27-0093858	UNIV OF CA	23,500.	0.			COST OF CHRONIC CONDITIONS IN CALIFORNIA: CREATING A TOOL FOR PUBLIC HEALTH DEPARTMENTS
ROCK HEALTH, INC. 455 MISSION BAY BOULEVARD, SUITE 1 SAN FRANCISCO, CA 94158	45-1204321	501(C)(3)	15,000.	0.			SPONSORSHIP OF 2015 ROCK HEALTH SUMMIT

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Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RUNYON SALTZMAN EINHORN, INC. 2020 L STREET, SUITE 100 SACRAMENTO, CA 95811	94-2323479		42,500.	0.			50TH MEDI-CAL ANNIVERSARY VIDEO
CENTER FOR HEALTHCARE DECISIONS 955 UNIVERSITY AVENUE, SUITE C SACRAMENTO, CA 95825	68-0441958	501(C)(3)	178,058.	0.			DOING WHAT WORKS AND CORE SUPPORT; STATE OPTIONS ON PRESCRIPTION DRUG PRICING
SAN DIEGO FAMILY CARE 6973 LINDA VISTA ROAD SAN DIEGO, CA 92111	95-2700856	501(C)(3)	50,000.	0.			TO SUPPORT DELIVERY OF HIGH-QUALITY MEDICAL CARE AND MENTAL HEALTH SERVICES TO LOW-INCOME
SAN FRANCISCO GENERAL HOSPITAL FOUNDATION - 2789 25TH STREET, SUITE 2028 - SAN FRANCISCO, CA 94110	94-3189424	501(C)(3)	10,000.	0.			2016 HEROES & HEARTS EVENT
SAN FRANCISCO STUDY CENTER 1663 MISSION STREET, SUITE 504 SAN FRANCISCO, CA 94103	94-2168838	501(C)(3)	20,000.	0.			TO SUPPORT THE OPEN TRUTH CAMPAIGN, AN EFFORT BY SAN FRANCISCO BAY AREA YOUTH, PUBLIC HEALTH
SANTE HEALTH FOUNDATION P.O. BOX 28946 FRESNO, CA 93729-8946	20-0517238		10,000.	0.			HEALTHFINCH SWOOP PILOT AT COMMUNITY FOUNDATION MEDICAL GROUP
SCOTT & COMPANY 687 GREAT MOOSE DRIVE HARTLAND, ME 04943	45-0484458		151,750.	0.			CA POLST REGISTRY: EXPLORING SUSTAINABILITY; OPERATIONALIZING THE CMQCC-CMDC SUSTAINABILITY
SHANTI PROJECT 730 POLK STREET, 3RD FLOOR SAN FRANCISCO, CA 94109	94-2297147	501(C)(3)	10,000.	0.			COMPASSION IS UNIVERSAL EVENT, 2015; TO SUPPORT SHANTI'S PROGRAMS FOR PEOPLE IN CALIFORNIA
SHASTA COMMUNITY HEALTH CENTER 1035 PLACER STREET REDDING, CA 96001	68-0165855	501(C)(3)	5,752.	0.			CHARGING STATIONS FOR SEAMLESS PILOT SITE; SUPPORT FOR DEVELOPMENT OF CHC SPECIFIC TOOLS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOCRATA 83 KING STREET, SUITE 107 SEATTLE, WA 98104	20-8512903		14,850.	0.			CDPH MIGRATION TO CHHS OPEN DATA PORTAL
SOUTHERN CALIFORNIA GRANTMAKERS 1000 N. ALAMEDA STREET, SUITE 230 LOS ANGELES, CA 90012	95-2831058	501(C)(3)	10,000.	0.			2016 MEMBERSHIP
SOUTHERN CALIFORNIA PUBLIC RADIO 474 S RAMOND AVE PASADENA, CA 91105	95-4765734	501(C)(3)	193,000.	0.			SUPPORT EXPANSION OF HEALTH CARE NEWS DESK; SUPPORT FOR HEALTH CARE NEWS DESK
SPECTRUM HEALTH PRIMARY CARE PARTNERS - 1840 WEALTHY ST. SW - GRAND RAPIDS, MI 49506	38-1358164		72,500.	0.			STRATEGY SUPPORT, TRAINING AND DEVELOPMENT OF PROJECTS INTEGRATING ADDICTION TREATMENT INTO
SPITFIRE STRATEGIES 1800 M STREET NW, SUITE 300 NORTH WASHINGTON, DC 20036	81-0561016		51,500.	0.			UNDERSTANDING TACTICS THAT CAN HAVE IMPACT TO AMPLIFY THE VOICE OF CONSUMERS
BOARD OF TRUSTEES OF LELAND STANFORD JUNIOR UNIVERSITY STANFORD UNIVERSITY - 450 SERRA MALL - STANFORD, CA 94305	94-1156365	501(C)(3)	2,614,826.	0.			SUPPORT FOR 2015 MEDICINE X; TELLING THE SUCCESS STORY OF EARLY ELECTIVE DELIVERY REDUCTION IN
STAMEN DESIGN 2017 MISSION STREET, SUITE 300 SAN FRANCISCO, CA 94110	20-1972502		79,000.	0.			ENHANCEMENTS TO ACA 411; ACA 411 PHASE 3: TRENDS, INTERACTION, NEW DOMAIN
STARTUP HEALTH 26 W. 17TH, 2ND FLOOR NEW YORK, NY 10011	45-4362441		14,131.	0.			PROGRAM DEVELOPMENT FOR THE MH/BH INNOVATION SHOWCASE; NETWORKING RECEPTION AT 2015 HEALTH
STEWARDS OF CHANGE INSTITUTE, INC. 100 CENTERSHORE ROAD CENTERPORT, NY 11721	20-1647503	501(C)(3)	70,000.	0.			PLANNING FOR 2016 CALIFORNIA OPEN DATAFEST; CALIFORNIA HHS OPEN DATAFEST III: SYMPOSIUM

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Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SUPPORT FOR FAMILIES OF CHILDREN WITH DISABILITIES - 1663 MISSION STREET, 7TH FLOOR - SAN FRANCISCO, CA 94103	94-2819062	501(C)(3)	7,500.	0.			PRESENTING EXPERIENCES TO CALIFORNIA CHILDREN'S SERVICES; TO SUPPORT THE 2016 ANNUAL HEALTH SUMMIT
SUSAN G. KOMEN BREAST CANCER FOUNDATION, INC. - 3191-A AIRPORT LOOP DRIVE - COSTA MESA, CA 92626	33-0487943	501(C)(3)	20,000.	0.			TO SUPPORT THE COP CALIFORNIA AWARENESS AND EDUCATION CAMPAIGN
THIRD SECTOR CAPITAL PARTNERS INC. 200 CLAREDON STREET, 44TH FLOOR, JOHN HANCOCK TOWER - BOSTON, MA 02116	46-1301032	501(C)(3)	25,000.	0.			SANTA CLARA COUNTY ACUTE MENTAL HEALTH PAY FOR SUCCESS INITIATIVE TO IMPROVE CARE FOR SEVERELY
TIDES CENTER, CENTER FOR CARE INNOVATIONS - 1438 WEBSTER ST., STE 101 - OAKLAND, CA 94612	94-3213100	501(C)(3)	704,313.	0.			SPREADING COMPLEX CARE MANAGEMENT IN THE SAFETY NET; TCP 2.0: CAPACITY BUILDING FOR THE
UFW FOUNDATION 3002 WHITTIER BOULEVARD LOS ANGELES, CA 90023	95-2703575	501(C)(3)	20,000.	0.			SUPPORT FOR FARM WORKERS AND WORKPLACE HEALTH; SUPPORT FOR FARM WORKERS AND WORKPLACE HEALTH
UNIVERSITY OF SOUTHERN CALIFORNIA ANDRUS GERONTOLOGY CENTER, MC 0191, UNIVERSITY PARK - LOS ANGELES, CA 90089-	95-1642394	501(C)(3)	364,062.	0.			PUBLIC HEALTH DATA JOURNALISM FELLOWSHIPS; EVALUATION OF OMADA DIABETES PREVENTION
VALLEY CHILDREN'S HOSPITAL 9300 VALLEY CHILDREN'S PLACE MADERA, CA 93636-8761	94-1294954	501(C)(3)	25,000.	0.			TO PROVIDE SUPPORT FOR TRAVEL ASSISTANCE FOR UNDERSERVED FAMILIES TO MEET APPOINTMENTS FOR
VISION Y COMPROMISO 10000 N. ALAMEDA STREET, SUITE 350 LOS ANGELES, CA 90012	32-0071651	501(C)(3)	30,000.	0.			TO ASSIST IN SUPPORTING COMMUNITY HEALTH WORKERS IN CALIFORNIA; 2015 VISION Y COMPROMISO
WESTERN CENTER ON LAW AND POVERTY 3701 WILSHIRE BOULEVARD, SUITE 208 LOS ANGELES, CA 90010-2809	95-2897721	501(C)(3)	150,000.	0.			IMPROVING ACCESS TO AFFORDABLE COVERAGE AND ENROLLMENT IN MEDI-CAL AND COVERED CALIFORNIA

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Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WHITE ASH BROADCASTING, INC. VALLEY PUBLIC RADIO, KVPR FM 89 - 3437 W. SHAW, #101 - FRESNO, CA 93711	94-2297746	501(C)(3)	100,000.	0.			SUPPORT FOR 12 "VALLEY EDITION" HEALTH POLICY PROGRAMS, AND SPOT FEATURE PROGRAMMING
WHITE MOUNTAIN RESEARCH ASSOCIATES, LLC - P.O. BOX 760 - WALPOLE, NH 03608-0760	22-3783652		186,550.	0.			EVALUATION OF SEAMLESS MEDICAL SYSTEMS SNAP PRACTICE SOFTWARE PILOT; EVALUATION OF
THE WOMEN'S FOUNDATION OF CALIFORNIA - 300 FRANK OGAWA PLAZA, STE. 420 - OAKLAND, CA 94612	94-2752421	501(C)(3)	10,000.	0.			BAY AREA WOMEN'S SUMMIT, 2015

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 non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
SACRAMENTO BRIEFINGS SUPPORT	1	237,652.	0.		
PLANNING GRANT: GEOGRAPHIC VARIATION IN ELECTIVE PROCEDURES FOR MEDI-CAL BENEFICIARIES	1	124,200.	0.		
PROJECT MANAGEMENT: CALIFORNIA IMPROVEMENT NETWORK (CIN) PHASE V	1	115,470.	0.		
HEALTH HOMES PROGRAM ASSESSMENT OF PLAN AND COMMUNITY READINESS - CONSULTANT SUPPORT FOR DHCS	1	110,000.	0.		
PROJECT MANAGEMENT FOR THE REGIONAL COALITIONS AND OTHER OPIOID INITIATIVE PROJECTS	1	89,000.	0.		

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

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

Part III Continuation of Grants and Other Assistance to Individuals in the United States (Schedule I (Form 990), Part III.)

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
COMMUNITIES OUTREACH PLAN FOR STATE HEALTH DATA	1.	89,000.	0.		
MEASURING CANCER PROCEDURE VOLUME IN HOSPITAL: PHASE II (REPORTING)	1.	75,200.	0.		
EXTENSION OF PROJECT ECHO EVALUATION ACTIVITIES	1.	65,000.	0.		
PROJECT MANAGEMENT OF POLST REGISTRY PILOT PROJECT	1.	60,000.	0.		
EVALUATION OF A COLLABORATIVE MATERNAL MENTAL HEALTH CARE PILOT IN 3 FQHCs IN LOS ANGELES	1.	60,000.	0.		
ILLUMINATING THE LANDSCAPE: HIES AND OTHER ASSETS FOR SAFETY NET POPULATION HEALTH MANAGEMENT	1.	53,000.	0.		
PROJECT MANAGEMENT: PAYERS AND PROVIDERS: TESTING NEW PAYMENT AND DELIVERY MODELS FOR PALLIATIVE CARE IN THE COMMUNITY	1.	50,000.	0.		
TRENDS IN ED UTILIZATION AND CAPACITY IN CALIFORNIA	1.	49,600.	0.		
MOVING FORWARD WITH OPEN DATA - LOS ANGELES COUNTY PUBLIC HEALTH	1.	49,400.	0.		

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Part III Continuation of Grants and Other Assistance to Individuals in the United States (Schedule I (Form 990), Part III.)

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
2015 ALMANAC MATERNITY CARE REPORT	1.	45,000.	0.		
PROJECT MGMT: CARE INTEGRATION PLANNING GRANTS	1.	45,000.	0.		
CLINICAL & TA CONSULTANT: COMMUNITY-BASED PALLIATIVE CARE IN CALIFORNIA PUBLIC HOSPITALS	1.	40,880.	0.		
TECHNICAL ASSISTANCE TO PROVIDER-PARTNERSHIPS: INCREASING COMMUNITY-BASED PALLIATIVE CARE	1.	40,000.	0.		
COVERED CA ONLINE CONSUMER EXPERIENCE ASSESSMENT: THIRD OPEN ENROLLMENT PERIOD	1.	37,000.	0.		
TRANSITIONING UNDOCUMENTED CHILDREN FROM HEALTHY KIDS TO MEDI-CAL	1.	36,000.	0.		
CONSUMER-FACING HEALTH CARE TECHNOLOGIES	1.	35,000.	0.		
HEALTH CARE COSTS 101 SNAPSHOT, 2016 EDITION	1.	32,750.	0.		
PROJECT MANAGEMENT FOR CY PRES FUND	1.	30,000.	0.		

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Part III Continuation of Grants and Other Assistance to Individuals in the United States (Schedule I (Form 990), Part III.)

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MAPPING PALLIATIVE CARE CAPACITY IN CA	1.	26,650.	0.		
UX ASSESSMENT PRESS RELEASE PACKAGE	1.	25,700.	0.		
COVERED CA ONLINE CONSUMER EXPERIENCE ASSESSMENT: VIDEO STORIES	1.	25,000.	0.		
COUNTY COVERAGE FOR UNDOCUMENTED ADULTS: ASSESSING OPPORTUNITIES	1.	24,675.	0.		
CALIFORNIA HEALTH INSURERS, ENROLLMENT & MLR UPDATE	1.	22,875.	0.		
INTEGRATING ADDICTION TREATMENT INTO PRIMARY CARE: SURVEY OF BEST PRACTICES WITH SAMPLE CASE STUDIES	1.	22,000.	0.		
CONSULTATION SERVICES TO SUPPORT THE CALIFORNIA HEALTH & HUMAN SERVICES OPEN DATA PORTAL	1.	20,000.	0.		
PROJECT MANAGEMENT FOR SUPPORTING CONSUMER ADVOCATES TO IMPROVE ACCESS	1.	20,000.	0.		
PROJECT MANAGEMENT FOR ONLINE CONSUMER EXPERIENCE ASSESSMENT: COVEREDCA.COM THIRD OEP	1.	20,000.	0.		

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Part III Continuation of Grants and Other Assistance to Individuals in the United States (Schedule I (Form 990), Part III.)

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
DEVELOPMENT OF APP FROM SACRAMENTO HEALTH DATA PROJECT	1.	20,000.	0.		
CONSULTANT SUPPORT FOR "INTEGRATING ADDICTION TREATMENT INTO COMPLEX CARE CLINICS: PLANNING GRANTS FOR MEDI-CAL PLAN/PROVIDER PARTNERSHIPS"	1.	19,730.	0.		
INCREASING PATIENT COST-SHARING AND IMPLICATIONS FOR CALIFORNIA'S CAPITATED MODEL	1.	19,500.	0.		
GRANT-WRITING SUPPORT FOR CDPH TO APPLY FOR CDC GRANT: PREVENTING PRESCRIPTION OPIOID OVERDOSE PREVENTION	1.	19,388.	0.		
COMMUNITIES OUTREACH PLAN FOR THE STATE'S HEALTH DATA: PILOT PHASE	1.	17,764.	0.		
MENTOR TO REGIONAL COALITIONS PROJECT (SHASTA, ORANGE, SANTA CLARA)	1.	15,000.	0.		
UNDERSTANDING TOP CONSUMER ADVOCACY ORGANIZATIONS' PROJECT GOALS	1.	15,000.	0.		
IMPROVING TREATMENT OF CHRONIC PAIN IN SAFETY NET CLINICAL SETTINGS: NON-OPIOID AND NON-PHARMACOLOGIC STRATEGIES	1.	13,800.	0.		
STAKEHOLDER FACILITATION AND SUPPORT: IMPACT OF FEDERAL AFFORDABLE CARE ACT STANDARDS ON STATE LAW	1.	13,775.	0.		

Schedule I (Form 990)

Part III Continuation of Grants and Other Assistance to Individuals in the United States (Schedule I (Form 990), Part III.)

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
MENTOR TO REGIONAL COALITIONS PROJECT (SANTA CRUZ AND ALAMEDA/CONTRA COSTA)	1.	11,500.	0.		
COMMUNITIES OUTREACH PLAN FOR THE STATE'S HEALTH DATA: CITY AMBASSADOR, SACRAMENTO	1.	10,212.	0.		
PROJECT COORDINATION FOR THE REGIONAL OPIOID COALITIONS	1.	10,000.	0.		
PROJ MGMT: MAT IN THE ED CONVENING	1.	10,000.	0.		
CALIFORNIA CANCER SPENDING REPORT: DRAFT REVIEW AND REPORT PREPARATION	1.	9,225.	0.		
BRINGING MEDICALLY ASSISTED TREATMENT FOR ADDICTION TO THE EMERGENCY DEPARTMENT	1.	8,500.	0.		
CONSULTANT TO REVIEW OF SB1004 STAKEHOLDER COMMENTS	1.	8,000.	0.		
CONSULTANT SUPPORT TO SAFE PRESCRIBING ACTION GROUP	1.	7,800.	0.		
PROJECT MANAGEMENT: NEW MODELS FOR COMPLEX CARE CLINICS PLANNING PHASE	1.	7,250.	0.		

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AMBASSADOR FOR COMMUNITIES OUTREACH PLAN FOR STATE HEALTH DATA	2.	13,000.	0.		
CONSULTING SERVICES & DATA PREPARATION IN SUPPORT OF	1.	5,625.	0.		
HUMAN SERVICES DATA PILOT PROJECT	1.	5,500.	0.		
MEDI-CAL FACTS AND FIGURES FEASIBILITY ASSESSMENT, 2016	1.	5,000.	0.		
COMMUNITIES OUTREACH PLAN FOR THE STATE'S HEALTH DATA: CITY AMBASSADOR, FRESNO	1.	4,000.	0.		
IMPROVING TREATMENT OF CHRONIC PAIN IN SAFETY NET CLINICAL SETTINGS: NON-OPIOID AND NON-PHARMACOLOGIC STRATEGIES	1.	4,000.	0.		
HELPING NEWLY ENROLLED LOW-INCOME CONSUMERS NAVIGATE: UNDERSTANDING THE PROBLEM, EXAMINING OPPORTUNITIES	1.	3,313.	0.		
SUPPORT FOR BEING MORTAL PROJECT	1.	3,000.	0.		
AMBASSADOR FOR COMMUNITIES OUTREACH PLAN FOR STATE HEALTH DATA, SAN DIEGO	1.	3,000.	0.		

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Part III Continuation of Grants and Other Assistance to Individuals in the United States (Schedule I (Form 990), Part III.)

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AMBASSADOR FOR COMMUNITIES OUTREACH PLAN FOR STATE HEALTH DATA, SAN JOSE	1.	3,000.	0.		
CARE MANAGEMENT TECHNOLOGY SOLUTIONS	1.	2,925.	0.		
COMMUNITIES OUTREACH PLAN FOR THE STATE'S HEALTH DATA: CITY AMBASSADORS LOS ANGELES	1.	2,504.	0.		
FACULTY FOR SAFE PRESCRIBING RESIDENCY ACTION GROUP	1.	1,375.	0.		
PROJECT MANAGEMENT SUPPORT FOR IMPROVING ACCESS	1.	1,125.	0.		
PREPARE INTERACTIVE MAP OF REGIONAL OPIOID COALITION RESOURCES	1.	625.	0.		

Part IV Supplemental Information

BUDGET FOR THE GRANT TO ENSURE THAT FUNDS ARE EXPENDED FOR THE INTENDED

PURPOSES. IN ADDITION, CHCF ANNUALLY AUDITS APPROXIMATELY 10% OF ITS ACTIVE

GRANTS. THIS AUDIT IS CONDUCTED BY AN INDEPENDENT AUDITING FIRM WHICH,

AMONG OTHER THINGS, CHECKS TO ENSURE THE ACCURACY OF GRANT FINANCIAL

REPORTS AGAINST THE GRANTEE'S RECORDS.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: ACADEMYHEALTH

(H) PURPOSE OF GRANT OR ASSISTANCE: SPONSORSHIP FOR ACADEMY HEALTH

"CONCORDIUM 2015" CONFERENCE; 2016 MEMBERSHIP; SUPPORT FOR 2016 NATIONAL

HEALTH POLICY CONFERENCE

NAME OF ORGANIZATION OR GOVERNMENT: ACCESS YOUTH ACADEMY

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR HEALTH, WELLNESS, AND FITNESS

PROGRAMS FOR LOW INCOME YOUTH OF LOW INCOME FAMILIES IN THE SAN DIEGO

AREA.; FOR CONTINUED SUPPORT OF HEALTH, WELLNESS, AND FITNESS PROGRAMS

FOR YOUTH OF LOW-INCOME FAMILIES IN THE SAN DIEGO AREA

NAME OF ORGANIZATION OR GOVERNMENT: ATLANTIC MEDIA STRATEGIES

(H) PURPOSE OF GRANT OR ASSISTANCE: DEEPENING AN UNDERSTANDING OF CHCF'S

AUDIENCES TO IMPROVE COMMUNICATION PRODUCTS, GIVING VISION AND VOICE TO

ACCESSIBLE HEALTH CARE

NAME OF ORGANIZATION OR GOVERNMENT: BEYOND LUCID TECHNOLOGIES, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: COMMUNITY PARAMEDICINE/MOBILE

INTEGRATED HEALTH CARE PILOT - INTEROPERABLE TECHNOLOGY PROJECT

NAME OF ORGANIZATION OR GOVERNMENT: BLUEPATH HEALTH, INC.

Part IV Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: VIRTUAL SOLUTIONS FOR PAIN AND
MEDICATION-ASSISTED OPIOID ADDICTION MANAGEMENT; ASSESSMENT OF
E-REFERRAL/E-CONSULT TECHNOLOGY SOLUTIONS; USING MEDI-CAL DATA TO INFORM
POLICY: CURRENT RESEARCH EFFORTS

NAME OF ORGANIZATION OR GOVERNMENT:
CALIFORNIA ASSOCIATION OF LONG TERM CARE MEDICINE

(H) PURPOSE OF GRANT OR ASSISTANCE: NURSING HOME AND HEALTH PLAN
PARTNERSHIPS: HONORING WISHES AND REDUCING HOSPITAL TRANSFERS

NAME OF ORGANIZATION OR GOVERNMENT:
CALIFORNIA CENTER FOR PUBLIC HEALTH ADVOCACY

(H) PURPOSE OF GRANT OR ASSISTANCE: DEVELOPING LOCAL ESTIMATES OF
PREDIABETES; TO SUPPORT THE PRE-DIABETES CONFERENCE IN SACRAMENTO, CA, ON
MARCH 15, 2016, AT WHICH PARTICIPANTS WILL RESPOND TO THE CALIFORNIA
CENTER FOR PUBLIC HEALTH ADVOCACY'S RELEASE OF NEW DATA DESCRIBING
ALARMING PRE-DIABETES RATES THROUGHOUT CALIFORNIA.

NAME OF ORGANIZATION OR GOVERNMENT:
CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

(H) PURPOSE OF GRANT OR ASSISTANCE: MEDI-CAL EHR INCENTIVE PROGRAM:
PROVIDER TA; DATA ANALYSIS OF OPTIONS FOR CCS REDESIGN; SUPPORT HEALTH
PLAN TRAINING AND OTHER MANAGED CARE RELATED TRAINING; MEDI-CAL SPECIALTY
MENTAL HEALTH SERVICES; EVALUATION OF CHILDREN'S FUNCTIONAL STATUS;
TRAININGS AND EDUCATIONAL OPPORTUNITIES RELATED TO THE PALLIATIVE CARE
BENEFIT IMPLEMENTATION

NAME OF ORGANIZATION OR GOVERNMENT:

Part IV Supplemental Information

CALIFORNIA RURAL LEGAL ASSISTANCE, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR HEALTH AND HUMAN WELL-BEING AND ACCESS TO HEALTH CARE FOR CALIFORNIA FARM WORKERS AND PROTECTION FROM PESTICIDES.; HEALTH AND WELL-BEING OF CALIFORNIA FARM WORKERS

NAME OF ORGANIZATION OR GOVERNMENT:

CALIFORNIA STATE UNIVERSITY SAN MARCOS FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: PLANNING GRANT FOR CSU TO DEVELOP A CURRICULUM FOR HEALTH PLAN CARE MANAGERS; CALIFORNIA STATE UNIVERSITY: INSTITUTE FOR PALLIATIVE CARE; IMPLEMENTATION GRANT TO DEVELOP A CURRICULUM FOR HEALTH PLAN CARE MANAGERS

NAME OF ORGANIZATION OR GOVERNMENT: CALIFORNIA TELEHEALTH NETWORK

(H) PURPOSE OF GRANT OR ASSISTANCE: 2015 STATEWIDE TELEHEALTH SUMMIT; CONFERENCE SUPPORT FOR ANNUAL CALIFORNIA TELEHEALTH NETWORK SUMMIT (2016)

NAME OF ORGANIZATION OR GOVERNMENT:

SAN DIEGO STATE UNIVERSITY CAMPANILE FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO FUND UNDER-GRADUATE AND GRADUATE STUDENTS FROM THE COLLEGE OF HEALTH AND HUMAN SERVICES TO PARTICIPATE IN THE UNIVERSITY'S STUDY-ABROAD PROGRAM. THIS PROGRAM WILL INCREASE AWARENESS OF CULTURAL DIFFERENCES AND PROMOTE KNOWLEDGE OF ALTERNATIVE HEALTH CA

NAME OF ORGANIZATION OR GOVERNMENT: CAPITOL IMPACT, LLC

(H) PURPOSE OF GRANT OR ASSISTANCE: CONFERENCE SUPPORT FOR STATE STAFF AND CALIFORNIA LEGISLATIVE STAFF EDUCATION INSTITUTE FUNDING

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT:

CARECHOICES HOSPICE AND PALLIATIVE SERVICES, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: PAYERS AND PROVIDERS: TESTING NEW

PAYMENT AND DELIVERY MODELS FOR PALLIATIVE CARE IN THE COMMUNITY

NAME OF ORGANIZATION OR GOVERNMENT:

CENTER FOR HEALTH CARE STRATEGIES, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: CONSULTANT SUPPORT FOR COMPLEX CARE

WORKSHOPS AND WEBINARS; HEALTH PLAN APPROACHES TO TRAINING CARE

COORDINATORS IN DUALS AND MLTSS PROGRAMS; PROMOTING INTEGRATION AND

VALUE-BASED PURCHASING THROUGH CERTIFIED COMMUNITY BEHAVIORAL HEALTH

CLINICS (CCBHCS)

NAME OF ORGANIZATION OR GOVERNMENT: THE CHILDREN'S PARTNERSHIP

(H) PURPOSE OF GRANT OR ASSISTANCE: CORE SUPPORT FOR THE CHILDREN'S

PARTNERSHIP 2015; TCP 2.0: CAPACITY BUILDING FOR THE CHILDREN'S

PARTNERSHIP

NAME OF ORGANIZATION OR GOVERNMENT:

COALITION FOR COMPASSIONATE CARE OF CALIFORNIA

(H) PURPOSE OF GRANT OR ASSISTANCE: CONFERENCE SUPPORT: 2015 ANNUAL

SUMMIT ON APRIL 14-15, 2015 IN SACRAMENTO, CA.; MERGER OF THE CHILDREN'S

HOSPICE AND PALLIATIVE CARE COALITION WITH THE COALITION FOR

COMPASSIONATE CARE.; BEING MORTAL COMMUNITY SCREENINGS; BRIDGE FUNDING:

THE COALITION FOR COMPASSIONATE CARE OF CALIFORNIA; CONF SUPPORT: 2016

COALITION FOR COMPASSIONATE CARE ANNUAL SUMMIT; SUPPORTING THE COALITION

FOR COMPASSIONATE CARE OF CALIFORNIA

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT:

COMMUNITY PARTNERS MATERNAL MENTAL HEALTH NOW

(H) PURPOSE OF GRANT OR ASSISTANCE: EVALUATION AND QUALITY IMPROVEMENT

SUPPORT FOR A PILOT TO IMPLEMENT COLLABORATIVE MATERNAL MENTAL HEALTH

CARE IN 3 FQHCs IN LOS ANGELES; CONSULTING SERVICES TO CLINIC CONSORTIA

(IHQC)

NAME OF ORGANIZATION OR GOVERNMENT: COMPILER LLC

(H) PURPOSE OF GRANT OR ASSISTANCE: COMMUNITIES OUTREACH PLAN FOR THE

STATE'S HEALTH DATA: CITY AMBASSADORS LOS ANGELES; AMBASSADOR FOR

COMMUNITIES OUTREACH PLAN FOR STATE HEALTH DATA

NAME OF ORGANIZATION OR GOVERNMENT: CONSUMERS UNION OF UNITED STATES

(H) PURPOSE OF GRANT OR ASSISTANCE: CONSUMER REPORTS PHASE 1: ENGAGING

CONSUMERS, HOSPITALS, AND THE MEDIA IN A PUBLIC DIALOGUE ABOUT C-SECTIONS

IN CALIFORNIA; ELEVATING THE CONSUMER VOICE IN PATIENT SAFETY

NAME OF ORGANIZATION OR GOVERNMENT: CRISTOBAL CONSULTING

(H) PURPOSE OF GRANT OR ASSISTANCE: PROJECT MANAGEMENT FOR OPIOID

HEATMAP PROJECT; PROJECT MANAGER FOR REGIONAL COALITIONS; PROJECT

MANAGEMENT AND COACHING SUPPORT FOR A SAFE PRESCRIBING RESIDENCY ACTION

GROUP; CONSULTING SERVICES TO CLINIC CONSORTIA (CRISTOBAL CONSULTING)

NAME OF ORGANIZATION OR GOVERNMENT: CYNOSURE SOLUTIONS

(H) PURPOSE OF GRANT OR ASSISTANCE: DEVELOPING A QUALITY MEASUREMENT FOR

EVALUATING COVERED CALIFORNIA PROVIDER NETWORKS; CALIFORNIA TASK FORCE ON

THE STATUS OF MATERNAL MENTAL HEALTH:

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: FORUM ONE COMMUNICATIONS CORP.

(H) PURPOSE OF GRANT OR ASSISTANCE: OSHPD WEB DATA INITIATIVE, PHASE 2;

CALIFORNIA HEALTH AND HUMAN SERVICES HEALTH DATA PORTAL SUPPORT;

BACKGROUND RESEARCH FOR NEW ENGAGEMENT STRATEGY: LEARNING WHAT WORKS

ELSEWHERE; CHHS DIGITAL MARKETING INITIATIVE

NAME OF ORGANIZATION OR GOVERNMENT: GEOCKO, INC. LIVESTORIES

(H) PURPOSE OF GRANT OR ASSISTANCE: BUILDING THE TECHNICAL

INFRASTRUCTURE FOR A DATA REPORT-BUILDING TOOL FOR COUNTY POLICYMAKING;

BUILDING THE TECHNICAL INFRASTRUCTURE FOR A DATA REPORT-BUILDING TOOL FOR

COUNTY POLICYMAKING - PHASE 1.5; SUPPORT FOR CHCF'S DATA COMMUNICATION

WORK WITH THE OPIOID SAFETY COALITIONS

NAME OF ORGANIZATION OR GOVERNMENT: PETER HARBAGE CONSULTING

(H) PURPOSE OF GRANT OR ASSISTANCE: TECHNICAL ASSISTANCE TO DHCS ON

IMPLEMENTATION OF DRUG MEDI-CAL ORGANIZED DELIVERY SYSTEM WAIVER;

MILD-MODERATE MENTAL HEALTH BENEFITS IN MEDI-CAL

NAME OF ORGANIZATION OR GOVERNMENT:

HARC INC. HEALTH ASSESSMENT AND RESEARCH FOR COMMUNITIES INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDE SUPPORT FOR HARC'S COMMUNITY

HEALTH MONITOR, A TRIENNIAL SURVEY OF THE HEALTH STATUS OF THE COACHELLA

VALLEY

NAME OF ORGANIZATION OR GOVERNMENT: HEALTH 2.0

(H) PURPOSE OF GRANT OR ASSISTANCE: CHCF CODE-A-THON SERIES; 2015 HEALTH

EXPERIENCE CONFERENCE: DESIGN CHALLENGE; THIRD PARTY APPLICATIONS

INTEGRATING WITH EHR; SPONSORSHIP OF 2015 HEALTH 2.0 CONFERENCE;

Part IV Supplemental Information

COMPREHENSIVE REVIEW PART 1

NAME OF ORGANIZATION OR GOVERNMENT: HEALTH MANAGEMENT ASSOCIATES

(H) PURPOSE OF GRANT OR ASSISTANCE: DENTAL SERVICES IN THE MEDI-CAL

PROGRAM: PAST, PRESENT AND FUTURE; INCREASING THE AFFORDABILITY OF HEALTH

INSURANCE IN SAN FRANCISCO: ANALYSIS OF DESIGN OPTIONS; SUPPORTING DHCS

IN DEVELOPING HEALTH PLAN SITE VISIT INFRASTRUCTURE AND CURRICULUM;

MEDI-CAL BENEFITS REVIEW; HEALTH PLAN BEST PRACTICES TO ADDRESS OPIOID

OVERUSE

NAME OF ORGANIZATION OR GOVERNMENT:

HEALTH SCIENCES HIGH SCHOOL AND MIDDLE COLLEGE

(H) PURPOSE OF GRANT OR ASSISTANCE: TO FUND TECHNOLOGY, LEARNING

AIDS/TOOLS, AND EXPERIENCES WHICH PROMOTE MINORITY AND LOWER

SOCIO-ECONOMIC STUDENTS IN PURSUIT OF HEALTH CARE CAREERS

NAME OF ORGANIZATION OR GOVERNMENT: HEALTH PLAN OF SAN JOAQUIN

(H) PURPOSE OF GRANT OR ASSISTANCE: ENHANCING TRANSITIONAL CARE IN THE

CENTRAL VALLEY; CARE INTEGRATION FOR OPIOID-DEPENDENT HIGH UTILIZERS

(PLANNING GRANTS)

NAME OF ORGANIZATION OR GOVERNMENT:

HUMBOLDT-DEL NORTE INDEPENDENT PRACTICE ASSOCIATION

(H) PURPOSE OF GRANT OR ASSISTANCE: PLANNING GRANT FOR HUMBOLDT

ACCOUNTABLE CARE COMMUNITY ACTIVITIES; REDUCING OPIOID-RELATED MORBIDITY

AND MORTALITY; SUPPORT FOR REGIONAL SAFE PRESCRIBING COALITIONS

NAME OF ORGANIZATION OR GOVERNMENT: INFORMING CHANGE

Part IV Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: EVALUATION OF CCBT PROGRAM FOR

CHRONIC PAIN MANAGEMENT; EVALUATION OF SAFETY NET ANALYTICS PROGRAM

(SNAP)

NAME OF ORGANIZATION OR GOVERNMENT: INTEGRATED HEALTHCARE ASSOCIATION

(H) PURPOSE OF GRANT OR ASSISTANCE: MEASURING THE QUALITY OF CANCER CARE

AT MD GROUP LEVEL IN CA; CALIFORNIA REGIONAL COST ATLAS; MEDI-CAL WAIVER

DEVELOPMENT: TECHNICAL ASSISTANCE ON PAYMENT INCENTIVES; ENCOUNTER DATA

ASSESSMENT; TECHNICAL ASSISTANCE FOR THE STATEWIDE WORKGROUP ON REDUCING

OVERUSE; CORE SUPPORT: CREATING A COMMON AGENDA; WORKING TO ADOPT

MATERNITY CARE MEASURES AT THE PHYSICIAN ORGANIZATION LEVEL INTO IHA S

P4P PROGRAM; ISSUE BRIEFS ON PAYMENT INNOVATION

NAME OF ORGANIZATION OR GOVERNMENT: L.A. CARE HEALTH PLAN

(H) PURPOSE OF GRANT OR ASSISTANCE: REDUCING OPIOID-RELATED MORBIDITY

AND MORTALITY: SUPPORT FOR REGIONAL SAFE PRESCRIBING COALITIONS;

IMPLEMENTATION SUPPORT FOR ELECTRONIC CONSULTS FOR BEHAVIORAL HEALTH

NAME OF ORGANIZATION OR GOVERNMENT: LIFECOURSE STRATEGIES

(H) PURPOSE OF GRANT OR ASSISTANCE: PROJECT MGMT: COMMUNITY-BASED

PALLIATIVE CARE IN CALIFORNIA PUBLIC HOSPITALS: SUPPORTING NEXT STEPS;

INTEGRATING PALLIATIVE CARE CALSIM HEALTH HOMES; DEVELOPING A STRATEGY TO

PROVIDE PALLIATIVE CARE IN RURAL HEALTH SETTINGS; PROJECT MANAGER, PHASE

II OF COMMUNITY-BASED PALLIATIVE CARE IN CALIFORNIA PUBLIC HOSPITALS

NAME OF ORGANIZATION OR GOVERNMENT: LIGHTBRIDGE HOSPICE, LLC

(H) PURPOSE OF GRANT OR ASSISTANCE: PAYERS AND PROVIDERS: TESTING NEW

PAYMENT AND DELIVERY MODELS FOR PALLIATIVE CARE IN THE COMMUNITY

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: MANATT, PHELPS & PHILLIPS, LLP

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT OF THE DEVELOPMENT OF A

HEALTH FOCUS AREA FOR CODE FOR AMERICA; CARING FOR THE WHOLE PERSON:

INTEGRATION OF BEHAVIORAL AND PHYSICAL HEALTH DATA; LESSONS LEARNED:

STATES IMPLEMENTATION OF CONSOLIDATED HEALTH PLAN PROVIDER DIRECTORIES;

ANALYSIS OF MEDICAID COVERAGE POLICIES & DECISION MAKING PROCESSES FOR

EMERGING EVIDENCE-BASED MODELS OF CARE; DEVELOPING A PATH TO DELIVERY

SYSTEM REFORM IN MEDI-CAL; TECHNICAL ASSISTANCE: LEGAL FRAMEWORK FOR

SHARING BEHAVIORAL HEALTH INFORMATION IN CALIFORNIA

NAME OF ORGANIZATION OR GOVERNMENT: MARCH OF DIMES

(H) PURPOSE OF GRANT OR ASSISTANCE: FUND RESEARCH ON PREMATURE BIRTH AND

IMPROVE ACCESS TO HEALTH THROUGH "BECOMING A MOM/COMENZANDO BIEN"

TRAINING; TO SUPPORT THE MARCH OF DIMES ANNUAL CONFERENCE FOR HEALTH

PROFESSIONALS IN MARCH 2016; TO FUND RESEARCH ON PREMATURE BIRTH AND

IMPROVE ACCESS TO HEALTH THROUGH BECOMING A MOM TRAINING.

NAME OF ORGANIZATION OR GOVERNMENT: NATIONAL OPINION RESEARCH CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: EMPLOYER HEALTH BENEFITS IN

CALIFORNIA, 2015; CONSULTATION TO HELP CALIFORNIA'S HEALTH AND HUMAN

SERVICES AGENCY WITH DE-IDENTIFICATION GUIDELINES

NAME OF ORGANIZATION OR GOVERNMENT: JUSTICE IN AGING

(H) PURPOSE OF GRANT OR ASSISTANCE: MODERNIZING CALIFORNIA'S ASSISTED

LIVING FACILITY OVERSIGHT; ADVANCING INTEGRATED CARE IN CALIFORNIA (PHASE

2 OF STRENGTHENING CAL MEDICCONNECT)

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: ORANGE COUNTY NEEDLE EXCHANGE PROGRAM

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE DEVELOPMENT AND LAUNCH OF

THE FIRST NEEDLE EXCHANGE IN ORANGE COUNTY, WHICH WILL SUPPORT EFFORTS

TO REDUCE HEPATITIS C AND HIV CASES, AND PROVIDE RESOURCES FOR CLEAN

SYRINGES.

NAME OF ORGANIZATION OR GOVERNMENT: OREGON HEALTH AND SCIENCE UNIVERSITY

(H) PURPOSE OF GRANT OR ASSISTANCE: SCHOLARSHIPS FOR CARE MANAGEMENT

PLUS TRAINING FOR CALIFORNIA COMMUNITY CLINICS; EPOLST EVALUATION PLAN

NAME OF ORGANIZATION OR GOVERNMENT: LIDERES CAMPESINAS

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE HEALTH OF

FARMWORKERS, ESPECIALLY THOSE AFFECTED BY THE IMPACT OF PESTICIDES.;

FARMWORKER HEALTH

NAME OF ORGANIZATION OR GOVERNMENT: PACIFIC BUSINESS GROUP ON HEALTH

(H) PURPOSE OF GRANT OR ASSISTANCE: RETROSPECTIVE BRIEF EVALUATION ON

IMPACT OF FREQUENT USERS COLLABORATIVE OF 2003-2007; IDENTIFYING

MATERNITY "HOT-SPOTS" IN CALIFORNIA; MANAGING TOTAL COST OF CARE: FINDING

BEST PRACTICES; COORDINATION OF PAYER ACTIVITIES AND MULTI-STAKEHOLDER

COMMUNICATIONS TO LOWER THE C-SECTION RATE IN CA

NAME OF ORGANIZATION OR GOVERNMENT: PACIFIC HEALTH CONSULTING GROUP

(H) PURPOSE OF GRANT OR ASSISTANCE: CONSULTING SUPPORT FOR INNOVATION

FUND SAFETY NET WORK; BUSINESS PLANNING TECHNICAL ASSISTANCE;

UNDERSTANDING THE IMPACT OF MEDI-CAL HEALTH PLAN INVESTMENTS ON SAFETY

NET DELIVERY SYSTEMS; PLANNING GRANT FOR SHARED SAVINGS/RISK MODEL

BETWEEN HP SAN JOAQUIN AND COUNTY MENTAL HEALTH FOR TRANSITIONS PROGRAM;

Part IV Supplemental Information

HEALTH PLAN FEEDBACK ON MEDI-CAL HEALTH HOME PROPOSAL; LANDSCAPE OF
COMMUNITY HEALTH CENTERS IN CALIFORNIA

NAME OF ORGANIZATION OR GOVERNMENT: PAPERCLIP MANAGEMENT SERVICES CORP

(H) PURPOSE OF GRANT OR ASSISTANCE: CONSULTING: CA POLST REGISTRY; POLST
TECHNICAL MODEL RECOMMENDATIONS; EPOLST CONSULTANT; CONSULTING: CA POLST
REGISTRY RFP DEVELOPMENT AND VENDOR PLANNING

NAME OF ORGANIZATION OR GOVERNMENT: PARTNERSHIP HEALTHPLAN OF CALIFORNIA

(H) PURPOSE OF GRANT OR ASSISTANCE: ABC'S OF QUALITY IMPROVEMENT; PAYERS
AND PROVIDERS: TESTING NEW PAYMENT AND DELIVERY MODELS FOR PALLIATIVE
CARE IN THE COMMUNITY; CARE INTEGRATION FOR OPIOID-DEPENDENT HIGH
UTILIZERS (PLANNING GRANTS)

NAME OF ORGANIZATION OR GOVERNMENT:

PHYSICIANS FOR A NATIONAL HEALTH PROGRAM CALIFORNIA PHYSICIANS ALLIANCE

(H) PURPOSE OF GRANT OR ASSISTANCE: TO EXPAND ITS PROJECT WHITE
COAT/PROYECTO BATAS BLANCAS PROGRAM STATEWIDE, TO SUPPORT A TEAM OF
BILINGUAL HEALTH PROFESSIONAL STUDENT CERTIFIED ENROLLMENT COUNSELORS
(CEC'S), WHO WILL ASSIST LOW-INCOME SPANISH SPEAKING INDIVIDUALS IN
CALIFORNIA FIND HEALTH

NAME OF ORGANIZATION OR GOVERNMENT: PUBLIC HEALTH INSTITUTE

(H) PURPOSE OF GRANT OR ASSISTANCE: COUNTY DATA STORYTELLING TOOL: PILOT
PHASE; INSURANCE LITERACY CURRICULUM DEVELOPMENT; ELECTRONIC CONSULT
SPRING FORUM

NAME OF ORGANIZATION OR GOVERNMENT: QUALIS HEALTH

Part IV Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: ASSESSMENT OF THE IMPACT OF PCMH

IMPLEMENTATION ON SAN MATEO MEDICAL CENTER PATIENT CARE AND COSTS;

ASSESSMENT OF PCMH IMPLEMENTATION PROGRESS AT RIVERSIDE COUNTY MEDICAL

CENTER

NAME OF ORGANIZATION OR GOVERNMENT:

RADY CHILDREN'S HOSPITAL FOUNDATION-SAN DIEGO

(H) PURPOSE OF GRANT OR ASSISTANCE: PAYERS AND PROVIDERS: TESTING NEW

PAYMENT AND DELIVERY MODELS FOR PALLIATIVE CARE IN THE COMMUNITY

NAME OF ORGANIZATION OR GOVERNMENT:

UNIVERSITY OF CALIFORNIA, SAN FRANCISCO

(H) PURPOSE OF GRANT OR ASSISTANCE: PREVENTABLE HOSPITALIZATIONS RATES

AMONG CALIFORNIA'S MEDI-CAL POPULATION; MEDI-CAL WAIVER DEVELOPMENT:

TECHNICAL ASSISTANCE ON WORKFORCE; CALIFORNIA HEALTH CARE LEADERSHIP

PROGRAM RENEWAL: COHORT 15; SUPPORT DEVELOPMENT OF SFGH CME EVENT FOR

PRIMARY CARE, FOCUSED ON VULNERABLE POPULATIONS AND BEHAVIORAL HEALTH;

CALIFORNIA'S TEACHING HEALTH CENTERS: EXPERIENCES AND LESSONS LEARNED;

PAYERS AND PROVIDERS: TESTING NEW PAYMENT AND DELIVERY MODELS FOR

PALLIATIVE CARE IN THE COMMUNITY; END OF LIFE OPTIONS: PREPARING FOR THE

IMPLEMENTATION OF AB X2-15; TA FOR PAYER/PROVIDER PARTNERSHIPS; PHYSICIAN

PARTICIPATION IN MEDI-CAL, 2015;FEASIBILITY OF AUDIT STUDY TO MEASURE

ACCESS TO SPECIALTY CARE FOR MEDI-CAL BENEFICIARIES; TRANSITION OF

CALQUALITYCARE.ORG AND LONG-TERM CARE DATA COLLECTION TO UCSF, 2016;

SUSTAINABLE FUNDING FOR THE CALQUALITYCARE.ORG WEBSITE

NAME OF ORGANIZATION OR GOVERNMENT: UNIVERSITY OF CALIFORNIA, BERKELEY

(H) PURPOSE OF GRANT OR ASSISTANCE: HEALTH DATA VISUALIZATION TRAINING

Part IV Supplemental Information

PROGRAM; INCREASING THE AFFORDABILITY OF HEALTH INSURANCE IN SAN FRANCISCO; POPULATION ESTIMATES; UC BERKELEY-UCSF JOINT MEDICAL PROGRAM; XV BINATIONAL HEALTH WEEK INAUGURAL EVENT; PUBLIC HEALTH BOOTS ON THE GROUND; ADVOCACY AND ACTION SERIES; HEALTH INSURANCE AFFORDABILITY BY REGION

NAME OF ORGANIZATION OR GOVERNMENT: UNIVERSITY OF CALIFORNIA, LOS ANGELES
(H) PURPOSE OF GRANT OR ASSISTANCE: MONITORING THE ACA WITH CHIS 2013-2014 ACCESS MEASURES; EVALUATION OF LAC DHS CARE CONNECTIONS PROGRAM; ASKCHIS NE API; PAYERS AND PROVIDERS: TESTING NEW PAYMENT AND DELIVERY MODELS FOR PALLIATIVE CARE IN THE COMMUNITY; ANNUAL HEALTH CARE SYMPOSIUM, 2016

NAME OF ORGANIZATION OR GOVERNMENT: UNIVERSITY OF CALIFORNIA, IRVINE
(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT FOR ANNUAL UC IRVINE HEALTH CARE FORECAST CONFERENCE, 2016; REDUCING OPIOID-RELATED MORBIDITY AND MORTALITY: SUPPORT FOR REGIONAL SAFE PRESCRIBING COALITIONS

NAME OF ORGANIZATION OR GOVERNMENT: SAN DIEGO FAMILY CARE
(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT DELIVERY OF HIGH-QUALITY MEDICAL CARE AND MENTAL HEALTH SERVICES TO LOW-INCOME FAMILIES IN MULTI-CULTURAL COMMUNITIES.

NAME OF ORGANIZATION OR GOVERNMENT: SAN FRANCISCO STUDY CENTER
(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE OPEN TRUTH CAMPAIGN, AN EFFORT BY SAN FRANCISCO BAY AREA YOUTH, PUBLIC HEALTH OFFICIALS AND CONCERNED COMMUNITY MEMBERS TO INCREASE AWARENESS ABOUT THE NEGATIVE HEALTH IMPACTS OF SUGARY DRINKS; THIS GRANT WILL SUPPORT AN OPEN TRUTH

Part IV Supplemental Information

WEBSITE

NAME OF ORGANIZATION OR GOVERNMENT: SCOTT & COMPANY

(H) PURPOSE OF GRANT OR ASSISTANCE: CA POLST REGISTRY; EXPLORING

SUSTAINABILITY; OPERATIONALIZING THE CMQCC-CMDC SUSTAINABILITY PLAN AND

PERIODIC STRATEGIC ASSESSMENT WORKSHOPS FOR 2015-2017

NAME OF ORGANIZATION OR GOVERNMENT: SHANTI PROJECT

(H) PURPOSE OF GRANT OR ASSISTANCE: COMPASSION IS UNIVERSAL EVENT, 2015;

TO SUPPORT SHANTI'S PROGRAMS FOR PEOPLE IN CALIFORNIA STRUGGLING WITH

LIFE-THREATENING ILLNESSES.

NAME OF ORGANIZATION OR GOVERNMENT: SPECTRUM HEALTH PRIMARY CARE PARTNERS

(H) PURPOSE OF GRANT OR ASSISTANCE: STRATEGY SUPPORT, TRAINING AND

DEVELOPMENT OF PROJECTS INTEGRATING ADDICTION TREATMENT INTO PRIMARY

CARE; ADVISORY AND OTHER SUPPORT FOR CHCF'S OPIOID INITIATIVE

NAME OF ORGANIZATION OR GOVERNMENT:

BOARD OF TRUSTEES OF LELAND STANFORD JUNIOR UNIVERSITY STANFORD UNIVERSITY

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT FOR 2015 MEDICINE X; TELLING

THE SUCCESS STORY OF EARLY ELECTIVE DELIVERY REDUCTION IN CALIFORNIA;

DEVELOPMENT OF A TOOLKIT TO REDUCE CESAREAN SECTIONS/PROMOTE VAGINAL

BIRTH; SUPPORT FOR THE CALIFORNIA MATERNAL DATA CENTER (2015-2017);

MATERNITY CARE QUALITY IMPROVEMENT: STATEWIDE SPREAD OF A SUCCESSFUL

PILOT TO REDUCE C-SECTIONS; CONFERENCE SUPPORT FOR STANFORD SOCIAL

INNOVATION REVIEW EVENT ON FEB. 9-10

NAME OF ORGANIZATION OR GOVERNMENT: STARTUP HEALTH

Part IV Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: PROGRAM DEVELOPMENT FOR THE MH/BH

INNOVATION SHOWCASE; NETWORKING RECEPTION AT 2015 HEALTH 2.0 CONFERENCE;

SPONSORSHIP OF STARTUP HEALTH CAFE AT JPM HEALTHCARE CONFERENCE

NAME OF ORGANIZATION OR GOVERNMENT: STEWARDS OF CHANGE INSTITUTE, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: PLANNING FOR 2016 CALIFORNIA OPEN

DATAFEST; CALIFORNIA HHS OPEN DATAFEST III: SYMPOSIUM DESIGN,

DEVELOPMENT, IMPLEMENTATION AND SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT:

SUPPORT FOR FAMILIES OF CHILDREN WITH DISABILITIES

(H) PURPOSE OF GRANT OR ASSISTANCE: PRESENTING EXPERIENCES TO CALIFORNIA

CHILDREN'S SERVICES; TO SUPPORT THE 2016 ANNUAL HEALTH SUMMIT &

LEGISLATIVE DAY ON MARCH 21-22, 2016 IN SACRAMENTO, CA.

NAME OF ORGANIZATION OR GOVERNMENT: THIRD SECTOR CAPITAL PARTNERS INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: SANTA CLARA COUNTY ACUTE MENTAL

HEALTH PAY FOR SUCCESS INITIATIVE TO IMPROVE CARE FOR SEVERELY MENTALLY

ILL

NAME OF ORGANIZATION OR GOVERNMENT:

TIDES CENTER, CENTER FOR CARE INNOVATIONS

(H) PURPOSE OF GRANT OR ASSISTANCE: SPREADING COMPLEX CARE MANAGEMENT IN

THE SAFETY NET; TCP 2.0: CAPACITY BUILDING FOR THE CHILDREN'S

PARTNERSHIP; SUPPORT FOR CCI INNOVATION HUBS; TO SUPPORT LEADERSPRING'S

2015 LUNCHEON, "A BOLDER FORM OF LEADERSHIP," ON JUNE 17, 2015, AND TO

HELP UNDERWRITE PARTIAL FELLOWSHIPS OR INNOVATION LAB COSTS FOR NATIVE

AMERICAN HEALTH CENTER, MISSION NEIGHBORHOOD HEALTH CENTER, AND ASIAN AND

Part IV Supplemental Information

PACIFIC ISLAN; EXPLORATION AND PLANNING SUPPORT; SUPPORT THE CAPITATION

PAYMENT PREPAREDNESS PROGRAM (CP3) BY INTEGRATING POPULATION HEALTH

MANAGEMENT; TRANSFORMING CARE IN SAFETY-NET SETTINGS BY ACCELERATING

ADOPTION OF INNOVATIONS; INNOVATION FUND ADVISORY GRANT: MOBILE HYGIENE

ACCESS FOR HOMELESS; SPONSORSHIP OF CALIFORNIA COVERAGE & HEALTH

INITIATIVES (CCHI) "CHAMPIONS FOR COVERAGE" AWARDS RECEPTION ON MARCH 21,
2016 IN SACRAMENTO, CA

NAME OF ORGANIZATION OR GOVERNMENT: UNIVERSITY OF SOUTHERN CALIFORNIA

(H) PURPOSE OF GRANT OR ASSISTANCE: PUBLIC HEALTH DATA JOURNALISM

FELLOWSHIPS; EVALUATION OF OMADA DIABETES PREVENTION PROGRAM ADOPTION IN

THE SAFETY NET; A PILOT STUDY ON THE IMPACT OF UNSAFE PRESCRIBING

PRACTICES

NAME OF ORGANIZATION OR GOVERNMENT: VALLEY CHILDREN'S HOSPITAL

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE SUPPORT FOR TRAVEL

ASSISTANCE FOR UNDERSERVED FAMILIES TO MEET APPOINTMENTS FOR CARE OF

THEIR CHILDREN

NAME OF ORGANIZATION OR GOVERNMENT: VISION Y COMPROMISO

(H) PURPOSE OF GRANT OR ASSISTANCE: TO ASSIST IN SUPPORTING COMMUNITY

HEALTH WORKERS IN CALIFORNIA; 2015 VISION Y COMPROMISO CONFERENCE;

ASSISTING COMMUNITY HEALTH WORKERS IN CALIFORNIA

NAME OF ORGANIZATION OR GOVERNMENT:

WHITE MOUNTAIN RESEARCH ASSOCIATES, LLC

(H) PURPOSE OF GRANT OR ASSISTANCE: EVALUATION OF SEAMLESS MEDICAL

SYSTEMS SNAP PRACTICE SOFTWARE PILOT; EVALUATION OF HEALTHFINCH'S SWOOP

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2015

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.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
CALIFORNIA HEALTHCARE FOUNDATION

Employer identification number
95-4523231

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b If any of the boxes 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

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 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?
- b** Any related organization?
- If "Yes" to 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?
- b** Any related organization?
- 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 non-fixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a	X	
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2015

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) DR. SANDRA HERNANDEZ PRESIDENT, CEO & BOARD MEMBER	(i)	540,677.	0.	11,933.	48,050.	44,860.	645,520.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) CRAIG ZIEGLER VP FIN, ADMIN & INVESTS./TREAS./SEC.	(i)	353,030.	0.	2,600.	47,075.	32,873.	435,578.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) SOPHIA CHANG VP OF PROGRAMS	(i)	307,470.	0.	875.	48,050.	24,041.	380,436.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) SANDRA SHEWRY VP EXTERNAL ENGAGEMENT	(i)	275,670.	0.	1,625.	47,678.	5,348.	330,321.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) MARIAN MULKEY CHIEF LEARNING OFFICER	(i)	238,181.	0.	2,078.	44,570.	27,589.	312,418.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) CHRIS PERRONE PRGM DIRECTOR, IMPROVING ACCESS	(i)	213,359.	0.	0.	39,065.	14,108.	266,532.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) KELLY PFEIFER PRGM DIRECTOR, HIGH VALUE CARE	(i)	245,464.	0.	825.	39,483.	13,007.	298,779.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) MARIBETH SHANNON PRGM DIRECTOR, INFORMING DECISION MA	(i)	207,135.	0.	575.	39,028.	44,410.	291,148.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) SPENCER SHERMAN DIRECTOR, PUBLISHING & COMMUNICATION	(i)	18,037.	0.	182,843.	824.	19,326.	221,030.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) KIM GALVIN DIRECTOR, HR & OPERATIONS/FORMER SEC	(i)	35,795.	0.	164,261.	1,632.	7,415.	209,103.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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.

PART I, LINE 4A:

SEE "1" UNDER PART II COLUMN(B)(III) BELOW.

PART II COLUMN (B)(III), OTHER REPORTABLE COMPENSATION:

THERE ARE SEVEN ITEMS REPORTED IN THIS COLUMN:

1. SEVERANCE PAYMENTS TO 2 LONG TERM EMPLOYEES: THE DIRECTOR, HR & OPERATIONS WAS PAID \$145,538 AND THE DIRECTOR, PUBLISHING & COMMUNICATIONS WAS PAID \$168,923. THE FOUNDATION'S SEVERANCE POLICY FOR SENIOR EMPLOYEES PROVIDES FOR UP TO 40 WEEKS OF PAY.

2. TAXABLE COMPENSATION FOR 1 PERSON AS A RESULT OF AN ELECTION FOR DOMESTIC PARTNER BENEFIT COVERAGE (\$11,933).

3. PAYMENTS TO 8 EMPLOYEES FOR PARTICIPATION IN THE FOUNDATION'S WELLNESS PROGRAM (\$4,775).

4. A FLAT \$500 PAYMENT TO 1 EMPLOYEE FOR WAIVING MEDIAL COVERAGE.

5. EXCESS SECTION 415 RETIREMENT CONTRIBUTIONS PAID IN CASH TO 2 EMPLOYEES (\$3,803).

6. TAXABLE COMMUTER CHECKS FOR 1 EMPLOYEE (\$235).

7. PAID TIME OFF PAYOUTS FOR 2 TERMINATING EMPLOYEES (\$31,908).

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.

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, AS WELL AS A MODEST CELL PHONE ALLOWANCE.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

Open to Public
Inspection

Name of the organization CALIFORNIA HEALTHCARE FOUNDATION	Employer identification number 95-4523231
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FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

THROUGH COVERED CALIFORNIA HEALTH PLANS, AND ASSESSING CONSUMER

EXPERIENCES IN SHOPPING FOR COVERAGE THROUGH COVERED CALIFORNIA.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

ISSUE ANALYSIS ON TOPICS OF INTEREST TO KEY AUDIENCES.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

ACROSS OUR THREE PRIMARY GOALS, WE USE A VARIETY OF TOOLS TO INCREASE

THE IMPACT OF OUR GRANT MAKING:

(1) THE HEALTH INNOVATION FUND (FORMERLY INNOVATIONS FOR THE

UNDERSERVED), PROVIDES BOTH GRANT FUNDS AND MAKES PROGRAM-RELATED

INVESTMENTS WHICH FOCUS ON ENCOURAGING THE GROWTH OF LOW-COST,

EFFICIENT HEALTH CARE PRODUCTS AND SERVICES THAT WILL RESULT IN MORE

ACCESSIBLE AND HIGH-QUALITY HEALTH CARE FOR UNDERSERVED CALIFORNIANS.

(2) THE CHCF HEALTH CARE LEADERSHIP PROGRAM AND THE CALIFORNIA

IMPROVEMENT NETWORK INVEST IN LEADERS THROUGH TRAINING, DEVELOPMENT,

AND NETWORKING TO HELP THEM TRANSFORM THE HEALTH CARE SYSTEM.

(3) A STATE HEALTH POLICY OFFICE TO DEVELOP AND MAINTAIN RELATIONSHIPS

WITH CALIFORNIA STATE POLICY MAKERS TO WHOM IT FEELS IT CAN BE A

RESOURCE,

(4) PUBLISHING, INCLUDING PREPARING PUBLICATIONS AND MAINTAINING

WEBSITES TO ASSIST CONSUMERS, LEGISLATORS, BUSINESSES AND OTHERS.

EXPENSES \$ 18,049,116. INCL GRANTS OF \$ 10,607,420. REVENUE \$ 462,008.

Name of the organization CALIFORNIA HEALTHCARE FOUNDATION	Employer identification number 95-4523231
--	--

FORM 990, PART IV, LINE 12B:

DUE TO A FISCAL YEAR END CHANGE FROM FEBRUARY TO MARCH IN CALENDAR YEAR

2016, THE DATA IN THIS TAX RETURN WERE INCLUDED IN THE AUDITED

FINANCIAL STATEMENTS FOR THE 13 MONTH PERIOD FROM MARCH 1, 2015 - MARCH

31, 2016.

FORM 990, PART VI, SECTION B, LINE 11:

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 & OPERATIONS, 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

Name of the organization CALIFORNIA HEALTHCARE FOUNDATION	Employer identification number 95-4523231
--	--

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,
 INCLUDING SALARIES AND 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. GOVERNING DOCUMENTS AND THE CONFLICT OF INTEREST
 POLICY ARE AVAILABLE UPON REQUEST FOR THE SAME PERIOD OF TIME AS SET FORTH
 IN SEC. 6104(D).

FORM 990, PART VII, SECTION A:

COMPENSATION OF OFFICERS, DIRECTORS, TRUSTEES, KEY EMPLOYEES, ETC.:
 PLEASE REFER TO SCHEDULE J FOR ADDITIONAL DETAIL REGARDING
 COMPENSATION.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

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
OAC PROPERTIES, LLC 1438 WEBSTER STREET, SUITE 400 OAKLAND, CA 94612	RENTAL PROPERTY	CALIFORNIA	995,188.	30,655,841.	CALIFORNIA HEALTHCARE FOUNDATION
CALIFORNIA JOINT REPLACEMENT REGISTRY, LLC 1438 WEBSTER STREET, SUITE 400 OAKLAND, CA 94612	HUMAN JOINT REPLACEMENT REGISTRY	DELAWARE	0.	0.	CALIFORNIA HEALTHCARE FOUNDATION

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

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2015

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
MAKENA LIQUID ENDOWMENT B ASSOCIATES, LP - 36-4776579, 2755 SAND HILL ROAD, STE. 200, MENLO PARK, CA 94025	INVESTMENT	DE	CALIFORNIA HEALTHCARE FOUNDATION	EXCLUDED	3,210,800.	80,222,583.		X	447,523.	X		100.00%
MAKENA FIXED INCOME FUND, LP - 26-1718692, 2755 SAND HILL ROAD, STE. 200, MENLO PARK, CA 94025	INVESTMENT	DE	CALIFORNIA HEALTHCARE FOUNDATION	EXCLUDED	-319,556.	21,407,943.		X	N/A	X		59.30%

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

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

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

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

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 LIQUID ENDOWMENT B ASSOCIATES, LP	A	173,613	CASH
(2) MAKENA LIQUID ENDOWMENT B ASSOCIATES, LP	F	1,417,087	CASH
(3) MAKENA FIXED INCOME FUND, LP	A	589,119	CASH
(4) MAKENA FIXED INCOME FUND, LP	B	4,050,000	CASH
(5) MAKENA FIXED INCOME FUND, LP	F	238,593	CASH
(6) MAKENA FIXED INCOME FUND, LP	S	29,550,000	CASH

