Department of the Treasury

Internal Revenue Service

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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



Inspection

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

AF	or th	e 2016 calendar year, or tax year beginning APR 1, 2016 and	dending M	AR 31, 2017	
B c a	heck if pplicab	e: C Name of organization		D Employer identifie	cation number
	Addre	e CALIFORNIA HEALTHCARE FOUNDATION			
	Name Chang	Doing business as		95-452	3231
	Initial	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	r
	Final	/ 1438 WEBSTER ST	400	510-23	8-1040
	termir ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	95,497,577.
	Amen	OARLAND, CA 94012		H(a) Is this a group re	
	Applie dia	F Name and address of principal officer: CRAIG SIEGLER		for subordinates	? Yes X No
	pendi	SAME AS C ABOVE		H(b) Are all subordinates in	ncluded? Yes No
		empt status: 501(c)(3) 🛛 x 501(c) (4) ◀ (insert no.) 4947(a)(1)) or 📃 527	If "No," attach a	list. (see instructions)
		te: WWW.CHCF.ORG		H(c) Group exemption	n number 🕨
		forganization: 🗴 Corporation 🔄 Trust 🦲 Association 🔛 Other 🕨	L Year	of formation: 1995	State of legal domicile: CA
Pa	rt I	Summary			
ġ	1	Briefly describe the organization's mission or most significant activities: $\underline{\text{TO SUI}}$	PPORT MEAN	NINGFUL,	
anc		MEASURABLE IMPROVEMENTS IN HEALTH CARE FOR ALL CALIFORNIANS			
ern.	2	Check this box 🕨 🛄 if the organization discontinued its operations or disp	osed of more	e than 25% of its net as	sets.
Activities & Governance	3	Number of voting members of the governing body (Part VI, line 1a)			10
	4	Number of independent voting members of the governing body (Part VI, line 1b)			9
	5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)			58
ĬŽİĖ	6	Total number of volunteers (estimate if necessary)			0
Acti	7a	Total unrelated business revenue from Part VIII, column (C), line 12			1,359,831.
_	b	Net unrelated business taxable income from Form 990-T, line 34		7b	1,139,452.
				Prior Year	Current Year
ē	8	Contributions and grants (Part VIII, line 1h)		0.	0.
Revenue	9	Program service revenue (Part VIII, line 2g)		55,185.	707,599.
Sev	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		2,628,876.	15,010,673.
_		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		90,981.	972,225.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,775,042.	16,690,497.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		3,000,691.	26,430,506.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
es		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		888,799.	10,106,148.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		Ο.	0.
ď×		Total fundraising expenses (Part IX, column (D), line 25)			
ш		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,185,784.	8,203,334.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		5,075,274.	44,739,988.
	19	Revenue less expenses. Subtract line 18 from line 12		-2,300,232.	-28,049,491.
Net Assets or Fund Balances			Be	ginning of Current Year	End of Year
sset 3alar	20	Total assets (Part X, line 16)		739,662,965.	769,447,187.
atAs	21	Total liabilities (Part X, line 26)		16,366,268.	16,017,528.
		Net assets or fund balances. Subtract line 21 from line 20		723,296,697.	753,429,659.
Pa	nrt 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	Signature of officer		Date
Here	CRAIG ZIEGLER, VP FINANCE, ADMIN Type or print name and title	/ INVESTS / TREAS	
Paid	Print/Type preparer's name MAGA E. KISRIEV	Preparer's signature	Date Check PTIN if self-employed P01008919
Preparer	Firm's name 🕞 HOOD & STRONG LLP		Firm's EIN > 94-1254756
Use Only	Firm's address 🖕 275 BATTERY ST, STE 900		
	SAN FRANCISCO, CA 94111		Phone no.415.781.0793
May the IF	RS discuss this return with the preparer shown abo	ove? (see instructions)	X Yes No

632001 11-11-16 LHA For Paperwork Reduction Act Notice, see the separate instructions.

	00	n	Return of Organization Exempt From	Income Tax		3 No. 1545-0047
Forn	99	U	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (Do not enter social security numbers on this form as it may	except private found	ations) 2	<u>2016 </u>
	tment of th al Revenue	e Treasury Service	 Information about Form 990 and its instructions is at www. 	-		en to Public Inspection
AF	or the 2	016 calend		MAR 31, 2017		
	neck if plicable:	C Name of	organization	D Employer ider	ntification nur	nber
	Address change	CALIFO	RNIA HEALTHCARE FOUNDATION			
	Name change	Doing bi	usiness as	95-4	4523231	
L]Initial]return		and street (or P.O. box if mail is not delivered to street address) Room/su			
	Final return/ termin-		EBSTER ST 400		-238-1040	05 407 577
-	ated Amended		own, state or province, country, and ZIP or foreign postal code D_ CA 94612	G Gross receipts \$ H(a) Is this a grou		95,497,577.
-	Jreturn Applica- tion	Onichini	nd address of principal officer:CRAIG ZIEGLER	for subordina		Yes X No
	pending		C ABOVE	H(b) Are all subordiția	10001044	
IT	ax∙exem	ipt status: L	501(c)(3) x 501(c) (4) (insert no.) 4947(a)(1) or		h a list, (see ir	
		WWW.CH		H(c) Group exem		
(F	orm of or	ganization:	x Corporation Trust Association Other ► L Y	ear of formation: 1995	M State of le	gal domicile: CA
Pa	ACREASE NO. 1	Bummary				
ö			e the organization's mission or most significant activities: TO SUPPORT M	EANINGFUL,	_	
Governance	-		IMPROVEMENTS IN HEALTH CARE FOR ALL CALIFORNIANS.			
ēru			x 🕨 📖 if the organization discontinued its operations or disposed of r			
202			ting members of the governing body (Part VI, line 1a)		3	10
			lependent voting members of the governing body (Part VI, line 1b)		4	9
ACTIVITIES &			of individuals employed in calendar year 2016 (Part V, line 2a)		5	58
ž			of volunteers (estimate if necessary)		6	1,359,831.
R			d business revenue from Part VIII, column (C), line 12		7a 7b	1,139,452.
_	DINE	et unrelated	business taxable income from Form 990-T, line 34			rent Year
	0 C	attibutiona	and grante (Dort \/III_line 1b)	Prior Year	0.	ent real
IUe			and grants (Part VIII, line 1h)	55,1		707,599.
Kevenue			ce revenue (Part VIII, line 2g) come (Part VIII, column (A), lines 3, 4, and 7d)	2,628,8		15,010,673.
ž			e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	90,91		972,225.
			- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,775,0		16,690,497.
-			milar amounts paid (Part IX, column (A), lines 1-3)	3,000,6	91.	26,430,506.
			to or for members (Part IX, column (A), line 4)	-	0.	0.
ŝ			r compensation, employee benefits (Part IX, column (A), lines 5-10)	888,7	99.	10,106,148.
nses			undraising fees (Part IX, column (A), line 11e)		0.	0.
Exper	b To	otal fundrais	ing expenses (Part IX, column (D), line 25)			H
ш	17 Ot	ther expens	es (Part IX, column (A), lines 11a-11d, 11f-24e)	1,185,7	84.	8,203,334.
	18 To	otal expense	es. Add lines 13-17 (must equal Part IX, column (A), line 25)	5,075,2		44,739,988.
	19 .Re	evenue less	expenses. Subtract line 18 from line 12	-2,300,2		-28,049,491.
DCBS				Beginning of Current Y		l of Year
Salai			Part X, line 16)	739,662,9		769,447,187.
Fund Balances			s (Part X, line 26)	16,366,2		16,017,528.
			fund balances. Subtract line 21 from line 20	723,296,6	97.	753,429,659.
		Signatur		temente and to the best	of my knowlodge	and balief it is
			I declare that I have examined this return, including accompanying schedules and sta Declaration of preparer (other than officer) is based on all information of which prep			e allu Dellei, it is
rue,	COTTECL,	and complete	. Declaration at preparer (other man officer) is based on an information of which prep	arer has any knowledge	5/17	
Sig	. 1	Signatur	e of officer	Date	-/ /	
Her		2005-00000	ZIEGLER, VP FINANCE ADMIN / INVESTS / TREAS			
			print name and title			
-	P	Print/Type pre	parer's name Prevarer's signature	Date Check	k PTI	N
Paic		AGA E. KI		12/13/2017 If self-e	mployed P0100	8919
			HOOD & STRONG LLP	Firm's EIN		4756
Prei			275 BATTERY ST, STE 900			
	0		F Contraction of the second seco			
			SAN FRANCISCO, CA 94111	Phone no.	415.781.079	3

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(Rev. January 2017)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an **Exempt Organization Return**

File a separate application for each return.

Information about Form 8868 and its instructions is at www.irs.gov/form8868.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request 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, click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

				Enter file	er's identify	/ing number
Type or print	Name of exempt organization or other filer, see instru	uctions.		Employe	r identificati	on number (EIN) or
•	CALIFORNIA HEALTHCARE FOUNDATION				95-4523	231
File by the due date for filing your return. See	Number, street, and room or suite no. If a P.O. box, s 1438 WEBSTER ST, NO. 400	see instruc	tions.	Social se	curity numl	per (SSN)
instructions	City, town or post office, state, and ZIP code. For a f OAKLAND, CA 94612	oreign add	ress, see instructions.			
Enter the	Return Code for the return that this application is for (fi	le a separa	te application for each return)			
Applicat	ion	Return	Application			Return
ls For		Code	Is For			Code
Form 990) or Form 990-EZ	01	Form 990-T (corporation)			07
Form 990	Form 990-BL 02 Form 1041-A					08
Form 472	20 (individual)	03	Form 4720 (other than individual)			09
Form 990-PF			Form 5227			10
Form 990	D-T (sec. 401(a) or 408(a) trust)	05	Form 6069	orm 6069		
Form 990	D-T (trust other than above)	06	Form 8870			12
Telepl If the If this box I I re	ooks are in the care of \blacktriangleright 1438 WEBSTER ST., STE hone No. \blacktriangleright 510-238-1040 organization does not have an office or place of busines is for a Group Return, enter the organization's four digit . If it is for part of the group, check this box \blacktriangleright equest an automatic 6-month extension of time until the organization named above. The extension is for the calendar year or	ss in the Ur Group Exe and atta FEBRUAR	Fax No. ► hited States, check this box	If this is fo f all memb	r the whole ers the ext	group, check this ension is for.
Þ	X tax year beginning APR 1, 2016	, an	dending MAR 31, 2017			
2 If t	he tax year entered in line 1 is for less than 12 months, o	check reas	on: Initial return	Final retur	'n	
3a lft	his application is for Forms 990-BL, 990-PF, 990-T, 4720), or 6069,	enter the tentative tax, less any			
no	nrefundable credits. See instructions.			3a	\$	0.
b lft	his application is for Forms 990-PF, 990-T, 4720, or 606	9, enter an	y refundable credits and			
est	imated tax payments made. Include any prior year over	payment a	llowed as a credit.	3b	\$	0.
c Ba	lance due. Subtract line 3b from line 3a. Include your pa	ayment wit	h this form, if required,			
by	using EFTPS (Electronic Federal Tax Payment System).	See instru	ctions.	3c	\$	0.
instructio	If you are going to make an electronic funds withdrawa ons. For Privacy Act and Paperwork Reduction Act Notice			3453-EO a		79-EO for payment 8868 (Rev. 1-2017)

623841 01-11-17

Form 8868 (Rev. 1-2017)

Form	990 (2016) CALIFORNIA HEALTHCARE FOUNDATION	95-4523231	Page 2
Pa	t 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 IS DEDICATED TO ADVANCING MEANINGFUL, MEASURABLE IMPROVEMENTS IN		
	THE WAY THE HEALTH CARE DELIVERY SYSTEM PROVIDES CARE TO THE PEOPLE OF		
	CALIFORNIA, PARTICULARLY THOSE WITH LOW INCOMES AND THOSE WHOSE NEEDS		
	ARE NOT WELL SERVED BY THE STATUS QUO.		
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?		Yes 🛛 No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?		res 🗵 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 expe	nses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	ers, the total expens	es, and
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$ 11,402,455. including grants of \$ 9,880,169.) (Revenue	ie \$	0.)
	THE HIGH VALUE CARE PROGRAM SUPPORTS POLICIES AND CARE MODELS THAT		
	ALIGN WITH PATIENT PREFERENCES, ARE PROVEN EFFECTIVE, AND ARE		
	AFFORDABLE. PROJECTS INCLUDE DEVELOPING OPIOID INTEGRATED-CARE CLINICS		
	IN THE SAFETY NET FOCUSED ON PATIENTS WITH HIGH MEDICAL COSTS DUE TO		
	UNTREATED ADDICTION AND FREQUENT EMERGENCY DEPARTMENT USE, IMPLEMENTING		
	EFFECTIVE INTEGRATED ADDICTION TREATMENT PROGRAMS IN PRIMARY CARE		
	CLINICS, PILOTING A STATEWIDE CLOUD-BASED REGISTRY TO ALLOW ELECTRONIC		
	STORAGE AND RETRIEVAL OF POLST (PHYSICIAN ORDERS FOR LIFE-SUSTAINING		
	TREATMENT) DATA, A CA MATERNAL DATA CENTER AND EFFORTS TO SPREAD		
	INTERVENTIONS TO REDUCE C-SECTIONS, TESTING NEW PAYMENT AND DELIVERY		
	MODELS FOR COMMUNITY-BASED PALLIATIVE CARE, AND SUPPORTING COUNTY-BASED		
	SAFE PRESCRIBING COALITIONS TO REDUCE OPIOID MISUSE AND OVERUSE.		
4b	(Code:) (Expenses \$8,888,985. including grants of \$8,079,218.) (Revenue	ie\$	0.)
	THE IMPROVING ACCESS PROGRAM SEEKS TO: ENSURE LOW-INCOME CALIFORNIANS		
	HAVE ACCESS TO AFFORDABLE HEALTH INSURANCE COVERAGE THEY CAN USE BY		
	SUPPORTING RIGOROUS ANALYSIS OF NEW FEDERAL HEALTH POLICIES, WITH		
	SPECIAL ATTENTION ON POLICIES THAT AFFECT CALIFORNIANS; EXPAND THE		
	CAPACITY OF SAFETY-NET ORGANIZATIONS TO PROVIDE TIMELY, HIGH-QUALITY,		
	AND CONVENIENT CARE AS THEY TRANSITION TO VALUE-BASED PAYMENT MODELS		
	AND SUPPORT STATE GOVERNMENT-LED EFFORTS TO IMPLEMENT DELIVERY SYSTEM		
	AND PAYMENT REFORMS. PROJECTS INCLUDE ANALYSES AND OTHER SUPPORT RELATED TO THE IMPACT OF FEDERAL PROPOSALS TO REPEAL OR REPLACE THE		
	AFFORDABLE CARE ACT ON CALIFORNIA, PILOTING TELEHEALTH PROGRAMS IN		
	MEDI-CAL MANAGED CARE, AN OUTREACH AND ENROLLMENT CAMPAIGN TO MAXIMIZE		
	THE EFFECTIVENESS OF CALIFORNIA'S EXPANSION OF MEDI-CAL TO UNDOCUMENTED		
4c	(Code:) (Expenses \$ 2,670,488. including grants of \$ 2,055,560.) (Revenue		0.)
70	THE INFORMING DECISION MAKERS PROGRAM PROVIDES FUNDING FOR WORK WHICH	ie φ)
	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.)		
		707,599.)	
4e	Total program service expenses > 36,314,658.	, , ,	
		Foi	m 990 (2016)
632002	2 11-11-16 SEE SCHEDULE O FOR CONTINUATION(S)		(20.0)
	2		

13341208 759146 12080 2016.05010 CALIFORNIA HEALTHCARE FOUND 120801

Form 990 (2016)

Part IV Checklist of Required Schedules

CALIFORNIA HEALTHCARE FOUNDATION

4523231	P	age 3

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		x
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		x
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		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? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
-	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
Ū	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		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? If "Yes," complete Schedule D, Part II.	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
•	Schedule D, Part III	8		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?			
	If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
10	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X	10		
••	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
u	Part VI	11a	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	114		
~	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	x	
с	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
-	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		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? If "Yes," complete Schedule D, Part IX	11d		x
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		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>	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		x
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
-	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	x	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		x
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		x
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		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? If "Yes," complete Schedule F, Parts III and IV	16		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? If "Yes," complete Schedule G, Part I	17		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? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		x

Form **990** (2016)

632003 11-11-16

Pa	rt IV Checklist of Required Schedules (continued)			
			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	х	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b				
-	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		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? If "Yes,"			
	complete Schedule L, Part II	26		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? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
20	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		x
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		x
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		
U		28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule A	200		x
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	25		
30		30		x
31	contributions? <i>If "Yes," complete Schedule M</i> Did the organization liquidate, terminate, or dissolve and cease operations?	30		
31		31		x
32	If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		
32		32		x
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	х	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	- 33		
34		34	x	
05-	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a	X	
		358	А	<u> </u>
a	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 paction 512(b)(12)2 /f "Yes." complete Schedule P. Part V. line 2	254	х	
26	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Λ	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
07	If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	0-		
~~	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		v	
	Note. All Form 990 filers are required to complete Schedule O	38		
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CALIFORNIA HEALTHCARE FOUNDATION

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Form 990 (2016)

95-4523231

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Form	990 (2016) CALIFORNIA HEALTHCARE FOUNDATION		95-4523231		P	age 5
Pa	t V Statements Regarding Other IRS Filings and Tax Compliance					
	Check if Schedule O contains a response or note to any line in this Part V					
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	148			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and i	report	able gaming			
	(gambling) winnings to prize winners?			1c	х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	58			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	irns?		2b	х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction					
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a	х	
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule			3b	Х	
	At any time during the calendar year, did the organization have an interest in, or a signature or other					
	financial account in a foreign country (such as a bank account, securities account, or other financial	accol	unt)?	4a		x
b	If "Yes," enter the name of the foreign country:					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	Accou	nts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter trans-			5b		х
с	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did t					
	any contributions that were not tax deductible as charitable contributions?			6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contribu					
	were not tax deductible?		-	6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	rvices	provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w					
	to file Form 8282?			7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit	contra	ct?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont	ract?		7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file F	orm 8	899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiz	ation	file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	d by th	ne			
	sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the second			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:					
а	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041	?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note. See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the					
	organization is licensed to issue qualified health plans	13b				
с	Enter the amount of reserves on hand	13c				
	Did the experimentian vession and provide the independence services during the territory		.	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedu	le O .		14b		
				Form	990	(2016)

	1990 (2016) CALIFORNIA HEALTHCARE FOUNDATION 95 rt VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below	-4523231 v. and for a "N	lo" re		ag se
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instruction			500011	0.
	Check if Schedule O contains a response or note to any line in this Part VI				[
Sec	tion A. Governing Body and Management				
				Yes	
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	10			
	If there are material differences in voting rights among members of the governing body, or if the governing				
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.				
b	Enter the number of voting members included in line 1a, above, who are independent 1b	9			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any othe	r			
	officer, director, trustee, or key employee?		2		
3	Did the organization delegate control over management duties customarily performed by or under the direct supervi	ision			
	of officers, directors, or trustees, or key employees to a management company or other person?		3		
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4		
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		5		
6	Did the organization have members or stockholders?		6		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or				
	more members of the governing body?		7a		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	r —			
	persons other than the governing body?	I .	7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				F
	The governing body?		8a	х	Ľ
b	Each committee with authority to act on behalf of the governing body?		8b	Х	F
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the				F
-	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		-		
				Yes	Γ
10a	Did the organization have local chapters, branches, or affiliates?		10a		ſ
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliate				ſ
	and branches to ensure their operations are consistent with the organization's exempt purposes?		l0b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the		11a	Х	F
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				F
	Did the organization have a written conflict of interest policy? If "No," go to line 13		I2a	х	Γ
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		2b	Х	F
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe				F
	in Schedule O how this was done	-	I2c	х	
13	Did the organization have a written whistleblower policy?		13	Х	F
14	Did the organization have a written document retention and destruction policy?		14	Х	F
15	Did the process for determining compensation of the following persons include a review and approval by independe				F
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
а	The organization's CEO, Executive Director, or top management official		15a	х	Ľ
	Other officers or key employees of the organization		l5b	х	ŀ
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	·····			ŀ
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a				
16a		-	16a		ľ
16a	taxable entity during the year?				ŀ
	taxable entity during the year? If "Yes " did the organization follow a written policy or procedure requiring the organization to evaluate its participati				
	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participati				
	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	ion	16b		ľ
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	ion	16b		
b Sec	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? tion C. Disclosure	ion	16b	_	
b Sec 17	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? tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed CA	ion 1		le	
b Sec 17	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation is joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed CA Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c))	ion 1		le	
b Sec 17	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation is joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶CA Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c for public inspection. Indicate how you made these available. Check all that apply.	ion 1 1		le	
b Sec ¹ 17 18	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation is joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶CA Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c) for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explain in Schedule O)	ion 1 1 c)(3)s only) ava	ailab		
b Sec [*] 17 18	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation is joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶CA Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(or for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest	ion 1 1 c)(3)s only) ava	ailab		
b Sec ¹ 17 18 19	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation is joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶CA Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(or for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest statements available to the public during the tax year.	ion 1 c)(3)s only) ava t policy, and f	ailab		
b Sec [*] 17 18	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? tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶CA Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(or for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and record	ion 1 c)(3)s only) ava t policy, and f	ailab		
b Sec [†] 17 18	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation is possible for the organization follow a written policy or procedure requiring the organization to evaluate its participation is possible for the organization of the organization of the organization of the organization of the person who possesses the organization's books and record CRAIG ZIEGLER - 510-238-1040	ion 1 c)(3)s only) ava t policy, and f	ailab		
b Sec: 17 18 19 20	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? tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶CA Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(or for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and record	ion 1 	ailab		

Form 990 (2	2016) CALIFORNIA HEALTHCARE FOUNDATION	95-4523231	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Comp	pensated	
	Employees, and Independent Contractors		
	Check if Schedule O contains a response or note to any line in this Part VII		X
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.

(A)	(B)	Ľ		(0	C)	•		(D)	(E)	(F)
Name and Title	Average		Position		Reportable	Reportable	Estimated			
	hours per		(do not check more than one box, unless person is both an		compensation	compensation	amount of			
	week	offi	officer and a director/trustee)		from	from related	other			
	(list any	ector						the	organizations	compensation
	hours for	or dir	ę.			ated		organization	(W-2/1099-MISC)	from the
	related	istee	trustee		e	pens		(W-2/1099-MISC)		organization
	organizations below	ual tri	ional		ploye	t com				and related organizations
	line)	Individual trustee or director	Institutional 1	Officer	Key employee	Highest compensated employee	Former			organizations
(1) AGUILAR-GAXIOLA, SERGIO	3.00	<u> </u>	<u> </u>	ò	¥	포뇽	ц.			
BOARD MEMBER		x						30,000.	0.	٥.
(2) AUGUSTINOS, NICHOLAS	3.00							,		
BOARD MEMBER		x						29,000.	0.	0.
(3) ECHAVESTE, MARIA	3.00									
BOARD MEMBER		х						28,000.	0.	0.
(4) GILBERT, BRADLEY	3.00									
BOARD MEMBER		x						25,000.	0.	0.
(5) GROSS, DANIEL	3.00									
BOARD MEMBER		Х						35,000.	0.	0.
(6) HILL, ELIZABETH	3.00									
BOARD MEMBER		Х						35,000.	٥.	0.
(7) JONES, MARC	3.00									
BOARD MEMBER		х						33,000.	٥.	0.
(8) LUBASH, BARBARA	5.00									
BOARD CHAIR (STARTING APRIL 2016)		х						41,000.	0.	0.
(9) WELTY, JOHN D	3.00									
BOARD MEMBER		X						33,000.	0.	0.
(10) HERNANDEZ, SANDRA	45.00									
PRESIDENT & C.E.O		Х		Х				541,602.	0.	95,421.
(11) ZIEGLER, CRAIG	45.00									
VP OF FIN, ADMIN &INVESTS/TREAS &SEC				Х				356,628.	0.	82,630.
(12) MULKEY, MARIAN	45.00									
CLO, ACTING VP OF PROGRAMS (FEB-JUL)	1				х			166,292.	0.	48,550.
(13) SHEWRY, SANDRA	45.00									50 545
VP EXTERNAL ENGAGEMENT	15.00				х			291,348.	0.	53,517.
(14) BUCKLEY, MELISSA	45.00							0.54, 0.00		
PROGRAM DIRECTOR OF INNOVATIONS	15.00					X		251,890.	0.	72,732.
(15) PERRONE, CHRIS	45.00									56.050
PROGRAM DIRECTOR OF IMPROVING ACCESS	45.00					x		222,638.	0.	56,359.
(16) PFEIFER, KELLY	45.00							0.5.6 4.5.5	_	FF 227
PROGRAM DIRECTOR OF HIGH VALUE CARE						x		256,453.	0.	55,331.
(17) SHANNON, MARIBETH	39.00							100.151		04.454
PRGM DIR OF INFORMING DECISION MAKER						Х		198,454.	0.	84,474.
632007 11-11-16						7				Form 990 (2016)

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Form 990 (2016) CALIFORNIA HE									95-4523	3231		Р	age 8
Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	vees	, an	d Hi	ghe	st C	Compensated Employe	es (continued)				
(A) (B) (C) (D) (E)										(F)			
Name and title	Average hours per week (list apy	box offi	not c , unle	Pos check ess pe nd a d	more rson i	than is bot	h an	Reportable Reportable compensation compensation from from relate		on d	Estimated amount of other		of
	(list any hours for related 00 organizations organizations 00 organizations below line) 10 organizations below line) 10 organizations				fi org an	pensa om th anizat d relat anizati	e tion ted						
(18) SOUTHWICK, SUSAN	45.00				-								
DIRECTOR - IT						х		202,445.		0.		66	,851.
(19) CHANG, SOPHIA	45.00												
VP OF PROGRAMS (THRU 2/2016) X 135,808.								0.		10	,020.		
1b Sub-total								2,912,558.		٥.		625	,885.
c Total from continuation sheets to Part VI d Total (add lines 1b and 1c)								0. 2,912,558.		0. 0.			
2 Total number of individuals (including but n	ot limited to th	iose	liste	ed al	bove	e) wł	no r	received more than \$100	,000 of reportab	le			
compensation from the organization												Yes	50 No
3 Did the organization list any former officer,	director or tri	isto	o ka		nnlo		or	highest componented o	mployoo on	I		165	NO
line 1a? If "Yes," complete Schedule J for s											3	х	
4 For any individual listed on line 1a, is the su	im of reportab	le co	omp	ensa	atior	n and	d ot	her compensation from	the organization			x	
and related organizations greater than \$1505 Did any person listed on line 1a receive or a									idual for services		4	21	
rendered to the organization? If "Yes," com	-				-						5		x
Section B. Independent Contractors													•
1 Complete this table for your five highest co	-									npens	ation	from	
the organization. Report compensation for t		ear	enai	ing v	vitn	or w	itnir	(B)				;)	
Name and business							-	Description of s	services	C	ompe	nsatio	n
RD, SUITE 200, MENLO PARK, CA 94025								INVESTMENT MANAGEM	ENT		2	708	,146.
ANGELENO GROUP LLC, 2029 CENTURY PARK	(-					,	, •
EAST, SUITE 2980, LOS ANGELES, CA 900								INVESTMENT MANAGEM	ENT			166	,893.
IRON ORCHARD													
13 FIRST STREET, WARWICK, NY 10990 WEBSITE DEVELOPMENT & MAINT 165,767.													
LEGACY VENTURE													
180 LYTTON AVENUE, PALO ALTO, CA 9430									,500.				
WITT/KIEFER, INC., 2015 SPRING ROAD, 510, OAK BROOK, IL 60523	SULTE							RECRUITMENT - VP P	ROGRAMS			112	,390.
2 Total number of independent contractors (including but not limited to those listed above) who received more than													
\$100,000 of compensation from the organiz						-					C a un c	000 /	2016)

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Form **990** (2016)

	990 (2010/		RE FOUNDATION			95-4523231	Page 9
Pa	rt VII							
_		Check if Schedule O cont	ains a response	or note to any lin		(D) T		
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
nts nts	1 a	Federated campaigns	1a					
Gra		Membership dues						
ts, An		Fundraising events						
Gif		Related organizations						
Sin',		Government grants (contribut						
utic	f	All other contributions, gifts, gran						
trib Ot	~	similar amounts not included abo						
Contributions, Gifts, Grants and Other Similar Amounts	-	Noncash contributions included in lines Total. Add lines 1a-1f	-	_				
				Business Code				
ø	2 a	PRI INTEREST INCOME		900099	707,599.	707,599.		
e vic	b							
enu Se	с							
ran Seve	d							
Program Service Revenue	е							
٩		All other program service reve						
		Total. Add lines 2a-2f			707,599.			
	3	Investment income (including			86,552.		-894,177.	980,729
	4	other similar amounts) Income from investment of tax			00,552.		-094,177.	500,725
	4 5	Royalties			6,444.			6,444
	Ŭ	noyanico	(i) Real	(ii) Personal	-,•			-,
	6 a	Gross rents		<u>``</u>				
		Less: rental expenses						
	с	Rental income or (loss)	965,781					
	d	Net rental income or (loss)			965,781.			965,781
	7 a	Gross amount from sales of	(i) Securities					
		assets other than inventory	2,254,008	. 90,431,231.				
	b	Less: cost or other basis	0	. 77,761,118.				
	•	and sales expenses Gain or (loss)		. 12,670,113.				
		Net gain or (loss)			14,924,121.		2,254,008.	12,670,113
Ð		Gross income from fundraisin			, , , -		, , -	, ,
nue		including \$						
leve		contributions reported on line						
Other Revenue		Part IV, line 18	а					
oth		Less: direct expenses						
_		Net income or (loss) from fund		····· ►				
	9 a	Gross income from gaming ac						
	h	Part IV, line 19 Less: direct expenses						
		Net income or (loss) from gar						
		Gross sales of inventory, less	-					
		and allowances						
	b	Less: cost of goods sold						
	с	Net income or (loss) from sale	s of inventory	▶				
		Miscellaneous Revenu	e	Business Code				
	11 a			ļļ				
	b							
	c d			├ ───- ├				
		All other revenue						
	12 12	Total revenue. See instructions.			16,690,497.	707,599.	1,359,831.	14,623,067
		-16		F	, , , · ·	,	, , –•	Form 990 (2016

Form 990 (2016) CALIFORNIA HEALTHCAF Part IX Statement of Functional Expenses CALIFORNIA HEALTHCARE FOUNDATION 95-4523231

Page 10

ecti	ion 501(c)(3) and 501(c)(4) organizations must com		•		
	Check if Schedule O contains a respon				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	25,342,850.	25,342,850.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	1,087,656.	1,087,656.		
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	2,085,997.	757,901.	1,328,096.	
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	5,846,467.	4,759,212.	1,087,255.	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	709,522.	597,735.	111,787.	
9	Other employee benefits	1,003,648.	800,221.	203,427.	
0	Payroll taxes	460,514.	353,239.	107,275.	
1	Fees for services (non-employees):				
а	Management				
b	Legal	126,482.	71,193.	55,289.	
с	Accounting	169,805.	51,055.	118,750.	
d					
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	3,903,063.		3,903,063.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
•	column (A) amount, list line 11g expenses on Sch O.)	597,825.	120,986.	476,839.	
2	Advertising and promotion				
3	Office expenses	191,590.	153,680.	37,910.	
4	Information technology	156,772.	117,175.	39,597.	
5	Royalties				
6	Occupancy	117,638.	89,134.	28,504.	
7	Travel	243,574.	151,061.	92,513.	
8	Payments of travel or entertainment expenses	,	,	,	
Č	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings				
0	Interest				
1	Payments to affiliates				
2	Depreciation, depletion, and amortization	112,511.		112,511.	
2 3	la su mana s	111,531.	84,507.	27,024.	
3 4	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 0.)				
а	DIRECT CHARITABLE (PRC)	941,129.	941,129.		
b	UNRELATED BUS INC TAX	643,168.		643,168.	
с	PRI INTEREST DISCOUNT	637,057.	637,057.		
d	MATCHING GIFTS	71,972.	71,972.		
	All other expenses	179,217.	126,895.	52,322.	
5	Total functional expenses. Add lines 1 through 24e	44,739,988.	36,314,658.	8,425,330.	
6	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				

632010 11-11-16

Check here

13341208 759146 12080

_____ if following SOP 98-2 (ASC 958-720)

Form **990** (2016)

13341208 759146 12080

	~	Savings and temporary cash investments			,,	~	=,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	3	Pledges and grants receivable, net			3		
	4	Accounts receivable, net		10,188,161.	4	62,784.	
	5	Loans and other receivables from current and fo					
		trustees, key employees, and highest compensation	ated em	ployees. Complete			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disqualit					
		section 4958(f)(1)), persons described in section	1 4958(c	c)(3)(B), and contributing			
		employers and sponsoring organizations of sect	tion 501	(c)(9) voluntary			
		employees' beneficiary organizations (see instr).				6	
	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			883,443.	9	534,188.
	10a	Land, buildings, and equipment: cost or other	I I		· ·		
		basis. Complete Part VI of Schedule D	10a	37,888,470.			
	b	Less: accumulated depreciation		2,126,000.	29,722,289.	10c	35,762,470.
	11	Investments - publicly traded securities			, ,	11	1,179,098.
	12	Investments - other securities. See Part IV, line 1			691,859,524.	12	721,000,794.
	13	Investments - program-related. See Part IV, line			5,264,664.	13	6,735,207.
	14	Intangible assets			, ,	14	, ,
	15	Other assets. See Part IV, line 11			752,955.	15	1,160,737.
	16	Total assets. Add lines 1 through 15 (must equa			739,662,965.	16	769,447,187.
1	17	Accounts payable and accrued expenses			1,990,148.	17	1,408,400.
	18	Grants payable			14,376,120.	18	14,609,128.
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete F				21	
	22	Loans and other payables to current and former					
		key employees, highest compensated employee	es, and	disqualified persons.			
		Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelated	d third p	parties		24	
	25	Other liabilities (including federal income tax, page	yables	to related third			
		parties, and other liabilities not included on lines	s 17-24)	. Complete Part X of			
		Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			16,366,268.	26	16,017,528.
		Organizations that follow SFAS 117 (ASC 958	s), chec	k here 🕨 🗴 and			
		complete lines 27 through 29, and lines 33 an	d 34.				
	27	Unrestricted net assets			723,296,697.	27	753,429,659.
	28	Temporarily restricted net assets				28	
	29	Permanently restricted net assets				29	
		Organizations that do not follow SFAS 117 (As	SC 958	i), check here 🕨 🛄			
		and complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds				30	
1	04	Detailing on equilated examples and terral terral states		1. A		6	

CALIFORNIA HEALTHCARE FOUNDATION Part X Balance Sheet

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

Cash - non-interest-bearing

Savings and temporary cash investments

Paid-in or capital surplus, or land, building, or equipment fund

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

Total liabilities and net assets/fund balances

Form 990 (2016)

1

2

Assets

Liabilities

Net Assets or Fund Balances

31 32

33

34

1

2

(A)

Beginning of year

28,426

963,503

Page **11**

50,084.

2,961,825.

(B)

End of year

769,447,187.

31

32

33

34

723,296,697.

739,662,965.

Form 990 (2016)

753,429,659.

Form	990 (2016) CALIFORNIA HEALTHCARE FOUNDATION	95-4523231		Pa	ge 12
Pa	rt XI Reconciliation of Net Assets				2
	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	16	,690	,497.
2	Total expenses (must equal Part IX, column (A), line 25)	2	44	,739	,988.
3	Revenue less expenses. Subtract line 2 from line 1	3	-28	,049	,491.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	723	,296	,697.
5	Net unrealized gains (losses) on investments	5	58	,123	,806.
6	Donated services and use of facilities	6		58	,647.
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	753	,429	,659.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi				1
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	000	

Form **990** (2016)

632012 11-11-16

SCHEDULE D	
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Department of the Treasury Internal Revenue Service

(Form 990)

 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.



Nam	e of the organization CALIFORNIA HEALTHCARE FOUND	ΔΨΤΟΝ		Employer identification number 95-4523231
Par			r Funds or Ac	
1 41	organization answered "Yes" on Form 990, Part IV, lir			
		(a) Donor advised funds	(b)	Funds and other accounts
1	Total number at end of year		(-)	
2	Aggregate value of contributions to (during year)			
2	Aggregate value of grants from (during year)			
4	Aggregate value of grants norm (during year)			
5	Did the organization inform all donors and donor advisors in		nor advised funds	,
5	are the organization's property, subject to the organization's	-		
6	Did the organization inform all grantees, donors, and donor a			
Ŭ	for charitable purposes and not for the benefit of the donor of			
Par				
1	Purpose(s) of conservation easements held by the organizat		, ,	
•	Preservation of land for public use (e.g., recreation or e		of a historically in	nportant land area
	Protection of natural habitat		of a certified hist	
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in	the form of a cons	servation easement on the last
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
b	Total acreage restricted by conservation easements			2b
с	Number of conservation easements on a certified historic str			2c
d	Number of conservation easements included in (c) acquired			
	listed in the National Register			2d
3	Number of conservation easements modified, transferred, re			ation during the tax
	year ►			
4	Number of states where property subject to conservation ea	sement is located 🕨		
5	Does the organization have a written policy regarding the pe	riodic monitoring, inspection, har	ndling of	
	violations, and enforcement of the conservation easements i	t holds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enfor	cing conservation	easements during the year
	▶			
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing	conservation ease	ements during the year
	►\$			
8	Does each conservation easement reported on line 2(d) above			
	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservat		-	
	include, if applicable, the text of the footnote to the organiza	tion's financial statements that d	lescribes the orga	nization's accounting for
Da	t III Organizations Maintaining Collections o	f Art Historical Treasure	s or Other Si	milar Assots
I UI	Complete if the organization answered "Yes" on Form	•		Assets.
12	If the organization elected, as permitted under SFAS 116 (AS		ue statement and	halance sheet works of art
	historical treasures, or other similar assets held for public ex			
	the text of the footnote to its financial statements that descr			
b	If the organization elected, as permitted under SFAS 116 (AS		statement and bal	ance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e			
	relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			\$
				\$
2	If the organization received or held works of art, historical tre			
-	the following amounts required to be reported under SFAS 1			
а	Revenue included on Form 990, Part VIII, line 1			► \$
	Assets included in Form 990, Part X			\$
	For Paperwork Reduction Act Notice, see the Instruction			Schedule D (Form 990) 2016
	08-29-16			

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13 2016.05010 CALIFORNIA HEALTHCARE FOUND 120801

b Buildings 30,327,945. 30,327,945. c Leasehold improvements 1,452,055. 24,605. 24,121. 1,452,539. d Equipment 278,207. 240,690. 37,517. e Other 1,985,658. 1,861,189. 124,469.	Sche	dule D (Form 990) 2016 CALIFORNIA	HEALTHCARE FOUN	IDATION				9	95-45232	231	<u> </u>	age 2
clearly list apply: d Loan or exchange programs a Police exhibition d Loan or exchange programs b Scholarly research a Other	Par	t III Organizations Maintaining C	ollections of A	rt, Hist	orical Tr	easures,	or Othe	er Simila	ar Asse	ts (contii	nued)	
a Public schibtion d □ can or exchange programs b Scholary research e □ Other	3	Using the organization's acquisition, accession	on, and other record	ls, check	any of the	following that	at are a si	gnificant ı	use of its	collectio	n item	IS
b Scholary research 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 social or receive donations of art, historical treasures, or other similar assets to be solid to raise funds rather than to be maintained as part of the organization answered "Yes" on Form 990, Part X, Ine 21. 1a Is the organization an agent, fustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, Ine 21. Yes No b If 'Yes', explain the arrangement in Part XII and complete the following table: Amount To c Beginning balance 1 Int Int 2a Did the organization include an amount on Form 990, Part X, Ine 21, for secrew 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 XII Part X Int Int 2a Did the organization include an amount on Form 990, Part X, Ine 21, for secrew or custodial account liability? Yes No b If Yes' explain the arrangement in Part XII. Check here if the explanation has been provided on Part XII. Port Yes' on Form 900, Part X, Ine 21. Int Int c Antine schol		(check all that apply):										
c Preservation for future generations 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 see the organization's exempt purpose in Part XIII. 7 Previde a description of the organization's collection? Yes No Part IVI Escrew 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. Ta is the organization angent, trustee, custodial or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. The secret assets and trustee, custodial arrangement in Part XIII. 6 Beginning balance	а	Public exhibition	d	L	oan or exc	hange progra	ams					
Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. During the year, did the organization's collection? Part W 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. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 900, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 900, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 900, Part X, line 21. Is diations during the year Ite Ite	b	Scholarly research	e		Other							
S During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be solid to raise funds rather than to be maintained as part of the organization answered "Yes" on Form 390, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Is the organization angement in Part XIII and complete the following table:	с	Preservation for future generations										
To be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No Part W Escrow and Custodial Arrangements. Complete it the organization answered 'Yes' on Form 990, Part V, line 9, or reported an amount on Form 980, Part X, line 21. 14 Is the organization an agent, fustee, custodian or other intermediary for contributions or other assets not included on Form 980, Part X, line 21. Is the organization an agent, fustee, custodian or other intermediary for contributions or other assets not included on Form 980, Part X, line 21. Is the organization an agent, fustee, custodian or other intermediary for contributions or other assets not included on Form 980, Part X, line 21. for escrow or custodial account tability? Is the organization include an amount on Form 980, Part X, line 21. for escrow or custodial account tability? Is the organization include an amount on Form 980, Part X, line 21. for escrow or custodial account tability? Is the organization include an amount on Form 980, Part X, line 21. for escrow or custodial account tability? Is the organization include an amount on Form 980, Part X, line 21. for escrow or custodial account tability? Is the organization include an amount on Form 980, Part X, line 21. for escrow or custodial account tability? Is the organization include an amount on Form 980, Part X, line 21. for escrow or custodial account tability? Part V Endowment Funds. Complete if the organization answered 'Yes' on Form 980, Part IV, line 10. Immediate part Part Part Part Part Part Part Part P	4	4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.										
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 // Imagent intermediary for contributions or other assets not included on Form 990, Part X // Imagent intermediary for contributions or other assets not included on Form 990, Part X // Imagent intermediary for contributions or other assets not included on Form 990, Part X // Imagent intermediary for contributions or other assets not included an amount on Form 990, Part X, line 21, for escrow or custodial account liability? No b If 'Yes', "explain the arrangement in Part XII check here if the explanation has been provided on Part XII Ne No Part V Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10. Imagent in Part Part Part Part Part Part Part Part	5	During the year, did the organization solicit or	r receive donations of	of art, his	storical trea	sures, or oth	er similar	assets		-		_
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? No b If 'Yes,' explain the arrangement in Part XIII and complete the following table: Amount 1d 1d 1d 1d 1d 1d 1d 1d 1d 2h Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Ves No Part V Endowment Funds. Complete if the organization nawered "Kes' on Form 990, Part X, line 10. Ine 10. 1d Part V Endowment Funds. Complete if the organization answered "Kes' on Form 990, Part X, line 10. Ine 10. Ine 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (c) Three years back (c) Four years back is an anony on prior scholarships Ine 10. c Not investment earnings, gains, and losses Ine 10. Ine 10. g End of year balance % Monitorities expenditures for facilities and programs Ine 10. g End of year balance % Monitorities expenditures for facilities and programs Ine 10. g End of year balance % Mo												No
1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Ves No b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount Intermediate Amount c Beginning balance Intermediate Amount Intermediate Amount 1a Additions during the year Intermediate Intermediate Intermediate Intermediate 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. Pert V Endowment FundS. Complete if the organization answered "Yes" on Form 990, Part X III. Pert V Intervestment earnings, gains, and losses 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (d) Four years back 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance (a) Current year (b) Prior year (e) Two years back (e) Four years back	Par											
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 1d d Additions during the year 1d e Distributions during the year 1d a 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 Image: 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 Image: 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 Image: the organization include an amount on Form 990, Part X, line 10. a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back and programs Image: the organization is the part XIII the presentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment \back_genetage of the current year end balance (line 1g, column (a)) held as: Board designated or quasi-endowment \back_genetagenes												
b If 'Yes,' explain the arrangement in Part XII and complete the following table: c Beginning balance d Additions during the year d d dditions during the year d d dditions during the year d d dditions during the year d d d dditions during the year d d d dditions during the year d d d d d d d d d d d d d d d d d d d	1a									7		7
c Beginning balance Id d Additions during the year Id e Distributions during the year Id f Ending balance If a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No 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 a Bedjinning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back b Contributions (b) Prior year (c) Two years back (d) Three years back (e) Four years back c Net investment earnings, gains, and losses (b) Prior year (c) Two years back (d) Three years back (e) Four years back c Other expenditures for facilities (a) (b) Prior year (c) Two years back (d) Three years back (e) Four years back g End of year balance </th <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th>L</th> <th>Yes</th> <th></th> <th>_ No</th>									L	Yes		_ No
c Beginning balance ic id id id	b	If "Yes," explain the arrangement in Part XIII a	and complete the fo	llowing t	able:							
d Additions during the year 1d e Distributions during the year 1d 1 1 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Ives Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (e) Four years back a Contributions (a) Current year (b) Prior year (c) Two years back (e) Four years back a Grants or scholarships (a) Current year (b) Prior year (c) Two years back (e) Four years back a drants or scholarships (c) Three years back (c) Three years back (e) Four years back a drants or scholarships (c) Three years back (c) Three years back (e) Four years back a drants or scholarships (c) Three years back (c) Three years back (e) Four years back a drants or scholarships (c) Three years back (c) Three years back (e) Four years back g End of year balance (c) Three years back (c) Three years back (e) Four years back g End of year balance (f) courent year end balance (f) fou										Amoun	t	
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b Contributions	1a	Beginning of year balance	(u) ourient your	(8)11	loi you	(0) 1110 you	10 Buok	(u) 11100 y	ouro puon	(0) 1 0 0	youro	Buon
c Net investment earnings, gains, and losses	b											
d Grants or scholarships	c											
e Other expenditures for facilities and programs	d											
and programs	е	E CONTRACTOR E CONTRACT										
f Administrative expenses		-										
g End of year balance	f											
2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶% b Permanent endowment ▶% c Temporarily restricted endowment ▶% The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations (ii) related organizations (ii) related organizations (ii) related organizations (iii) are the related 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 (b) Cost or other (c) Accumulated (d) Book value 3, 820, 000. Buildings (a) 0.327, 945. (b) Cost or other (c) Accumulated (d) Book value (d) a) 0.327, 945. (d) (d) Book value (d) (d) Book												
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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:	а	Board designated or quasi-endowment		_%								
The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations (ii) related organizations (ii) related organizations (iii) related organizations (ii) related organizations (iii) related organization state as required on Schedule R? (iii) Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (c) Accumulated depreciation (d) Book value (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value (d) Book value (d) 30, 327, 945. (d) 30, 327, 945. (d) 30, 327, 945. (d) 30, 327, 945.	b	Permanent endowment	%									
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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. (d) Book value Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land 3,820,000. 3,820,000. 3,820,000. 3,820,000. 3,0,327,945. 30,327,945.	b									3b		
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 3,820,000. 3,820,000. 3,820,000. 30,327,945.	4			wment f	unds.							
Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land 3,820,000.	Par							line 10				
basis (investment) basis (other) depreciation 1a Land 3,820,000. 3,820,000. b Buildings 30,327,945. 30,327,945. c Leasehold improvements 1,452,055. 24,605. 24,121. 1,452,539. d Equipment 278,207. 240,690. 37,517. e Other 1,985,658. 1,861,189. 124,469.										(
b Buildings 30,327,945. 30,327,945. c Leasehold improvements 1,452,055. 24,605. 24,121. 1,452,539. d Equipment 278,207. 240,690. 37,517. e Other 1,985,658. 1,861,189. 124,469.		Description of property							a	(a) Boo	k value	e
b Buildings 30,327,945. 30,327,945. c Leasehold improvements 1,452,055. 24,605. 24,121. 1,452,539. d Equipment 278,207. 240,690. 37,517. e Other 1,985,658. 1,861,189. 124,469.	1a	Land	3,82	0,000.						3	,820,	,000.
c Leasehold improvements 1,452,055. 24,605. 24,121. 1,452,539. d Equipment 278,207. 240,690. 37,517. e Other 1,985,658. 1,861,189. 124,469.										30	,327,	945.
d Equipment 278,207. 240,690. 37,517. e Other 1,985,658. 1,861,189. 124,469.				2,055.		24,605.		24,	121.	1	,452,	539.
e Other						278,207.		,			37,	517.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)	e	Other						1,861,	189.		124,	469.
	Tota	Add lines 1a through 1e. (Column (d) must ed	qual Form 990, Part	X, colurr	nn (B), line 1	0c.)				35	,762,	470.

Schedule D (Form 990) 2016

632052 08-29-16

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	89,293,147.	END-OF-YEAR MARKET VALUE
(B) MULTI-ASSET CLASS COMMINGLED FUNDS	608,635,096.	END-OF-YEAR MARKET VALUE
(C) FIXED INCOME FUNDS	23,072,551.	END-OF-YEAR MARKET VALUE
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	721,000,794.	

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 🗴

Schedule D (Form 990) 2016

632053 08-29-16

Scheo	ule D (Form 990) 2016 CALIFORNIA HEALTHCARE FOUNDATION		95-4523231	Page 4
Part	XI Reconciliation of Revenue per Audited Financial State	ements With Reve	nue per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.		
1	Total revenue, gains, and other support per audited financial statements			
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
	Recoveries of prior year grants			
	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1			
	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	
	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>)			
Par	XII Reconciliation of Expenses per Audited Financial Sta	tements With Expe	enses per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.		
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
с	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1			
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
-	Add lines 4a and 4b			
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.,)		
Par	XIII Supplemental Information.			
Provic	le 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; Pa	rt 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.

632054 08-29-16

0 1)			Complete II	the organizatio	hanswered "res" on Form 990, Part	IV, III 140, I	5, or 16.	ZU IU
Depar Intern	tment of the Treasury al Revenue Service	►	Information ab	out Schedule F	► Attach to Form 990. (Form 990) and its instructions is at V	vww.irs.gov/fc	orm990.	Open to Public Inspection
	e of the organizati				· · ·			entification number
							05 450202	
Pa	IFORNIA HEALTH			ctivities Ou	tside the United States. Comple	to if the organ	95-4523231	
1 4			/, line 14b.		iside the Onited States. Comple	te il the organ	iization answer	eu res on
1				n maintain recor	ds to substantiate the amount of its gra	nts and other	assistance,	
	-		-		the selection criteria used to award the			Yes No
2	-	s. Desc	ribe in Part V the	e organization's	procedures for monitoring the use of its	grants and o	ther assistance	e outside the
3	United States.	aion (Tl	ho following Par	t L lina 3 tabla a	an be duplicated if additional space is n	oodod)		
3	(a) Region	gion. (11	(b) Number of		(d) Activities conducted in the region		vity listed in (d)	(f) Total
	(u) Hogion		offices	employees,	(by type) (such as, fundraising, pro-		gram service,	expenditures
			in the region	èmployees, agents, and independent	gram services, investments, grants to		e specific type	for and investments
				contractors in the region	recipients located in the region)	of service	(s) in the regior	n in the region
	TRAL AMERICA A	ND						124 005 012
THE	CARIBBEAN -		C	0	INVESTMENTS			134,227,213.
EUR	OPE (INCLUDING	•						
	LAND & GREENLA							
-			C	0	INVESTMENTS			3,153,776.
3 a	Sub-total		C	0				137,380,989.
b	Total from contin							
	sheets to Part I		C	0				0.
С	Totals (add lines			0				137,380,989.
	and 3b)			0				437,300,909.

Statement of Activities Outside the United States

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

Schedule F (Form 990) 2016

OMB No. 1545-0047

2016

632071 09-21-16

SCHEDULE F

CALIFORNIA HEALTHCARE FOUNDATION

95-4523231

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			l recognized as charities by the				1	I
the IRS, or for which t 3 Enter total number of			n 501(c)(3) equivalency letter					

CALIFORNIA HEALTHCARE FOUNDATION

95-4523231

Page 3

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

1	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)	X Yes	No No
2	Did the organization have an interest in a foreign trust during the tax year? <i>If</i> "Yes," <i>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)</i>	Yes	X 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)	X 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? <i>If</i> "Yes," <i>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)</i>	X 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)	X 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	X No

Schedule F (Form 990) 2016

SCHEDULE I (Form 990) Department of the Treasury		Go	Grants and Oth overnments, an lete if the organizatio	nd Individual	s in the Ŭni on Form 990, Pa	ted States		OMB No. 1545-0047 2016 Open to Public
Internal Revenue Service		Informat	ion about Schedule I	(Form 990) and its	instructions is a	t www.irs.gov/form99	0.	Inspection
Name of the organization								Employer identification number
Devit L Concerci In	CALIFORNIA HEA		DATION					95-4523231
_	formation on Grants a					<u> </u>		
	ation maintain records t							
Criteria used to a	ward the grants or assis IV the organization's pro	stance?	toring the use of grant	funda in tha Unita	d Stataa			X Yes No
	d Other Assistance to					nization answered "	(as" on Form 000 Dar	t IV line 21 for any
	nat received more than \$	-				anization answered	res on form 990, Far	
1 (a) Name and ad	dress of organization rernment	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ACADEMYHEALTH 1666 K STREET NW, WASHINGTON, DC 20		52-1260918	501(C)(3)	12,000.	0.			2017 NATIONAL HEALTH POLICY CONFERENCE - ACADEMYHEALTH; 2017 MEMBERSHIP
AMERICAN CONGRESS & GYNECOLOGISTS - - WASHINGTON, DC	409 12TH ST., SW	90-0489809	501(C)(6)	112,000.	0.			SUPPORT FOR C-SECTION SPEAKERS BUREAU IN CALIFORNIA
ALAMEDA CONTRA CO ASSOCIATION - 623 AVENUE - OAKLAND,	0 CLAREMONT	94-1007633	501(C)(6)	347,056.	0.			POLST EREGISTRY PILOT PROJECT – ALAMEDA CONTRA COSTA
ALLIANCE IN MENTO 2612 WESTWOOD BLV LOS ANGELES, CA 9	D.	45-4825887	501(C)(3)	15,000.	0.			MENTORING PROGRAM FOR LATINO AND UNDER-REPRESENTED MINORITY YOUTH IN
AMPLA HEALTH 935 MARKET STREET YUBA CITY, CA 959	,	94-2210447	501(C)(3)	9,305.	0.			SUPPORT FOR TELEHEALTH COORDINATOR
LEVITT CENTER 490 GRAND AVENUE, OAKLAND, CA 94610		36-4622374		63,000.	0.			MEDICATION ASSISTED TREATMENT IN THE EMERGENCY DEPARTMENT PILOT (URBAN)
	er of section 501(c)(3) a			ne líne 1 table				156.
	er of other organizations							47.
LHA For Paperwork	Reduction Act Notice,	, see the Instruc	tions for Form 990.					Schedule I (Form 990) (2016)

Раре е, : SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Schedule I (Form 990) CALIFORNIA HEA					/=		5-4523231 Page 1
Part II Continuation of Grants and Other (a) Name and address of organization or government	Assistance to Go (b) EIN	(c) IRC section (c) applicable	nizations in the U (d) Amount of cash grant	nited States (Scho (e) Amount of non-cash assistance	edule I (Form 990), Pa (f) Method of valuation (book, FMV, appraisal, other)	urt II.) (g) Description of non-cash assistance	(h) Purpose of grant or assistance
ARABELLA ADVISORS 340 PINE STREET, SUITE 401 SAN FRANCISCO, CA 94104	20-4995650		55,019.	0.			CALIFORNIA BEHAVIORAL HEALTH FUNDERS COLLABORATIVE
ASIAN HEALTH SERVICES 818 WEBSTER STREET OAKLAND, CA 94607-4220	94-2235908	501(C)(3)	10,000.	0.			ANNUAL GALA BENEFIT, 2016; ANNUAL GALA BENEFIT, 2017
CALIFORNIA IMMIGRANT POLICY CENTER 1145 WILSHIRE BLVD., 2ND FL. LOS ANGELES, CA 90017	95-3854152	501(C)(3)	8,250.	0.			FOR STATEWIDE AND LOCAL EFFORTS TO EXPAND HEALTHCARE ACCESS FOR ALI CALIFORNIANS, REGARDLESS
BAY AREA COUNCIL 353 SACRAMENTO STREET, SUITE 1000 SAN FRANCISCO, CA 94111	20-1826827	501(C)(3)	50,000.	0.			HEALTH REFORM BRIEFS
BLUEPATH HEALTH, INC. 929 SIR FRANCIS DRAKE BLVD., STE. KENTFIELD, CA 94904-1548	46-3484135		50,000.	0.			ELECTRONIC CONSULT ROADMAP FOR IEHP
BLUE SKY CONSULTING GROUP 1939 HARRISON STREET, SUITE 211 OAKLAND, CA 94612	59-3810591		138,980.	0.			POST-ACA REVENUE OPTIONS ANALYSIS
BRIGHT RESEARCH GROUP 660 13TH STREET, SUITE 202 OAKLAND, CA 94612	27-3532904		40,000.	0.			EVALUATION OF THE BILINGUAL GUIDE TO HEALTH PROGRAMS
CALIFORNIA BUDGET & POLICY CENTER 1107 9TH STREET, SUITE 310 SACRAMENTO, CA 95814	68-0346784	501(C)(3)	10,000.	0.			SPONSORSHIP OF POLICY INSIGHTS 2017
CALIFORNIA NURSE-MIDWIVES ASSOCIATION - 6057 CALLE CEDRO - ANAHEIM, CA 92807	33-0629811	501(C)(6)	6,400.	0.			2016 CALIFORNIA NURSE MIDWIVES ASSOCIATION ANNUAL MEETING ON OCTOBER 1, 2016; SUPPORT FOR CNMA

Schedule I (Form 990) CALIFORNIA HE Part II Continuation of Grants and Other			nizations in the U	nited States (Sch	edule I (Form 990) P:		5-4523231 Page
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							HEALTHCARE PRICE AND
CALIFORNIA DEPARTMENT OF INSURANCE							QUALITY TRANSPARENCY
300 CAPITOL MALL, SUITE 1700							WEBSITE, CALIFORNIA
SACRAMENTO, CA 95814	04-3667508	CA DEPT INSURANC	100,000.	0.			HEALTHCARE COMPARE
CALIFORNIA PRIMARY CARE							
ASSOCIATION - 1231 I STREET, SUITE							
400 - SACRAMENTO, CA 95814	94-3215565	501(C)(3)	10,000.	Ο.			ANNUAL CONFERENCE, 2016
CALIFORNIA HEALTH AND HUMAN							
SERVICES AGENCY - 1600 NINTH							STATEWIDE GUIDANCE ON
STREET, ROOM 460 - SACRAMENTO, CA							SHARING SENSITIVE HEALTH
95814	68-0281366	CHHS	755,375.	Ο.			INFORMATION
CALIFORNIA STATE UNIVERSITY FRESNO							
FOUNDATION - 5340 NORTH CAMPUS							TO SUPPORT THE MOBILE
DRIVE M/S SS91 - FRESNO, CA							HEALTH UNITS SERVING
93740-8019	94-6003272	501(C)(3)	20,000.	0.			CENTRAL CALIFORNIA
							HEALTH CARE FOR PEOPLE
CALIFORNIA HEALTH POLICY							RE-ENTERING COMMUNITIES
STRATEGIES - 580 RIVERGATE WAY -							FROM INCARCERATION: LOCAI
SACRAMENTO, CA 95831	81-1559868		153,239.	Ο.			BEST PRACTICES AND STATE
							SUPPORT FOR 2016 CAPH/SNI
CALIFORNIA HEALTH CARE SAFETY NET							ANNUAL CONFERENCE;
INSTITUTE - 70 WASHINGTON STREET,							PROGRAM CONSULTATION
SUITE 215 - OAKLAND, CA 94607	94-2970752	501(C)(3)	45,480.	Ο.			OPPORTUNITY (SNI); PUBLIC
CALIFORNIA HOSPITAL ASSESSMENT AND							
REPORTING TASK FORCE - 1688							TRANSITION HOSPITAL DATA
ORVIETTO DRIVE - ROSEVILLE, CA							ON CALQUALITYCARE.ORG TO
95661	36-4616681	501(C)(3)	115,660.	0.			CHART
			,				NEPO ANNUAL SUMMIT, 2016;
CALIFORNIA MEDICAL ASSOCIATION							RECRUITMENT OF ETHNIC
FOUNDATION - 2230 L STREET -							PHYSICIANS FOR FOCUS
SACRAMENTO, CA 95816	94-6062822	501(C)(3)	15,200.	0.			GROUPS ON ADVANCE CARE
CALLECONTA DAN EMUNIC UDALMU							2016 EVENING, EVENING
CALIFORNIA PAN-ETHNIC HEALTH							2016 EVENTS; EXPANDING
NETWORK - 1221 PRESERVATION PARK	04 3306000	E01(0)(2)	20.000				CAPACITY & EXPLORING NEW
WAY, STE. 200 - OAKLAND, CA 94612	94-3306223	501(C)(3)	30,000.	0.			PARTNERSHIPS: CPEHN

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Part II Continuation of Grants and Other (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 SOCIETY OF ADDICTION							
MEDICINE - 575 MARKET STREET,							TA AND TRAINING ON
SUITE 2125 - SAN FRANCISCO, CA							INTEGRATED ADDICTION
94105	23-7364605	501(C)(3)	45,000.	Ο.			TREATMENT
							FARMWORKER ACCESS TO
CALIFORNIA RURAL LEGAL ASSISTANCE,							HEALTH CARE AND
INC 1430 FRANKLIN STREET, SUITE							PROTECTION FROM
103 - OAKLAND, CA 94612	95-2428657	501(C)(3)	20,000.	0.			PESTICIDES
CALIFORNIA STATE UNIVERSITY,							SUPPORT FOR LET'S GET
SACRAMENTO - 5015 SOLANO HALL -							HEALTHY CALIFORNIA
SACRAMENTO, CA 95819	68-0365325	CSU	50,000.	0.			INNOVATION CONFERENCE
CALIFORNIA STATE UNIVERSITY SAN							
MARCOS FOUNDATION - 333 S. TWIN							DEVELOPMENT OF A PRIMARY
OAKS VALLEY ROAD - SAN MARCOS, CA							PALLIATIVE CARE
92096	80-0390564	501(C)(3)	50,000.	0.			CURRICULUM
							SCALING TELEHEALTH IN TH
CALIFORNIA TELEHEALTH NETWORK							SAFETY NET: TECHNICAL
2001 P STREET SUITE 100							ASSISTANCE PLANNING;
SACRAMENTO, CA 95811	27-3045436	501(C)(3)	1,302,255.	0.			DEVELOPING SUSTAINABLE
CALIFORNIANS FOR DRUG FREE YOUTH							
600 B ST., STE. 1450							OPIOID POLICY CONFERENCE
SAN DIEGO, CA 92101	77-0202396	501(C)(3)	20,000.	0.			2017
							PLANNING GRANT FOR PHASE
CAMDEN COALITION OF HEALTHCARE							2 OF CARE INTEGRATION FO
PROVIDERS - 800 COOPER STREET, 7TH							PAYER/PROVIDER TEAMS:
FLOOR - CAMDEN, NJ 08102	32-0332843	501(C)(3)	466,151.	0.			IMPLEMENTATION; MAT-ED
SAN DIEGO STATE UNIVERSITY							TO FUND UNDERGRADUATE
CAMPANILE FOUNDATION - 5500							STUDENTS AND GRADUATE
CAMPANILE DRIVE - SAN DIEGO, CA							STUDENTS FROM THE COLLEG
92182-8030	33-0868418	501(C)(3)	10,000.	0.			OF HEALTH AND HUMAN
C&C ADVISORS, LLC							STREAMLINING ENROLLMENT
207 RIPLEY STREET							FOR THE REMAINING
SAN FRANCISCO, CA 94110	71-0952730		215,850.	0.			UNINSURED

Part II Continuation of Grants and Other	Assistance to G	overnments and Orga	nizations in the U	nited States (Sch	edule I (Form 990), Pa	art 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
CAPITOL IMPACT, LLC							SUPPORT FOR 2017 CLSEI
1107 9TH ST., STE. 500							AND HEALTH CONFERENCE
SACRAMENTO, CA 95814	03-0539997		63,367.	0.			SCHOLARSHIP PROGRAM
CAPITAL LINK							
40 COURT STREET, 10TH FLOOR							SAFETY NET DATA QUERY
BOSTON, MA 02108	52-1593251	501(C)(3)	24,999.	0.			(CAPITAL LINK 2015)
							SUPPORT FOR HEALTH CARE
CAPITAL PUBLIC RADIO, INC.							COVERAGE; SUPPORT FOR
7055 FOLSOM BLVD.							HEALTH CARE COVERAGE,
SACRAMENTO, CA 95826-2625	68-0223271	501(C)(3)	174,000.	0.			2017
CENTRAL AMERICAN RESOURCE							30TH ANNIVERSARY SUPPORT
CENTER-CARECEN OF NO. CA 3101							AND HEALTH PROGRAMS FOR
MISSION ST., STE 101 - SAN							RECENTLY ARRIVED BAY AREA
FRANCISCO, CA 94110	94-3036508	501(C)(3)	10,000.	0.			FAMILIES
CATTANEO & STROUD, INC.							
1601 OLD BAYSHORE HIGHWAY, SUITE 1							RENEWAL OF MEDICAL GROUP
BURLINGAME, CA 94010	94-2956629		75,200.	0.			DATABASE
CENTER ON BUDGET AND POLICY							RESOURCES ON TAX AND
PRIORITIES - 820 FIRST STREET,							FAMILY LAW ISSUES UNDER
N.E., SUITE 510 - WASHINGTON, DC							THE ACA; CENTER ON BUDGET
20002	52-1234565	501(C)(3)	221,600.	0.			AND POLICY PRIORITIES
CENTER FOR EFFECTIVE PHILANTHROPY,							
INC 675 MASSACHUSETTS AVE., 7TH							
FLOOR - CAMBRIDGE, MA 02139	04-3523528	501(C)(3)	15,000.	Ο.			2017 GENERAL SUPPORT
CENTER FOR EXCELLENCE IN HEALTH							
CARE JOURNALISM - 10 NEFF HALL							
MISSOURI SCHOOL OF JOURNALISM -							SUPPORT FOR HEALTH
COLUMBIA, MO 65211	41-1908032	501(C)(3)	36,000.	Ο.			JOURNALISM 2017
							NATIONAL ACADEMY FOR
CENTER FOR HEALTH POLICY							STATE HEALTH POLICY
DEVELOPMENT - 10 FREE STREET, 2ND							(NASHP) ANNUAL CONFERENCE
FLOOR - PORTLAND, ME 04101	52-1576801	501(C)(3)	15,000.	Ο.			SUPPORT

 Schedule I (Form 990)
 CALIFORNIA HEALTHCARE FOUNDATION

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

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(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
							DEVELOPING MEDI-CAL'S
CENTER FOR HEALTH CARE STRATEGIES,							HEALTH HOME INITIATIVE;
INC 200 AMERICAN METRO BLVD.,							DESIGN OF ALTERNATIVE
SUITE 119 - HAMILTON, NJ 08619	22-3375015	501(C)(3)	160,955.	0.			PAYMENT MODELS IN PRIME;
SOCIAL INTEREST SOLUTIONS							IMPROVING TRANSITIONS
1951 WEBSTER ST., 2ND FL.	E0 2021066	E01(0)(2)	115 000	0			BETWEEN MEDI-CAL AND
OAKLAND, CA 94612	59-3831966	501(C)(3)	115,000.	0.			COVERED CALIFORNIA CARE INTEGRATION FOR
CAN VCIDDO HEAIMH CENMED							
SAN YSIDRO HEALTH CENTER							OPIOID-DEPENDENT FREQUENT
4004 BEYER BLVD.	05 0001770	F01 (0) (2)	F0 000	0			EMERGENCY DEPARTMENT
SAN YSIDRO, CA 92173	95-2801772	501(C)(3)	50,000.	0.			USERS (IMPLEMENTATION
							PLANNING GRANT FOR CENTRO
CENTRO LEGAL DE LA RAZA INC							LEGAL DE LA RAZA TO
3400 EAST 12ST							IDENTIFY SUSTAINABLE
OAKLAND, CA 94601	23-7181456	501(C)(3)	10,000.	0.			FUNDING STRATEGIES FOR
							MEDICATION ASSISTED
CEP AMERICA-ILLINOIS, LLP							TREATMENT IN THE
2100 POWELL STREET, SUITE 900							EMERGENCY DEPARTMENT
EMERYVILLE, CA 94608	26-3711283		6,000.	0.			PILOT (URBAN)
CHARLOTTE MAXWELL CLINIC							
610 16TH STREET, SUITE 426							
OAKLAND, CA 94612	94-3116456	501(C)(3)	10,000.	Ο.			25TH ANNIVERSARY
COALITION FOR COMPASSIONATE CARE							QUALITY IMPROVEMENT
OF CALIFORNIA - 1331 GARDEN							PROGRAM FOR NURSING
HIGHWAY, SUITE 100 - SACRAMENTO,							HOMES; EDUCATING CA
CA 95833	27-0419836	501(C)(3)	601,717.	0.			HEALTH CARE PROVIDERS
THE COMMONWEALTH CLUB OF							
CALIFORNIA - 555 POST STREET - SAN							DISTINGUISHED CITIZEN
FRANCISCO, CA 94102	94-0399260	501(C)(3)	15,000.	0.			GALA, 2017
COMMUNITY CLINIC ASSOCIATION OF							PROGRAM CONSULTATION
LOS ANGELES COUNTY - 700 S. FLOWER							OPPORTUNITY (CCALAC);
ST, SUITE 3150 - LOS ANGELES, CA							MODELS FOR ADVANCING HIGH
90017	95-4576023	501(C)(3)	13,500.	Ο.			PERFORMANCE; ANNUAL

Schedule I (Form 990) CALIFORNIA HE Part II Continuation of Grants and Other			nizations in the U	nited States (Sch	edule I (Form 990) P		5-4523231 Page ⁻
(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
							FEASIBILITY STUDY OF
COMMUNITY HEALTH CENTER NETWORK							DELEGATING MENTAL HEALTH
101 CALLAN AVE., STE 300			04 500				BENEFITS TO A CLINIC MSO
SAN LEANDRO, CA 94577	94-3253662	501(C)(3)	21,500.	0.			MODELS FOR ADVANCING HIGH
COMMUNICATIONS NETWORK							
718 7TH STREET NW, 2ND FLOOR							
WASHINGTON, DC 20001	52-2114179	501(C)(3)	10,000.	0.			ANNUAL CONFERENCE, 2016
,			, -				EVALUATION AND QUALITY
MATERNAL MENTAL HEALTH NOW							IMPROVEMENT SUPPORT FOR A
833 AMOROSO PLACE							PILOT TO IMPLEMENT
VENICE, CA 90291	95-4302046	501(C)(3)	29,800.	0.			COLLABORATIVE MATERNAL
,			,				ADVANCE CARE PLANNING
COMMUNITY NETWORK FOR APPROPRIATE							PILOT FOR PEOPLE WITH
TECHNOLOGIES - 906 SILVA AVENUE -							SERIOUS MENTAL ILLNESS IN
SACRAMENTO, CA 95814	94-2515452	501(C)(3)	24,000.	Ο.			SONOMA COUNTY
;							CONSUMER REPORTS PHASE 1:
CONSUMER REPORTS INC.							ENGAGING CONSUMERS,
101 TRUMAN AVENUE							HOSPITALS, AND THE MEDIA
YONKERS, NY 10703-1057	13-1776434	501(C)(3)	197,507.	0.			IN A PUBLIC DIALOGUE
COUNTY WELFARE DIRECTORS ASSOCIATION - 925 L STREET, STE							
1405 - SACRAMENTO, CA 95814	94-1367270	501(C)(6)	81,650.	0.			SB 75 TRAINING
COUNCIL ON FOUNDATIONS 2121 CRYSTAL DRIVE, SUITE 700							
ARLINGTON, VA 22202-3706	13-6068327	501(C)(3)	25,000.	0.			2017 MEMBERSHIP
THE COUNCIL OF STATE GOVERNMENTS							
1776 AVENUE OF THE STATES							'STEPPING UP' CALIFORNIA
LEXINGTON, KY 40511	36-6000818	501(C)(3)	15,000.	0.			STATE SUMMIT
CSWEETENER							INNOVATION FUND ADVISORY
655 REDWOOD HWY, SUITE 360							COMMITTEE GRANT: GENERAL
MILL VALLEY, CA 94941	81-2732188	501(C)(3)	10,000.	0.			SUPPORT

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(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
							TO PROMOTE "THE EARTH,
EARTH HOUSE							THE CITY, AND THE HIDDEN
5275 MILES AVE.							NARRATIVE OF RACE: NEW
OAKLAND, CA 94618	30-0183632	501(C)(3)	10,000.	0.			FOUNDATIONS FOR THE GREAT
EAST BAY COMMUNITY LAW CENTER							
2921 ADELINE STREET							EAST BAY MEDICAL LEGAL
BERKELEY, CA 94703	94-3042565	501(C)(3)	15,000.	٥.			PARTNERSHIP
							WEST OAKLAND HEALTH
EAST BAY COMMUNITY FOUNDATION							COUNCIL LEGACY,
200 FRANK OGAWA PLAZA							LEADERSHIP, AND IMPACT
OAKLAND, CA 94612	94-6070996	501(C)(3)	25,000.	٥.			FUND
EDUCATION & RESEARCH FUND OF							
EMPLOYEE BENEFIT RESEARCH							UPDATE ANALYSIS FOR
INSTITUTE - 1100 13TH STREET NW,							CALIFORNIA'S UNINSURED
SUITE 878 - WASHINGTON, DC 20005	52-1190398	501(C)(3)	5,500.	0.			SNAPSHOT 2016
`							CARE INTEGRATION FOR
EL DORADO COUNTY COMMUNITY HEALTH							OPIOID-DEPENDENT FREQUENT
CENTER - 4327 GOLDEN CENTER DRIVE							EMERGENCY DEPARTMENT
- PLACERVILLE, CA 95667	42-1533531	501(C)(3)	50,000.	٥.			USERS (IMPLEMENTATION
FAITH COMMUNITY CHURCH							CORE SUPPORT FOR THE CMF
192 BELLA VISTA RD.							HOSPICE PROGRAM AND
VACAVILLE, CA 95687	13-4223443	501(C)(3)	25,000.	0.			DEVELOPMENT PROJECT
	10 100 110	501(0)(3)	20,000.	••			FAMILIES USA HEALTH
FAMILIES USA FOUNDATION							ACTION 2017 CONFERENCE;
1225 NEW YORK AVENUE, NW, SUITE 80							EVENT HONORING RONALD
WASHINGTON, DC 20005	04-2730934	501(C)(3)	15,000.	0.			POLLACK
	01 2,00004		10,000.	, °.			CARE INTEGRATION FOR
FAMILY HEALTH CENTERS OF SAN DIEGO							OPIOID-DEPENDENT FREQUENT
823 GATEWAY CENTER WAY							EMERGENCY DEPARTMENT
SAN DIEGO, CA 92102	95-2833205	501(C)(3)	65,000.	Ο.			USERS (IMPLEMENTATION
FORENSIC MENTAL HEALTH ASSOCIATION				· · ·			
OF CALIFORNIA - 77 VAN NESS AVE.							TO SUPPORT THE "WORDS TO
#101-1316 - SAN FRANCISCO, CA							DEEDS" CONFERENCE AND
94102	94-2780630	501(C)(3)	10,000.	0.			PARADIGM AWARDS
	54 2700030	551(5)(5)	1 10,000.	v.			PARADIGM AWARDS

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

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(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
FORUM ONE COMMUNICATIONS CORP.							CHHS DIGITAL MARKETING
15954 JACKSON CREEK PARKWAY, SUITE							INITIATIVE; ACA411 REVIEW
MONUMENT, CO 80132	94-3261569		34,979.	0.			, PROJECT
FOUNDATION CENTER							2017 MEMBERSHIP (\$12,500
32 OLD SLIP, 24TH FLOOR							FOR NATIONAL; \$7,500 FOR
NEW YORK, NY 10005	13-1837418	501(C)(3)	20,000.	0.			SF)
							FUSE CORP FELLOWSHIP:
FUSE CORPS							UTILIZING DATA-DRIVEN
1202 RALSTON AVENUE, SUITE 1B							STRATEGIES TO IMPROVE
SAN FRANCISCO, CA 94129	27-5469219	501(C)(3)	149,000.	0.			CLIENT OUTCOMES
GEORGE MARK CHILDREN'S HOUSE							
2121 GEORGE MARK LANE							GEORGE MARK CHILDREN'S
	94-3255845	501(C)(3)	50,000.	0.			HOUSE PHYSICIAN LIAISON
SAN LEANDRO, CA 94578	54 5255045	501(0)(3)	50,000.	0.			
GRANTMAKERS IN AGING							
2001 JEFFERSON DAVIS HIGHWAY, SUIT							2017 MEMBERSHIP; 2017
ARLINGTON, VA 22202	13-4014982	501(C)(3)	7,200.	0.			ANNUAL CONFERENCE SUPPORT
GRANTMAKERS FOR EFFECTIVE			,				
ORGANIZATIONS - 1725 DESALES							
STREET, NW, SUITE 404 -							
WASHINGTON, DC 20036	01-0669150	501(C)(3)	15,000.	0.			2017 MEMBERSHIP
GRANTMAKERS IN HEALTH							
1100 CONNECTICUT AVENUE NW, SUITE							
WASHINGTON, DC 20036-4110	13-3206571	501(C)(3)	30,000.	0.			2017 MEMBERSHIP
							HIGH-PERFORMANCE PRIMARY
GROUP HEALTH COOPERATIVE							CARE IN THE SAFETY NET
1730 MINOR AVENUE, SUITE 1600							PROJECT PLANNING GRANT,
SEATTLE, WA 98101	91-0511770	501(C)(3)	251,691.	0.			ESSENTIAL CAPABILITIES
							HEALTH HOME PROGRAM
PETER HARBAGE CONSULTING							MENTAL HEALTH INTEGRATION
1400 K STREET, SUITE 204							- SUPPORT TO DHCS; PUBLIC
SACRAMENTO, CA 95814	26-2265256		348,960.	Ο.			SUBSTANCE USE DISORDER

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HEALTH ASSESSMENT AND RESEARCH FOR							
COMMUNITIES INC 75080 FRANK							PROVIDE COPIES OF HEALTH
SINATRA DRIVE, SUITE A221 - PALM				_			RESEARCH FOR COACHELLA
DESERT, CA 92211-5202	20-5719074	501(C)(3)	18,000.	0.			VALLEY
							EVALUATING THE LOS
PRESIDENT AND FELLOWS OF HARVARD							ANGELES DEPARTMENT OF
COLLEGE HARVARD UNIVERSITY - P.O.							HEALTH SERVICES ECONSULT
BOX 415649 - BOSTON, MA 02141-5649	04-2103580	501(C)(3)	230,738.	0.			PROGRAM; CONNECTING
							CORE SUPPORT: SUPPORTING
HEALTH ACCESS FOUNDATION							CONSUMER ADVOCATES TO
1127 11TH STREET, SUITE 234	02 0057040	F01 (0) (2)	107 500	0			IMPROVE ACCESS AND
SACRAMENTO, CA 95814	93-0957949	501(C)(3)	197,500.	0.			AFFORDABILITY; HEALTH
HEALTH CENTER PARTNERS OF SOUTHERN							
CALIFORNIA - 7535 METROPOLITAN							PROGRAM CONSULTATION
DRIVE - SAN DIEGO, CA 92108	95-3008850	501(C)(3)	8,000.	0.			OPPORTUNITY (HCP)
HEALTH EDUCATION COUNCIL,	93-3008030	501(0)(5)	8,000.	0.			OFFORIONITI (her)
ADVOCATES FOR HEALTH, ECONOMICS,							EXPANDING HEALTH AND
AND DEV'T - 3950 INDUSTRIAL							OUTREACH SERVICES FOR
BOULEVARD, SUITE 600 - WEST	68-0249296	501(C)(3)	10,000.	0.			LATINO YOUTH AND FAMILIES
HEALTHIDX, INC							
100 KEYES ROAD, SUITE 204							CURES PERFORMANCE &
CONCORD, MA 01742	47-3764634		25,000.	0.			USABILITY ANALYSIS
			,				ANNUAL NATIONAL
HEALTH CARE CONFERENCE							VALUE-BASE PAYMENT & PAY
ADMINISTRATORS L.L.C 37 TATOOSH							FOR PERFORMANCE SUMMIT,
KEY – BELLEVUE, WA 98006	91-1892021		10,000.	0.			2017
HEALTH 2.0							
350 TOWNSEND ST., #403							SPONSORSHIP OF 2016
SAN FRANCISCO, CA 94107	26-1478553		20,000.	0.			HEALTH 2.0 CONFERENCE
HEALTH CAREER CONNECTION, INC.							SUMMER INTERNSHIP
267 DEERFIELD DRIVE							PROGRAM, 2016; SUMMER
MORAGA, CA 94556	25-1904312	501(C)(3)	175,000.	Ο.			INTERNSHIP PROGRAM, 2017

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HEALTH EVOLUTION SERVICES							
ONE LETTERMAN DR., BLDG. D, SUITE							
SAN FRANCISCO, CA 94129	90-0869370		38,000.	Ο.			HEP SUMMIT 2017
HEALTH IMPROVEMENT PARTNERSHIP OF							
SANTA CRUZ COUNTY - 1800 GREEN							
HILLS ROAD, SUITE 100 - SCOTTS							PROGRAM CONSULTATION
VALLEY, CA 95066	01-0826156	501(C)(3)	7,980.	Ο.			OPPORTUNITY (HIPSCC)
							MEDI-CAL BENEFITS REVIEW
HEALTH MANAGEMENT ASSOCIATES							HEALTH PLAN WHITE PAPER
120 N. WASHINGTON SQ., SUITE 705							#2: THE CASE FOR
LANSING, MI 48933	38-2599727		34,112.	Ο.			STREAMLINING ACCESS TO
HEALTH SCIENCES HIGH SCHOOL AND							PROMOTING MINORITY AND
IIDDLE COLLEGE - 3910 UNIVERSITY							LOWER SOCIO-ECONOMIC
AVENUE, SUITE 100 - SAN DIEGO, CA							STUDENTS IN PURSUIT OF
92105	20 - 5886784	501(C)(3)	10,000.	0.			HEALTH CARE CAREERS
							CARE INTEGRATION FOR
HEALTH PLAN OF SAN JOAQUIN							OPIOID-DEPENDENT FREQUEN
7751 SOUTH MANTHEY ROAD							EMERGENCY DEPARTMENT
FRENCH CAMP, CA 95231	68-0355833	HPSJ	75,000.	0.			USERS (IMPLEMENTATION
HEALTH TECHNOLOGY FORUM							SPONSORSHIP OF 2016
46 LAPIDGE STREET							HEALTH TECH FORUM
SAN FRANCISCO, CA 94110	46-2325626		7,500.	0.			INNOVATION CONFERENCE
	10 202020		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				COACHING SUPPORT TO
HEALTHRIGHT 360							BETTER INTEGRATE
L735 MISSION STREET							BEHAVIORAL HEALTH AND
SAN FRANCISCO, CA 94103	94-6129071	501(C)(3)	6,096.	Ο.			PRIMARY CARE; MODELS FOR
			.,				
HISPANICS IN PHILANTHROPY							2017 MEMBERSHIP;
14 13TH STREET, SUITE 200							LEADERSHIP CONFERENCE &
DAKLAND, CA 94612	94-3040607	501(C)(3)	15,000.	0.			GALA, 2017
- ,		, ,	,,				EVENTS, 2016, INCLUDING
HOMELESS PRENATAL PROGRAM, INC.							OUR HOUSE BENEFIT AND
2500 18TH STREET							ANNUAL LUNCHEON; OUR
SAN FRANCISCO, CA 94110	94-3146280	501(C)(3)	15,000.	0.			HOUSE GALA, 2017

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HEALTH RESEARCH AND EDUCATIONAL							
TRUST - 155 N. WACKER DR. #400 -							THE CIRCLE OF LIFE AWARD:
CHICAGO, IL 60606	36-2203931	501(C)(3)	60,000.	0.			2017, 2018 AND 2019
	30 2203931	501(0)(3)		0.			2017, 2010 1110 2013
HOSPITAL QUALITY INSTITUTE							2016 HOSPITAL QUALITY
1215 K STREET, SUITE 800							INSTITUTE ANNUAL
SACRAMENTO, CA 95814	74-3205570	501(C)(3)	10,000.	0.			CONFERENCE
	,1 5265576	501(0)(0)	10,000.				EVENT SUPPORT FOR FALL
I.E. COMMUNICATIONS, LLC							2016 OSCN CONVENINGS;
1212 PRESERVATION PARK WAY, SUITE							MARKETING CONSULTATION
OAKLAND, CA 94612	91-2082734		122,102.	0.			FOR PAYER-PROVIDERS IN
	51 2002/01		112,102.				
INDEPENDENT SECTOR							
1602 L STREET, NW, SUITE 900							
WASHINGTON, DC 20036	52-1081024	501(C)(3)	12,500.	0.			2017 MEMBERSHIP
	52 1001024	501(0)(3)	12,500.	0.			
INSPIRE HEALTH SOLUTIONS							
1687 PHEASANT DRIVE							MINORITY WOMEN
HERCULES, CA 94547	47-1656101		6,859.	0.			PROFESSIONALS CONFERENCE
INSTITUTE FOR CLINICAL AND	47 1050101		0,000.	0.			
ECONOMIC REVIEW - TWO LIBERTY							CONTINUED SUPPORT FOR THE
SQUARE, 9TH FLOOR - BOSTON, MA							CALIFORNIA TECHNOLOGY
02109	46-3250612	501(C)(3)	300,000.	0.			ASSESSMENT FORUM
	40 5250012	501(0)(3)		0.			
INSURE THE UNINSURED PROJECT							
2444 WILSHIRE BLVD, SUITE 412							
SANTA MONICA, CA 90403	27-4159194	501(C)(3)	200,963.	0.			HEALTH REFORM STRATEGY
Dimiti Monter, er 90403	27 4155154	501(0)(3)	200,903.	0.			MEASURING THE QUALITY OF
INTEGRATED HEALTHCARE ASSOCIATION							CANCER CARE AT MD GROUP
500 12TH STREET, STE 300							LEVEL IN CA; CONTINUED
	94-3211035	501(C)(6)	1,000,969.	0.			
OAKLAND, CA 94607	34-2211032		1,000,909.	υ.			SUPPORT FOR CONVENING THE HIGH-PERFORMANCE PRIMARY
TOT DECENDOUS MONTHING THOMTON							
JSI RESEARCH & TRAINING INSTITUTE,							CARE IN THE SAFETY NET
INC 44 FARNSWORTH STREET -	04 0670004	F01(0)(2)	1.00 000				PROJECT PLANNING GRANT;
BOSTON, MA 02210	04-2679824		169,780.	0.			ESSENTIAL CAPABILITIES

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KAISER PERMANENTE							
1 KAISER PLZ.							2017 INNOVATION LEARNING
OAKLAND, CA 94612	94-1340523	501(C)(3)	25,000.	0.			NETWORK MEMBERSHIP
,			,				
KQED							
2601 MARIPOSA STREET							
SAN FRANCISCO, CA 94110-1400	94-1241309	501(C)(3)	129,000.	Ο.			2017 SUPPORT FOR KQED
KVEA CHANNEL 52 TELEMUNDO							
100 UNIVERSAL CITY PLAZA, BLDG							HEALTH4ALLKIDS MEDIA
2120 - UNIVERSAL CITY, CA							PARTNERSHIP WITH
91608-1002	27-3526824		300,088.	0.			TELEMUNDO 52
LAGUNA BEACH COMMUNITY CLINIC 362 THIRD ST. LAGUNA BEACH, CA 92651	95-2637633	501(C)(3)	10,000.	0.			INNOVATION FUND ADVISORY COMMITTEE GRANT: GENERAL SUPPORT
·							
LATINAS CONTRA CANCER							
255 NORTH MARKET ST., SUITE 175							NATIONAL LATINO CANCER
SAN JOSE, CA 95110	56-2412069	501(C)(3)	10,000.	0.			SUMMIT, 2016
LATINO HEALTH ACCESS 450 W. 4TH STREET, SUITE 130							ANNUAL GALA, 2016; DIABETES SELF MANAGEMENT
SANTA ANA, CA 92701	33-0562943	501(C)(3)	12,500.	Ο.			PROGRAM
LATINO COMMUNITY FOUNDATION 235 MONTGOMERY STREET, SUITE 1160							2017 COMMUNITY FOUNDATION ANNUAL GALA AND THE HEALTHY COMMUNITIES
SAN FRANCISCO, CA 94104	81-0564400	501(C)(3)	10,000.	Ο.			PROGRAM
							DHCS "MANAGED CARE MEETS
LEADING RESOURCES INC.							MH/SUD" BOOT CAMP
1812 J STREET, SUITE 2							PLANNING GRANT; DHCS
SACRAMENTO, CA 95811	91-1762703		81,157.	0.			WORKSHOP ON MEDI-CAL
							DEVELOPING A STRATEGY TO
LIFECOURSE STRATEGIES							PROVIDE PALLIATIVE CARE
P.O. BOX 877							IN RURAL HEALTH SETTINGS;
ORINDA, CA 94563	20-5638409		31,100.	Ο.			PROJECT MANAGEMENT FOR

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							GENERAL SUPPORT; ANNUAL
LIFELONG MEDICAL CARE							GALA, 2017; MODELS FOR
P.O. BOX 11247							ADVANCING HIGH
BERKELEY, CA 94712	94-2502308	501(C)(3)	11,000.	0.			PERFORMANCE
LOS ANGELES COUNTY-UNIV OF SO.							CARE INTEGRATION FOR
CALIFORNIA MEDICAL CENTER FDN,							OPIOID-DEPENDENT FREQUENT
INC 1200 N. STATE STREET - LOS							EMERGENCY DEPARTMENT
ANGELES, CA 90033	95-4192908	501(C)(3)	49,813.	٥.			USERS (IMPLEMENTATION
LOS ANGELES BIOMEDICAL RESEARCH							CARE INTEGRATION FOR
INSTITUTE AT HARBOR-UCLA MEDICAL							OPIOID-DEPENDENT FREQUENT
CENTER - 1124 W. CARSON STREET,							EMERGENCY DEPARTMENT
N14 - TORRANCE, CA 90502	95-2138184	501(C)(3)	49,786.	Ο.			USERS (IMPLEMENTATION
,			,				ALIGNING MEDI-CAL'S
MANATT, PHELPS & PHILLIPS, LLP							CAPITATION RATE
ONE EMBARCADERO CENTER, 29TH FLOOR							METHODOLOGY WITH HEALTH
SAN FRANCISCO, CA 94111	95-2375841		85,000.	0.			PLAN INVESTMENTS IN
							TO SUPPORT THE MARCH OF
MARCH OF DIMES							DIMES ANNUAL CONFERENCE
3699 WILSHIRE BLVD., SUITE 520							FOR HEALTH PROFESSIONALS
LOS ANGELES, CA 90010	13-1846366	501(C)(3)	20,000.	0.			IN MARCH 2017; SUPPORTING
	10 1010000	501(0)(3)	20,000.				COLLECTING AND REPORTING
MATHEMATICA POLICY RESEARCH, INC.							HEALTH INSURANCE
P.O. BOX 2393							ELIGIBILITY & ENROLLMENT
PRINCETON, NJ 08543-2393	22-2112296		554,838.	0.			DATA FOR CALIFORNIA;
MEDICAL EDUCATION AND RESEARCH	22-2112290		554,050.	0.			MENTORING CLINICAL
FOUNDATION - 575 MARKET STREET,							CHAMPIONS PLANNING
SUITE 2125 - SAN FRANCISCO, CA	04 0500000	F01 (a) ())	40 500				INTEGRATION OF ADDICTION
94105	94-2788893	501(C)(3)	48,500.	0.			TREATMENT INTO PRIMARY
NT 6670N NET 6000000000000000000000000000000000000							
MISSION NEIGHBORHOOD HEALTH CENTER							
240 SHOTWELL STREET							
SAN FRANCISCO, CA 94110	94-2284365	501(C)(3)	50,000.	0.			DISASTER ASSISTANCE
MINERO INDIGINA COMUNIEMA							
MIXTECO INDIGENA COMMUNITY							MICOP'S DOMESTIC VIOLENCE
ORGANIZING PROJECT - 520 W. FIFTH				_			AND MENTAL HEALTH
STREET, SUITE F - OXNARD, CA 93030	30-0045901	501(C)(3)	10,000.	Ο.		1	PROGRAMS

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							CALIFORNIA MATERNAL
2020 MOM							MENTAL HEALTH TASK
27101 ISLAND VIEW CT.							FORCE-SUPPORT FOR REPORT
VALENCIA, CA 91355	45-5009704	501(C)(3)	20,000.	0.			PRODUCTION AND
MPULSE							
L6530 VENTURA BOULEVARD, SUITE 500							TECHNICAL IMPLEMENTATION
ENCINO, CA 91436	47-1633761		15,000.	0.			AND EVALUATION
·			,				VITAL DIRECTIONS IN
NATIONAL ACADEMY OF SCIENCES							HEALTH AND HEALTH CARE;
500 5TH STREET NW							INTEGRATING HEALTH
WASHINGTON, DC 20001	53-0196932	501(C)(3)	70,000.	0.			LITERACY, CULTURAL
· · · · · · · · · · · · · · · · · · ·							
NATIONAL HISPANIC HEALTH							
FOUNDATION - 1216 FIFTH AVE., STE.							
, 457 – NEW YORK, NY 10029	26-0051902	501(C)(3)	10,000.	0.			EVENTS, 2016-17
· · · · · · · · · · · · · · · · · · ·							
NATIONAL MEDICAL FELLOWSHIPS							
347 FIFTH AVENUE, SUITE 510							LOS ANGELES CHAMPIONS OF
NEW YORK, NY 10016	01-0963657	501(C)(3)	8,000.	Ο.			HEALTH AWARDS, 2016
NATIONAL BUSINESS GROUP ON HEALTH							
20 F STREET, NW, SUITE 200							
VASHINGTON, DC 20001	52-1147591	501(C)(3)	7,500.	٥.			2017 MEMBERSHIP
							LEGAL CONSULTATION FOR
NATIONAL CENTER FOR YOUTH LAW							PUBLIC SUBSTANCE USE
405 14TH STREET, 15TH FLOOR							DISORDER TREATMENT FOR
DAKLAND, CA 94612	94-2506933	501(C)(3)	6,000.	0.			YOUTH
NATIONAL OPINION RESEARCH CENTER							
4350 EAST-WEST HIGHWAY, SUITE 800							EMPLOYER BENEFITS IN
BETHESDA, MD 20814	36-2167808	501(C)(3)	149,485.	0.			CALIFORNIA, 2016
NATIONAL PARTNERSHIP FOR WOMEN AND							
FAMILIES - 1875 CONNECTICUT AVENUE							
NW, SUITE 650 - WASHINGTON, DC							LISTENING TO MOTHERS IN
20009	23-7124915	501(C)(3)	526,084.	0.			CALIFORNIA SURVEY

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JUSTICE IN AGING							ADVANCING INTEGRATED CARE
3660 WILSHIRE BLVD, SUITE 718							IN CALIFORNIA FOR DUAL
LOS ANGELES, CA 90010	95-3132674	501(C)(3)	149,900.	0.			ELIGIBLES (PHASE 3)
NATURAL HIGH							DRUG-PREVENTION RESOURCES
6310 GREENWICH DR. SUITE 145							TO DECREASE ADDICTION
SAN DIEGO, CA 92122	33-0668362	501(C)(3)	10,000.	٥.			RATES IN CA SCHOOLS
NEHI							
ONE BROADWAY 12TH FLOOR							HEALTH CARE WITHOUT WALLS
	01-0624865	501(C)(3)	22 500	0.			PROJECT IN CALIFORNIA.
CAMBRIDGE, MA 02142	01-0024005	501(C)(3)	22,500.	0.			PROJECT IN CALIFORNIA.
NORTHERN CALIFORNIA GRANTMAKERS							
160 SPEAR STREET, SUITE 360							
SAN FRANCISCO, CA 94105	94-2761355	501(C)(3)	17,500.	0.			2017 MEMBERSHIP
OMADA HEALTH							
500 SANSOME ST. STE 300							OMADA HEALTH CLINICAL PUP
SAN FRANCISCO, CA 94111	45-2355015		10,000.	0.			TRIAL
ORANGE COUNTY NEEDLE EXCHANGE							
PROGRAM - 160050 NORTH SPURGEON							NEEDLE EXCHANGE PROGRAM
STREET - SANTA ANA, CA 92701	47-2547964	501(C)(3)	7,500.	0.			IN ORANGE COUNTY
OREGON HEALTH AND SCIENCE							
UNIVERSITY - 0690 SW BANCROFT							
STREET, MAILCODE L106SPA -							CALIFORNIA POLST
PORTLAND, OR 97239	93-1176109	OHSU	282,533.	0.			EREGISTRY EVALUATION
OUMPEACH CADE NEMUORY							COMMINITELY BACED
OUTREACH CARE NETWORK							COMMUNITY-BASED
719 EAST UNION STREET	27 0071172		00.000	_			PALLIATIVE CARE PLANNING
PASADENA, CA 91101	27-0971173		20,000.	0.			IN IMPERIAL COUNTY
OXS CONSULTING, INC.							INVENTORY OF HEALTH
267 DEERFIELD DR.							PATHWAY AND PIPELINE
MORAGA, CA 94556	26-0584368		57,100.	0.			PROGRAMS IN CALIFORNIA

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							TRAINING PROGRAM TO
PACIFIC BUSINESS GROUP ON HEALTH							ENHANCE MOTIVATIONAL
575 MARKET STREET, SUITE 600							INTERVIEWING AND BRIEF
SAN FRANCISCO, CA 94105	94-3093623	501(C)(3)	253,452.	0.			ACTION PLANNING SKILLS;
							CONSULTATION OF PROJECT
PACIFIC HEALTH CONSULTING GROUP							ECHO PHASE 2; ENGAGING
72 OAK KNOLL AVENUE							STAKEHOLDERS IN
SAN ANSELMO, CA 94960	68-0403180		17,683.	Ο.			DEVELOPING THE 2015
							ENGAGING ETHNIC MEDIA TO
NEW AMERICA MEDIA							PROMOTE ENROLLMENT OF
209 NINTH STREET, SUITE 200							UNDOCUMENTED CHILDREN IN
SAN FRANCISCO, CA 94103	94-1709509	501(C)(3)	200,000.	Ο.			MEDI-CAL
·							CONSULTING: CA POLST
PAPERCLIP MANAGEMENT SERVICES CORP							REGISTRY RFP DEVELOPMENT
447 N. MILL VALLEY DR.							AND VENDOR PLANNING, IT
MOUNTAIN HOUSE, CA 95391	45-3639888		66,845.	Ο.			CONSULTANT FOR POLST
;							
PARKS ASSOCIATES							
15950 N. DALLAS PARKWAY, SUITE 575							SUPPORT FOR 2016
DALLAS, TX 75248	75-2411503		6,000.	0.			CONNECTED HEALTH SUMMIT
			,				ABCS OF QUALITY
PARTNERSHIP HEALTHPLAN OF							IMPROVEMENT TRAINING;
CALIFORNIA - 4665 BUSINESS CENTER							PROGRAM CONSULTATION
DRIVE - FAIRFIELD, CA 94534	68-0301406	PSHP OF CA	65,862.	0.			OPPORTUNITY
,							SUPPORT FOR EXPANSION OF
PEER HEALTH EXCHANGE, INC.							BEHAVIORAL HEALTH
70 GOLD STREET							CURRICULUM; IMPROVE
SAN FRANCISCO, CA 94133	56-2374305	501(C)(3)	39,998.	0.			ACCESS TO MEDICAL AND
PERRYUNDEM RESEARCH &	30 23,1303	501(0)(0)		••			
COMMUNICATIONS - 4800 HAMPDEN							PHYSICIAN SURVEY ON
LANE, SUITE 200 PMB 228 -							ADVANCE CARE PLANNING
	46-1891050		10,000.	0.			(ACP)
BETHESDA, MD 20814	40-1031020		10,000.	υ.			
PETALUMA HEALTH CENTER							GENEDAL SIDDODE MODELS
							GENERAL SUPPORT; MODELS
1455 N. MCDOWELL BLVD., STE. D	69 0427940	E01(0)(2)	6 000				FOR ADVANCING HIGH
PETALUMA, CA 94954	68-0437840	501(C)(3)	6,000.	0.			PERFORMANCE

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(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 PARAMEDICINE
POLITICAL SOLUTIONS LLC							BUSINESS & POLITICAL
1414 K ST., SUITE 400							LANDSCAPE REPORT;
SACRAMENTO, CA 95814	73-1688531		48,000.	0.			ASSISTANCE WITH
PRICEWATERHOUSECOOPERS							
300 MADISON AVE.							INCOMPLETE REFORM IN
NEW YORK, NY 10017	13-4008324		44,685.	0.			INSURANCE MARKETS
PROJECT OPEN HAND							TASTE OF THE CITY GALA ON
730 POLK STREET							MAY 5, 2016; TASTE OF THE
SAN FRANCISCO, CA 94109	94-3023551	501(C)(3)	8,000.	0.			CITY GALA, 2017
							POLICY COMPONENT-VDOT FOR
CENTER FOR CONNECTED HEALTH POLICY							TB; COUNTY DATA
555 12TH STREET, 10TH FL.							STORYTELLING TOOL: PILOT
OAKLAND, CA 94607	94-1646278	501(C)(3)	854,063.	0.			PHASE; ELECTRONIC CONSULT
PUBLIC POLICY INSTITUTE OF							,
CALIFORNIA - 500 WASHINGTON							
STREET, SUITE 600 - SAN FRANCISCO,							2017 PPIC SPEAKERS SERIES
CA 94111	94-3207299	501(C)(3)	10,000.	0.			ON CALIFORNIA'S FUTURE
QUALIS HEALTH							
10700 MERIDIAN AVENUE N, SUITE 100							
SEATTLE, WA 98133	91-1072875	501(C)(3)	27,640.	0.			CIN EMPANELMENT TRAINING
RADIO BILINGUE, INC.							L
5005 E. BELMONT AVE.							ENGAGING LATINO HEALTH
FRESNO, CA 93727	94-2472322	501(C)(3)	50,000.	0.			CONSUMERS
							EVALUATION OF MAVEN
RAND CORPORATION							PROJECT; MODELING IMPACTS
1776 MAIN STREET, M4W							ON CALIFORNIA OF
SANTA MONICA, CA 90407-2138	95-1958142	501(C)(3)	63,699.	0.			PROPOSALS TO REPEAL AND
REDWOOD COMMUNITY HEALTH COALITION							A MEDICARE SHARED SAVINGS
1310 REDWOOD WAY, SUITE 135							PROGRAM ACO IN THE SAFETY
PETALUMA, CA 94954	94-3220029	501(C)(3)	19,996.	0.			NET

 Schedule I (Form 990)
 CALIFORNIA HEALTHCARE FOUNDATION

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

95-4523231 Page 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
							EVALUATION OF COMMUNITY
UNIVERSITY OF CALIFORNIA, SAN							PARAMEDICINE PILOT
FRANCISCO - 500 PARNASSUS AVENUE -							PROJECTS; CALIFORNIA
SAN FRANCISCO, CA 94143	94-6036493	501(C)(3)	3,102,630.	0.			HEALTH CARE LEADERSHIP
							HEALTH INSURANCE
UNIVERSITY OF CALIFORNIA, BERKELEY							AFFORDABILITY BY REGION;
200 CALIFORNIA HALL # 1500							IMPACT OF HEALTHCARE
BERKELEY, CA 94720	94-6002123	501(C)(3)	79,500.	Ο.			MARKET CONCENTRATION ON
							LABORATORY LOINC MAPPING
UNIVERSITY OF CALIFORNIA, DAVIS							ASSISTANCE PROGRAM;
ONE SHIELDS AVENUE							SOLICITING STAKEHOLDER
DAVIS, CA 95616	94-6036494	501(C)(3)	106,434.	Ο.			FEEDBACK ON A SECRET
UNIVERSITY OF CALIFORNIA, LOS ANGELES - 405 HILGARD AVENUE - LOS ANGELES, CA 90095	95-6006143	501(C)(3)	8,000.	0.			EVALUATION OF LAC DHS CARE CONNECTIONS PROGRAM
UNIVERSITY OF CALIFORNIA, IRVINE							ANNUAL UC IRVINE HEALTH
510 ALDRICH HALL							CARE FORECAST CONFERENCE,
IRVINE, CA 92697	95-2226406	501(C)(3)	36,750.	0.			2017
							AN ANALYSIS OF THE IMPACT
UNIVERSITY OF MINNESOTA							OF HOSPITAL-BASED
200 OAK STREET SE, 450 MCNAMARA							MIDWIFERY CARE ON
MINNEAPOLIS, MN 55455-2070	41-6007513	501(C)(3)	189,018.	0.			OBSTETRIC CARE COSTS AND
							EXPLORING TELE-PALLIATIVE
RESOLUTIONCARE INSTITUTE							CARE IN HUMBOLDT, DEL
2440 23RD STREET, SUITE B							NORTE, TRINITY, AND LAKE
EUREKA, CA 95501	81-2514741	501(C)(3)	54,133.	Ο.			COUNTIES; BRINGING
							MENTAL HEALTH AND
ROBERTS FAMILY DEVELOPMENT CENTER							PHYSICAL FITNESS
770 DARINA AVENUE							ENRICHMENTS OF STUDENTS
SACRAMENTO, CA 95815	68-0470557	501(C)(3)	10,000.	Ο.			PREK TO 12TH GRADE FACING
							CORE SUPPORT FOR
CENTER FOR HEALTHCARE DECISIONS							STRATEGIC DEVELOPMENT
955 UNIVERSITY AVENUE, SUITE C							ACTIVITIES AT CENTER FOR
SACRAMENTO, CA 95825	68-0441958	501(C)(3)	25,000.	0.			HEALTHCARE DECISIONS

 Schedule I (Form 990)
 CALIFORNIA HEALTHCARE FOUNDATION

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

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(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
							TO SUPPORT DELIVERY OF
SAN DIEGO FAMILY CARE							HIGH-QUALITY MEDICAL CARE
6973 LINDA VISTA ROAD							AND MENTAL HEALTH
SAN DIEGO, CA 92111	95-2700856	501(C)(3)	16,000.	0.			SERVICES; MODELS FOR
SAN DIEGO STATE UNIVERSITY							
RESEARCH FOUNDATION - 5250							
CAMPINILE DR SAN DIEGO, CA							HEALTH CARE POLICY
92182-1931	65-6042721	501(C)(3)	124,000.	Ο.			REPORTING, 2017
SAN DIEGO HEALTH CONNECT							POLST EREGISTRY PILOT
5575 RUFFIN ROAD, SUITE 225							PROJECT - SAN DIEGO
SAN DIEGO, CA 92123	46-0550661	501(C)(3)	350,075.	0.			HEALTH CONNECT
SAN FRANCISCO GENERAL HOSPITAL							
FOUNDATION - 2789 25TH STREET,							CENTER FOR VULNERABLE
SUITE 2028 - SAN FRANCISCO, CA							POPULATIONS; HEROES &
94110	94-3189424	501(C)(3)	12,500.	0.			HEARTS, 2017
			,				PROGRAM CONSULTATION
SAN FRANCISCO PUBLIC HEALTH							OPPORTUNITY (SFDPH);
FOUNDATION - 1855 FOLSOM ST., #520							SUPPORT FOR TRANSITIONS
- SAN FRANCISCO, CA 94103	94-3117093	501(C)(3)	256,875.	0.			CLINIC NETWORK (TCN)
SAN MATEO HEALTH COMMISSION			200,070.				IMPACT EVALUATION OF
ORGANIZED HEALTH SYSTEM - 701							LANDMARK HEALTH SERVICES
GATEWAY BLVD., SUITE 40 - SOUTH							AT THE HEALTH PLAN OF SAN
SAN FRANCISCO, CA 94080	94-3020555	HEALTH PLAN OF S	145,000.	0.			MATEO
	51 5020555		110,000.	••			PROGRAM CONSULTATION
SAN FRANCISCO COMMUNITY CLINIC							OPPORTUNITY (SFCCC);
CONSORTIUM - 2720 TAYLOR ST, SUITE							MODELS FOR ADVANCING HIGH
430 - SAN FRANCISCO, CA 94133	94-2897258	501(C)(3)	23,500.	0.			PERFORMANCE; CEO SEARCH
TO DAM FRANCIDCO, CA 94133	J= 203/230	501(0)(3)	23,300.	0.			PALLIATIVE CARE
SCOTT & COMPANY							INVESTMENT STRATEGY:
687 GREAT MOOSE DRIVE							RESOLUTION CARE; THE
	45-0494459		101 704	0			
HARTLAND, ME 04943	45-0484458		101,794.	0.			MEDICAID MARKET
SIERRA NEVADA MEMORIAL HOSPITAL							
FOUNDATION - P.O. BOX 1810 - GRASS							TELEMEDICINE FOR RURAL
VALLEY, CA 95945-1810	68-0005939	501(C)(3)	28,560.	0.			PALLIATIVE CARE

Schedule I (Form 990) CALIFORNIA HEA			nizations in the U	nited States (Sche	edule I (Form 990), Pa		5-4523231 Page
(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
SIGNAL KEY CONSULTING 874 CORDOVA STREET SAN DIEGO, CA 92107	90-1077050		20,000.	0.			PROJECT MANAGEMENT: CALIFORNIA IMPROVEMENT NETWORK (CIN) PHASE V
SMALL BUSINESS MAJORITY 4000 BRIDGEWAY, SUITE 101 SAUSALITO, CA 94965	03-0576666	501(C)(3)	110,000.	0.			BRINGING THE VOICE OF SMALL BUSINESS AND ENTREPRENEURS TO ACA/MEDICAID DEBATE
SNOWLINE HOSPICE 6520 PLEASANT VALLEY ROAD, SUITE 2 DIAMOND SPRINGS, CA 95619	94-2678570	501(C)(3)	25,000.	0.			COMMUNITY-BASED PALLIATIVE CARE PLANNING IN EL DORADO COUNTY
SOUTHERN CALIFORNIA GRANTMAKERS 1000 N. ALAMEDA STREET, SUITE 230 LOS ANGELES, CA 90012	95-2831058	501(C)(3)	20,000.	0.			SOUTHERN CALIFORNIA GRANTMAKERS 2016 ANNUAL CONFERENCE SPONSORSHIP; 2017 MEMBERSHIP
SOUTHERN CALIFORNIA PUBLIC RADIO 474 S RAMOND AVE PASADENA, CA 91105	95-4765734	501(C)(3)	151,000.	0.			SUPPORT FOR HEALTH CARE REPORTING, 2017
STANFORD UNIVERSITY 450 SERRA MALL STANFORD, CA 94305	94-1156365	501(C)(3)	105,325.	0.			INNOVATIVE TRAINING FOR NEPHROLOGISTS IN SHARED DECISION MAKING; SUPPORT FOR THE CALIFORNIA
STAMEN DESIGN 2017 MISSION STREET, SUITE 300 SAN FRANCISCO, CA 94110	20-1972502		56,250.	0.			ENHANCEMENTS TO ACA 411: EXPORTS, FILTERS, USABILITY, AND CATEGORY TRANSPARENCY; MAINTENANC
STARTUP HEALTH 85 BROAD STREET, 29TH FLOOR NEW YORK, NY 10004	45-4362441		15,000.	0.			SUPPORT FOR 2017 STARTUP HEALTH FESTIVAL
STEWARDS OF CHANGE INSTITUTE, INC. 100 CENTERSHORE ROAD CENTERPORT, NY 11721	20-1647503	501(C)(3)	10,000.	0.			SOUTHERN CALIFORNIA REGIONAL OPEN DATAFEST SYMPOSIUM

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

95-4523231 Page 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
SWANSON COMMUNICATIONS							
1020 16TH ST., #31							COMMUNITY PARAMEDICINE -
SACRAMENTO, CA 95814	26-4713352		100,000.	0.			COMMUNICATIONS SUPPORT
			,				
THIRD SECTOR CAPITAL PARTNERS INC.							SANTA CLARA COUNTY ACUTE
P.O. BOX 170299							MENTAL HEALTH PAY FOR
BOSTON, MA 02117	46-1301032	501(C)(3)	25,000.	Ο.			SUCCESS INITIATIVE
							SUPPORT FOR 2017 NATIONAL
THORN RUN PARTNERS, LLC							HEALTH POLICY UPDATES;
100 M STREET, SE, SUITE 750							ACA POLICY PRODUCTS:
WASHINGTON, DC 20003	27-1541515		160,000.	Ο.			WEEKLY NATIONAL "TOP
· · · · · · · · · · · · · · · · · · ·							SAFETY NET ANALYTICS
TIDES CENTER							PROGRAM MANAGEMENT;
1438 WEBSTER STREET, SUITE 101							SUPPORT THE CAPITATION
OAKLAND, CA 94612	94-3213100	501(C)(3)	2,692,449.	٥.			PAYMENT PREPAREDNESS
UNITED WAY OF THE BAY AREA							
550 KEARNY STREET, SUITE 1000							TOCQUEVILLE SOCIETY
SAN FRANCISCO, CA 94105	94-1312348	501(C)(3)	10,000.	0.			HEALTH PROJECTS IN CA
UNIVERSITY CORPORATION AT MONTEREY							COMMUNITY-BASED
BAY - 100 CAMPUS CENTER, BLDG 201							PALLIATIVE CARE PLANNING
- SEASIDE, CA 93955	77-0387459	501(C)(3)	23,567.	0.			IN SAN BENITO COUNTY
							CHCF CENTER FOR HEALTH
UNIVERSITY OF SOUTHERN CALIFORNIA							REPORTING RENEWAL;
3720 SOUTH FLOWER STREET, SUITE 32							EVALUATION OF HOME CARE
LOS ANGELES, CA 90089-4019	95-1642394	501(C)(3)	640,966.	0.			PROGRAM FOR HIGH RISK
UNIVERSITY OF WASHINGTON							
1410 NE CAMPUS PARKWAY							IMPROVING MATERNAL MENTAL
SEATTLE, WA 98115-8160	91-6001537	501(C)(3)	335,470.	0.			HEALTH CARE IN FQHCS
VANDERBILT UNIVERSITY MEDICAL							EDUCATING POLICYMAKERS ON
CENTER - P.O. BOX 121236 - DALLAS,							STATE MEDICAID
TX 75312-1236	35-2528741	501(C)(3)	40,000.	0.			EXPERIMENTS

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

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(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
VILLAGE CAPITAL							ASSOCIATION FOR COMMUNITY
829 7TH STREET NW							AFFILIATED PLANS (ACAP)
WASHINGTON, DC 20001	27-4059343	501(C)(3)	50,000.	0.			CHALLENGE
,,			,	- •			CONFERENCE OF PROMOTORES,
VISION Y COMPROMISO							LEADERS, AND COMMUNITY
10000 N. ALAMEDA STREET, SUITE 350							WORKERS, 2016; SUPPORTING
LOS ANGELES, CA 90012	32-0071651	501(C)(3)	15,000.	0.			COMMUNITY HEALTH WORKERS
,			, -				
VYNCA, INC.							
460 CALIFORNIA AVENUE, SUITE 206							POLST EREGISTRY
PALO ALTO, CA 94306	47-5019584		1,185,000.	Ο.			TECHNOLOGY IMPLEMENTATION
							CO-FUNDING FOR WASHINGTON
WASHINGTON MONTHLY CORPORATION							MONTHLY ISSUE FOCUSING ON
1200 18TH ST NW, STE 330							PRACTICE IMPROVEMENT (2
WASHINGTON, DC 20036	80-0434806	501(C)(3)	24,947.	Ο.			CA PRACTICES)
							MONITORING PHYSICAL
WESTERN UNIVERSITY OF HEALTH							ACCESSIBILITY OF HEALTH
SCIENCES - 309 EAST SECOND STREET							CARE PROVIDERS IN
- POMONA, CA 91766-1854	95-3127273	501(C)(3)	75,000.	0.			MEDI-CAL MANAGED CARE:
WHITE ASH BROADCASTING, INC.							
2589 ALLUVIAL AVE.							2017 SUPPORT FOR VALLEY
CLOVIS, CA 93611	94-2297746	501(C)(3)	103,000.	0.			PUBLIC RADIO
				- •			
YELP INC.							
140 NEW MONTGOMERY, FL. 9							PARTNERSHIP TO PROMOTE
SAN FRANCISCO, CA 94105	20-1854266		124,808.	0.			MATERNITY METRICS ON YELP
			,				
YOUNG INVINCIBLES							
1411 K ST. NW STE. 400							PROTECTING MILLENNIAL
WASHINGTON, DC 20005	46-2214021	501(C)(3)	75,000.	0.			HEALTH COVERAGE
			,	•			

Schedule I (Form 990) (2016) CALIFORNIA HEALTHCARE FOUNDATION

CALIFORNIA HEALTH PLANS AND INSURERS, 2016 EDITION

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 noncash assistance
A RETROSPECTIVE LOOK AT CHCF'S END-OF-LIFE CARE INVESTMENTS	1	16,000.	0.		
ACA IMPACT ON CA HOSPITALS: UNCOMPENSATED CARE BLOG AND ASSESSING FEASIBILITY OF HOSPITAL IMPACT STUDY	1	2,700.	0.		
AMBASSADOR FOR COMMUNITIES OUTREACH PLAN FOR STATE HEALTH DATA	1	144.	0.		

47,300

46

0.

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

CALQUALITYCARE.ORG - LONG TERM CARE SITE 1 51,025. 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:

Part III

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

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Schedule I (Form 990) CALIFORNIA HEALTHCARE					95-4523231 Pa		
Part III Continuation of Grants and Other Assistance to Indivi	duals in the Unit	ed States (Schedul	e 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-o	ash assistance	
CHART HOSPITAL DATA SITE	1.	17,275.	. 0.				
COACHING PILOT FOR NEWLY WAIVERED PHYSICIANS							
PRESCRIBING BUPRENORPHINE IN PRIMARY CARE	1.	13,000.	. 0.				
COMMUNITY PARAMEDICINE PROJECT MANAGER							
CONTINUATION	1.	70,000.	. 0.				
COUNTY-LEVEL ESTIMATES OF MENTAL HEALTH NEEDS FOR							
2014	1.	10,000.	. 0.				
C-SECTION CONSUMER EDUCATION - BEHAVIORAL PSYCHOLOGY RECOMMENDATIONS	1.	25,000.	0.				
		23,000,					
		c2, 000					
EMSA POLST PROJECT COORDINATOR	1.	63,000.	0.				
EVALUATION: ASSESSING PUBLIC HEALTHCARE SYSTEM							
IMPLEMENTATION OF PCMH	1.	16,400.	0.				
HEALTH CARE COSTS 101 SNAPSHOT, 2017 EDITION &							
RELATED PRODUCTS	1.	37,945.	0.				
HEURISTIC EVALUATION TO PREPARE FOR A USABILITY TESTING FOR CURES	1.	15,342.	. 0.				

Schedule I (Form 990) CALIFORNIA HEALTHCARD Part III Continuation of Grants and Other Assistance to Indiv		ed States (Schedul	e I (Form 990), Part III	.)	95-4523231 Page
(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
MAT-ED PROJECT LEADERSHIP	1.	94,675.	. 0.		
MEDI-CAL AND MANAGED CARE 101 PRESENTATION FOR					
CLINICIANS	1.	14,000.	. 0.		
MEDICATION-ASSISTED TREATMENT IN PRIMARY CARE TECHNICAL ASSISTANCE AND PLANNING SUPPORT	1.	7,956.	. 0.		
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
OPIOID-RELATED GRANT RESEARCH AND WRITING FOR CALIFORNIA'S DEPARTMENT OF PUBLIC HEALTH	1.	15,000.	. 0.		
PHASE 2: PROJECT MANAGEMENT SERVICES	1.	15,553.	. 0.		
PROJECT MANAGEMENT: MAT IN THE ED CONVENING	1.	1,831.	. 0.		
PROJECT MANAGEMENT FOR CALIFORNIA HEALTH CARE					
ALMANAC, 2017	1.	22,000.	. 0.		
PROJECT MANAGEMENT FOR MAT-ED PROJECT	1.	49,200.	. 0.		
PROJECT MANAGEMENT FOR PCMH ASSESSMENT	1.	25,740.	. 0.		

Schedule I (Form 990) CALIFORNIA HEALTHCARE	95-4523231	Page 2				
Part III Continuation of Grants and Other Assistance to Indiv	iduals in the Unit	ed States (Schedul	e I (Form 990), Part II	1.)	i	
(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
QUALITY METRICS	1.	22,500.	. 0.			
RESEARCH AND ANALYSIS IN SUPPORT OF INFORMING						
DECISION MAKERS	1.	24,500.	. 0.			
SACRAMENTO BRIEFINGS SUPPORT	1.	172,487.	. 0.			
SCOPING PROJECT: COLLECTING DATA ON PUBLIC HOSPITAL PRIMARY CARE CLINICS	1.	16,965.	. 0.			
SHORT TERM TA AND SUPPORT: STRENGTHENING CHCF'S ACA REPEAL RESPONSE	1.	17,500.	. 0.			
SUPPORT FOR THE CREATION OF CALIFORNIA DATA	1.	118,777.	. 0.			
TA & PLANNING SUPPORT FOR OPIOID INITIATIVE MEDICATION-ASSISTED TREATMENT	1.	1,400.	. 0.			
TA CONSULTANT: IMPLEMENTING COMMUNITY-BASED PALLIATIVE CARE IN CA PUBLIC HOSPITALS	1.	35,000.	0.			
TECHNICAL ASSISTANCE FOR INCREASING ASSESS TO PALLIATIVE CARE IN RURAL CALIFORNIA PLANNING						
GRANTS	1.	11,000.	. 0.			

Schedule I (Form 990) CALIFORNIA HEALTHCARE				1)	95-4523231	Page
Part III Continuation of Grants and Other Assistance to Individ (a) Type of grant or assistance	(b) Number of recipients	ed States (Schedule (c) Amount of cash grant	(Horm 990), Part II (d) Amount of non- cash assistance	l.) (e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-	cash assistance
RACKING CALIFORNIA ASC CHARACTERISTICS - UPDATE	1.	25,000.	0.			
PDATING CANCER SURGICAL VOLUME CODES TO ICD-10 TO LLOW FOR CONTINUED PUBLIC REPORTING AT THE						
OSPITAL LEVEL	1.	11,440.	0.			
						edule I (Form 9

CALIFORNIA HEALTHCARE FOUNDATION 95-4523231 Schedule I (Form 990) Page 2 Part IV Supplemental Information BUDGET FOR THE GRANT TO ENSURE THAT FUNDS ARE EXPENDED FOR THE INTENDED PURPOSES. IN ADDITION. CHCF AUDITS A PERCENTAGE OF ITS ACTIVE GRANTS ON A PERIODIC BASIS AS DETERMINED BY ITS AUDIT COMMITTEE. 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: ALLIANCE IN MENTORSHIP (H) PURPOSE OF GRANT OR ASSISTANCE: MENTORING PROGRAM FOR LATINO AND UNDER-REPRESENTED MINORITY YOUTH IN PRE-HEALTH MEDICAL PROFESSIONS; HEALTH CAREERS MOBILE AND ONLINE APP FOR HEALTH PROFESSIONAL STUDENTS NAME OF ORGANIZATION OR GOVERNMENT: CALIFORNIA IMMIGRANT POLICY CENTER (H) PURPOSE OF GRANT OR ASSISTANCE: FOR STATEWIDE AND LOCAL EFFORTS TO EXPAND HEALTHCARE ACCESS FOR ALL CALIFORNIANS. REGARDLESS OF IMMIGRATION STATUS NAME OF ORGANIZATION OR GOVERNMENT: CALIFORNIA NURSE-MIDWIVES ASSOCIATION (H) PURPOSE OF GRANT OR ASSISTANCE: 2016 CALIFORNIA NURSE MIDWIVES ASSOCIATION ANNUAL MEETING ON OCTOBER 1, 2016; SUPPORT FOR CNMA REPRESENTATIVES TO ATTEND A CNMA-ACOG-ACNM MEETING RE: ADVANCING MIDWIFERY CARE IN CALIFORNIA NAME OF ORGANIZATION OR GOVERNMENT: CALIFORNIA HEALTH POLICY STRATEGIES (H) PURPOSE OF GRANT OR ASSISTANCE: HEALTH CARE FOR PEOPLE RE-ENTERING COMMUNITIES FROM INCARCERATION: LOCAL BEST PRACTICES AND STATE POLICY BARRIERS; HEALTH WORKFORCE DEVELOPMENT LANDSCAPE - OVERVIEW OF CURRENT

STATE EFFORTS

NAME OF ORGANIZATION OR GOVERNMENT:

CALIFORNIA HEALTH CARE SAFETY NET INSTITUTE

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT FOR 2016 CAPH/SNI ANNUAL

CONFERENCE; PROGRAM CONSULTATION OPPORTUNITY (SNI); PUBLIC HEALTH CARE

SYSTEMS - EMPANELMENT WORKSHOP

NAME OF ORGANIZATION OR GOVERNMENT:

CALIFORNIA MEDICAL ASSOCIATION FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: NEPO ANNUAL SUMMIT, 2016;

RECRUITMENT OF ETHNIC PHYSICIANS FOR FOCUS GROUPS ON ADVANCE CARE

PLANNING

NAME OF ORGANIZATION OR GOVERNMENT: CALIFORNIA TELEHEALTH NETWORK

(H) PURPOSE OF GRANT OR ASSISTANCE: SCALING TELEHEALTH IN THE SAFETY

NET: TECHNICAL ASSISTANCE PLANNING; DEVELOPING SUSTAINABLE MODELS OF

TELEHEALTH IN THE SAFETY NET; FOSTERING THE LONG TERM SUSTAINABILITY OF

CTN

NAME OF ORGANIZATION OR GOVERNMENT:

CAMDEN COALITION OF HEALTHCARE PROVIDERS

(H) PURPOSE OF GRANT OR ASSISTANCE: PLANNING GRANT FOR PHASE 2 OF CARE

INTEGRATION FOR PAYER/PROVIDER TEAMS: IMPLEMENTATION; MAT-ED PROJECT

LEADERSHIP; PROJECT MANAGEMENT AND EVALUATION OF CARE INTEGRATION FOR

OPIOID-DEPENDENT FREQUENT EMERGENCY DEPARTMENT USERS; SUPPORT FOR FALL

2016 COALITION CONVENINGS

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NAME OF ORGANIZATION OR GOVERNMENT:

SAN DIEGO STATE UNIVERSITY CAMPANILE FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO FUND UNDERGRADUATE STUDENTS AND

GRADUATE STUDENTS FROM THE COLLEGE OF HEALTH AND HUMAN SERVICES TO

PARTICIPATE IN THE UNIVERSITY'S STUDY-ABROAD PROGRAM

NAME OF ORGANIZATION OR GOVERNMENT:

CENTER ON BUDGET AND POLICY PRIORITIES

(H) PURPOSE OF GRANT OR ASSISTANCE: RESOURCES ON TAX AND FAMILY LAW

ISSUES UNDER THE ACA; CENTER ON BUDGET AND POLICY PRIORITIES

STATE-SPECIFIC ISSUE EVALUATION

NAME OF ORGANIZATION OR GOVERNMENT:

CENTER FOR HEALTH CARE STRATEGIES, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: DEVELOPING MEDI-CAL'S HEALTH HOME

INITIATIVE; DESIGN OF ALTERNATIVE PAYMENT MODELS IN PRIME; SUPPORT FOR

WHOLE PERSON CARE LEARNING COLLABORATIVE

NAME OF ORGANIZATION OR GOVERNMENT: SAN YSIDRO HEALTH CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: CARE INTEGRATION FOR

OPIOID-DEPENDENT FREQUENT EMERGENCY DEPARTMENT USERS (IMPLEMENTATION

GRANTS)

NAME OF ORGANIZATION OR GOVERNMENT: CENTRO LEGAL DE LA RAZA INC

(H) PURPOSE OF GRANT OR ASSISTANCE: PLANNING GRANT FOR CENTRO LEGAL DE

LA RAZA TO IDENTIFY SUSTAINABLE FUNDING STRATEGIES FOR ITS MEDICAL LEGAL

PARTNERSHIP (MPL) PROGRAM

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NAME OF ORGANIZATION OR GOVERNMENT:

COALITION FOR COMPASSIONATE CARE OF CALIFORNIA

(H) PURPOSE OF GRANT OR ASSISTANCE: QUALITY IMPROVEMENT PROGRAM FOR

NURSING HOMES; EDUCATING CA HEALTH CARE PROVIDERS ABOUT THE END OF LIFE

OPTIONS ACT; PROJECT MANAGEMENT: POLST EREGISTRY PILOT PHASE; 9TH ANNUAL

CALIFORNIA PALLIATIVE CARE SUMMIT ON MARCH 13-14, 2017; STAKEHOLDER

CONVENING -- RENEWAL OF THE PEDIATRIC PALLIATIVE CARE WAIVER; PLANNING

GRANT: CA ADVANCED ILLNESS COLLABORATIVE

NAME OF ORGANIZATION OR GOVERNMENT:

COMMUNITY CLINIC ASSOCIATION OF LOS ANGELES COUNTY

(H) PURPOSE OF GRANT OR ASSISTANCE: PROGRAM CONSULTATION OPPORTUNITY

(CCALAC); MODELS FOR ADVANCING HIGH PERFORMANCE; ANNUAL HEALTH CARE

SYMPOSIUM, 2017

NAME OF ORGANIZATION OR GOVERNMENT: COMMUNITY HEALTH CENTER NETWORK

(H) PURPOSE OF GRANT OR ASSISTANCE: FEASIBILITY STUDY OF DELEGATING

MENTAL HEALTH BENEFITS TO A CLINIC MSO; MODELS FOR ADVANCING HIGH

PERFORMANCE; NEXTGEN ELECTRONIC HEALTH RECORD REFERRAL TEMPLATE

NAME OF ORGANIZATION OR GOVERNMENT: 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); INTEGRATED BEHAVIORAL HEALTH PROJECT SUMMIT

NAME OF ORGANIZATION OR GOVERNMENT: CONSUMER REPORTS INC.

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

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

IN CALIFORNIA; C-SECTION PATIENT EDUCATION MATERIALS: DEVELOPMENT,

TESTING & DISTRIBUTION

NAME OF ORGANIZATION OR GOVERNMENT: EARTH HOUSE

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROMOTE "THE EARTH, THE CITY, AND

THE HIDDEN NARRATIVE OF RACE: NEW FOUNDATIONS FOR THE GREAT WORK OF OUR

TIME".

NAME OF ORGANIZATION OR GOVERNMENT:

EL DORADO COUNTY COMMUNITY HEALTH CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: CARE INTEGRATION FOR

OPIOID-DEPENDENT FREQUENT EMERGENCY DEPARTMENT USERS (IMPLEMENTATION

GRANTS)

NAME OF ORGANIZATION OR GOVERNMENT: FAMILY HEALTH CENTERS OF SAN DIEGO

(H) PURPOSE OF GRANT OR ASSISTANCE: CARE INTEGRATION FOR

OPIOID-DEPENDENT FREQUENT EMERGENCY DEPARTMENT USERS (IMPLEMENTATION

GRANTS); TO SUPPORT DELIVERY OF HIGH-QUALITY MEDICAL CARE AND MENTAL

HEALTH SERVICES

NAME OF ORGANIZATION OR GOVERNMENT: GROUP HEALTH COOPERATIVE

(H) PURPOSE OF GRANT OR ASSISTANCE: HIGH-PERFORMANCE PRIMARY CARE IN THE

SAFETY NET PROJECT PLANNING GRANT, ESSENTIAL CAPABILITIES AND EMERGING

MODELS FOR ADVANCING HIGH-PERFORMANCE PRIMARY CARE IN THE SAFETY NET

NAME OF ORGANIZATION OR GOVERNMENT: PETER HARBAGE CONSULTING

(H) PURPOSE OF GRANT OR ASSISTANCE: HEALTH HOME PROGRAM MENTAL HEALTH

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INTEGRATION - SUPPORT TO DHCS; PUBLIC SUBSTANCE USE DISORDER TREATMENT

FOR YOUTH IN CALIFORNIA; DRUG MEDI-CAL ORGANIZED DELIVERY SYSTEM PILOT

IMPLEMENTATION: TECHNICAL ASSISTANCE TO DHCS; IMPACT OF MEDICAID MANAGED

CARE REGULATIONS ON CALIFORNIA'S COUNTY MENTAL HEALTH PLANS

NAME OF ORGANIZATION OR GOVERNMENT:

PRESIDENT AND FELLOWS OF HARVARD COLLEGE HARVARD UNIVERSITY

(H) PURPOSE OF GRANT OR ASSISTANCE: EVALUATING THE LOS ANGELES

DEPARTMENT OF HEALTH SERVICES ECONSULT PROGRAM; CONNECTING MEDICAID

BENEFICIARIES TO CARE THROUGH TEXT MESSAGING; FORMAL EVALUATION OF BLUE

SHIELD OF CA OPIOID SAFETY INITIATIVE: IMPACT ON QUALITY AND COST

NAME OF ORGANIZATION OR GOVERNMENT: HEALTH ACCESS FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: CORE SUPPORT: SUPPORTING CONSUMER

ADVOCATES TO IMPROVE ACCESS AND AFFORDABILITY; HEALTH ACCESS 30TH

ANNIVERSARY SYMPOSIUM

NAME OF ORGANIZATION OR GOVERNMENT: HEALTH MANAGEMENT ASSOCIATES

(H) PURPOSE OF GRANT OR ASSISTANCE: MEDI-CAL BENEFITS REVIEW; HEALTH

PLAN WHITE PAPER #2: THE CASE FOR STREAMLINING ACCESS TO

MEDICATION-ASSISTED TREATMENT

NAME OF ORGANIZATION OR GOVERNMENT: HEALTH PLAN OF SAN JOAQUIN

(H) PURPOSE OF GRANT OR ASSISTANCE: CARE INTEGRATION FOR

OPIOID-DEPENDENT FREQUENT EMERGENCY DEPARTMENT USERS (IMPLEMENTATION

GRANTS); COMMUNITY-BASED PALLIATIVE CARE PLANNING IN SAN JOAQUIN COUNTY

NAME OF ORGANIZATION OR GOVERNMENT: HEALTHRIGHT 360

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(H) PURPOSE OF GRANT OR ASSISTANCE: COACHING SUPPORT TO BETTER INTEGRATE

BEHAVIORAL HEALTH AND PRIMARY CARE; MODELS FOR ADVANCING HIGH PERFORMANCE

NAME OF ORGANIZATION OR GOVERNMENT: I.E. COMMUNICATIONS, LLC

(H) PURPOSE OF GRANT OR ASSISTANCE: EVENT SUPPORT FOR FALL 2016 OSCN

CONVENINGS; MARKETING CONSULTATION FOR PAYER-PROVIDERS IN PALLIATIVE CARE

PROJECT; COMMUNICATIONS SUPPORT TO THE CDPH PRESCRIPTION OPIOID MISUSE

AND OVERDOSE PREVENTION WORKGROUP COMMUNICATIONS TASKFORCE; PHYSICIAN

GROUP AND HEALTH SYSTEM LEADER CONVENINGS

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; CONTINUED SUPPORT FOR CONVENING THE STATEWIDE

WORKGROUP ON REDUCING OVERUSE (PHASE 2); CALIFORNIA REGIONAL COST ATLAS

ROUND 2; VALUE-ADDED ACTIVITIES TO LEVERAGE THE CALIFORNIA REGIONAL

HEALTH CARE COST & QUALITY ATLAS; DATA ACQUISITION TO ENABLE AND ENRICH

MARKET SEGMENTATION AND ANALYSES

NAME OF ORGANIZATION OR GOVERNMENT:

JSI RESEARCH & TRAINING INSTITUTE, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: HIGH-PERFORMANCE PRIMARY CARE IN THE

SAFETY NET PROJECT PLANNING GRANT; ESSENTIAL CAPABILITIES AND EMERGING

MODELS FOR ADVANCING HIGH-PERFORMANCE PRIMARY CARE IN THE SAFETY NET;

JSI: SPEAKER FEE FOR CIN PARTNERS MEETING (FEB 2017)

NAME OF ORGANIZATION OR GOVERNMENT: LEADING RESOURCES INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: DHCS "MANAGED CARE MEETS MH/SUD"

BOOT CAMP PLANNING GRANT; DHCS WORKSHOP ON MEDI-CAL MANAGED CARE AND CMS

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"MEGA-REGULATIONS" FOR MH/SUD MANAGERS; PLANNING GRANT: DEPARTMENT OF

MANAGED HEALTH CARE TRAINING ACADEMY; DHCS MANAGED CARE MH/SUD BOOT CAMP

NAME OF ORGANIZATION OR GOVERNMENT: LIFECOURSE STRATEGIES

(H) PURPOSE OF GRANT OR ASSISTANCE: DEVELOPING A STRATEGY TO PROVIDE

PALLIATIVE CARE IN RURAL HEALTH SETTINGS; PROJECT MANAGEMENT FOR

INCREASING ASSESS TO PALLIATIVE CARE IN RURAL CALIFORNIA -- PLANNING

GRANTS

NAME OF ORGANIZATION OR GOVERNMENT:

LOS ANGELES COUNTY-UNIV OF SO. CALIFORNIA MEDICAL CENTER FDN, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: CARE INTEGRATION FOR

OPIOID-DEPENDENT FREQUENT EMERGENCY DEPARTMENT USERS (IMPLEMENTATION

GRANTS)

NAME OF ORGANIZATION OR GOVERNMENT:

LOS ANGELES BIOMEDICAL RESEARCH INSTITUTE AT HARBOR-UCLA MEDICAL CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: CARE INTEGRATION FOR

OPIOID-DEPENDENT FREQUENT EMERGENCY DEPARTMENT USERS (IMPLEMENTATION

GRANTS)

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

(H) PURPOSE OF GRANT OR ASSISTANCE: ALIGNING MEDI-CAL'S CAPITATION RATE

METHODOLOGY WITH HEALTH PLAN INVESTMENTS IN DELIVERY SYSTEM REFORM:

PLANNING PHASE

NAME OF ORGANIZATION OR GOVERNMENT: MARCH OF DIMES

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE MARCH OF DIMES ANNUAL

Schedule I (Form 990)

CONFERENCE FOR HEALTH PROFESSIONALS IN MARCH 2017; SUPPORTING "BECOMING A

MOM" TRAINING

NAME OF ORGANIZATION OR GOVERNMENT: MATHEMATICA POLICY RESEARCH, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: COLLECTING AND REPORTING HEALTH

INSURANCE ELIGIBILITY & ENROLLMENT DATA FOR CALIFORNIA; REGIONAL MARKET

REPORTS - ROUND 3; LANDMARK HEALTH EVALUATION; ADVANCING INTEGRATION OF

PHYSICAL AND BEHAVIORAL HEALTH PROGRAMS IN CALIFORNIA'S SAFETY NET;

LANDMARK HEALTH EVALUATION - IMPLEMENTATION; LANDMARK HEALTH EVALUATION -

HEALTH PLAN OF SAN MATEO

NAME OF ORGANIZATION OR GOVERNMENT:

MEDICAL EDUCATION AND RESEARCH FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: MENTORING CLINICAL CHAMPIONS

PLANNING INTEGRATION OF ADDICTION TREATMENT INTO PRIMARY CARE; MENTORSHIP

OF NEW CLINICAL CHAMPIONS FOR MAT IN PRIMARY CARE

NAME OF ORGANIZATION OR GOVERNMENT: 2020 MOM

(H) PURPOSE OF GRANT OR ASSISTANCE: CALIFORNIA MATERNAL MENTAL HEALTH

TASK FORCE-SUPPORT FOR REPORT PRODUCTION AND COMMUNICATIONS

NAME OF ORGANIZATION OR GOVERNMENT: NATIONAL ACADEMY OF SCIENCES

(H) PURPOSE OF GRANT OR ASSISTANCE: VITAL DIRECTIONS IN HEALTH AND

HEALTH CARE; INTEGRATING HEALTH LITERACY, CULTURAL COMPETENCE, AND

LANGUAGE ACCESS MEASURES; CONSENSUS STUDY ON ENSURING PATIENT ACCESS TO

AFFORDABLE DRUG THERAPIES

NAME OF ORGANIZATION OR GOVERNMENT: PACIFIC BUSINESS GROUP ON HEALTH

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(H) PURPOSE OF GRANT OR ASSISTANCE: TRAINING PROGRAM TO ENHANCE

MOTIVATIONAL INTERVIEWING AND BRIEF ACTION PLANNING SKILLS; ADULT

LEARNING THEORY TRAINING WORKSHOP; MAKING THE BUSINESS CASE FOR MIDWIFERY

CARE & CONTINUED STATEWIDE COORDINATION OF MATERNITY PARTNERS

NAME OF ORGANIZATION OR GOVERNMENT: PACIFIC HEALTH CONSULTING GROUP

(H) PURPOSE OF GRANT OR ASSISTANCE: CONSULTATION OF PROJECT ECHO PHASE

2; ENGAGING STAKEHOLDERS IN DEVELOPING THE 2015 MEDI-CAL 1115 WAIVER;

PLANNING AND FACILITATION OF AFFORDABILITY MEETING; PHASE 2 CLINIC

LANDSCAPE ASSESSMENT PROJECT

NAME OF ORGANIZATION OR GOVERNMENT: PAPERCLIP MANAGEMENT SERVICES CORP

(H) PURPOSE OF GRANT OR ASSISTANCE: CONSULTING: CA POLST REGISTRY RFP

DEVELOPMENT AND VENDOR PLANNING, IT CONSULTANT FOR POLST EREGISTRY

PROJECT (IMPLEMENTATION PHASE)

NAME OF ORGANIZATION OR GOVERNMENT: PARTNERSHIP HEALTHPLAN OF CALIFORNIA

(H) PURPOSE OF GRANT OR ASSISTANCE: ABCS OF QUALITY IMPROVEMENT

TRAINING; PROGRAM CONSULTATION OPPORTUNITY (PARTNERSHIPHP); CARE

INTEGRATION FOR OPIOID-DEPENDENT FREQUENT EMERGENCY DEPARTMENT USERS

(IMPLEMENTATION GRANTS); CONFERENCE SUPPORT: PALLIATIVE CARE DESIGN

NAME OF ORGANIZATION OR GOVERNMENT: PEER HEALTH EXCHANGE, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT FOR EXPANSION OF BEHAVIORAL

HEALTH CURRICULUM; IMPROVE ACCESS TO MEDICAL AND BEHAVIORAL HEALTH

SERVICES FOR HIGH SCHOOL STUDENTS IN LOW INCOME AREAS OF SAN FERNANDO

VALLEY.

Schedule I (Form 990)

NAME OF ORGANIZATION OR GOVERNMENT: POLITICAL SOLUTIONS LLC

(H) PURPOSE OF GRANT OR ASSISTANCE: COMMUNITY PARAMEDICINE BUSINESS &

POLITICAL LANDSCAPE REPORT; ASSISTANCE WITH MONITORING SACRAMENTO

POLITICAL AND POLICY HAPPENINGS IN 2017

NAME OF ORGANIZATION OR GOVERNMENT: CENTER FOR CONNECTED HEALTH POLICY

(H) PURPOSE OF GRANT OR ASSISTANCE: POLICY COMPONENT-VDOT FOR TB; COUNTY

DATA STORYTELLING TOOL: PILOT PHASE; ELECTRONIC CONSULT SPRING FORUM;

CENTER FOR CONNECTED HEALTH POLICY - PHASE 4 CORE SUPPORT; CENTER FOR

CONNECTED HEALTH POLICY - PHASE 4 CORE SUPPORT; OPIOID SAFETY COALITION

PROGRAM MANAGEMENT AND TECHNICAL ASSISTANCE, PLANNING GRANT

NAME OF ORGANIZATION OR GOVERNMENT: RAND CORPORATION

(H) PURPOSE OF GRANT OR ASSISTANCE: EVALUATION OF MAVEN PROJECT;

MODELING IMPACTS ON CALIFORNIA OF PROPOSALS TO REPEAL AND REPLACE THE

AFFORDABLE CARE ACT

NAME OF ORGANIZATION OR GOVERNMENT:

UNIVERSITY OF CALIFORNIA, SAN FRANCISCO

(H) PURPOSE OF GRANT OR ASSISTANCE: EVALUATION OF COMMUNITY PARAMEDICINE

PILOT PROJECTS; CALIFORNIA HEALTH CARE LEADERSHIP PROGRAM RENEWAL: COHORT

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

LEARNED; CALIFORNIA HEALTH CARE LEADERSHIP PROGRAM RENEWAL: COHORTS 16

AND 17; CONTINUING SUPPORT FOR THE PALLIATIVE CARE QUALITY NETWORK;

ALLIED AND NURSING HEALTH WORKFORCE ALMANAC; CONTINUATION OF THE

EVALUATION OF THE HEALTH WORKFORCE PILOT; IMPACT-ICU AT CALIFORNIA PUBLIC

HOSPITALS: TAILORING AND IMPLEMENTING TOOLS; CLINICAL CONSULTANT IN

PALLIATIVE CARE; ENHANCING THE USE OF BEHAVIORAL HEALTH PEER PROVIDERS IN

CALIFORNIA; ASSESSING THE ADEQUACY OF THE BEHAVIORAL HEALTH WORKFORCE IN

CALIFORNIA; MEDICATION ASSISTED TREATMENT IN THE EMERGENCY DEPARTMENT

PILOT (URBAN); UCSF/HASTINGS SPEAKERS SERIES: ACA POTENTIAL IMPACT OF THE

TRUMP ADMINISTRATION ON HEALTH POLICY

NAME OF ORGANIZATION OR GOVERNMENT: UNIVERSITY OF CALIFORNIA, BERKELEY

(H) PURPOSE OF GRANT OR ASSISTANCE: HEALTH INSURANCE AFFORDABILITY BY

REGION; IMPACT OF HEALTHCARE MARKET CONCENTRATION ON HEALTHCARE PRICES

AND UTILIZATION; SACRAMENTO VARIATION - ANALYSIS AND ACTION PLAN

NAME OF ORGANIZATION OR GOVERNMENT: UNIVERSITY OF CALIFORNIA, DAVIS

(H) PURPOSE OF GRANT OR ASSISTANCE: LABORATORY LOINC MAPPING ASSISTANCE

PROGRAM; SOLICITING STAKEHOLDER FEEDBACK ON A SECRET SHOPPER STUDY OF

MEDI-CAL ENROLLEES IN THE SACRAMENTO REGION; JGIM SPECIAL SYMPOSIUM:

NATIONAL INNOVATORS IN PRIMARY CARE; UC DAVIS COMPREHENSIVE CANCER

CENTER'S WOMEN'S CANCER CARE PROGRAM

NAME OF ORGANIZATION OR GOVERNMENT: UNIVERSITY OF MINNESOTA

(H) PURPOSE OF GRANT OR ASSISTANCE: AN ANALYSIS OF THE IMPACT OF

HOSPITAL-BASED MIDWIFERY CARE ON OBSTETRIC CARE COSTS AND PROCEDURE

UTILIZATION; IMPACTS OF THE ACA: ANALYSIS AND REPORTING

NAME OF ORGANIZATION OR GOVERNMENT: RESOLUTIONCARE INSTITUTE

(H) PURPOSE OF GRANT OR ASSISTANCE: EXPLORING TELE-PALLIATIVE CARE IN

HUMBOLDT, DEL NORTE, TRINITY, AND LAKE COUNTIES; BRINGING TELE-PALLIATIVE

CARE TO TEHEMA COUNTY

NAME OF ORGANIZATION OR GOVERNMENT: ROBERTS FAMILY DEVELOPMENT CENTER

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(H) PURPOSE OF GRANT OR ASSISTANCE: MENTAL HEALTH AND PHYSICAL FITNESS

ENRICHMENTS OF STUDENTS PREK TO 12TH GRADE FACING POVERTY AND OTHER

DISADVANTAGES

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; MODELS FOR ADVANCING HIGH

PERFORMANCE

NAME OF ORGANIZATION OR GOVERNMENT: SCOTT & COMPANY

(H) PURPOSE OF GRANT OR ASSISTANCE: PALLIATIVE CARE INVESTMENT STRATEGY:

RESOLUTION CARE; THE MEDICAID MARKET OPPORTUNITY FOR ENTREPRENEURS AND

INVESTORS; THE RHYTHM SOCIAL INVESTMENT RETURNS, 2016; CIN PHASE 6 DESIGN

SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT: STANFORD UNIVERSITY

(H) PURPOSE OF GRANT OR ASSISTANCE: INNOVATIVE TRAINING FOR

NEPHROLOGISTS IN SHARED DECISION MAKING; SUPPORT FOR THE CALIFORNIA

MATERNAL DATA CENTER (2015-2017); SUPPORTING PERINATAL MEASUREMENT NEEDS

OF PRIME; SPONSORSHIP OF 2016 STANFORD MEDICINE X CONFERENCE ON SEPTEMBER

12-18, 2016; ESTIMATING THE IMPACT OF HIGH-VALUE MATERNITY CARE IN

CALIFORNIA - STANFORD CERC MODEL

NAME OF ORGANIZATION OR GOVERNMENT: STAMEN DESIGN

(H) PURPOSE OF GRANT OR ASSISTANCE: ENHANCEMENTS TO ACA 411: EXPORTS,

FILTERS, USABILITY, AND CATEGORY TRANSPARENCY; MAINTENANCE & SUPPORT FOR

ACA 411: DATA FILE QA AND IMPORTING

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NAME OF ORGANIZATION OR GOVERNMENT: THORN RUN PARTNERS, LLC

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT FOR 2017 NATIONAL HEALTH

POLICY UPDATES; ACA POLICY PRODUCTS: WEEKLY NATIONAL "TOP READS" AND

SYNTHESIS OF KEY PRESS ARTICLES AND THINK TANK REPORTS

NAME OF ORGANIZATION OR GOVERNMENT: TIDES CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: SAFETY NET ANALYTICS PROGRAM

MANAGEMENT; SUPPORT THE CAPITATION PAYMENT PREPAREDNESS PROGRAM (CP3) BY

INTEGRATING POPULATION HEALTH MANAGEMENT; INTEGRATING ADDICTION TREATMENT

INTO THE PRIMARY CARE SAFETY NET PROGRAM; 10TH ANNIVERSARY AND HEALTH AND

WELLNESS SERVICES; SAFETY NET ANALYTICS PROGRAM, CONTINUED DISSEMINATION

ACTIVITIES; ANNUAL LUNCHEON AND 20TH ANNIVERSARY CAMPAIGN, 2017; IHUB -

FACILITATING EHR INTEROPERABILITY TO ACCELERATE SAFETY NET PROVIDER

INNOVATION; SUSTAINABLE MODELS OF TELEHEALTH: PROGRAM MANAGEMENT AND

HEALTH CENTER GRANTS

NAME OF ORGANIZATION OR GOVERNMENT: UNIVERSITY OF SOUTHERN CALIFORNIA

(H) PURPOSE OF GRANT OR ASSISTANCE: CHCF CENTER FOR HEALTH REPORTING

RENEWAL; EVALUATION OF HOME CARE PROGRAM FOR HIGH RISK PATIENTS; PUBLIC

HEALTH DATA JOURNALISM FELLOWSHIPS; CARE INTEGRATION FOR OPIOID-DEPENDENT

FREQUENT EMERGENCY DEPARTMENT USERS (IMPLEMENTATION GRANTS); PSCANNER -

INCORPORATING MEDI-CAL DATA INTO A CLINICAL DATA NETWORK; WORKING WITH

HOLLYWOOD TO NORMALIZE BIRTH AND IMPROVE MATERNITY CARE; REPRODUCTIVE

PSYCHIATRY ECONSULT PILOT FOR PERINATAL WOMEN; EDUCATION FOR PALLIATIVE

CARE PROVIDERS; TRAIN THE TRAINER: NONOPIOID PAIN MANAGEMENT TRAINING

PROGRAM IN LA COUNTY CLINICS

NAME OF ORGANIZATION OR GOVERNMENT: VISION Y COMPROMISO

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(H) PURPOSE OF GRANT OR ASSISTANCE: CONFERENCE OF PROMOTORES, LEADERS,

AND COMMUNITY WORKERS, 2016; SUPPORTING COMMUNITY HEALTH WORKERS IN

CALIFORNIA

NAME OF ORGANIZATION OR GOVERNMENT: WESTERN UNIVERSITY OF HEALTH SCIENCES

(H) PURPOSE OF GRANT OR ASSISTANCE: MONITORING PHYSICAL ACCESSIBILITY OF

HEALTH CARE PROVIDERS IN MEDI-CAL MANAGED CARE: SPECIFICATIONS FOR A

STATEWIDE DATABASE

Schedule I (Form 990)

sc	HEDULE J	Compensation Information	1	OMB No.	1545-00)47
	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		20	16	
		Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.		20	IU	,
	tment of the Treasury	Attach to Form 990.		Open to		
_	al Revenue Service	Information about Schedule J (Form 990) and its instructions is at www.irs.gov/for		Inspe		
man	ne of the organization		Employer ide		on nu	mper
Da	rt I Question	CALIFORNIA HEALTHCARE FOUNDATION S Regarding Compensation	95-4523	231		
ГС					Yes	No
10	Chock the appropri	iate bey(ee) if the organization provided any of the following to or for a person listed on Form	000		res	
1a		iate box(es) if the organization provided any of the following to or for a person listed on Form line 1a. Complete Part III to provide any relevant information regarding these items.	1990,			
	First-class or c					
	Travel for com					
		ation and gross-up payments Health or social club dues or initiation fee				
		spending account Personal services (such as, maid, chauffe				
			ur, chei)			
h	If any of the hoves	on line 1a are checked, did the organization follow a written policy regarding payment or				
D		provision of all of the expenses described above? If "No," complete Part III to explain		1b		
2	-	n require substantiation prior to reimbursing or allowing expenses incurred by all directors,		. 10		
-	-	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2		
	trustees, and onlee					
3	Indicate which if a	ny, of the following the filing organization used to establish the compensation of the organiza	ation's			
•		ector. Check all that apply. Do not check any boxes for methods used by a related organizat				
		ation of the CEO/Executive Director, but explain in Part III.				
	X Compensation					
		compensation consultant X Compensation survey or study				
	X Form 990 of o		committee			
			, on material			
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 re					
а		e payment or change-of-control payment?		4a	х	
b		ceive payment from, a supplemental nonqualified retirement plan?				х
с		ceive payment from, an equity-based compensation arrangement?				X
		nes 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		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	on			
	contingent on the r					
а	The organization?			. 5a		x
		ation?				X
		or 5b, describe in Part III.				
6	For persons listed of	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	on			
	contingent on the r	net earnings of:				
а	The organization?			. 6a		X
		ation?				Х
		or 6b, describe in Part III.				
7	For persons listed of	on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payment	S			
	not described on lir	nes 5 and 6? If "Yes," describe in Part III		. 7		х
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to t				
	initial contract exce	ption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		. 8		х
9	If "Yes" on line 8, d	id the organization also follow the rebuttable presumption procedure described in				
	Regulations section	1 53.4958-6(c)?	<u></u>	. 9		
LHA		eduction Act Notice, see the Instructions for Form 990.	Schedul	e J (Forr	n 990) 2016

95-4523231

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 aren't 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.

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Denents	(B)(i)-(D)	reported as deferred on prior Form 990
(1) HERNANDEZ, SANDRA	(i)	541,602.	0.	0.	48,050.	47,371.	637,023.	0.
PRESIDENT & C.E.O	(ii)	Ο.	Ο.	0.	0.	0.	0.	0.
(2) ZIEGLER, CRAIG	(i)	354,678.	Ο.	1,950.	47,061.	35,569.	439,258.	0.
VP OF FIN, ADMIN &INVESTS/TREAS &SEC	(ii)	Ο.	Ο.	0.	0.	0.	0.	0.
(3) MULKEY, MARIAN	(i)	143,069.	Ο.	23,223.	30,048.	18,502.	214,842.	0.
CLO, ACTING VP OF PROGRAMS (FEB-JUL)	(ii)	Ο.	Ο.	0.	0.	0.	0.	0.
(4) SHEWRY, SANDRA	(i)	290,323.	Ο.	1,025.	48,050.	5,467.	344,865.	0.
VP EXTERNAL ENGAGEMENT	(ii)	0.	Ο.	0.	0.	0.	0.	0.
(5) BUCKLEY, MELISSA	(i)	251,890.	Ο.	0.	37,848.	34,884.	324,622.	0.
	(ii)	0.	Ο.	0.	0.	0.	0.	0.
(6) PERRONE, CHRIS	(i)	222,593.	٥.	45.	41,357.	15,002.	278,997.	0.
PROGRAM DIRECTOR OF IMPROVING ACCESS		0.	٥.	0.	٥.	0.	0.	0.
(7) PFEIFER, KELLY	(i)	255,853.	Ο.	600.	42,667.	12,664.	311,784.	0.
	(ii)	0.	٥.	0.	٥.	0.	0.	0.
(8) SHANNON, MARIBETH	(i)	197,854.	Ο.	600.	37,131.	47,343.	282,928.	0.
PRGM DIR OF INFORMING DECISION MAKER	(ii)	0.	Ο.	0.	0.	0.	0.	0.
(9) SOUTHWICK, SUSAN	(i)	202,070.	Ο.	375.	37,610.	29,241.	269,296.	0.
DIRECTOR - IT	(ii)	0.	Ο.	0.	0.	0.	0.	0.
(10) CHANG, SOPHIA	(i)	46,325.	Ο.	89,483.	1,825.	8,195.	145,828.	0.
VP OF PROGRAMS (THRU 2/2016)	(ii)	Ο.	Ο.	Ο.	0.	٥.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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:

VP OF PROGRAMS RECEIVED SEVERANCE PAYMENT OF \$77,250.

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

THERE ARE FIVE ITEMS REPORTED IN THIS COLUMN:

1. SEVERANCE PAYMENT TO VICE PRESIDENT OF PROGRAMS OF \$77,250. THE

FOUNDATION'S SEVERANCE POLICY FOR SENIOR MANAGEMENT PROVIDES FOR UP TO

40 WEEKS OF PAY.

2. PAYMENTS TO 6 EMPLOYEES FOR PARTICIPATION IN THE FOUNDATION'S

WELLNESS PROGRAM (\$3,000).

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

4. EXCESS SECTION 415 RETIREMENT CONTRIBUTIONS PAID IN CASH TO 2

EMPLOYEES (\$1,995).

5. PAID TIME OFF PAYOUTS FOR 2 TERMINATING EMPLOYEES (\$34,556).

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

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.

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.

95-4523231

SCHEDULE O (Form 990 or 990-EZ) Department of the Treasury	Supplemental Information to Form 990 or 990 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.	I	OMB No. 1545-0047
Internal Revenue Service Name of the organization	▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at WWW.IrS.gov		Inspection identification number
	CALIFORNIA HEALTHCARE FOUNDATION	95-452	3231
FORM 990, PART III	LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:		
CHILDREN, AND UPDAT	ING ACA411 (AN INTERACTIVE, ONLINE TOOL THAT TRACKS		
CHANGES IN HEALTH	NSURANCE COVERAGE, ACCESS TO HEALTH CARE SERVICES		
AND AFFORDABILITY)			
FORM 990, PART III	LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:		
ISSUE ANALYSIS ON 7	OPICS OF INTEREST TO KEY AUDIENCES.		
FORM 990, PART III	LINE 4D, OTHER PROGRAM SERVICES:		
ACROSS OUR THREE PI	RIMARY GOALS, WE USE A VARIETY OF TOOLS TO INCREASE		
THE IMPACT OF OUR (· · · · · · · · · · · · · · · · · · ·		
(1) THE HEALTH INNO	WATION FUND MAKES BOTH GRANTS AND PROGRAM-RELATED		
INVESTMENTS TO SUPP	PORT ENTREPRENEURS WHO ARE DEVELOPING LOW-COST		
SOLUTIONS TO IMPROV	VE CARE IN THE SAFETY NET.		
(2) THE CHCF HEALTH	I CARE LEADERSHIP PROGRAM AND THE CALIFORNIA		
IMPROVEMENT NETWORN	INVEST IN LEADERS THROUGH TRAINING, DEVELOPMENT,		
AND NETWORKING TO H	ELP THEM TRANSFORM THE HEALTH CARE SYSTEM.		
(3) EXTERNAL ENGAGE	MENT USES POLICY CONVENINGS, RESEARCH AND ANALYSIS,		
AND STRATEGIC COMM	NICATIONS TO SUPPORT THE PROGRAMMATIC WORK OF THE		
FOUNDATION.			
EXPENSES \$ 13,352,	30. INCL GRANTS OF \$ 6,415,559. REVENUE \$ 707,599.		
FORM 990, PART VI,	SECTION B, LINE 11B:		
THE FORM 990 IS PRI	PARED BY THE STAFF OF THE FOUNDATION IN COORDINATION		
WITH A PUBLIC ACCOU	NTING FIRM. PRIOR TO FILING THE RETURN, IT IS REVIEWED		
	DARD'S AUDIT COMMITTEE AND THEN REVIEWED WITH AND		
LHA For Paperwork Re 632211 08-25-16		edule O (Forr	n 990 or 990-EZ) (2016)
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Name of the organization CALIFORNIA HEALTHCARE FOUNDATION	Employer identification number 95-4523231
APPROVED BY THE FULL BOARD OF DIRECTORS.	
FORM 990, PART VI, SECTION B, LINE 12C:	
ALL DIRECTORS, OFFICERS & KEY EMPLOYEES ARE REQUIRED TO DISCLOSE POTENTIAL	
CONFLICTS ANNUALLY. POTENTIAL CONFLICT INFORMATION IS COMPILED, REVIEWED BY	
THE VICE PRESIDENT OF FINANCE, ADMINISTRATION & INVESTMENTS, AND THEN	
REPORTED TO THE FULL BOARD OF DIRECTORS FOR THEIR ACKNOWLEDGMENT AND	
CONFIRMATION. THROUGHOUT THE YEAR AS TRANSACTIONS ARE ENTERED INTO, STAFF	
AND BOARD MEMBERS ARE ALSO REQUIRED TO SELF-REPORT POTENTIAL CONFLICTS OF	
INTEREST WHETHER OR NOT THE CONFLICT WAS ORIGINALLY IDENTIFIED ON THE	
ANNUAL LISTING. NEW VENDOR AND GRANTEE ACTIVITY IS ALSO MONITORED AGAINST	
THE CONFLICT OF INTEREST LISTING. WHEN A CONFLICT IS IDENTIFIED, THE PERSON	
WITH THAT CONFLICT IS REQUIRED TO RECUSE THEMSELVES FROM ANY DECISION	
MAKING WITH RESPECT TO THE TRANSACTION OR ACTIVITY GIVING RISE TO THE	
POTENTIAL CONFLICT. IN ADDITION, CHCF'S CONFLICT OF INTEREST POLICY HAS A	
SPECIFIC PROHIBITION AGAINST PRIVATE INUREMENT AND EXCESS BENEFIT	
TRANSACTIONS WITH RESPECT TO ANY TRANSACTION IN WHICH CHCF PARTICIPATES.	
FORM 990, PART VI, SECTION B, LINE 15:	
THE FOUNDATION HAS A DOCUMENTED COMPENSATION PROGRAM, INCLUDING A	
COMPENSATION PHILOSOPHY AND POLICIES AND PROCEDURES. AS PART OF THOSE	
POLICIES AND PROCEDURES, THE FOUNDATION ENGAGES INDEPENDENT COMPENSATION	
CONSULTANTS TO DEVELOP MARKET COMPARABLES, SURVEY THE MARKET BASED ON THOSE	
MARKET COMPARABLES, AND BENCHMARK THE FOUNDATION'S SALARIES AND TOTAL	
COMPENSATION TO MARKET DATA. THE FOUNDATION'S COMPENSATION PROGRAM, AS WELL	
AS CEO AND CFO TOTAL COMPENSATION LEVELS, ARE REVIEWED AND APPROVED BY THE	
FOUNDATION'S BOARD OF DIRECTORS.	

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Page 2

Schedule O (Form 990 or 990-EZ) (2016)

Schedule O (Form 990 or 990-EZ) (2016) Name of the organization CALIFORNIA HEALTHCARE FOUNDATION	Employer identification number 95-4523231
FORM 990, PART VI, SECTION C, LINE 19:	
THE FOUNDATION MAKES ITS FINANCIAL STATEMENTS AND FORM 990 AVAILABLE ON ITS	
WEBSITE, WWW.CHCF.ORG. FOR 3 YEARS AS SET FORTH IN SEC. 6104(D). GOVERNING	
DOCUMENTS AND THE CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST.	
FORM 990, PART VII, SECTION A:	
COMPENSATION OF OFFICERS, DIRECTORS, TRUSTEES, KEY EMPLOYEES, ETC.:	
PLEASE REFER TO SCHEDULE J FOR ADDITIONAL DETAIL REGARDING	
COMPENSATION.	
	hadula () /Earm 000 at 000 EZ) (00
Sc 52212 08-25-16 541208 759146 12080 2016.05010 CALIFORNIA HEALTH	hedule O (Form 990 or 990-EZ) (20

SCH	EDULE R
/	

(Form 990)

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.

OMB No. 1545-0047

2016 Open to Public Inspection

Employer identification number

95-4523231

Department of the Treasury Internal Revenue Service

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

Name of the organization

CALIFORNIA HEALTHCARE FOUNDATION

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

(a)	(b)	(c)	(d)	(e)	(f)
Name, address, and EIN (if applicable)	Primary activity	Legal domicile (state or	Total income	End-of-year assets	,
of disregarded entity		foreign country)			entity
OAC PROPERTIES, LLC					
1438 WEBSTER STREET, SUITE 400					CALIFORNIA HEALTHCARE
OAKLAND, CA 94612	RENTAL PROPERTY	CALIFORNIA	965,781.	36,915,376.	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	(f) Direct controlling entity	Section 5 contr ent	g) 512(b)(13) rolled ity?
				501(c)(3))		Yes	No

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

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)	(b)	(c)	(d)	(e)	(f)	(g)	()	h)	(i)	(j)	(k)											
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	(related, unrelated, income excluded from tax under	(related, unrelated, income excluded from tax under	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of total income	Share of total income	Share of total income	Share of total income	Share of total income	Share of total income	Share of total income	Share of total income	Share of total income	Share of end-of-year assets	1	ortionate tions?	amount in box 20 of Schedule	manag partn	
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes	lo											
MAKENA LIQUID ENDOWMENT B																						
ASSOCIATES, LP - 36-4776579,			CALIFORNIA																			
2755 SAND HILL ROAD, STE.	1		HEALTHCARE																			
200, MENLO PARK, CA 94025	INVESTMENT	DE	FOUNDATION	EXCLUDED	859,179.	61,343,010.		x	557,324.		100.00%											
MAKENA FIXED INCOME FUND, LP																						
- 26-1718692, 2755 SAND HILL	1		CALIFORNIA																			
ROAD, STE. 200, MENLO PARK,	1		HEALTHCARE																			
CA 94025	INVESTMENT	DE	FOUNDATION	EXCLUDED	-196,447.	12,053,532.		x	N/A	X	51.57%											
]																					
	1																					

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	(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	Sec 512(l contr ent	(i) ction (b)(13) trolled tity?		
		country)				400010		Yes	No		
			1								
									\vdash		

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

ote: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	s I
During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	Х	
b Gift, grant, or capital contribution to related organization(s)	1b	Х	
c Gift, grant, or capital contribution from related organization(s)	1c		
d Loans or loan guarantees to or for related organization(s)			
e Loans or loan guarantees by related organization(s)			T
f Dividends from related organization(s)		x	
g Sale of assets to related organization(s)			
h Purchase of assets from related organization(s)	1h		
Exchange of assets with related organization(s)	1i		
j Lease of facilities, equipment, or other assets to related organization(s)	1j		
Lease of facilities, equipment, or other assets from related organization(s)			
Performance of services or membership or fundraising solicitations for related organization(s)			
n Performance of services or membership or fundraising solicitations by related organization(s)		1	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)			Т
Sharing of paid employees with related organization(s)			\neg
Reimbursement paid to related organization(s) for expenses	1p		
Reimbursement paid by related organization(s) for expenses			\downarrow
r Other transfer of cash or property to related organization(s)	1r		
s Other transfer of cash or property from related organization(s)		Х	

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	149,915.	CASH
(2) MAKENA LIQUID ENDOWMENT B ASSOCIATES, LP	F	1,251,596.	CASH
(3) MAKENA LIQUID ENDOWMENT B ASSOCIATES, LP	s	12,000,000.	CASH
(4) MAKENA FIXED INCOME FUND, LP	A	324,195.	CASH
(5) MAKENA FIXED INCOME FUND, LP	В	16,225,000.	CASH
(6) MAKENA FIXED INCOME FUND, LP	F 75	183,920.	CASH

Schedule R (Form 990) CALIFORNIA HEALTHCARE FOUNDATION

Part V Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(7)MAKENA FIXED INCOME FUND, LP	S	24,950,000.	сазн
(8)			
(9)			
(10)			
(11)			
(12)			
(13)			
(14)			
(15)			
(16)			
(17)			
(18)			
(19)			
(20)			
(21)			
(22)			
(23)			
(24)			

Schedule R (Form 990) 2016 CALIFORNIA HEALTHCARE FOUNDATION

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

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

(a)	(b)	(c)			1	(f)	(g)	/	1)	(i)	(j)	(k)
(a) Name, address, and EIN	Primary activity	Legal domicile	Predominant income	(e Are partner 501(c orgs	all	Share of			nnor-	Code V-LIBI	(J) General	
of entity	T Timary activity	(state or foreign	Predominant income (related, unrelated, excluded from tax under sections 512-514)	501 (c	s sec. c)(3)	total	end-of-year	tion	opor- nate tions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	managin	ownership
e. e		country)	excluded from tax under sections 512-514)	orgs Yes	<u>8.7</u>	income	assets	Yes	No	(Form 1065)	Yes No	
				res	INO			res	NO	(************	Tes IN	'
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