

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public.
▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

A For the **2016** calendar year, or tax year beginning **APR 1, 2016** and ending **MAR 31, 2017**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization CALIFORNIA HEALTHCARE FOUNDATION Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1438 WEBSTER ST 400 City or town, state or province, country, and ZIP or foreign postal code OAKLAND, CA 94612 F Name and address of principal officer: CRAIG ZIEGLER SAME AS C ABOVE	D Employer identification number 95-4523231 E Telephone number 510-238-1040 G Gross receipts \$ 95,497,577. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) (4) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.CHCF.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1995 M State of legal domicile: CA

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO SUPPORT MEANINGFUL, MEASURABLE IMPROVEMENTS IN HEALTH CARE FOR ALL CALIFORNIANS. 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 3 10 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 9 5 Total number of individuals employed in calendar year 2016 (Part V, line 2a) 5 58 6 Total number of volunteers (estimate if necessary) 6 0 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 1,359,831. 7b Net unrelated business taxable income from Form 990-T, line 34 7b 1,139,452.																									
Revenue		<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">Prior Year</th> <th style="text-align: center;">Current Year</th> </tr> </thead> <tbody> <tr> <td>8 Contributions and grants (Part VIII, line 1h)</td> <td style="text-align: right;">0.</td> <td style="text-align: right;">0.</td> </tr> <tr> <td>9 Program service revenue (Part VIII, line 2g)</td> <td style="text-align: right;">55,185.</td> <td style="text-align: right;">707,599.</td> </tr> <tr> <td>10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)</td> <td style="text-align: right;">2,628,876.</td> <td style="text-align: right;">15,010,673.</td> </tr> <tr> <td>11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)</td> <td style="text-align: right;">90,981.</td> <td style="text-align: right;">972,225.</td> </tr> <tr> <td>12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)</td> <td style="text-align: right;">2,775,042.</td> <td style="text-align: right;">16,690,497.</td> </tr> </tbody> </table>		Prior Year	Current Year	8 Contributions and grants (Part VIII, line 1h)	0.	0.	9 Program service revenue (Part VIII, line 2g)	55,185.	707,599.	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,628,876.	15,010,673.	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	90,981.	972,225.	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,775,042.	16,690,497.						
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Part II Signature Block

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

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

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

Form **990**

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

OMB No. 1545-0047

2016
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization CALIFORNIA HEALTHCARE FOUNDATION Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1438 WEBSTER ST 400 City or town, state or province, country, and ZIP or foreign postal code OAKLAND, CA 94612	D Employer identification number 95-4523231 E Telephone number 510-238-1040
F Name and address of principal officer: CRAIG ZIEGLER SAME AS C ABOVE		G Gross receipts \$ 95,497,577. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
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J Website: ▶ WWW.CHCF.ORG		
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Part I Summary

	1	Briefly describe the organization's mission or most significant activities: TO SUPPORT MEANINGFUL, MEASURABLE IMPROVEMENTS IN HEALTH CARE FOR ALL CALIFORNIANS.		
Activities & Governance	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	10
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	9
	5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)	5	58
	6	Total number of volunteers (estimate if necessary)	6	0
		7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a
	7b	Net unrelated business taxable income from Form 990-T, line 34	7b	1,139,452.
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
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Part II Signature Block

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

Sign Here	Signature of officer CRAIG ZIEGLER, VP FINANCE, ADMIN / INVESTS / TREAS Type or print name and title	Date 12/15/17
Paid Preparer Use Only	Print/Type preparer's name MAGA E. KISRIV	Preparer's signature Date 12/13/2017
	Firm's name ▶ HOOD & STRONG LLP Firm's address ▶ 275 BATTERY ST, STE 900 SAN FRANCISCO, CA 94111	Check <input type="checkbox"/> if self-employed PTIN P01008919 Firm's EIN ▶ 94-1254756 Phone no. 415.781.0793

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

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

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**

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

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

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

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

CRAIG ZIEGLER

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

1 I request an automatic 6-month extension of time until FEBRUARY 15, 2018, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶ calendar year _____ or
- ▶ tax year beginning APR 1, 2016, and ending MAR 31, 2017.

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

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

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:
CHCF 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 [X] No
If "Yes," describe these new services on Schedule O.

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

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

4a (Code:) (Expenses \$ 11,402,455. including grants of \$ 9,880,169.) (Revenue \$ 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 \$ 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.)
THE INFORMING DECISION MAKERS PROGRAM PROVIDES FUNDING FOR WORK WHICH FOCUSES ON PROMOTING GREATER TRANSPARENCY AND ACCOUNTABILITY IN CALIFORNIA'S HEALTH CARE SYSTEM BY PRODUCING REPORTS AND ANALYSIS TO POLICYMAKERS, RESEARCHERS, AND THOUGHT LEADERS WITH CRITICAL TREND DATA ABOUT THE COST AND QUALITY OF CALIFORNIA'S HEALTH CARE SYSTEM. THIS WORK, COUPLED WITH INITIATIVES THAT SEEK TO UNLOCK GOVERNMENT HEALTH DATA, PROVIDES CHANGE-MAKERS WITH THE INFORMATION NECESSARY TO MAKE WELL-INFORMED CHOICES THAT MAY ULTIMATELY LEAD TO IMPROVED HEALTH CARE FOR ALL CALIFORNIANS. PROJECTS INCLUDE PRODUCTION OF REGIONAL MARKET REPORTS TO HELP BETTER UNDERSTAND KEY CALIFORNIA HEALTH CARE MARKETS, PRODUCTION OF THE CALIFORNIA HEALTHCARE ALMANAC WHICH PROVIDES TIMELY FACTS ON CALIFORNIA'S HEALTH CARE DELIVERY SYSTEM, AND SUPPORT FOR

4d Other program services (Describe in Schedule O.)
(Expenses \$ 13,352,730. including grants of \$ 6,415,559.) (Revenue \$ 707,599.)

4e Total program service expenses 36,314,658.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	X	
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	X	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		
Note. All Form 990 filers are required to complete Schedule O	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Input box for Schedule O check

Main table with columns for question number, description, and Yes/No checkboxes. Includes rows 1a-14b with various tax-related questions.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

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

Section A. Governing Body and Management

Table with 5 columns: Question, 1a, 1b, Yes, No. Rows include questions about voting members, family relationships, management delegation, significant changes, asset diversion, members, and documentation.

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

Table with 5 columns: Question, Yes, No. Rows include questions about local chapters, written policies, conflict of interest, whistleblower, document retention, compensation, and joint ventures.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed CA
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records: CRAIG ZIEGLER - 510-238-1040 1438 WEBSTER ST., STE 400, OAKLAND, CA 94612

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

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

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

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

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

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

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

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

Part VIII Statement of Revenue

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

				(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a						
	b Membership dues	1b						
	c Fundraising events	1c						
	d Related organizations	1d						
	e Government grants (contributions)	1e						
	f All other contributions, gifts, grants, and similar amounts not included above	1f						
	g Noncash contributions included in lines 1a-1f: \$							
	h Total. Add lines 1a-1f							
Program Service Revenue	2 a PRI INTEREST INCOME	Business Code	900099	707,599.	707,599.			
	b							
	c							
	d							
	e							
	f All other program service revenue							
	g Total. Add lines 2a-2f				707,599.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			86,552.		-894,177.	980,729.	
	4 Income from investment of tax-exempt bond proceeds							
	5 Royalties			6,444.			6,444.	
	6 a Gross rents	(i) Real	2,011,743.					
		(ii) Personal						
		b Less: rental expenses		1,045,962.				
		c Rental income or (loss)		965,781.				
	d Net rental income or (loss)				965,781.		965,781.	
	7 a Gross amount from sales of assets other than inventory	(i) Securities	2,254,008.	90,431,231.				
		(ii) Other						
		b Less: cost or other basis and sales expenses		0.	77,761,118.			
		c Gain or (loss)	2,254,008.	12,670,113.				
	d Net gain or (loss)				14,924,121.	2,254,008.	12,670,113.	
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a						
		b Less: direct expenses	b					
c Net income or (loss) from fundraising events								
9 a Gross income from gaming activities. See Part IV, line 19	a							
	b Less: direct expenses	b						
	c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	a							
	b Less: cost of goods sold	b						
	c Net income or (loss) from sales of inventory							
Miscellaneous Revenue		Business Code						
11 a								
	b							
	c							
	d All other revenue							
	e Total. Add lines 11a-11d							
12 Total revenue. See instructions.				16,690,497.	707,599.	1,359,831.	14,623,067.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	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.	
10 Payroll taxes	460,514.	353,239.	107,275.	
11 Fees for services (non-employees):				
a Management				
b Legal	126,482.	71,193.	55,289.	
c Accounting	169,805.	51,055.	118,750.	
d Lobbying				
e 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.	
12 Advertising and promotion				
13 Office expenses	191,590.	153,680.	37,910.	
14 Information technology	156,772.	117,175.	39,597.	
15 Royalties				
16 Occupancy	117,638.	89,134.	28,504.	
17 Travel	243,574.	151,061.	92,513.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	112,511.		112,511.	
23 Insurance	111,531.	84,507.	27,024.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a DIRECT CHARITABLE (PRC)	941,129.	941,129.		
b UNRELATED BUS INC TAX	643,168.		643,168.	
c PRI INTEREST DISCOUNT	637,057.	637,057.		
d MATCHING GIFTS	71,972.	71,972.		
e All other expenses	179,217.	126,895.	52,322.	
25 Total functional expenses. Add lines 1 through 24e	44,739,988.	36,314,658.	8,425,330.	0.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

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

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash - non-interest-bearing	28,426.	1	50,084.
	2 Savings and temporary cash investments	963,503.	2	2,961,825.
	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 former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	883,443.	9	534,188.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 37,888,470.		
	b Less: accumulated depreciation	10b 2,126,000.		
	11 Investments - publicly traded securities		11	1,179,098.
	12 Investments - other securities. See Part IV, line 11	691,859,524.	12	721,000,794.
	13 Investments - program-related. See Part IV, line 11	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 equal line 34)	739,662,965.	16	769,447,187.	
Liabilities	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 Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	16,366,268.	26	16,017,528.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	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 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	723,296,697.	33	753,429,659.	
34 Total liabilities and net assets/fund balances	739,662,965.	34	769,447,187.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	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.

Part XII Financial Statements and Reporting

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

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

Form **990** (2016)

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**
▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2016

Open to Public Inspection

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

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

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

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

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

(ii) Assets included in Form 990, Part X

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

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

b Assets included in Form 990, Part X

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2016

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

	Yes	No
(i) unrelated organizations	3a(i)	
(ii) related organizations	3a(ii)	
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	3b	

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	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.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				35,762,470.

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

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

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

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

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

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

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

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

WHILE THE FOUNDATION IS GENERALLY EXEMPT FROM INCOME TAXES, IT IS SUBJECT

TO TAX ON INCOME WHICH IS DEEMED TO BE UNRELATED TO ITS EXEMPT PURPOSE.

THE FOUNDATION GENERATES SUCH UNRELATED BUSINESS INCOME THROUGH SOME OF

ITS INVESTMENT ACTIVITY.

MANAGEMENT EVALUATED THE FOUNDATION'S TAX POSITIONS AND CONCLUDED THAT THE

FOUNDATION HAS MAINTAINED ITS TAX EXEMPT STATUS AND HAD TAKEN NO UNCERTAIN

TAX POSITIONS THAT REQUIRE ADJUSTMENTS TO THE FINANCIAL STATEMENTS.

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No

- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)* Yes No

- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)* Yes No

- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* Yes No

- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No

- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)* Yes No

Schedule F (Form 990) 2016

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2016

**Open to Public
Inspection**

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

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ACADEMYHEALTH 1666 K STREET NW, SUITE 1100 WASHINGTON, DC 20006	52-1260918	501(C)(3)	12,000.	0.			2017 NATIONAL HEALTH POLICY CONFERENCE - ACADEMYHEALTH; 2017 MEMBERSHIP
AMERICAN CONGRESS OF OBSTETRICIANS & GYNECOLOGISTS - 409 12TH ST., SW - WASHINGTON, DC 20024	90-0489809	501(C)(6)	112,000.	0.			SUPPORT FOR C-SECTION SPEAKERS BUREAU IN CALIFORNIA
ALAMEDA CONTRA COSTA MEDICAL ASSOCIATION - 6230 CLAREMONT AVENUE - OAKLAND, CA 94618	94-1007633	501(C)(6)	347,056.	0.			POLST EREGISTRY PILOT PROJECT - ALAMEDA CONTRA COSTA
ALLIANCE IN MENTORSHIP 2612 WESTWOOD BLVD. LOS ANGELES, CA 90064	45-4825887	501(C)(3)	15,000.	0.			MENTORING PROGRAM FOR LATINO AND UNDER-REPRESENTED MINORITY YOUTH IN
AMPLA HEALTH 935 MARKET STREET, SUITE B YUBA CITY, CA 95991-4217	94-2210447	501(C)(3)	9,305.	0.			SUPPORT FOR TELEHEALTH COORDINATOR
LEVITT CENTER 490 GRAND AVENUE, SUITE 120 OAKLAND, CA 94610	36-4622374	501(C)(3)	63,000.	0.			MEDICATION ASSISTED TREATMENT IN THE EMERGENCY DEPARTMENT PILOT (URBAN)

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **156.**

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

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

Schedule I (Form 990) (2016)

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
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 ALL 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)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CALIFORNIA DEPARTMENT OF INSURANCE 300 CAPITOL MALL, SUITE 1700 SACRAMENTO, CA 95814	04-3667508	CA DEPT INSURANC	100,000.	0.			HEALTHCARE PRICE AND QUALITY TRANSPARENCY WEBSITE, CALIFORNIA HEALTHCARE COMPARE
CALIFORNIA PRIMARY CARE ASSOCIATION - 1231 I STREET, SUITE 400 - SACRAMENTO, CA 95814	94-3215565	501(C)(3)	10,000.	0.			ANNUAL CONFERENCE, 2016
CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY - 1600 NINTH STREET, ROOM 460 - SACRAMENTO, CA 95814	68-0281366	CHHS	755,375.	0.			STATEWIDE GUIDANCE ON SHARING SENSITIVE HEALTH INFORMATION
CALIFORNIA STATE UNIVERSITY FRESNO FOUNDATION - 5340 NORTH CAMPUS DRIVE M/S SS91 - FRESNO, CA 93740-8019	94-6003272	501(C)(3)	20,000.	0.			TO SUPPORT THE MOBILE HEALTH UNITS SERVING CENTRAL CALIFORNIA
CALIFORNIA HEALTH POLICY STRATEGIES - 580 RIVERGATE WAY - SACRAMENTO, CA 95831	81-1559868		153,239.	0.			HEALTH CARE FOR PEOPLE RE-ENTERING COMMUNITIES FROM INCARCERATION: LOCAL BEST PRACTICES AND STATE
CALIFORNIA HEALTH CARE SAFETY NET INSTITUTE - 70 WASHINGTON STREET, SUITE 215 - OAKLAND, CA 94607	94-2970752	501(C)(3)	45,480.	0.			SUPPORT FOR 2016 CAPH/SNI ANNUAL CONFERENCE; PROGRAM CONSULTATION OPPORTUNITY (SNI); PUBLIC
CALIFORNIA HOSPITAL ASSESSMENT AND REPORTING TASK FORCE - 1688 ORVIETTO DRIVE - ROSEVILLE, CA 95661	36-4616681	501(C)(3)	115,660.	0.			TRANSITION HOSPITAL DATA ON CALQUALITYCARE.ORG TO CHART
CALIFORNIA MEDICAL ASSOCIATION FOUNDATION - 2230 L STREET - SACRAMENTO, CA 95816	94-6062822	501(C)(3)	15,200.	0.			NEPO ANNUAL SUMMIT, 2016; RECRUITMENT OF ETHNIC PHYSICIANS FOR FOCUS GROUPS ON ADVANCE CARE
CALIFORNIA PAN-ETHNIC HEALTH NETWORK - 1221 PRESERVATION PARK WAY, STE. 200 - OAKLAND, CA 94612	94-3306223	501(C)(3)	30,000.	0.			2016 EVENTS; EXPANDING CAPACITY & EXPLORING NEW PARTNERSHIPS: CPEHN

Schedule I (Form 990)

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

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

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CAPITOL IMPACT, LLC 1107 9TH ST., STE. 500 SACRAMENTO, CA 95814	03-0539997		63,367.	0.			SUPPORT FOR 2017 CLSEI AND HEALTH CONFERENCE SCHOLARSHIP PROGRAM
CAPITAL LINK 40 COURT STREET, 10TH FLOOR BOSTON, MA 02108	52-1593251	501(C)(3)	24,999.	0.			SAFETY NET DATA QUERY (CAPITAL LINK 2015)
CAPITAL PUBLIC RADIO, INC. 7055 FOLSOM BLVD. SACRAMENTO, CA 95826-2625	68-0223271	501(C)(3)	174,000.	0.			SUPPORT FOR HEALTH CARE COVERAGE; SUPPORT FOR HEALTH CARE COVERAGE, 2017
CENTRAL AMERICAN RESOURCE CENTER-CARECEN OF NO. CA. - 3101 MISSION ST., STE 101 - SAN FRANCISCO, CA 94110	94-3036508	501(C)(3)	10,000.	0.			30TH ANNIVERSARY SUPPORT AND HEALTH PROGRAMS FOR RECENTLY ARRIVED BAY AREA FAMILIES
CATTANEO & STROUD, INC. 1601 OLD BAYSHORE HIGHWAY, SUITE 1 BURLINGAME, CA 94010	94-2956629		75,200.	0.			RENEWAL OF MEDICAL GROUP DATABASE
CENTER ON BUDGET AND POLICY PRIORITIES - 820 FIRST STREET, N.E., SUITE 510 - WASHINGTON, DC 20002	52-1234565	501(C)(3)	221,600.	0.			RESOURCES ON TAX AND FAMILY LAW ISSUES UNDER THE ACA; CENTER ON BUDGET AND POLICY PRIORITIES
CENTER FOR EFFECTIVE PHILANTHROPY, INC. - 675 MASSACHUSETTS AVE., 7TH FLOOR - CAMBRIDGE, MA 02139	04-3523528	501(C)(3)	15,000.	0.			2017 GENERAL SUPPORT
CENTER FOR EXCELLENCE IN HEALTH CARE JOURNALISM - 10 NEFF HALL MISSOURI SCHOOL OF JOURNALISM - COLUMBIA, MO 65211	41-1908032	501(C)(3)	36,000.	0.			SUPPORT FOR HEALTH JOURNALISM 2017
CENTER FOR HEALTH POLICY DEVELOPMENT - 10 FREE STREET, 2ND FLOOR - PORTLAND, ME 04101	52-1576801	501(C)(3)	15,000.	0.			NATIONAL ACADEMY FOR STATE HEALTH POLICY (NASHP) ANNUAL CONFERENCE SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTER FOR HEALTH CARE STRATEGIES, INC. - 200 AMERICAN METRO BLVD., SUITE 119 - HAMILTON, NJ 08619	22-3375015	501(C)(3)	160,955.	0.			DEVELOPING MEDI-CAL'S HEALTH HOME INITIATIVE; DESIGN OF ALTERNATIVE PAYMENT MODELS IN PRIME;
SOCIAL INTEREST SOLUTIONS 1951 WEBSTER ST., 2ND FL. OAKLAND, CA 94612	59-3831966	501(C)(3)	115,000.	0.			IMPROVING TRANSITIONS BETWEEN MEDI-CAL AND COVERED CALIFORNIA
SAN YSIDRO HEALTH CENTER 4004 BEYER BLVD. SAN YSIDRO, CA 92173	95-2801772	501(C)(3)	50,000.	0.			CARE INTEGRATION FOR OPIOID-DEPENDENT FREQUENT EMERGENCY DEPARTMENT USERS (IMPLEMENTATION
CENTRO LEGAL DE LA RAZA INC 3400 EAST 12ST OAKLAND, CA 94601	23-7181456	501(C)(3)	10,000.	0.			PLANNING GRANT FOR CENTRO LEGAL DE LA RAZA TO IDENTIFY SUSTAINABLE FUNDING STRATEGIES FOR
CEP AMERICA-ILLINOIS, LLP 2100 POWELL STREET, SUITE 900 EMERYVILLE, CA 94608	26-3711283		6,000.	0.			MEDICATION ASSISTED TREATMENT IN THE EMERGENCY DEPARTMENT PILOT (URBAN)
CHARLOTTE MAXWELL CLINIC 610 16TH STREET, SUITE 426 OAKLAND, CA 94612	94-3116456	501(C)(3)	10,000.	0.			25TH ANNIVERSARY
COALITION FOR COMPASSIONATE CARE OF CALIFORNIA - 1331 GARDEN HIGHWAY, SUITE 100 - SACRAMENTO, CA 95833	27-0419836	501(C)(3)	601,717.	0.			QUALITY IMPROVEMENT PROGRAM FOR NURSING HOMES; EDUCATING CA HEALTH CARE PROVIDERS
THE COMMONWEALTH CLUB OF CALIFORNIA - 555 POST STREET - SAN FRANCISCO, CA 94102	94-0399260	501(C)(3)	15,000.	0.			DISTINGUISHED CITIZEN GALA, 2017
COMMUNITY CLINIC ASSOCIATION OF LOS ANGELES COUNTY - 700 S. FLOWER ST, SUITE 3150 - LOS ANGELES, CA 90017	95-4576023	501(C)(3)	13,500.	0.			PROGRAM CONSULTATION OPPORTUNITY (CCALAC); MODELS FOR ADVANCING HIGH PERFORMANCE; ANNUAL

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY HEALTH CENTER NETWORK 101 CALLAN AVE., STE 300 SAN LEANDRO, CA 94577	94-3253662	501(C)(3)	21,500.	0.			FEASIBILITY STUDY OF DELEGATING MENTAL HEALTH BENEFITS TO A CLINIC MSO; 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
MATERNAL MENTAL HEALTH NOW 833 AMOROSO PLACE VENICE, CA 90291	95-4302046	501(C)(3)	29,800.	0.			EVALUATION AND QUALITY IMPROVEMENT SUPPORT FOR A PILOT TO IMPLEMENT COLLABORATIVE MATERNAL
COMMUNITY NETWORK FOR APPROPRIATE TECHNOLOGIES - 906 SILVA AVENUE - SACRAMENTO, CA 95814	94-2515452	501(C)(3)	24,000.	0.			ADVANCE CARE PLANNING PILOT FOR PEOPLE WITH SERIOUS MENTAL ILLNESS IN SONOMA COUNTY
CONSUMER REPORTS INC. 101 TRUMAN AVENUE YONKERS, NY 10703-1057	13-1776434	501(C)(3)	197,507.	0.			CONSUMER REPORTS PHASE 1: ENGAGING CONSUMERS, HOSPITALS, AND THE MEDIA 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 LEXINGTON, KY 40511	36-6000818	501(C)(3)	15,000.	0.			'STEPPING UP' CALIFORNIA STATE SUMMIT
CSWEETENER 655 REDWOOD HWY, SUITE 360 MILL VALLEY, CA 94941	81-2732188	501(C)(3)	10,000.	0.			INNOVATION FUND ADVISORY COMMITTEE GRANT: GENERAL SUPPORT

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

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

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

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HEALTH EVOLUTION SERVICES ONE LETTERMAN DR., BLDG. D, SUITE SAN FRANCISCO, CA 94129	90-0869370		38,000.	0.			HEP SUMMIT 2017
HEALTH IMPROVEMENT PARTNERSHIP OF SANTA CRUZ COUNTY - 1800 GREEN HILLS ROAD, SUITE 100 - SCOTTS VALLEY, CA 95066	01-0826156	501(C)(3)	7,980.	0.			PROGRAM CONSULTATION OPPORTUNITY (HIPSCC)
HEALTH MANAGEMENT ASSOCIATES 120 N. WASHINGTON SQ., SUITE 705 LANSING, MI 48933	38-2599727		34,112.	0.			MEDI-CAL BENEFITS REVIEW; HEALTH PLAN WHITE PAPER #2: THE CASE FOR STREAMLINING ACCESS TO
HEALTH SCIENCES HIGH SCHOOL AND MIDDLE COLLEGE - 3910 UNIVERSITY AVENUE, SUITE 100 - SAN DIEGO, CA 92105	20-5886784	501(C)(3)	10,000.	0.			PROMOTING MINORITY AND LOWER SOCIO-ECONOMIC STUDENTS IN PURSUIT OF HEALTH CARE CAREERS
HEALTH PLAN OF SAN JOAQUIN 7751 SOUTH MANTHEY ROAD FRENCH CAMP, CA 95231	68-0355833	HPSJ	75,000.	0.			CARE INTEGRATION FOR OPIOID-DEPENDENT FREQUENT EMERGENCY DEPARTMENT USERS (IMPLEMENTATION
HEALTH TECHNOLOGY FORUM 46 LAPIDGE STREET SAN FRANCISCO, CA 94110	46-2325626		7,500.	0.			SPONSORSHIP OF 2016 HEALTH TECH FORUM INNOVATION CONFERENCE
HEALTHRIGHT 360 1735 MISSION STREET SAN FRANCISCO, CA 94103	94-6129071	501(C)(3)	6,096.	0.			COACHING SUPPORT TO BETTER INTEGRATE BEHAVIORAL HEALTH AND PRIMARY CARE; MODELS FOR
HISPANICS IN PHILANTHROPY 414 13TH STREET, SUITE 200 OAKLAND, CA 94612	94-3040607	501(C)(3)	15,000.	0.			2017 MEMBERSHIP; LEADERSHIP CONFERENCE & GALA, 2017
HOMELESS PRENATAL PROGRAM, INC. 2500 18TH STREET SAN FRANCISCO, CA 94110	94-3146280	501(C)(3)	15,000.	0.			EVENTS, 2016, INCLUDING OUR HOUSE BENEFIT AND ANNUAL LUNCHEON; OUR HOUSE GALA, 2017

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

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

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

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2020 MOM 27101 ISLAND VIEW CT. VALENCIA, CA 91355	45-5009704	501(C)(3)	20,000.	0.			CALIFORNIA MATERNAL MENTAL HEALTH TASK FORCE-SUPPORT FOR REPORT PRODUCTION AND
MPULSE 16530 VENTURA BOULEVARD, SUITE 500 ENCINO, CA 91436	47-1633761		15,000.	0.			TECHNICAL IMPLEMENTATION AND EVALUATION
NATIONAL ACADEMY OF SCIENCES 500 5TH STREET NW WASHINGTON, DC 20001	53-0196932	501(C)(3)	70,000.	0.			VITAL DIRECTIONS IN HEALTH AND HEALTH CARE; INTEGRATING HEALTH 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 NEW YORK, NY 10016	01-0963657	501(C)(3)	8,000.	0.			LOS ANGELES CHAMPIONS OF HEALTH AWARDS, 2016
NATIONAL BUSINESS GROUP ON HEALTH 20 F STREET, NW, SUITE 200 WASHINGTON, DC 20001	52-1147591	501(C)(3)	7,500.	0.			2017 MEMBERSHIP
NATIONAL CENTER FOR YOUTH LAW 405 14TH STREET, 15TH FLOOR OAKLAND, CA 94612	94-2506933	501(C)(3)	6,000.	0.			LEGAL CONSULTATION FOR PUBLIC SUBSTANCE USE DISORDER TREATMENT FOR YOUTH
NATIONAL OPINION RESEARCH CENTER 4350 EAST-WEST HIGHWAY, SUITE 800 BETHESDA, MD 20814	36-2167808	501(C)(3)	149,485.	0.			EMPLOYER BENEFITS IN CALIFORNIA, 2016
NATIONAL PARTNERSHIP FOR WOMEN AND FAMILIES - 1875 CONNECTICUT AVENUE NW, SUITE 650 - WASHINGTON, DC 20009	23-7124915	501(C)(3)	526,084.	0.			LISTENING TO MOTHERS IN CALIFORNIA SURVEY

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

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

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
POLITICAL SOLUTIONS LLC 1414 K ST., SUITE 400 SACRAMENTO, CA 95814	73-1688531		48,000.	0.			COMMUNITY PARAMEDICINE BUSINESS & POLITICAL LANDSCAPE REPORT; ASSISTANCE WITH
PRICEWATERHOUSECOOPERS 300 MADISON AVE. NEW YORK, NY 10017	13-4008324		44,685.	0.			INCOMPLETE REFORM IN INSURANCE MARKETS
PROJECT OPEN HAND 730 POLK STREET SAN FRANCISCO, CA 94109	94-3023551	501(C)(3)	8,000.	0.			TASTE OF THE CITY GALA ON MAY 5, 2016; TASTE OF THE CITY GALA, 2017
CENTER FOR CONNECTED HEALTH POLICY 555 12TH STREET, 10TH FL. OAKLAND, CA 94607	94-1646278	501(C)(3)	854,063.	0.			POLICY COMPONENT-VDOT FOR TB; COUNTY DATA STORYTELLING TOOL: PILOT PHASE; ELECTRONIC CONSULT
PUBLIC POLICY INSTITUTE OF CALIFORNIA - 500 WASHINGTON STREET, SUITE 600 - SAN FRANCISCO, CA 94111	94-3207299	501(C)(3)	10,000.	0.			2017 PPIC SPEAKERS SERIES 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. 5005 E. BELMONT AVE. FRESNO, CA 93727	94-2472322	501(C)(3)	50,000.	0.			ENGAGING LATINO HEALTH CONSUMERS
RAND CORPORATION 1776 MAIN STREET, M4W SANTA MONICA, CA 90407-2138	95-1958142	501(C)(3)	63,699.	0.			EVALUATION OF MAVEN PROJECT; MODELING IMPACTS ON CALIFORNIA OF PROPOSALS TO REPEAL AND
REDWOOD COMMUNITY HEALTH COALITION 1310 REDWOOD WAY, SUITE 135 PETALUMA, CA 94954	94-3220029	501(C)(3)	19,996.	0.			A MEDICARE SHARED SAVINGS PROGRAM ACO IN THE SAFETY NET

Schedule I (Form 990)

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

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

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SAN DIEGO FAMILY CARE 6973 LINDA VISTA ROAD SAN DIEGO, CA 92111	95-2700856	501(C)(3)	16,000.	0.			TO SUPPORT DELIVERY OF HIGH-QUALITY MEDICAL CARE AND MENTAL HEALTH SERVICES; MODELS FOR
SAN DIEGO STATE UNIVERSITY RESEARCH FOUNDATION - 5250 CAMPINILE DR. - SAN DIEGO, CA 92182-1931	65-6042721	501(C)(3)	124,000.	0.			HEALTH CARE POLICY REPORTING, 2017
SAN DIEGO HEALTH CONNECT 5575 RUFFIN ROAD, SUITE 225 SAN DIEGO, CA 92123	46-0550661	501(C)(3)	350,075.	0.			POLST EREGISTRY PILOT PROJECT - SAN DIEGO HEALTH CONNECT
SAN FRANCISCO GENERAL HOSPITAL FOUNDATION - 2789 25TH STREET, SUITE 2028 - SAN FRANCISCO, CA 94110	94-3189424	501(C)(3)	12,500.	0.			CENTER FOR VULNERABLE POPULATIONS; HEROES & HEARTS, 2017
SAN FRANCISCO PUBLIC HEALTH FOUNDATION - 1855 FOLSOM ST., #520 - SAN FRANCISCO, CA 94103	94-3117093	501(C)(3)	256,875.	0.			PROGRAM CONSULTATION OPPORTUNITY (SFDPH); SUPPORT FOR TRANSITIONS CLINIC NETWORK (TCN)
SAN MATEO HEALTH COMMISSION ORGANIZED HEALTH SYSTEM - 701 GATEWAY BLVD., SUITE 40 - SOUTH SAN FRANCISCO, CA 94080	94-3020555	HEALTH PLAN OF S	145,000.	0.			IMPACT EVALUATION OF LANDMARK HEALTH SERVICES AT THE HEALTH PLAN OF SAN MATEO
SAN FRANCISCO COMMUNITY CLINIC CONSORTIUM - 2720 TAYLOR ST, SUITE 430 - SAN FRANCISCO, CA 94133	94-2897258	501(C)(3)	23,500.	0.			PROGRAM CONSULTATION OPPORTUNITY (SFCCC); MODELS FOR ADVANCING HIGH PERFORMANCE; CEO SEARCH
SCOTT & COMPANY 687 GREAT MOOSE DRIVE HARTLAND, ME 04943	45-0484458		101,794.	0.			PALLIATIVE CARE INVESTMENT STRATEGY: RESOLUTION CARE; THE MEDICAID MARKET
SIERRA NEVADA MEMORIAL HOSPITAL FOUNDATION - P.O. BOX 1810 - GRASS VALLEY, CA 95945-1810	68-0005939	501(C)(3)	28,560.	0.			TELEMEDICINE FOR RURAL PALLIATIVE CARE

Schedule I (Form 990)

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

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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; MAINTENANCE
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)

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

Schedule I (Form 990)

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

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

Schedule I (Form 990)

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of 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.		
CALIFORNIA HEALTH PLANS AND INSURERS, 2016 EDITION	1	47,300.	0.		
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:

BOTH GRANTS AND CONTRACTS FOR WORK WITH A CHARITABLE PURPOSE ARE TREATED AS

GRANTS FOR THE PURPOSE OF FORM 990. A CONTRACT OR AWARD LETTER IS ISSUED,

AS APPROPRIATE, AND INCLUDES THE PURPOSE OF THE GRANT, THE SCOPE OF WORK

(IF APPLICABLE), A SCHEDULE OF DELIVERABLES, A SCHEDULE OF PAYMENTS AND THE

REQUIREMENTS TO BE MET FOR THOSE PAYMENTS. WHEN GRANT DELIVERABLES ARE

RECEIVED, THEY ARE REVIEWED BY STAFF WHO ARE RESPONSIBLE FOR DETERMINING IF

THE DELIVERABLES MEET THE EXPECTATIONS OF THE GRANT. DELIVERABLES INCLUDE

FINANCIAL REPORTS AND/OR INVOICES WHICH ARE REVIEWED AGAINST THE ORIGINAL

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
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.		
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)

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
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)

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
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 COMMONS	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)

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

Part IV Supplemental Information

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

Part IV Supplemental Information

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

Part IV Supplemental Information

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

Part IV Supplemental Information

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

Part IV Supplemental Information

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

Part IV Supplemental Information

(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

Part IV Supplemental Information

"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

Part IV Supplemental Information

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

Part IV Supplemental Information

(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.

Part IV Supplemental Information

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

Part IV Supplemental Information

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

Part IV Supplemental Information

(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

Part IV Supplemental Information

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

Part IV Supplemental Information

(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 J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2016

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

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
CALIFORNIA HEALTHCARE FOUNDATION

Employer identification number
95-4523231

Part I Questions Regarding Compensation

- 1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.
- | | |
|--|---|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as, maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

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

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

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

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

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

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

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

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

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

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

Schedule J (Form 990) 2016

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.

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

Part III Supplemental Information

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

PART I, LINE 4A:

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

Part III Supplemental Information

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

EMPLOYEE CONTRIBUTIONS.

FIGURES REPORTED IN THIS COLUMN ARE THE 401(K) MATCH AND EMPLOYER

CONTRIBUTIONS ONLY.

PART II COLUMN (D), NONTAXABLE BENEFITS:

FIGURES REPORTED IN THIS COLUMN INCLUDE HEALTH AND WELFARE BENEFITS, AS

WELL AS A MODEST CELL PHONE ALLOWANCE.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2016

Open to Public
Inspection

Name of the organization

CALIFORNIA HEALTHCARE FOUNDATION

Employer identification number

95-4523231

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

CHILDREN, AND UPDATING ACA411 (AN INTERACTIVE, ONLINE TOOL THAT TRACKS

CHANGES IN HEALTH INSURANCE COVERAGE, ACCESS TO HEALTH CARE SERVICES

AND AFFORDABILITY).

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

ISSUE ANALYSIS ON TOPICS OF INTEREST TO KEY AUDIENCES.

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

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

THE IMPACT OF OUR GRANT MAKING:

(1) THE HEALTH INNOVATION FUND MAKES BOTH GRANTS AND PROGRAM-RELATED

INVESTMENTS TO SUPPORT ENTREPRENEURS WHO ARE DEVELOPING LOW-COST

SOLUTIONS TO IMPROVE CARE IN THE SAFETY NET.

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

IMPROVEMENT NETWORK INVEST IN LEADERS THROUGH TRAINING, DEVELOPMENT,

AND NETWORKING TO HELP THEM TRANSFORM THE HEALTH CARE SYSTEM.

(3) EXTERNAL ENGAGEMENT USES POLICY CONVENINGS, RESEARCH AND ANALYSIS,

AND STRATEGIC COMMUNICATIONS TO SUPPORT THE PROGRAMMATIC WORK OF THE

FOUNDATION.

EXPENSES \$ 13,352,730. INCL GRANTS OF \$ 6,415,559. REVENUE \$ 707,599.

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

THE FORM 990 IS PREPARED BY THE STAFF OF THE FOUNDATION IN COORDINATION

WITH A PUBLIC ACCOUNTING FIRM. PRIOR TO FILING THE RETURN, IT IS REVIEWED

IN DETAIL BY THE BOARD'S AUDIT COMMITTEE AND THEN REVIEWED WITH AND

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

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

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

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

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
- ▶ Attach to Form 990.
- ▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

Open to Public Inspection

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

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
OAC PROPERTIES, LLC 1438 WEBSTER STREET, SUITE 400 OAKLAND, CA 94612	RENTAL PROPERTY	CALIFORNIA	965,781.	36,915,376.	CALIFORNIA HEALTHCARE FOUNDATION

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

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

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

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

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

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

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

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

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) MAKENA LIQUID ENDOWMENT B ASSOCIATES, LP	A	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	B	16,225,000	CASH
(6) MAKENA FIXED INCOME FUND, LP	F	183,920	CASH

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.	CASH
(8)			
(9)			
(10)			
(11)			
(12)			
(13)			
(14)			
(15)			
(16)			
(17)			
(18)			
(19)			
(20)			
(21)			
(22)			
(23)			
(24)			

