

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

▶ Do not enter social security numbers on this form as it may be made public.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**A For the 2017 calendar year, or tax year beginning** APR 1, 2017 **and ending** MAR 31, 2018

<b>B</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	<b>C Name of organization</b> CALIFORNIA HEALTHCARE FOUNDATION  <b>Doing business as</b> 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	<b>D Employer identification number</b> 95-4523231  <b>E Telephone number</b> 510-238-1040
<b>F Name and address of principal officer:</b> CRAIG ZIEGLER SAME AS C ABOVE		<b>G Gross receipts \$</b> 136,289,091.
<b>I Tax-exempt status:</b> <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		<b>H(a) Is this a group return for subordinates?</b> ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b) Are all subordinates included?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
<b>J Website:</b> WWW.CHCF.ORG		<b>H(c) Group exemption number</b> ▶
<b>K Form of organization:</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L Year of formation:</b> 1995 <b>M State of legal domicile:</b> CA

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: TO SUPPORT MEANINGFUL, MEASURABLE IMPROVEMENTS IN HEALTH CARE FOR ALL CALIFORNIANS.  <b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.  <b>3</b> Number of voting members of the governing body (Part VI, line 1a) ..... <b>3</b> 11 <b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) ..... <b>4</b> 10 <b>5</b> Total number of individuals employed in calendar year 2017 (Part V, line 2a) ..... <b>5</b> 56 <b>6</b> Total number of volunteers (estimate if necessary) ..... <b>6</b> 0 <b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 ..... <b>7a</b> 1,810,308. <b>7b</b> Net unrelated business taxable income from Form 990-T, line 34 ..... <b>7b</b> 1,536,712.																									
<b>Revenue</b>	<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><b>8</b> 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><b>9</b> Program service revenue (Part VIII, line 2g) .....</td> <td style="text-align: right;">707,599.</td> <td style="text-align: right;">863,559.</td> </tr> <tr> <td><b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) .....</td> <td style="text-align: right;">15,010,673.</td> <td style="text-align: right;">14,011,461.</td> </tr> <tr> <td><b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) .....</td> <td style="text-align: right;">972,225.</td> <td style="text-align: right;">1,038,780.</td> </tr> <tr> <td><b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .....</td> <td style="text-align: right;">16,690,497.</td> <td style="text-align: right;">15,913,800.</td> </tr> </tbody> </table>		Prior Year	Current Year	<b>8</b> Contributions and grants (Part VIII, line 1h) .....	0.	0.	<b>9</b> Program service revenue (Part VIII, line 2g) .....	707,599.	863,559.	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) .....	15,010,673.	14,011,461.	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) .....	972,225.	1,038,780.	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .....	16,690,497.	15,913,800.							
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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.

<b>Sign Here</b>	Signature of officer CRAIG ZIEGLER, VP FINANCE, ADMIN / INVESTS / TREAS Type or print name and title	Date
<b>Paid Preparer Use Only</b>	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

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 \$ 8,828,747. including grants of \$ 7,831,106.) (Revenue \$ 0.)
IMPROVING ACCESS: CHCF WORKS TO ADVANCE STATE POLICY REFORMS AND DELIVERY SYSTEM TRANSFORMATION TO IMPROVE COVERAGE AND CARE. THIS WORK INCLUDES: 1) ACCESS TO AFFORDABLE COVERAGE: CHCF HELPS TO ADVANCE STATE POLICIES AND PRACTICES THAT ENSURE THAT ALL LOW-INCOME CALIFORNIANS HAVE AFFORDABLE COVERAGE AND THAT MEDI-CAL ENROLLEES CAN GET THE CARE THEY NEED, WHEN THEY NEED IT. 2) SAFETY-NET CAPACITY: CHCF FOSTERS DELIVERY SYSTEM TRANSFORMATION AND WORKFORCE SOLUTIONS THAT EXPAND THE CAPACITY OF SAFETY-NET ORGANIZATIONS TO PROVIDE TIMELY, HIGH-QUALITY, AND PATIENT-CENTERED CARE TO LOW-INCOME CALIFORNIANS.

4b (Code: ) (Expenses \$ 9,022,368. including grants of \$ 7,769,735.) (Revenue \$ 0.)
HIGH-VALUE CARE: CHCF WORKS TO IMPROVE OUTCOMES FOR POPULATIONS RECEIVING UNWANTED, INEFFECTIVE, AND UNNECESSARY CARE. THIS WORK INCLUDES: 1) CARE FOR PEOPLE WITH COMPLEX NEEDS: CHCF DEVELOPS, EVALUATES, AND SPREADS EFFECTIVE MODELS THAT IMPROVE CARE OUTCOMES FOR LOW-INCOME PEOPLE WITH COMPLEX NEEDS, PARTICULARLY THOSE SERVED BY BOTH THE MEDICAL AND BEHAVIORAL HEALTH SYSTEMS. 2) MATERNITY CARE: CHCF WORKS TO IMPROVE QUALITY AND LOWER COSTS OF MATERNITY CARE IN CALIFORNIA, ESPECIALLY FOR LOW-INCOME WOMEN, BY ENSURING APPROPRIATE CARE AND REDUCING DISPARITIES IN OUTCOMES. 3) SERIOUS ILLNESS AND END-OF-LIFE CARE: CHCF AIMS TO EXPAND STATEWIDE PALLIATIVE CARE CAPACITY BY 20% AND TO UNDERSTAND THE END-OF-LIFE EXPERIENCES AND OUTCOMES OF LOW-INCOME CALIFORNIANS TO DRIVE IMPROVEMENTS IN THE SAFETY

4c (Code: ) (Expenses \$ 15,106,519. including grants of \$ 13,112,097.) (Revenue \$ 0.)
LAYING THE FOUNDATION: CHCF WORKS TO BUILD A STRONG FOUNDATION FOR DELIVERING MEANINGFUL CHANGE IN CALIFORNIA'S HEALTH CARE SYSTEM BY PROVIDING TIMELY RESEARCH, SUPPORTING HEALTH CARE JOURNALISM, TRAINING LEADERS, AND DEVELOPING CROSS-SECTOR NETWORKS. THIS WORK INCLUDES 1) MARKET ANALYSIS AND INSIGHT: CHCF PROVIDES RESEARCH AND ANALYSIS THAT GIVES A MARKET-WIDE VIEW OF THE COMPLEX HEALTH CARE ECOSYSTEM AND SUPPORTS INFORMED DECISIONS ABOUT CALIFORNIA'S HEALTH CARE MARKET. 2) SUPPORTING HIGH-QUALITY HEALTH JOURNALISM: CHCF SUPPORTS HEALTH CARE JOURNALISM SO CHCF'S AUDIENCES HAVE ACCESS TO TIMELY, RELEVANT INFORMATION ABOUT THE MOST PRESSING ISSUES RELATED TO THE HEALTH CARE AND POLICY LANDSCAPE. 3) BUILDING LEADERSHIP: CHCF SUPPORTS LEADERSHIP TRAINING AND SKILL-BUILDING FOR CALIFORNIA'S HEALTH CARE PROFESSIONALS

4d Other program services (Describe in Schedule O.)
(Expenses \$ 7,766,749. including grants of \$ 1,197,650.) (Revenue \$ 863,558.)

4e Total program service expenses 40,724,383.

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> 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
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? .....		X
<b>3</b> 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
<b>4 Section 501(c)(3) organizations.</b> 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> .....		
<b>5</b> 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
<b>6</b> 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
<b>7</b> 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
<b>8</b> 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
<b>9</b> 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
<b>10</b> 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
<b>11</b> 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.		
<b>a</b> 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>b</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	
<b>c</b> 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
<b>d</b> 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
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....		X
<b>f</b> 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	
<b>12a</b> 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>b</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	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....		X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? .....		X
<b>b</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	
<b>15</b> 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
<b>16</b> 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
<b>17</b> 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
<b>18</b> 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
<b>19</b> 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
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....		X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....		
<b>21</b> 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	
<b>22</b> 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	
<b>23</b> 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	
<b>24a</b> 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>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> 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>b</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
<b>26</b> 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
<b>27</b> 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
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>b</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
<b>c</b> 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
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>30</b> 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
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
<b>32</b> 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
<b>33</b> 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	
<b>34</b> 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	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....	X	
<b>b</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	
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		
<b>37</b> 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
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? .....		
<b>Note.</b> 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 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 1b Enter the number of voting members included in line 1a, above, who are independent; 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?; 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body?; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?; 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?; 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?; 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

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

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) AGUILAR-GAXIOLA, SERGIO BOARD MEMBER	3.00	X					33,000.	0.	0.	
(2) AUGUSTINOS, NICHOLAS BOARD MEMBER	3.00	X					29,000.	0.	0.	
(3) REYES, CAROLINA BOARD MEMBER (STARTING MAY 2017)	3.00	X					21,250.	0.	0.	
(4) ECHAVESTE, MARIA BOARD MEMBER	3.00	X					29,000.	0.	0.	
(5) GILBERT, BRADLEY BOARD MEMBER	3.00	X					35,000.	0.	0.	
(6) GROSS, DANIEL BOARD MEMBER	3.00	X					36,000.	0.	0.	
(7) HILL, ELIZABETH BOARD MEMBER	3.00	X					37,000.	0.	0.	
(8) JONES, MARC BOARD MEMBER	3.00	X					36,000.	0.	0.	
(9) LUBASH, BARBARA BOARD CHAIR	5.00	X					44,000.	0.	0.	
(10) WELTY, JOHN D BOARD MEMBER	3.00	X					35,000.	0.	0.	
(11) HERNANDEZ, SANDRA PRESIDENT & C.E.O	45.00	X		X			562,706.	0.	85,949.	
(12) ZIEGLER, CRAIG VP OF FIN, ADMIN & INVESTS/TREAS & SEC	45.00			X			356,441.	0.	84,302.	
(13) CURRIE, PETER SENIOR VP OF PROGRAMS (THRU 1/2/18)	45.00				X		299,948.	0.	79,710.	
(14) CARTER, KARA CHF IMPACT OFF (JAN-NOV) SVPP (BEG. DEC)	45.00				X		295,531.	0.	52,713.	
(15) SHEWRY, SANDRA VP EXTERNAL ENGAGEMENT	45.00					X	298,698.	0.	53,609.	
(16) BUCKLEY, MELISSA PROGRAM DIRECTOR OF INNOVATIONS	45.00					X	258,186.	0.	81,679.	
(17) PERRONE, CHRIS PROGRAM DIRECTOR OF IMPROVING ACCESS	45.00					X	243,085.	0.	59,790.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) PFEIFER, KELLY PROGRAM DIRECTOR OF HIGH VALUE CARE	45.00					X		262,938.	0.	49,941.
(19) SOUTHWICK, SUSAN DIRECTOR - IT	45.00					X		209,636.	0.	56,126.
<b>1b Sub-total</b>								3,122,419.	0.	603,819.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								3,122,419.	0.	603,819.

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 33

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

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
MAKENA CAPITAL MANAGEMENT, 2755 SAND HILL RD, SUITE 200, MENLO PARK, CA 94025	INVESTMENT MANAGEMENT	4,985,813.
OPEN IMPACT LLC, 345 LORTON AVE, SUITE 302, BURLINGAME, CA 94010	CONSULTING	301,210.
FORUM ONE COMMUNICATIONS, 15954 JACKSON CREEK PARKWAY, SUITE B, MONUMENT, CO 80132	WEBSITE HOSTING & REBUILD	260,818.
I.E., COMMUNICATIONS, 1212 PRESERVATION PARK WAY, SUITE 300, OAKLAND, CA 94612	CONSULTING	244,109.
WITT/KIEFER, INC., 2015 SPRING ROAD, SUITE 510, OAK BROOK, IL 60523	RECRUITMENT SERVICES	191,040.

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 7



**Part VIII Statement of Revenue**

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>				
	<b>b</b> Membership dues .....	<b>1b</b>				
	<b>c</b> Fundraising events .....	<b>1c</b>				
	<b>d</b> Related organizations .....	<b>1d</b>				
	<b>e</b> Government grants (contributions) .....	<b>1e</b>				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .....	<b>1f</b>				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$ .....					
	<b>h Total.</b> Add lines 1a-1f .....					
<b>Program Service Revenue</b>	<b>2 a</b> PRI INTEREST INCOME .....	<b>Business Code</b> 900099	863,559.	863,559.		
	<b>b</b> .....					
	<b>c</b> .....					
	<b>d</b> .....					
	<b>e</b> .....					
	<b>f</b> All other program service revenue .....					
	<b>g Total.</b> Add lines 2a-2f .....		863,559.			
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....		1,362,200.	-858,155.	2,220,355.	
	<b>4</b> Income from investment of tax-exempt bond proceeds .....					
	<b>5</b> Royalties .....		7,277.		7,277.	
	<b>6 a</b> Gross rents .....	(i) Real	2,090,277.			
		(ii) Personal				
		<b>b</b> Less: rental expenses .....	1,058,774.			
		<b>c</b> Rental income or (loss) .....	1,031,503.			
	<b>d</b> Net rental income or (loss) .....		1,031,503.		1,031,503.	
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	(i) Securities	2,668,463.	129,297,315.		
		(ii) Other				
		<b>b</b> Less: cost or other basis and sales expenses .....	0.	119,316,517.		
		<b>c</b> Gain or (loss) .....	2,668,463.	9,980,798.		
	<b>d</b> Net gain or (loss) .....		12,649,261.	2,668,463.	9,980,798.	
	<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....	<b>a</b>				
		<b>b</b> Less: direct expenses .....	<b>b</b>			
<b>c</b> Net income or (loss) from fundraising events .....						
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>a</b>					
	<b>b</b> Less: direct expenses .....	<b>b</b>				
	<b>c</b> Net income or (loss) from gaming activities .....					
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>a</b>					
	<b>b</b> Less: cost of goods sold .....	<b>b</b>				
	<b>c</b> Net income or (loss) from sales of inventory .....					
<b>Miscellaneous Revenue</b>		<b>Business Code</b>				
<b>11</b>	<b>a</b> .....					
	<b>b</b> .....					
	<b>c</b> .....					
	<b>d</b> All other revenue .....					
	<b>e Total.</b> Add lines 11a-11d .....					
<b>12 Total revenue.</b> See instructions. ....		15,913,800.	863,559.	1,810,308.	13,239,933.	

**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>	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	28,709,806.	28,709,806.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22	1,200,781.	1,200,781.		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	2,558,754.	1,076,682.	1,482,072.	
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	6,256,989.	5,122,160.	1,134,829.	
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	871,433.	709,845.	161,588.	
<b>9</b> Other employee benefits	1,040,435.	788,537.	251,898.	
<b>10</b> Payroll taxes	503,120.	391,855.	111,265.	
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management				
<b>b</b> Legal	97,090.	65,209.	31,881.	
<b>c</b> Accounting	76,105.		76,105.	
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees	5,302,998.		5,302,998.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	1,096,495.	138,664.	957,831.	
<b>12</b> Advertising and promotion				
<b>13</b> Office expenses	175,252.	146,135.	29,117.	
<b>14</b> Information technology	173,834.	137,911.	35,923.	
<b>15</b> Royalties				
<b>16</b> Occupancy	121,101.	95,912.	25,189.	
<b>17</b> Travel	261,210.	164,817.	96,393.	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings				
<b>20</b> Interest				
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	128,888.		128,888.	
<b>23</b> Insurance	110,400.	87,441.	22,959.	
<b>24</b> 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.)				
<b>a</b> PRI INTEREST DISCOUNT	947,860.	947,860.		
<b>b</b> DIRECT CHARITABLE (PRC)	701,400.	701,400.		
<b>c</b> UNRELATED BUS INC TAX	500,797.		500,797.	
<b>d</b> LIBRARY & INFO SERVICES	90,509.	88,397.	2,112.	
<b>e</b> All other expenses	195,822.	150,971.	44,851.	
<b>25</b> Total functional expenses. Add lines 1 through 24e	51,121,079.	40,724,383.	10,396,696.	0.
<b>26</b> 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
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	50,084.	<b>1</b>	18,521.
	<b>2</b> Savings and temporary cash investments .....	2,961,825.	<b>2</b>	2,889,148.
	<b>3</b> Pledges and grants receivable, net .....		<b>3</b>	
	<b>4</b> Accounts receivable, net .....	52,652.	<b>4</b>	72,822.
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		<b>5</b>	
	<b>6</b> 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 .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	534,188.	<b>9</b>	625,346.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 38,391,413.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 2,082,138.	35,762,470.	<b>10c</b> 36,309,275.
	<b>11</b> Investments - publicly traded securities .....	1,179,098.	<b>11</b>	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	721,010,926.	<b>12</b>	758,396,788.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....	6,735,207.	<b>13</b>	8,775,905.
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	1,160,737.	<b>15</b>	1,239,834.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	769,447,187.	<b>16</b>	808,327,639.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	1,408,400.	<b>17</b>	1,272,959.
	<b>18</b> Grants payable .....	14,609,128.	<b>18</b>	18,538,383.
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> 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 .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> 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 .....		<b>25</b>	
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	16,017,528.	<b>26</b>	19,811,342.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets .....	753,429,659.	<b>27</b>	788,516,297.
	<b>28</b> Temporarily restricted net assets .....		<b>28</b>	
	<b>29</b> Permanently restricted net assets .....		<b>29</b>	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds .....		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>	
<b>33</b> Total net assets or fund balances .....	753,429,659.	<b>33</b>	788,516,297.	
<b>34</b> Total liabilities and net assets/fund balances .....	769,447,187.	<b>34</b>	808,327,639.	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	15,913,800.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	51,121,079.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	-35,207,279.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	753,429,659.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	70,233,115.
<b>6</b>	Donated services and use of facilities	<b>6</b>	60,802.
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	0.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	788,516,297.

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	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.		
<b>2a</b>	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>b</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	
<b>c</b>	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	
<b>3a</b>	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>b</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** (2017)

**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2017**

**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 7/25/06, and not on a historic structure listed in the National Register .....	2d

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

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

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

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

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

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

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

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

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

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

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

(ii) Assets included in Form 990, Part X .....

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

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

b Assets included in Form 990, Part X .....

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	3,820,000.			3,820,000.
b Buildings	30,817,945.			30,817,945.
c Leasehold improvements	1,452,055.	24,605.	24,345.	1,452,315.
d Equipment		315,076.	242,186.	72,890.
e Other		1,961,732.	1,815,607.	146,125.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				36,309,275.

**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	87,441,987.	END-OF-YEAR MARKET VALUE
(B) MULTI-ASSET CLASS COMMINGLED FUNDS	585,807,833.	END-OF-YEAR MARKET VALUE
(C) FIXED INCOME FUNDS	47,274,526.	END-OF-YEAR MARKET VALUE
(D) GLOBAL EQUITY INDEXED EXCHANGE TRADED		
(E) FUND	37,872,442.	END-OF-YEAR MARKET VALUE
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	758,396,788.	

**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)		
<b>Total.</b> (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)	
<b>Total.</b> (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)	
<b>Total.</b> (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; don't file with Form 990)* .....  Yes  No
  
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)* .....  Yes  No
  
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* .....  Yes  No
  
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* .....  Yes  No
  
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* .....  Yes  No

**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.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

OMB No. 1545-0047

**2017**

**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.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
AVIA, LLC 111 EAST WACKER DRIVE, SUITE 300 CHICAGO, IL 60601	46-0825548		25,000.	0.			INNOVATION ENGAGEMENT WITH AVIA HEALTH
ACADEMYHEALTH 1666 K STREET NW, SUITE 1100 WASHINGTON, DC 20006	52-1260918	501(C)(3)	12,000.	0.			NATIONAL HEALTH POLICY CONFERENCE SPONSORSHIP 2018; 2018 MEMBERSHIP
ALAMEDA HEALTH SYSTEM FOUNDATION 350 FRANK OGAWA PLAZA, SUITE 900 OAKLAND, CA 94612	94-3103136	501(C)(3)	11,000.	0.			PUBLIC HOSPITAL LEARNING COMMUNITY (ALAMEDA); ANNUAL GALA, 2018
ALDEA INC 1546 1ST STREET NAPA, CA 94559	94-2159248	501(C)(3)	28,900.	0.			GENERAL OPERATING SUPPORT
AMERICAN MEDICAL SOCIETY OF ADDICTION MEDICINE - 11400 ROCKVILLE PIKE, SUITE 200 - ROCKVILLE, MD 20852	13-3177396	501(C)(3)	10,000.	0.			JOURNALISM TRAINING ON ADDICTION AND THE OPIOID EPIDEMIC: 2018
LEVITT CENTER 490 GRAND AVENUE, SUITE 120 OAKLAND, CA 94610	36-4622374	501(C)(3)	20,000.	0.			DATA COLLECTION OF HIGHLAND HOSPITAL EMERGENCY ROOM PATIENTS

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **148.**

**3** Enter total number of other organizations listed in the line 1 table **43.**

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

**Schedule I (Form 990) (2017)**

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
A THOUSAND JOYS 1313 W. 8TH STREET, SUITE 212 LOS ANGELES, CA 90017	20-5204911	501(C)(3)	10,000.	0.			INNOVATION FUND ADVISOR GRANT: INCREASING ACCESS TO HEALTH CARE THROUGH LOS ANGELES SCHOOLS
ATLANTIC 57 600 NEW HAMPSHIRE AVE., NW WASHINGTON, DC 20037	04-3483736		73,000.	0.			FUTURE HEALTH WORKFORCE CONTENT STRATEGY
BAILIT HEALTH PURCHASING, LLC 56 PICKERING STREET NEEDHAM, MA 02492	04-3340991		75,000.	0.			OPTIONS FOR MULTI-PURCHASER ALIGNMENT IN CALIFORNIA, BUILDING ON SMART CARE IN
B.A.Y.S. PO BOX 10096 SAN FRANCISCO, CA 94119	51-0647928	501(C)(3)	10,000.	0.			GENERAL SUPPORT
BLUEPATH HEALTH, INC. 929 SIR FRANCIS DRAKE BLVD., STE. KENTFIELD, CA 94904-1548	46-3484135		60,000.	0.			ECONSULT POLICY AND REIMBURSEMENT WORKGROUP
BLUE SKY CONSULTING GROUP 1939 HARRISON STREET, SUITE 211 OAKLAND, CA 94612	59-3810591		164,668.	0.			BEHAVIORAL HEALTH INTEGRATION POLICY RESEARCH
BUSINESS ADVANTAGE CONSULTING, INC. - 2377 GOLD MEADOW WAY, SUITE 100 - GOLD RIVER, CA 95670	20-2059145		17,068.	0.			FINALIZE AND DISSEMINATE CALOHII STATE HEALTH INFORMATION GUIDANCE
CALIFORNIA BUDGET & POLICY CENTER 1107 9TH STREET, SUITE 310 SACRAMENTO, CA 95814	68-0346784	501(C)(3)	10,000.	0.			2018 POLICY INSIGHTS CONFERENCE
CALIFORNIA FOOD POLICY ADVOCATES 1970 BROADWAY, STE. 760 OAKLAND, CA 94612	94-3163142	501(C)(3)	13,500.	0.			TESTING MESSAGES AND INFORMING POLICY: SUMMER-MONTHS SCHOOL-BASED NUTRITION

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 COVERAGE AND HEALTH INITIATIVES - 1107 9TH STREET, SUITE 601 - SACRAMENTO, CA 95814	47-4034471	501(C)(3)	10,000.	0.			NATIONAL NAVIGATOR ASSOCIATION ROUNDTABLE, 2017; 10TH ANNUAL CHAMPIONS FOR COVERAGE
CALIFORNIA PRIMARY CARE ASSOCIATION - 1231 I STREET, SUITE 400 - SACRAMENTO, CA 95814	94-3215565	501(C)(3)	10,000.	0.			ANNUAL CONFERENCE, 2017
CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES - 1501 CAPITOL AVENUE, PO BOX 997415, MS 1101 - SACRAMENTO, CA 95889-7415	68-0317191	CA DEPT HCS	545,300.	0.			MEDI-CAL SPECIALTY MENTAL HEALTH SERVICES: EVALUATION OF CHILDRENS FUNCTIONAL
CALIFORNIA HEALTH POLICY STRATEGIES - 580 RIVERGATE WAY - SACRAMENTO, CA 95831	81-1559868		159,811.	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)	284,664.	0.			PROGRAM CONSULTATION OPPORTUNITY (SNI); SAFETY NET INSTITUTE (SNI) SUPPORT FOR WHOLE PERSON
CALIFORNIA PAN-ETHNIC HEALTH NETWORK - 1221 PRESERVATION PARK WAY, STE. 200 - OAKLAND, CA 94612	94-3306223	501(C)(3)	72,662.	0.			MENTAL HEALTH DISPARITIES PROJECT: SUPPORT FOR IMPLEMENTATION OF AB 470; CPEHN CONFERENCE SUPPORT
CALIFORNIA PHYSICIANS ALLIANCE 1137 WILSHIRE BLVD. LOS ANGELES, CA 90017	94-3043086	501(C)(3)	25,000.	0.			CORE SUPPORT, 2017
CALIFORNIA SOCIETY OF ADDICTION MEDICINE - 575 MARKET STREET, SUITE 2125 - SAN FRANCISCO, CA 94105	23-7364605	501(C)(3)	5,064.	0.			EXPAND WEBINAR COVERAGE
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

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 SCHOOL-BASED HEALTH ALLIANCE - 1203 PRESERVATION PARK WAY, SUITE 302 - OAKLAND, CA 94612	94-3201896	501(C)(3)	35,000.	0.			CONFERENCE SUPPORT FOR CALIFORNIA SCHOOL-BASED HEALTH ALLIANCE/NATIONAL SCHOOL-BASED HEALTH
CALIFORNIA STATE UNIVERSITY, SACRAMENTO - 5015 SOLANO HALL - SACRAMENTO, CA 95819	68-0365325	CSUS	50,000.	0.			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)	149,500.	0.			HOSPITAL CARE MANAGEMENT FOR PEOPLE WITH COMPLEX NEEDS: TRAINING RESOURCES
CAMDEN COALITION OF HEALTHCARE PROVIDERS - 800 COOPER STREET, 7TH FLOOR - CAMDEN, NJ 08102	32-0332843	501(C)(3)	66,000.	0.			MAT-ED PROJECT LEADERSHIP.; PROJECT MANAGEMENT AND EVALUATION OF CARE INTEGRATION FOR
SAN DIEGO STATE UNIVERSITY CAMPANILE FOUNDATION - 5500 CAMPANILE DRIVE - SAN DIEGO, CA 92182-8030	33-0868418	501(C)(3)	20,000.	0.			SCHOLARSHIPS FOR UNDERGRADUATE AND GRADUATE STUDENTS FROM THE COLLEGE OF HEALTH AND
CAPITOL IMPACT, LLC 1107 9TH ST., STE. 500 SACRAMENTO, CA 95814	03-0539997		118,927.	0.			SUPPORT FOR 2017 CLSEI AND HEALTH CONFERENCE SCHOLARSHIP PROGRAM; SUPPORT FOR 2018 AND 2019
CAPITAL PUBLIC RADIO, INC. 7055 FOLSOM BLVD. SACRAMENTO, CA 95826-2625	68-0223271	501(C)(3)	242,544.	0.			SUPPORT FOR HEALTH CARE COVERAGE, 2018-19
CB INFORMATION SERVICES 498 7TH AVENUE, 17TH FLOOR NEW YORK, NY 10018	27-2416206		31,950.	0.			SUPPORT CB INSIGHTS FOR MARKET TRENDS AND DEVELOPMENTS
CENTER ON BUDGET AND POLICY PRIORITIES - 820 FIRST STREET, N.E., SUITE 510 - WASHINGTON, DC 20002	52-1234565	501(C)(3)	279,000.	0.			STATE ISSUE BRIEFS ON ACA REPEAL; DEFENDING MEDICAID COVERAGE GAINS

Schedule I (Form 990)



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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTER FOR EFFECTIVE PHILANTHROPY, INC. - 675 MASSACHUSETTS AVE., 7TH FLOOR - CAMBRIDGE, MA 02139	04-3523528	501(C)(3)	25,000.	0.			CORE SUPPORT TO THE CENTER FOR EFFECTIVE PHILANTHROPY, 2017
CENTER FOR EXCELLENCE IN HEALTH CARE JOURNALISM - 10 NEFF HALL MISSOURI SCHOOL OF JOURNALISM - COLUMBIA, MO 65211	41-1908032	501(C)(3)	40,000.	0.			SUPPORT FOR HEALTH JOURNALISM 2018
CENTER FOR HEALTH POLICY DEVELOPMENT (NASHP) - 10 FREE STREET, 2ND FLOOR - PORTLAND, ME 04101	52-1576801	501(C)(3)	35,000.	0.			ANNUAL CONFERENCE, 2017; SUPPORT FOR NASHP SURVEY OF STATE-BASED MARKETPLACES
SOCIAL INTEREST SOLUTIONS 1951 WEBSTER ST., 2ND FL. OAKLAND, CA 94612	59-3831966	501(C)(3)	9,481.	0.			UPDATE AND TRANSFER ENROLLMENT INFOGRAPHIC FROM CHCF TO SIS WEBSITE
THE CHILDREN'S PARTNERSHIP 811 WILSHIRE BOULEVARD, SUITE 1000 LOS ANGELES, CA 90017	46-4106389	501(C)(3)	173,333.	0.			SUPPORTING CONSUMER ADVOCATES TO IMPROVE ACCESS (TCP); CORE SUPPORT FOR THE
COALITION FOR COMPASSIONATE CARE OF CALIFORNIA - 1331 GARDEN HIGHWAY, SUITE 100 - SACRAMENTO, CA 95833	27-0419836	501(C)(3)	562,399.	0.			DEVELOPING STRATEGY AND MESSAGING TO DIVERSITY FUNDING SOURCES; UPDATING DECISION GUIDES ON
COMMUNITY HEALTH COUNCILS, INC. 3731 STOCKER STREET, SUITE 201 LOS ANGELES, CA 90008	95-4487664	501(C)(3)	17,000.	0.			2017 CALIFORNIA PARTNERSHIP FOR HEALTH CARE ADVOCATES STATEWIDE CONFERENCE; CONFERENCE
COMMUNICATIONS NETWORK 718 7TH STREET NW, 2ND FLOOR WASHINGTON, DC 20001	52-2114179	501(C)(3)	15,000.	0.			SUPPORT FOR COMNET 2017
CONTRA COSTA REGIONAL HEALTH FOUNDATION - 50 DOUGLAS DRIVE, SUITE 300 - MARTINEZ, CA 94553	20-0555977	501(C)(3)	6,000.	0.			PUBLIC HOSPITAL LEARNING COMMUNITY (CONTRA COSTA)

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COUNCIL ON FOUNDATIONS 2121 CRYSTAL DRIVE, SUITE 700 ARLINGTON, VA 22202-3706	13-6068327	501(C)(3)	31,000.	0.			HR SUMMIT, 2017; 2018 MEMBERSHIP
THE COUNCIL OF STATE GOVERNMENTS 1776 AVENUE OF THE STATES LEXINGTON, KY 40511	36-6000818	501(C)(3)	75,000.	0.			STEPPING UP INITIATIVE IMPLEMENTATION IN CALIFORNIA COUNTIES
SANTA CLARA VALLEY HEALTH AND HOSPITAL SYSTEM - P.O. BOX 5280 - SAN JOSE, CA 95150	94-6000533	SANTA CLARA COUN	6,000.	0.			PUBLIC HOSPITAL LEARNING COMMUNITY (SANTA CLARA)
CRISTOBAL CONSULTING 4544 FULTON STREET SAN FRANCISCO, CA 94121	81-1253558		7,370.	0.			PROJECT MANAGER FOR REGIONAL COALITIONS
DISTRICT HOSPITAL LEADERSHIP FORUM 950 GLENN DRIVE, SUITE 250 FOLSOM, CA 95630	27-5349262	501(C)(6)	249,000.	0.			SUPPORT FOR DISTRICT AND MUNICIPAL HOSPITALS FOR PRIME PERFORMANCE MEASUREMENT
DMA HEALTH STRATEGIES 9 MERIAM STREET, SUITE 4 LEXINGTON, MA 02420	04-2984036		15,000.	0.			ALMANAC REPORTS ON MENTAL HEALTH FACTS AND FIGURES AND SUBSTANCE USE DISORDER FACTS AND
EAST BAY COMMUNITY LAW CENTER 2921 ADELINE STREET BERKELEY, CA 94703	94-3042565	501(C)(3)	10,000.	0.			EAST BAY MEDICAL LEGAL PARTNERSHIP
EAST BAY COMMUNITY FOUNDATION 200 FRANK OGAWA PLAZA OAKLAND, CA 94612	94-6070996	501(C)(3)	50,000.	0.			BUILDING EAST BAY IMMIGRANT POWER FUND
EDGEWOOD CENTER FOR CHILDREN AND FAMILIES - 1801 VICENTE ST. - SAN FRANCISCO, CA 94116	94-1186168	501(C)(3)	10,000.	0.			BOARD DEVELOPMENT

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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 2017
FAMILY HEALTH CENTERS OF SAN DIEGO 823 GATEWAY CENTER WAY SAN DIEGO, CA 92102	95-2833205	501(C)(3)	15,000.	0.			TO SUPPORT DELIVERY OF HIGH-QUALITY MEDICAL CARE AND MENTAL HEALTH SERVICES
FARMWORKER JUSTICE FUND, INC. 1126 16TH STREET, N.W., SUITE 270 WASHINGTON, DC 20036	52-1196708	501(C)(3)	25,000.	0.			GENERAL SUPPORT
FORENSIC MENTAL HEALTH ASSOCIATION OF CALIFORNIA - 77 VAN NESS AVE. #101-1316 - SAN FRANCISCO, CA 94102	94-2780630	501(C)(3)	20,000.	0.			CONFERENCE SUPPORT: WORDS TO DEEDS XI
FOUNDATION CENTER 32 OLD SLIP, 24TH FLOOR NEW YORK, NY 10005	13-1837418	501(C)(3)	20,000.	0.			2018 MEMBERSHIP (\$12,500 FOR NATIONAL; \$7,500 FOR SF LEARNING CENTER
FRESH PRODUCERS 420 I STREET, SUITE 5 SACRAMENTO, CA 95814	20-8747234	501(C)(3)	10,000.	0.			TO TRAIN YOUTH TO BECOME HEALTH AND NUTRITION EDUCATORS AND ADVOCATES IN SACRAMENTO COUNTY
FSG 500 BOYLSTON STREET, SUITE 600 BOSTON, MA 02116	20-2776974	501(C)(3)	247,170.	0.			CONCEPT SKETCH FOR MARKET PRIMERS
GEORGETOWN UNIVERSITY 2233 WISCONSIN AVENUE NW, SUITE 52 WASHINGTON, DC 20007	53-0196603	501(C)(3)	73,652.	0.			PROTECTING THE INDIVIDUAL MARKET IN CALIFORNIA: ASSESSING THE RISK OF ALTERNATIVE COVERAGE
GRANTMAKERS FOR EFFECTIVE ORGANIZATIONS - 1725 DESALES STREET, NW, SUITE 404 - WASHINGTON, DC 20036	01-0669150	501(C)(3)	35,000.	0.			ANNUAL CONFERENCE, 2018; 2018 MEMBERSHIP

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GRANTMAKERS IN HEALTH 1100 CONNECTICUT AVENUE NW, SUITE WASHINGTON, DC 20036-4110	13-3206571	501(C)(3)	42,500.	0.			BOOK ON CONVERSION FOUNDATIONS; 2018 MEMBERSHIP
THE GREENLINING INSTITUTE 360 14TH STREET, 2ND FLOOR OAKLAND, CA 94612	94-3173571	501(C)(3)	10,000.	0.			ECONOMIC SUMMIT, 2017; ECONOMIC SUMMIT, 2018
GROWTH PHILANTHROPY NETWORK INC. 122 E. 42ND STREET, 17TH FLOOR NEW YORK, NY 10168	42-1625224	501(C)(3)	25,000.	0.			HEALTH SYSTEMS CHANGE INITIATIVE
PETER HARBAGE CONSULTING 1400 K STREET, SUITE 204 SACRAMENTO, CA 95814	26-2265256		365,376.	0.			HEALTH HOME PROGRAM MENTAL HEALTH INTEGRATION SUPPORT TO DHCS; DRUG MEDI-CAL ORGANIZED
HEALTH ASSESSMENT AND RESEARCH FOR COMMUNITIES INC. - 75080 FRANK SINATRA DRIVE, SUITE A221 - PALM DESERT, CA 92211-5202	20-5719074	501(C)(3)	20,000.	0.			TO SUPPORT RESEARCH USED TO INFORM AND IMPROVE COMMUNITY HEALTH AND WELL BEING IN THE COACHELLA
HEALTH ACCESS FOUNDATION 1127 11TH STREET, SUITE 234 SACRAMENTO, CA 95814	93-0957949	501(C)(3)	270,834.	0.			CORE SUPPORT: SUPPORTING CONSUMER ADVOCATES TO IMPROVE ACCESS AND AFFORDABILITY; CORE
HEALTH EDUCATION COUNCIL, ADVOCATES FOR HEALTH, ECONOMICS, AND DEVELOPMENT - 3950 INDUSTRIAL BOULEVARD, SUITE 600 - WEST	68-0249296	501(C)(3)	10,000.	0.			IMPLEMENTATION AND REPLICATION OF THE VENTANILLA DE SALUD MENTAL HEALTH INITIATIVE
HEALTHCARE INFORMATION AND MANAGEMENT SYSTEMS SOCIETY (HIMSS) - 6923 EAGLE WAY - CHICAGO, IL 60678-1692	36-3906745	501(C)(3)	25,000.	0.			SPONSORSHIP OF 2017 HEALTH 2.0 CONFERENCE; SUPPORT FOR HEALTH 2.0 API ACCESS SURVEY, 2017
HEALTHIDX, INC 100 KEYES ROAD, SUITE 204 CONCORD, MA 01742	47-3764634		25,000.	0.			CURES INTEROPERABILITY TECHNICAL ASSISTANCE

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HEALTH COMMUNICATION RESEARCH INSTITUTE - 5025 J STREET, SUITE 311 - SACRAMENTO, CA 95819	68-0195121	501(C)(3)	50,000.	0.			TO SUPPORT JOSHUA'S HOUSE, A HOSPICE FOR TERMINALLY ILL HOMELESS
HEALTH EVOLUTION SERVICES 50 FRANCISCO STREET, SUITE 203 SAN FRANCISCO, CA 94133	90-0869370		38,000.	0.			HEALTH EVOLUTION SUMMIT
HEALTHIMPACT P.O. BOX 70007 OAKLAND, CA 94612	82-0570413	501(C)(3)	249,904.	0.			IMPROVING CAPACITY FOR TEAM-BASED CARE: THE REGISTERED NURSING WORKFORCE IN PRIMARY CARE
HEALTH MANAGEMENT ASSOCIATES 120 N. WASHINGTON SQ., SUITE 705 LANSING, MI 48933	38-2599727		185,465.	0.			SUPPORTING DHCS IN DEVELOPING HEALTH PLAN SITE VISIT INFRASTRUCTURE AND CURRICULUM; ENSURING
HEALTH PLAN OF SAN JOAQUIN 7751 SOUTH MANTHEY ROAD FRENCH CAMP, CA 95231	68-0355833	HPSJ	80,000.	0.			INCREASING ACCESS TO PALLIATIVE CARE IN RURAL CALIFORNIA -- IMPLEMENTATION GRANT
HEALTHTECH CAPITAL MANAGEMENT 12133 FOOTHILL LANE LOS ALTOS HILLS, CA 94022	27-2398824		10,000.	0.			2018 MEMBERSHIP
HEALTHRIGHT 360 1735 MISSION STREET, NO 2050 SAN FRANCISCO, CA 94103	94-6129071	501(C)(3)	154,718.	0.			ACCELERATING MERGERS TO ADVANCE SCALE: TOOLS FOR SAFETY NET ORGANIZATIONS PHASE 1; HYSTERIA, 2018
KAISER FAMILY FOUNDATION 185 BERRY STREET, SUITE 2000 SAN FRANCISCO, CA 94107	94-6064808	501(C)(3)	3,169,148.	0.			2018-2019 CALIFORNIA HEALTHLINE (CHL)
HISPANICS IN PHILANTHROPY 414 13TH STREET, SUITE 200 OAKLAND, CA 94612	94-3040607	501(C)(3)	13,000.	0.			2018 MEMBERSHIP; LEADERSHIP CONFERENCE & HIPGIVER GALA, 2018

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HOSPICE SERVICES OF LAKE COUNTY 1862 PARALLEL DRIVE LAKEPORT, CA 95453	94-2678796	501(C)(3)	80,000.	0.			INCREASING ACCESS TO PALLIATIVE CARE IN RURAL CALIFORNIA -- IMPLEMENTATION GRANT
IDEO LP 150 FOREST AVENUE PALO ALTO, CA 94301	26-3362395		75,000.	0.			SUPPORT FOR MHSOAC INNOVATION WORK
I.E. COMMUNICATIONS, LLC 1212 PRESERVATION PARK WAY, SUITE OAKLAND, CA 94612	91-2082734		20,030.	0.			PHYSICIAN GROUP AND HEALTH SYSTEM LEADER CONVENINGS; OPIOID COALITION COMMUNICATIONS
INDEPENDENT SECTOR 1602 L STREET, NW, SUITE 900 WASHINGTON, DC 20036	52-1081024	501(C)(3)	12,500.	0.			2018 MEMBERSHIP
INSPIRE HEALTH SOLUTIONS 1687 PHEASANT DRIVE HERCULES, CA 94547	47-1656101		10,000.	0.			SCHOLARSHIPS FOR MINORITY WOMEN PROFESSIONALS NETWORKING CONFERENCE; MINORITY WOMEN
CPHC INSTITUTE FOR COMMUNITY HEALTH - 350 MAIN STREET, 5TH FLOOR - MALDEN, MA 02148	04-3543853	501(C)(3)	95,982.	0.			GIVING MORE THAN YOU GET? QUANTIFYING IMMIGRANTS' CONTRIBUTIONS AND EXPENDITURES TO PRIVATE
INSTITUTE FOR MEDICAID INNOVATION 1150 18TH STREET, NW, SUITE 1010 WASHINGTON, DC 20036	31-1661234	501(C)(3)	87,654.	0.			MATERNAL MENTAL HEALTH & MEDICAID MANAGED CARE: INNOVATION IN CALIFORNIA AND NATIONWIDE
INSURE THE UNINSURED PROJECT 1107 9TH STREET SANCRAMENTO, CA 95814	27-4159194	501(C)(3)	200,000.	0.			CORE SUPPORT: ADVANCING HEALTH IN CALIFORNIA, NO MATTER WHAT
INTEGRATED HEALTHCARE ASSOCIATION 500 12TH STREET, STE 300 OAKLAND, CA 94607	94-3211035	501(C)(6)	1,289,899.	0.			CORE SUPPORT: CREATING A COMMON AGENDA, ROUND 2; CALIFORNIA REGIONAL HEALTH CARE COST AND

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INTEGRATED HEALTHDATA SYSTEMS, INC. - 2205 N MEADOWS AVENUE - MANHATTAN BEACH, CA 90266	95-3825995		113,790.	0.			IMPACT OF SYSTEM MEMBERSHIP ON FINANCIAL HEALTH AND REFERRAL PATTERNS OF RURAL
JSI RESEARCH & TRAINING INSTITUTE, INC. - 44 FARNSWORTH STREET - BOSTON, MA 02210	04-2679824	501(C)(3)	99,997.	0.			EVALUATION OF L.A. CARE'S EMANAGEMENT PROGRAM
KECK GRADUATE INSTITUTE 535 WATSON DRIVE CLAREMONT, CA 91711	95-4625327	501(C)(3)	24,771.	0.			PHARMACY ACADEMIC DETAILING OF NALOXONE FOR OPIOID SAFETY
KERN MEDICAL CENTER 1115 TRUXTUN AVENUE, 5TH FLOOR BAKERSFIELD, CA 93301	95-6000925	KERN MED	6,000.	0.			PUBLIC HOSPITAL LEARNING COMMUNITY (KERN)
KQED 2601 MARIPOSA STREET SAN FRANCISCO, CA 94110-1400	94-1241309	501(C)(3)	257,500.	0.			2018-2019 SUPPORT FOR HEALTH REPORTING
LABORERS' COMMUNITY SERVICE & TRAINING FOUNDATION - 3271 18TH STREET - SAN FRANCISCO, CA 94110	26-1092178	501(C)(3)	35,000.	0.			POLL ON CLEAN ENERGY IN SF INCLUDING DATA ON IMPACT ON PUBLIC HEALTH (ASTHMA) IN PARTICULAR.
LA LUZ CENTER 17560 GREGER STREET SONOMA, CA 95476	68-0228235	501(C)(3)	15,000.	0.			GENERAL OPERATING SUPPORT
LATINO HEALTH ACCESS 450 W. 4TH STREET, SUITE 130 SANTA ANA, CA 92701	33-0562943	501(C)(3)	25,000.	0.			ANNUAL GALA, 2017
LATINO COMMUNITY FOUNDATION 235 MONTGOMERY STREET, SUITE 1160 SAN FRANCISCO, CA 94104	81-0564400	501(C)(3)	100,000.	0.			GUBERNATORIAL CANDIDATES FORUM

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LATINO PHYSICIANS OF CALIFORNIA 400 CAPITOL MALL, 22ND FL. SACRAMENTO, CA 95814	45-3502281	501(C)(3)	30,000.	0.			RECEPTION/DINNER, 2018
LEADING RESOURCES INC. 1812 J STREET, SUITE 2 SACRAMENTO, CA 95811	91-1762703		17,438.	0.			DHCS MANAGED CARE MH/SUD BOOT CAMP; DEVELOPING THE CURRICULUM FOR A "COVERED CA ACADEMY"
LEAVITT PARTNERS 299 S. MAIN ST., STE. 2300 SALT LAKE CITY, UT 84111	26-4546944		25,000.	0.			MEDICARE VANGUARD ROUNDTABLE AND BRIEF
LIFECOURSE STRATEGIES P.O. BOX 877 ORINDA, CA 94563	20-5638409		148,325.	0.			PROJECT MANAGER, PHASE II OF COMMUNITY-BASED PALLIATIVE CARE IN CALIFORNIA PUBLIC
COUNTY OF LOS ANGELES 500 W. TEMPLE STREET LOS ANGELES, CA 90012	95-6000927	LOS ANGELES COUN	6,000.	0.			PUBLIC HOSPITAL LEARNING COMMUNITY (HARBOR-UCLA)
LOS ANGELES BIOMEDICAL RESEARCH INSTITUTE AT HARBOR-UCLA MEDICAL CENTER - 1124 W. CARSON STREET, N14 - TORRANCE, CA 90502	95-2138184	501(C)(3)	64,684.	0.			IMPROVING END-OF-LIFE COMMUNICATIONS AND PRACTICES IN INTENSIVE CARE UNITS AT LOS ANGELES
LSN HEALTH STRATEGY, LLC 438 WEST GRAND AVENUE, #730 OAKLAND, CA 94612	81-2935056		25,000.	0.			"LA STRATEGY" SUBCOMMITTEE ON COVERING THE REMAINING UNINSURED
MANATT, PHELPS & PHILLIPS, LLP ONE EMBARCADERO CENTER, 29TH FLOOR SAN FRANCISCO, CA 94111	95-2375841		913,220.	0.			DEVELOPING RECOMMENDATIONS TO DRIVE GREATER VALUE THROUGH MEDI-CAL CAPITATION
MARJAREE MASON CENTER 1600 M STREET FRESNO, CA 93721	94-1156639	501(C)(3)	20,000.	0.			HEALTH CARE NEEDS ASSESSMENT OF DOMESTIC VIOLENCE VICTIMS

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MARCH OF DIMES 3699 WILSHIRE BLVD., SUITE 520 LOS ANGELES, CA 90010	13-1846366	501(C)(3)	10,000.	0.			"BECOMING A MOM" TRAINING
MATHEMATICA POLICY RESEARCH, INC. P.O. BOX 2393 PRINCETON, NJ 08543-2393	22-2112296		59,067.	0.			ADVANCING INTEGRATION OF PHYSICAL AND BEHAVIORAL HEALTH PROGRAMS IN CALIFORNIA'S SAFETY NET;
MEDICAL BOARD OF CALIFORNIA, CALIFORNIA DEPT OF CONSUMER AFFAIRS - 1625 N. MARKET BLVD S-103 - SACRAMENTO, CA 95834	68-0306572	MBC	75,000.	0.			LICENSED PHYSICIANS FROM MEXICO PILOT PROGRAM
MENTAL HEALTH DATA ALLIANCE, LLC 3473 WOODLEIGH LANE CAMERON PARK, CA 95682	46-2266723		15,000.	0.			MAPPING CALIFORNIA MENTAL HEALTH DATA SYSTEMS AND DATA WORKFLOW
MENTIS 709 FRANKLIN STREET NAPA, CA 94559	94-1236934	501(C)(3)	11,000.	0.			GENERAL OPERATING SUPPORT
MERCY HOUSING CALIFORNIA 1360 MISSION STREET, SUITE 300 SAN FRANCISCO, CA 94103	94-3081666	501(C)(3)	74,742.	0.			IN-HOUSE CASE MANAGEMENT SERVICES FOR SUPPORTIVE HOUSING
MEXICAN CULTURAL CENTER OF NORTHERN CALIFORNIA - PO BOX 161899 - SACRAMENTO, CA 95816	68-0295431	501(C)(3)	10,000.	0.			SCHOLARSHIPS TO TARGETED UNDER-SERVED STUDENTS SEEKING HEALTH-RELATED UNIVERSITY CAREERS
MILLIMAN USA 1301 FIFTH AVENUE, SUITE 3800 SEATTLE, WA 98101-2605	91-0675641		55,467.	0.			SINGLE-PAYER PRIMER FOR CALIFORNIA; DISSEMINATION OF SINGLE PAYER PAPER
MISSION INVESTORS EXCHANGE 107 SPRING STREET SEATTLE, WA 98104-1005	47-5593271	501(C)(3)	8,000.	0.			2017 MEMBERSHIP; 2018 FOUNDATION MEMBERSHIP

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2020 MOM 27101 ISLAND VIEW CT. VALENCIA, CA 91355	45-5009704	501(C)(3)	25,000.	0.			CORE SUPPORT FOR 2020 MOM (MATERNAL MENTAL HEALTH)
ICAHN SCHOOL OF MEDICINE AT MOUNT SINAI - 55 WEST 125TH STREET, SUITE 1302 - NEW YORK, NY 10027	13-6171197	501(C)(3)	23,500.	0.			CAPC MEMBERSHIPS FOR RURAL PALLIATIVE CARE GRANTEES; CONFERENCE SUPPORT: 2017 CAPC
NAMI CALIFORNIA 1851 HERITAGE WAY, SUITE 150 SACRAMENTO, CA 95815	94-2676057	501(C)(3)	10,000.	0.			ENGAGE YOUTH INTERESTED IN HEALTH CARE
NATIONAL HISPANIC HEALTH FOUNDATION - 1216 FIFTH AVE., STE. 457 - NEW YORK, NY 10029	26-0051902	501(C)(3)	10,000.	0.			CALIFORNIA REGIONAL POLICY FORUM, 2018
NATIONAL MEDICAL FELLOWSHIPS 347 FIFTH AVENUE, SUITE 510 NEW YORK, NY 10016	01-0963657	501(C)(3)	56,000.	0.			LOS ANGELES CHAMPIONS OF HEALTH AWARDS, 2017; FELLOWSHIPS AND AWARD
NATIONAL COMMITTEE FOR QUALITY ASSURANCE - 1100 13TH STREET NW, THIRD FLOOR - WASHINGTON, DC 20005	52-1191985	501(C)(3)	224,993.	0.			DEVELOPMENT OF QUALITY OF CARE MEASURES FOR PERINATAL DEPRESSION
NATIONAL OPINION RESEARCH CENTER 4350 EAST-WEST HIGHWAY, SUITE 800 BETHESDA, MD 20814	36-2167808	501(C)(3)	149,722.	0.			EMPLOYER BENEFITS SURVEY, 2017
NATIONAL PARTNERSHIP FOR WOMEN AND FAMILIES - 1875 CONNECTICUT AVENUE NW, SUITE 650 - WASHINGTON, DC 20009	23-7124915	501(C)(3)	38,000.	0.			LISTENING TO MOTHERS IN CALIFORNIA SURVEY
NATIVIDAD MEDICAL FOUNDATION PO BOX 4427 SALINAS, CA 93912	77-0194989	501(C)(3)	6,000.	0.			PUBLIC HOSPITAL LEARNING COMMUNITY (NATIVIDAD)

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NORTHERN CALIFORNIA GRANTMAKERS 160 SPEAR STREET, SUITE 360 SAN FRANCISCO, CA 94105	94-2761355	501(C)(3)	92,500.	0.			GENERAL SUPPORT; 2018 MEMBERSHIP; DISASTER RESILIENCE, RELIEF, AND RECOVERY PROGRAM
OLE HEALTH 1100 TRANCAS STREET, SUITE 300 NAPA, CA 94558	68-0149424	501(C)(3)	32,400.	0.			GENERAL OPERATING SUPPORT
ON THE MOVE 780 LINCOLN AVENUE NAPA, CA 94558	75-3149095	501(C)(3)	15,000.	0.			GENERAL OPERATING SUPPORT
OREGON HEALTH AND SCIENCE UNIVERSITY - 0690 SW BANCROFT STREET, MAILCODE L106SPA - PORTLAND, OR 97239	93-1176109	OHSU	60,000.	0.			CALIFORNIA POLST REGISTERED EVALUATION
ORS IMPACT 1100 OLIVE WAY, STE. 1350 SEATTLE, WA 98101	91-1588023		129,960.	0.			CALIFORNIA IMPROVEMENT NETWORK EVALUATION, PHASE 6
OUTREACH CARE NETWORK 4181 FLAT ROCK DRIVE, SUITE 200 RIVERSIDE, CA 92505	27-0971173		80,000.	0.			INCREASING ACCESS TO PALLIATIVE CARE IN RURAL CALIFORNIA -- IMPLEMENTATION GRANT
PACIFIC BUSINESS GROUP ON HEALTH 575 MARKET STREET, SUITE 600 SAN FRANCISCO, CA 94105	94-3093623	501(C)(3)	237,974.	0.			ADULT LEARNING THEORY TRAINING WORKSHOP; CREATING THE EMPLOYER BUSINESS CASE FOR
PACIFIC HEALTH CONSULTING GROUP 72 OAK KNOLL AVENUE SAN ANSELMO, CA 94960	68-0403180		220,557.	0.			CONSORTIA CAPACITY ANALYSIS; PROJECT EXPLORATION AND PLANNING; NAVIGATION, TIMELY
NEW AMERICA MEDIA 209 NINTH STREET, SUITE 200 SAN FRANCISCO, CA 94103	94-1709509	501(C)(3)	57,500.	0.			COMMUNITY COLLEGE DEPRESSION MEDIA CAMPAIGN; SPONSORSHIP OF NEW AMERICA MEDIA ETHNIC

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
PAPERCLIP MANAGEMENT SERVICES CORP 447 N. MILL VALLEY DR. MOUNTAIN HOUSE, CA 95391	45-3639888		35,000.	0.			IT CONSULTANT FOR POLST EREGISTRY PROJECT (IMPLEMENTATION PHASE); IT CONSULTING SUPPORT FOR
PARKS ASSOCIATES 5080 SPECTRUM DR., SUITE 1000W ADDISON, TX 75001	75-2411503		6,500.	0.			SUPPORT FOR 2017 CONNECTED HEALTH SUMMIT
PARKER DENNISON & ASSOCIATES, LTD. 8390 E. VIA DE VENTURA, F110-304 SCOTTSDALE, AZ 85258	84-1120302		50,000.	0.			SUPPORT FOR TRIBAL IMPLEMENTATION OF DRUG MEDI-CAL ORGANIZED DELIVERY SYSTEM
PDI SURGERY CENTER 1380 19TH HOLE DRIVE WINDSOR, CA 95492	34-2012430	501(C)(3)	15,000.	0.			GENERAL OPERATING SUPPORT
PERRYUNDEM RESEARCH & COMMUNICATIONS - 4800 HAMPDEN LANE, SUITE 200 PMB 228 - BETHESDA, MD 20814	46-1891050		195,150.	0.			UNDERSTANDING CALIFORNIANS' ATTITUDES ABOUT MEDI-CAL
PETALUMA HEALTH CENTER 1455 N. MCDOWELL BLVD., STE. D PETALUMA, CA 94954	68-0437840	501(C)(3)	29,000.	0.			GENERAL OPERATING SUPPORT
PEW CHARITABLE TRUSTS 901 E STREET NW WASHINGTON, DC 20004-2008	56-2307147	501(C)(3)	500,167.	0.			EMBEDDING EVIDENCE-BASED POLICYMAKING IN CALIFORNIA COUNTIES: RESULTS FIRST INITIATIVE
PILLSBURY WINTHROP SHAW PITTMAN LLP - P.O. BOX 2824 - SAN FRANCISCO, CA 94126	94-1311126		30,000.	0.			LEGAL CONTRACTING TOOLKIT FOR WHOLE PERSON CARE PROGRAM
PLANNED PARENTHOOD NORTHERN CALIFORNIA - 2185 PACHECO STREET - CONCORD, CA 94520	94-1575233	501(C)(3)	7,000.	0.			ANNUAL GALA, 2018

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HEALTH AFFAIRS 7500 OLD GEORGETOWN ROAD, SUITE 60 BETHESDA, MD 20814-6133	53-0242962	501(C)(3)	743,000.	0.			HEALTH AFFAIRS CALIFORNIA THEME ISSUE; HEALTH AFFAIRS PARTNERSHIP RENEWAL, 2018-19
PROJECT INFORM 273 NINTH STREET SAN FRANCISCO, CA 94103	94-3052723	501(C)(3)	10,000.	0.			RURAL NORTHERN CA OPIOID SUMMIT ON SEPTEMBER 18-19, 2017 IN SANTA ROSA, CA
PUBLIC HEALTH INSTITUTE 555 12TH STREET, 10TH FLOOR OAKLAND, CA 94607-4046	94-1646278	501(C)(3)	1,830,749.	0.			BUILDING THE HEALTH WORKFORCE IN CALIFORNIA: STRATEGIC PLAN; THE OPIOID SAFETY COALITIONS
PUBLIC POLICY INSTITUTE OF CALIFORNIA - 500 WASHINGTON STREET, SUITE 600 - SAN FRANCISCO, CA 94111	94-3207299	501(C)(3)	80,000.	0.			2018 PPIC SPEAKER SERIES ON CALIFORNIA'S FUTURE; MAKING THE 2020 CENSUS COUNT IN CALIFORNIA
PUERTAS ABIERTAS COMMUNITY RESOURCE CENTER - 952 NAPA STREET - NAPA, CA 94559	20-3126333	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
PYRAMID COMMUNICATIONS 1932 FIRST AVENUE, SUITE 507 SEATTLE, WA 98101	91-1652238		6,575.	0.			FACILITATION FOR MODELS FOR ADVANCING HIGH PERFORMANCE EXPERT ADVISORS MEETING
UNIVERSITY OF CALIFORNIA, SAN FRANCISCO - 500 PARNASSUS AVENUE - SAN FRANCISCO, CA 94143	94-6036493	501(C)(3)	4,070,693.	0.			IRHYTHM ZIO PATCH AT SFGH; CALIFORNIA HEALTH CARE LEADERSHIP PROGRAM RENEWAL: COHORTS 16 AND
UNIVERSITY OF CALIFORNIA, BERKELEY 200 CALIFORNIA HALL # 1500 BERKELEY, CA 94720	94-6002123	501(C)(3)	240,931.	0.			SURVEYING CALIFORNIANS ON BEHAVIORAL HEALTH AND ACA ISSUES; TOWARD UNIVERSAL COVERAGE: EXPANDING
UNIVERSITY OF CALIFORNIA, DAVIS ONE SHIELDS AVENUE DAVIS, CA 95616	94-6036494	501(C)(3)	47,371.	0.			COMMUNITY-BASED PALLIATIVE CARE IN CALIFORNIA SAFETY-NET SYSTEMS; PROFESSIONAL

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

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UNIVERSITY OF CALIFORNIA, LOS ANGELES - 405 HILGARD AVENUE - LOS ANGELES, CA 90095	95-6006143	501(C)(3)	741,000.	0.			MONITORING CALIFORNIANS' HEALTH, ACCESS & COVERAGE: THE CALIFORNIA HEALTH INTERVIEW SURVEY;
UNIVERSITY OF CALIFORNIA, IRVINE 510 ALDRICH HALL IRVINE, CA 92697	95-2226406	501(C)(3)	38,191.	0.			COMMUNITY-BASED PALLIATIVE CARE IN CALIFORNIA SAFETY-NET SYSTEMS; UC IRVINE HEALTH
UNIVERSITY OF MINNESOTA 200 OAK STREET SE, 450 MCNAMARA MINNEAPOLIS, MN 55455-2070	41-6007513	501(C)(3)	235,397.	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)	79,996.	0.			INCREASING ACCESS TO PALLIATIVE CARE IN RURAL CALIFORNIA -- IMPLEMENTATION GRANT
RIVERSIDE UNIVERSITY HEALTH SYSTEM FOUNDATION - 26520 CACTUS AVENUE - MORENO VALLEY, CA 92555-3927	33-0374018	501(C)(3)	6,000.	0.			PUBLIC HOSPITAL LEARNING COMMUNITY (RIVERSIDE)
ROCK HEALTH, INC. 455 MISSION BAY BOULEVARD, SUITE 1 SAN FRANCISCO, CA 94158	45-1204321	501(C)(3)	25,000.	0.			SPONSORSHIP ROCK HEALTH SUMMIT, 2017
RUBEN DELUNA CREATIVE 8812 SILVERARROW CIRCLE AUSTIN, TX 78759	81-1155969		36,000.	0.			C-SECTION VIDEOS
RUBICONMD 524 BROADWAY, 11TH FLOOR NEW YORK, NY 10012	46-3434920		60,000.	0.			RUBICONMD AND OCHIN EPIC INTEGRATION
SAN DIEGO FAMILY CARE 6973 LINDA VISTA ROAD SAN DIEGO, CA 92111	95-2700856	501(C)(3)	15,000.	0.			TO SUPPORT DELIVERY OF HIGH-QUALITY MEDICAL CARE AND MENTAL HEALTH SERVICES

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

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KPBS 5250 CAMPINILE DR. SAN DIEGO, CA 92182-1931	65-6042721	501(C)(3)	248,000.	0.			HEALTH CARE POLICY REPORTING, 2018-2019
SAN DIEGO HEALTH CONNECT 5575 RUFFIN ROAD, SUITE 225 SAN DIEGO, CA 92123	46-0550661	501(C)(3)	385,000.	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)	11,000.	0.			PUBLIC HOSPITAL LEARNING COMMUNITY (ZSFGH); INNOVATION FUND ADVISOR: GENERAL SUPPORT GRANT
SAN FRANCISCO PUBLIC HEALTH FOUNDATION - 375 LAGUNA HONDA BLVD., B303 - SAN FRANCISCO, CA 94116	94-3117093	501(C)(3)	50,000.	0.			UPGRADING SAN FRANCISCO PUBLIC HEALTH'S PRIMARY CARE CLINICS
SAN FRANCISCO STUDY CENTER 1663 MISSION STREET, SUITE 310 SAN FRANCISCO, CA 94103	94-2168838	501(C)(3)	98,000.	0.			BREAKING SILENCE ON DEPRESSION AT DELTA COLLEGE
SAN JOAQUIN GENERAL HOSPITAL 500 WEST HOSPITAL ROAD FRENCH CAMP, CA 95231	94-6000531	SJ GENERAL	6,000.	0.			PUBLIC HOSPITAL LEARNING COMMUNITY (SJGH)
SIERRA NEVADA MEMORIAL HOSPITAL FOUNDATION - P.O. BOX 1810 - GRASS VALLEY, CA 95945-1810	68-0005939	501(C)(3)	69,500.	0.			INCREASING ACCESS TO PALLIATIVE CARE IN RURAL CALIFORNIA -- IMPLEMENTATION GRANT
SMALL BUSINESS MAJORITY 4000 BRIDGEWAY, SUITE 101 SAUSALITO, CA 94965	03-0576666	501(C)(3)	125,000.	0.			COMBATting CONFUSION DURING OPEN ENROLLMENT; TOWARD UNIVERSAL COVERAGE: THE SMALL
SOCIAL ADVOCATES FOR YOUTH 2447 SUMMERFIELD ROAD SANTA ROSA, CA 95405	94-1711480	501(C)(3)	25,000.	0.			GENERAL OPERATING SUPPORT

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SOLVE ME/CFS INITIATIVE, INC. 5455 WILSHIRE BOULEVARD, SUITE 190 LOS ANGELES, CA 90036	56-1683450	501(C)(3)	50,000.	0.			FOR A PATIENT REGISTRY FOR THOSE IN CALIFORNIA WHO SUFFER WITH ME/CFS MYALGIC ENCEPHALOMYELITIS
SOUTHERN CALIFORNIA GRANTMAKERS 1000 N. ALAMEDA STREET, SUITE 230 LOS ANGELES, CA 90012	95-2831058	501(C)(3)	20,000.	0.			SOUTHERN CALIFORNIA GRANTMAKERS ANNUAL CONFERENCE, 2017; 2018 MEMBERSHIP
SOUTHERN CALIFORNIA PUBLIC RADIO 474 S RAMOND AVE PASADENA, CA 91105	95-4765734	501(C)(3)	315,725.	0.			SUPPORT FOR HEALTH CARE REPORTING, 2017
SANTA ROSA COMMUNITY HEALTH CENTERS - 3569 ROUND BARN CIRCLE - SANTA ROSA, CA 95403-5781	68-0365296	501(C)(3)	60,800.	0.			GENERAL OPERATING SUPPORT
STANFORD UNIVERSITY 450 SERRA MALL STANFORD, CA 94305	94-1156365	501(C)(3)	621,314.	0.			SUPPORTING TECHNICAL ASSISTANCE PRIME MATERNITY ACTIVITIES; CALIFORNIA MATERNAL DATA
STARTUP HEALTH 85 BROAD STREET, 29TH FLOOR NEW YORK, NY 10004	45-4362441		25,000.	0.			2018 STARTUP HEALTH FESTIVAL SPONSORSHIP
TIDES CENTER, DELIVERING INNOVATION IN SUPPORTING HOUSING - 232 EDDY STREET - SAN FRANCISCO, CA 94102	94-3213100	501(C)(3)	2,023,437.	0.			PLANNING GRANT: POPULATION HEALTH LEARNING NETWORK DEVELOPMENT; ADVANCING
TRAUMA FOUNDATION INC. 233 CAPTAIN NURSE CIRCLE NOVATTO, CA 94949	94-2708094	501(C)(3)	10,000.	0.			GENERAL SUPPORT OF THE TRAUMA CENTER
DARTMOUTH COLLEGE 11 ROPE FERRY ROAD, #6210 HANOVER, NH 03755-3863	02-0222111	501(C)(3)	149,900.	0.			MENTAL HEALTH CARE UNDER VALUE BASED PAYMENT IN CALIFORNIA

Schedule I (Form 990)



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UFW FOUNDATION 3002 WHITTIER BOULEVARD LOS ANGELES, CA 90023	95-2703575	501(C)(3)	10,000.	0.			TO SUPPORT FARMWORKERS AND WORKPLACE HEALTH
UNIVERSITY OF CALIFORNIA, SAN FRANCISCO FOUNDATION - BOX 0248 - SAN FRANCISCO, CA 94143	94-2829914	501(C)(3)	50,000.	0.			FRESNO LATINO CENTER FOR MEDICAL EDUCATION AND RESEARCH HEALTH PATHWAY PROGRAM
UNIVERSITY OF MIAMI PO BOX 248106 CORAL GABLES, FL 33124-2912	59-0624458	501(C)(3)	10,000.	0.			HEALTHCARE INNOVATION IN THE MEDICAID SPACE
UNIVERSITY OF SOUTHERN CALIFORNIA 3720 SOUTH FLOWER STREET, SUITE 32 LOS ANGELES, CA 90089-4019	95-1642394	501(C)(3)	228,898.	0.			A PILOT STUDY ON THE IMPACT OF UNSAFE PRESCRIBING PRACTICES; HEALTH DATA JOURNALISM
UNIVERSITY OF WASHINGTON 1410 NE CAMPUS PARKWAY SEATTLE, WA 98115-8160	91-6001537	501(C)(3)	81,682.	0.			BEHAVIORAL HEALTH CONSULTING PROJECT
THE URBAN INSTITUTE 2100 M STREET NW WASHINGTON, DC 20037	52-0880375	501(C)(3)	189,989.	0.			COUNTY REPORT CARDS: CALCULATING NUMBERS OF PEOPLE WITH OPIOID USE DISORDER FOR RURAL
VIRGINIA COMMONWEALTH UNIVERSITY 1101 E. MARSHALL ST, SANGER HALL, RICHMOND, VA 23298	54-6001758	VCU	175,937.	0.			EVALUATION OF PILOTING THE USE OF CONSENSUS STANDARDS IN PAYER-PROVIDER CONTRACTS
VISION Y COMPROMISO 10000 N. ALAMEDA STREET, SUITE 350 LOS ANGELES, CA 90012	32-0071651	501(C)(3)	25,000.	0.			ANNUAL CONFERENCE, 2017; TO SUPPORT COMMUNITY HEALTH WORKERS IN CALIFORNIA; VISION Y
PROJECT WE HOPE 1854 BAY ROAD EAST PALO ALTO, CA 94303	94-3342713	501(C)(3)	12,500.	0.			MOBILE SHOWER PROGRAM FOR HOMELESS IN NORTHERN CALIFORNIA

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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WEST COUNTY HEALTH CENTERS, INC. PO BOX 1449 GUERNEVILLE, CA 95446	23-7310613	501(C)(3)	17,000.	0.			GENERAL OPERATING SUPPORT
WESTERN CENTER ON LAW AND POVERTY 3701 WILSHIRE BOULEVARD, SUITE 208 LOS ANGELES, CA 90010-2809	95-2897721	501(C)(3)	216,667.	0.			IMPROVING ACCESS TO AFFORDABLE COVERAGE AND ENROLLMENT IN MEDI-CAL AND COVERED CALIFORNIA;
VALLEY PUBLIC RADIO, KVPR FM 89 2589 ALLUVIAL AVE. CLOVIS, CA 93611	94-2297746	501(C)(3)	206,000.	0.			SUPPORT FOR VALLEY PUBLIC RADIO, 2018-19
WYNNE HEALTH GROUP 300 NEW JERSEY AVE. NW, SUITE 900 WASHINGTON, DC 20001	46-1207295		180,000.	0.			NATIONAL HEALTH POLICY UPDATES
YOUNG INVINCIBLES 1411 K ST. NW STE. 400 WASHINGTON, DC 20005	46-2214021	501(C)(3)	23,490.	0.			EDUCATING YOUNG ADULTS ABOUT COVERED CALIFORNIA

**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
ACA REPEAL & REPLACE SHORT PAPER SERVICES: EHB ELIMINATION	1	6,500.	0.		
ACADEMIC DETAILING PILOT IN RURAL CALIFORNIA: OUTREACH TO HIGH PRESCRIBERS IN SHASTA COUNTY	4	10,500.	0.		
ALMANAC QUALITY METRICS: DEVELOPING AND UPDATING DATA SETS AND HIGH-LEVEL FINDINGS	1	43,500.	0.		
ASSESSMENT OF STATE REGULATORY AND OVERSIGHT BARRIERS TO THE ADOPTION AND USE OF E-CONSULT	1	12,000.	0.		
BUILDING NEW MAT ACCESS POINTS: PLANNING GRANT	1	25,000.	0.		

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

PART I, LINE 2:

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

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

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

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

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

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

THE DELIVERABLES MEET THE EXPECTATIONS OF THE GRANT. DELIVERABLES INCLUDE

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

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
CASE STUDY: SAN FRANCISCO "SOBERING CENTER" COMMUNITY PARAMEDICINE PROJECT	1.	11,974.	0.		
CHCF LEADERSHIP PROGRAM RESEARCH	1.	650.	0.		
CIN PHASE 6 DESIGN SUPPORT	1.	30,919.	0.		
CLINICAL AND TECHNICAL ASSISTANCE & CONSULTANT TO CALIFORNIA PUBLIC HOSPITAL PALLIATIVE CARE LEARNING COMMUNITY	1.	20,500.	0.		
COMMUNITY PARAMEDICINE PILOT PROJECT CONTINUATION	1.	65,000.	0.		
CONSULTATION ASSISTANCE FOR NETWORK MANAGER APPLICATION REVIEW PROCESS	1.	4,000.	0.		
CONSULTATION ON BEHAVIORAL HEALTH INTEGRATION AND COMPLEX NEEDS STRATEGY FOR HVC	1.	3,500.	0.		
CONSULTING SERVICES FOR ADHOC RESEARCH OF HEALTH CARE POLICY	1.	18,000.	0.		
DMHC AND CDI MERGER-RELATED INFRASTRUCTURE INVESTMENT UNDERTAKINGS	1.	14,900.	0.		

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EDUCATIONAL PROGRAM FOR IMPROVING COMPLIANCE WITH PRIVACY REGULATIONS	1.	22,600.	0.		
EMSA POLST PROJECT COORDINATOR	1.	16,000.	0.		
EVALUATION OF PILOTING THE USE OF CONSENSUS STANDARDS IN PAYER-PROVIDER CONTRACTS	1.	86,500.	0.		
EVALUATION OF THE WILDFLOWER HEALTH CARE 1ST HEALTH PLAN DUE DATE PLUS" IMPLEMENTATION - PHASE 1	1.	25,000.	0.		
FINANCIAL HEALTH UNDER THE ACA	1.	16,690.	0.		
HEALTH CARE COSTS 101 SNAPSHOT, 2018 EDITION	1.	41,900.	0.		
HEALTH CARE COSTS QUICK DATA RELEASE	1.	2,870.	0.		
HEALTH PLANS AND INSURERS MLR AND ENROLLMENT UPDATE	1.	7,420.	0.		
IMPACT OF A DIGITAL HEALTH INTERVENTION ON ASTHMA HEALTHCARE UTILIZATION	3.	15,578.	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.)

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IMPACT OF PROJECT ECHO ON HEALTH PLAN HOSPITAL AND PRESCRIPTION OPIOID COSTS	1.	29,200.	0.		
LEADERSHIP COACHING, LEADING ADDICTION TREATMENT EFFORTS IN CALIFORNIA'S EMERGENCY DEPARTMENTS	1.	3,000.	0.		
LEADERSHIP DEVELOPMENT EXPLORATION AMONG SAFETY NET PROVIDERS	1.	20,500.	0.		
LISTENING TO MOTHERS: PROJECT MANAGEMENT AND REPORT SUPPORT	1.	20,000.	0.		
MAT MANAGEMENT TOOLKIT: PERIOPERATIVE AND PERINATAL, WITH IMPLEMENTATION SUPPORT IN RURAL HOSPITALS	1.	34,000.	0.		
OPIOID-RELATED GRANT RESEARCH AND WRITING FOR CALIFORNIA'S DEPARTMENT OF PUBLIC HEALTH	1.	10,000.	0.		
PALLIATIVE CARE LEADERSHIP CENTER SITE VISIT WITH SIERRA NEVADA MEMORIAL HOSPITAL AND COMMUNITY PARTNERS	2.	13,607.	0.		
PROJECT MANAGEMENT FOR THE MAT-ED PROJECT	1.	34,000.	0.		
PROJECT/EDITORIAL MANAGEMENT: A CLOSE LOOK AT ACA REPLACEMENT POLICY CONCEPTS	1.	9,437.	0.		

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

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SMALL COUNTY COLLABORATIVE WHOLE PERSON CARE PILOT ADMINISTRATION	1.	27,651.	0.		
STRATEGIC ADVISOR FOR THE CALIFORNIA IMPROVEMENT NETWORK EVALUATION, PHASE 6	1.	35,000.	0.		
SUPPORT FOR IHUB STRATEGIC PLANNING	1.	12,300.	0.		
SUPPORT OF ACADEMIC DETAILING SESSIONS	1.	24,175.	0.		
TA FOR FINAL STAGES OF SB1004 PLANNING AND IMPLEMENTATION	1.	54,960.	0.		
TA: STRENGTHENING CHCF'S ACA REPEAL AND REPLACE RESPONSE	1.	25,000.	0.		
TECHNICAL ASSISTANCE AND COACHING FOR INCREASING ACCESS TO PALLIATIVE CARE IN RURAL CALIFORNIA -- IMPLEMENTATION GRANTS	1.	42,000.	0.		
TECHNICAL ASSISTANCE FOR INCREASING ACCESS TO PALLIATIVE CARE IN RURAL CALIFORNIA -- IMPLEMENTATION GRANTS	1.	50,000.	0.		
TECHNICAL ASSISTANCE TO CALIFORNIA PUBLIC HOSPITAL PALLIATIVE CARE LEARNING COMMUNITY	1.	35,500.	0.		

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(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
TECHNICAL ASSISTANCE TO PROVIDER-PARTNERSHIPS: INCREASING COMMUNITY-BASED PALLIATIVE CARE	1.	12,000.	0.		
THE IRHYTHM SOCIAL INVESTMENT RETURNS, 2016	1.	10,750.	0.		
TRACKING AND REPORTING KEY METRICS ON COVERAGE, ACCESS AND AFFORDABILITY FOR CALIFORNIANS TA	1.	90,000.	0.		
TRENDS IN ED UTILIZATION AND CAPACITY IN CALIFORNIA	1.	3,200.	0.		
UPDATE COMMUNITY PARAMEDICINE OVERVIEW	1.	7,000.	0.		
WHOLE PERSON CARE TECHNICAL MODELS AND LESSONS LEARNED	1.	96,000.	0.		



**Part IV Supplemental Information**

BUDGET FOR THE GRANT TO ENSURE THAT FUNDS ARE EXPENDED FOR THE INTENDED PURPOSES. IN ADDITION, CHCF ADOPTED A GRANTEE RISK MONITORING PROGRAM THROUGH WHICH AN INTERNAL COMMITTEE REVIEWS CHCF'S GRANTS ON A PERIODIC BASIS AGAINST A SET OF RISK-CRITERIA. IF WARRANTED, THE COMMITTEE MAY RECOMMEND FOR CHCF TO CONDUCT AN AUDIT OF ANY OF THESE GRANTS.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: BAILIT HEALTH PURCHASING, LLC

(H) PURPOSE OF GRANT OR ASSISTANCE: OPTIONS FOR MULTI-PURCHASER

ALIGNMENT IN CALIFORNIA, BUILDING ON SMART CARE IN CALIFORNIA

NAME OF ORGANIZATION OR GOVERNMENT: CALIFORNIA FOOD POLICY ADVOCATES

(H) PURPOSE OF GRANT OR ASSISTANCE: TESTING MESSAGES AND INFORMING

POLICY: SUMMER-MONTHS SCHOOL-BASED NUTRITION PROGRAMS

NAME OF ORGANIZATION OR GOVERNMENT:

CALIFORNIA COVERAGE AND HEALTH INITIATIVES

(H) PURPOSE OF GRANT OR ASSISTANCE: NATIONAL NAVIGATOR ASSOCIATION

ROUNDTABLE, 2017; 10TH ANNUAL CHAMPIONS FOR COVERAGE AWARD RECEPTION

NAME OF ORGANIZATION OR GOVERNMENT:

CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

(H) PURPOSE OF GRANT OR ASSISTANCE: MEDI-CAL SPECIALTY MENTAL HEALTH

SERVICES: EVALUATION OF CHILDRENS FUNCTIONAL STATUS; MEDI-CAL 2020:

SUPPORT FOR THE WHOLE PERSON CARE LEARNING COLLABORATIVE; DHCS HIE

SUMMIT, 2017; DHCS STAKEHOLDER ADVISORY COMMITTEE 2018-2020

NAME OF ORGANIZATION OR GOVERNMENT: CALIFORNIA HEALTH POLICY STRATEGIES

**Part IV Supplemental Information**

(H) PURPOSE OF GRANT OR ASSISTANCE: HEALTH CARE FOR PEOPLE RE-ENTERING

COMMUNITIES FROM INCARCERATION: LOCAL BEST PRACTICES AND STATE POLICY

BARRIERS; REENTRY HEALTH PROJECT: PHASE 2; COMMUNITY PARAMEDICINE:

POLICY LANDSCAPE REPORT; ESTIMATING MEDI-CAL SAVINGS- COMMUNITY

PARAMEDICINE; COMMUNITY PARAMEDIC: POLITICAL LANDSCAPE MONITORING

NAME OF ORGANIZATION OR GOVERNMENT:

CALIFORNIA HEALTH CARE SAFETY NET INSTITUTE

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

(SNI); SAFETY NET INSTITUTE (SNI) SUPPORT FOR WHOLE PERSON CARE (WPC)

PILOTS; CAPH/SNI ANNUAL CONFERENCE, 2017; ADVANCING VALUE-BASED CARE AND

PAYMENT IN CALIFORNIA'S PUBLIC HEALTH CARE SYSTEMS

NAME OF ORGANIZATION OR GOVERNMENT: CALIFORNIA PAN-ETHNIC HEALTH NETWORK

(H) PURPOSE OF GRANT OR ASSISTANCE: MENTAL HEALTH DISPARITIES PROJECT:

SUPPORT FOR IMPLEMENTATION OF AB 470; CPEHN CONFERENCE SUPPORT 2018

NAME OF ORGANIZATION OR GOVERNMENT:

CALIFORNIA SCHOOL-BASED HEALTH ALLIANCE

(H) PURPOSE OF GRANT OR ASSISTANCE: CONFERENCE SUPPORT FOR CALIFORNIA

SCHOOL-BASED HEALTH ALLIANCE/NATIONAL SCHOOL-BASED HEALTH CONVENTION JUNE

2017; INCREASING SCHOOLS' CAPACITY TO MEET STUDENTS' MENTAL HEALTH CARE

NEEDS

NAME OF ORGANIZATION OR GOVERNMENT:

CAMDEN COALITION OF HEALTHCARE PROVIDERS

(H) PURPOSE OF GRANT OR ASSISTANCE: MAT-ED PROJECT LEADERSHIP.; PROJECT

MANAGEMENT AND EVALUATION OF CARE INTEGRATION FOR OPIOID-DEPENDENT

**Part IV Supplemental Information**

FREQUENT EMERGENCY DEPARTMENT USERS; SUPPORT FOR FALL 2016 COALITION

CONVENINGS; TO SUPPORT THE "PUTTING CARE AT THE CENTER" CONFERENCE ON

NOVEMBER 15-17, 2017 IN LOS ANGELES, CA

NAME OF ORGANIZATION OR GOVERNMENT:

SAN DIEGO STATE UNIVERSITY CAMPANILE FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: SCHOLARSHIPS FOR UNDERGRADUATE 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: CAPITOL IMPACT, LLC

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

CONFERENCE SCHOLARSHIP PROGRAM; SUPPORT FOR 2018 AND 2019 CLSEI AND

HEALTH CONFERENCE SCHOLARSHIP

NAME OF ORGANIZATION OR GOVERNMENT: THE CHILDREN'S PARTNERSHIP

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORTING CONSUMER ADVOCATES TO

IMPROVE ACCESS (TCP); CORE SUPPORT FOR THE CHILDREN'S PARTNERSHIP,

2017-19; IDENTIFYING PROMISING PRACTICES TO ADVANCE SCHOOL-BASED

TELEHEALTH: A NATIONAL MEETING

NAME OF ORGANIZATION OR GOVERNMENT:

COALITION FOR COMPASSIONATE CARE OF CALIFORNIA

(H) PURPOSE OF GRANT OR ASSISTANCE: DEVELOPING STRATEGY AND MESSAGING TO

DIVERSITY FUNDING SOURCES; UPDATING DECISION GUIDES ON LIFE-SUSTAINING

TREATMENT; CORE SUPPORT 2: COALITION FOR COMPASSIONATE CARE OF CA;

PILOTING THE USE OF CONSENSUS STANDARDS IN PAYER-PROVIDER CONTRACTS;

CONFERENCE SUPPORT: 10TH ANNUAL SUMMIT OF THE COALITION FOR COMPASSIONATE

**Part IV Supplemental Information**

CARE OF CALIFORNIA

NAME OF ORGANIZATION OR GOVERNMENT: COMMUNITY HEALTH COUNCILS, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: 2017 CALIFORNIA PARTNERSHIP FOR HEALTH CARE ADVOCATES STATEWIDE CONFERENCE; CONFERENCE SUPPORT FOR COMMUNITY HEALTH COUNCILS' 25TH ANNIVERSARY CELEBRATION

NAME OF ORGANIZATION OR GOVERNMENT: DMA HEALTH STRATEGIES

(H) PURPOSE OF GRANT OR ASSISTANCE: ALMANAC REPORTS ON MENTAL HEALTH FACTS AND FIGURES AND SUBSTANCE USE DISORDER FACTS AND FIGURES, 2016

NAME OF ORGANIZATION OR GOVERNMENT: GEORGETOWN UNIVERSITY

(H) PURPOSE OF GRANT OR ASSISTANCE: PROTECTING THE INDIVIDUAL MARKET IN CALIFORNIA: ASSESSING THE RISK OF ALTERNATIVE COVERAGE ARRANGEMENTS

NAME OF ORGANIZATION OR GOVERNMENT: PETER HARBAGE CONSULTING

(H) PURPOSE OF GRANT OR ASSISTANCE: HEALTH HOME PROGRAM MENTAL HEALTH INTEGRATION SUPPORT TO DHCS; DRUG MEDI-CAL ORGANIZED DELIVERY SYSTEM PILOT IMPLEMENTATION: TECHNICAL ASSISTANCE TO DHCS; MEDI-CAL 2020: SUPPORT FOR THE WHOLE PERSON CARE LEARNING COLLABORATIVE; MEDI-CAL MATTERS PROJECT; DRUG MEDI-CAL ORGANIZED DELIVERY SYSTEM PILOT IMPLEMENTATION: TA TO DHCS YEAR 3

NAME OF ORGANIZATION OR GOVERNMENT:

HEALTH ASSESSMENT AND RESEARCH FOR COMMUNITIES INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT RESEARCH USED TO INFORM AND IMPROVE COMMUNITY HEALTH AND WELL BEING IN THE COACHELLA VALLEY.

**Part IV Supplemental Information**

NAME OF ORGANIZATION OR GOVERNMENT: HEALTH ACCESS FOUNDATION

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

ADVOCATES TO IMPROVE ACCESS AND AFFORDABILITY; CORE SUPPORT: SUPPORTING

CONSUMER ADVOCATES TO IMPROVE ACCESS

NAME OF ORGANIZATION OR GOVERNMENT: HEALTH MANAGEMENT ASSOCIATES

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORTING DHCS IN DEVELOPING HEALTH

PLAN SITE VISIT INFRASTRUCTURE AND CURRICULUM; ENSURING ACCESS TO MAT IN

LA COUNTY JAILS; PATHWAYS TO UNIVERSAL MAT IN CORRECTIONS

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

(H) PURPOSE OF GRANT OR ASSISTANCE: PHYSICIAN GROUP AND HEALTH SYSTEM

LEADER CONVENINGS; OPIOID COALITION COMMUNICATIONS SUPPORT; RURAL

REGIONAL CONVENINGS TO SUPPORT SPREAD OF MAT

NAME OF ORGANIZATION OR GOVERNMENT: INSPIRE HEALTH SOLUTIONS

(H) PURPOSE OF GRANT OR ASSISTANCE: SCHOLARSHIPS FOR MINORITY WOMEN

PROFESSIONALS NETWORKING CONFERENCE; MINORITY WOMEN PROFESSIONALS

CONFERENCES, 2018

NAME OF ORGANIZATION OR GOVERNMENT: CPHC INSTITUTE FOR COMMUNITY HEALTH

(H) PURPOSE OF GRANT OR ASSISTANCE: GIVING MORE THAN YOU GET?

QUANTIFYING IMMIGRANTS' CONTRIBUTIONS AND EXPENDITURES TO PRIVATE HEALTH

COVERAGE

NAME OF ORGANIZATION OR GOVERNMENT: INTEGRATED HEALTHCARE ASSOCIATION

(H) PURPOSE OF GRANT OR ASSISTANCE: CORE SUPPORT: CREATING A COMMON

AGENDA, ROUND 2; CALIFORNIA REGIONAL HEALTH CARE COST AND QUALITY ATLAS 3

**Part IV Supplemental Information**

NAME OF ORGANIZATION OR GOVERNMENT: INTEGRATED HEALTHDATA SYSTEMS, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: IMPACT OF SYSTEM MEMBERSHIP ON

FINANCIAL HEALTH AND REFERRAL PATTERNS OF RURAL HOSPITALS IN CA

NAME OF ORGANIZATION OR GOVERNMENT: LIFECOURSE STRATEGIES

(H) PURPOSE OF GRANT OR ASSISTANCE: PROJECT MANAGER, PHASE II OF

COMMUNITY-BASED PALLIATIVE CARE IN CALIFORNIA PUBLIC HOSPITALS; PROJECT

MANAGEMENT FOR INCREASING ASSESS TO PALLIATIVE CARE IN RURAL CALIFORNIA

-- PLANNING GRANTS; PROJECT MANAGEMENT FOR INCREASING ASSESS TO

PALLIATIVE CARE IN RURAL CALIFORNIA IMPLEMENTATION GRANTS; PROJECT

MANAGEMENT OF CALIFORNIA PUBLIC HOSPITAL PALLIATIVE CARE LEARNING

COMMUNITY

NAME OF ORGANIZATION OR GOVERNMENT:

LOS ANGELES BIOMEDICAL RESEARCH INSTITUTE AT HARBOR-UCLA MEDICAL CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: IMPROVING END-OF-LIFE COMMUNICATIONS

AND PRACTICES IN INTENSIVE CARE UNITS AT LOS ANGELES PUBLIC HOSPITALS

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

(H) PURPOSE OF GRANT OR ASSISTANCE: DEVELOPING RECOMMENDATIONS TO DRIVE

GREATER VALUE THROUGH MEDI-CAL CAPITATION PAYMENT REFORM; IMPLICATIONS OF

A MEDICAID PER CAPITA CAP: CALIFORNIA CONSIDERATIONS; HIPAA AND TCPA

COMPLIANCE WHEN TEXT MESSAGING WITH PATIENTS OR PLAN MEMBERS;

DATA-SHARING IN THE CONTEXT OF THE OPIOID EPIDEMIC; TOWARD UNIVERSAL

COVERAGE: FEDERAL LAW AND ITS INTERSECTION WITH STATE-BASED COVERAGE

EXPANSION POLICIES; OPIOID INITIATIVE IMPLEMENTATION TOOLKIT FOR HEALTH

PLANS

**Part IV Supplemental Information**

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

(H) PURPOSE OF GRANT OR ASSISTANCE: ADVANCING INTEGRATION OF PHYSICAL AND BEHAVIORAL HEALTH PROGRAMS IN CALIFORNIA'S SAFETY NET; OPPORTUNITIES TO ADVANCE BEHAVIORAL HEALTH INTEGRATION IN MEDI-CAL: A PATH FORWARD FOR CALIFORNIA

NAME OF ORGANIZATION OR GOVERNMENT:

ICAHN SCHOOL OF MEDICINE AT MOUNT SINAI

(H) PURPOSE OF GRANT OR ASSISTANCE: CAPC MEMBERSHIPS FOR RURAL PALLIATIVE CARE GRANTEEES; CONFERENCE SUPPORT: 2017 CAPC NATIONAL SEMINAR

NAME OF ORGANIZATION OR GOVERNMENT: PACIFIC BUSINESS GROUP ON HEALTH

(H) PURPOSE OF GRANT OR ASSISTANCE: ADULT LEARNING THEORY TRAINING WORKSHOP; CREATING THE EMPLOYER BUSINESS CASE FOR EXPANDED COVERAGE; OPIOID SAFETY CHANGE PACKAGE FOR PROVIDER GROUPS AND HEALTH SYSTEMS (SMART CARE CALIFORNIA); SUPPORTING PBGH TO ADVANCE STATEWIDE MATERNITY CARE IMPROVEMENT

NAME OF ORGANIZATION OR GOVERNMENT: PACIFIC HEALTH CONSULTING GROUP

(H) PURPOSE OF GRANT OR ASSISTANCE: CONSORTIA CAPACITY ANALYSIS; PROJECT EXPLORATION AND PLANNING: NAVIGATION, TIMELY ACCESS, AND PLAN-PROVIDER PARTNERSHIPS; MEETING FACILITATION FOR LA DISCUSSIONS ON COVERAGE OPTIONS IF ACA IS REPEALED; DHCS STAKEHOLDER ADVISORY COMMITTEE FEBRUARY 2018 MEETING; SB17 IMPLEMENTATION WORKSHOPS

NAME OF ORGANIZATION OR GOVERNMENT: NEW AMERICA MEDIA

(H) PURPOSE OF GRANT OR ASSISTANCE: COMMUNITY COLLEGE DEPRESSION MEDIA

**Part IV Supplemental Information**

CAMPAIGN; SPONSORSHIP OF NEW AMERICA MEDIA ETHNIC MEDIA AWARDS EVENT

NAME OF ORGANIZATION OR GOVERNMENT: PAPERCLIP MANAGEMENT SERVICES CORP

(H) PURPOSE OF GRANT OR ASSISTANCE: IT CONSULTANT FOR POLST EREGISTRY

PROJECT (IMPLEMENTATION PHASE); IT CONSULTING SUPPORT FOR KNOWLEDGE

DEVELOPMENT PROJECTS AND GRANT/PRI EVALUATION

NAME OF ORGANIZATION OR GOVERNMENT: PUBLIC HEALTH INSTITUTE

(H) PURPOSE OF GRANT OR ASSISTANCE: BUILDING THE HEALTH WORKFORCE IN

CALIFORNIA: STRATEGIC PLAN; THE OPIOID SAFETY COALITIONS NETWORK: PROGRAM

MANAGEMENT 2017-19

NAME OF ORGANIZATION OR GOVERNMENT:

UNIVERSITY OF CALIFORNIA, SAN FRANCISCO

(H) PURPOSE OF GRANT OR ASSISTANCE: IRHYTHM ZIO PATCH AT SFGH;

CALIFORNIA HEALTH CARE LEADERSHIP PROGRAM RENEWAL: COHORTS 16 AND 17;

IMPACT-ICU AT CALIFORNIA PUBLIC HOSPITALS: TAILORING AND IMPLEMENTING

TOOLS; CALIFORNIA EOL OPTION ACT AT ONE YEAR: CONVENING KEY STAKEHOLDERS;

INTERPROFESSIONAL EDUCATION IN PALLIATIVE CARE FOR RURAL CALIFORNIA

PROVIDERS; CALIFORNIA IMPROVEMENT NETWORK PHASE 6: PROGRAM OFFICE; MAT IN

HOSPITALS: SUPPORTING INPATIENT INITIATION OF OPIOID AGONIST TREATMENT;

UNDERSTANDING GRADUATE MEDICAL EDUCATION FUNDING: FOCUS ON CALIFORNIA;

CHCF HEALTH CARE LEADERSHIP PROGRAM: RENEWAL FOR COHORT 18 AND 19;

CONTINUATION OF THE INDEPENDENT EVALUATION OF COMMUNITY PARAMEDICINE

PILOT PROJECTS; INTEGRATION OF THE CALIFORNIA POISON CONTROL SYSTEM INTO

THE HUB AND SPOKE EXPANSION PROJECT; DEVELOPMENT OF ONLINE PRIMARY CARE

LEARNING MODULE FOR COMMUNITY PSYCHIATRISTS



**Part IV Supplemental Information**

NAME OF ORGANIZATION OR GOVERNMENT: UNIVERSITY OF CALIFORNIA, BERKELEY

(H) PURPOSE OF GRANT OR ASSISTANCE: SURVEYING CALIFORNIANS ON BEHAVIORAL

HEALTH AND ACA ISSUES; TOWARD UNIVERSAL COVERAGE: EXPANDING COVERAGE BY

INCREASING AFFORDABILITY FOR CALIFORNIANS ON COVERED CA

NAME OF ORGANIZATION OR GOVERNMENT: UNIVERSITY OF CALIFORNIA, DAVIS

(H) PURPOSE OF GRANT OR ASSISTANCE: COMMUNITY-BASED PALLIATIVE CARE IN

CALIFORNIA SAFETY-NET SYSTEMS; PROFESSIONAL EDUCATION MEDICATION ASSISTED

TRAINING; UC DAVIS HEALTH PEDIATRIC TELEHEALTH COLLOQUIUM 2017; EXAMINING

10 YEARS OF MEDI-CAL BUDGET CHANGES; PUBLIC HOSPITAL LEARNING COMMUNITY

(UC DAVIS)

NAME OF ORGANIZATION OR GOVERNMENT: UNIVERSITY OF CALIFORNIA, LOS ANGELES

(H) PURPOSE OF GRANT OR ASSISTANCE: MONITORING CALIFORNIANS' HEALTH,

ACCESS & COVERAGE: THE CALIFORNIA HEALTH INTERVIEW SURVEY; MANUSCRIPT:

CHICANO HEALTH MOVEMENT

NAME OF ORGANIZATION OR GOVERNMENT: UNIVERSITY OF CALIFORNIA, IRVINE

(H) PURPOSE OF GRANT OR ASSISTANCE: COMMUNITY-BASED PALLIATIVE CARE IN

CALIFORNIA SAFETY-NET SYSTEMS; UC IRVINE HEALTH CARE FORECAST CONFERENCE,

2018; PUBLIC HOSPITAL LEARNING COMMUNITY (UCI)

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; TRACKING AND REPORTING KEY METRICS ON COVERAGE, ACCESS AND

AFFORDABILITY FOR CALIFORNIANS; COST-EFFECTIVENESS OF MIDWIFE-LED CARE

FOR LOW-RISK PREGNANCIES

**Part IV Supplemental Information**

NAME OF ORGANIZATION OR GOVERNMENT: SMALL BUSINESS MAJORITY

(H) PURPOSE OF GRANT OR ASSISTANCE: COMBATTING CONFUSION DURING OPEN

ENROLLMENT; TOWARD UNIVERSAL COVERAGE: THE SMALL BUSINESS CASE FOR

EXPANDING COVERAGE IN CALIFORNIA

NAME OF ORGANIZATION OR GOVERNMENT: SOLVE ME/CFS INITIATIVE, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR A PATIENT REGISTRY FOR THOSE IN

CALIFORNIA WHO SUFFER WITH ME/CFS MYALGIC ENCEPHALOMYELITIS / CHRONIC

FATIGUE SYNDROME; PATIENT REGISTRY FOR ME/CFS

NAME OF ORGANIZATION OR GOVERNMENT: STANFORD UNIVERSITY

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORTING TECHNICAL ASSISTANCE

PRIME MATERNITY ACTIVITIES; CALIFORNIA MATERNAL DATA CENTER: EXPANDING

CAPABILITIES; C-SECTION QUALITY IMPROVEMENT COLLABORATIVE: SUPPORTING A

3RD HOSPITAL COHORT AND SUSTAINING GAINS; PLANNING GRANT TO ADDRESS

DISPARITIES IN MATERNAL OUTCOMES

NAME OF ORGANIZATION OR GOVERNMENT:

TIDES CENTER, DELIVERING INNOVATION IN SUPPORTING HOUSING

(H) PURPOSE OF GRANT OR ASSISTANCE: PLANNING GRANT: POPULATION HEALTH

LEARNING NETWORK DEVELOPMENT; ADVANCING HEALTH CENTERS' POPULATION HEALTH

MANAGEMENT CAPABILITIES; INNOVATION HUBS: ACCELERATING ADOPTION OF

INNOVATION IN THE CALIFORNIA SAFETY NET; SUPPORTING NATIONAL POLST

PARADIGM TECHNOLOGY CONSENSUS CONFERENCE AND WHITE PAPER; DISH'S 11TH

ANNIVERSARY AND HEALTH AND WELLNESS SERVICES;

NAME OF ORGANIZATION OR GOVERNMENT: UNIVERSITY OF SOUTHERN CALIFORNIA

**Part IV Supplemental Information**

(H) PURPOSE OF GRANT OR ASSISTANCE: A PILOT STUDY ON THE IMPACT OF UNSAFE PRESCRIBING PRACTICES; HEALTH DATA JOURNALISM FELLOWSHIP FOR CALIFORNIA REPORTERS, 2017; SUPPORT OF OMADA HEALTH DIABETES PREVENTION PROGRAM IN UNDERSERVED POPULATIONS USING THE SAFETY NET; PUBLIC HOSPITAL LEARNING COMMUNITY (LAC+USC)

NAME OF ORGANIZATION OR GOVERNMENT: THE URBAN INSTITUTE

(H) PURPOSE OF GRANT OR ASSISTANCE: COUNTY REPORT CARDS: CALCULATING NUMBERS OF PEOPLE WITH OPIOID USE DISORDER FOR RURAL COUNTIES; MATERNAL OPIOID ADDICTION AND NEONATAL ABSTINENCE SYNDROME LANDSCAPE PAPER

NAME OF ORGANIZATION OR GOVERNMENT: VISION Y COMPROMISO

(H) PURPOSE OF GRANT OR ASSISTANCE: ANNUAL CONFERENCE, 2017; TO SUPPORT COMMUNITY HEALTH WORKERS IN CALIFORNIA; VISION Y COMPOMISO CONFERENCE

NAME OF ORGANIZATION OR GOVERNMENT: WESTERN CENTER ON LAW AND POVERTY

(H) PURPOSE OF GRANT OR ASSISTANCE: IMPROVING ACCESS TO AFFORDABLE COVERAGE AND ENROLLMENT IN MEDI-CAL AND COVERED CALIFORNIA; CORE SUPPORT: SUPPORTING CONSUMER ADVOCATES TO IMPROVE ACCESS

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2017**

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

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

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

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
<b>1b</b>		
<b>2</b>		
<b>4a</b>		X
<b>4b</b>		X
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>		X
<b>8</b>		X
<b>9</b>		

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

Schedule J (Form 990) 2017

**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)	562,706.	0.	0.	48,900.	37,049.	648,655.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) ZIEGLER, CRAIG VP OF FIN, ADMIN & INVESTS/TREAS & SEC	(i)	354,477.	0.	1,964.	47,850.	36,452.	440,743.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) CURRIE, PETER SENIOR VP OF PROGRAMS (THRU 1/2/18)	(i)	299,948.	0.	0.	48,765.	30,945.	379,658.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) CARTER, KARA CHF IMPACT OFF (JAN-NOV) SVPP (BEG. DEC)	(i)	295,006.	0.	525.	30,681.	22,032.	348,244.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) SHEWRY, SANDRA VP EXTERNAL ENGAGEMENT	(i)	297,123.	0.	1,575.	48,900.	4,709.	352,307.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) BUCKLEY, MELISSA PROGRAM DIRECTOR OF INNOVATIONS	(i)	258,186.	0.	0.	41,682.	39,997.	339,865.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) PERRONE, CHRIS PROGRAM DIRECTOR OF IMPROVING ACCESS	(i)	243,085.	0.	0.	45,344.	14,446.	302,875.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) PFEIFER, KELLY PROGRAM DIRECTOR OF HIGH VALUE CARE	(i)	261,138.	0.	1,800.	45,843.	4,098.	312,879.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) SOUTHWICK, SUSAN DIRECTOR - IT	(i)	209,261.	0.	375.	38,656.	17,470.	265,762.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(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 II COLUMN (B)(III), OTHER REPORTABLE COMPENSATION:

THERE ARE THREE ITEMS REPORTED IN THIS COLUMN:

1. PAYMENTS TO 4 EMPLOYEES FOR PARTICIPATION IN THE FOUNDATION'S

WELLNESS PROGRAM (\$1,875).

2. PAYMENTS TO 2 EMPLOYEES FOR WAIVING MEDIAL COVERAGE (\$2,400).

3. EXCESS SECTION 415 RETIREMENT CONTRIBUTIONS PAID IN CASH TO 1

EMPLOYEE (\$1,964).

PART II COLUMN (C), RETIREMENT AND OTHER DEFERRED COMPENSATION:

THE FOUNDATION HOSTS A 401(K) RETIREMENT PLAN FOR ALL EMPLOYEES WHICH

HAS BASE EMPLOYER CONTRIBUTIONS, AN EMPLOYER MATCHING COMPONENT, AND

EMPLOYEE CONTRIBUTIONS.

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

CONTRIBUTIONS ONLY.

PART II COLUMN (D), NONTAXABLE BENEFITS:

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

**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.

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.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2017**

Open to Public  
Inspection

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

NET.

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

AND STATE POLICY PARTNERS, AS WELL AS LEARNING OPPORTUNITIES FOR

ORGANIZATIONS IMPROVING CARE DELIVERY IN THE SAFETY NET. 4) BRIDGING

THE INNOVATION GAP: CHCF SUPPORTS THE DEVELOPMENT OF INFORMATION,

NETWORKS, AND COMMUNICATION PLATFORMS THAT ENABLE SAFETY-NET PLAYERS

AND ENTREPRENEURS TO WORK TOGETHER TO IMPROVE THE DELIVERY SYSTEM.

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

ACROSS OUR THREE PRIMARY GOALS, CHCF ALSO USES A VARIETY OF TOOLS TO

INCREASE THE IMPACT OF OUR GRANT MAKING. OUR EXTERNAL ENGAGEMENT WORK

USES POLICY CONVENINGS, RESEARCH AND ANALYSIS, AND STRATEGIC

COMMUNICATIONS TO SUPPORT THE PROGRAMMATIC WORK OF THE FOUNDATION. 1)

CONVENING: WE BRING STAKEHOLDERS TOGETHER TO FIND SOLUTIONS, SPREAD

KNOWLEDGE, AND CREATE THE IMPETUS FOR CHANGE. 2) RESEARCH: WE CREATE A

DATA AND POLICY ANALYSIS AGENDA THAT HELPS DECISIONMAKERS MAKE INFORMED

CHOICES. 3) ENGAGEMENT: WE USE OUR VOICE AND RELATIONSHIPS TO ADDRESS

HEALTH CARE PROBLEMS AND FIND SOLUTIONS.

EXPENSES \$ 7,766,749. INCL GRANTS OF \$ 1,197,650. REVENUE \$ 863,558.

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) (2017)

732211 09-07-17



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.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2017**

**Open to Public  
Inspection**

Name of the organization <p style="text-align: center;">CALIFORNIA HEALTHCARE FOUNDATION</p>	Employer identification number <p style="text-align: center;">95-4523231</p>
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**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	1,031,503.	37,533,169.	CALIFORNIA HEALTHCARE FOUNDATION

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

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

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

Schedule R (Form 990) 2017

**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	6,781,077.	0.		X	272,328.	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	494,503.	48,431,598.		X	N/A	X		80.76%

**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
<b>1</b> 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?		
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity .....	X	
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....	X	
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....		X
<b>d</b> Loans or loan guarantees to or for related organization(s) .....		X
<b>e</b> Loans or loan guarantees by related organization(s) .....		X
<b>f</b> Dividends from related organization(s) .....	X	
<b>g</b> Sale of assets to related organization(s) .....		X
<b>h</b> Purchase of assets from related organization(s) .....		X
<b>i</b> Exchange of assets with related organization(s) .....		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....		X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....		X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....		X
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....		X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....		X
<b>o</b> Sharing of paid employees with related organization(s) .....		X
<b>p</b> Reimbursement paid to related organization(s) for expenses .....		X
<b>q</b> Reimbursement paid by related organization(s) for expenses .....		X
<b>r</b> Other transfer of cash or property to related organization(s) .....		X
<b>s</b> 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	99,025	CASH
(2) MAKENA LIQUID ENDOWMENT B ASSOCIATES, LP	B	7,602,370	CASH
(3) MAKENA LIQUID ENDOWMENT B ASSOCIATES, LP	F	545,910	CASH
(4) MAKENA LIQUID ENDOWMENT B ASSOCIATES, LP	S	72,825,713	CASH
(5) MAKENA FIXED INCOME FUND, LP	A	1,486	CASH
(6) MAKENA FIXED INCOME FUND, LP	B	42,319,555	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	F	384,463.	CASH
(8) MAKENA FIXED INCOME FUND, LP	S	18,100,000.	CASH
(9)			
(10)			
(11)			
(12)			
(13)			
(14)			
(15)			
(16)			
(17)			
(18)			
(19)			
(20)			
(21)			
(22)			
(23)			
(24)			

