

Return of Organization Exempt From Income Tax

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

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

A For the **2018** calendar year, or tax year beginning **APR 1, 2018** and ending **MAR 31, 2019**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization CALIFORNIA HEALTHCARE FOUNDATION Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1438 WEBSTER ST 400 City or town, state or province, country, and ZIP or foreign postal code OAKLAND, CA 94612 F Name and address of principal officer: CRAIG ZIEGLER SAME AS C ABOVE	D Employer identification number 95-4523231 E Telephone number 510-238-1040 G Gross receipts \$ 85,446,802. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) (4) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.CHCF.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1995
M State of legal domicile: CA		

Part I Summary

1	Briefly describe the organization's mission or most significant activities: TO SUPPORT MEANINGFUL, MEASURABLE IMPROVEMENTS IN HEALTH CARE FOR ALL CALIFORNIANS.		
2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
3	Number of voting members of the governing body (Part VI, line 1a)	3	12
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	11
5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	63
6	Total number of volunteers (estimate if necessary)	6	0
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	-2,754,409.
7b	Net unrelated business taxable income from Form 990-T, line 38	7b	-2,852,691.
8	Contributions and grants (Part VIII, line 1h)	8	0.
9	Program service revenue (Part VIII, line 2g)	9	863,559.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	10	14,011,461.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	11	1,038,780.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	12	15,913,800.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	13	29,910,587.
14	Benefits paid to or for members (Part IX, column (A), line 4)	14	0.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	15	11,230,731.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	16a	0.
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 0.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	17	9,979,761.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	18	51,121,079.
19	Revenue less expenses. Subtract line 18 from line 12	19	-35,207,279.
20	Total assets (Part X, line 16)	20	808,327,639.
21	Total liabilities (Part X, line 26)	21	19,811,342.
22	Net assets or fund balances. Subtract line 21 from line 20	22	788,516,297.

Part II Signature Block

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

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

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

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

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

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

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

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

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

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

CRAIG ZIEGLER

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

1 I request an automatic 6-month extension of time until FEBRUARY 15, 2020, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ▶ calendar year _____ or
 ▶ tax year beginning APR 1, 2018, and ending MAR 31, 2019.

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

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

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:
CHCF IS DEDICATED TO ADVANCING MEANINGFUL, MEASURABLE IMPROVEMENTS IN THE WAY THE HEALTH CARE DELIVERY SYSTEM PROVIDES CARE TO THE PEOPLE OF CALIFORNIA, PARTICULARLY THOSE WITH LOW INCOMES AND THOSE WHOSE NEEDS ARE NOT WELL SERVED BY THE STATUS QUO.

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

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

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

4a (Code:) (Expenses \$ 10,314,584. including grants of \$ 8,841,696.) (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 \$ 9,405,814. including grants of \$ 7,965,585.) (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 \$ 7,124,743. including grants of \$ 4,797,107.) (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 \$ 8,138,102. including grants of \$ 2,097,500.) (Revenue \$ 1,009,883.)

4e Total program service expenses 34,983,243.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>		X
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?		X
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	X	
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 22 through 38 regarding organizational reporting, compensation, tax-exempt bonds, and controlled entities.

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

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee counts, tax returns, business income, foreign accounts, prohibited transactions, and charitable contributions.

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; 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 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
[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					32,000.	0.	0.	
(3) CARLISLE, DAVID BOARD MEMBER	3.00	X					21,250.	0.	0.	
(4) ESCOBAR, ZOILA BOARD MEMBER	3.00	X					0.	0.	0.	
(5) GILBERT, BRADLEY BOARD MEMBER	3.00	X					34,000.	0.	0.	
(6) GROSS, DANIEL BOARD CHAIR	5.00	X					44,000.	0.	0.	
(7) HILL, ELIZABETH G. BOARD MEMBER	3.00	X					37,000.	0.	0.	
(8) JONES, MARC BOARD MEMBER	3.00	X					36,000.	0.	0.	
(9) O'KEEFE, LYNNE CHOU BOARD MEMBER	3.00	X					13,500.	0.	0.	
(10) REYES, CAROLINA BOARD MEMBER	3.00	X					30,000.	0.	0.	
(11) WELTY, JOHN D BOARD MEMBER	3.00	X					33,000.	0.	0.	
(12) HERNANDEZ, SANDRA PRESIDENT & C.E.O	45.00	X		X			589,668.	0.	91,085.	
(13) ZIEGLER, CRAIG VP OF FIN, ADMIN & INVESTS/TREAS & SEC	45.00			X			366,675.	0.	82,656.	
(14) CARTER, KARA SENIOR VP OF PROGRAMS	45.00				X		330,269.	0.	55,342.	
(15) SHEWRY, SANDRA VP EXTERNAL ENGAGEMENT	45.00					X	309,567.	0.	54,586.	
(16) BUCKLEY, MELISSA PROGRAM DIRECTOR OF INNOVATIONS	45.00					X	269,942.	0.	79,642.	
(17) PERRONE, CHRIS PROGRAM DIRECTOR OF IMPROVING ACCESS	45.00					X	255,090.	0.	62,461.	

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			275,350.	0.	52,922.
(19) SOUTHWICK, SUSAN DIRECTOR - IT	45.00				X			218,338.	0.	58,120.
1b Sub-total								2,928,649.	0.	536,814.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								2,928,649.	0.	536,814.

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 **39**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
MAKENA CAPITAL MANAGEMENT, 2755 SAND HILL RD, SUITE 200, MENLO PARK, CA 94025	INVESTMENT MANAGEMENT	5,200,919.
FORUM ONE COMMUNICATIONS, 15954 JACKSON CREEK PARKWAY, SUITE B, MONUMENT, CO 80132	WEBSITE HOSTING & REBUILD	269,755.
VALUE STREAM CONSULTING, LLC, 3500 N. VILLAGE DRIVE, SUITE 264, ST. JOSEPH, MO	GRANT SYSTEM IMPLEMENTATION	159,713.
ANGELENO GROUP, LLC, 2029 CENTURY PARK EAST, SUITE 2980, LOS ANGELES, CA 90067	INVESTMENT MANAGEMENT	129,101.
LEGACY VENTURE 180 LYTTON AVENUE, PALO ALTO, CA 94301	INVESTMENT MANAGEMENT	103,750.

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

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f				
	g Noncash contributions included in lines 1a-1f: \$					
	h Total. Add lines 1a-1f					
Program Service Revenue	2 a PRI INTEREST INCOME	Business Code 900099	1,009,883.	1,009,883.		
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f		1,009,883.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		1,200,373.		372,727.	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross rents	(i) Real	2,209,585.			
		(ii) Personal				
		b Less: rental expenses	1,600,466.			
		c Rental income or (loss)	609,119.			
	d Net rental income or (loss)		609,119.		609,119.	
	7 a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other		81,026,311.		
		b Less: cost or other basis and sales expenses	3,582,055.	65,816,819.		
		c Gain or (loss)	-3,582,055.	15,209,492.		
	d Net gain or (loss)		11,627,437.		-3,582,055.	
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a				
	b Less: direct expenses	b				
c Net income or (loss) from fundraising events						
9 a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activities					
10 a Gross sales of inventory, less returns and allowances	a					
	b Less: cost of goods sold	b				
	c Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Business Code				
11 a INSURANCE REIMB		900099	650.		650.	
	b					
	c					
	d All other revenue					
	e Total. Add lines 11a-11d			650.		
12 Total revenue. See instructions			14,447,462.	1,009,883.	-2,754,409.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	22,552,039.	22,552,039.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	1,149,849.	1,149,849.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	2,220,412.	812,416.	1,407,996.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	7,061,394.	5,892,836.	1,168,558.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	983,168.	828,096.	155,072.	
9 Other employee benefits	1,105,059.	869,845.	235,214.	
10 Payroll taxes	523,314.	410,733.	112,581.	
11 Fees for services (non-employees):				
a Management				
b Legal	84,786.	67,699.	17,087.	
c Accounting	84,643.		84,643.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	3,532,596.		3,532,596.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	880,992.	520,469.	360,523.	
12 Advertising and promotion				
13 Office expenses	201,739.	171,363.	30,376.	
14 Information technology	208,412.	164,892.	43,520.	
15 Royalties				
16 Occupancy	123,730.	97,623.	26,107.	
17 Travel	288,884.	198,722.	90,162.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	133,468.	105,306.	28,162.	
23 Insurance	92,235.	72,780.	19,455.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a UNRELATED BUS INC TAX	526,795.		526,795.	
b PRI INTEREST DISCOUNT	446,851.	446,851.		
c DIRECT CHARITABLE (PRC)	436,248.	436,248.		
d LIBRARY & INFO SERVICES	72,511.	71,068.	1,443.	
e All other expenses _____	211,489.	114,408.	97,081.	
25 Total functional expenses. Add lines 1 through 24e	42,920,614.	34,983,243.	7,937,371.	0.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

Part X Balance Sheet

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

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash - non-interest-bearing	18,521.	1	47,380.
	2 Savings and temporary cash investments	2,889,148.	2	5,460,332.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	72,822.	4	130,358.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	625,346.	9	511,009.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 39,936,414.		
	b Less: accumulated depreciation	10b 2,146,337.		
		36,309,275.	10c	37,790,077.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11	758,396,788.	12	739,026,243.
	13 Investments - program-related. See Part IV, line 11	8,775,905.	13	7,018,210.
	14 Intangible assets		14	
15 Other assets. See Part IV, line 11	1,239,834.	15	1,216,911.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	808,327,639.	16	791,200,520.	
Liabilities	17 Accounts payable and accrued expenses	1,272,959.	17	1,750,297.
	18 Grants payable	18,538,383.	18	14,210,676.
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	19,811,342.	26	15,960,973.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	788,516,297.	27	775,239,547.
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	788,516,297.	33	775,239,547.	
34 Total liabilities and net assets/fund balances	808,327,639.	34	791,200,520.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	14,447,462.
2	Total expenses (must equal Part IX, column (A), line 25)	2	42,920,614.
3	Revenue less expenses. Subtract line 2 from line 1	3	-28,473,152.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	788,516,297.
5	Net unrealized gains (losses) on investments	5	15,329,958.
6	Donated services and use of facilities	6	-133,556.
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	775,239,547.

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- 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:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- 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

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

Form **990** (2018)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2018 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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor property and grant fund usage.

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

Form with multiple questions (1-9) regarding conservation easements, including checkboxes for various purposes, a table for held easements at the end of the tax year, and yes/no questions about monitoring and reporting.

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.

Form with questions (1a, 1b, 2) regarding reporting of art and historical treasures, including amounts for revenue and assets.

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

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:

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	4,200,000.			4,200,000.
b Buildings	31,897,945.			31,897,945.
c Leasehold improvements	1,452,055.	27,905.	25,039.	1,454,921.
d Equipment		319,788.	277,478.	42,310.
e Other		2,038,721.	1,843,820.	194,901.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				37,790,077.

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	75,351,448.	END-OF-YEAR MARKET VALUE
(B) MULTI-ASSET CLASS COMMINGLED FUNDS	589,236,538.	END-OF-YEAR MARKET VALUE
(C) FIXED INCOME FUNDS	64,610,922.	END-OF-YEAR MARKET VALUE
(D) GLOBAL EQUITY INDEXED EXCHANGE TRADED		
(E) FUND	9,827,335.	END-OF-YEAR MARKET VALUE
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	739,026,243.	

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

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

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b		4c
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5

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

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

1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b		4c
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5

Part XIII Supplemental Information.

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

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.

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization CALIFORNIA HEALTHCARE FOUNDATION	Employer identification number 95-4523231
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Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

- 1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- 3 Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
CENTRAL AMERICA AND THE CARIBBEAN -	0	0	INVESTMENTS		197,881,914.
EUROPE (INCLUDING ICELAND & GREENLAND) -	0	0	INVESTMENTS		1,865,583.
3 a Subtotal	0	0			199,747,497.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			199,747,497.

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ▶ _____

3 Enter total number of other organizations or entities ▶ _____

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

Part III can be duplicated if additional space is needed.

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

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 F (Form 990) 2018

**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 for the latest information.**

OMB No. 1545-0047

2018

**Open to Public
Inspection**

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

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ABLE TO BEHAVIORAL HEALTH SERVICES, PC - 320 WEST 27TH ST., FL 7 - NEW YORK, NY 10018	47-5519672		50,000.	0.			ASSOCIATION OF COMMUNITY AFFILIATED PLANS (ACAP) INNOVATION CHALLENGE
ACADEMYHEALTH 1666 K STREET NW, SUITE 1100 WASHINGTON, DC 20006	52-1260918	501(C)(3)	12,000.	0.			HEALTH DATAPALOOZA CONFERENCE SPONSORSHIP 2018; 2019 MEMBERSHIP
ADAPTATION HEALTH, LLC 1900 AMELIA STREET NEW ORLEANS, LA 70119	83-1353659		30,000.	0.			MEDICAID INNOVATION SESSION AT THE 2018 MEDICAID HEALTH PLANS ASSOCIATION ANNUAL
ALTAMED HEALTH SERVICES CORPORATION - 2040 CAMFIELD AVE - LOS ANGELES, CA 90040	95-2810095	501(C)(3)	100,000.	0.			HEALTH EDUCATION PROGRAMS
AMERICAN BAR ASSOCIATION FUND FOR JUSTICE AND EDUCATION - 321 N CLARK STREET - CHICAGO, IL 60610	36-6110299	501(C)(3)	225,000.	0.			GENERAL SUPPORT FOR THE IMMIGRATION JUSTICE PROJECT
AMERICAS PHYSICIAN GROUPS 915 WILSHIRE BLVD., SUITE 1620 LOS ANGELES, CA 90071-3322	47-0878940	501(C)(6)	10,000.	0.			SAFETY NET SCHOLARSHIPS FOR THE 2019 AMERICA'S PHYSICIAN GROUP CONFERENCE

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **▶ 134.**

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

LHA **For Paperwork Reduction Act Notice, see the Instructions for Form 990.**
SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Schedule I (Form 990) (2018)

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
ARNOLD CONSULTING LLC 13850 MOTLEY ROAD BENTONVILLE, AK 72712	81-4960665		6,825.	0.			ONGOING SOCIAL MEDIA REVIEW FOR C-SECTION PATIENT EDUCATION PROJECT LAUNCH
ARROWHEAD REGIONAL MEDICAL CENTER FOUNDATION - 400 N. PEPPER AVE - COLTON, CA 92374	95-3213342	501(C)(3)	27,000.	0.			ARROWHEAD REGIONAL EMERGENCY DEPARTMENT INFORMATION EXCHANGE (EDIE) IMPLEMENTATION
ASIAN HEALTH SERVICES 818 WEBSTER STREET OAKLAND, CA 94607-4220	94-2235908	501(C)(3)	10,000.	0.			ANNUAL GALA, 2018; ANNUAL GALA 2019
ATHENE LAW, LLP 5432 GEARY BLVD., SUITE 200 SAN FRANCISCO, CA 94121	83-0659938		21,000.	0.			POLICIES TO EXPAND MEDI-CAL ELIGIBILITY: STATE APPROACHES TO THE ASSET TEST; PLANNING
ATLANTIC 57 600 NEW HAMPSHIRE AVE WASHINGTON, DC 20037	04-3483736		62,180.	0.			FUTURE HEALTH WORKFORCE CONTENT STRATEGY; FUTURE HEALTH WORKFORCE CONTENT DEVELOPMENT AND
AUS MARKETING RESEARCH SYSTEMS, INC. - 155 GAITHER DR., STE A - MT. LAUREL, NJ 08054	23-2776958		210,084.	0.			SETTING THE STAGE FOR UNDERSTANDING LOW-INCOME CONSUMERS EXPERIENCE OF CARE IN CALIFORNIA;
AVIA, LLC 111 EAST WACKER DRIVE, SUITE 300 CHICAGO, IL 60601	46-0825548		90,000.	0.			AVIA MEDICAID TRANSFORMATION PROJECT - ACCESS TO NATIONAL NETWORK OF HOSPITAL
BAILIT HEALTH PURCHASING, LLC 56 PICKERING STREET NEEDHAM, MA 02492	04-3340991		223,709.	0.			OPTIONS FOR MULTI-PURCHASER ALIGNMENT IN CALIFORNIA, BUILDING ON SMART CARE IN
BLUE SKY CONSULTING GROUP 1939 HARRISON STREET, SUITE 211 OAKLAND, CA 94612	59-3810591		455,378.	0.			POST-ACA REVENUE OPTIONS ANALYSIS; UPDATE AND REVISIONS TO CALIFORNIA'S HEALTH CARE SAFETY NET

Schedule I (Form 990)

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BLUEPATH HEALTH, INC. 929 SIR FRANCIS DRAKE BLVD., #101C KENTFIELD, CA 94904-1548	46-3484135		148,000.	0.			TELEHEALTH COALITION MANAGEMENT AND MEMBER ENGAGEMENT; MEDI-CAL PLAN TELEHEALTH LANDSCAPE
BOARD OF TRUSTEES OF LELAND STANFORD JUNIOR UNIVERSITY - 450 SERRA MALL - STANFORD, CA 94305	94-1156365	501(C)(3)	1,675,804.	0.			DISTRIBUTE AND MANAGE MATERNAL ADDICTION LANDSCAPE SURVEY; CALIFORNIA BIRTH EQUITY
BRANDEIS UNIVERSITY SCHNEIDER INSTITUTE FOR HEALTH POLICY, THE HELLER SCHOOL MS-035, 415 SOUTH	04-2103552	501(C)(3)	10,000.	0.			PRINCETON CONFERENCE, 2019
CALIFORNIA ACADEMY OF FAMILY PHYSICIANS - 1520 PACIFIC AVENUE - SAN FRANCISCO, CA 94109	94-2938597	501(C)(3)	50,000.	0.			RAISING AWARENESS AND PROMOTING OPEN CONVERSATIONS: WHAT HEALTH CARE PROFESSIONALS
CALIFORNIA ASSOCIATION OF PUBLIC HOSPITALS AND HEALTH SYSTEMS - 70 WASHINGTON STREET, SUITE 215 - OAKLAND, CA 94607	94-2932254	501(C)(3)	156,248.	0.			PREVENTING HARMFUL CHANGES TO U.S. IMMIGRATION POLICY; THE FUTURE OF DELIVERY SYSTEM
CALIFORNIA BUDGET & POLICY CENTER 1107 9TH STREET, SUITE 310 SACRAMENTO, CA 95814	68-0346784	501(C)(3)	150,000.	0.			UNDERSTANDING CALIFORNIA'S PUBLIC MENTAL HEALTH SYSTEM; 2019 POLICY INSIGHTS
CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES - 1501 CAPITOL AVENUE, PO BOX 997415, MS 1101 - SACRAMENTO, CA 95889-7415	68-0317191	CA DHCS	175,000.	0.			SUPPORT FOR IMPLEMENTATION OF FEDERAL MANAGED CARE RULE
CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY - 1600 NINTH STREET, ROOM 460 - SACRAMENTO, CA 95814	68-0281366	CHHS	9,994.	0.			STATEWIDE GUIDANCE ON SHARING SENSITIVE HEALTH INFORMATION; TRAINING AND EDUCATIONAL OPPORTUNITIES
CALIFORNIA HEALTH POLICY STRATEGIES - 580 RIVERGATE WAY - SACRAMENTO, CA 95831	81-1559868		157,454.	0.			REENTRY HEALTH PROJECT: PHASE 2; TOWARD UNIVERSAL COVERAGE: STATE ALTERNATIVES TO THE

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CALIFORNIA HOSPITAL ASSESSMENT AND REPORTING TASK FORCE - 1688 ORVIETTO DRIVE - ROSEVILLE, CA 95661	36-4616681	501(C)(3)	17,825.	0.			CREATING AN OPIOID SAFE HOSPITAL HONOR ROLL
CALIFORNIA IMMIGRANT POLICY CENTER 634 S. SPRING STREET, SUITE 600A LOS ANGELES, CA 90014	81-5304541	501(C)(3)	69,908.	0.			PROTECTING IMMIGRANT FAMILIES IN CALIFORNIA: A PUBLIC CHARGE CAMPAIGN
CALIFORNIA MENTAL HEALTH ADVOCATES FOR CHILDREN & YOUTH - 2201 K STREET - SACRAMENTO, CA 95816	81-3727983	501(C)(3)	10,000.	0.			CONFERENCE SUPPORT FOR CALIFORNIA MENTAL HEALTH ADVOCATES FOR CHILDREN AND YOUTH'S 39TH ANNUAL
CALIFORNIA PAN-ETHNIC HEALTH NETWORK - 1221 PRESERVATION PARK WAY, STE. 200 - OAKLAND, CA 94612	94-3306223	501(C)(3)	677,757.	0.			ADVANCING HEALTH EQUITY AND DELIVERY SYSTEM TRANSFORMATION IN CALIFORNIA
CALIFORNIA PHYSICIAN ALLIANCE 1137 WILSHIRE BLVD. LOS ANGELES, CA 90017	94-3043086	501(C)(3)	25,000.	0.			CORE SUPPORT, 2018
CALIFORNIA PRIMARY CARE ASSOCIATION - 1231 I STREET, SUITE 400 - SACRAMENTO, CA 95814	94-3215565	501(C)(3)	169,000.	0.			CALIFORNIA PRIMARY CARE ASSOCIATION'S ANNUAL CONFERENCE 2018; PUBLIC CHARGE EDUCATION &
CALIFORNIA RURAL INDIAN HEALTH BOARD, INC. - 1020 SUNDOWN WAY - ROSEVILLE, CA 95661	23-7052541	501(C)(3)	10,000.	0.			CONFERENCE SUPPORT: CALIFORNIA TRIBAL OPIOID SUMMIT
CALIFORNIA SCHOOL-BASED HEALTH ALLIANCE - 1203 PRESERVATION PARK WAY, SUITE 302 - OAKLAND, CA 94612	94-3201896	501(C)(3)	10,000.	0.			2019 CALIFORNIA SCHOOL-BASED HEALTH CONFERENCE SUPPORT
CALIFORNIA STATE UNIVERSITY SAN MARCOS FOUNDATION - 333 S. TWIN OAKS VALLEY ROAD - SAN MARCOS, CA 92096	80-0390564	501(C)(3)	69,274.	0.			INTEGRATING PALLIATIVE CARE EDUCATION FOR FUTURE HEALTH CARE WORKFORCE

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CALIFORNIANS FOR DRUG FREE YOUTH 600 B ST., STE. 1450 SAN DIEGO, CA 92101	77-0202396	501(C)(3)	20,000.	0.			THE 2019 CALIFORNIA OPIOID SUMMIT: A SHARED VISION OF HARM REDUCTION AND BEST PRACTICES
CALMATTERS 1017 L STREET, #261 SACRAMENTO, CA 95814	47-2474086		80,000.	0.			CALMATTERS EXPLAINER AND SERIES ON THE BEHAVIORAL HEALTH CARE SYSTEM
CAMDEN COALITION OF HEALTHCARE PROVIDERS - 800 COOPER STREET, 7TH FLOOR, CAMDEN - CAMDEN, NJ 08102	32-0332843	501(C)(3)	20,000.	0.			CONFERENCE SPONSORSHIP PUTTING CARE AT THE CENTER (NATIONAL CENTER FOR COMPLEX HEALTH AND
CAMPANILE FOUNDATION 5500 CAMPANILE DRIVE SAN DIEGO, CA 92182-8030	33-0868418	501(C)(3)	20,000.	0.			SUPPORTING COLLEGE OF HEALTH AND HUMAN SERVICES STUDENTS TO PARTICIPATE IN SDSU STUDY ABROAD
CAPITAL LINK, INC. 40 COURT STREET, 10TH FLOOR BOSTON, MA 02108	52-1593251	501(C)(3)	37,500.	0.			CALIFORNIA COMMUNITY HEALTH CENTERS: FINANCIAL & OPERATIONS PERFORMANCE ANALYSIS, 2013-2017
CASA CORNELIA LEGAL SERVICES 2760 FIFTH AVE., STE. 200 SAN DIEGO, CA 92103	33-0719221	501(C)(3)	75,000.	0.			GENERAL SUPPORT
CATALYZ LLC 1122 E. PIKE STREET, SUITE 767 SEATTLE, WA 98122	81-1322576		80,000.	0.			HUMAN-CENTERED PARTNERSHIPS
CATTANEO & STROUD, INC. 1601 OLD BAYSHORE HIGHWAY, #107 BURLINGAME, CA 94010	94-2956629		69,750.	0.			CALIFORNIA MEDICAL GROUP SURVEY, 2018
CENTER FOR EFFECTIVE PHILANTHROPY INC. - 675 MASSACHUSETTS AVE., 7TH FLOOR - CAMBRIDGE, MA 02139	04-3523528	501(C)(3)	20,000.	0.			CENTER FOR EFFECTIVE PHILANTHROPY (CEP) GENERAL OPERATING SUPPORT 2018-19

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CENTER FOR EXCELLENCE IN HEALTH CARE JOURNALISM - 10 NEFF HALL, MISSOURI SCHOOL OF JOURNALISM - COLUMBIA, MI 65211	41-1908032	501(C)(3)	40,000.	0.			SUPPORT FOR HEALTH JOURNALISM 2019
CENTER FOR HEALTH CARE STRATEGIES, INC. - 200 AMERICAN METRO BLVD., SUITE 119 - HAMILTON, NJ 08619	22-3375015	501(C)(3)	144,401.	0.			HEALTH HOMES TECHNICAL ASSISTANCE TO DHCS; DEVELOPING A BLUEPRINT FOR INTEGRATING PHYSICAL
CENTER FOR HEALTH POLICY DEVELOPMENT - NATIONAL ACADEMY FOR STATE HEALTH POLICY, 2 MONUMENT SQUARE, SUITE 910, PORT -	52-1576801	501(C)(3)	10,000.	0.			NATIONAL ACADEMY FOR STATE HEALTH POLICY'S ANNUAL CONFERENCE
CENTER FOR QUALITY SYSTEMS IMPROVEMENT - 1688 ORVIETTO DRIVE - ROSEVILLE, CA 95661	26-0443177	501(C)(3)	49,858.	0.			UNDERSTANDING AND PROMOTING CONSUMER ACTIVATION THROUGH CAL HOSPITAL COMPARE
CENTRAL AMERICAN RESOURCE CENTER-CARECEN OF NO. CA. - 3101 MISSION ST., STE 101 - SAN FRANCISCO, CA 94110	94-3036508	501(C)(3)	250,000.	0.			GENERAL SUPPORT
CHANGE MATRIX LLC 2251 N. RAMPART BLVD., #365 LAS VEGAS, NV 89128	26-4721525		20,000.	0.			SUPPORT FOR EXPANDING THE BENCH
CHICANA LATINA FOUNDATION 1419 BURLINGAME AVE., SUITE W2 BURLINGAME, CA 94010	94-2923423	501(C)(3)	100,000.	0.			SCIENCE, TECHNOLOGY, ENGINEERING, AND MATHEMATICS (STEM) SCHOLARSHIPS
COALITION FOR COMPASSIONATE CARE OF CALIFORNIA - 2530 RIVER PLAZA DRIVE, SUITE 110 - SACRAMENTO, CA 95833-3675	27-0419836	501(C)(3)	287,336.	0.			PEDIATRIC PALLIATIVE CARE WAIVER TRANSITION ASSISTANCE; STRENGTHENING SERIOUS ILLNESS CARE IN
COLORTHISWORLD COMMUNICATIONS, INC. - 6 MOSS AVENUE - OAKLAND, CA 94610	81-2495966		16,750.	0.			MY BIRTH MATTERS CONSUMER EDUCATION CAMPAIGN

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COMMUNICATIONS NETWORK 777 6TH STREET NW, 11TH FL WASHINGTON, DC 20001	52-2114179	501(C)(3)	25,000.	0.			SUPPORT FOR COMNET 18
COMMUNITY CLINIC ASSOCIATION OF LOS ANGELES COUNTY - 700 S. FLOWER ST, SUITE 3150 - LOS ANGELES, CA 90017	95-4576023	501(C)(3)	20,000.	0.			SUPPORT OF CCALAC'S 2018 POLICY CAFE EVENT SERIES; CCALAC 2019 CONFERENCE SUPPORT
COMMUNITY HEALTH ALLIANCE OF PASADENA - 455 W. MONTANA STREET - PASADENA, CA 91103	95-4536824	501(C)(3)	28,000.	0.			TRANSITIONS CLINIC NETWORK CLINIC GRANT - COMMUNITY HEALTH ALLIANCE FOR PASADENA
COMMUNITY HEALTH COUNCILS, INC. 3731 STOCKER STREET, SUITE 201 LOS ANGELES, CA 90008	95-4487664	501(C)(3)	10,000.	0.			COMMUNITY HEALTH COUNCIL 2018 COMMUNITY BASED RESEARCH SUMMIT
COMMUNITY MEDICAL CENTERS INC 7210 MURRAY DRIVE STOCKTON, CA 95210	94-2437106	501(C)(3)	28,000.	0.			TRANSITIONS CLINIC NETWORK CLINIC GRANT - COMMUNITY MEDICAL CENTERS
COMMUNITY NETWORK FOR APPROPRIATE TECHNOLOGIES - 906 SILVA AVENUE - SANTA ROSA, CA 95404	94-2515452	501(C)(3)	15,000.	0.			PLANNING FOR PEER PILOT EXPANSION INCLUDING DISSEMINATION OF ADVANCE CARE PLANNING TOOLS FOR
COMMUNITY PARTNERS 1000 NORTH ALAMEDA ST, #240 LOS ANGELES, CA 90012	95-4302067	501(C)(3)	50,000.	0.			EXPLORING HOSPICE FOR HOMELESS INDIVIDUALS IN LOS ANGELES COUNTY
CONVERGENCE HEALTH CONSULTING 1688 ORVIETTO DRIVE ROSEVILLE, CA 95661	20-2595242		5,470.	0.			OPIOID MEASURES CONVENINGS: DISCUSSION OF MEASURES TO INFORM SMART CARE CA FUTURE EFFORTS
CORPORATION FOR SUPPORTIVE HOUSING 800 SOUTH FIGUEROA, SUITE 810 LOS ANGELES, CA 90017	13-3600232	501(C)(3)	149,900.	0.			HEALTH HOMES PROGRAM (HHP): HOUSING LINKAGES IN THE INLAND EMPIRE

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COUNCIL ON FOUNDATIONS 1255 23RD STREET NW, SUITE 200 SACRAMENTO, CA 20037	13-6068327	501(C)(3)	25,000.	0.			2019 MEMBERSHIP
COUNTY BEHAVIORAL HEALTH DIRECTORS ASSOCIATION OF CALIFORNIA - 2125 19TH STREET, 2ND FLOOR - SACRAMENTO, CA 95818	68-0232359	501(C)(3)	15,000.	0.			SUPPORT FOR CBHDA POLICY FORUM (DECEMBER 2018)
COUNTY OF LOS ANGELES 2010 ZONAL AVE, OPD BLDG, 4P41 LOS ANGELES, CA 90026	95-6000927	COUNTY OF LA	200,200.	0.			BEHAVIORAL HEALTH INTEGRATION IN PRIMARY CARE: LAC DHS
CSWEETENER 655 REDWOOD HWY, SUITE 360 MILL VALLEY, CA 94941	81-2732188	501(C)(3)	10,000.	0.			INNOVATION FUND ADVISORY COMMITTEE GRANT: GENERAL SUPPORT
EAST VALLEY COMMUNITY HEALTH CENTER - 420 SOUTH GLENDORA AVENUE - WEST COVINA, CA 91790	23-7068586	501(C)(3)	28,000.	0.			TRANSITIONS CLINIC NETWORK CLINIC GRANT - EAST VALLEY COMMUNITY HEALTH CENTER
EMERGENCY MEDICAL SERVICES AUTHORITY - 10901 GOLD CENTER DRIVE, SUITE 400 - RANCHO CORDOVA, CA 95670	94-6001347	CA EMSA	25,000.	0.			EMSA POLST EREGISTRY ONBOARDING
ENGAGE R&D 556 S. FAIR OAKS AVENUE, SUITE 101 PASADENA, CA 91105	82-0676544		60,000.	0.			EVALUATION OF ENCORE PROGRAM TO MATCH RETIRED PHYSICIANS WITH HEALTH CENTERS, PARTNERING TO
EVERYDAY IMPACT CONSULTING 717 K STREET, SUITE 532 SACRAMENTO, CA 95814	81-0689202		25,000.	0.			DEVELOPMENT STRATEGY AND IMPLEMENTATION FOR THE HEALTH PROFESSIONS EDUCATION FOUNDATION
FAMILY HEALTH CENTERS OF SAN DIEGO 823 GATEWAY CENTER WAY SAN DIEGO, CA 92102	95-2833205	501(C)(3)	38,000.	0.			TRANSITIONS CLINIC NETWORK CLINIC GRANT - FAMILY HEALTH CENTERS OF SAN DIEGO; DELIVERY OF

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FENTON COMMUNICATIONS, INC. 630 9TH AVENUE, SUITE 910 NEW YORK, NY 10036	13-3099102		49,955.	0.			DEVELOPMENT OF A COMMUNICATIONS PLAN FOR BLUEPRINT PROJECT
FORENSIC MENTAL HEALTH ASSOCIATION OF CALIFORNIA - 1041 HAMAN WAY - ROSEVILLE, CA 95678	94-2780630	501(C)(3)	10,000.	0.			CONFERENCE SUPPORT FOR WORDS TO DEEDS XII NOVEMBER 15-16, 2018 IN LOS ANGELES
FOUNDATION CENTER 32 OLD SLIP, 24TH FLOOR NEW YORK, CA 10005	13-1837418	501(C)(3)	20,000.	0.			2019 GENERAL SUPPORT (\$12,500 FOR NATIONAL; \$7,500 FOR SF LEARNING CENTER)
FREEDOM FOR IMMIGRANTS 1322 WEBSTER ST., STE. 300 OAKLAND, CA 94612	80-0875881	501(C)(3)	130,000.	0.			GENERAL SUPPORT
FRIENDSHIP HOUSE ASSOCIATION OF AMERICAN INDIANS - 56 JULIAN AVENUE - SAN FRANCISCO, CA 94103-3507	23-7097915	501(C)(3)	75,000.	0.			STRATEGIC PLANNING FOR A NEW WOMEN AND CHILDREN S LODGE
GRANTMAKERS CONCERNED WITH IMMIGRANTS AND REFUGEES - P.O BOX 1100 - SEBASTAPOL, CA 95473	20-2559651	501(C)(3)	5,667.	0.			2018 MEMBERSHIP (AUG-DEC) & 2019 (JAN-DEC) MEMBERSHIP
GRANTMAKERS FOR EFFECTIVE ORGANIZATIONS - 1310 L STREET, NW, SUITE 650 - WASHINGTON, DC 20005	01-0669150	501(C)(3)	24,690.	0.			SUPPORT FOR GRANTMAKERS FOR EFFECTIVE ORGANIZATIONS (GEO) 2019 LEARNING CONFERENCE; 2019
GRANTMAKERS IN HEALTH 1100 CONNECTICUT AVE NW, STE 1200 WASHINGTON, DC 20036-4110	13-3206571	501(C)(3)	40,000.	0.			SUPPORT FOR GIH 2018 ANNUAL CONFERENCE; 2019 MEMBERSHIP; GRANTMAKERS IN HEALTH (GIH) ANNUAL
GREG FACKTOR & ASSOCIATES, LLC 316 N. ROSSMORE AVENUE, SUITE 505 LOS ANGELES, CA 90004-2415	46-2478293		58,310.	0.			COMMUNITY HEALTH CENTER MERGERS & ACQUISITIONS ROADMAP AND TOOLKIT PROJECT

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HARC INC. 41550 ECLECTIC STREET PALM DESERT, CA 92260	20-5719074	501(C)(3)	10,000.	0.			IMPROVE AVAILABILITY OF, AND ACCESS TO, HEALTH CARE
HEALTH ACCESS FOUNDATION 1127 11TH STREET, SUITE 234 SACRAMENTO, CA 95814	93-0957949	501(C)(3)	153,000.	0.			TOWARD UNIVERSAL COVERAGE: HEALTH ACCESS FOUNDATION COVERAGE EXPANSION WORK; 2019
HEALTH CARE CONFERENCE ADMINISTRATORS L.L.C. - 37 TATOOSH KEY - BELLEVUE, WA 98006	91-1892021		10,000.	0.			SAFETY NET SCHOLARSHIPS FOR ANNUAL NATIONAL VALUE-BASE PAYMENT & PAY FOR PERFORMANCE SUMMIT,
HEALTH CAREER CONNECTION, INC. 267 DEERFIELD DRIVE MORAGA, CA 94556	25-1904312	501(C)(3)	100,000.	0.			2018 SUMMER INTERN PROGRAM
HEALTH EDUCATION COUNCIL SERVING POPULATIONS AT RISK - 3950 INDUSTRIAL BOULEVARD, SUITE 600 - SACRAMENTO, CA 95691	68-0249296	501(C)(3)	20,000.	0.			VENTANILLA DE SALUD MENTE SANA, VIDA SANA MENTAL HEALTH SCREENINGS TO REDUCE CHRONIC DISEASES
HEALTH EVOLUTION SERVICES, LLC 50 FRANCISCO STREET, SUITE 203 SAN FRANCISCO, CA 94133	90-0869370		42,000.	0.			PILOT SCHOLARSHIP SUPPORT FOR NON-CLINICAL EXECUTIVES IN HEALTH CARE; SCHOLARSHIP AND
HEALTH MANAGEMENT ASSOCIATES ONE MICHIGAN AVENUE BUILDING, 120 N. WASHINGTON SQUARE, SUITE 705 - LANSING,	38-2599727		374,821.	0.			ENSURING ACCESS TO MEDICATION-ASSISTED TREATMENT (MAT) IN LA COUNTY JAILS; MAT IN JAIL
HEALTH SCIENCES HIGH SCHOOL AND MIDDLE COLLEGE - 3910 UNIVERSITY AVENUE, SUITE 100 - SAN DIEGO, CA 92105	20-5886784	501(C)(3)	10,000.	0.			FACULTY SCHOLARSHIP FUNDS: TRAINING STUDENTS FOR HEALTH CARE CAREERS
HEALTHIDX, INC 100 KEYES ROAD, SUITE 204 CONCORD, MA 01742	47-3764634		25,000.	0.			CONTROLLED SUBSTANCE UTILIZATION REVIEW AND EVALUATION SYSTEM (CURES) INTEROPERABILITY

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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HEALTHRIGHT 360 1833 FILLMORE ST., 3RD FL. SAN FRANCISCO, CA 94115	94-6129071	501(C)(3)	20,000.	0.			INNOVATION FUND ADVISORY COMMITTEE GRANT: GENERAL SUPPORT; ACCELERATING MERGERS TO ADVANCE SCALE:
HEALTHTECH CAPITAL MANAGEMENT, LLC 12133 FOOTHILL LANE LOS ALTOS HILLS, CA 94022	27-2398824		10,000.	0.			2019 MEMBERSHIP
HILL COUNTRY COMMUNITY CLINIC 29632 HWY 299 E, P.O. BOX 228 ROUND MOUNTAIN, CA 96084	94-2831597	501(C)(3)	28,000.	0.			TRANSITIONS CLINIC NETWORK CLINIC GRANT - HILL COUNTRY HEALTH AND WELLNESS CENTER
HISPANICS IN PHILANTHROPY 414 13TH STREET, SUITE 200 OAKLAND, CA 94612	94-3040607	501(C)(3)	15,000.	0.			2019 MEMBERSHIP; MY BIRTH MATTERS- C-SECTION CAMPAIGN IN SPANISH
HOMELESS PRENATAL PROGRAM, INC. 2500 18TH STREET SAN FRANCISCO, CA 94110	94-3146280	501(C)(3)	20,100.	0.			ANNUAL EVENTS IN 2018; EVENTS IN 2019 AND OTHER SERVICES, INCLUDING HEALTHY BABIES PROGRAM;
IMMIGRANT LEGAL RESOURCE CENTER 1458 HOWARD STREET SAN FRANCISCO, CA 94103	94-2939540	501(C)(3)	25,000.	0.			ASSESSING NEW OPPORTUNITIES FOR LEGAL-MEDICAL SUPPORT TO PRESERVE HEALTH CARE
INDEPENDENT SECTOR 1602 L STREET, NW, SUITE 900 WASHINGTON, DC 20036	52-1081024	501(C)(3)	17,500.	0.			SUPPORT FOR UPSWELL LA EVENT NOVEMBER 14-16, 2018; 2019 MEMBERSHIP
INFORMING CHANGE 2040 BANCROFT WAY STE 400 BERKELEY, CA 94704	94-3297997		149,990.	0.			CHCF HEALTH CARE LEADERSHIP PROGRAM: 2019 EVALUATION AND STRATEGIC CONSULTING ENGAGEMENT
INSTITUTE FOR COMMUNITY HEALTH 350 MAIN STREET, 5TH FLOOR MALDEN, MA 02148	04-3543853	501(C)(3)	102,145.	0.			GIVING MORE THAN YOU GET? QUANTIFYING IMMIGRANTS' CONTRIBUTIONS AND EXPENDITURES TO PRIVATE

Schedule I (Form 990)

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INSTITUTO FAMILIAR DE LA RAZA 2919 MISSION STREET SAN FRANCISCO, CA 94110	94-2523608	501(C)(3)	10,000.	0.			ANNIVERSARY EVENT, 2018
INSURE THE UNINSURED PROJECT 1107 9TH STREET, SUITE 1025 SACRAMENTO, CA 95814	27-4159194	501(C)(3)	550,000.	0.			TOWARD UNIVERSAL COVERAGE: 2018 COVERAGE EXPANSION POLICY EXPLAINERS; ITUP 23RD
INTEGRATED HEALTHCARE ASSOCIATION 500 12TH STREET, STE 300 OAKLAND, CA 94607	94-3211035	501(C)(6)	314,853.	0.			SUPPORTING SMART CARE CALIFORNIA'S IMPLEMENTATION OF STRATEGIC RECOMMENDATIONS
JDRF INTERNATIONAL 26 BROADWAY, 14TH FL. NEW YORK, NY 10004	23-1907729	501(C)(3)	7,500.	0.			GENERAL SUPPORT
JEWISH FAMILY SERVICE OF SAN DIEGO 8804 BALBOA AVE SAN DIEGO, CA 92123	95-1644024	501(C)(3)	100,000.	0.			GENERAL SUPPORT
JOHNS HOPKINS UNIVERSITY 615 NORTH WOLFE STREET BALTIMORE, MD 21205-2103	52-0595110	501(C)(3)	12,500.	0.			USE OF HOME-BASED PRIMARY AND PALLIATIVE CARE IN THE MEDICAID PROGRAM
JSI RESEARCH & TRAINING INSTITUTE, INC. - 44 FARNSWORTH STREET - BOSTON, MA 02210	04-2679824	501(C)(3)	82,451.	0.			EVALUATION OF L.A. CARE'S EMANAGEMENT PROGRAM; HEALTH PLAN PERSPECTIVES ON RATE ADJUSTMENT
JUSTICE IN AGING 3660 WILSHIRE BLVD, SUITE 718 LOS ANGELES, CA 90010	95-3132674	501(C)(3)	25,000.	0.			WHITE PAPER ON PALLIATIVE CARE FOR DUALY ELIGIBLE INDIVIDUALS
JWCH INSTITUTE, INC. 5650 JILSON STREET COMMERCE, CA 90040	95-2289916	501(C)(3)	28,000.	0.			TRANSITIONS CLINIC NETWORK CLINIC GRANT - JWCH

Schedule I (Form 990)

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KERN COMMUNITY FOUNDATION 3300 TRUXTUN AVENUE, SUITE 220 BAKERSFIELD, CA 93301	77-0555874	501(C)(3)	15,000.	0.			SCHOLARSHIPS FOR CENTRAL VALLEY STUDENTS ENTERING THE HEALTH CARE PROFESSIONS
LA MAESTRA FAMILY CLINIC, INC. 4060 FAIRMOUNT AVENUE SAN DIEGO, CA 92105	33-0473171	501(C)(3)	28,000.	0.			TRANSITIONS CLINIC NETWORK CLINIC GRANT - LA MAESTRA FAMILY CLINIC
LATINO CENTER FOR PREVENTION AND ACTION IN HEALTH AND WELFARE - 450 W. 4TH STREET, SUITE 130 - SANTA ANA, CA 92701	33-0562943	501(C)(3)	99,700.	0.			25TH ANNIVERSARY, BUSINESS PLANNING AND MEDIA STRATEGY WORK FOR LATINO HEALTH ACCESS
LEADING RESOURCES INC. 1930 N STREET SACRAMENTO, CA 95811	91-1762703		57,375.	0.			PLANNING GRANT: WORKFORCE COMMISSION PROCESS ANALYSIS; WORKFORCE COMMISSION PROCESS
LIFECOURSE STRATEGIES, LLC P.O. BOX 877 ORINDA, CA 94563	20-5638409		15,000.	0.			PROJECT MANAGEMENT OF CALIFORNIA PUBLIC HOSPITAL PALLIATIVE CARE LEARNING COMMUNITY
LIFELONG MEDICAL CARE 2344 SIXTH STREET BERKELEY, CA 94710	94-2502308	501(C)(3)	38,000.	0.			GENERAL SUPPORT; TRANSITIONS CLINIC NETWORK CLINIC GRANT - LIFELONG MEDICAL CARE
MANATT, PHELPS & PHILLIPS, LLP ONE EMBARCADERO CENTER, 29TH FLOOR SAN FRANCISCO, CA 94111	95-2375841		537,250.	0.			DATA-SHARING IN THE CONTEXT OF THE OPIOID EPIDEMIC; OPIOID INITIATIVE IMPLEMENTATION
MARJAREE MASON CENTER 1600 M STREET FRESNO, CA 93721	94-1156639	501(C)(3)	25,000.	0.			HEALTH CARE NEEDS ASSESSMENT OF DOMESTIC VIOLENCE VICTIMS
MATERNAL SAFETY FOUNDATION PO BOX 1584 BENTONVILLE, AR 72712	82-5018868	501(C)(3)	5,994.	0.			MY BIRTH MATTERS SOCIAL MEDIA OUTREACH

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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MATHEMATICA POLICY RESEARCH, INC. P.O. BOX 2393 PRINCETON, NJ 08543-2393	22-2112296		363,276.	0.			LANDMARK HEALTH EVALUATION - IMPLEMENTATION; QUANTIFYING THE COST OF
MEDIA IMPACT FUNDERS INC. 200 WEST WASHINGTON SQUARE, #220 PHILADELPHIA, PA 19106	26-1948166	501(C)(3)	10,000.	0.			2018 MEMBERSHIP (SEP-DEC) AND 2019 (JAN-DEC) MEMBERSHIP
MENTAL HEALTH CALIFORNIA 4301 BROOKFIELD DR., #233533 SACRAMENTO, CA 95823	81-5335719	501(C)(3)	10,000.	0.			2018 CALIFORNIA CHAMPIONS OF MENTAL HEALTH CHARITY AWARDS DINNER
METROPOLITAN GROUP, LLC 519 SW 3RD AVE., SUITE 700 PORTLAND, OR 97204	93-1308687		84,950.	0.			COMMUNICATION FOR MEDICATION ASSISTED TREATMENT (MAT) EXPANSION PROJECT
MIXTECO INDIGENA COMMUNITY ORGANIZING PROJECT - 520 W. FIFTH STREET, SUITE F - OXNARD, CA 93030	30-0045901	501(C)(3)	10,000.	0.			FOR OUTREACH TO MEXICAN LNDIGENA COMMUNITY WITH INFORMATION ABOUT DOMESTIC VIOLENCE AND
NATIONAL ACADEMY OF SCIENCES 500 5TH STREET NW WASHINGTON, DC 20001	53-0196932	501(C)(3)	100,000.	0.			HEALTH AND MEDICINE RELATED ACTIVITIES; NATIONAL ACADEMY OF MEDICINE'S LEADERSHIP
NATIONAL ASSOCIATION OF HEALTH DATA ORGANIZATIONS - 124 SOUTH 400 EAST, SUITE 220 - SALT LAKE CITY, UT 84111	52-1563768	501(C)(3)	29,579.	0.			ANNUAL NAHDO CONFERENCE, 2018; THE ABCS OF ALL PAYOR CLAIMS DATABASES - HOW HAVE STATES USED DATA
NATIONAL COALITION ON HEALTH CARE 1111 14TH STREET, NW, #900 WASHINGTON, DC 20005	52-1687849	501(C)(3)	39,675.	0.			ORIENTING NEW CONGRESSIONAL MEMBERS TO THE AFFORDABLE CARE ACT AND MEDICAID'S CRITICAL
NATIONAL OPINION RESEARCH CENTER 55 EAST MONROE ST. CHICAGO, IL 60603	36-2167808	501(C)(3)	1,064,494.	0.			EMPLOYER BENEFITS SURVEY, 2018; LISTENING TO LOW-INCOME CALIFORNIANS

Schedule I (Form 990)

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NORTHERN CALIFORNIA GRANTMAKERS 160 SPEAR STREET, SUITE 360 SAN FRANCISCO, CA 94105	94-2761355	501(C)(3)	17,500.	0.			2019 MEMBERSHIP
OREGON COMMUNITY HEALTH INFORMATION NETWORK - 1881 SW NAITO PARKWAY - PORTLAND, OR 97201	20-0195556	501(C)(3)	316,768.	0.			INTEGRATION OF MEDITATION-ASSISTED TREATMENT TOOL AND WORKFLOWS INTO ELECTRONIC
PACIFIC BUSINESS GROUP ON HEALTH 575 MARKET STREET, SUITE 600 SAN FRANCISCO, CA 94105	94-3093623	501(C)(3)	418,767.	0.			PLANNING GRANT - SUSTAINING AND SPREADING PRACTICE TRANSFORMATION IN CALIFORNIA; CORE
PACIFIC HEALTH CONSULTING GROUP 72 OAK KNOLL AVENUE SAN ANSELMO, CA 94960	68-0403180		193,496.	0.			CALIFORNIA SENATE BILL 17 (SB17) IMPLEMENTATION WORKSHOPS; PUBLICATION: PAYMENT STRATEGIES FOR
PASCHAL ROTH PUBLIC AFFAIRS, INC. 1127 11TH STREET, SUITE 824 SACRAMENTO, CA 95814	26-3273301		196,000.	0.			TELEHEALTH STRATEGIC COMMUNICATIONS PLAN PROPOSAL; COMMUNICATION SUPPORT FOR WORKFORCE
PERRY UNDEM LLC 4800 HAMPDEN LN, STE 200 PMB228 BETHESDA, MD 20814	46-1891050		351,560.	0.			UNDERSTANDING LOW-INCOME CALIFORNIANS ATTITUDES AND EXPERIENCES WITH SERIOUS ILLNESS AND END
PETALUMA HEALTH CENTER 1455 N. MCDOWELL BLVD PETALUMA, CA 94954	68-0437840	501(C)(3)	75,000.	0.			COASTAL HEALTH ALLIANCE ACQUISITION PLANNING GRANT & TOOLKIT DEVELOPMENT SUPPORT
PETER HARBAGE CONSULTING, LLC 1400 K STREET, SUITE 204 SACRAMENTO, CA 95814	26-2265256		604,355.	0.			DRUG MEDI-CAL ORGANIZED DELIVERY SYSTEM PILOT IMPLEMENTATION; TECHNICAL ASSISTANCE TO DHCS YEAR
PROJECT HOPE - THE PEOPLE-TO-PEOPLE HEALTH FOUNDATION - 7500 OLD GEORGETOWN ROAD, SUITE 600 - BETHESDA, MD 20814-6133	53-0242962	501(C)(3)	50,000.	0.			HEALTH AFFAIRS STRATEGIC PLANNING

Schedule I (Form 990)

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PUBLIC HEALTH INSTITUTE 555 12TH STREET, 10TH FLOOR OAKLAND, CA 94607-4046	94-1646278	501(C)(3)	579,000.	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)	10,000.	0.			PPIC SPEAKER SERIES ON CALIFORNIA'S FUTURE, 2019
PYRAMID COMMUNICATIONS 1932 FIRST AVENUE, SUITE 507 SEATTLE, WA 98101	91-1622387		167,445.	0.			DESIGN AND FACILITATION OF THE TECHNICAL ASSISTANCE PROVIDERS FORUM
RAND CORPORATION 1776 MAIN STREET, M4W SANTA MONICA, CA 90407-2138	95-1958142	501(C)(3)	691,967.	0.			EVALUATION OF THE SUSTAINABLE MODELS FOR TELEHEALTH IN THE SAFETY NET INITIATIVE: IMPACT
REDWOOD EMPIRE PUBLIC TELEVISION, INC. - 7246 HUMBOLDT HILL ROAD - EUREKA, CA 95503	94-1658168	501(C)(3)	10,000.	0.			DOCUMENTARY ON ADVERSE CHILDHOOD EXPERIENCES AND ADDICTION IN HUMBOLDT COUNTY
ROCK HEALTH, INC. 301 HOWARD STREET, SUITE 950 SAN FRANCISCO, CA 94105	45-1204321	501(C)(3)	25,000.	0.			SPONSORSHIP FOR ROCK HEALTH SUMMIT, 2018
RUBEN DELUNA CREATIVE 8812 SILVERARROW CIRCLE AUSTIN, TX 78759	81-1155969		13,950.	0.			TOWARD UNIVERSAL COVERAGE: UNINSURED CALIFORNIANS ANIMATION
RUBICONMD, INC. 330 HUDSON STREET, SUITE 302 NEW YORK, NY 10013	46-3434920		50,000.	0.			RUBICONMD AND CERNER INTEGRATION FOR SAN JOAQUIN
SAN DIEGO FAMILY CARE 6973 LINDA VISTA ROAD SAN DIEGO, CA 92111	95-2700856	501(C)(3)	10,000.	0.			SUPPORT MEDICAL CARE AND MENTAL HEALTH SERVICES

Schedule I (Form 990)

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SAN FRANCISCO IN HOME SUPPORTIVE SERVICES PUBLIC AUTHORITY - 832 FOLSOM ST., 9TH FL. - SAN FRANCISCO, CA 94107	68-0376444	SF IHSS	7,500.	0.			SAN FRANCISCO PALLIATIVE CARE WORKGROUP HEALTH CARE DECISIONS DAY CAMPAIGN
SAN FRANCISCO PUBLIC HEALTH FOUNDATION - 1855 FOLSOM ST., #520 - SAN FRANCISCO, CA 94103	94-3117093	501(C)(3)	1,345,337.	0.			TRANSITIONS CLINIC NETWORK: PLANNING GRANT FOR STATEWIDE LEARNING COLLABORATIVE;
SAN JOAQUIN COUNTY CLINICS 500 W HOSPITAL ROAD FRENCH CAMP, CA 95213	45-4464197	501(C)(3)	28,000.	0.			TRANSITIONS CLINIC NETWORK CLINIC GRANT - SAN JOAQUIN COUNTY CLINICS
SANTA ROSA COMMUNITY HEALTH CENTERS - 3569 ROUND BARN CIRCLE - SANTA ROSA, CA 95403-5781	68-0365296	501(C)(3)	28,000.	0.			TRANSITIONS CLINIC NETWORK CLINIC GRANT - SANTA ROSA COMMUNITY HEALTH CENTERS
SILICON VALLEY COMMUNITY FOUNDATION - 2440 WEST EL CAMINO REAL, STE. 300 - MOUNTAIN VIEW, CA 94040-1498	20-5205488	501(C)(3)	20,000.	0.			CALIFORNIA GUBERNATORIAL DEBATE, 2018
SMALL BUSINESS MAJORITY FOUNDATION, INC. - 4000 BRIDGEWAY, SUITE 305 - SAUSALITO, CA 94965	03-0576666	501(C)(3)	200,000.	0.			COMMUNICATING THE SMALL BUSINESS CASE FOR COVERAGE: SMALL BUSINESS MAJORITY 2019-2020
SOLANO PRIDE CENTER 1234 EMPIRE ST., SUITE 1560 FAIRFIELD, CA 94533	68-0477185	501(C)(3)	10,000.	0.			IMPROVE ACCESS TO MENTAL HEALTH CARE FOR LGBTQ, FILIPINO, AND LATINO POPULATIONS
SOUTHERN CALIFORNIA GRANTMAKERS 1000 N. ALAMEDA STREET, SUITE 230 LOS ANGELES, CA 90012	95-2831058	501(C)(3)	31,000.	0.			ANNUAL CONFERENCE, 2018; 2019 MEMBERSHIP; SUPPORT FOR SOUTHERN CALIFORNIA GRANTMAKERS 2019 ANNUAL
SPANISH-SPEAKING UNITY COUNCIL OF ALAMEDA COUNTY INC. - 1900 FRUITVALE AVE SUITE 2A - OAKLAND, CA 94601	94-1670490	501(C)(3)	20,000.	0.			PLANNING GRANT FOR HEALTH-RELATED WORK AND HEALTH INITIATIVES

Schedule I (Form 990)

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SPEIRE HEALTHCARE STRATEGIES, LLC 40 BURTON HILLS BLVD, SUITE 200 NASHVILLE, TN 37215	82-1624040		25,514.	0.			PRIMED: A ROUNDTABLE SERIES ON TECH-ENABLED INNOVATION IN MEDICAID; J.P. MORGAN PRESENTATION
SPUR - SAN FRANCISCO BAY AREA PLANNING & URBAN RESEARCH ASSOCIATION - 654 MISSION STREET - SAN FRANCISCO, CA 94105	94-1498232	501(C)(3)	25,000.	0.			BUILDING HEALTHY PLACES MOVEMENT IN OAKLAND, CA
ST ADVISORS, INC. 2349 GREEN STREET SAN FRANCISCO, CA 94123	45-5053693		25,000.	0.			LANDSCAPE OF TELE-MAT COMPANIES
ST. JOHN'S WELL CHILD AND FAMILY CENTER, INC. - 808 W. 58TH STREET - LOS ANGELES, CA 90037	95-4067758	501(C)(3)	28,000.	0.			TRANSITIONS CLINIC NETWORK CLINIC GRANT - ST. JOHN'S WELL CHILD AND FAMILY CENTER INC.
STARLING ADVISORS LLC 4035 WASHINGTON AVE NEW ORLEANS, LA 70125	30-0888850		64,614.	0.			PARTNERSHIPS TO ENHANCE THE CAPACITY AND SUSTAINABILITY OF THE SAFETY NET
STARTUP HEALTH 85 BROAD STREET, 29TH FLOOR NEW YORK, NY 10004	45-4362441		35,000.	0.			STARTUP HEALTH 2019 CONFERENCE; ANNUAL HEALTH 2.0 CONFERENCE, 2018 - HEALTH TRANSFORMER
THE ASPEN INSTITUTE, INC. 2300 N STREET, NW SUITE 700 WASHINGTON, CA 20037	84-0399006	501(C)(3)	135,499.	0.			ASSESSING THE EFFECTIVENESS OF THE CHCF HEALTH JOURNALISM GRANT PORTFOLIO
THE CALIFORNIA HEALTH CARE SAFETY NET INSTITUTE - 70 WASHINGTON STREET, SUITE 215 - OAKLAND, CA 94607	94-2970752	501(C)(3)	223,026.	0.			SUPPORTING SUCCESS IN WHOLE PERSON CARE: DATA SHARING; CAPH/SNI ANNUAL CONFERENCE, 2018
THE CALIFORNIA REGIONAL EXTENSION CENTER - 2230 L STREET - SACRAMENTO, CA 95816	27-0879297	501(C)(3)	10,000.	0.			2019 CALHIPSO (CALIFORNIA HEALTH INFORMATION PARTNERSHIP & SERVICES ORGANIZATION) "HIT

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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THE CHILDRENS PARTNERSHIP 811 WILSHIRE BOULEVARD, SUITE 1000 LOS ANGELES, CA 90017	46-4106389	501(C)(3)	129,232.	0.			PRESERVING HEALTH COVERAGE FOR IMMIGRANTS: QUALITATIVE RESEARCH & STORIES
THE HEALTH COMMUNICATION RESEARCH INSTITUTE INC. - 5025 J STREET, SUITE 311 - SACRAMENTO, CA 95819	68-0195121	501(C)(3)	25,000.	0.			SUPPORT FOR JOSHUA'S HOUSE
THE MAVEN PROJECT 3838 CALIFORNIA STREET, SUITE 316 SAN FRANCISCO, CA 94118	46-5370676	501(C)(3)	40,000.	0.			GENERAL SUPPORT
THE URBAN INSTITUTE 2100 M STREET NW WASHINGTON, DC 20037	52-0880375	501(C)(3)	30,000.	0.			COUNTY REPORT CARDS: CALCULATING NUMBERS OF PEOPLE WITH OPIOID USE DISORDER FOR RURAL
THE YOUNG CENTER FOR IMMIGRANT CHILDRENS RIGHTS - 6020 S. UNIVERSITY AVE - CHICAGO, IL 60637	26-1839249	501(C)(3)	145,000.	0.			GENERAL SUPPORT
TIDES CENTER 1438 WEBSTER STREET, SUITE 101 OAKLAND, CA 94612	94-3213100	501(C)(3)	208,936.	0.			ADVANCING HEALTH CENTERS' POPULATION HEALTH MANAGEMENT CAPABILITIES; PLANNING GRANT: LAUNCH OF
TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA - 423 GUARDIAN DR - PHILADELPHIA, PA 19104	23-1352685	501(C)(3)	22,500.	0.			HEALTH CARE PODCAST PILOT BY REPORTER DAN GORENSTEIN
UC DAVIS FOUNDATION ONE SHIELDS AVENUE DAVIS, CA 95616-5270	94-6081352	501(C)(3)	82,000.	0.			TO SUPPORT THE BETTY IRENE MOORE SCHOOL OF NURSING AT UC DAVIS; TRAIN THE TRAINER (T3):
UC HASTINGS FOUNDATION 200 MCALLISTER ST. STE. 209 SAN FRANCISCO, CA 94102	23-7135898	501(C)(3)	148,318.	0.			GENERAL SUPPORT OF THE CENTER FOR GENDER & REFUGEE STUDIES, UC HASTINGS COLLEGE OF THE

Schedule I (Form 990)

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UNIVERSITY OF CALIFORNIA, BERKELEY 200 CALIFORNIA HALL # 1500 BERKELEY, CA 94720	94-6002123	501(C)(3)	549,459.	0.			TOWARD UNIVERSAL COVERAGE: EXPANDING COVERAGE BY INCREASING AFFORDABILITY FOR
UNIVERSITY OF CALIFORNIA, DAVIS ONE SHIELDS AVENUE DAVIS, CA 95616	94-6036494	501(C)(3)	29,967.	0.			EXAMINING 10 YEARS OF MEDI-CAL BUDGET CHANGES; CONFERENCE SUPPORT FOR PEDIATRIC TELEHEALTH
UNIVERSITY OF CALIFORNIA, IRVINE 510 ALDRICH HALL IRVINE, CA 92697	95-2226406	501(C)(3)	40,000.	0.			UC IRVINE HEALTH CARE FORECAST CONFERENCE, 2019
UNIVERSITY OF CALIFORNIA, LOS ANGELES - 405 HILGARD AVENUE - LOS ANGELES, CA 90095	95-6006143	501(C)(3)	337,567.	0.			TOWARD UNIVERSAL COVERAGE: UNDERSTANDING HEALTH AND OTHER CHARACTERISTICS OF
UNIVERSITY OF CALIFORNIA, SAN FRANCISCO - 500 PARNASSUS AVENUE - SAN FRANCISCO, CA 94143	94-6036493	501(C)(3)	1,257,422.	0.			TECHNICAL ASSISTANCE FOR PAYER/PROVIDER PARTNERSHIPS; INTERPROFESSIONAL
UNIVERSITY OF CALIFORNIA, SAN FRANCISCO FOUNDATION - P.O BOX 0248 - SAN FRANCISCO, CA 94143	94-2829914	501(C)(3)	100,000.	0.			UC CRIMINAL JUSTICE AND HEALTH CONSORTIUM
UNIVERSITY OF SOUTHERN CALIFORNIA 3720 SOUTH FLOWER ST, STE 325 LOS ANGELES, CA 90089-4019	95-1642394	501(C)(3)	643,434.	0.			EVALUATION OF OMADA DIABETES PREVENTION PROGRAM ADOPTION IN THE SAFETY NET;
VIA CARE COMMUNITY HEALTH CENTER 501 S. ATLANTIC BLVD LOS ANGELES, CA 90022-2621	80-0699156	501(C)(3)	28,000.	0.			TRANSITIONS CLINIC NETWORK CLINIC GRANT - VIA CARE COMMUNITY HEALTH CENTER
VILCAP, INC 1101 K STREET NW, SUITE 920 WASHINGTON, DC 20005	27-4059343	501(C)(3)	194,568.	0.			SERIES OF MULTI-STATE MEDICAID INNOVATION BRIEFINGS TO IDENTIFY CHALLENGES AND SOLUTIONS

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
VPE PUBLIC RELATIONS 316 W. 2ND ST., #1202 LOS ANGELES, CA 91001	95-4350808		10,000.	0.			RESEARCH TO INFORM FUTURE GRANT MAKING TO SPANISH-LANGUAGE MEDIA IN L.A. AND CENTRAL VALLEY
WE HOPE 1854 BAY ROAD EAST PALO ALTO, CA 94303	94-3342713	501(C)(3)	50,000.	0.			TELEHEALTH AND BEHAVIORAL HEALTH PROGRAM FOR THE HOMELESS POPULATION
WESTERN CENTER ON LAW AND POVERTY 3701 WILSHIRE BOULEVARD, SUITE 208 LOS ANGELES, CA 90010-2809	95-2897721	501(C)(3)	20,000.	0.			STATUS OF IMPLEMENTING TIMELY ACCESS TO CARE STANDARDS IN CALIFORNIA
WHITE MOUNTAIN RESEARCH ASSOCIATES, LLC - P.O. BOX 760 - WALPOLE, NH 03608-0760	22-3783652		14,700.	0.			EVALUATION OF HEALTHFINCH'S IMPLEMENTATION OF THE CHARLIE PRACTICE

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
CALIFORNIA HEALTH PLANS AND INSURERS, 2018 EDITION	1	76,700.	0.		
HEALTH INFORMATION EXCHANGE AND THE MEDICALLY UNDERSERVED: A CALIFORNIA LANDSCAPE ASSESSMENT	1	76,630.	0.		
THE HUB INNOVATION PROGRAM EVALUATION PLAN	1	75,000.	0.		
COMMUNITY PARAMEDICINE PILOT PROJECT MANAGEMENT	1	65,000.	0.		
AN EXAMINATION OF ELECTRONIC HEALTH RECORDS (ERH) OPTIONS AND MIGRATION COSTS - A GUIDE FOR FEDERALLY QUALIFIED HEALTH CLINICS IN CALIFORNIA CONTEMPLATING A CHANGE IN EHRS	1	52,155.	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
OUTREACH AND DISSEMINATION OF MY BIRTH MATTERS MATERIALS	1.	51,832.	0.		
TRANSITIONS CLINIC NETWORK FINANCIAL SUSTAINABILITY: BUSINESS CONSULTANT SUPPORT	1.	48,920.	0.		
2019 ALMANAC MATERNITY CARE REPORT	1.	45,000.	0.		
STRENGTHENING SERIOUS ILLNESS CARE IN MEDI-CAL - SB 1004 AND BEYOND	2.	41,000.	0.		
ASSESS STRATEGIC AND BUSINESS OPTIONS FOR CENTER FOR CONNECTED HEALTH POLICY	1.	38,750.	0.		
HEALTH CARE COSTS 101, 2019 EDITION	1.	34,900.	0.		
"LISTENING TO MOTHERS" SURVEY 4-PART VIDEO SERIES	1.	34,830.	0.		
VERATO PLANNING SUPPORT	1.	34,125.	0.		
CALIFORNIA BIRTH EQUITY COLLABORATIVE PILOT	1.	29,706.	0.		

Schedule I (Form 990)

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
PROJECT MANAGEMENT FOR BEHAVIORAL HEALTH INTEGRATION RESEARCH	1.	26,960.	0.		
CONSULTATION ON INTEGRATING PHYSICAL AND BEHAVIORAL HEALTH FOR MEDI-CAL ENROLLEES	1.	26,250.	0.		
WORKFORCE DEVELOPMENT: NOMAD IMPLEMENTATION	1.	26,000.	0.		
IMPROVING USER EXPERIENCE AND FUNCTIONALITY OF CA OPIOID DASHBOARD: PLANNING GRANT	1.	25,000.	0.		
PLANNING GRANT SUPPORT FOR HEALTH TECH 4 MEDICAID	1.	24,800.	0.		
TOWARD UNIVERSAL COVERAGE: ELIGIBLE BUT NOT ENROLLED IN MEDI-CAL LANDSCAPE AND STRATEGY ANALYSIS	1.	24,500.	0.		
HEALTH WORKFORCE COMMISSIONER TESTIMONIALS	1.	24,367.	0.		
EXPLAINER: UNDERSTANDING CONSUMER COST-SHARING IN CALIFORNIA'S INDIVIDUAL MARKET	2.	20,475.	0.		
"HOW DO YOU PAY FOR THAT?" PUBLICATION SERIES ON MEDICALLY-ASSISTED TREATMENT INTEGRATION	1.	19,250.	0.		

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
RESEARCH AND TECHNICAL ASSISTANCE ON PROPOSED CHANGES TO PUBLIC CHARGE POLICY	1.	18,000.	0.		
FACILITATION: CONVENING ON MATERNAL MENTAL HEALTH IN CA	1.	15,800.	0.		
CHCF TELEHEALTH PATIENT TESTIMONIAL VIDEO	1.	15,499.	0.		
LISTENING TO MOTHERS: PROJECT MANAGEMENT AND REPORT SUPPORT	1.	13,750.	0.		
NEXT PHASE: TREATMENT STARTS HERE: CHCF MEDICALLY-ASSISTED TREATMENT ADVISORY GROUP 2019 MEETINGS	1.	13,450.	0.		
OPIOID EXPOSURE IN PREGNANCY TRAINING MODULES	1.	12,350.	0.		
DENTAL VAN VIDEOS	1.	10,995.	0.		
CALIFORNIA MATERNAL QUALITY CARE COLLABORATIVE CONSUMER WEBSITE USER TESTING	1.	9,895.	0.		
PLANNING GRANT: INTEGRATING EMERGENCY DEPARTMENT-BRIDGE AND PROJECT SHOUT (SUPPORT FOR HOSPITAL OPIOID USE TREATMENT) INTO ONE STATE-SUPPORTED EXPANSION PROGRAM	1.	9,755.	0.		

Schedule I (Form 990)

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
TREATMENT STARTS HERE: CHCF MECIALLY-ASSISTED TREATMENT ADVISORY GROUP KICKOFF MEETING	1.	9,750.	0.		
TESTING MESSAGES FOR BIRTH EQUITY WORK	1.	9,000.	0.		
TOWARD UNIVERSAL COVERAGE: POSSIBLE CHCF CONTRIBUTIONS TO REDUCING NEGATIVE IMPACT OF PUBLIC CHARGE POLICY	1.	9,000.	0.		
QUALITY IMPROVEMENT OPERATIONAL BOOT CAMP FOR PROGRAM MANAGER OF CALIFORNIA BRIDGE	1.	8,829.	0.		
PLANNING GRANT: EVALUATION OF RETIRED PHYSICIANS IN HEALTH CENTERS MATCHING PROGRAM	1.	8,600.	0.		
UPDATE 2016 EMERGENCY DEPARTMENT DATA	1.	8,000.	0.		
MEDI-CAL HEALTH PLAN TEXTING INITIATIVE	1.	6,188.	0.		
TOWARD UNIVERSAL COVERAGE: INDIVIDUAL MANDATE ISSUE BRIEF	1.	5,950.	0.		
BUILDING THE CHCF ECOSYSTEM DASHBOARD	1.	5,400.	0.		

Schedule I (Form 990)

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
UPDATE HISTORY OF HEALTH INSURANCE IN CALIFORNIA	1.	4,900.	0.		
MEDICATION ASSISTED TREATMENT IN THE EMERGENCY DEPARTMENT PROJECT LEADERSHIP	1.	4,875.	0.		
ADVISORY GROUP FOR "UNDERSTANDING LOW-INCOME CALIFORNIANS ATTITUDES AND EXPERIENCES WITH SERIOUS ILLNESS AND END OF LIFE"	4.	4,000.	0.		
CALIFORNIA PRIMARY CARE ASSOCIATION CONFERENCE PRESENTATION - TECHNOLOGY MODELS TO ENABLE COMMUNITY BASED WHOLE PERSON CARE	1.	4,000.	0.		
PROJECT MANAGEMENT: EVALUATION OF ENCORE PROGRAM TO MATCH RETIRED PHYSICIANS WITH HEALTH CENTERS	1.	4,000.	0.		
PRESENTATION: NEONATAL ABSTINENCE SYNDROME CONFERENCE 2018	1.	3,341.	0.		
CARE INTEGRATION PROJECT PLANNING	1.	3,300.	0.		
EXPERT ROUNDTABLE: SOLICITING INPUT FOR PUBLIC COMMENT ON REVISION OF NARCOTIC TREATMENT PROGRAM REGULATIONS	1.	3,200.	0.		
ARTICLE ON END-OF-LIFE ISSUES	1.	2,500.	0.		

Schedule I (Form 990)

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
SUPPORT LAUNCH OF ACADEMIC DETAILING WORK WITH CALIFORNIA DEPARTMENT OF PUBLIC HEALTH	1.	2,000.	0.		
MY BIRTH MATTERS WEBINAR HOSTED BY THE CALIFORNIA HOSPITAL PATIENT SAFETY ORGANIZATION	1.	697.	0.		
ACA RESOURCE UPDATE	1.	675.	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 QUARTERLY 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: ADAPTATION HEALTH, LLC

(H) PURPOSE OF GRANT OR ASSISTANCE: MEDICAID INNOVATION SESSION AT THE 2018 MEDICAID HEALTH PLANS ASSOCIATION ANNUAL CONFERENCE; ARIZONA MEDICAID INNOVATION LAB

NAME OF ORGANIZATION OR GOVERNMENT: ATHENE LAW, LLP

(H) PURPOSE OF GRANT OR ASSISTANCE: POLICIES TO EXPAND MEDI-CAL ELIGIBILITY: STATE APPROACHES TO THE ASSET TEST; PLANNING GRANT: WORKFORCE COMMISSION PROCESS ANALYSIS

NAME OF ORGANIZATION OR GOVERNMENT: ATLANTIC 57

(H) PURPOSE OF GRANT OR ASSISTANCE: FUTURE HEALTH WORKFORCE CONTENT STRATEGY; FUTURE HEALTH WORKFORCE CONTENT DEVELOPMENT AND ENGAGEMENT

NAME OF ORGANIZATION OR GOVERNMENT: AUS MARKETING RESEARCH SYSTEMS, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: SETTING THE STAGE FOR UNDERSTANDING LOW-INCOME CONSUMERS EXPERIENCE OF CARE IN CALIFORNIA; STATEWIDE HEALTH POLICY POLL

NAME OF ORGANIZATION OR GOVERNMENT: AVIA, LLC

(H) PURPOSE OF GRANT OR ASSISTANCE: AVIA MEDICAID TRANSFORMATION PROJECT

Part IV Supplemental Information

- ACCESS TO NATIONAL NETWORK OF HOSPITAL LEADERS FOCUSED ON TECH-ENABLED

SOLUTIONS

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;

STRENGTHENING DHCS PURCHASING AND OVERSIGHT ON BEHALF OF MEDI-CAL

ENROLLEES; SETTING PERFORMANCE GOALS FOR MEDI-CAL MANAGED CARE

NAME OF ORGANIZATION OR GOVERNMENT: BLUE SKY CONSULTING GROUP

(H) PURPOSE OF GRANT OR ASSISTANCE: POST-ACA REVENUE OPTIONS ANALYSIS;

UPDATE AND REVISIONS TO CALIFORNIA'S HEALTH CARE SAFETY NET REPORT;

MEDI-CAL FACTS AND FIGURES; MEDI-CAL'S EXPERIENCE WITH RURAL AND

GEOGRAPHIC MANAGED CARE; BEHAVIORAL HEALTH INTEGRATION: PILOT EXPLORATION

NAME OF ORGANIZATION OR GOVERNMENT:

BOARD OF TRUSTEES OF LELAND STANFORD JUNIOR UNIVERSITY

(H) PURPOSE OF GRANT OR ASSISTANCE: DISTRIBUTE AND MANAGE MATERNAL

ADDICTION LANDSCAPE SURVEY; CALIFORNIA BIRTH EQUITY COLLABORATIVE: PILOT

TO IMPROVE MATERNITY CARE AND OUTCOMES WITH AND FOR BLACK MOTHERS.;

SUPPORT FOR ALLCOVE'S (NETWORK OF STANDALONE, INTEGRATED YOUTH MENTAL

HEALTH CENTERS) EVALUATION, FINANCIAL AND SPREAD STRATEGIES.

NAME OF ORGANIZATION OR GOVERNMENT:

CALIFORNIA ACADEMY OF FAMILY PHYSICIANS

(H) PURPOSE OF GRANT OR ASSISTANCE: RAISING AWARENESS AND PROMOTING OPEN

CONVERSATIONS: WHAT HEALTH CARE PROFESSIONALS NEED TO KNOW ABOUT THE

HEALTH CARE CONSEQUENCES OF IMMIGRATION POLICY

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT:

CALIFORNIA ASSOCIATION OF PUBLIC HOSPITALS AND HEALTH SYSTEMS

(H) PURPOSE OF GRANT OR ASSISTANCE: PREVENTING HARMFUL CHANGES TO U.S.

IMMIGRATION POLICY; THE FUTURE OF DELIVERY SYSTEM REFORM AND VALUE-BASED

PAYMENT FOR PUBLIC HOSPITALS; THE FUTURE OF PUBLIC HOSPITAL FINANCING IN

CALIFORNIA: PLANNING PHASE 1

NAME OF ORGANIZATION OR GOVERNMENT: CALIFORNIA BUDGET & POLICY CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: UNDERSTANDING CALIFORNIA'S PUBLIC

MENTAL HEALTH SYSTEM; 2019 POLICY INSIGHTS CONFERENCE

NAME OF ORGANIZATION OR GOVERNMENT:

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

(H) PURPOSE OF GRANT OR ASSISTANCE: STATEWIDE GUIDANCE ON SHARING

SENSITIVE HEALTH INFORMATION; TRAINING AND EDUCATIONAL OPPORTUNITIES

RELATED TO INTEROPERABILITY & DATA SHARING: CHHSA

NAME OF ORGANIZATION OR GOVERNMENT: CALIFORNIA HEALTH POLICY STRATEGIES

(H) PURPOSE OF GRANT OR ASSISTANCE: REENTRY HEALTH PROJECT: PHASE 2;

TOWARD UNIVERSAL COVERAGE: STATE ALTERNATIVES TO THE FEDERAL INDIVIDUAL

MANDATE; REENTRY HEALTH PROJECT CONTINUATION; MAT IN COLLABORATIVE

COURTS: SUPPORTING JUDICIAL TRAINING TO HELP REFER PEOPLE INTO MAT

INSTEAD OF JAIL; WORKFORCE COMMISSION OUTREACH LIAISON

NAME OF ORGANIZATION OR GOVERNMENT:

CALIFORNIA MENTAL HEALTH ADVOCATES FOR CHILDREN & YOUTH

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

Part IV Supplemental Information

MENTAL HEALTH ADVOCATES FOR CHILDREN AND YOUTH'S 39TH ANNUAL CONFERENCE

NAME OF ORGANIZATION OR GOVERNMENT: CALIFORNIA PRIMARY CARE ASSOCIATION

(H) PURPOSE OF GRANT OR ASSISTANCE: CALIFORNIA PRIMARY CARE

ASSOCIATION'S ANNUAL CONFERENCE 2018; PUBLIC CHARGE EDUCATION & RESOURCES

FOR COMMUNITY HEALTH CENTERS; PROVIDING TECHNICAL ASSISTANCE TO COMMUNITY

BASED CARE MANAGEMENT ENTITIES TO HELP THEM UNDERSTAND AND NAVIGATE THEIR

ROLE IN THE HEALTH HOMES PROGRAM; BUILDING LEADERSHIP DEVELOPMENT

CAPACITY FOR COMMUNITY HEALTH CENTER LEADERS

NAME OF ORGANIZATION OR GOVERNMENT:

CAMDEN COALITION OF HEALTHCARE PROVIDERS

(H) PURPOSE OF GRANT OR ASSISTANCE: CONFERENCE SPONSORSHIP PUTTING CARE

AT THE CENTER (NATIONAL CENTER FOR COMPLEX HEALTH AND SOCIAL NEEDS);

PUTTING CARE AT THE CENTER 2019 CONFERENCE SPONSORSHIP

NAME OF ORGANIZATION OR GOVERNMENT: CAMPANILE FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORTING COLLEGE OF HEALTH AND

HUMAN SERVICES STUDENTS TO PARTICIPATE IN SDSU STUDY ABROAD PROGRAM

NAME OF ORGANIZATION OR GOVERNMENT:

CENTER FOR HEALTH CARE STRATEGIES, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: HEALTH HOMES TECHNICAL ASSISTANCE TO

DHCS; DEVELOPING A BLUEPRINT FOR INTEGRATING PHYSICAL AND BEHAVIORAL

HEALTH FOR MEDI-CAL ENROLLEES; ACCELERATING ACTION TOWARDS VALUE-BASED

PAYMENT AND CARE: OPTIONS FOR MANAGED CARE ORGANIZATIONS; ADDITIONAL

SUPPORT RELATED TO THE ROLLOUT OF BEHAVIORAL HEALTH INTEGRATION IN

MEDI-CAL: BLUEPRINT FOR CALIFORNIA

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT:

COALITION FOR COMPASSIONATE CARE OF CALIFORNIA

(H) PURPOSE OF GRANT OR ASSISTANCE: PEDIATRIC PALLIATIVE CARE WAIVER

TRANSITION ASSISTANCE; STRENGTHENING SERIOUS ILLNESS CARE IN MEDI-CAL -

SB 1004 AND BEYOND; 2019 SUMMIT SUPPORT; CHARTING A PATH FOR GREATER

ELECTRONIC EXCHANGE OF POLST

NAME OF ORGANIZATION OR GOVERNMENT:

COMMUNITY NETWORK FOR APPROPRIATE TECHNOLOGIES

(H) PURPOSE OF GRANT OR ASSISTANCE: PLANNING FOR PEER PILOT EXPANSION

INCLUDING DISSEMINATION OF ADVANCE CARE PLANNING TOOLS FOR PEOPLE WITH

SERIOUS MENTAL ILLNESS

NAME OF ORGANIZATION OR GOVERNMENT: ENGAGE R&D

(H) PURPOSE OF GRANT OR ASSISTANCE: EVALUATION OF ENCORE PROGRAM TO

MATCH RETIRED PHYSICIANS WITH HEALTH CENTERS, PARTNERING TO STRENGTHEN

THE FIELD OF PHILANTHROPIC EVALUATION.

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

(H) PURPOSE OF GRANT OR ASSISTANCE: TRANSITIONS CLINIC NETWORK CLINIC

GRANT - FAMILY HEALTH CENTERS OF SAN DIEGO; DELIVERY OF MEDICAL CARE AND

MENTAL HEALTH SERVICES

NAME OF ORGANIZATION OR GOVERNMENT:

GRANTMAKERS FOR EFFECTIVE ORGANIZATIONS

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT FOR GRANTMAKERS FOR

EFFECTIVE ORGANIZATIONS (GEO) 2019 LEARNING CONFERENCE; 2019 MEMBERSHIP

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: GRANTMAKERS IN HEALTH

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT FOR GIH 2018 ANNUAL CONFERENCE; 2019 MEMBERSHIP; GRANTMAKERS IN HEALTH (GIH) ANNUAL CONFERENCE ON HEALTH PHILANTHROPY (2019)

NAME OF ORGANIZATION OR GOVERNMENT: HEALTH ACCESS FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TOWARD UNIVERSAL COVERAGE: HEALTH ACCESS FOUNDATION COVERAGE EXPANSION WORK; 2019 FAMILIES USA CONFERENCE RECEPTION SPONSOR

NAME OF ORGANIZATION OR GOVERNMENT:

HEALTH CARE CONFERENCE ADMINISTRATORS L.L.C. (H) PURPOSE OF GRANT OR ASSISTANCE: SAFETY NET SCHOLARSHIPS FOR ANNUAL NATIONAL VALUE-BASE PAYMENT & PAY FOR PERFORMANCE SUMMIT, 2019

NAME OF ORGANIZATION OR GOVERNMENT: HEALTH EVOLUTION SERVICES, LLC

(H) PURPOSE OF GRANT OR ASSISTANCE: PILOT SCHOLARSHIP SUPPORT FOR NON-CLINICAL EXECUTIVES IN HEALTH CARE; SCHOLARSHIP AND SPONSORSHIP SUPPORT FOR HEALTH EVOLUTION SUMMIT 2019

NAME OF ORGANIZATION OR GOVERNMENT: HEALTH MANAGEMENT ASSOCIATES

(H) PURPOSE OF GRANT OR ASSISTANCE: ENSURING ACCESS TO MEDICATION-ASSISTED TREATMENT (MAT) IN LA COUNTY JAILS; MAT IN JAIL TRANSITIONS: PLANNING AND LAUNCHING A DHCS-FUNDED LEARNING COLLABORATIVE; MEDI-CAL "PRIMERS FOR POLICYMAKERS" SERIES; SUPPORT FOR DHCS STAFF TRAINING ON MAT; KEYNOTE ADDRESS: NAS CONFERENCE, 2018; CLOSING GAPS TO ENSURE UNIVERSAL ACCESS TO MAT ACROSS CRIMINAL JUSTICE AND COUNTY

Part IV Supplemental Information

WELFARE; MODELING IMPACTS OF WORKFORCE STRATEGIES; WORKFORCE COMMISSION

DISSENT STATEMENT PRODUCTION

NAME OF ORGANIZATION OR GOVERNMENT: HEALTHIDX, INC

(H) PURPOSE OF GRANT OR ASSISTANCE: CONTROLLED SUBSTANCE UTILIZATION

REVIEW AND EVALUATION SYSTEM (CURES) INTEROPERABILITY TECHNICAL

ASSISTANCE

NAME OF ORGANIZATION OR GOVERNMENT: HEALTHRIGHT 360

(H) PURPOSE OF GRANT OR ASSISTANCE: INNOVATION FUND ADVISORY COMMITTEE

GRANT: GENERAL SUPPORT; ACCELERATING MERGERS TO ADVANCE SCALE: TOOLS FOR

SAFETY NET ORGANIZATIONS - PHASE 2

NAME OF ORGANIZATION OR GOVERNMENT: HOMELESS PRENATAL PROGRAM, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: ANNUAL EVENTS IN 2018; EVENTS IN

2019 AND OTHER SERVICES, INCLUDING HEALTHY BABIES PROGRAM; EVENTS IN 2019

AND HEALTHY BABIES PROGRAM

NAME OF ORGANIZATION OR GOVERNMENT: IMMIGRANT LEGAL RESOURCE CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: ASSESSING NEW OPPORTUNITIES FOR

LEGAL-MEDICAL SUPPORT TO PRESERVE HEALTH CARE ACCESS FOR IMMIGRANTS IN

CALIFORNIA

NAME OF ORGANIZATION OR GOVERNMENT: INSTITUTE FOR COMMUNITY HEALTH

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

QUANTIFYING IMMIGRANTS' CONTRIBUTIONS AND EXPENDITURES TO PRIVATE HEALTH

COVERAGE; TOWARD UNIVERSAL COVERAGE: IMMIGRANT ENROLLMENT AND UTILIZATION

DATA EXPLORATION; PRESERVING HEALTH COVERAGE FOR IMMIGRANTS: IMPACT OF

Part IV Supplemental Information

PROPOSED PUBLIC CHARGE RULE CHANGES ON SICK CHILDREN

NAME OF ORGANIZATION OR GOVERNMENT: INSURE THE UNINSURED PROJECT

(H) PURPOSE OF GRANT OR ASSISTANCE: TOWARD UNIVERSAL COVERAGE: 2018

COVERAGE EXPANSION POLICY EXPLAINERS; ITUP 23RD ANNUAL CONFERENCE

SUPPORT; INSURE THE UNINSURED PROJECT CORE SUPPORT 2019-2020

NAME OF ORGANIZATION OR GOVERNMENT: INTEGRATED HEALTHCARE ASSOCIATION

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORTING SMART CARE CALIFORNIA'S

IMPLEMENTATION OF STRATEGIC RECOMMENDATIONS AND ADVANCEMENT OF HIGH VALUE

CARE GOALS; END-OF-LIFE METRICS IN MEDI-CAL

NAME OF ORGANIZATION OR GOVERNMENT:

JSI RESEARCH & TRAINING INSTITUTE, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: EVALUATION OF L.A. CARE'S

EMANAGEMENT PROGRAM; HEALTH PLAN PERSPECTIVES ON RATE ADJUSTMENT

PROGRAMS; EVALUATION OF COMMUNITY HEALTH CENTER NETWORK'S USE OF

RUBICONMD ECONSULT PLATFORM

NAME OF ORGANIZATION OR GOVERNMENT: LEADING RESOURCES INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: PLANNING GRANT: WORKFORCE COMMISSION

PROCESS ANALYSIS; WORKFORCE COMMISSION PROCESS ANALYSIS

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

(H) PURPOSE OF GRANT OR ASSISTANCE: DATA-SHARING IN THE CONTEXT OF THE

OPIOID EPIDEMIC; OPIOID INITIATIVE IMPLEMENTATION TOOLKIT FOR HEALTH

PLANS; MEDI-CAL INTEROPERABILITY SUPPORT; CALIFORNIA INTEROPERABILITY

POLICY ISSUE BRIEF

Part IV Supplemental Information

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

(H) PURPOSE OF GRANT OR ASSISTANCE: LANDMARK HEALTH EVALUATION -

IMPLEMENTATION; QUANTIFYING THE COST OF PERINATAL MOOD AND ANXIETY

DISORDER IN THE UNITED STATES; IDENTIFYING AND ADDRESSING THE FACTORS

AFFECTING INPATIENT PSYCHIATRIC BED AVAILABILITY IN CALIFORNIA

NAME OF ORGANIZATION OR GOVERNMENT:

MIXTECO INDIGENA COMMUNITY ORGANIZING PROJECT

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR OUTREACH TO MEXICAN LNDIGENA

COMMUNITY WITH INFORMATION ABOUT DOMESTIC VIOLENCE AND MENTAL HEALTH

NAME OF ORGANIZATION OR GOVERNMENT: NATIONAL ACADEMY OF SCIENCES

(H) PURPOSE OF GRANT OR ASSISTANCE: HEALTH AND MEDICINE RELATED

ACTIVITIES; NATIONAL ACADEMY OF MEDICINE'S LEADERSHIP CONSORTIUM FOR A

VALUE & SCIENCE-DRIVEN HEALTH SYSTEM

NAME OF ORGANIZATION OR GOVERNMENT:

NATIONAL ASSOCIATION OF HEALTH DATA ORGANIZATIONS

(H) PURPOSE OF GRANT OR ASSISTANCE: ANNUAL NAHDO CONFERENCE, 2018; THE

ABCS OF ALL PAYOR CLAIMS DATABASES - HOW HAVE STATES USED DATA TO

UNDERSTAND COST DRIVERS, BEHAVIORAL HEALTH NEEDS, AND POPULATION HEALTH

NAME OF ORGANIZATION OR GOVERNMENT: NATIONAL COALITION ON HEALTH CARE

(H) PURPOSE OF GRANT OR ASSISTANCE: ORIENTING NEW CONGRESSIONAL MEMBERS

TO THE AFFORDABLE CARE ACT AND MEDICAID'S CRITICAL ROLE

NAME OF ORGANIZATION OR GOVERNMENT:

Part IV Supplemental Information

OREGON COMMUNITY HEALTH INFORMATION NETWORK

(H) PURPOSE OF GRANT OR ASSISTANCE: INTEGRATION OF MEDITATION-ASSISTED

TREATMENT TOOL AND WORKFLOWS INTO ELECTRONIC HEALTH RECORDS OF CALIFORNIA

SAFETY NET CLINICS- PHASE 1; DEVELOPING REGIONAL OREGON COMMUNITY HEALTH

INFORMATION NETWORK (OCHIN) TRAINING AND SUPPORT CENTERS

NAME OF ORGANIZATION OR GOVERNMENT: PACIFIC BUSINESS GROUP ON HEALTH

(H) PURPOSE OF GRANT OR ASSISTANCE: PLANNING GRANT - SUSTAINING AND

SPREADING PRACTICE TRANSFORMATION IN CALIFORNIA; CORE SUPPORT FOR THE

CALIFORNIA QUALITY COLLABORATIVE; CONVENING A MEDI-CAL CHIEF MEDICAL

OFFICERS ROUNDTABLE; PAYOR/PROVIDER ALIGNMENT AROUND INTEGRATED

BEHAVIORAL HEALTH CARE; SUPPORT FOR PBGH'S MATERNITY CARE EFFORTS:

2019-20

NAME OF ORGANIZATION OR GOVERNMENT: PACIFIC HEALTH CONSULTING GROUP

(H) PURPOSE OF GRANT OR ASSISTANCE: CALIFORNIA SENATE BILL 17 (SB17)

IMPLEMENTATION WORKSHOPS; PUBLICATION: PAYMENT STRATEGIES FOR THE

TRANSITIONS CLINIC MODEL; MEETING FACILITATION AND TECHNICAL SUPPORT FOR

CALIFORNIA OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT (OSHPD)

ALL-PAYOR CLAIMS DATABASE PLANNING; RECOMMENDATIONS TO INFORM CHCF'S

ONGOING COMMUNITY HEALTH WORKER FUNDING STRATEGY; HEALTH CARE FUNDERS

GROUP 2019

NAME OF ORGANIZATION OR GOVERNMENT: PASCHAL ROTH PUBLIC AFFAIRS, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TELEHEALTH STRATEGIC COMMUNICATIONS

PLAN PROPOSAL; COMMUNICATION SUPPORT FOR WORKFORCE COMMISSION;

COMMUNICATION SUPPORT FOR THE CA FUTURE HEALTH WORKFORCE COMMISSION

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: PERRY UNDEM LLC

(H) PURPOSE OF GRANT OR ASSISTANCE: UNDERSTANDING LOW-INCOME

CALIFORNIANS ATTITUDES AND EXPERIENCES WITH SERIOUS ILLNESS AND END OF LIFE

NAME OF ORGANIZATION OR GOVERNMENT: PETER HARBAGE CONSULTING, LLC

(H) PURPOSE OF GRANT OR ASSISTANCE: DRUG MEDI-CAL ORGANIZED DELIVERY

SYSTEM PILOT IMPLEMENTATION: TECHNICAL ASSISTANCE TO DHCS YEAR 3;

ENSURING MAT ACCESS AT RESIDENTIAL TREATMENT CENTERS: TOOLKIT AND

TRAINING; HEALTH HOME PROGRAM MENTAL HEALTH INTEGRATION - SUPPORT TO

DHCS; CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES CARE COORDINATION

ASSESSMENT - STAKEHOLDER ADVISORY GROUP; WHOLE PERSON CARE MID-POINT

PAPER: INNOVATIONS, PARTNERSHIPS, AND REMAINING CHALLENGES; CALIFORNIA

DEPARTMENT OF HEALTH CARE SERVICES CARE COORDINATION ASSESSMENT -

BENEFICIARY INPUT PROCESS; DMC-ODS IMPLEMENTATION: TECHNICAL ASSISTANCE

TO DHCS FOR WAIVER YEARS 4-5

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; CENTER FOR CONNECTED HEALTH POLICY: CORE SUPPORT,

CHARTING THE FUTURE; FUTURE OF MEDICAID FORUM; CONFERENCE SUPPORT FOR THE

NATIONAL OPIOID LEADERSHIP SUMMIT 2019

NAME OF ORGANIZATION OR GOVERNMENT: RAND CORPORATION

(H) PURPOSE OF GRANT OR ASSISTANCE: EVALUATION OF THE SUSTAINABLE MODELS

FOR TELEHEALTH IN THE SAFETY NET INITIATIVE: IMPACT AND LESSONS LEARNED;

STATE-BASED APPROACHES TO COST CONTAINMENT - WHAT ARE THE SAVINGS

Part IV Supplemental Information

OPPORTUNITIES FOR CALIFORNIA

NAME OF ORGANIZATION OR GOVERNMENT:

SAN FRANCISCO PUBLIC HEALTH FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TRANSITIONS CLINIC NETWORK: PLANNING

GRANT FOR STATEWIDE LEARNING COLLABORATIVE; TRANSITIONS CLINIC NETWORK

STATEWIDE EXPANSION

NAME OF ORGANIZATION OR GOVERNMENT: SOUTHERN CALIFORNIA GRANTMAKERS

(H) PURPOSE OF GRANT OR ASSISTANCE: ANNUAL CONFERENCE, 2018; 2019

MEMBERSHIP; SUPPORT FOR SOUTHERN CALIFORNIA GRANTMAKERS 2019 ANNUAL

CONFERENCE.

NAME OF ORGANIZATION OR GOVERNMENT: SPEIRE HEALTHCARE STRATEGIES, LLC

(H) PURPOSE OF GRANT OR ASSISTANCE: PRIMED: A ROUNDTABLE SERIES ON

TECH-ENABLED INNOVATION IN MEDICAID; J.P. MORGAN PRESENTATION ON

PRIORITIES FOR TECH-ENABLED INNOVATION IN MEDICAID

NAME OF ORGANIZATION OR GOVERNMENT: STARTUP HEALTH

(H) PURPOSE OF GRANT OR ASSISTANCE: STARTUP HEALTH 2019 CONFERENCE;

ANNUAL HEALTH 2.0 CONFERENCE, 2018 - HEALTH TRANSFORMER HANGOUT VIP AFTER

PARTY

NAME OF ORGANIZATION OR GOVERNMENT:

THE CALIFORNIA REGIONAL EXTENSION CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: 2019 CALHIPSO (CALIFORNIA HEALTH

INFORMATION PARTNERSHIP & SERVICES ORGANIZATION) "HIT (HEALTH INFORMATION

TECHNOLOGY) - AFTER MEANINGFUL USE" CONFERENCE

Part IV Supplemental Information

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; SUBSTANCE

USE COUNSELORS IN EMERGENCY DEPARTMENTS: ISSUE BRIEF

NAME OF ORGANIZATION OR GOVERNMENT: TIDES CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: ADVANCING HEALTH CENTERS' POPULATION

HEALTH MANAGEMENT CAPABILITIES; PLANNING GRANT: LAUNCH OF TREATING

ADDICTION IN PRIMARY CARE 2.0; POLICY BRIEFING ON CALIFORNIA'S LATINO

PHYSICIAN CRISIS; HEALTH-FOCUSED PROGRAMMING IN THE SAN FRANCISCO BAY

AREA.

NAME OF ORGANIZATION OR GOVERNMENT: UC DAVIS FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE BETTY IRENE MOORE

SCHOOL OF NURSING AT UC DAVIS; TRAIN THE TRAINER (T3): PRIMARY CARE

MANAGEMENT FELLOWSHIP: BUILDING INTEGRATED PAIN AND ADDICTION MANAGEMENT

IN THE SAFETY NET

NAME OF ORGANIZATION OR GOVERNMENT: UC HASTINGS FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL SUPPORT OF THE CENTER FOR

GENDER & REFUGEE STUDIES, UC HASTINGS COLLEGE OF THE LAW; PROPRIETARY

PRICES: PRACTICE AND PRECEDENT

NAME OF ORGANIZATION OR GOVERNMENT: UNIVERSITY OF CALIFORNIA, BERKELEY

(H) PURPOSE OF GRANT OR ASSISTANCE: TOWARD UNIVERSAL COVERAGE: EXPANDING

COVERAGE BY INCREASING AFFORDABILITY FOR CALIFORNIANS ON COVERED CA;

CONSOLIDATION IN CALIFORNIA'S HOSPITAL, PHYSICIAN, AND INSURANCE MARKETS,

Part IV Supplemental Information

2012-16: IMPACT ON PRICES AND PREMIUMS IN COMPARISON TO NATIONAL TRENDS;

TOWARD UNIVERSAL COVERAGE: ENHANCING CALIFORNIA SIMULATION OF INSURANCE

MARKETS (CALSIM) CAPACITY

NAME OF ORGANIZATION OR GOVERNMENT: UNIVERSITY OF CALIFORNIA, DAVIS

(H) PURPOSE OF GRANT OR ASSISTANCE: EXAMINING 10 YEARS OF MEDI-CAL

BUDGET CHANGES; CONFERENCE SUPPORT FOR PEDIATRIC TELEHEALTH COLLOQUIUM;

UC DAVIS COMPREHENSIVE CANCER CENTER'S WOMEN'S CANCER CARE PROGRAM

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

(H) PURPOSE OF GRANT OR ASSISTANCE: TOWARD UNIVERSAL COVERAGE:

UNDERSTANDING HEALTH AND OTHER CHARACTERISTICS OF UNDOCUMENTED

CALIFORNIANS BASED ON CALIFORNIA HEALTH INTERVIEW SURVEY (CHIS) DATA;

LATINO PHYSICIAN SHORTAGE IN CALIFORNIA: THE PATIENT PERSPECTIVE;

PRESERVING HEALTH COVERAGE FOR IMMIGRANTS: ECONOMIC & HEALTH IMPLICATIONS

OF PROPOSED PUBLIC CHARGE RULES ON CALIFORNIA AND LOCAL JURISDICTIONS

NAME OF ORGANIZATION OR GOVERNMENT:

UNIVERSITY OF CALIFORNIA, SAN FRANCISCO

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

PAYER/PROVIDER PARTNERSHIPS; INTERPROFESSIONAL EDUCATION IN PALLIATIVE

CARE FOR RURAL CALIFORNIA PROVIDERS; MEDICALLY-ASSISTED TREATMENT IN

HOSPITALS: SUPPORTING INPATIENT INITIATION OF OPIOID AGONIST TREATMENT;

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

STUDY OF SUPPORTIVE HOUSING AND HEALTH OF LGBTQ OLDER ADULTS; SCOPE OF

PRACTICE EXPANSIONS TO IMPROVE ACCESS TO QUALITY CARE; QUALITY TRENDS IN

MEDI-CAL; POLICY OPTIONS FOR STRENGTHENING GRADUATE MEDICAL EDUCATION IN

CALIFORNIA; PRIMARY PALLIATIVE CARE AT CALIFORNIA PUBLIC HOSPITALS: NEEDS

Part IV Supplemental Information

ASSESSMENT AND IMPLEMENTATION DESIGN; MODELING IMPACTS OF WORKFORCE STRATEGIES; USE OF HOME-BASED PRIMARY AND PALLIATIVE CARE IN THE MEDICAID PROGRAM; EHR ENHANCEMENT FOR ADDICTION CARE IN THE SAFETY NET; REVISION OF BUPRENORPHINE FAQ, TIPSHEETS, AND OTHER OPIOID-RELATED DOCUMENTS AS NEEDED; CORE SUPPORT TO UCSF HEALTHFORCE; EVALUATION OF THE HEALTH WORKFORCE PILOT PROJECTS ON COMMUNITY PARAMEDICINE;

NAME OF ORGANIZATION OR GOVERNMENT: UNIVERSITY OF SOUTHERN CALIFORNIA (H) PURPOSE OF GRANT OR ASSISTANCE: EVALUATION OF OMADA DIABETES PREVENTION PROGRAM ADOPTION IN THE SAFETY NET; COMMUNITY-BASED PALLIATIVE CARE IN CALIFORNIA SAFETY-NET SYSTEMS; CARE INTEGRATION FOR OPIOID-DEPENDENT FREQUENT EMERGENCY DEPARTMENT USERS (IMPLEMENTATION GRANTS); PSCANNER - INCORPORATING MEDI-CAL DATA INTO A CLINICAL DATA NETWORK; WORKING WITH HOLLYWOOD TO NORMALIZE BIRTH AND IMPROVE MATERNITY CARE; TRAIN THE TRAINER: NONOPIOID PAIN MANAGEMENT TRAINING PROGRAM IN LA COUNTY CLINICS; HEALTH DATA JOURNALISM FELLOWSHIP FOR CALIFORNIA REPORTERS, 2017; RENEWAL- USC HEALTH DATA JOURNALISM FELLOWSHIP TRAINING; NEWS AND REPORTING COLLABORATIVE: CALIFORNIA'S UNINSURED AND POLICY SOLUTIONS; HELPING POPULAR CULTURE ACCURATELY PORTRAY ADDICTION AND RECOVERY; UNDERSTANDING BARRIERS TO PALLIATIVE CARE REFERRALS; PARTNERING WITH HOLLYWOOD TO IMPROVE MATERNITY CARE/MATERNAL HEALTH: PART 2

NAME OF ORGANIZATION OR GOVERNMENT: VILCAP, INC (H) PURPOSE OF GRANT OR ASSISTANCE: SERIES OF MULTI-STATE MEDICAID INNOVATION BRIEFINGS TO IDENTIFY CHALLENGES AND SOLUTIONS THROUGH A MEDICAID INNOVATION "CHALLENGE"

NAME OF ORGANIZATION OR GOVERNMENT: VPE PUBLIC RELATIONS

Part IV Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: RESEARCH TO INFORM FUTURE GRANT

MAKING TO SPANISH-LANGUAGE MEDIA IN L.A. AND CENTRAL VALLEY REGIONS.

NAME OF ORGANIZATION OR GOVERNMENT:

WHITE MOUNTAIN RESEARCH ASSOCIATES, LLC

(H) PURPOSE OF GRANT OR ASSISTANCE: EVALUATION OF HEALTHFINCH'S

IMPLEMENTATION OF THE CHARLIE PRACTICE AUTOMATION PLATFORM WHICH

AUTOMATES ROUTINE, REPETITIVE CLINICAL TASKS IN ATHENAHEALTH, EPIC, AND

ALLSCRIPTS EMERGENCY MEDICAL RECORDS

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2018

Open to Public Inspection

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

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

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

Name of the organization
CALIFORNIA HEALTHCARE FOUNDATION

Employer identification number
95-4523231

Part I Questions Regarding Compensation

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Schedule J (Form 990) 2018

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)	589,063.	0.	605.	49,730.	41,355.	680,753.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) ZIEGLER, CRAIG VP OF FIN, ADMIN & INVESTS/TREAS & SEC	(i)	363,970.	0.	2,705.	48,625.	34,031.	449,331.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) CARTER, KARA SENIOR VP OF PROGRAMS	(i)	329,289.	0.	980.	34,375.	20,967.	385,611.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) SHEWRY, SANDRA VP EXTERNAL ENGAGEMENT	(i)	307,687.	0.	1,880.	49,750.	4,836.	364,153.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) BUCKLEY, MELISSA PROGRAM DIRECTOR OF INNOVATIONS	(i)	269,337.	0.	605.	43,388.	36,254.	349,584.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) PERRONE, CHRIS PROGRAM DIRECTOR OF IMPROVING ACCESS	(i)	254,485.	0.	605.	47,818.	14,643.	317,551.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) PFEIFER, KELLY PROGRAM DIRECTOR OF HIGH VALUE CARE	(i)	273,170.	0.	2,180.	48,698.	4,224.	328,272.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) SOUTHWICK, SUSAN DIRECTOR - IT	(i)	217,358.	0.	980.	39,969.	18,151.	276,458.	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 FOUR ITEMS REPORTED IN THIS COLUMN:

1. PAYMENTS TO 7 EMPLOYEES FOR CELL PHONES ALLOWANCE (\$4,840).

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

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

WELLNESS PROGRAM (\$1,200).

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

EMPLOYEE (\$2,100).

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:

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.

FIGURES REPORTED IN THIS COLUMN INCLUDE HEALTH AND WELFARE BENEFITS.

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 for the latest information.

OMB No. 1545-0047

2018

Open to Public
Inspection

Name of the organization

CALIFORNIA HEALTHCARE FOUNDATION

Employer identification number

95-4523231

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

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 \$ 8,138,102. INCL GRANTS OF \$ 2,097,500. REVENUE \$ 1,009,883.

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) (2018)

832211 10-10-18

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
--	--

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 for instructions and the latest information.

OMB No. 1545-0047

2018

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	609,119.	40,004,695.	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) 2018

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 FIXED INCOME FUND, LP - 26-1718692, 2755 SAND HILL ROAD, STE. 200, MENLO PARK, CA 94025	INVESTMENT	DE	CALIFORNIA HEALTHCARE FOUNDATION	EXCLUDED	15,529.	31,557,982.		X	N/A		X	83.45%

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.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	X	
b Gift, grant, or capital contribution to related organization(s)	X	
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)	X	
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)	X	

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) MAKENA FIXED INCOME FUND, LP	A	8,085. CASH	
(2) MAKENA FIXED INCOME FUND, LP	B	38,000,000. CASH	
(3) MAKENA FIXED INCOME FUND, LP	F	971,544. CASH	
(4) MAKENA FIXED INCOME FUND, LP	S	20,950,000. CASH	
(5)			
(6)			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners sec. 501(c)(3) orgs.?		(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropor- tionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	