

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

OMB No. 1545-0047

2019
Open to Public Inspection

▶ 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 **2019** calendar year, or tax year beginning **APR 1, 2019** and ending **MAR 31, 2020**

| | | |
|--|---|---|
| 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 \$ 80,720,403. 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. | | |
| Activities & Governance | 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 2019 (Part V, line 2a) | 5 | 58 |
| | 6 Total number of volunteers (estimate if necessary) | 6 | 0 |
| | 7a Total unrelated business revenue from Part VIII, column (C), line 12 | 7a | -1,926,594. |
| | 7b Net unrelated business taxable income from Form 990-T, line 39 | 7b | -1,973,631. |
| | | | |
| Revenue | 8 Contributions and grants (Part VIII, line 1h) | 0. | 0. |
| | 9 Program service revenue (Part VIII, line 2g) | 1,009,883. | 647,666. |
| | 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 12,827,810. | 17,946,627. |
| | 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 609,769. | 890,905. |
| | 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 14,447,462. | 19,485,198. |
| | | | |
| | | | |
| Expenses | 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 23,701,888. | 36,225,432. |
| | 14 Benefits paid to or for members (Part IX, column (A), line 4) | 0. | 0. |
| | 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | 11,893,347. | 12,290,866. |
| | 16a Professional fundraising fees (Part IX, column (A), line 11e) | 0. | 0. |
| | b Total fundraising expenses (Part IX, column (D), line 25) ▶ | 0. | 0. |
| | 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | 7,325,379. | 10,082,544. |
| | 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 42,920,614. | 58,598,842. |
| 19 Revenue less expenses. Subtract line 18 from line 12 | -28,473,152. | -39,113,644. | |
| Net Assets or Fund Balances | | | |
| | 20 Total assets (Part X, line 16) | 791,200,520. | 741,030,213. |
| | 21 Total liabilities (Part X, line 26) | 15,960,973. | 21,716,522. |
| 22 Net assets or fund balances. Subtract line 21 from line 20 | 775,239,547. | 719,313,691. | |

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

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

Part III Statement of Program Service Accomplishments

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

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

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

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

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

4a (Code:) (Expenses \$ 12,578,186. including grants of \$ 11,367,997.) (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 \$ 11,395,138. including grants of \$ 10,028,686.) (Revenue \$ 0.)
HIGH-VALUE CARE: CHCF WORKS TO IMPROVE OUTCOMES FOR POPULATIONS RECEIVING UNWANTED, INEFFECTIVE, AND UNNECESSARY CARE. THIS WORK INCLUDES: 1) CARE FOR PEOPLE WITH COMPLEX NEEDS: CHCF DEVELOPS, EVALUATES, AND SPREADS EFFECTIVE MODELS THAT IMPROVE CARE OUTCOMES FOR LOW-INCOME PEOPLE WITH COMPLEX NEEDS, PARTICULARLY THOSE SERVED BY BOTH THE MEDICAL AND BEHAVIORAL HEALTH SYSTEMS. 2) MATERNITY CARE: CHCF WORKS TO IMPROVE QUALITY AND LOWER COSTS OF MATERNITY CARE IN CALIFORNIA, ESPECIALLY FOR LOW-INCOME WOMEN, BY ENSURING APPROPRIATE CARE AND REDUCING DISPARITIES IN OUTCOMES. 3) SERIOUS ILLNESS AND END-OF-LIFE CARE: CHCF AIMS TO EXPAND STATEWIDE PALLIATIVE CARE CAPACITY BY 20% AND TO UNDERSTAND THE END-OF-LIFE EXPERIENCES AND OUTCOMES OF LOW-INCOME CALIFORNIANS TO DRIVE IMPROVEMENTS IN THE SAFETY

4c (Code:) (Expenses \$ 15,737,910. including grants of \$ 13,528,749.) (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 on Schedule O.)
(Expenses \$ 8,139,119. including grants of \$ 1,300,000.) (Revenue \$ 647,666.)

4e Total program service expenses 47,850,353.

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 donor-restricted endowments or in 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)

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

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

| | Yes | No |
|---|-----|----|
| 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | | |
| b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | | |
| c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | X | |

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 on Schedule O. See instructions.

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 1b Enter the number of voting members included on line 1a, above, who are independent; 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?; 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, 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 on 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 on Schedule O)
19 Describe on 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. See instructions for the order in which to list the persons above.

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 | | | | | 34,000. | 0. | 0. | |
| (2) AUGUSTINOS, NICHOLAS BOARD MEMBER | 3.00 | X | | | | | 31,000. | 0. | 0. | |
| (3) CARLISLE, DAVID BOARD MEMBER | 3.00 | X | | | | | 30,000. | 0. | 0. | |
| (4) ESCOBAR, ZOILA BOARD MEMBER | 3.00 | X | | | | | 27,000. | 0. | 0. | |
| (5) REYES, CAROLINA BOARD MEMBER | 3.00 | X | | | | | 34,000. | 0. | 0. | |
| (6) GILBERT, BRADLEY BOARD MEMBER | 5.00 | X | | | | | 22,250. | 0. | 0. | |
| (7) GROSS, DANIEL BOARD MEMBER | 3.00 | X | | | | | 47,000. | 0. | 0. | |
| (8) HILL, ELIZABETH G. BOARD MEMBER | 3.00 | X | | | | | 35,000. | 0. | 0. | |
| (9) JONES, MARC BOARD MEMBER | 3.00 | X | | | | | 39,000. | 0. | 0. | |
| (10) O'KEEFE, LYNNE CHOU BOARD MEMBER | 3.00 | X | | | | | 33,000. | 0. | 0. | |
| (11) WELTY, JOHN D BOARD MEMBER | 3.00 | X | | | | | 37,000. | 0. | 0. | |
| (12) HERNANDEZ, SANDRA PRESIDENT & C.E.O. | 45.00 | X | | X | | | 608,880. | 0. | 92,863. | |
| (13) ZIEGLER, CRAIG VP OF FIN, ADMIN & INVESTS/TREAS & SEC | 45.00 | | | X | | | 378,301. | 0. | 83,569. | |
| (14) CARTER, KARA SENIOR VP OF PROGRAMS | 45.00 | | | | X | | 354,483. | 0. | 56,610. | |
| (15) SHEWRY, SANDRA VP EXTERNAL ENGAGEMENT | 45.00 | | | | | X | 319,614. | 0. | 55,535. | |
| (16) BUCKLEY, MELISSA PROGRAM DIRECTOR OF INNOVATIONS | 45.00 | | | | | X | 278,748. | 0. | 58,204. | |
| (17) PERRONE, CHRISTOPHER PROGRAM DIRECTOR OF IMPROVING ACCESS | 45.00 | | | | | X | 265,589. | 0. | 65,062. | |

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) READER, CHARLES CHIEF TALENT OFFICER | 45.00 | | | | | X | | 236,404. | 0. | 30,430. |
| (19) SOUTHWICK, SUSAN DIRECTOR OF IT | 45.00 | | | | | X | | 227,775. | 0. | 61,415. |
| | | | | | | | | | | |
| | | | | | | | | | | |
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| | | | | | | | | | | |
| | | | | | | | | | | |
| 1b Subtotal | | | | | | | | 3,039,044. | 0. | 503,688. |
| c Total from continuation sheets to Part VII, Section A | | | | | | | | 0. | 0. | 0. |
| d Total (add lines 1b and 1c) | | | | | | | | 3,039,044. | 0. | 503,688. |

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, 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 | 3,026,167. |
| STEPSTONE PIONEER CAPITAL, 4275 EXECUTIVE SQUARE, SUITE 500, LA JOLLA, CA 92037 | INVESTMENT MANAGEMENT | 393,817. |
| FORUM ONE COMMUNICATIONS, 15954 JACKSON CREEK PARKWAY, SUITE B, MONUMENT, CO 80132 | WEBSITE HOSTING & MAINTENANCE | 143,354. |
| ANGELENO GROUP, LLC, 2029 CENTURY PARK EAST, SUITE 2980, LOS ANGELES, CA 90067 | INVESTMENT MANAGEMENT | 132,342. |
| WITT/KIEFFER INC., 2015 SPRING ROAD, SUITE 510, OAK BROOK, IL 60523 | RECRUITING | 125,932. |

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 **6**

Part VIII Statement of Revenue

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

| | | | (A) | (B) | (C) | (D) | |
|---|---|--------------------------------|----------------|------------------------------------|----------------------------|--|--|
| | | | Total revenue | Related or exempt function revenue | Unrelated business revenue | Revenue excluded from tax under sections 512 - 514 | |
| Contributions, Gifts, Grants and Other Similar Amounts | 1 a Federated campaigns | 1a | | | | | |
| | b Membership dues | 1b | | | | | |
| | c Fundraising events | 1c | | | | | |
| | d Related organizations | 1d | | | | | |
| | e Government grants (contributions) | 1e | | | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above ... | 1f | | | | | |
| | g Noncash contributions included in lines 1a-1f | 1g \$ | | | | | |
| | h Total. Add lines 1a-1f | | | | | | |
| Program Service Revenue | 2 a PRI INTEREST INCOME | Business Code 900099 | 647,666. | 647,666. | | | |
| | b _____ | | | | | | |
| | c _____ | | | | | | |
| | d _____ | | | | | | |
| | e _____ | | | | | | |
| | f All other program service revenue | | | | | | |
| | g Total. Add lines 2a-2f | | 647,666. | | | | |
| Other Revenue | 3 Investment income (including dividends, interest, and other similar amounts) | | 19,803. | | -3,119,993. | 3,139,796. | |
| | 4 Income from investment of tax-exempt bond proceeds | | | | | | |
| | 5 Royalties | | 12,518. | | | 12,518. | |
| | 6 a Gross rents | 6a | (i) Real | 2,133,826. | | | |
| | | | (ii) Personal | | | | |
| | | | | | | | |
| | b Less: rental expenses ... | 6b | 1,381,956. | | | | |
| | c Rental income or (loss) | 6c | 751,870. | | | | |
| | d Net rental income or (loss) | | 751,870. | | | 751,870. | |
| | 7 a Gross amount from sales of assets other than inventory | 7a | (i) Securities | 1,193,399. | 76,586,674. | | |
| | | | (ii) Other | | | | |
| | | | | | | | |
| | b Less: cost or other basis and sales expenses | 7b | 0. | 59,853,249. | | | |
| | c Gain or (loss) | 7c | 1,193,399. | 16,733,425. | | | |
| | d Net gain or (loss) | | 17,926,824. | | 1,193,399. | 16,733,425. | |
| 8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 | 8a | | | | | | |
| b Less: direct expenses | 8b | | | | | | |
| c Net income or (loss) from fundraising events | | | | | | | |
| 9 a Gross income from gaming activities. See Part IV, line 19 | 9a | | | | | | |
| b Less: direct expenses | 9b | | | | | | |
| c Net income or (loss) from gaming activities | | | | | | | |
| 10 a Gross sales of inventory, less returns and allowances | 10a | | | | | | |
| b Less: cost of goods sold | 10b | | | | | | |
| c Net income or (loss) from sales of inventory | | | | | | | |
| Miscellaneous Revenue | 11 a FEDERAL UBI TAX REFUND | Business Code 900099 | 126,517. | | | 126,517. | |
| | b _____ | | | | | | |
| | c _____ | | | | | | |
| | d All other revenue | | | | | | |
| | e Total. Add lines 11a-11d | | 126,517. | | | | |
| 12 Total revenue. See instructions | | 19,485,198. | 647,666. | -1,926,594. | 20,764,126. | | |

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 ... | 34,461,669. | 34,461,669. | | |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22 | 1,763,763. | 1,763,763. | | |
| 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 | 2,344,014. | 852,546. | 1,491,468. | |
| 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 | 7,216,608. | 5,726,956. | 1,489,652. | |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 1,045,849. | 849,919. | 195,930. | |
| 9 Other employee benefits | 1,153,402. | 864,759. | 288,643. | |
| 10 Payroll taxes | 530,993. | 401,712. | 129,281. | |
| 11 Fees for services (nonemployees): | | | | |
| a Management | | | | |
| b Legal | 129,663. | 68,878. | 60,785. | |
| c Accounting | 96,221. | | 96,221. | |
| d Lobbying | | | | |
| e Professional fundraising services. See Part IV, line 17 | | | | |
| f Investment management fees | 6,199,920. | | 6,199,920. | |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) | 755,403. | 438,597. | 316,806. | |
| 12 Advertising and promotion | | | | |
| 13 Office expenses | 177,819. | 144,049. | 33,770. | |
| 14 Information technology | 236,455. | 184,171. | 52,284. | |
| 15 Royalties | | | | |
| 16 Occupancy | 104,633. | 81,404. | 23,229. | |
| 17 Travel | 250,443. | 170,059. | 80,384. | |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials ... | | | | |
| 19 Conferences, conventions, and meetings | | | | |
| 20 Interest | | | | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 149,492. | 116,305. | 33,187. | |
| 23 Insurance | 93,862. | 73,031. | 20,831. | |
| 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) | | | | |
| a PRI INTEREST DISCOUNT | 1,015,827. | 1,015,827. | | |
| b DIRECT CHARITABLE (PRC) | 445,884. | 445,884. | | |
| c STAFF PROFESSIONAL DEVE | 216,284. | 39,715. | 176,569. | |
| d STATE UBI TAX EXPENSE | 29,825. | | 29,825. | |
| e All other expenses | 180,813. | 151,109. | 29,704. | |
| 25 Total functional expenses. Add lines 1 through 24e | 58,598,842. | 47,850,353. | 10,748,489. | 0. |
| 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. | | | | |

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

Part X Balance Sheet

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

| | | (A) Beginning of year | | (B) End of year |
|---|--|--------------------------|--------------|--------------------|
| Assets | 1 Cash - non-interest-bearing | 47,380. | 1 | 577,535. |
| | 2 Savings and temporary cash investments | 5,460,332. | 2 | 3,794,374. |
| | 3 Pledges and grants receivable, net | | 3 | |
| | 4 Accounts receivable, net | 130,358. | 4 | 33,998. |
| | 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | | 5 | |
| | 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) | | 6 | |
| | 7 Notes and loans receivable, net | | 7 | |
| | 8 Inventories for sale or use | | 8 | |
| | 9 Prepaid expenses and deferred charges | 511,009. | 9 | 453,350. |
| | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a 49,218,865. | | |
| | b Less: accumulated depreciation | 10b 1,442,733. | | |
| | | 37,790,077. | 10c | 47,776,132. |
| | 11 Investments - publicly traded securities | | 11 | |
| | 12 Investments - other securities. See Part IV, line 11 | 739,026,243. | 12 | 679,366,560. |
| | 13 Investments - program-related. See Part IV, line 11 | 7,018,210. | 13 | 7,849,928. |
| | 14 Intangible assets | | 14 | |
| 15 Other assets. See Part IV, line 11 | 1,216,911. | 15 | 1,178,336. | |
| 16 Total assets. Add lines 1 through 15 (must equal line 33) | 791,200,520. | 16 | 741,030,213. | |
| Liabilities | 17 Accounts payable and accrued expenses | 1,750,297. | 17 | 1,492,999. |
| | 18 Grants payable | 14,210,676. | 18 | 20,223,523. |
| | 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 any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | | 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 | 15,960,973. | 26 | 21,716,522. |
| Net Assets or Fund Balances | Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33. | | | |
| | 27 Net assets without donor restrictions | 775,239,547. | 27 | 719,313,691. |
| | 28 Net assets with donor restrictions | | 28 | |
| | Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33. | | | |
| | 29 Capital stock or trust principal, or current funds | | 29 | |
| | 30 Paid-in or capital surplus, or land, building, or equipment fund | | 30 | |
| | 31 Retained earnings, endowment, accumulated income, or other funds | | 31 | |
| | 32 Total net assets or fund balances | 775,239,547. | 32 | 719,313,691. |
| 33 Total liabilities and net assets/fund balances | 791,200,520. | 33 | 741,030,213. | |

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 | 19,485,198. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 58,598,842. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | -39,113,644. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 775,239,547. |
| 5 | Net unrealized gains (losses) on investments | 5 | -16,876,385. |
| 6 | Donated services and use of facilities | 6 | 64,173. |
| 7 | Investment expenses | 7 | |
| 8 | Prior period adjustments | 8 | |
| 9 | Other changes in net assets or fund balances (explain on Schedule O) | 9 | 0. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) | 10 | 719,313,691. |

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 on 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 on Schedule O and describe any steps taken to undergo such audits

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

Form **990** (2019)

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

2019
Open to Public Inspection

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

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

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

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

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

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

| | Held at the End of the Tax Year |
|--|---------------------------------|
| a Total number of conservation easements | 2a |
| b Total acreage restricted by conservation easements | 2b |
| c Number of conservation easements on a certified historic structure included in (a) | 2c |
| d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register | 2d |

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

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

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

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

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

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

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

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

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

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

(i) Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

(ii) Assets included in Form 990, Part X ▶ \$ _____

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

a Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2019

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 make 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 program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

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

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____%
 - b Permanent endowment _____%
 - c Term endowment _____%
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|--------|----|
| (i) Unrelated organizations | 3a(i) | |
| (ii) Related organizations | 3a(ii) | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land | 5,315,000. | | | 5,315,000. |
| b Buildings | 40,807,945. | | | 40,807,945. |
| c Leasehold improvements | 1,452,055. | 27,905. | 25,705. | 1,454,255. |
| d Equipment | | 277,299. | 197,538. | 79,761. |
| e Other | | 1,338,661. | 1,219,490. | 119,171. |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) | | | | 47,776,132. |

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 | 61,607,592. | END-OF-YEAR MARKET VALUE |
| (B) MULTI-ASSET CLASS COMMINGLED FUNDS | 538,862,818. | END-OF-YEAR MARKET VALUE |
| (C) FIXED INCOME FUNDS | 70,373,678. | END-OF-YEAR MARKET VALUE |
| (D) GLOBAL EQUITY INDEXED EXCHANGE TRADED | | |
| (E) FUND | 8,522,472. | END-OF-YEAR MARKET VALUE |
| (F) | | |
| (G) | | |
| (H) | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶ | 679,366,560. | |

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ...

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

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

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

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

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

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

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 TAXEXEMPT STATUS AND HAD TAKEN NO UNCERTAIN

TAX POSITIONS THAT REQUIRE ADJUSTMENTS TO THE FINANCIAL STATEMENTS.

Part IV Foreign Forms

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

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

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

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

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

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

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2019

**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 |
|---|----------------|--|---------------------------------|--|--|--|---|
| ASSOCIATION OF BLACK FOUNDATION EXECUTIVES, INC. - 42 BROADWAY, 20TH FLOOR - NEW YORK, NY 10004 | 23-7156531 | 501(C)(3) | 10,000. | 0. | | | 2020 MEMBERSHIP |
| ACADEMYHEALTH 1666 K STREET NW, SUITE 1100 WASHINGTON, DC 20006 | 52-1260918 | 501(C)(3) | 7,000. | 0. | | | 2020 MEMBERSHIP; 2019 ACADEMY HEALTH ANNUAL RESEARCH MEETING SPONSORSHIP |
| ACTA NON VERBA: YOUTH URBAN FARM PROJECT - 1001 83RD AVENUE, MAILBOX 1 - OAKLAND, CA 94621 | 45-0935667 | 501(C)(3) | 10,000. | 0. | | | GENERAL OPERATING SUPPORT FOR ACTA NON VERBA: YOUTH URBAN FARM PROJECT |
| ADAPTATION HEALTH, LLC 1900 AMELIA STREET NEW ORLEANS, LA 70115 | 83-1353659 | | 10,000. | 0. | | | IMPROVING MEDICAID ELIGIBILITY DETERMINATION AND ENROLLMENT |
| THE ALAMEDA COUNTY COMMUNITY FOOD BANK INC. - PO BOX 2599 - OAKLAND, CA 94614 | 94-2960297 | 501(C)(3) | 245,000. | 0. | | | GENERAL SUPPORT |
| ALAMEDA POINT COLLABORATIVE 677 WEST RANGER AVENUE ALAMEDA, CA 94501 | 94-3361464 | 501(C)(3) | 140,000. | 0. | | | SUPPORT FOR ALAMEDA POINT COLLABORATIVE MEDICAL RESPITE AND WELLNESS CENTER |

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **164.**

3 Enter total number of other organizations listed in the line 1 table **44.**

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

Schedule I (Form 990) (2019)

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 |
|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| AMERICAS PHYSICIAN GROUPS 915 WILSHIRE BLVD., SUITE 1620 LOS ANGELES, CA 90071 | 47-0878940 | 501(C)(6) | 10,000. | 0. | | | SAFETY NET SCHOLARSHIPS FOR THE 2021 AMERICAS PHYSICIAN GROUP CONFERENCE |
| THE ANDREW LEVITT CENTER FOR SOCIAL EMERGENCY MEDICINE - 1513 GRANT STREET - BERKELEY, CA 94703 | 36-4622374 | 501(C)(3) | 65,000. | 0. | | | GENERALIST PALLIATIVE CARE IN PUBLIC HEALTH SYSTEMS (ALAMEDA HEALTH SYSTEM) |
| THE ASPEN INSTITUTE, INC. 2300 N STREET NW, SUITE 700 WASHINGTON, DC 20037 | 84-0399006 | 501(C)(3) | 69,615. | 0. | | | ASSESSING THE EFFECTIVENESS OF THE CHCF HEALTH JOURNALISM GRANT PORTFOLIO; COMMUNITY |
| ASSOCIATION OF BLACK WOMEN PHYSICIANS - 4712 ADMIRALTY WAY, SUITE #175 - MARINA DEL REY, CA 90292 | 95-3764478 | 501(C)(3) | 15,000. | 0. | | | GENERAL OPERATING SUPPORT TO THE ASSOCIATION OF BLACK WOMEN PHYSICIANS |
| A THOUSAND JOYS C/O SPACES 777 S. ALAMEDA STREET, 2ND FLOOR LOS ANGELES, CA 90021 | 20-5204911 | 501(C)(3) | 20,000. | 0. | | | INNOVATION FUND ADVISORY GRANT: SUPPORTING THE PHYSICAL, MENTAL AND EMOTIONAL HEALTH OF |
| AUS MARKETING RESEARCH SYSTEMS, INC. - 155 GAITHER DR., STE A - MT. LAUREL, NJ 08054 | 23-2776958 | | 275,695. | 0. | | | 2019 HEALTH POLICY POLL |
| AZUSA PACIFIC UNIVERSITY 901 EAST ALOSTA AVENUE AZUSA, CA 91702 | 95-1744369 | 501(C)(3) | 174,818. | 0. | | | EXTERNAL EVALUATION OF REAL-WORLD MEDICATION-ASSISTED TREATMENT PROGRAM |
| BAILIT HEALTH PURCHASING, LLC 56 PICKERING STREET NEEDHAM, MA 02492 | 04-3340991 | | 90,673. | 0. | | | SETTING PERFORMANCE GOALS FOR MEDI-CAL MANAGED CARE; STRENGTHENING CALIFORNIA DEPARTMENT OF |
| BAY AREA COUNCIL FOUNDATION 353 SACRAMENTO STREET, SUITE 1000 SAN FRANCISCO, CA 94111 | 20-1826827 | 501(C)(3) | 75,200. | 0. | | | LONG OVERDUE: FULL PRACTICE AUTHORITY FOR NURSE PRACTITIONERS INCREASES ACCESS AND |

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 |
|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| BLACK WOMEN FOR WELLNESS 4340 11TH AVENUE LOS ANGELES, CA 90008 | 95-4624707 | 501(C)(3) | 174,091. | 0. | | | UNRESTRICTED SUPPORT FOR BLACK WOMEN FOR WELLNESS; ADVISORY COMMITTEE TO INFORM CALIFORNIA |
| BLUEPATH HEALTH, INC. 80 E SIR FRANCIS DRAKE BLVD., SUITE LARKSPUR, CA 94939 | 46-3484135 | | 224,000. | 0. | | | STRENGTHENING CALIFORNIA'S TELEHEALTH COALITIONS 2020 |
| BLUE SKY CONSULTING GROUP LLC 1939 HARRISON STREET, SUITE 211 OAKLAND, CA 94612 | 59-3810591 | | 1,359,077. | 0. | | | MEDI-CAL'S EXPERIENCE WITH RURAL AND GEOGRAPHIC MANAGED CARE; SUSTAINABLE CALIFORNIA HEALTH |
| BRANDEIS UNIVERSITY, SCHNEIDER INSTITUTE FOR HEALTH POLICY, THE HELLER SCHOOL - MS-035, 415 SOUTH ST. - WALTHAM, MA 02453 | 04-2103552 | 501(C)(3) | 10,000. | 0. | | | PRINCETON CONFERENCE, 2020 |
| CALIFORNIA ASSOCIATION OF HEALTH PLANS - 1415 L STREET, SUITE 850 - SACRAMENTO, CA 95814 | 95-3825285 | 501(C)(6) | 5,500. | 0. | | | CALIFORNIA ASSOCIATION OF HEALTH PLANS 2019 ANNUAL CONFERENCE |
| CALIFORNIA BLACK HEALTH NETWORK 520 9TH ST #210 SACRAMENTO, CA 95814 | 95-3794688 | 501(C)(3) | 27,891. | 0. | | | UNDERSTANDING EXPERIENCES AND NEEDS OF BLACK CALIFORNIANS REGARDING SERIOUS ILLNESS AND END |
| CALIFORNIA BUDGET & POLICY CENTER 1107 9TH STREET, SUITE 310 SACRAMENTO, CA 95814 | 68-0346784 | 501(C)(3) | 10,000. | 0. | | | POLICY INSIGHTS 2020 SPONSORSHIP |
| CALIFORNIA COVERAGE AND HEALTH INITIATIVES - 1107 9TH STREET, SUITE 601 - SACRAMENTO, CA 95814 | 47-4034471 | 501(C)(3) | 10,000. | 0. | | | CHAMPIONS FOR COVERAGE EVENT SPONSORSHIP; 2020 CHAMPION FOR COVERAGE SPONSORSHIP |
| CALIFORNIA PRIMARY CARE ASSOCIATION - 1231 I STREET, SUITE 400 - SACRAMENTO, CA 95814 | 94-3215565 | 501(C)(3) | 149,125. | 0. | | | COLLECTIVE INSIGHT FORUM TECHNICAL ASSISTANCE OPPORTUNITY: MICROLEARNING ON MANAGED |

Schedule I (Form 990)

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| CALIFORNIA ASSOCIATION OF PUBLIC HOSPITALS AND HEALTH SYSTEMS - 70 WASHINGTON STREET, SUITE 215 - OAKLAND, CA 94607 | 94-2932254 | 501(C)(6) | 300,125. | 0. | | | PUBLIC CHARGE FINAL RULE AND MEDI-CAL EXPANSION: CALIFORNIA SAFETY NET HOSPITALS PRESERVING AND |
| CALIFORNIA BREASTFEEDING COALITION 510 BEAUMONT AVE. PACIFIC GROVE, CA 93950 | 45-2688965 | 501(C)(3) | 40,000. | 0. | | | 2020 CALIFORNIA BREASTFEEDING COALITION SUMMIT; 2021 CALIFORNIA BREASTFEEDING COALITION |
| CALIFORNIA ASSOCIATION FOR NURSE PRACTITIONERS - 1415 L STREET, SUITE 1000 - SACRAMENTO, CA 95814 | 94-2599089 | 501(C)(6) | 17,500. | 0. | | | 43RD ANNUAL EDUCATIONAL CONFERENCE |
| CALMATTERS 1017 L STREET, #261 SACRAMENTO, CA 95814 | 47-2474086 | | 80,000. | 0. | | | REPORTING SERIES ON THE BEHAVIORAL HEALTH CARE SYSTEM - PHASE 2 |
| CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES - 1501 CAPITOL AVENUE, PO BOX 997415, MS 1101 - SACRAMENTO, CA 95889 | 68-0317191 | CA DHCS | 653,441. | 0. | | | SUPPORT FOR IMPLEMENTATION OF FEDERAL MANAGED CARE RULE; 2016-18 TRAININGS AND |
| THE CALIFORNIA HEALTH CARE SAFETY NET INSTITUTE - 70 WASHINGTON STREET, SUITE 215 - OAKLAND, CA 94607 | 94-2970752 | 501(C)(3) | 451,445. | 0. | | | ADVANCING VALUE-BASED CARE AND PAYMENT IN CALIFORNIA'S PUBLIC HEALTH CARE SYSTEMS; |
| CALIFORNIA IMMIGRANT POLICY CENTER 634 S. SPRING STREET, SUITE 600A LOS ANGELES, CA 90014 | 81-5304541 | 501(C)(3) | 75,000. | 0. | | | SUPPORTING CALIFORNIA IMMIGRANT FAMILIES: CALIFORNIA IMMIGRANT POLICY CENTER (CIPC) |
| CALIFORNIA HOSPITAL ASSESSMENT AND REPORTING TASK FORCE CHART - 1688 ORVIETTO DRIVE - ROSEVILLE, CA 95661 | 36-4616681 | 501(C)(3) | 123,652. | 0. | | | OPIOID SAFE HOSPITAL HONOR ROLL |
| CALIFORNIA PAN-ETHNIC HEALTH NETWORK - 1221 PRESERVATION PARK WAY, STE. 200 - OAKLAND, CA 94612 | 94-3306223 | 501(C)(3) | 85,000. | 0. | | | SUPPORT FOR CPEHN LEADERSHIP TRANSITION; ADVANCING MENTAL HEALTH EQUITY PROJECT |

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 |
|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|--|
| THE CALIFORNIA REGIONAL EXTENSION CENTER - 2230 L STREET - SACRAMENTO, CA 95816 | 27-0879297 | 501(C)(3) | 25,000. | 0. | | | THE CALIFORNIA REGIONAL EXTENSION CENTER (CALHIPSO) 2020 HEALTH INFORMATION TECHNOLOGY |
| CALIFORNIA STATE UNIVERSITY SAN MARCOS FOUNDATION - 333 S. TWIN OAKS VALLEY ROAD - SAN MARCOS, CA 92096 | 80-0390564 | 501(C)(3) | 25,000. | 0. | | | TELEMEDICINE NOW (AND HOW): CONNECTING AT A DISTANCE |
| CALIFORNIA COMMUNITY FOUNDATION 221 SOUTH FIGUEROA STREET, SUITE 40 LOS ANGELES, CA 90012 | 95-3510055 | 501(C)(3) | 125,650. | 0. | | | CENSUS 2020 CONVENINGS |
| CAMDEN COALITION OF HEALTHCARE PROVIDERS - 800 COOPER STREET, 7TH FLOOR - CAMDEN, NJ 08102 | 32-0332843 | 501(C)(3) | 15,000. | 0. | | | CAMDEN COALITION OF HEALTHCARE PROVIDERS CONSULTATION; SPONSORSHIP FOR PUTTING CARE AT THE |
| CANDID 32 OLD SLIP, FLOOR 24 NEW YORK, NY 10005 | 13-1837418 | 501(C)(3) | 20,000. | 0. | | | 2020 MEMBERSHIP |
| CAPITOL IMPACT, LLC 1107 9TH ST., STE. 500 SACRAMENTO, CA 95814 | 03-0539997 | | 65,852. | 0. | | | SUPPORT FOR 2018 AND 2019 CALIFORNIA LEGISLATIVE STAFF EDUCATION INSTITUTE AND HEALTH CONFERENCE |
| CAPITAL LINK, INC. 40 COURT STREET, 10TH FLOOR BOSTON, MA 02108 | 52-1593251 | 501(C)(3) | 147,610. | 0. | | | UNDERSTANDING THE FINANCIAL, OPERATIONAL AND QUALITY PERFORMANCE OF CALIFORNIA HEALTH |
| CAPITAL PUBLIC RADIO, INC. 7055 FOLSOM BLVD. SACRAMENTO, CA 95826 | 68-0223271 | 501(C)(3) | 260,120. | 0. | | | SUPPORT FOR HEALTH CARE COVERAGE, 2020-22 |
| CATALYZ LLC 1122 E. PIKE STREET, SUITE 767 SEATTLE, WA 98122 | 81-1322576 | | 10,000. | 0. | | | HUMAN-CENTERED PARTNERSHIPS |

Schedule I (Form 990)

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|--|
| CENTER FOR EFFECTIVE PHILANTHROPY INC. - 675 MASSACHUSETTS AVE., 7TH FLOOR - CAMBRIDGE, MA 02139 | 04-3523528 | 501(C)(3) | 15,000. | 0. | | | 2020 MEMBERSHIP |
| CENTER FOR EXCELLENCE IN HEALTH CARE JOURNALISM - 10 NEFF HALL, MISSOURI SCHOOL OF JOURNALISM - COLUMBIA, MO 65211 | 41-1908032 | 501(C)(3) | 115,000. | 0. | | | SUPPORT FOR HEALTH JOURNALISM 2020; MENTAL & BEHAVIORAL HEALTH RESOURCES FOR JOURNALISTS |
| CENTER FOR HEALTH POLICY DEVELOPMENT, NATIONAL ACADEMY FOR STATE HEALTH POLICY - 2 MONUMENT SQUARE, SUITE 910 - PORTLAND, ME | 52-1576801 | 501(C)(3) | 10,000. | 0. | | | NATIONAL ACADEMY FOR STATE HEALTH POLICY'S ANNUAL CONFERENCE |
| CENTER FOR HEALTH CARE STRATEGIES, INC. - 200 AMERICAN METRO BLVD., SUITE 119 - HAMILTON, NJ 08619 | 22-3375015 | 501(C)(3) | 131,978. | 0. | | | DEVELOPING MEDI-CAL'S HEALTH HOME INITIATIVE; HEALTH PLAN APPROACHES TO TRAINING CARE |
| CHANGE MATRIX LLC 2251 N. RAMPART BLVD., #365 LAS VEGAS, NV 89128 | 26-4721525 | | 20,000. | 0. | | | EXPANDING THE BENCH |
| CHAPMAN CONSULTING, LLC 1133 LOS ROBLES STREET DAVIS, CA 95618 | 82-3820031 | | 105,325. | 0. | | | MEDI-CAL PLAN QUALITY IMPROVEMENT CASE STUDIES; MEDI-CAL TRANSPORTATION BENEFIT ISSUE BRIEF |
| THE CHILDRENS PARTNERSHIP 811 WILSHIRE BOULEVARD, SUITE 1000 LOS ANGELES, CA 90017 | 46-4106389 | 501(C)(3) | 325,000. | 0. | | | SUPPORTING CALIFORNIA'S IMMIGRANT FAMILIES: THE CHILDREN'S PARTNERSHIP OUTREACH AND EDUCATION ON |
| CHILDREN'S SPECIALTY CARE COALITION - 925 L STREET, SUITE 1180 - SACRAMENTO, CA 95814 | 68-0484332 | 501(C)(3) | 10,000. | 0. | | | CHILDREN'S SPECIALTY CARE COALITION 2019 STRATEGY RETREAT |
| CLINICA TEPATI C/O DEPARTMENT OF FAMILY PRACTICE - 1820 J STREET - SACRAMENTO, CA 95811 | 94-2324682 | 501(C)(3) | 10,000. | 0. | | | INCREASING THE PIPELINE OF LATINO STUDENTS TO HEALTH PROFESSIONALS THROUGH MENTORING |

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 |
|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|--|
| COALITION FOR COMPASSIONATE CARE OF CALIFORNIA - 2530 RIVER PLAZA DRIVE, SUITE 110 - SACRAMENTO, CA 95833 | 27-0419836 | 501(C)(3) | 341,139. | 0. | | | STRENGTHENING SERIOUS ILLNESS CARE IN MEDI-CAL - SB 1004 AND BEYOND; CONFERENCE SUPPORT: |
| COALITION OF ORANGE COUNTY COMMUNITY CLINICS - 515 NORTH CABRILLO PARK DR., STE. 225 - SANTA ANA, CA 92701 | 95-2900725 | 501(C)(3) | 140,000. | 0. | | | ORANGE COUNTY SAFETY NET INDEPENDENT PRACTICE ASSOCIATION (IPA) PLANNING |
| COLORADO INSTITUTE OF FAMILY MEDICINE - 7900 E. UNION AVE., STE 1100 - DENVER, CO 80237 | 20-8367897 | 501(C)(3) | 7,500. | 0. | | | GRADUATE MEDICAL EDUCATION INITIATIVE SUMMIT 2020 |
| COMMUNITY CLINIC ASSOCIATION OF LOS ANGELES COUNTY - 445 S. FIGUEROA STREET, SUITE 2100 - LOS ANGELES, CA 90071 | 95-4576023 | 501(C)(3) | 163,000. | 0. | | | COMMUNITY CLINIC ASSOCIATION OF LOS ANGELES COUNTY ANNUAL CONFERENCE AND EVENT |
| COMMUNITY HEALTH COUNCILS, INC. 3731 STOCKER STREET, SUITE 201 LOS ANGELES, CA 90008 | 95-4487664 | 501(C)(3) | 10,000. | 0. | | | CALIFORNIA PARTNERSHIP OF HEALTHCARE ADVOCATES 2019 CONFERENCE |
| COMMUNICARE HEALTH CENTERS P.O. BOX 1260 DAVIS, CA 95617 | 94-2188574 | 501(C)(3) | 28,000. | 0. | | | TRANSITIONS CLINIC NETWORK CLINIC GRANT - COMMUNICARE HEALTH CENTERS |
| COMMUNICATIONS NETWORK 1717 NORTH NAPER BLVD., SUITE 102 NAPERVILLE, IL 60563 | 52-2114179 | 501(C)(3) | 15,000. | 0. | | | COMNET 19 |
| COMMUNITY FOUNDATION SONOMA COUNTY 120 STONY POINT ROAD, SUITE 220 SANTA ROSA, CA 95401 | 68-0003212 | 501(C)(3) | 25,000. | 0. | | | SUPPORT FOR COMMUNITY FOUNDATION SONOMA COUNTY'S RESILIENCE FUND |
| COMMUNITY PARTNERS 1000 NORTH ALAMEDA STREET, SUITE 24 LOS ANGELES, CA 90012 | 95-4302067 | 501(C)(3) | 48,419. | 0. | | | EXPLORING HOSPICE FOR HOMELESS INDIVIDUALS IN LOS ANGELES COUNTY; CONFERENCE SUPPORT: 2019 |

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 |
|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| CONTRA COSTA REGIONAL HEALTH FOUNDATION - 50 DOUGLAS DRIVE, SUITE 300 - MARTINEZ, CA 94553 | 20-0555977 | 501(C)(3) | 64,416. | 0. | | | GENERALIST PALLIATIVE CARE IN PUBLIC HEALTH SYSTEMS (CONTRA COSTA HEALTH SERVICES) |
| CORPORATION FOR SUPPORTIVE HOUSING 800 SOUTH FIGUEROA, SUITE 810 LOS ANGELES, CA 90017 | 13-3600232 | 501(C)(3) | 149,900. | 0. | | | BUILDING ON LESSONS LEARNED: HEALTH HOMES PROGRAM (HHP) AND HOUSING LINKAGES IN ALAMEDA, |
| COUNTY HEALTH EXECUTIVES ASSOCIATION OF CALIFORNIA - 1127 11TH STREET, SUITE 806 - SACRAMENTO, CA 95814 | 68-0250511 | 501(C)(4) | 7,500. | 0. | | | SPONSORSHIP FOR COUNTY HEALTH EXECUTIVES ASSOCIATION OF CALIFORNIA'S ANNUAL |
| COUNCIL ON FOUNDATIONS 1255 23RD STREET NW, SUITE 200 WASHINGTON, DC 20037 | 13-6068327 | 501(C)(3) | 25,000. | 0. | | | 2020 MEMBERSHIP |
| COUNTY OF SANTA CLARA P.O. BOX 5280 SAN JOSE, CA 95150 | 94-6000533 | COUNTY OF SANTA CLARA | 65,000. | 0. | | | GENERALIST PALLIATIVE CARE IN PUBLIC HEALTH SYSTEMS (SANTA CLARA VALLEY) |
| CURT DEGENFELDER CONSULTING, INC. 2536 GRANVILLE AVENUE LOS ANGELES, CA 90064 | 45-3457306 | | 53,600. | 0. | | | ANALYZING SAME DAY MEDICAL & MENTAL HEALTH BILLING FOR FEDERALLY QUALIFIED HEALTH CENTERS |
| DIVERSITY SCIENCE 2505 SE 11TH AVENUE, SUITE 330 PORTLAND, OR 97202 | 82-2617320 | | 459,921. | 0. | | | DEVELOPMENT OF EDUCATIONAL MODULES FOR PERINATAL PROVIDERS IN RESPONSE TO CALIFORNIA |
| EL CONCILIO OF SAN MATEO COUNTY 3180 MIDDLEFIELD RD. REDWOOD CITY, CA 94063 | 94-2772110 | 501(C)(3) | 15,000. | 0. | | | PROMOTORES HEALTH OUTREACH |
| ENGAGE R&D 556 S. FAIR OAKS AVENUE, SUITE 101 PASADENA, CA 91105 | 82-0676544 | | 124,400. | 0. | | | EVALUATION OF ENCORE PROGRAM TO MATCH RETIRED PHYSICIANS WITH HEALTH CENTERS; SUPPORT FOR |

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 |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| FAMILIES USA FOUNDATION 1225 NEW YORK AVENUE NW, SUITE 800 WASHINGTON, DC 20005 | 04-2730934 | 501(C)(3) | 35,000. | 0. | | | WIC GATEWAY TO MEDI-CAL: TECHNICAL ASSISTANCE TO THE CHILDREN'S PARTNERSHIP ON |
| GARDNER FAMILY HEALTH NETWORK, INC. - 1621 GOLD STREET - ALVISO, CA 95002 | 94-1743078 | 501(C)(3) | 10,000. | 0. | | | GENERAL OPERATING SUPPORT FOR GARDNER FAMILY HEALTH NETWORK |
| THE GENERAL HOSPITAL CORPORATION 55 FRUIT STREET BOSTON, MA 02114 | 04-2697983 | 501(C)(3) | 29,131. | 0. | | | OVERVIEW OF HOME-BASED MEDICAL CARE MODELS |
| GEORGE MARK CHILDREN'S FUND 2121 GEORGE MARK LANE SAN LEANDRO, CA 94578 | 94-3255845 | 501(C)(3) | 7,500. | 0. | | | SUPPORT FOR GEORGE MARK CHILDREN'S HOUSE'S PEDIATRIC PALLIATIVE CARE SUMMIT |
| GEORGE MASON UNIVERSITY 4400 UNIVERSITY AVE. FAIRFAX, VA 22030 | 54-0836354 | GEORGE MASON UNIV | 25,000. | 0. | | | ELICITING SUSTAINABLE LOCAL INVESTMENTS IN SOCIAL DETERMINANTS OF HEALTH: A PROPOSAL FOR A |
| GEORGETOWN UNIVERSITY 37TH & O STREETS NW WASHINGTON, DC 20057 | 53-0196603 | 501(C)(3) | 121,116. | 0. | | | ENSURING THE PROMISE OF MENTAL HEALTH PARITY IN CALIFORNIA |
| GOODWIN SIMON STRATEGIC RESEARCH, INC. - 1624 FRANKLIN ST, SUITE 1001 - OAKLAND, CA 94612 | 27-0930150 | | 28,250. | 0. | | | ONLINE FOCUS GROUP RESEARCH INVESTIGATING MENTAL HEALTH |
| GRANTMAKERS CONCERNED WITH IMMIGRANTS AND REFUGEES - P.O BOX 1100 - SEBASTAPOL, CA 95473 | 20-2559651 | 501(C)(3) | 15,000. | 0. | | | 2020 MEMBERSHIP |
| GRANTMAKERS FOR EFFECTIVE ORGANIZATIONS - 1310 L STREET NW, SUITE 650 - WASHINGTON, DC 20005 | 01-0669150 | 501(C)(3) | 9,690. | 0. | | | 2020 MEMBERSHIP |

Schedule I (Form 990)

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|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|--|
| GRANTMAKERS IN HEALTH 1100 CONNECTICUT AVENUE NW, SUITE 1 WASHINGTON, DC 20036 | 13-3206571 | 501(C)(3) | 19,500. | 0. | | | 2020 MEMBERSHIP |
| GROWTH PHILANTHROPY NETWORK INC. 122 E. 42ND STREET, 17TH FLOOR NEW YORK, NY 10168 | 42-1625224 | 501(C)(3) | 25,000. | 0. | | | 2020 MEMBERSHIP |
| HEALTH ACCESS FOUNDATION 1127 11TH STREET, SUITE 925 SACRAMENTO, CA 95814 | 93-0957949 | 501(C)(3) | 350,000. | 0. | | | CORE SUPPORT FOR CALIFORNIA CONSUMER ADVOCATES 2020-2021 |
| HEALTH EDUCATION COUNCIL SERVING POPULATIONS AT RISK - 3950 INDUSTRIAL BOULEVARD, SUITE 600 - WEST SACRAMENTO, CA 95691 | 68-0249296 | 501(C)(3) | 25,000. | 0. | | | MENTAL HEALTH/HEALTH SCREENINGS AMONG LATINO POPULATIONS SUFFERING FROM MENTAL ILLNESS |
| HEALTH CAREER CONNECTION, INC. 300 FRANK OGAWA PLAZA, SUITE 243 OAKLAND, CA 94612 | 25-1904312 | 501(C)(3) | 50,000. | 0. | | | SUMMER INTERN PROGRAM, 2019 |
| THE HEALTH COMMUNICATION RESEARCH INSTITUTE INC. - 5025 J STREET, SUITE 311 - SACRAMENTO, CA 95819 | 68-0195121 | 501(C)(3) | 25,000. | 0. | | | JOSHUA'S HOUSE |
| HEALTH EVOLUTION SERVICES, LLC 50 FRANCISCO STREET, SUITE 203 SAN FRANCISCO, CA 94133 | 90-0869370 | | 41,300. | 0. | | | SCHOLARSHIP AND SPONSORSHIP SUPPORT FOR HEALTH EVOLUTION SUMMIT 2019; SCHOLARSHIP AND |
| HEALTH MANAGEMENT ASSOCIATES, INC. 120 N. WASHINGTON SQUARE, SUITE 705 LANSING, MI 48933 | 38-2599727 | | 775,265. | 0. | | | CLOSING GAPS TO ENSURE UNIVERSAL ACCESS TO MEDICALLY-ASSISTED TREATMENT (MAT) ACROSS |
| HEALTH PLAN OF SAN JOAQUIN 7751 SOUTH MANTHEY ROAD FRENCH CAMP, CA 95231 | 68-0355833 | HPSJ | 8,500. | 0. | | | TRAININGS AND EDUCATION OPPORTUNITIES RELATED TO IMPROVING HEALTH CARE DELIVERY SYSTEM QUALITY |

Schedule I (Form 990)

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| HEALTHTECH CAPITAL MANAGEMENT, LLC 12133 FOOTHILL LANE LOS ALTOS HILLS, CA 94022 | 27-2398824 | | 10,000. | 0. | | | 2020 MEMBERSHIP |
| HENRY J. KAISER FAMILY FOUNDATION 185 BERRY STREET, SUITE 2000 SAN FRANCISCO, CA 94107 | 94-6064808 | 501(C)(3) | 1,681,659. | 0. | | | SUPPORT CA HEALTHLINE WEEKLY |
| HICKMAN STRATEGIES LLC 23 FAIRVIEW AVENUE PIEDMONT, CA 94610 | 82-3951382 | | 199,710. | 0. | | | DEVELOPMENT OF A SACRAMENTO COLLABORATIVE CARE NETWORK |
| HISPANAS ORGANIZED FOR POLITICAL EQUALITY - 634 S SPRING STREET, SUITE 920 - LOS ANGELES, CA 90014 | 95-4718409 | 501(C)(3) | 10,000. | 0. | | | TO SUPPORT HOPE'S HEALTHCARE ACCESS POLICY AND EDUCATION LEADERSHIP PROGRAMS |
| HISPANICS IN PHILANTHROPY 414 13TH STREET, SUITE 200 OAKLAND, CA 94612 | 94-3040607 | 501(C)(3) | 13,000. | 0. | | | LEADERSHIP CONFERENCE, 2019; 2020 MEMBERSHIP |
| HOMELESS PRENATAL PROGRAM, INC. 2500 18TH STREET SAN FRANCISCO, CA 94110 | 94-3146280 | 501(C)(3) | 24,900. | 0. | | | EVENTS IN 2020, AND OTHER SERVICES INCLUDING HEALTHY BABIES PROGRAM; 30TH ANNIVERSARY EVENTS |
| HOSPITAL QUALITY INSTITUTE 1215 K STREET, SUITE 800 SACRAMENTO, CA 95814 | 74-3205570 | 501(C)(3) | 697,868. | 0. | | | HOSPITAL QUALITY INSTITUTE 2019 ANNUAL CONFERENCE SUPPORT; SUPPORTING ASSEMBLY BILL |
| INDEPENDENT SECTOR 1602 L STREET NW, SUITE 900 WASHINGTON, DC 20036 | 52-1081024 | 501(C)(3) | 12,500. | 0. | | | 2020 MEMBERSHIP |
| INDIANA UNIVERSITY 400 EAST 7TH STREET, ROOM 501 BLOOMINGTON, IN 47405 | 35-6001673 | 501(C)(3) | 228,750. | 0. | | | CALIFORNIA HEALTH CARE FOUNDATION DATA EXCHANGE PROGRAM - EVALUATION OF REFERENTIAL MATCHING |

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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|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| INNOVATION NETWORK, INC. 1625 K STREET SUITE 1050 WASHINGTON, DC 20006 | 52-1807655 | 501(C)(3) | 25,000. | 0. | | | SUPPORT FOR BAY AREA EVALUATION ROUNDTABLE; CORE SUPPORT FOR 2020-2021 EVALUATION |
| INSTITUTE FOR CLINICAL AND ECONOMIC REVIEW - TWO LIBERTY SQUARE, 9TH FLOOR - BOSTON, MA 02109 | 46-3250612 | 501(C)(3) | 300,000. | 0. | | | CALIFORNIA TECHNOLOGY ASSESSMENT FORUM, 2019-2021 |
| INSTITUTE FOR COMMUNITY HEALTH 350 MAIN STREET, 4TH FLOOR MALDEN, MA 02148 | 04-3543853 | 501(C)(3) | 209,988. | 0. | | | GIVING MORE THAN YOU GET? IMMIGRANTS' HEALTH CARE SPENDING AND CONTRIBUTION (THE SEQUEL) |
| INSTITUTO FAMILIAR DE LA RAZA 2919 MISSION STREET SAN FRANCISCO, CA 94110 | 94-2523608 | 501(C)(3) | 31,000. | 0. | | | ANNIVERSARY EVENT, 2019; CULTURALLY CONGRUENT MENTAL HEALTH SERVICES TO LATINO IMMIGRANTS |
| INSURE THE UNINSURED PROJECT 1107 9TH STREET SUITE 1025 SACRAMENTO, CA 95814 | 27-4159194 | 501(C)(3) | 25,000. | 0. | | | ITUP EXECUTIVE DIRECTOR SEARCH AND TRANSITION |
| INTEGRATED HEALTHCARE ASSOCIATION 500 12TH STREET, STE 300 OAKLAND, CA 94607 | 94-3211035 | 501(C)(6) | 300,914. | 0. | | | END-OF-LIFE METRICS IN MEDI-CAL; SUPPORTING SMART CARE CALIFORNIA S IMPLEMENTATION OF |
| INTEGRATED HEALTHDATA SYSTEMS, INC. - 2205 N MEADOWS AVENUE - MANHATTAN BEACH, CA 90266 | 95-3825995 | | 59,375. | 0. | | | STATE-BASED COST CONTAINMENT COMMISSIONS: THE EXPERIENCE IN MASSACHUSETTS, MARYLAND, |
| IPSOS PUBLIC AFFAIRS, LLC 2020 K STREET NW WASHINGTON, DC 20006 | 36-2061602 | | 21,100. | 0. | | | SPRING 2020 RAPID RESPONSE POLLING |
| IQ 360 1000 BISHOP STREET, SUITE 500 HONOLULU, HI 96813 | 27-3308484 | | 29,435. | 0. | | | KEEP YOUR BENEFITS TOOL AWARENESS PLAN; SOCIAL MEDIA FOR BIRTH EQUITY |

Schedule I (Form 990)

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|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| JDRF INTERNATIONAL 26 BROADWAY, 14TH FL. NEW YORK, NY 10004 | 23-1907729 | 501(C)(3) | 10,000. | 0. | | | IMPROVING THE AVAILABILITY OF, AND ACCESS TO HEALTH CARE IN CALIFORNIA |
| JOHNS HOPKINS UNIVERSITY, DEPARTMENT OF HEALTH POLICY AND MANAGEMENT, BLOOMBERG - 615 NORTH WOLFE STREET - BALTIMORE, MD 21205 | 52-0595110 | 501(C)(3) | 19,320. | 0. | | | OVERVIEW OF HOME-BASED MEDICAL CARE MODELS |
| JSI RESEARCH & TRAINING INSTITUTE, INC. - 44 FARNSWORTH STREET - BOSTON, MA 02210 | 04-2679824 | 501(C)(3) | 2,089,685. | 0. | | | PLANNING GRANT: OPTIONS FOR ACCELERATING INTEGRATED CARE; PROGRAM MODEL DEVELOPMENT: |
| KEDREN COMMUNITY HEALTH CENTER, INC. - 4211 SOUTH AVALON BLVD. - LOS ANGELES, CA 90011 | 95-2459796 | 501(C)(3) | 28,000. | 0. | | | TRANSITIONS CLINIC NETWORK CLINIC GRANT - KEDREN COMMUNITY HEALTH CENTER |
| KERN COMMUNITY FOUNDATION 3300 TRUXTUN AVENUE, SUITE 220 BAKERSFIELD, CA 93301 | 77-0555874 | 501(C)(3) | 25,000. | 0. | | | SCHOLARSHIPS FOR CALIFORNIA CENTRAL VALLEY STUDENTS ENTERING THE HEALTH CARE PROFESSION |
| KOREAN COMMUNITY SERVICES, INC. 8633 KNOTT AVENUE BUENA PARK, CA 90620 | 95-3245254 | 501(C)(3) | 28,000. | 0. | | | TRANSITIONS CLINIC NETWORK CLINIC GRANT - KOREAN COMMUNITY SERVICES |
| KQED 2601 MARIPOSA STREET SAN FRANCISCO, CA 94110 | 94-1241309 | 501(C)(3) | 160,000. | 0. | | | SUPPORT FOR THE CALIFORNIA REPORT, 2020-2022 |
| LA CLINICA DE LA RAZA P.O BOX 22210 OAKLAND, CA 94623 | 94-1744108 | 501(C)(3) | 68,250. | 0. | | | TO SUPPORT THE ALL THAT JAZZ (AND SUSHI!) EVENT ON SEPTEMBER 28, 2019 IN OAKLAND, CA.; LA |
| FOLEY & LARDNER LLP 555 S. FLOWER STREET, SUITE 3300 LOS ANGELES, CA 90071 | 39-0473800 | | 45,000. | 0. | | | BEHAVIORAL HEALTH INTEGRATION ANALYSIS (PHASE I) |

Schedule I (Form 990)

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|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| 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) | 10,000. | 0. | | | 26TH ANNIVERSARY GALA, AND BUILDING A HEALTHIER ORANGE COUNTY |
| LATINO COMMUNITY FOUNDATION 235 MONTGOMERY STREET, SUITE 1160 SAN FRANCISCO, CA 94104 | 81-0564400 | 501(C)(3) | 186,625. | 0. | | | ANNUAL GALA, 2019; ANNUAL GALA, 2020; SUPPORT FOR LATINO COMMUNITY FOUNDATION'S NORCAL |
| L.C. AND LILLIE COX HAVEN OF HOPE 696 SAN RAMON VALLEY BLVD., NO. 194 DANVILLE, CA 94526 | 46-0830760 | 501(C)(3) | 25,000. | 0. | | | UNRESTRICTED SUPPORT FOR ROOTS OF LABOR BIRTH COLLECTIVE |
| LEADINGAGE CALIFORNIA FOUNDATION 1315 I STREET, SUITE 100 SACRAMENTO, CA 95814 | 95-2383463 | 501(C)(3) | 100,000. | 0. | | | LEADINGAGE'S "AGE ON. RAGE ON." CAMPAIGN |
| LEADING RESOURCES INC. 1930 N STREET SACRAMENTO, CA 95811 | 91-1762703 | | 35,500. | 0. | | | WORKFORCE COMMISSION PROCESS ANALYSIS; OPERATIONALIZING LESSONS FROM THE WORKFORCE |
| LEGAL AID SOCIETY OF SAN MATEO COUNTY - 330 TWIN DOLPHIN DR., SUITE 123 - REDWOOD CITY, CA 94065 | 94-1451894 | 501(C)(3) | 174,514. | 0. | | | PUBLIC CHARGE RISK ASSESSMENT TOOL |
| LIVINGSTON MEMORIAL VISITING NURSE ASSOCIATION - 1996 EASTMAN AVENUE, SUITE 101 - VENTURA, CA 93003 | 95-1693538 | 501(C)(3) | 15,000. | 0. | | | STRENGTHENING CROSS-ORGANIZATION COLLABORATION FOR SB 1004 PALLIATIVE CARE IN |
| LOCAL HEALTH PLANS OF CALIFORNIA 1215 K STREET, SUITE 2230 SACRAMENTO, CA 95814 | 95-4626128 | 501(C)(6) | 44,000. | 0. | | | SUPPORT FOR LOCAL HEALTH PLANS OF CALIFORNIA BEHAVIORAL HEALTH DIRECTORS' COMMITTEE |
| LOMPOC VALLEY MEDICAL CENTER 1515 E OCEAN AVE LOMPOC, CA 93436 | 95-6001880 | LVMC | 7,139. | 0. | | | COLLECTIVE PLATFORM ELECTRONIC HEALTH RECORD INTERFACE FOR LOMPOC VALLEY MEDICAL CENTER |

Schedule I (Form 990)

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|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| LUNDQUIST INST FOR BIOMEDICAL INNOVATION AT HARBOR-UCLA MED CTR - 1124 W. CARSON STREET, N14 - TORRANCE, CA 90502 | 95-2138184 | 501(C)(3) | 90,579. | 0. | | | IMPROVING END-OF-LIFE COMMUNICATIONS AND PRACTICES IN INTENSIVE CARE UNITS AT LOS ANGELES |
| MANATT, PHELPS & PHILLIPS, LLP ONE EMBARCADERO CENTER, 29TH FLOOR SAN FRANCISCO, CA 94111 | 95-2375841 | | 69,199. | 0. | | | MEDI-CAL INTEROPERABILITY SUPPORT; CALIFORNIA INTEROPERABILITY POLICY ISSUE BRIEF; CALIFORNIA |
| MARJAREE MASON CENTER 1600 M STREET FRESNO, CA 93721 | 94-1156639 | 501(C)(3) | 25,000. | 0. | | | TO IMPROVE HEALTH CARE NEEDS FOR VICTIMS OF DOMESTIC ABUSE IN FRESNO COUNTY |
| MARCH OF DIMES, INC. 1550 CRYSTAL DRIVE, SUITE 1300 ARLINGTON, VA 22202 | 13-1846366 | 501(C)(3) | 10,000. | 0. | | | 2019 MARCH OF DIMES BIRTH EQUITY SUMMIT |
| MATHEMATICA POLICY RESEARCH, INC. P.O. BOX 2393 PRINCETON, NJ 08543 | 22-2112296 | | 838,493. | 0. | | | EVALUATION OF LANDMARK/INLAND EMPIRE HEALTH PLAN (IEHP) PROGRAM - YEAR 2 |
| MEDIA IMPACT FUNDERS INC. 200 WEST WASHINGTON SQUARE, SUITE 2 PHILADELPHIA, PA 19106 | 26-1948166 | 501(C)(3) | 7,500. | 0. | | | 2020 MEMBERSHIP |
| MILBANK MEMORIAL FUND 645 MADISON AVE. 15TH FLOOR NEW YORK, NY 10021 | 13-5562282 | 501(C)(3) | 38,078. | 0. | | | DEVELOPING A FRAMEWORK TO CAPTURE NON-FEE-FOR-SERVICE (FFS) PROVIDER PAYMENTS |
| MISSION AREA HEALTH ASSOCIATES 240 SHOTWELL STREET SAN FRANCISCO, CA 94110 | 94-2284365 | 501(C)(3) | 10,000. | 0. | | | INNOVATION FUND ADVISORY COMMITTEE GRANT: GENERAL SUPPORT |
| 2020 MOM 5042 WILSHIRE BLVD., SUITE 31842 LOS ANGELES, CA 90036 | 45-5009704 | 501(C)(3) | 25,000. | 0. | | | CONFERENCE SUPPORT: 2020 MOM'S ANNUAL FORUM ON FEBRUARY 12-13, 2020. |

Schedule I (Form 990)

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|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|--|
| NAMI CALIFORNIA 1851 HERITAGE WAY, SUITE 150 SACRAMENTO, CA 95815 | 94-2676057 | 501(C)(3) | 30,000. | 0. | | | NAMI CALIFORNIA CONSUMER AND FAMILY ENGAGEMENT PROJECT |
| NAMI SANTA CLARA COUNTY 1150 S BASCOM AVENUE, SUITE 24 SAN JOSE, CA 95128 | 94-2430956 | 501(C)(3) | 25,000. | 0. | | | COMMUNITY PEER MENTOR PROGRAMS |
| NARRATIVE NATION, INC. 82-155 COUNTRY POINT CIRCLE BELLROSE MANOR, NY 11427 | 82-3760872 | 501(C)(3) | 203,160. | 0. | | | ALIGNING THE PATIENT REPORTED EXPERIENCE MEASURE DEVELOPMENT WITH BIRTH EFFORTS; PLANNING |
| NATIONAL QUALITY FORUM 1099 14TH STREET NW, SUITE 500 WASHINGTON, DC 20005 | 52-2175544 | 501(C)(3) | 19,700. | 0. | | | 2020 MEMBERSHIP |
| NATIONAL HEALTH CARE FOR THE HOMELESS COUNCIL INC. - PO BOX 60427, 604 GALLATIN AVENUE, SUITE 106 - NASHVILLE, TN 37206 | 62-1475145 | 501(C)(3) | 10,000. | 0. | | | CONFERENCE SPONSORSHIP - NATIONAL HEALTH CARE FOR THE HOMELESS CONFERENCE AND POLICY SYMPOSIUM |
| NATIONAL HEALTH LAW PROGRAM 3701 WILSHIRE BLVD., SUITE 750 LOS ANGELES, CA 90010 | 95-3080947 | 501(C)(3) | 78,299. | 0. | | | MEDI-CAL COVERAGE OF DOULA CARE: SUPPORT FOR FOCUS GROUPS; EDUCATING POLICYMAKERS ABOUT |
| NATIONAL ASSOCIATION OF HEALTH DATA ORGANIZATIONS - 124 SOUTH 400 EAST, SUITE 220 - SALT LAKE CITY, UT 84111 | 52-1563768 | 501(C)(3) | 10,000. | 0. | | | SUPPORT FOR 2019 NAHDO ANNUAL CONFERENCE |
| NATIONAL MEDICAL FELLOWSHIPS INC. 12 EAST 46TH ST., SUITE 5E NEW YORK, NY 10016 | 01-0963657 | 501(C)(3) | 50,000. | 0. | | | PRIMARY CARE LEADERSHIP PROGRAM SCHOLARS AT LA CLINICA DE LA RAZA |
| NATIONAL COMMITTEE FOR QUALITY ASSURANCE - 1100 13TH STREET NW, THIRD FLOOR - WASHINGTON, DC 20005 | 52-1191985 | 501(C)(3) | 249,968. | 0. | | | BEHAVIORAL HEALTH QUALITY METRICS REVIEW |

Schedule I (Form 990)

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|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|--|
| NATIONAL OPINION RESEARCH CENTER 55 EAST MONROE ST. CHICAGO, IL 60603 | 36-2167808 | 501(C)(3) | 592,218. | 0. | | | PLANNING GRANT FOR BARRIERS TO CARE WITH PEOPLE WITH CO-OCCURRING MENTAL ILLNESS (MI) AND |
| JUSTICE IN AGING 3660 WILSHIRE BLVD, SUITE 718 LOS ANGELES, CA 90010 | 95-3132674 | 501(C)(3) | 14,000. | 0. | | | OVERVIEW OF MODELS SERVING DUALY ELIGIBLE INDIVIDUALS IN CALIFORNIA |
| NORTH BAY ORGANIZING PROJECT 2000 HUMBOLDT STREET SANTA ROSA, CA 95404 | 45-2369887 | 501(C)(3) | 25,000. | 0. | | | SUPPORT UNDOCUFUND FOR FIRE RELIEF IN SONOMA COUNTY |
| NORTHERN CALIFORNIA GRANTMAKERS 160 SPEAR STREET, SUITE 360 SAN FRANCISCO, CA 94105 | 94-2761355 | 501(C)(3) | 70,000. | 0. | | | ANNUAL CONFERENCE, 2020; 2020 MEMBERSHIP; CORE SUPPORT FOR NORTHERN CALIFORNIA GRANTMAKERS |
| NORTHERN STAR, INC. PO BOX 1287 MISSION, KS 66222 | 43-1870908 | | 20,000. | 0. | | | MERGER & ACQUISITIONS TOOLKIT EDITOR |
| OLD SKOOL CAFE 1429 MEDELL STREET SAN FRANCISCO, CA 94124 | 20-3913900 | 501(C)(3) | 25,000. | 0. | | | ANNUAL BENEFIT GALA |
| OLIVE VIEW-UCLA EDUCATION AND RESEARCH INSTITUTE, INC. - 14445 OLIVE VIEW DRIVE - SYLMAR, CA 91342 | 95-2249539 | 501(C)(3) | 64,360. | 0. | | | GENERALIST PALLIATIVE CARE IN PUBLIC HEALTH SYSTEMS (OLIVE VIEW-UCLA) |
| OREGON COMMUNITY HEALTH INFORMATION NETWORK - 1881 SW NAITO PARKWAY - PORTLAND, OR 97201 | 20-0195556 | 501(C)(3) | 180,718. | 0. | | | DEVELOPING REGIONAL OCHIN TRAINING AND SUPPORT CENTERS; INTEGRATION OF MEDICATION-ASSISTED |
| ORS IMPACT 1100 OLIVE WAY, STE. 1350 SEATTLE, WA 98101 | 91-1588023 | | 139,850. | 0. | | | CALIFORNIA IMPROVEMENT NETWORK EVALUATION, PHASE 7 |

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 |
|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|--|
| PACIFIC BUSINESS GROUP ON HEALTH 275 BATTERY STREET, SUITE 480 SAN FRANCISCO, CA 94111 | 94-3093623 | 501(C)(3) | 320,262. | 0. | | | 2020 SUPPORT FOR THE CALIFORNIA MATERNITY COORDINATING COMMITTEE; LEADERSHIP TRANSITION |
| PACIFIC HEALTH CONSULTING GROUP 72 OAK KNOLL AVENUE SAN ANSELMO, CA 94960 | 68-0403180 | | 133,646. | 0. | | | HEALTH CARE FUNDERS GROUP 2019; MEETING FACILITATION AND TECHNICAL SUPPORT FOR |
| PARTNERSHIP HEALTHPLAN OF CALIFORNIA - 4665 BUSINESS CENTER DRIVE - FAIRFIELD, CA 94534 | 68-0301406 | PHC | 8,500. | 0. | | | TRAININGS AND EDUCATION OPPORTUNITIES RELATED TO IMPROVING HEALTH CARE DELIVERY SYSTEM QUALITY |
| PASCHAL ROTH PUBLIC AFFAIRS, INC. 1127 11TH STREET, SUITE 824 SACRAMENTO, CA 95814 | 26-3273301 | | 325,618. | 0. | | | COMMUNICATION SUPPORT FOR THE CA FUTURE HEALTH WORKFORCE COMMISSION; COMMUNICATIONS SUPPORT |
| PEER HEALTH EXCHANGE, INC. 100 WEBSTER ST, SUITE 300 OAKLAND, CA 94607 | 56-2374305 | 501(C)(3) | 15,000. | 0. | | | INNOVATION FUND ADVISORY COMMITTEE GRANT: GENERAL SUPPORT |
| PERRY UNDEM LLC 4800 HAMPDEN LANE, SUITE 200, PMB22 BETHESDA, MD 20814 | 46-1891050 | | 28,750. | 0. | | | CAPTURING MEDI-CAL MEMBERS EXPERIENCES WITH THE NEW TRANSPORTATION BENEFIT (NMT) |
| PROJECT HOPE - THE PEOPLE-TO-PEOPLE HEALTH FOUNDATION - 7500 OLD GEORGETOWN ROAD, SUITE 600 - BETHESDA, MD 20814 | 53-0242962 | 501(C)(3) | 497,000. | 0. | | | HEALTH AFFAIRS PARTNERSHIP RENEWAL, 2020-2021 |
| PROJECT MOTHERPATH INC. 16821 NE 6TH AVENUE NORTH MIAMI BEACH, FL 33162 | 45-3192870 | 501(C)(3) | 25,000. | 0. | | | UNRESTRICTED SUPPORT FOR BIRTHING PEOPLE FOUNDATION IN CALIFORNIA |
| PUBLIC HEALTH INSTITUTE 555 12TH STREET, 10TH FLOOR OAKLAND, CA 94607 | 94-1646278 | 501(C)(3) | 479,307. | 0. | | | PLANNING GRANT FOR CALIFORNIA FUTURE HEALTH WORKFORCE COMMISSION ONE-YEAR ANNIVERSARY |

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 |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| PUBLIC POLICY INSTITUTE OF CALIFORNIA - 500 WASHINGTON STREET, SUITE 600 - SAN FRANCISCO, CA 94111 | 94-3207299 | 501(C)(3) | 111,308. | 0. | | | PUBLIC POLICY INSTITUTE OF CALIFORNIA'S SPEAKER SERIES ON CALIFORNIA'S FUTURE, 2020; MAKING THE |
| UNIVERSITY OF CALIFORNIA, SAN FRANCISCO - 500 PARNASSUS AVENUE - SAN FRANCISCO, CA 94143 | 94-6036493 | 501(C)(3) | 8,230,955. | 0. | | | PRIMARY PALLIATIVE CARE AT CALIFORNIA PUBLIC HOSPITALS: NEEDS ASSESSMENT AND |
| UNIVERSITY OF CALIFORNIA, DAVIS ONE SHIELDS AVENUE DAVIS, CA 95616 | 94-6036494 | 501(C)(3) | 231,152. | 0. | | | UC DAVIS COMPREHENSIVE WOMEN'S CANCER CARE PROGRAM; SACRAMENTO MENTAL HEALTH CAMPUS; |
| UNIVERSITY OF CALIFORNIA, LOS ANGELES - 405 HILGARD AVENUE - LOS ANGELES, CA 90095 | 95-6006143 | 501(C)(3) | 1,389,616. | 0. | | | EVALUATION OF LOS ANGELES COUNTY DEPARTMENT OF HEALTH SERVICES CARE CONNECTIONS PROGRAM; |
| UNIVERSITY OF CALIFORNIA, SAN DIEGO - 9500 GILMAN DRIVE - LA JOLLA, CA 92093 | 95-6006144 | 501(C)(3) | 65,000. | 0. | | | GENERALIST PALLIATIVE CARE IN PUBLIC HEALTH SYSTEMS (UC SAN DIEGO) |
| UNIVERSITY OF CALIFORNIA, IRVINE 510 ALDRICH HALL IRVINE, CA 92697 | 95-2226406 | 501(C)(3) | 105,000. | 0. | | | UNIVERSITY OF CALIFORNIA, IRVINE HEALTH CARE FORECAST CONFERENCE, 2020; GENERALIST |
| REGENTS OF THE UNIVERSITY OF MINNESOTA - 200 OAK STREET SE, 450 MCNAMARA ALUMNI CENTER - MINNEAPOLIS, MN 55455 | 41-6007513 | UNIVERSITY OF MN | 333,656. | 0. | | | TRACKING AND REPORTING KEY METRICS ON COVERAGE, ACCESS AND AFFORDABILITY FOR CALIFORNIANS; IMPACT |
| ROCK HEALTH, INC. 301 HOWARD STREET, SUITE 950 SAN FRANCISCO, CA 94105 | 45-1204321 | 501(C)(3) | 20,000. | 0. | | | 2019 ROCK HEALTH SUMMIT SPONSORSHIP |
| ROOTS COMMUNITY HEALTH CENTER 9925 INTERNATIONAL BLVD. #5 OAKLAND, CA 94603 | 26-2583954 | 501(C)(3) | 77,600. | 0. | | | STREET MEDICINE, EMERGENCY SHELTER UNITS, AND MULTIPLE SERVICES FOR HIGHLY VULNERABLE |

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 |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|--|
| ROSENBERG & ASSOCIATES 1901 OLYMPIC BOULEVARD, SUITE 200 WALNUT CREEK, CA 94596 | 68-0278866 | | 48,000. | 0. | | | ASSESSMENT AND UPDATE OF TECH-ENABLED SOLUTIONS IN BEHAVIORAL HEALTH INTEGRATION, DATA |
| RUBEN DELUNA CREATIVE 8812 SILVERARROW CIRCLE AUSTIN, TX 78759 | 81-1155969 | | 21,050. | 0. | | | COMMUNITY HEALTH CENTERS ANIMATED VIDEO |
| RYSE, INC. 205 41ST STREET RICHMOND, CA 94805 | 26-0692904 | 501(C)(3) | 10,000. | 0. | | | GENERAL OPERATING SUPPORT FOR RYSE, INC. |
| SAN DIEGO SENIORS COMMUNITY FOUNDATION - 626 TARENTO DR. - SAN DIEGO, CA 92106 | 81-4910505 | 501(C)(3) | 22,500. | 0. | | | HEALTH-RELATED ACTIVITIES AND SUPPORT FOR SAN DIEGO SENIORS |
| SAN DIEGO STATE UNIVERSITY RESEARCH FOUNDATION - 5250 CAMPINILE DR. - SAN DIEGO, CA 92182 | 65-6042721 | 501(C)(3) | 124,000. | 0. | | | HEALTH CARE POLICY REPORTING AT KPBS, 2020-2021 |
| SAN FRANCISCO GENERAL HOSPITAL FOUNDATION - P.O. BOX 410836 - SAN FRANCISCO, CA 94141 | 94-3189424 | 501(C)(3) | 10,000. | 0. | | | INNOVATION FUND ADVISORY COMMITTEE GRANT: GENERAL SUPPORT |
| SAN FRANCISCO PUBLIC HEALTH FOUNDATION - 1 HALLIDIE PLAZA, STE 808 - SAN FRANCISCO, CA 94102 | 94-3117093 | 501(C)(3) | 99,999. | 0. | | | TRANSITIONS CLINIC NETWORK STATEWIDE EXPANSION |
| SAN MATEO HEALTH COMMISSION ORGANIZED HEALTH SYSTEM - 801 GATEWAY BOULEVARD, SUITE 100 - SOUTH SAN FRANCISCO, CA 94080 | 94-3020555 | HPSPM | 35,000. | 0. | | | BEHAVIORAL HEALTH INTEGRATION PLANNING GRANT |
| SCHOOL HEALTH CLINICS OF SANTA CLARA COUNTY - 6840 VIA DEL ORO #210 - SANTA CLARA, CA 95119 | 77-0031679 | 501(C)(3) | 10,000. | 0. | | | GENERAL OPERATING SUPPORT FOR SCHOOL HEALTH CLINICS |

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 |
|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| SHALOCK FOUNDATION, INC. 1215 62ND AVENUE OAKLAND, CA 94621 | 47-3979700 | 501(C)(3) | 25,000. | 0. | | | UNRESTRICTED SUPPORT FOR AFRICAN AMERICAN CULTURAL OUTREACH TASKFORCE (BREASTFEEDING CULTURAL |
| SHELTER INC. 1333 WILLOW PASS ROAD, SUITE 206 CONCORD, CA 94520 | 68-0117241 | 501(C)(3) | 50,000. | 0. | | | SHELTER SOLANO, INC.'S CASE MANAGEMENT AND HEALTH-RELATED SERVICES FOR HOMELESS INDIVIDUALS |
| SOCIAL INNOVATION VENTURES 518 BEALL AVENUE ROCKVILLE, MD 20850 | 81-2299199 | | 25,000. | 0. | | | TECH INNOVATION FOR DUALY ELIGIBLE MEDICARE-MEDICAID POPULATIONS |
| SOUTHERN CALIFORNIA GRANTMAKERS 1000 N. ALAMEDA STREET, SUITE 230 LOS ANGELES, CA 90012 | 95-2831058 | 501(C)(3) | 16,000. | 0. | | | PHILANTHROPY CALIFORNIA PUBLIC POLICY SUMMIT, 2020; 2020 MEMBERSHIP |
| SOUTH COUNTY COMMUNITY HEALTH CENTER, INC. - 1885 BAY ROAD - EAST PALO ALTO, CA 94303 | 94-3372130 | 501(C)(3) | 50,000. | 0. | | | SUPPORTING A HEALTH CENTER ACQUISITION TO PRESERVE AND EXPAND ACCESS TO CARE FOR |
| SOUTHERN CALIFORNIA PUBLIC RADIO 474 S. RAYMOND AVE. PASADENA, CA 91105 | 95-4765734 | 501(C)(3) | 330,071. | 0. | | | SUPPORT FOR HEALTH CARE REPORTING, 2020-2022 |
| SPANISH-SPEAKING UNITY COUNCIL OF ALAMEDA COUNTY INC. - 1900 FRUITVALE AVE., SUITE 2A - OAKLAND, CA 94601 | 94-1670490 | 501(C)(3) | 10,000. | 0. | | | TO SUPPORT THE UNITY COUNCIL'S 55TH ANNIVERSARY CELEBRATION ON SEPTEMBER 5, 2019 IN |
| STARTUP HEALTH LLC 27 EAST 28TH STREET NEW YORK, NY 10016 | 82-2453461 | | 25,000. | 0. | | | 2020 STARTUP HEALTH FESTIVAL |
| STEINBERG INSTITUTE 1121 L STREET, SUITE 300 SACRAMENTO, CA 95814 | 81-4361691 | 501(C)(3) | 10,000. | 0. | | | GENERAL OPERATING SUPPORT FOR STEINBERG INSTITUTE FOR MENTAL HEALTH POLICY MAKING IN CALIFORNIA |

Schedule I (Form 990)

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

| (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 |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| ST. MARY'S MEDICAL CENTER FOUNDATION - 450 STANYAN STREET - SAN FRANCISCO, CA 94117 | 94-3336143 | 501(C)(3) | 25,000. | 0. | | | ADOLESCENT PSYCHIATRIC PROGRAMS AT ST. MARY'S MEDICAL CENTER, SAN FRANCISCO, CA |
| TEACHERS FOR HEALTHY KIDS 1415 L STREET, SUITE 870 SACRAMENTO, CA 95814 | 47-3697525 | 501(C)(3) | 25,000. | 0. | | | USING THE STATE PLAN AMENDMENT AS A CATALYST TO EXPAND DIRECT HEALTH SERVICES IN SCHOOLS |
| THE MAVEN PROJECT 1375 SUTTER STREET, SUITE 105 SAN FRANCISCO, CA 94115 | 46-5370676 | 501(C)(3) | 40,000. | 0. | | | IMPROVING AVAILABILITY OF, AND/OR ACCESS TO, HEALTH CARE IN CALIFORNIA |
| TIDES CENTER 123 10TH STREET, 2ND FLOOR SAN FRANCISCO, CA 94103 | 94-3213100 | 501(C)(3) | 635,157. | 0. | | | 2019 ANNIVERSARY EVENT AND HEALTH AND WELLNESS SERVICES; SUPPORT FOR THE 2019 NATIONAL POLST |
| TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA - 423 GUARDIAN DR. - PHILADELPHIA, PA 19104 | 23-1352685 | 501(C)(3) | 115,000. | 0. | | | TRADEOFFS HEALTH POLICY PODCAST SERIES |
| UC DAVIS FOUNDATION ONE SHIELDS AVENUE DAVIS, CA 95616 | 94-6081352 | 501(C)(3) | 79,500. | 0. | | | BUILDING INTEGRATED PAIN AND ADDICTION IN THE SAFETY NET: TRAIN THE TRAINER FELLOWSHIPS |
| UC HASTINGS COLLEGE OF THE LAW 200 MCALLISTER STREET SAN FRANCISCO, CA 94102 | 94-2581680 | 501(C)(3) | 43,359. | 0. | | | HOSPITAL AND PHYSICIAN MERGER OVERSIGHT AUTHORITY IN THE CALIFORNIA DEPARTMENT OF |
| THE UCLA FOUNDATION 10889 WILSHIRE BLVD, SUITE 1500 LOS ANGELES, CA 90024 | 95-2250801 | 501(C)(3) | 55,000. | 0. | | | UCLA FIELDING SCHOOL OF PUBLIC HEALTH; UCLA LUSKIN SCHOOL OF PUBLIC AFFAIRS; CATALINA |
| UNITED STATES OF CARE CAMPAIGN 1110 VERMONT AVE, SUITE 950 WASHINGTON, DC 20005 | 82-2860302 | 501(C)(3) | 25,000. | 0. | | | 2019 UNITED STATES OF CARE CONVENING SPONSORSHIP |

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 |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|--|
| UNIVERSITY OF MASSACHUSETTS 333 SOUTH STREET SUITE 450 SHREWSBURY, MA 01545 | 04-3167352 | UNIVERSITY OF MA | 12,500. | 0. | | | LIFELINE4MOMS NETWORK SUMMIT MEETING SUPPORT |
| UNIVERSITY OF SOUTHERN CALIFORNIA, OFFICE OF RESEARCH - 3720 SOUTH FLOWER STREET, SUITE 325 - LOS ANGELES, CA 90089 | 95-1642394 | 501(C)(3) | 323,399. | 0. | | | REPRODUCTIVE PSYCHIATRY ECONSULT PILOT FOR PERINATAL WOMEN; CARE INTEGRATION FOR |
| UNIVERSITY OF WASHINGTON 4333 BROOKLYN AVE NE, BOX 359472 SEATTLE, WA 98195 | 91-6001537 | UNIVERSITY OF WA | 37,818. | 0. | | | EXPLORING A PROJECT TO IMPROVE PERINATAL MENTAL HEALTH CARE IN LOS ANGELES COUNTY COMMUNITY |
| UNLEASHING LEADERS, INC. 11230 GOLD EXPRESS DRIVE, STE. 310 GOLD RIVER, CA 95670 | 27-3718915 | | 12,000. | 0. | | | EXECUTIVE COACHING IN SUPPORT OF THE CENTER FOR CONNECTED HEALTH POLICY |
| THE URBAN INSTITUTE 500 LENFANT PLAZA, SW WASHINGTON, DC 20024 | 52-0880375 | 501(C)(3) | 152,427. | 0. | | | OPIOID TREATMENT GAP SNAPSHOTS BY COUNTY: ANNUAL UPDATE; BETTER UNDERSTANDING FEDERAL |
| VISION Y COMPROMISO 10000 N. ALAMEDA STREET, SUITE 350 LOS ANGELES, CA 90012 | 32-0071651 | 501(C)(3) | 10,000. | 0. | | | PROMOTORAS AND COMMUNITY HEALTH WORKERS CONFERENCE, 2019 |
| VISION STRATEGY AND INSIGHTS, INC. 5420 SYLMAR AVENUE #115 SHERMAN OAKS, CA 91401 | 81-0906023 | | 98,625. | 0. | | | MESSAGE TESTING: HEALTH CARE AND NUTRITION BENEFITS AND IMMIGRATION STATUS |
| WELLSPACE HEALTH 777 12TH STREET, SUITE 250 SACRAMENTO, CA 95814 | 94-1713704 | 501(C)(3) | 56,000. | 0. | | | TRANSITIONS CLINIC NETWORK CLINIC GRANT - WELLSPACE HEALTH |
| WESTERN CENTER ON LAW AND POVERTY 3701 WILSHIRE BOULEVARD, SUITE 208 LOS ANGELES, CA 90010 | 95-2897721 | 501(C)(3) | 300,000. | 0. | | | CORE SUPPORT FOR CALIFORNIA CONSUMER ADVOCATES 2020-2021 |

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 |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| WHITE ASH BROADCASTING, INC. 2589 ALLUVIAL AVE. CLOVIS, CA 93611 | 94-2297746 | 501(C)(3) | 206,000. | 0. | | | SUPPORT FOR VALLEY PUBLIC RADIO, 2020-2022 |
| WORLD TRUST EDUCATIONAL SERVICES, INC. - 2000 FRANKLIN ST., 3RD FL. - OAKLAND, CA 94612 | 94-3362739 | 501(C)(3) | 18,600. | 0. | | | PLANNING FOR ADVANCING A BIRTH EQUITY LENS |
| WYNNE HEALTH GROUP 5275 S. UNIVERSITY BLVD., SUITE 900 GREENWOOD VILLAGE, CO 80121 | 46-1207295 | | 312,000. | 0. | | | NATIONAL HEALTH POLICY UPDATES |
| YOUNG MEN'S CHRISTIAN ASSOCIATION OF SAN FRANCISCO - 50 CALIFORNIA STREET, SUITE 650 - SAN FRANCISCO, CA 94111 | 94-0997140 | 501(C)(3) | 10,000. | 0. | | | INNOVATION FUND ADVISORY COMMITTEE GRANT: LIVING STRONG LIVING WELL CANCER SURVIVOR PROGRAM |
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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 |
|--|--------------------------|--------------------------|-----------------------------------|---|---------------------------------------|
| 2020 LEFT COAST EVALUATORS SPONSORSHIP | 1 | 9,000. | 0. | | |
| ACCESS STRATEGY REVIEW FACILITATION SUPPORT | 1 | 22,500. | 0. | | |
| BEHAVIORAL HEALTH INTEGRATION: STORIES OF PEOPLES CHALLENGES | 1 | 11,632. | 0. | | |
| CALIFORNIA HEALTH AND HUMAN SERVICES DATA LANDSCAPING FOR CENTER FOR DATA INSIGHTS & INNOVATIONS | 1 | 24,975. | 0. | | |
| CALIFORNIA HEALTH INSURERS - UPDATE ENROLLMENT & MEDICAL LOSS RATIO ANALYSIS | 1 | 21,000. | 0. | | |

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

PART I, LINE 2:

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

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

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

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

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

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

THE DELIVERABLES MEET THE EXPECTATIONS OF THE GRANT. DELIVERABLES INCLUDE

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

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

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
|--|--------------------------|--------------------------|-----------------------------------|---|--|
| CALIFORNIA HEALTH REPORTING LANDSCAPE | 1. | 25,000. | 0. | | |
| CAREMESSAGE FINANCIAL REVIEW | 1. | 3,000. | 0. | | |
| CHCF ALMANAC DISPARITIES REPORT | 1. | 4,050. | 0. | | |
| CHCF BIRTH EQUITY ADVISORY GROUP, 2020 | 4. | 6,000. | 0. | | |
| CHCF LEADERSHIP PROGRAM FELLOWSHIP RECRUITMENT VIDEO | 1. | 22,754. | 0. | | |
| CALIFORNIA IMPROVEMENT NETWORK COST-SHARING ANALYSIS AND IMPLEMENTATION PLAN | 1. | 44,100. | 0. | | |
| COMMUNITY HEALTH WORKERS REQUESTS FOR PROPOSALS | 1. | 75,000. | 0. | | |
| COMMUNITY PARAMEDICINE PILOT PROJECT MANAGEMENT | 1. | 20,000. | 0. | | |
| COMMUNITY PARAMEDICINE PROJECT MANAGEMENT GRANT 2020 | 1. | 42,500. | 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 |
|---|--------------------------|--------------------------|-----------------------------------|---|--|
| CREATING A STRATEGY AND GO-TO-MARKET PLAN FOR MATERNAL MENTAL HEALTH NOW'S ONLINE TRAINING PROGRAM | 1. | 24,975. | 0. | | |
| CULTURAL HUMILITY SESSIONS AT PUBLIC HOSPITAL LEARNING COMMUNITY CONVENING | 1. | 3,181. | 0. | | |
| CULTURAL HUMILITY TRAINING FOR THE CMQCC TEAM IN SUPPORT OF THE CALIFORNIA BIRTH EQUITY COLLABORATIVE | 1. | 17,113. | 0. | | |
| ELEVATING THE VOICES OF PEOPLE LIVING WITH SUBSTANCE USE, MENTAL ILLNESS AND HOMELESSNESS | 1. | 24,700. | 0. | | |
| ENVIRONMENTAL SCAN OF SOBERING CENTERS IN CALIFORNIA | 1. | 24,375. | 0. | | |
| GUEST SPEAKER AT NURSE PRACTITIONER BRIEFING | 3. | 10,118. | 0. | | |
| HEALTH CARE COSTS 101 SNAPSHOT, 2020 EDITION & RELATED PRODUCTS | 1. | 28,600. | 0. | | |
| HEALTH INSURERS STATEWIDE ENROLLMENT DATABASE & QUICK REFERENCE GUIDE UPDATE | 1. | 4,865. | 0. | | |
| HEY, GOOGLE: OPPORTUNITIES TO PARTNER WITH BIG TECH FOR THE SAFETY NET | 1. | 20,000. | 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 |
|---|--------------------------|--------------------------|-----------------------------------|---|--|
| IMPROVING UTILITY OF THE CALIFORNIA OPIOID OVERDOSE DASHBOARD: IMPLEMENTATION | 1. | 155,000. | 0. | | |
| INTEROPERABILITY STRATEGY AND PLANNING WITH CALIFORNIA SAFETY NET HEALTH PLANS WORKSHOP | 1. | 24,900. | 0. | | |
| LISTENING TO LOW-INCOME CALIFORNIANS: PROJECT MANAGEMENT AND REPORT SUPPORT | 1. | 60,000. | 0. | | |
| LISTENING TO MOTHERS IN CALIFORNIA: SUPPORTING TWO NEW PEER REVIEW PAPERS ON MATERNAL MENTAL HEALTH | 1. | 25,000. | 0. | | |
| LONG-TERM CARE/END OF LIFE ALMANAC | 1. | 45,000. | 0. | | |
| LOS ANGELES COUNTY HEALTH CARE INNOVATION BREAKFAST SERIES | 1. | 40,000. | 0. | | |
| MEDICALLY-ASSISTED TREATMENT (MAT) EXPANSION PROJECT GRAPHIC DESIGN | 1. | 3,550. | 0. | | |
| MATERNAL HEALTH OUTCOMES AND BEHAVIORAL HEALTH INTEGRATION: ASSESSMENT OF TECH-ENABLED SOLUTIONS | 1. | 40,000. | 0. | | |
| NEXT PHASE: TREATMENT STARTS HERE: CHCF MEDICALLY-ASSISTED TREATMENT (MAT) ADVISORY GROUP 2019 MEETINGS | 1. | 3,500. | 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 |
|---|--------------------------|--------------------------|-----------------------------------|---|--|
| OPIOID SAFETY PORTFOLIO CONSULTANT PLANNING GRANT | 1. | 3,000. | 0. | | |
| PHASE TWO: OUTREACH AND DISSEMINATION OF MY BIRTH MATTERS MATERIALS | 1. | 100,000. | 0. | | |
| PODCAST ON SERIOUS ILLNESS AND END-OF-LIFE ISSUES: PROTOTYPE | 1. | 44,974. | 0. | | |
| PRODUCTS RELATED TO SURVEY ON SERIOUS ILLNESS AND END OF LIFE | 1. | 10,500. | 0. | | |
| PROJECT MANAGEMENT FOR INCREASING ASSESS TO PALLIATIVE CARE IN RURAL CALIFORNIA IMPLEMENTATION GRANTS | 1. | 914. | 0. | | |
| RESEARCH & TECHNICAL ASSISTANCE: FINAL PUBLIC CHARGE RULE PHASE 2 | 2. | 125,000. | 0. | | |
| RESEARCH AND TECHNICAL ASSISTANCE: FINAL PUBLIC CHARGE RULE PLANNING PHASE 1 | 2. | 19,440. | 0. | | |
| SACRAMENTO BRIEFINGS SUPPORT | 1. | 204,288. | 0. | | |
| STRENGTHENING SERIOUS ILLNESS CARE IN MEDI-CAL - SENATE BILL (SB) 1004 AND BEYOND | 2. | 4,882. | 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 FOR PHASE 2 EVALUATION OF ENCORE PHYSICIANS PROGRAM | 1. | 10,200. | 0. | | |
| TECH-ENABLED SERVICE OPPORTUNITIES IN BEHAVIORAL HEALTH | 1. | 25,000. | 0. | | |
| TECHNICAL ASSISTANCE AND COACHING FOR INCREASING ACCESS TO PALLIATIVE CARE IN RURAL CALIFORNIA -- IMPLEMENTATION GRANTS | 1. | 1,487. | 0. | | |
| TECHNICAL ASSISTANCE TO GENERALIST PALLIATIVE CARE IN PUBLIC HOSPITALS PROJECT | 3. | 186,420. | 0. | | |
| TELLING THE STORY OF CHCF'S OPIOID BODY OF WORK | 1. | 32,200. | 0. | | |
| TREATMENT STARTS HERE: CHCF MEDICALLY-ASSISTED TREATMENT (MAT) ADVISORY GROUP 2020 MEETINGS | 1. | 19,920. | 0. | | |
| UNITE US COORDINATING CAPABILITY | 1. | 43,500. | 0. | | |
| VIDEOS TO SUPPORT SURVEY ON SERIOUS ILLNESS AND END-OF-LIFE CARE | 1. | 34,650. | 0. | | |
| WORKFORCE RECRUITMENT - SAFETY NET HIRING OF REGISTERED NURSES AND MEDICAL DOCTORS | 1. | 11,000. | 0. | | |

Schedule I (Form 990)

Part IV Supplemental Information

BUDGET FOR THE GRANT TO ENSURE THAT FUNDS ARE EXPENDED FOR THE INTENDED PURPOSES. IN ADDITION, CHCF 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: THE ASPEN INSTITUTE, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: ASSESSING THE EFFECTIVENESS OF THE CHCF HEALTH JOURNALISM GRANT PORTFOLIO; COMMUNITY MEDIA PARTNERSHIPS

NAME OF ORGANIZATION OR GOVERNMENT: A THOUSAND JOYS C/O SPACES

(H) PURPOSE OF GRANT OR ASSISTANCE: INNOVATION FUND ADVISORY GRANT: SUPPORTING THE PHYSICAL, MENTAL AND EMOTIONAL HEALTH OF STUDENTS IN LA SCHOOLS; INNOVATION FUND ADVISORY COMMITTEE GRANT, TO SUPPORT ITS WORK TO MAKE LEARNING AND WORKING ENVIRONMENTS MORE TRAUMA-INFORMED/RESILIENCE-FOCUSED

NAME OF ORGANIZATION OR GOVERNMENT: AZUSA PACIFIC UNIVERSITY

(H) PURPOSE OF GRANT OR ASSISTANCE: EXTERNAL EVALUATION OF REAL-WORLD MEDICATION-ASSISTED TREATMENT PROGRAM OUTCOMES

NAME OF ORGANIZATION OR GOVERNMENT: BAILIT HEALTH PURCHASING, LLC

(H) PURPOSE OF GRANT OR ASSISTANCE: SETTING PERFORMANCE GOALS FOR MEDI-CAL MANAGED CARE; STRENGTHENING CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES (DHCS) PURCHASING AND OVERSIGHT ON BEHALF OF MEDI-CAL ENROLLEES; DRIVING QUALITY IMPROVEMENT IN MEDI-CAL MANAGED CARE

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: BAY AREA COUNCIL FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: LONG OVERDUE: FULL PRACTICE

AUTHORITY FOR NURSE PRACTITIONERS INCREASES ACCESS AND CONTROLS COSTS

NAME OF ORGANIZATION OR GOVERNMENT: BLACK WOMEN FOR WELLNESS

(H) PURPOSE OF GRANT OR ASSISTANCE: UNRESTRICTED SUPPORT FOR BLACK WOMEN

FOR WELLNESS; ADVISORY COMMITTEE TO INFORM CALIFORNIA DEPARTMENT OF PUBLIC HEALTH (CDPH'S) CALIFORNIA BLACK MATERNAL AND INFANT HEALTH REPORT

NAME OF ORGANIZATION OR GOVERNMENT: BLUE SKY CONSULTING GROUP LLC

(H) PURPOSE OF GRANT OR ASSISTANCE: MEDI-CAL'S EXPERIENCE WITH RURAL AND

GEOGRAPHIC MANAGED CARE; SUSTAINABLE CALIFORNIA HEALTH INTERVIEW SURVEY

FUNDING STRATEGIES: OPTIONS; SUPPORT FOR LOCAL BEHAVIORAL HEALTH

INTEGRATION INITIATIVES; CALIFORNIA REGIONAL MARKET REPORTS, ROUND 4

NAME OF ORGANIZATION OR GOVERNMENT: CALIFORNIA BLACK HEALTH NETWORK

(H) PURPOSE OF GRANT OR ASSISTANCE: UNDERSTANDING EXPERIENCES AND NEEDS

OF BLACK CALIFORNIANS REGARDING SERIOUS ILLNESS AND END OF LIFE

NAME OF ORGANIZATION OR GOVERNMENT: CALIFORNIA PRIMARY CARE ASSOCIATION

(H) PURPOSE OF GRANT OR ASSISTANCE: COLLECTIVE INSIGHT FORUM TECHNICAL

ASSISTANCE OPPORTUNITY: MICROLEARNING ON MANAGED CARE; PLANNING GRANT FOR

CALIFORNIA COMMUNITY CLINIC CARE MANAGEMENT ORGANIZATION; CPCA ANNUAL

CONFERENCE 2019; SUPPORTING CALIFORNIA'S IMMIGRANT FAMILIES: CALIFORNIA

PRIMARY CARE ASSOCIATION TRAIN THE TRAINER EVENTS

NAME OF ORGANIZATION OR GOVERNMENT:

CALIFORNIA ASSOCIATION OF PUBLIC HOSPITALS AND HEALTH SYSTEMS

Part IV Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: PUBLIC CHARGE FINAL RULE AND

MEDI-CAL EXPANSION; CALIFORNIA SAFETY NET HOSPITALS PRESERVING AND

EXPANDING ACCESS TO CARE AND COVERAGE FOR CALIFORNIA IMMIGRANTS; SECURING

THE FUTURE OF CALIFORNIA'S PUBLIC HEALTH CARE SAFETY NET

NAME OF ORGANIZATION OR GOVERNMENT: CALIFORNIA BREASTFEEDING COALITION

(H) PURPOSE OF GRANT OR ASSISTANCE: 2020 CALIFORNIA BREASTFEEDING

COALITION SUMMIT; 2021 CALIFORNIA BREASTFEEDING COALITION SUMMIT

NAME OF ORGANIZATION OR GOVERNMENT:

CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

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

FEDERAL MANAGED CARE RULE; 2016-18 TRAININGS AND EDUCATIONAL

OPPORTUNITIES RELATED TO THE PALLIATIVE CARE BENEFIT IMPLEMENTATION;

TRAININGS AND EDUCATION OPPORTUNITIES RELATED TO IMPROVING HEALTH CARE

DELIVERY SYSTEM QUALITY AND PERFORMANCE; DHCS STAKEHOLDER ADVISORY

COMMITTEE 2018-2020; CHARTING MEDI-CALS FUTURE: 2021 AND BEYOND

NAME OF ORGANIZATION OR GOVERNMENT:

THE CALIFORNIA HEALTH CARE SAFETY NET INSTITUTE

(H) PURPOSE OF GRANT OR ASSISTANCE: ADVANCING VALUE-BASED CARE AND

PAYMENT IN CALIFORNIA'S PUBLIC HEALTH CARE SYSTEMS; CAPH/SNI ANNUAL

CONFERENCE, 2019; WHOLE PERSON CARE: PLANNING FOR SUSTAINABILITY;

ADVANCING DELIVERY SYSTEM TRANSFORMATION IN CALIFORNIA'S PUBLIC HEALTH

CARE SYSTEMS

NAME OF ORGANIZATION OR GOVERNMENT: CALIFORNIA IMMIGRANT POLICY CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORTING CALIFORNIA IMMIGRANT

Part IV Supplemental Information

FAMILIES: CALIFORNIA IMMIGRANT POLICY CENTER (CIPC) COMMUNITY OUTREACH

AND REGIONAL CAPACITY BUILDING PROJECT

NAME OF ORGANIZATION OR GOVERNMENT:

THE CALIFORNIA REGIONAL EXTENSION CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: THE CALIFORNIA REGIONAL EXTENSION

CENTER (CALHIPSO) 2020 HEALTH INFORMATION TECHNOLOGY CONFERENCE - THE

INTEROPERABILITY AGENDA

NAME OF ORGANIZATION OR GOVERNMENT:

CAMDEN COALITION OF HEALTHCARE PROVIDERS

(H) PURPOSE OF GRANT OR ASSISTANCE: CAMDEN COALITION OF HEALTHCARE

PROVIDERS CONSULTATION; SPONSORSHIP FOR PUTTING CARE AT THE CENTER 2020

NAME OF ORGANIZATION OR GOVERNMENT: CAPITOL IMPACT, LLC

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT FOR 2018 AND 2019 CALIFORNIA

LEGISLATIVE STAFF EDUCATION INSTITUTE AND HEALTH CONFERENCE SCHOLARSHIP;

SUPPORT FOR 2020-21 CALIFORNIA LEGISLATIVE STAFF EDUCATION INSTITUTE

(CLSEI) AND HEALTH CONFERENCE SCHOLARSHIP

NAME OF ORGANIZATION OR GOVERNMENT: CAPITAL LINK, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: UNDERSTANDING THE FINANCIAL,

OPERATIONAL AND QUALITY PERFORMANCE OF CALIFORNIA HEALTH CENTERS

(2015-2018)

NAME OF ORGANIZATION OR GOVERNMENT:

CENTER FOR HEALTH CARE STRATEGIES, INC.

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

Part IV Supplemental Information

INITIATIVE; HEALTH PLAN APPROACHES TO TRAINING CARE COORDINATORS IN DUALS

AND MEDICAID MANAGED LONG-TERM SERVICES AND SUPPORTS (MLTSS) PROGRAMS;

SUPPORT RELATED TO THE BEHAVIORAL HEALTH INTEGRATION BRIEFING ON FEBRUARY

18, 2020 IN SACRAMENTO, CA; MODERNIZING PAYMENT FOR FEDERALLY QUALIFIED

HEALTH CENTERS (FQHCs): OVERVIEW OF STATE-LED FQHC ALTERNATIVE PAYMENT

METHODOLOGIES (APMS); ISSUE BRIEF: MODERNIZING PAYMENT FOR FEDERALLY

QUALIFIED HEALTH CENTERS (FQHCs); SUPPORTING BEHAVIORAL HEALTH

INTEGRATION IN MEDI-CAL; DISSEMINATING STATE EVIDENCE AND EXPERIENCE WITH

PARTNERSHIPS; COMMUNITY HEALTH WORKER AND PROMOTORES FINANCING IN

CALIFORNIA

NAME OF ORGANIZATION OR GOVERNMENT: THE CHILDRENS PARTNERSHIP

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

FAMILIES: THE CHILDREN'S PARTNERSHIP OUTREACH AND EDUCATION ON PUBLIC

CHARGE; CORE SUPPORT FOR CALIFORNIA CONSUMER ADVOCATES, 2020-2021

NAME OF ORGANIZATION OR GOVERNMENT:

COALITION FOR COMPASSIONATE CARE OF CALIFORNIA

(H) PURPOSE OF GRANT OR ASSISTANCE: STRENGTHENING SERIOUS ILLNESS CARE

IN MEDI-CAL - SB 1004 AND BEYOND; CONFERENCE SUPPORT: COALITION FOR

COMPASSIONATE CARE OF CALIFORNIA'S ANNUAL SUMMIT; SUPPORTING POLST AND

PALLIATIVE CARE IN MASTER PLAN FOR AGING; DRIVING IMPROVEMENT IN SB 1004

PALLIATIVE CARE

NAME OF ORGANIZATION OR GOVERNMENT:

COMMUNITY CLINIC ASSOCIATION OF LOS ANGELES COUNTY

(H) PURPOSE OF GRANT OR ASSISTANCE: COMMUNITY CLINIC ASSOCIATION OF LOS

ANGELES COUNTY ANNUAL CONFERENCE AND EVENT SUPPORT 2020; SAFETY NET

Part IV Supplemental Information

DELIVERY SYSTEM RECESSION PLANNING

NAME OF ORGANIZATION OR GOVERNMENT: COMMUNITY PARTNERS

(H) PURPOSE OF GRANT OR ASSISTANCE: EXPLORING HOSPICE FOR HOMELESS

INDIVIDUALS IN LOS ANGELES COUNTY; CONFERENCE SUPPORT: 2019 IDREAM FOR

RACIAL HEALTH EQUITY'S CHOCOLATE MILK DOCUMENTARY SCREENINGS; MATERNAL

MENTAL HEALTH NOW: LIVED EXPERIENCE STORYTELLING CONFERENCE IN LOS

ANGELES, CA.; CBO SUPPORT: BIRTH EQUITY WORK IN CALIFORNIA

NAME OF ORGANIZATION OR GOVERNMENT: CORPORATION FOR SUPPORTIVE HOUSING

(H) PURPOSE OF GRANT OR ASSISTANCE: BUILDING ON LESSONS LEARNED: HEALTH

HOMES PROGRAM (HHP) AND HOUSING LINKAGES IN ALAMEDA, SANTA CLARA AND SAN

DIEGO

NAME OF ORGANIZATION OR GOVERNMENT:

COUNTY HEALTH EXECUTIVES ASSOCIATION OF CALIFORNIA

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

EXECUTIVES ASSOCIATION OF CALIFORNIA'S ANNUAL MEETING PLENARY SESSION ON

MATERNAL/INFANT MORTALITY AND DISPARITIES

NAME OF ORGANIZATION OR GOVERNMENT: DIVERSITY SCIENCE

(H) PURPOSE OF GRANT OR ASSISTANCE: DEVELOPMENT OF EDUCATIONAL MODULES

FOR PERINATAL PROVIDERS IN RESPONSE TO CALIFORNIA STATE BILL (SB) 464

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; SUPPORT FOR FUNDER &

EVALUATOR AFFINITY NETWORK (FEAN); DIVERSIFYING EVALUATOR "PIPELINE":

Part IV Supplemental Information

EVALUATION ECOSYSTEM REPORT DISSEMINATION; PHASE 2 EVALUATION OF ENCORE

PHYSICIANS PROGRAM

NAME OF ORGANIZATION OR GOVERNMENT: FAMILIES USA FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: WIC GATEWAY TO MEDI-CAL; TECHNICAL

ASSISTANCE TO THE CHILDREN'S PARTNERSHIP ON IMPLEMENTATION ISSUES

NAME OF ORGANIZATION OR GOVERNMENT: GEORGE MASON UNIVERSITY

(H) PURPOSE OF GRANT OR ASSISTANCE: ELICITING SUSTAINABLE LOCAL

INVESTMENTS IN SOCIAL DETERMINANTS OF HEALTH: A PROPOSAL FOR A

FEASIBILITY STUDY

NAME OF ORGANIZATION OR GOVERNMENT: HEALTH EVOLUTION SERVICES, LLC

(H) PURPOSE OF GRANT OR ASSISTANCE: SCHOLARSHIP AND SPONSORSHIP SUPPORT

FOR HEALTH EVOLUTION SUMMIT 2019; SCHOLARSHIP AND SPONSORSHIP SUPPORT FOR

HEALTH EVOLUTION SUMMIT 2020

NAME OF ORGANIZATION OR GOVERNMENT: HEALTH MANAGEMENT ASSOCIATES, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: CLOSING GAPS TO ENSURE UNIVERSAL

ACCESS TO MEDICALLY-ASSISTED TREATMENT (MAT) ACROSS CRIMINAL JUSTICE AND

COUNTY WELFARE; MODELING IMPACTS OF WORKFORCE STRATEGIES; LESSONS LEARNED

FROM MEDICAID IMPLEMENTATION OF COLLABORATIVE CARE CODES IN OTHER STATES;

ANALYSIS OF MEDI-CAL LANDSCAPE IN LOS ANGELES COUNTY; BEHAVIORAL HEALTH

INTEGRATION FOR DUALY-ELIGIBLE MEDI-CAL CONSUMERS; ENHANCING STATEWIDE

TRAINING INFRASTRUCTURE FOR COMMUNITY HEALTH WORKERS AND PROMOTORES IN

CALIFORNIA: A STAKEHOLDER-DRIVEN INITIATIVE

NAME OF ORGANIZATION OR GOVERNMENT: HEALTH PLAN OF SAN JOAQUIN

Part IV Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: TRAININGS AND EDUCATION

OPPORTUNITIES RELATED TO IMPROVING HEALTH CARE DELIVERY SYSTEM QUALITY

AND PERFORMANCE

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

(H) PURPOSE OF GRANT OR ASSISTANCE: EVENTS IN 2020, AND OTHER SERVICES

INCLUDING HEALTHY BABIES PROGRAM; 30TH ANNIVERSARY EVENTS IN 2019, AND

HEALTH BABIES PROGRAM

NAME OF ORGANIZATION OR GOVERNMENT: HOSPITAL QUALITY INSTITUTE

(H) PURPOSE OF GRANT OR ASSISTANCE: HOSPITAL QUALITY INSTITUTE 2019

ANNUAL CONFERENCE SUPPORT; SUPPORTING ASSEMBLY BILL 3032: PERINATAL

MENTAL HEALTH IN HOSPITALS

NAME OF ORGANIZATION OR GOVERNMENT: INNOVATION NETWORK, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT FOR BAY AREA EVALUATION

ROUNDTABLE; CORE SUPPORT FOR 2020-2021 EVALUATION ROUNDTABLE

NAME OF ORGANIZATION OR GOVERNMENT: INTEGRATED HEALTHCARE ASSOCIATION

(H) PURPOSE OF GRANT OR ASSISTANCE: END-OF-LIFE METRICS IN MEDI-CAL;

SUPPORTING SMART CARE CALIFORNIA S IMPLEMENTATION OF STRATEGIC

RECOMMENDATIONS AND ADVANCEMENT OF HIGH VALUE CARE GOALS; CALIFORNIA

REGIONAL COST AND QUALITY ATLAS 4 PLANNING GRANT

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

(H) PURPOSE OF GRANT OR ASSISTANCE: STATE-BASED COST CONTAINMENT

COMMISSIONS: THE EXPERIENCE IN MASSACHUSETTS, MARYLAND, AND RHODE ISLAND

AND OPPORTUNITY IN CA

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT:

JSI RESEARCH & TRAINING INSTITUTE, INC.

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

ACCELERATING INTEGRATED CARE; PROGRAM MODEL DEVELOPMENT: OPTIONS FOR

ACCELERATING INTEGRATED CARE; EVALUATION SCOPING AND DESIGN FOR DIGNITY

HEALTH'S CONNECTED COMMUNITY NETWORK PROGRAM; DELTA CENTER CALIFORNIA:

ACCELERATING BEHAVIORAL HEALTH AND PRIMARY CARE INTEGRATION THROUGH

POLICY AND PRACTICE

NAME OF ORGANIZATION OR GOVERNMENT: LA CLINICA DE LA RAZA

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE ALL THAT JAZZ (AND

SUSHI!) EVENT ON SEPTEMBER 28, 2019 IN OAKLAND, CA.; LA CLINICA-MISSION

NEIGHBORHOOD HEALTH CENTER MERGER ANALYSIS

NAME OF ORGANIZATION OR GOVERNMENT: LATINO COMMUNITY FOUNDATION

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

2020; SUPPORT FOR LATINO COMMUNITY FOUNDATION'S NORCAL WILDFIRE RELIEF

FUND; LATINO COMMUNITY FOUNDATION'S CENSUS 2020 OUTREACH EFFORTS

NAME OF ORGANIZATION OR GOVERNMENT: LEADING RESOURCES INC.

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

ANALYSIS; OPERATIONALIZING LESSONS FROM THE WORKFORCE COMMISSION PROCESS

ANALYSIS

NAME OF ORGANIZATION OR GOVERNMENT:

LIVINGSTON MEMORIAL VISITING NURSE ASSOCIATION

(H) PURPOSE OF GRANT OR ASSISTANCE: STRENGTHENING CROSS-ORGANIZATION

Part IV Supplemental Information

COLLABORATION FOR SB 1004 PALLIATIVE CARE IN VENTURA COUNTY

NAME OF ORGANIZATION OR GOVERNMENT:

LUNDQUIST INST FOR BIOMEDICAL INNOVATION AT HARBOR-UCLA MED CTR

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

AND PRACTICES IN INTENSIVE CARE UNITS AT LOS ANGELES PUBLIC HOSPITALS;

TRANSITIONS CLINIC NETWORK CLINIC GRANT - HARBOR-UNIVERSITY OF CALIFORNIA

AT LOS ANGELES- LOMITA FAMILY HEALTH CENTER; GENERALIST PALLIATIVE CARE

IN PUBLIC HEALTH SYSTEMS (HARBOR-UCLA MEDICAL CENTER)

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

(H) PURPOSE OF GRANT OR ASSISTANCE: MEDI-CAL INTEROPERABILITY SUPPORT;

CALIFORNIA INTEROPERABILITY POLICY ISSUE BRIEF; CALIFORNIA

INTEROPERABILITY POLICY ISSUE BRIEF - UPDATES; VALUE-BASED PURCHASING FOR

BEHAVIORAL HEALTH SERVICES: OPPORTUNITIES AND CHALLENGES

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

(H) PURPOSE OF GRANT OR ASSISTANCE: EVALUATION OF LANDMARK/INLAND EMPIRE

HEALTH PLAN (IEHP) PROGRAM - YEAR 2 ANALYSIS; TRANSITIONAL PROGRAM OFFICE

TO ACCELERATE GRADUATE MEDICAL EDUCATION EXPANSION IN CALIFORNIA

NAME OF ORGANIZATION OR GOVERNMENT: NARRATIVE NATION, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: ALIGNING THE PATIENT REPORTED

EXPERIENCE MEASURE DEVELOPMENT WITH BIRTH EFFORTS; PLANNING GRANT FOR A

JOYFUL BLACK BIRTH STORIES PODCAST; PILOT TO COLLECT AND SHARE BLACK

MATERNITY CARE AND BIRTH EXPERIENCES WITH CONSUMERS & PROVIDERS

NAME OF ORGANIZATION OR GOVERNMENT: NATIONAL HEALTH LAW PROGRAM

Part IV Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: MEDI-CAL COVERAGE OF DOULA CARE:

SUPPORT FOR FOCUS GROUPS; EDUCATING POLICYMAKERS ABOUT DOULAS: FACT

SHEETS; IMPROVING COMPREHENSIVENESS, CONTINUITY, AND COORDINATION OF

SERVICES IN MEDI-CAL HEALTH DELIVERY SYSTEM

NAME OF ORGANIZATION OR GOVERNMENT: NATIONAL OPINION RESEARCH CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: PLANNING GRANT FOR BARRIERS TO CARE

WITH PEOPLE WITH CO-OCCURRING MENTAL ILLNESS (MI) AND SUBSTANCE USE

DISORDER (SUD); LISTENING TO LOW-INCOME CALIFORNIANS; EMPLOYER BENEFITS

SURVEY, 2020; BARRIERS TO TREATMENT FOR PEOPLE WITH CO-OCCURRING

SUBSTANCE USE DISORDER (SUD) & MENTAL ILLNESS

NAME OF ORGANIZATION OR GOVERNMENT:

OREGON COMMUNITY HEALTH INFORMATION NETWORK

(H) PURPOSE OF GRANT OR ASSISTANCE: DEVELOPING REGIONAL OCHIN TRAINING

AND SUPPORT CENTERS; INTEGRATION OF MEDICATION-ASSISTED TREATMENT INTO

ELECTRONIC HEALTH RECORDS OF CALIFORNIA SAFETY NET CLINICS- PHASE 2

NAME OF ORGANIZATION OR GOVERNMENT: PACIFIC BUSINESS GROUP ON HEALTH

(H) PURPOSE OF GRANT OR ASSISTANCE: 2020 SUPPORT FOR THE CALIFORNIA

MATERNITY COORDINATING COMMITTEE; LEADERSHIP TRANSITION SUPPORT FOR THE

CALIFORNIA QUALITY COLLABORATIVE; CURRICULUM DESIGN & TESTING FOR

STATEWIDE BEHAVIORAL HEALTH INTEGRATION COLLABORATIVES

NAME OF ORGANIZATION OR GOVERNMENT: PACIFIC HEALTH CONSULTING GROUP

(H) PURPOSE OF GRANT OR ASSISTANCE: HEALTH CARE FUNDERS GROUP 2019;

MEETING FACILITATION AND TECHNICAL SUPPORT FOR CALIFORNIA'S OFFICE OF

STATEWIDE HEALTH PLANNING AND DEVELOPMENT (OSHPD) ALL PAYORS CLAIMS

Part IV Supplemental Information

DATABASE PLANNING; MEDI-CAL EXPLAINED SERIES: STATE PLAN AMENDMENT;

REQUEST FOR PROPOSAL (RFP) PLANNING FOR COMMUNITY HEALTH WORKER PROJECT;

CONSULTATION ON PHYSICAL AND BEHAVIORAL HEALTH INTEGRATION IN MEDI-CAL;

CALIFORNIA ADVANCING AND INNOVATING MEDI-CAL (CALAIM) WORKGROUP ANALYSIS

AND INSIGHTS; HEALTH CARE FUNDERS GROUP 2020; ANALYSIS AND INTERVIEWS:

OPPORTUNITIES TO ADVANCE PALLIATIVE CARE IN FEDERALLY QUALIFIED HEALTH

CENTERS; PROJECT MANAGEMENT FOR OPIOID SAFETY BODY OF WORK

NAME OF ORGANIZATION OR GOVERNMENT: PARTNERSHIP HEALTHPLAN OF CALIFORNIA

(H) PURPOSE OF GRANT OR ASSISTANCE: TRAININGS AND EDUCATION

OPPORTUNITIES RELATED TO IMPROVING HEALTH CARE DELIVERY SYSTEM QUALITY

AND PERFORMANCE

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

(H) PURPOSE OF GRANT OR ASSISTANCE: COMMUNICATION SUPPORT FOR THE CA

FUTURE HEALTH WORKFORCE COMMISSION; COMMUNICATIONS SUPPORT FOR THE

CALIFORNIA TELEHEALTH COALITION; WORKFORCE COMMUNICATIONS STRATEGY AND

SUPPORT; BUILDING CAPACITY OF STATE LEADERS

NAME OF ORGANIZATION OR GOVERNMENT: PUBLIC HEALTH INSTITUTE

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

HEALTH WORKFORCE COMMISSION ONE-YEAR ANNIVERSARY CONVENING; WORKFORCE

COMMISSION ONE-YEAR ANNIVERSARY CONVENING; CENTER FOR CONNECTED HEALTH

POLICY : CORE SUPPORT, CHARTING THE FUTURE

NAME OF ORGANIZATION OR GOVERNMENT: PUBLIC POLICY INSTITUTE OF CALIFORNIA

(H) PURPOSE OF GRANT OR ASSISTANCE: PUBLIC POLICY INSTITUTE OF

CALIFORNIA'S SPEAKER SERIES ON CALIFORNIA'S FUTURE, 2020; MAKING THE

Part IV Supplemental Information

CASE: USES OF CLAIMS AND ENCOUNTER DATA IN CA HEALTH SERVICES RESEARCH

NAME OF ORGANIZATION OR GOVERNMENT:

UNIVERSITY OF CALIFORNIA, SAN FRANCISCO

(H) PURPOSE OF GRANT OR ASSISTANCE: PRIMARY PALLIATIVE CARE AT

CALIFORNIA PUBLIC HOSPITALS: NEEDS ASSESSMENT AND IMPLEMENTATION DESIGN;

PLANNING GRANT: EVALUATION OF INPATIENT ADDICTION CONSULTATION SERVICE;

CONTINUING SUPPORT FOR THE PALLIATIVE CARE QUALITY NETWORK; DEVELOPMENT

OF ONLINE PRIMARY CARE LEARNING MODULE FOR COMMUNITY PSYCHIATRISTS;

INFORMING THE CALIFORNIA FUTURE HEALTH WORKFORCE COMMISSION;

BEHAVIORAL/MENTAL HEALTH FACT SHEET; MEDICALLY-ASSISTED TREATMENT (MAT)

IN HOSPITALS: SUPPORTING INPATIENT INITIATION OF OPIOID AGONIST TREATMENT

;SUPPORT FOR UNIVERSITY OF CALIFORNIA, SAN FRANCISCO ACTIVITIES FOR 2020

BLACK MATERNAL HEALTH WEEK; COMPARISON OF WORKFORCE COMMISSION

RECOMMENDATIONS TO CALIFORNIA 2019-20 BUDGET; POLICY OPTIONS FOR

STRENGTHENING GRADUATE MEDICAL EDUCATION IN CALIFORNIA; NURSE

PRACTITIONERS: BRIEFING SUPPORT; PLANNING GRANT: PRIMARY CARE RESIDENCY

IMPROVEMENT PROJECT; UCSF SOLVE ACCELERATOR FOR HEALTH EQUITY; DESCRIBING

CARE PROCESSES AND QUALITY IN SENATE BILL (SB) 1004 PALLIATIVE CARE THR

NAME OF ORGANIZATION OR GOVERNMENT: UNIVERSITY OF CALIFORNIA, DAVIS

(H) PURPOSE OF GRANT OR ASSISTANCE: UC DAVIS COMPREHENSIVE WOMEN'S

CANCER CARE PROGRAM; SACRAMENTO MENTAL HEALTH CAMPUS; SYMPOSIUM ON

TRAUMA-INFORMED CARE AND SERVICES FOR IMMIGRANT FAMILIES

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

(H) PURPOSE OF GRANT OR ASSISTANCE: EVALUATION OF LOS ANGELES COUNTY

DEPARTMENT OF HEALTH SERVICES CARE CONNECTIONS PROGRAM; PLANNING FOR

Part IV Supplemental Information

ANALYSIS OF END OF LIFE METRICS IN MEDI-CAL AND SB 1004; MANUSCRIPT:

CHICANO HEALTH MOVEMENT (2ND AWARD); ACCESS TO CARE FOR MEDI-CAL

ENROLLEES: HOW DOES IT COMPARE?; EVALUATING CROSS-SECTOR IMPACTS OF THE

DRUG MEDI-CAL ORGANIZED DELIVERY SYSTEM WAIVER IN LOS ANGELES COUNTY;

CALIFORNIA HEALTH INTERVIEW SURVEY: TRACKING AND REPORTING ON COVERAGE

AND ACCESS 2019-2020

NAME OF ORGANIZATION OR GOVERNMENT: UNIVERSITY OF CALIFORNIA, IRVINE

(H) PURPOSE OF GRANT OR ASSISTANCE: UNIVERSITY OF CALIFORNIA, IRVINE

HEALTH CARE FORECAST CONFERENCE, 2020; GENERALIST PALLIATIVE CARE IN

PUBLIC HEALTH SYSTEMS (UC IRVINE)

NAME OF ORGANIZATION OR GOVERNMENT:

REGENTS OF THE UNIVERSITY OF MINNESOTA

(H) PURPOSE OF GRANT OR ASSISTANCE: TRACKING AND REPORTING KEY METRICS

ON COVERAGE, ACCESS AND AFFORDABILITY FOR CALIFORNIANS; IMPACT OF

COVERAGE ON HEALTH AND FINANCIAL OUTCOMES: BEHAVIORAL RISK FACTOR

SURVEILLANCE SYSTEM ANALYSIS; TRACKING AND REPORTING ON COVERAGE, ACCESS,

AND AFFORDABILITY: NATIONAL AND OTHER SURVEY DATA ANALYSES

NAME OF ORGANIZATION OR GOVERNMENT: ROOTS COMMUNITY HEALTH CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: STREET MEDICINE, EMERGENCY SHELTER

UNITS, AND MULTIPLE SERVICES FOR HIGHLY VULNERABLE POPULATIONS IN ALAMEDA

COUNTY

NAME OF ORGANIZATION OR GOVERNMENT: ROSENBERG & ASSOCIATES

(H) PURPOSE OF GRANT OR ASSISTANCE: ASSESSMENT AND UPDATE OF

TECH-ENABLED SOLUTIONS IN BEHAVIORAL HEALTH INTEGRATION, DATA EXCHANGE,

Part IV Supplemental Information

AND LONG TERM SERVICES AND SUPPORTS

NAME OF ORGANIZATION OR GOVERNMENT: SHALOCK FOUNDATION, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: UNRESTRICTED SUPPORT FOR AFRICAN

AMERICAN CULTURAL OUTREACH TASKFORCE (BREASTFEEDING CULTURAL OUTREACH
TASK FORCE)

NAME OF ORGANIZATION OR GOVERNMENT:

SOUTH COUNTY COMMUNITY HEALTH CENTER, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORTING A HEALTH CENTER

ACQUISITION TO PRESERVE AND EXPAND ACCESS TO CARE FOR LOW-INCOME
RESIDENTS OF SANTA CLARA COUNTY

NAME OF ORGANIZATION OR GOVERNMENT:

SPANISH-SPEAKING UNITY COUNCIL OF ALAMEDA COUNTY INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE UNITY COUNCIL'S 55TH

ANNIVERSARY CELEBRATION ON SEPTEMBER 5, 2019 IN OAKLAND, CA

NAME OF ORGANIZATION OR GOVERNMENT: TIDES CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: 2019 ANNIVERSARY EVENT AND HEALTH

AND WELLNESS SERVICES; SUPPORT FOR THE 2019 NATIONAL POLST PARADIGM

TECHNOLOGY CONSENSUS CONFERENCE; SUSTAINABLE MODELS OF TELEHEALTH:

PROGRAM MANAGEMENT AND HEALTH CENTER GRANTS; PLANNING PROCESS - DATA

ANALYTICS TO ADVANCE POPULATION HEALTH; BROADEN ADOPTION OF

TECHNOLOGY-BASED INNOVATIONS IN THE SAFETY NET

NAME OF ORGANIZATION OR GOVERNMENT: UC DAVIS FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: BUILDING INTEGRATED PAIN AND

Part IV Supplemental Information

ADDICTION IN THE SAFETY NET: TRAIN THE TRAINER FELLOWSHIPS 2019-20

NAME OF ORGANIZATION OR GOVERNMENT: UC HASTINGS COLLEGE OF THE LAW

(H) PURPOSE OF GRANT OR ASSISTANCE: HOSPITAL AND PHYSICIAN MERGER

OVERSIGHT AUTHORITY IN THE CALIFORNIA DEPARTMENT OF JUSTICE

NAME OF ORGANIZATION OR GOVERNMENT: THE UCLA FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: UCLA FIELDING SCHOOL OF PUBLIC

HEALTH; UCLA LUSKIN SCHOOL OF PUBLIC AFFAIRS; CATALINA SMARTPHONE

ACCESSIBLE INTERVENTION FOR ALTAMED SYSTEM

NAME OF ORGANIZATION OR GOVERNMENT:

UNIVERSITY OF SOUTHERN CALIFORNIA, OFFICE OF RESEARCH

(H) PURPOSE OF GRANT OR ASSISTANCE: REPRODUCTIVE PSYCHIATRY ECONSULT

PILOT FOR PERINATAL WOMEN; CARE INTEGRATION FOR OPIOID-DEPENDENT FREQUENT

EMERGENCY DEPARTMENT USERS (IMPLEMENTATION GRANTS); GENERALIST PALLIATIVE

CARE IN PUBLIC HEALTH SYSTEMS (LAC+USC MEDICAL CENTER); USC HEALTH DATA

JOURNALISM FELLOWSHIP TRAINING

NAME OF ORGANIZATION OR GOVERNMENT: UNIVERSITY OF WASHINGTON

(H) PURPOSE OF GRANT OR ASSISTANCE: EXPLORING A PROJECT TO IMPROVE

PERINATAL MENTAL HEALTH CARE IN LOS ANGELES COUNTY COMMUNITY CLINICS

NAME OF ORGANIZATION OR GOVERNMENT: THE URBAN INSTITUTE

(H) PURPOSE OF GRANT OR ASSISTANCE: OPIOID TREATMENT GAP SNAPSHOTS BY

COUNTY: ANNUAL UPDATE; BETTER UNDERSTANDING FEDERAL IMMIGRATION POLICIES

CHILLING EFFECT IN CALIFORNIA

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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.

OMB No. 1545-0047

2019

Open to Public Inspection

| | |
|---|---|
| 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 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) 2019

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) | 608,220. | 0. | 660. | 50,600. | 42,263. | 701,743. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (2) ZIEGLER, CRAIG VP OF FIN, ADMIN & INVESTS/TREAS & SEC | (i) | 375,391. | 0. | 2,910. | 49,400. | 34,169. | 461,870. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (3) CARTER, KARA SENIOR VP OF PROGRAMS | (i) | 353,423. | 0. | 1,060. | 35,000. | 21,610. | 411,093. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (4) SHEWRY, SANDRA VP EXTERNAL ENGAGEMENT | (i) | 317,254. | 0. | 2,360. | 50,600. | 4,935. | 375,149. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (5) BUCKLEY, MELISSA PROGRAM DIRECTOR OF INNOVATIONS | (i) | 278,088. | 0. | 660. | 49,888. | 8,316. | 336,952. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (6) PERRONE, CHRISTOPHER PROGRAM DIRECTOR OF IMPROVING ACCESS | (i) | 264,929. | 0. | 660. | 48,884. | 16,178. | 330,651. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (7) READER, CHARLES CHIEF TALENT OFFICER | (i) | 235,744. | 0. | 660. | 19,012. | 11,418. | 266,834. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (8) SOUTHWICK, SUSAN DIRECTOR OF IT | (i) | 224,115. | 2,500. | 1,160. | 41,219. | 20,196. | 289,190. | 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 8 EMPLOYEES FOR CELL PHONES ALLOWANCE (\$5,280).

2. PAYMENTS TO 1 EMPLOYEE FOR WAIVING MEDICAL COVERAGE (\$1,200).

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

WELLNESS PROGRAM (\$1,400).

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

EMPLOYEE (\$2,250).

5. PAYMENT OF BONUS TO 1 EMPLOYEE (\$2,500).

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 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 (D), NONTAXABLE BENEFITS:

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

2019

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 \$ 8,139,119. INCL GRANTS OF \$ 1,300,000. REVENUE \$ 647,666.

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) (2019)

932211 09-06-19

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

APPROVED BY THE FULL BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION B, LINE 12C:

ALL DIRECTORS, OFFICERS & KEY EMPLOYEES ARE REQUIRED TO DISCLOSE POTENTIAL CONFLICTS ANNUALLY. POTENTIAL CONFLICT INFORMATION IS COMPILED, REVIEWED BY THE VICE PRESIDENT OF FINANCE, ADMINISTRATION & INVESTMENTS, AND THEN REPORTED TO THE FULL BOARD OF DIRECTORS FOR THEIR ACKNOWLEDGMENT AND CONFIRMATION. THROUGHOUT THE YEAR AS TRANSACTIONS ARE ENTERED INTO, STAFF AND BOARD MEMBERS ARE ALSO REQUIRED TO SELF-REPORT POTENTIAL CONFLICTS OF INTEREST WHETHER OR NOT THE CONFLICT WAS ORIGINALLY IDENTIFIED ON THE ANNUAL LISTING. NEW VENDOR AND GRANTEE ACTIVITY IS ALSO MONITORED AGAINST THE CONFLICT OF INTEREST LISTING. WHEN A CONFLICT IS IDENTIFIED, THE PERSON WITH THAT CONFLICT IS REQUIRED TO RECUSE THEMSELVES FROM ANY DECISION MAKING WITH RESPECT TO THE TRANSACTION OR ACTIVITY GIVING RISE TO THE POTENTIAL CONFLICT. IN ADDITION, CHCF'S CONFLICT OF INTEREST POLICY HAS A SPECIFIC PROHIBITION AGAINST PRIVATE INUREMENT AND EXCESS BENEFIT TRANSACTIONS WITH RESPECT TO ANY TRANSACTION IN WHICH CHCF PARTICIPATES.

FORM 990, PART VI, SECTION B, LINE 15:

THE FOUNDATION HAS A DOCUMENTED COMPENSATION PROGRAM, INCLUDING A COMPENSATION PHILOSOPHY AND POLICIES AND PROCEDURES. AS PART OF THOSE POLICIES AND PROCEDURES, THE FOUNDATION ENGAGES INDEPENDENT COMPENSATION CONSULTANTS TO DEVELOP MARKET COMPARABLES, SURVEY THE MARKET BASED ON THOSE MARKET COMPARABLES, AND BENCHMARK THE FOUNDATION'S SALARIES AND TOTAL COMPENSATION TO MARKET DATA. THE FOUNDATION'S COMPENSATION PROGRAM, AS WELL AS CEO AND CFO TOTAL COMPENSATION LEVELS, ARE REVIEWED AND APPROVED BY THE FOUNDATION'S BOARD OF DIRECTORS.

| | |
|--|--|
| 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

2019

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> |
|---|---|

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 | 751,870. | 48,741,667. | CALIFORNIA HEALTHCARE FOUNDATION |
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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 |
| | | | | | | | |
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For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2019

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 | B | 31,550,636. CASH | |
| (2) MAKENA FIXED INCOME FUND, LP | F | 1,100,054. CASH | |
| (3) MAKENA FIXED INCOME FUND, LP | S | 26,350,000. CASH | |
| (4) | | | |
| (5) | | | |
| (6) | | | |

