

Return of Organization Exempt From Income Tax

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

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ 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 **2020** calendar year, or tax year beginning **APR 1, 2020** and ending **MAR 31, 2021**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization CALIFORNIA HEALTHCARE FOUNDATION Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1438 WEBSTER ST 400 City or town, state or province, country, and ZIP or foreign postal code OAKLAND, CA 94612	D Employer identification number 95-4523231 E Telephone number 510-238-1040
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		G Gross receipts \$ 118,089,402.
J Website: ▶ WWW.CHCF.ORG		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 ▶
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 10
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4 9
	5 Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5 53
	6 Total number of volunteers (estimate if necessary)	6 0
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a -450,803.
	7b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b 0.
	Revenue	8 Contributions and grants (Part VIII, line 1h)
9 Program service revenue (Part VIII, line 2g)		647,666. 773,731.
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		17,946,627. 46,201,552.
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		890,905. 1,060,162.
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		19,485,198. 48,035,445.
Expenses		13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)
	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)	12,290,866. 13,008,107.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0. 0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0.	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	10,082,544. 9,173,924.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	58,598,842. 46,564,285.	
19 Revenue less expenses. Subtract line 18 from line 12	-39,113,644. 1,471,160.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	741,030,213. 970,069,278.
	21 Total liabilities (Part X, line 26)	21,716,522. 10,325,681.
	22 Net assets or fund balances. Subtract line 21 from line 20	719,313,691. 959,743,597.

Part II Signature Block

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

Sign Here	Signature of officer CRAIG ZIEGLER, VP FIN, ADMIN, INVESTS/TREAS & SEC Type or print name and title	Date
Paid Preparer Use Only	Print/Type preparer's name MAGA E. KISRIEV	Preparer's signature
	Firm's name ▶ HOOD & STRONG LLP Firm's address ▶ 275 BATTERY STREET, STE 900 SAN FRANCISCO, CA 94111	Date 2/8/2022
	Firm's EIN ▶ 94-1254756 Phone no. 415.781.0793	Check if self-employed <input type="checkbox"/> PTIN P01008919

May the IRS discuss this return with the preparer shown above? See instructions Yes No

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

Department of the Treasury
Internal Revenue Service

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

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

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

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

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

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

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

CRAIG ZIEGLER

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

1 I request an automatic 6-month extension of time until FEBRUARY 15, 2022, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ▶ calendar year _____ or
 ▶ tax year beginning APR 1, 2020, and ending MAR 31, 2021.

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

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

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

Part III Statement of Program Service Accomplishments

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

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

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

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

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

4a (Code:) (Expenses \$ 10,958,871. including grants of \$ 9,750,132.) (Revenue \$ 0.)
IMPROVING ACCESS: CHCF AIMS TO ADVANCE STATE POLICY REFORMS AND DELIVERY SYSTEM TRANSFORMATION TO IMPROVE COVERAGE AND CARE. THIS WORK INCLUDES: 1) ACCESS TO AFFORDABLE COVERAGE: CHCF AIMS TO ADVANCE STATE POLICIES AND PRACTICES THAT ENSURE THAT ALL CALIFORNIANS WITH LOW INCOMES HAVE AFFORDABLE COVERAGE AND THAT MEDI-CAL ENROLLEES CAN GET THE CARE THEY NEED WHEN THEY NEED IT. 2) ACCESS TO PRIMARY CARE: CHCF AIMS TO ADVANCE POLICY, PAYMENT, AND DELIVERY SYSTEM REFORMS TO IMPROVE ACCESS BY CALIFORNIANS WITH LOW INCOMES TO HIGH-QUALITY, LINGUISTICALLY AND CULTURALLY RESPONSIVE PRIMARY CARE INCLUSIVE OF BEHAVIORAL HEALTH CARE. 3) ACCESS TO SPECIALTY CARE: CHCF AIMS TO SPREAD THE USE OF TELEHEALTH IN CALIFORNIA'S SAFETY NET AND TO SPUR MEDI-CAL POLICY AND PAYMENT REFORMS TO IMPROVE ACCESS TO SPECIALTY CARE FOR CALIFORNIANS

4b (Code:) (Expenses \$ 10,448,787. including grants of \$ 7,982,278.) (Revenue \$ 0.)
LAYING THE FOUNDATION: CHCF AIMS 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 AIMS TO PROVIDE RESEARCH AND ANALYSIS ON CALIFORNIA'S MARKET-WIDE CARE ECOSYSTEM, WITH A PARTICULAR FOCUS ON HOW THAT SYSTEM IS STRUCTURED AND PERFORMING FOR CALIFORNIANS WITH LOW INCOMES. 2) SUPPORTING HIGH-QUALITY HEALTH JOURNALISM: CHCF SUPPORTS HEALTH CARE JOURNALISM SO THAT MAINSTREAM AND COMMUNITY/ETHNIC MEDIA OUTLETS CAN PROVIDE CALIFORNIANS WITH ACCESS TO TIMELY, RELEVANT INFORMATION ABOUT THE MOST PRESSING HEALTH CARE ISSUES. 3) BUILDING LEADERSHIP: CHCF AIMS TO SUPPORT LEADERSHIP AND SKILL-BUILDING FOR

4c (Code:) (Expenses \$ 4,876,013. including grants of \$ 3,399,843.) (Revenue \$ 0.)
ADVANCING PEOPLE-CENTERED CARE: CHCF SUPPORTS CARE SYSTEMS TO WORK COLLABORATIVELY TO ENSURE PEOPLE RECEIVE RESPONSIVE, COMPREHENSIVE, AND COORDINATED SERVICES THAT SUPPORT THEIR HEALTH AND WELL-BEING AND REDUCE INEQUITIES IN CARE. THIS WORK INCLUDES: 1) BEHAVIORAL HEALTH TRANSFORMATION: CHCF AIMS TO TRANSFORM MENTAL HEALTH AND SUBSTANCE USE TREATMENT SO THAT WHEREVER AND HOWEVER THE CARE IS DELIVERED, IT IS EFFECTIVE, APPROPRIATE, AND ACCESSIBLE -- IMPROVING OUTCOMES AND REDUCING INEQUITIES. 2) CARE FOR PEOPLE WITH COMPLEX NEEDS: CHCF AIMS TO HELP MEDI-CAL ENROLLEES WITH CHALLENGING HEALTH OR SOCIAL CIRCUMSTANCES GET HIGH-QUALITY MEDICAL CARE AND SUPPORTIVE SERVICES THAT IMPROVE THEIR LIVES. 3) ADVANCING BLACK HEALTH EQUITY: CHCF AIMS TO IMPROVE CARE AND OUTCOMES FOR BLACK CALIFORNIANS BY WORKING WITH

4d Other program services (Describe on Schedule O.)
(Expenses \$ 9,125,164. including grants of \$ 3,250,000.) (Revenue \$ 773,731.)

4e Total program service expenses 35,408,835.

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, gross 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 (10); 1b Enter the number of voting members included on line 1a, above, who are independent (9); 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? (X); 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? (X); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (X); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (X); 6 Did the organization have members or stockholders? (X); 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? (X); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (X); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (X); b Each committee with authority to act on behalf of the governing body? (X); 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 (X).

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? (X); 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? (X); 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 (X); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (X); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (X); 13 Did the organization have a written whistleblower policy? (X); 14 Did the organization have a written document retention and destruction policy? (X); 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? a The organization's CEO, Executive Director, or top management official (X); b Other officers or key employees of the organization (X); If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).; 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? (X); 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) HERNANDEZ, SANDRA PRESIDENT & C.E.O.	45.00	X		X				641,878.	0.	97,568.
(2) ZIEGLER, CRAIG VP FIN, ADMIN, INVESTS/TREAS & SEC	45.00			X				390,680.	0.	88,613.
(3) CARTER, KARA SENIOR VP OF PROGRAMS	45.00				X			370,887.	0.	62,620.
(4) BUCKLEY, MELISSA PROGRAM DIRECTOR OF INNOVATIONS	45.00					X		286,986.	0.	92,919.
(5) PERRONE, CHRISTOPHER PROGRAM DIRECTOR OF IMPROVING ACCESS	45.00					X		273,188.	0.	64,746.
(6) SCHNEIDERMANN, MICHELLE PRGM DIR OF ADV PPL CENTERED CARE	45.00					X		275,673.	0.	48,072.
(7) SOUTHWICK, SUSAN DIRECTOR OF IT	45.00					X		231,696.	0.	59,575.
(8) READER, CHARLES CHIEF TALENT OFFICER	45.00					X		250,745.	0.	31,710.
(9) GROSS, DANIEL BOARD MEMBER	3.00	X						43,000.	0.	0.
(10) REYES, CAROLINA BOARD MEMBER	3.00	X						40,000.	0.	0.
(11) JONES, MARC BOARD MEMBER	3.00	X						36,000.	0.	0.
(12) AGUILAR-GAXIOLA, SERGIO BOARD MEMBER	3.00	X						35,000.	0.	0.
(13) AUGUSTINOS, NICHOLAS BOARD MEMBER	3.00	X						34,000.	0.	0.
(14) CARLISLE, DAVID BOARD MEMBER	3.00	X						31,000.	0.	0.
(15) ESCOBAR, ZOILA BOARD MEMBER	3.00	X						30,000.	0.	0.
(16) O'KEEFE, LYNNE CHOU BOARD MEMBER	3.00	X						30,000.	0.	0.
(17) GIBBONEY, ELIZABETH BOARD MEMBER	3.00	X						0.	0.	0.

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			
1b Subtotal							3,000,733.	0.	545,823.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							3,000,733.	0.	545,823.	

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 **▶** 40

	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	5,306,176.
ANGELENO GROUP, LLC, 2029 CENTURY PARK EAST, SUITE 2980, LOS ANGELES, CA 90067	INVESTMENT MANAGEMENT	128,908.
FORUM ONE COMMS CORP., 15954 JACKSON CREEK PKWY, STE B, MONUMENT, CO 80132	WEBSITE HOSTING & MAINTENANCE	122,932.
VISIONS, INC. 1452 DORCHESTER AVE., DORCHESTER, MA 02122	TRAINING & CONSULTING	104,622.

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 **▶** 4

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	773,731.	773,731.			
	b _____						
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
g Total. Add lines 2a-2f			773,731.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		3,678,934.		-2,303,478.	5,982,412.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real				
			(ii) Personal				
			2,116,534.				
	b Less: rental expenses ...	6b	1,592,396.				
	c Rental income or (loss)	6c	524,138.				
	d Net rental income or (loss)			524,138.		524,138.	
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities				
			(ii) Other				
			109,131,504.	1,852,675.			
			b Less: cost or other basis and sales expenses	7b	68,461,561.	0.	
	c Gain or (loss)	7c	40,669,943.	1,852,675.			
d Net gain or (loss)			42,522,618.		1,852,675.	40,669,943.	
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	532,228.			532,228.	
	b STATE UBI TAX REFUND		900099	3,796.		3,796.	
	c _____						
	d All other revenue						
e Total. Add lines 11a-11d			536,024.				
12 Total revenue. See instructions			48,035,445.	773,731.	-450,803.	47,712,517.	

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 ...	23,446,571.	23,446,571.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	935,683.	935,683.		
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	1,956,358.	595,602.	1,360,756.	
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	8,140,812.	6,570,169.	1,570,643.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,168,510.	957,568.	210,942.	
9 Other employee benefits	1,187,176.	929,369.	257,807.	
10 Payroll taxes	555,251.	427,008.	128,243.	
11 Fees for services (nonemployees):				
a Management				
b Legal	55,942.	45,715.	10,227.	
c Accounting	96,324.		96,324.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	7,075,966.		7,075,966.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	609,494.	444,763.	164,731.	
12 Advertising and promotion				
13 Office expenses	122,894.	93,765.	29,129.	
14 Information technology	243,418.	183,305.	60,113.	
15 Royalties				
16 Occupancy	130,114.	97,976.	32,138.	
17 Travel	8,958.	3,242.	5,716.	
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	117,273.	88,307.	28,966.	
23 Insurance	94,207.	70,938.	23,269.	
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 DIRECT CHARITABLE (PRC)	336,785.	336,785.		
b STAFF PROF DEVELOPMENT	95,964.	21,269.	74,695.	
c LIBRARY & INFO SERVICES	86,282.	85,058.	1,224.	
d MATCHING GIFTS	60,521.	60,521.		
e All other expenses _____	39,782.	15,221.	24,561.	
25 Total functional expenses. Add lines 1 through 24e	46,564,285.	35,408,835.	11,155,450.	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	577,535.	1	659,989.
	2 Savings and temporary cash investments	3,794,374.	2	6,016,696.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	33,998.	4	989,875.
	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	453,350.	9	593,217.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 50,160,086.		
	b Less: accumulated depreciation	10b 1,560,006.		
		47,776,132.	10c	48,600,080.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11	679,366,560.	12	901,580,521.
	13 Investments - program-related. See Part IV, line 11	7,849,928.	13	7,270,898.
	14 Intangible assets		14	
15 Other assets. See Part IV, line 11	1,178,336.	15	4,358,002.	
16 Total assets. Add lines 1 through 15 (must equal line 33)	741,030,213.	16	970,069,278.	
Liabilities	17 Accounts payable and accrued expenses	1,492,999.	17	1,968,536.
	18 Grants payable	20,223,523.	18	8,357,145.
	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	21,716,522.	26	10,325,681.
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	719,313,691.	27	959,743,597.
	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	719,313,691.	32	959,743,597.
33 Total liabilities and net assets/fund balances	741,030,213.	33	970,069,278.	

Form 990 (2020)

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	48,035,445.
2	Total expenses (must equal Part IX, column (A), line 25)	2	46,564,285.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,471,160.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	719,313,691.
5	Net unrealized gains (losses) on investments	5	238,892,251.
6	Donated services and use of facilities	6	66,495.
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	959,743,597.

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** (2020)

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

2020

Open to Public Inspection

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

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

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

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

Form with multiple questions (1-9) regarding conservation easements, including checkboxes for various purposes, a table for tracking easements (2a-2d), and yes/no questions about monitoring and reporting.

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

Form with questions (1a, 1b, 2) regarding art and historical treasures, including checkboxes and dollar amount fields for revenue and assets.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2020

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? | 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	4,760,000.			4,760,000.
b Buildings	42,175,545.			42,175,545.
c Leasehold improvements	1,514,455.	55,291.	30,680.	1,539,066.
d Equipment		227,299.	220,154.	7,145.
e Other		1,427,496.	1,309,172.	118,324.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				48,600,080.

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	99,077,619.	END-OF-YEAR MARKET VALUE
(B) MULTI-ASSET CLASS COMMINGLED FUNDS	698,648,911.	END-OF-YEAR MARKET VALUE
(C) FIXED INCOME FUNDS	34,789,078.	END-OF-YEAR MARKET VALUE
(D) GLOBAL EQUITY INDEXED EXCHANGE TRADED		
(E) FUND	69,064,913.	END-OF-YEAR MARKET VALUE
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	901,580,521.	

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 a shaded area for calculations.

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

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

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

Part XIII Supplemental Information.

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

PART X, LINE 2:

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

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

THE FOUNDATION GENERATES SUCH UNRELATED BUSINESS INCOME THROUGH SOME OF

ITS INVESTMENT ACTIVITY.

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

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

TAX POSITIONS THAT REQUIRE ADJUSTMENTS TO THE FINANCIAL STATEMENTS.

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2020

Open to Public Inspection

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
CENTRAL AMERICA AND THE CARIBBEAN -	0	0	INVESTMENTS		256,551,260.
EUROPE (INCLUDING ICELAND & GREENLAND) -	0	0	INVESTMENTS		203,555.
3 a Subtotal	0	0			256,754,815.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			256,754,815.

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

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

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

3 Enter total number of other organizations or entities ► _____

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

Part III can be duplicated if additional space is needed.

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

Part IV Foreign Forms

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

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

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

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

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

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

**SCHEDULE 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

2020

**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 - 55 EXCHANGE PLACE, SUITE 401 - NEW YORK, NY 10005	23-7156531	501(C)(3)	10,000.	0.			2021 MEMBERSHIP
ABODE SERVICES 40849 FREMONT BLVD. FREMONT, CA 94538	94-3087060	501(C)(3)	60,107.	0.			FACILITATING PERSONAL PROTECTIVE EQUIPMENT PROCUREMENT FOR HOMELESSNESS PROVIDERS -
ADAPTATION HEALTH, LLC 1900 AMELIA STREET NEW ORLEANS, LA 70115	83-1353659		16,000.	0.			REMOTE PATIENT MONITORING DEMO DAY
ADVENTIST HEALTH REEDLEY 372 W CYPRESS AVE REEDLEY, CA 93654	45-3220509	501(C)(3)	40,000.	0.			CONNECTED CARE ACCELERATOR - INFRASTRUCTURE AND SPREAD
AFFECT REAL CHANGE INC. 1431 CENTER STREET, SUITE 203 OAKLAND, CA 94607	47-4111501	501(C)(3)	25,000.	0.			CORE SUPPORT TO THE ANTI POLICE-TERROR PROJECT FOR THE MENTAL HEALTH FIRST PROGRAM
ALAMEDA COUNTY BEHAVIORAL HEALTH CARE SERVICES - 2000 EMBARCADERO COVE, SUITE 101 - OAKLAND, CA 94606	94-5000501	ALAMEDA COUNTY	20,000.	0.			UC PSYCHIATRIC MENTAL HEALTH NURSE PRACTITIONERS (PMHNP) PLACEMENT SITE STIPEND

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **179.**

3 Enter total number of other organizations listed in the line 1 table **46.**

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

Schedule I (Form 990) 2020

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 AMAZING CARE CHARITABLE FOUNDATION - 1000 BROADWAY, SUITE 250 - OAKLAND, CA 94611	84-2890428	501(C)(3)	50,000.	0.			PATIENT EDUCATION AND ADVOCACY THROUGH "CLINICAL FRIENDS-OF-THE FAMILY" PROGRAM
APLA HEALTH & WELLNESS 611 S. KINGSLEY DR. LOS ANGELES, CA 90005	84-1661910	501(C)(3)	40,000.	0.			CONNECTED CARE ACCELERATOR - INFRASTRUCTURE AND SPREAD
ASIAN AMERICANS/PACIFIC ISLANDERS IN PHILANTHROPY - 300 FRANK OGAWA PLAZA, SUITE 256 - OAKLAND, CA 94612	94-3150064	501(C)(3)	10,000.	0.			2021-2022 MEMBERSHIP
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
A THOUSAND JOYS, INC. 1270 S. ALFRED STREET, #351839 LOS ANGELES, CA 90035	20-5204911	501(C)(3)	10,000.	0.			INNOVATION FUND ADVISORY COMMITTEE GRANT, TO SUPPORT ITS WORK TO MAKE LEARNING AND WORKING
AURRERA HEALTH GROUP, LLC 1400 K STREET, SUITE 204 SACRAMENTO, CA 95814	26-2265256		99,063.	0.			ALMANAC REPORT ON RACIAL HEALTH DISPARITIES, SUBSTANCE USE IN CALIFORNIA; AN
AVIA HEALTH, LLC 515 N. STATE STREET, SUITE 300 CHICAGO, IL 60654	85-2640160		54,695.	0.			REMOTE PATIENT MONITORING LANDSCAPE IN CALIFORNIA MEDI-CAL; SERIES OF FOUR TECHNOLOGY LANDSCAPES
BAILIT HEALTH PURCHASING, LLC 56 PICKERING STREET NEEDHAM, MA 02492	04-3340991		29,950.	0.			DRIVING QUALITY IMPROVEMENT IN MEDI-CAL MANAGED CARE
BATES WHITE LLC 2001 K STREET NW, NORTH BUILDING SU WASHINGTON, DC 20006	52-2183096		25,000.	0.			FEASIBILITY ASSESSMENT FOR HEALTH PLAN COMPETITION RESEARCH PROJECT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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)	20,000.	0.			ADVISORY COMMITTEE TO INFORM CDPH'S CALIFORNIA BLACK MATERNAL AND INFANT HEALTH REPORT
BLUEPATH HEALTH, INC. 80 E SIR FRANCIS DRAKE BLVD., SUITE LARKSPUR, CA 94939	46-3484135		72,850.	0.			COVID-19 RESPONSE: SUPPORTING CALIFORNIA'S TELEHEALTH COALITIONS; STRENGTHENING
BLUE SKY CONSULTING GROUP LLC 1939 HARRISON STREET, SUITE 211 OAKLAND, CA 94612	59-3810591		134,295.	0.			MEDI-CAL FACTS & FIGURES 2020; CALIFORNIA'S HEALTH CARE SAFETY NET ALMANAC 2020; EXPLORING A
BORDER ANGELS 2258 ISLAND AVE. SAN DIEGO, CA 92102	01-0777554	501(C)(3)	10,000.	0.			SHELTER AID PROGRAM
BREASTFEEDLA 2851 WEST 120TH STREET, SUITE E335 HAWTHORNE, CA 90250	95-4861413	501(C)(3)	12,500.	0.			SUPPORT FOR BREASTFEEDLA'S COVID-19 RESPONSE TEAM; BREASTFEEDLA ANNUAL
THE BRIDGESPAN GROUP 2 COPLEY PLACE, SUITE 3700B BOSTON, MA 02116	31-1625487	501(C)(3)	220,000.	0.			IMPROVING CHCF'S NETWORK AND ECOSYSTEMS BUILDING INITIATIVES
CALIFORNIA BLACK HEALTH NETWORK 520 9TH ST #210 SACRAMENTO, CA 95814	95-3794688	501(C)(3)	25,000.	0.			BUILDING CALIFORNIA'S BLACK HEALTH NETWORK
CALIFORNIA BLACK WOMEN'S HEALTH PROJECT - 9800 S. LA CIENEGA BLVD., SUITE 905 - INGLEWOOD, CA 90301	95-4702923	501(C)(3)	32,500.	0.			SUPPORTING BLACK BIRTH WORKERS DURING THE COVID-19 PANDEMIC; GENERAL SUPPORT
CALIFORNIA BUDGET & POLICY CENTER 1107 9TH STREET, SUITE 310 SACRAMENTO, CA 95814	68-0346784	501(C)(3)	32,500.	0.			GENERAL SUPPORT; MEDI-CAL BUDGET ANALYSES

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 BLACK MEDIA 1809 S ST (101-226) SACRAMENTO, CA 95811	46-2808252	501(C)(3)	62,500.	0.			BUILDING HEALTH REPORTING CAPACITY OF BLACK MEDIA
CALIFORNIA PRIMARY CARE ASSOCIATION - 1231 I STREET, SUITE 400 - SACRAMENTO, CA 95814	94-3215565	501(C)(3)	868,547.	0.			COMMUNITY HEALTH CENTER AND CONSORTIA COVID-19 SUPPORT; TELEHEALTH TRAINING AND TECHNICAL
CALIFORNIA MEDICAL ASSOCIATION 1201 K STREET, SUITE 800 SACRAMENTO, CA 95814	94-0359340	501(C)(6)	150,000.	0.			TELEHEALTH SUPPORT FOR SMALL AND MEDIUM-SIZED PHYSICIAN PRACTICES
CALIFORNIA ASSOCIATION OF PUBLIC HOSPITALS AND HEALTH SYSTEMS - 70 WASHINGTON STREET, SUITE 215 - OAKLAND, CA 94607	94-2932254	501(C)(6)	358,481.	0.			SETTING THE FUTURE OF PUBLIC HOSPITAL FINANCING IN CALIFORNIA; CAPTURING STORIES FROM PUBLIC
CALIFORNIA BREASTFEEDING COALITION 510 BEAUMONT AVE. PACIFIC GROVE, CA 93950	45-2688965	501(C)(3)	25,000.	0.			SUPPORTING BREASTFEEDING IN CALIFORNIA DURING THE COVID19 PANDEMIC
CALIFORNIA ASSOCIATION FOR NURSE PRACTITIONERS - 1415 L STREET, SUITE 1000 - SACRAMENTO, CA 95814	94-2599089	501(C)(6)	16,000.	0.			CALIFORNIA ASSOCIATION OF NURSE PRACTITIONERS (CANP) ANNUAL CONFERENCE, 2021
CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY - 1600 NINTH STREET, ROOM 460 - SACRAMENTO, CA 95814	68-0281366	CAL HHS	71,466.	0.			STATE HEALTH INFORMATION GUIDANCE 2.0: REVISION AND EXPANSION OF DATA-SHARING GUIDANCE
CALIFORNIA RURAL INDIAN HEALTH BOARD INC - 1020 SUNDOWN WAY - ROSEVILLE, CA 95661	23-7052541	501(C)(3)	25,000.	0.			CALIFORNIA RURAL INDIAN HEALTH BOARD COVID-19 RESPONSE
CALMATTERS 1017 L STREET, #261 SACRAMENTO, CA 95814	47-2474086	501(C)(3)	459,000.	0.			BUILDING INFRASTRUCTURE TO SUSTAIN CALIFORNIA'S ETHNIC MEDIA; CORE SUPPORT FOR CALMATTERS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES - 1501 CAPITOL AVENUE, PO BOX 997415, MS 1101 - SACRAMENTO, CA 95889-7415	68-0317191	CA DHCS	520,125.	0.			CHARTING MEDI-CAL'S FUTURE: 2021 AND BEYOND; MODERNIZING FEDERALLY QUALIFIED HEALTH CENTER
THE CALIFORNIA HEALTH CARE SAFETY-NET INSTITUTE - 70 WASHINGTON STREET, SUITE 215 - OAKLAND, CA 94607	94-2970752	501(C)(3)	51,750.	0.			CALIFORNIA ASSOCIATION OF PUBLIC HOSPITALS/SAFETY NET INSTITUTE ANNUAL CONFERENCE 2020;
CALIFORNIA HOSPITAL ASSESSMENT AND REPORTING TASK FORCE CHART - 1688 ORVIETTO DRIVE - ROSEVILLE, CA 95661	36-4616681	501(C)(3)	88,239.	0.			EXAMINING FACTORS ASSOCIATED WITH COVID-19 CASES AND DEATHS IN CALIFORNIA SKILLED
CALIFORNIA INSTITUTE FOR BEHAVIORAL HEALTH SOLUTIONS - 2125 19TH STREET - SACRAMENTO, CA 95818	68-0314970	501(C)(3)	165,982.	0.			MINIMIZING DISRUPTIONS IN CARE THROUGH TELEHEALTH: BEHAVIORAL HEALTH WEBINAR SERIES; PLANNING FOR
CALIFORNIA NURSE-MIDWIVES FOUNDATION - 60 29TH STREET, SUITE 321 - SAN FRANCISCO, CA 94110	84-3622602	501(C)(3)	25,000.	0.			CORE SUPPORT FOR THE CALIFORNIA NURSE-MIDWIVES FOUNDATION, 2020
CALIFORNIA PAN-ETHNIC HEALTH NETWORK - 1221 PRESERVATION PARK WAY, STE. 200 - OAKLAND, CA 94612	94-3306223	501(C)(3)	201,750.	0.			ADVANCING MENTAL HEALTH EQUITY IN MEDI-CAL; PARTNERING WITH COMMUNITY HEALTH WORKERS AND
CALIFORNIA SCHOOL-BASED HEALTH ALLIANCE - 1203 PRESERVATION PARK WAY, SUITE 302 - OAKLAND, CA 94612	94-3201896	501(C)(3)	15,000.	0.			2020 CALIFORNIA SCHOOL-BASED HEALTH ALLIANCE CONFERENCE SUPPORT
CALIFORNIA STATE UNIVERSITY SAN MARCOS FOUNDATION - 333 S. TWIN OAKS VALLEY ROAD - SAN MARCOS, CA 92096	80-0390564	501(C)(3)	75,000.	0.			SUPPORTING RAPID-RESPONSE EDUCATION IN PALLIATIVE CARE SKILLS IN COVID-19 PANDEMIC
CAMPANILE FOUNDATION 5500 CAMPANILE DRIVE SAN DIEGO, CA 92182-8030	33-0868418	501(C)(3)	20,000.	0.			EDUCATIONAL PROGRAMS FOR STUDENTS IN THE COLLEGE OF HEALTH AND HUMAN SERVICES

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
CANDID 32 OLD SLIP NEW YORK, NY 10005	13-1837418	501(C)(3)	20,000.	0.			2021 MEMBERSHIP
CAPITOL IMPACT, LLC 1107 9TH ST., STE. 500 SACRAMENTO, CA 95814	03-0539997		75,448.	0.			SUPPORT FOR 2021-22 CALIFORNIA LEGISLATIVE STAFF EDUCATION INSTITUTE (CLSEI)
CAPITAL PUBLIC RADIO, INC. 7055 FOLSOM BLVD. SACRAMENTO, CA 95826-2625	68-0223271	501(C)(3)	32,500.	0.			CORE SUPPORT
CDC FOUNDATION 600 PEACHTREE STREET NE, SUITE 1000 ATLANTA, GA 30308	58-2106707	501(C)(3)	250,000.	0.			CONNECTED CALIFORNIA CAMPAIGN: YOUR ACTIONS SAVE LIVES
THE CENTER FOR COMMON CONCERNS, INC. - 870 MARKET STREET, SUITE 1228 - SAN FRANCISCO, CA 94102	94-3148303	501(C)(3)	100,000.	0.			HOMELESSNESS AND HEALTH CARE SYSTEMS DATA SHARING AND COORDINATION
CENTER FOR EFFECTIVE PHILANTHROPY INC. - 675 MASSACHUSETTS AVE., 7TH FLOOR - CAMBRIDGE, MA 02139	04-3523528	501(C)(3)	15,000.	0.			2021 MEMBERSHIP
CENTER FOR EXCELLENCE IN HEALTH CARE JOURNALISM - 10 NEFF HALL, MISSOURI SCHOOL OF JOURNALISM - COLUMBIA, MO 65211	41-1908032	501(C)(3)	40,000.	0.			SUPPORT FOR HEALTH JOURNALISM 2021
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)	373,793.	0.			COMMUNITY HEALTH WORKERS AND PROMOTORAS IN THE FUTURE OF MEDI-CAL; COVID-19 RAPID RESPONSE

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
CHANGE ELEMENTAL 1155 F STREET NW, SUITE 1050 WASHINGTON, DC 20004-1329	52-1305780	501(C)(3)	94,000.	0.			EVALUATING HEALTHNET'S COMMUNITY DOULA PROGRAM
CHANGE MATRIX LLC 2251 N. RAMPART BLVD., #365 LAS VEGAS, NV 89129	26-4721525		20,000.	0.			EXPANDING THE BENCH
CHAPA-DE INDIAN HEALTH PROGRAM, INC. - 11670 ATWOOD RD. - AUBURN, CA 95603-9522	94-2583156	501(C)(3)	10,000.	0.			UC PSYCHIATRIC MENTAL HEALTH NURSE PRACTITIONERS (PMHNP) PLACEMENT SITE STIPEND --
CHAPMAN CONSULTING, LLC 1133 LOS ROBLES STREET DAVIS, CA 95618	82-3820031		26,901.	0.			MEDI-CAL EXPLAINED ON LONG-TERM SERVICES AND SUPPORTS; MEDI-CAL TRANSPORTATION BENEFIT
CHARLES R. DREW UNIVERSITY OF MEDICINE AND SCIENCE - 1731 EAST 120TH STREET - LOS ANGELES, CA 90059	95-6151774	501(C)(3)	500,000.	0.			CHARLES R. DREW COLLEGE OF MEDICINE SCHOLARSHIPS & DEBT RELIEF
CHILDREN'S HOSPITAL OF LOS ANGELES 4650 SUNSET BLVD. LOS ANGELES, CA 90027-6062	95-1690977	501(C)(3)	64,835.	0.			IDENTIFYING EVIDENCE-BASED STRATEGIES TO INCREASE DIVERSITY AMONG FUNDED HEALTH TECH
CHILD MIND INSTITUTE INC. 101 E. 56TH ST. NEW YORK, NY 10022	80-0478843	501(C)(3)	10,000.	0.			HEALTH-RELATED PROGRAM SERVICES IN SAN MATEO, CA
CHILDREN'S SPECIALTY CARE COALITION - 925 L STREET, SUITE 1180 - SACRAMENTO, CA 95814	68-0484332	501(C)(3)	20,000.	0.			PROJECT SUPPORT FOR STUDYING VARIATION IN THE USE OF TELEHEALTH BY PEDIATRIC SUBSPECIALISTS
CHINATOWN SERVICE CENTER 767 N. HILL STREET, SUITE 400 LOS ANGELES, CA 90012-2343	95-2918844	501(C)(3)	40,000.	0.			CONNECTED CARE ACCELERATOR - INFRASTRUCTURE AND SPREAD TRACK

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
CLINICA DE SALUD DEL VALLE DE SALINAS - 440 AIRPORT BLVD - SALINAS, CA 93905	94-2652757	501(C)(3)	40,000.	0.			CONNECTED CARE ACCELERATOR - INFRASTRUCTURE AND SPREAD
CLINICAS DEL CAMINO REAL INC 1040 FLYNN RD. CAMARILLO, CA 93012	95-2977147	501(C)(3)	45,000.	0.			CONNECTED CARE ACCELERATOR - INFRASTRUCTURE AND SPREAD
COALITION FOR COMPASSIONATE CARE OF CALIFORNIA - 2530 RIVER PLAZA DRIVE, SUITE 110 - SACRAMENTO, CA 95833-3675	27-0419836	501(C)(3)	75,026.	0.			SUPPORTING EFFORTS TO INCREASE REVENUE AND MISSION IMPACT THROUGH EARNED INCOME; IMPROVED
COMMON COUNSEL FOUNDATION 1624 FRANKLIN STREET, #1022 OAKLAND, CA 94612	94-3214166	501(C)(3)	200,000.	0.			COVID-19 RESPONSE FUNDING - SUPPORT FOR NATIVE VOICES RISING INITIATIVE
COMMUNITY CLINIC ASSOCIATION OF LOS ANGELES COUNTY - 445 S. FIGUEROA STREET, SUITE 2100 - LOS ANGELES, CA 90071	95-4576023	501(C)(3)	16,500.	0.			COMMUNITY CLINIC ASSOCIATION OF LOS ANGELES COUNTY ANNUAL CONFERENCE AND EVENT
COMMUNITY HEALTH CENTER NETWORK INC. - 101 CALLAN AVE., STE 300 - SAN LEANDRO, CA 94577	94-3253662	501(C)(3)	48,750.	0.			COVID-19 RESPONSE: COMMUNITY HEALTH WORKERS AND PROMOTORES; PARTNERING WITH COMMUNITY
COMMUNITY HEALTH SYSTEMS, INC. 22675 ALESSANDRO BLVD. MORENO VALLEY, CA 92553	33-0056551	501(C)(3)	40,000.	0.			CONNECTED CARE ACCELERATOR - INFRASTRUCTURE AND SPREAD
COMMUNICARE HEALTH CENTERS P.O. BOX 1260 DAVIS, CA 95617	94-2188574	501(C)(3)	10,000.	0.			UC PSYCHIATRIC MENTAL HEALTH NURSE PRACTITIONER (PMHNP) PLACEMENT SITE STIPEND COMMUNICARE
COMMUNICATIONS NETWORK 1717 NORTH NAPER BLVD., SUITE 102 NAPERVILLE, IL 60563	52-2114179	501(C)(3)	15,000.	0.			SUPPORT FOR COMMUNICATIONS NETWORK IN 2020

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY FOUNDATION OF SAN JOAQUIN - 6735 HERNDON PLACE, SUITE B - STOCKTON, CA 95209	26-1476916	501(C)(3)	100,000.	0.			COVID-19 RESPONSE FUNDING FOR STOCKTON MAYOR'S FUND
COMMUNITY PARTNERS 1000 NORTH ALAMEDA STREET, SUITE 24 LOS ANGELES, CA 90012	95-4302067	501(C)(3)	50,360.	0.			MATERNAL MENTAL HEALTH NOW 2021 CONFERENCES; ONLINE PERINATAL MENTAL HEALTH TRAINING FOR
CONTRA COSTA COUNTY 625 COURT STREET, STE 100 MARTINEZ, CA 94553	94-6000509	CONTRA COSTA	43,750.	0.			CONNECTED CARE ACCELERATOR - INFRASTRUCTURE AND SPREAD TRACK; PARTNERING WITH
COPPERTOWER FAMILY MEDICAL CENTER 100 W. THIRD ST. CLOVERDALE, CA 95425	68-0345901	501(C)(3)	50,000.	0.			ALEXANDER VALLEY HEALTHCARES TECHNOLOGY UPGRADES
COUNCIL ON FOUNDATIONS INC 1255 23RD STREET NW, SUITE 200 WASHINGTON, DC 20037	13-6068327	501(C)(3)	50,000.	0.			2021-2022 MEMBERSHIP
CRESTWOOD BEHAVIORAL HEALTH, INC. PO BOX 7877 STOCKTON, CA 94276-0877	68-0399495		10,000.	0.			UC PSYCHIATRIC MENTAL HEALTH NURSE PRACTITIONER (PMHNP) PLACEMENT SITE STIPEND CRESTWOOD
CURRY SENIOR CENTER 315 TURK STREET SAN FRANCISCO, CA 94102	23-7362588	501(C)(3)	15,000.	0.			LGBTQ MENTAL HEALTH TELEHEALTH PILOT DESIGN
DIVERSITY SCIENCE 2505 SE 11TH AVENUE, SUITE 330 PORTLAND, OR 97202	82-2617320		125,389.	0.			COVID RACIAL/ETHNIC ANTI-BIAS TRAINING FOR HEALTH CARE; DEVELOPMENT OF EDUCATIONAL MODULES
DIVERSITY UPLIFTS INC. 6371 HAVEN STREET, SUITE 3, BOX 265 RANCHO CUCAMONGA, CA 91737	83-3215066	501(C)(3)	112,500.	0.			SUPPORTING VIRTUAL DOULA CARE FOR BLACK MOTHERS/BIRTHING PEOPLE IN CALIFORNIA DURING

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DMA HEALTH STRATEGIES 9 MERIAM STREET, SUITE 4 LEXINGTON, MA 02420	04-2984036		40,230.	0.			ALMANAC ON MENTAL HEALTH
EAST BAY COMMUNITY FOUNDATION 200 FRANK OGAWA PLAZA OAKLAND, CA 94612	94-6070996	501(C)(3)	150,000.	0.			COVID-19 RESPONSE FUNDING - AFRICAN AMERICAN RESPONSE CIRCLE FUND; SUPPORT FOR CONSULTANT
ENGAGE R&D 556 S. FAIR OAKS AVE, STE 101 #603 PASADENA, CA 91105	82-0676544		20,000.	0.			SUPPORT FOR FUNDER & EVALUATOR AFFINITY NETWORK (FEAN)
EVITARUS, INC. 2355 WESTWOOD BLVD., #1107 LOS ANGELES, CA 90064	27-0527588		25,000.	0.			PLANNING GRANT FOR LISTENING TO BLACK CALIFORNIANS
FAMILY HEALTH CARE CENTERS OF GREATER LOS ANGELES, INC. - 6513 GARFIELD AVE. - BELL GARDENS, CA 90201	95-1641454	501(C)(3)	45,000.	0.			CONNECTED CARE ACCELERATOR - INFRASTRUCTURE AND SPREAD
FORUM ONE COMMUNICATIONS CORP. 6140 S. GUN CLUB RD. K6-153 AURORA, CO 80016	94-3261569		7,230.	0.			ALMANAC WEB DEVELOPMENT
FOUNDATION FOR CALIFORNIA COMMUNITY COLLEGES - 1102 Q STREET, STE 4800 - SACRAMENTO, CA 95811	68-0412350	501(C)(3)	50,000.	0.			MARCUS FOSTER EDUCATION INSTITUTE FOR THE "CALIFORNIA MEDICINE SCHOLARS PROGRAM"
THE FRIENDSHIP HOUSE ASSOCIATION OF AMERICAN INDIANS - 56 JULIAN AVENUE - SAN FRANCISCO, CA 94103-3507	23-7097915	501(C)(3)	25,000.	0.			VILLAGE, A SERVICE CENTER FOR AMERICAN INDIANS PROVIDING ACCESS TO HEALTH CARE SERVICES
FRONTLINE WORKERS COUNSELING PROJECT - 450 SUTTER ST., #1928 - SAN FRANCISCO, CA 94108	85-2528871		30,000.	0.			CORE SUPPORT FOR FRONTLINE WORKERS COUNSELING PROJECT

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FSG, INC. 179 LINCOLN ST. #301 BOSTON, MA 02111	20-2776974	501(C)(3)	30,000.	0.			COLLECTIVE IMPACT 10 YEAR LEARNING AND LOOKING TO THE FUTURE
GARFIELD HEALTH CENTER 210 N. GARFIELD AVE., SUITE 203 MONTEREY PARK, CA 91754	76-0733752	501(C)(3)	45,000.	0.			CONNECTED CARE ACCELERATOR - INFRASTRUCTURE AND SPREAD
THE GENERAL HOSPITAL CORPORATION 55 FRUIT STREET BOSTON, MA 02114	04-2697983	501(C)(3)	300,000.	0.			INDIVIDUAL MARKET AFFORDABILITY IN COVID CALIFORNIA: A CONSUMER SURVEY
GOODWIN SIMON STRATEGIC RESEARCH, INC. - 1624 FRANKLIN ST, SUITE 1001 - OAKLAND, CA 94612	27-0930150		402,627.	0.			CALIFORNIA'S DELIVERY SYSTEM IN TRANSITION: A LONGITUDINAL VIEW FROM THE FRONT LINES; COVID-19
GRANTMAKERS CONCERNED WITH IMMIGRANTS AND REFUGEES - P.O BOX 2178 - PETALUMA, CA 94953	20-2559651	501(C)(3)	30,000.	0.			2021-2022 MEMBERSHIP
GRANTMAKERS FOR EFFECTIVE ORGANIZATIONS - 1310 L STREET, NW, SUITE 650 - WASHINGTON, DC 20005	01-0669150	501(C)(3)	9,690.	0.			2021 MEMBERSHIP
GRANTMAKERS IN HEALTH 1100 CONNECTICUT AVENUE NW, SUITE 1 WASHINGTON, DC 20036-4110	13-3206571	501(C)(3)	44,000.	0.			2021-2022 MEMBERSHIP; GRANTMAKERS IN HEALTH (GIH) ANNUAL CONFERENCE, 2021
HEALTHBEGINS, LLC 2600 W OLIVE AVE., STE 500 BURBANK, CA 91505	46-1646737		104,000.	0.			COMMUNITY HEALTH WORKER & PROMOTORES COVID-19 RESPONSE STRATEGY; COMMUNITY BASED
HEALTHTECH SOLUTIONS, LLC 2030 HOOVER BLVD. FRANKFORT, KY 40601	45-2938486		65,863.	0.			LANDSCAPE OF STATEWIDE HEALTH INFORMATION EXCHANGE (HIE) DATA MODELS: OPTIONS FOR

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HEALTH CAREER CONNECTION, INC. 300 FRANK OGAWA PLAZA, SUITE 243 OAKLAND, CA 94612	25-1904312	501(C)(3)	50,000.	0.			HEALTH EQUITY SCHOLARS PROGRAM
HEALTH LEVEL SEVEN INTERNATIONAL, INC. - 3300 WASHTENAW AVENUE, SUITE 227 - ANN ARBOR, MI 48104-4250	22-0311321	501(C)(6)	25,000.	0.			GRAVITY PROJECT DOMAIN SUPPORT - ADDRESSING HOUSING INSTABILITY AND HOMELESSNESS
HEALTH MANAGEMENT ASSOCIATES, INC. 120 N. WASHINGTON SQUARE, SUITE 705 LANSING, MI 48933	38-2599727		116,707.	0.			MEDI-CAL EXPLAINED - PAYMENT AND FINANCE; UNDERSTANDING FUNDING FOR TRAINING OF CALIFORNIA'S SUPPORT FOR CALIFORNIA
HENRY J. KAISER FAMILY FOUNDATION 185 BERRY STREET, SUITE 2000 SAN FRANCISCO, CA 94107	94-6064808	501(C)(3)	564,044.	0.			HEALTHLINE, 2021-2022; COVID-19 VACCINE CAMPAIGN PRODUCTION
HILL COUNTRY COMMUNITY CLINIC 29632 HWY 299 E, P.O. BOX 228 ROUND MOUNTAIN, CA 96084	94-2831597	501(C)(3)	40,000.	0.			CONNECTED CARE ACCELERATOR - INFRASTRUCTURE AND SPREAD
HISPANICS IN PHILANTHROPY 414 13TH STREET, SUITE 200 OAKLAND, CA 94612	94-3040607	501(C)(3)	20,000.	0.			2021-2022 MEMBERSHIP
IMPERIAL VALLEY WELLNESS FOUNDATION - P.O. BOX 3005 - EL CENTRO, CA 92244	83-4329327	501(C)(3)	100,000.	0.			COVID-19 RESPONSE FUNDING FOR IMPERIAL VALLEY WELLNESS FOUNDATION
INDEPENDENT SECTOR 1602 L STREET, NW, SUITE 900 WASHINGTON, DC 20036	52-1081024	501(C)(3)	25,000.	0.			2021-2022 MEMBERSHIP
INLAND EMPIRE COMMUNITY FOUNDATION 3700 SIXTH STREET, SUITE 200 RIVERSIDE, CA 92501	33-0748536	501(C)(3)	100,000.	0.			COVID-19 RESPONSE FUNDING FOR THE INLAND EMPIRE FUNDERS ALLIANCE RAPID RESPONSE FUND

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INSTITUTE FOR COMMUNITY HEALTH 350 MAIN STREET, 4TH FLOOR MALDEN, MA 02148	04-3543853	501(C)(3)	15,000.	0.			PUBLIC CHARGE: IMPACT ON ESSENTIAL WORKERS WHO ARE IMMIGRANTS
INSTITUTE FOR SUSTAINABLE, ECONOMIC, EDUCATIONAL AND ENVIRONMENTAL DESIGN - 1330 BROADWAY, SUITE 300 - OAKLAND, CA	90-0777307	501(C)(3)	30,000.	0.			STREETWYZE: EXPLORING POTENTIAL PARTNERS FOR SUSTAINABILITY
INSTITUTO FAMILIAR DE LA RAZA 2919 MISSION STREET SAN FRANCISCO, CA 94110	94-2523608	501(C)(3)	110,000.	0.			LATINX COVID-19 EMERGENCY COLLABORATION; EVENT SUPPORT FOR INSTITUTO FAMILIAR DE LA RAZA'S
INSURE THE UNINSURED PROJECT 1107 9TH STREET, SUITE 1025 SACRAMENTO, CA 95814	27-4159194	501(C)(3)	60,000.	0.			INSURE THE UNINSURED PROJECT COVID RESPONSE: INFORMING AND ENGAGING KEY STAKEHOLDERS AND
INTERNATIONAL COMMUNITY FOUNDATION 2505 N AVENUE NATIONAL CITY, CA 91950	33-0457858	501(C)(3)	50,000.	0.			THE INCIDENCE AND PREVALENCE OF SARS-COV-2 IN BAJA CALIFORNIA
INTEGRATED HEALTHDATA SYSTEMS, INC. - 2205 N MEADOWS AVENUE - MANHATTAN BEACH, CA 90266	95-3825995		24,500.	0.			EFFECTS OF THE COVID-19 EPIDEMIC ON HEALTH INSURANCE COVERAGE AND HOSPITAL UTILIZATION AND
INTREPID ASCENT LLC 2120 UNIVERSITY AVE., STE. 722 BERKELEY, CA 94704	46-4484811		398,600.	0.			COORDINATING EFFORTS ON SOCIAL SERVICE REFERRALS IN CALIFORNIA; LANDSCAPE OF REGIONAL DATA EXCHANGE
IPSOS PUBLIC AFFAIRS, LLC 360 PARK AVENUE SOUTH, 17TH FL. NEW YORK, NY 10010	52-2073631		73,300.	0.			SPRING 2020 RAPID RESPONSE POLLING
IQ 360 1000 BISHOP STREET, SUITE 500 HONOLULU, HI 96813	27-3308484		51,018.	0.			KEEP YOUR BENEFITS COMMUNICATIONS CAMPAIGN

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JDRF INTERNATIONAL 200 VESEY STREET, 28TH FLOOR NEW YORK, NY 10281	23-1907729	501(C)(3)	10,000.	0.			IMPROVE THE AVAILABILITY OF, AND ACCESS TO, HEALTH CARE IN CALIFORNIA, PARTICULARLY IN ITS
JEWISH FAMILY SERVICE OF SAN DIEGO JOAN & IRWIN JACOBS CAMPUS/TURK FAMILY CTR., 8804 BALBOA AVE. - SAN DIEGO, C	95-1644024	501(C)(3)	65,000.	0.			SAN DIEGO RAPID RESPONSE NETWORK (SDRRN) MIGRANT SHELTER SERVICES PROGRAM
KAISER FOUNDATION HEALTH PLAN OF WASHINGTON - 1730 MINOR AVENUE, SUITE 1600 - SEATTLE, WA 98101	91-0511770	501(C)(3)	110,000.	0.			CONNECTED CARE ACCELERATOR: FORMATIVE EVALUATION OF THE INNOVATION LEARNING
KQED 2601 MARIPOSA STREET SAN FRANCISCO, CA 94110-1400	94-1241309	501(C)(3)	20,000.	0.			CORE SUPPORT
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)	155,000.	0.			COVID-19 RESPONSE: COMMUNITY HEALTH WORKERS AND PROMOTORES
LATINO COMMUNITY FOUNDATION 235 MONTGOMERY STREET, SUITE 1160 SAN FRANCISCO, CA 94104	81-0564400	501(C)(3)	500,000.	0.			COVID-19 RESPONSE FUNDING FOR THE LOVE NOT FEAR FUND; COVID-19 PREVENTION AND VACCINATION CAMPAIGN
LEADINGAGE CALIFORNIA FOUNDATION 1315 I STREET, SUITE 100 SACRAMENTO, CA 95814	95-2383463	501(C)(3)	25,000.	0.			PERSONAL PROTECTIVE EQUIPMENT (PPE) TO COMBAT COVID-19 INFECTION
LEADING RESOURCES INC. 1930 N STREET SACRAMENTO, CA 95811	91-1762703		29,650.	0.			IMPROVING STRUCTURE AND FUNCTION OF THE CALIFORNIA QUALITY COLLABORATIVE (CQC)
LEGAL AID SOCIETY OF SAN MATEO COUNTY - 330 TWIN DOLPHIN DR., SUITE 123 - REDWOOD CITY, CA 94065	94-1451894	501(C)(3)	80,994.	0.			PUBLIC CHARGE RISK ASSESSMENT TOOLS

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LIFELONG MEDICAL CARE PO BOX 11237 BERKELEY, CA 94712	94-2502308	501(C)(3)	10,000.	0.			UC PSYCHIATRIC MENTAL HEALTH NURSE PRACTITIONERS (PMHNP) PLACEMENT SITE STIPEND
LOCAL HEALTH PLANS OF CALIFORNIA 1215 K STREET, SUITE 2230 SACRAMENTO, CA 95814	95-4626128	501(C)(6)	24,550.	0.			LOCAL HEALTH PLANS OF CALIFORNIA INTEROPERABILITY WORKGROUP; PARTNERING
LAC+USC MEDICAL CENTER 2010 ZONAL AVENUE, OPD BUILDING, 4P LOS ANGELES, CA 90026	95-6000927	COUNTY OF LA	49,800.	0.			BEHAVIORAL HEALTH INTEGRATION IN PRIMARY CARE: LAC DHS
COUNTY OF LOS ANGELES 500 W. TEMPLE STREET LOS ANGELES, CA 90012	95-6000927	COUNTY OF LA	9,817.	0.			LOS ANGELES COUNTY COMPREHENSIVE PERINATAL SERVICES PROGRAMS BIRTH EQUITY SUMMIT 2020.
MANATT, PHELPS & PHILLIPS, LLP ONE EMBARCADERO CENTER, 29TH FLOOR SAN FRANCISCO, CA 94111	95-2375841		486,450.	0.			EVALUATING THE PAST DECADE OF TECH-INNOVATION IN MEDICAID AND ASSESSING THE NEXT; CALIFORNIA
MARY ANN LIEBERT, INC. 140 HUGUENOT STREET, 3RD FLOOR NEW ROCHELLE, NY 10801	13-3025783		25,000.	0.			A SPECIAL ISSUE OF TELEMEDICINE AND E-HEALTH ON UNDERSERVED POPULATIONS
MARCH OF DIMES, INC. 1550 CRYSTAL DRIVE, SUITE 1300 ARLINGTON, VA 22202	13-1846366	501(C)(3)	29,518.	0.			MARCH OF DIMES BIRTH EQUITY EFFORTS: 2021
MATHEMATICA INC. P.O. BOX 2393 PRINCETON, NJ 08543-2393	22-2112296		99,964.	0.			TRANSITIONAL PROGRAM OFFICE TO ACCELERATE GRADUATE MEDICAL EDUCATION EXPANSION IN
MEDTECH COLOR 16844 MARGATE ST. ENCINO, CA 91436	83-0543603	501(C)(3)	25,000.	0.			MEDTECH COLOR PITCH COMPETITION SPONSORSHIP

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MEDICAL BOARD OF CALIFORNIA CALIFORNIA DEPT OF CONSUMER AFFAIRS, 1625 N. MARKET BLVD S-103 - SACRAMENTO,	68-0306572	MBC	75,000.	0.			LICENSED PHYSICIANS FROM MEXICO PILOT PROGRAM
MEDIA IMPACT FUNDERS INC. 200 WEST WASHINGTON SQUARE, STE 220 PHILADELPHIA, PA 19106	26-1948166	501(C)(3)	7,500.	0.			2021 MEMBERSHIP
MILLIMAN, INC. 650 CALIFORNIA ST., 21ST FLOOR SAN FRANCISCO, CA 94108	91-0675641		25,000.	0.			THE IMPACT OF COVID-19 ON HEALTH CARE UTILIZATION IN CALIFORNIA: AN EARLY LOOK AT CLAIMS DATA
MIRROR GROUP LLC 3851 NEWARK STREET, NW B458 WASHINGTON, DC 20016	82-2143504		15,000.	0.			EVALUATION OF ANTI-RACISM TRAINING FOR COHORT 18
MISSION CITY COMMUNITY NETWORK, INC. - 8527 SEPULVEDA BLVD. - NORTH HILLS, CA 91343	95-4226189	501(C)(3)	40,000.	0.			CONNECTED CARE ACCELERATOR - INFRASTRUCTURE AND SPREAD
MISSION INVESTORS EXCHANGE INC. 105 W. 86TH STREET, #358 NEW YORK, NY 10024	47-5593271	501(C)(3)	9,000.	0.			2021-2022 MEMBERSHIP
MIXTECO INDIGENA COMMUNITY ORGANIZING PROJECT - 520 W. FIFTH STREET, SUITE F - OXNARD, CA 93030	30-0045901	501(C)(3)	10,000.	0.			VIDEOCONFERENCING CAPABILITY TO COMMUNITY BASED ORGANIZATIONS
2020 MOM 5042 WILSHIRE BLVD., SUITE 31842 LOS ANGELES, CA 90036	45-5009704	501(C)(3)	10,000.	0.			2020 MOM'S ANNUAL FORUM, 2021
MORNINGSIDE PRIMARY CARE MEDICAL CENTER - 617 W. MANCHESTER AVE. - LOS ANGELES, CA 90044	95-4717163		40,000.	0.			CONNECTED CARE ACCELERATOR - INFRASTRUCTURE AND SPREAD TRACK

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ICAHN SCHOOL OF MEDICINE AT MOUNT SINAI - 55 WEST 125TH STREET, SUITE 1302 - NEW YORK, NY 10027	13-6171197	501(C)(3)	200,000.	0.			RAPID DEPLOYMENT OF PALLIATIVE CARE AT THE FRONT LINES: AN AGILE RESPONSE TO COVID-19
MOVEMENT STRATEGY CENTER 436 14TH STREET, SUITE 500 OAKLAND, CA 94612	20-1037643	501(C)(3)	15,000.	0.			2021 MEMBERSHIP TO BAY AREA JUSTICE FUNDERS NETWORK
NAMI CALIFORNIA 1851 HERITAGE LANE, SUITE 150 SACRAMENTO, CA 95815	94-2676057	501(C)(3)	10,000.	0.			GENERAL SUPPORT, AND ITS WORK TO IMPROVE MENTAL HEALTH SUPPORT AND SERVICES FOR ALL
NAMI SAN MATEO COUNTY 2755 CAMPUS DRIVE, SUITE 210 SAN MATEO, CA 94403	94-2650681	501(C)(3)	15,000.	0.			NAMI SAN MATEO WARMLINE
NARRATIVE NATION, INC. 82-155 COUNTRY POINT CIRCLE BELLROSE MANOR, NY 11427	82-3760872	501(C)(3)	112,175.	0.			LAUNCHING A BLACK BIRTHING JOY PODCAST SERIES; PILOT TO COLLECT AND SHARE BLACK MATERNITY
NATIONAL ACADEMY OF SCIENCES INSTITUTE OF MEDICINE, 500 5TH STREET WASHINGTON, DC 20001	53-0196932	501(C)(3)	50,000.	0.			NATIONAL ACADEMY OF MEDICINE'S LEADERSHIP CONSORTIUM FOR A VALUE & SCIENCE-DRIVEN HEALTH
NATIONAL QUALITY FORUM 1099 14TH STREET, NW, SUITE 500 WASHINGTON, DC 20005	52-2175544	501(C)(3)	39,400.	0.			2021-2022 MEMBERSHIP
NATIONAL HEALTH FOUNDATION FILE 2338, 1801 W OLYMPIC BLVD. PASADENA, CA 91199-2338	23-7314808	501(C)(3)	14,743.	0.			LOS ANGELES-FOCUSED PLANNING GRANT TO SCOPE WHAT'S NEEDED TO PROVIDE MEDICAL RESPITE AS AN
NATIONAL ASSOCIATION OF HEALTH DATA ORGANIZATIONS - 965 E CENTER ST - PROVO, UT 84606-3535	52-1563768	501(C)(3)	10,000.	0.			ANNUAL CONFERENCE, 2020

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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 MINORITY QUALITY FORUM INC. - 1201 15TH STREET, NW, SUITE 340 - WASHINGTON, DC 20005	31-1750942	501(C)(3)	5,865.	0.			ANALYSIS OF THE QUALITY OF MEDI-CAL FEE-FOR-SERVICE CLAIMS AND MANAGED CARE DATA
NATIONAL COUNCIL FOR BEHAVIORAL HEALTH - 1400 K STREET NW, SUITE 400 - WASHINGTON, DC 20005	23-7092671	501(C)(3)	15,000.	0.			GENERAL SUPPORT FOR COVID RESPONSE
NATIONAL OPINION RESEARCH CENTER 55 EAST MONROE ST. CHICAGO, IL 60603	36-2167808	501(C)(3)	451,925.	0.			ANNUAL CHCF STATEWIDE HEALTH POLICY POLL; LISTENING TO LOW-INCOME CALIFORNIANS; TELLING THE
NORTHEASTERN RURAL HEALTH CLINICS 1850 SPRING RIDGE DRIVE SUSANVILLE, CA 96130	94-2492609	501(C)(3)	40,000.	0.			CONNECTED CARE ACCELERATOR - INFRASTRUCTURE AND SPREAD
NORTHERN CALIFORNIA GRANTMAKERS 160 SPEAR STREET, SUITE 360 SAN FRANCISCO, CA 94105	94-2761355	501(C)(3)	35,000.	0.			2021-2022 MEMBERSHIP
OFFICE OF SYSTEMS INTEGRATION 2495 NATOMAS PARK DR., #640 SACRAMENTO, CA 95833	36-4577241	OSI	25,000.	0.			CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY (CHHSA) VIRTUAL DATA EXPO, 2020
OLIVE VIEW-UCLA EDUCATION AND RESEARCH INSTITUTE, INC. - 14445 OLIVE VIEW DRIVE - SYLMAR, CA 91342	95-2249539	501(C)(3)	100,000.	0.			FORMATIVE EVALUATION OF LA COUNTY SOCIAL DETERMINANTS OF HEALTH INTEGRATION PROJECT
PACIFIC BUSINESS GROUP ON HEALTH 275 BATTERY STREET, SUITE 480 SAN FRANCISCO, CA 94111	94-3093623	501(C)(3)	237,216.	0.			PRIMARY CARE PRACTICE TRANSFORMATION; REGIONAL IMPROVEMENT THROUGH PLAN ENGAGEMENT; ASSOCIATION

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PACIFIC HEALTH CONSULTING GROUP 72 OAK KNOLL AVENUE SAN ANSELMO, CA 94960	68-0403180		115,375.	0.			EXAMINING MODELS OF MEDICAID REIMBURSEMENT FOR CLINICS PROVIDING CONNECTED HEALTH; SUPPORT
PASCHAL ROTH PUBLIC AFFAIRS, INC. 1127 11TH STREET, SUITE 824 SACRAMENTO, CA 95814	26-3273301		53,132.	0.			COORDINATING EFFORTS ON SOCIAL SERVICE REFERRALS IN CALIFORNIA -STATEWIDE MESSAGING AND OUTREACH
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
PROJECT AVARY INC. ALTERNATIVE VENTURES FOR AT RISK YOUTH - PO BOX 150088 - SAN RAFAEL, CA 94915-0088	68-0433289	501(C)(3)	12,500.	0.			GENERAL OPERATING SUPPORT
PROJECT HOPE - THE PEOPLE-TO-PEOPLE HEALTH FOUNDATION - 7500 OLD GEORGETOWN ROAD, SUITE 600 - BETHESDA, MD 20814-6133	53-0242962	501(C)(3)	395,000.	0.			HEALTH AFFAIRS' THEMATIC ISSUE ON BORDERS, IMMIGRATION AND IMMIGRANTS; HEALTH
PROVIDENCE ST. JOSEPH HEALTH FOUNDATION - 1801 LIND AVENUE SW NO 9016 - RENTON, WA 98057-3368	94-3078543	501(C)(3)	15,000.	0.			ELECTRONIC HEALTH RECORD SUPPORT FOR CHCF GENERALIST PALLIATIVE CARE IN PUBLIC HOSPITALS
PUBLIC HEALTH ADVOCATES PO BOX 2309 DAVIS, CA 95617	95-4723901	501(C)(3)	220,000.	0.			PUBLIC HEALTH'S EQUITY RESPONSE TO COVID; PLANNING GRANT FOR WORK WITH LEAGUE OF CITIES ON
PUBLIC HEALTH INSTITUTE 555 12TH STREET, 10TH FLOOR OAKLAND, CA 94607-4046	94-1646278	501(C)(3)	2,053,664.	0.			CA COVID-19 PUBLIC HEALTH CAPACITY BUILDING COLLABORATIVE FUND, REMOTE PATIENT MONITORING
PUBLIC POLICY INSTITUTE OF CALIFORNIA - 500 WASHINGTON STREET, SUITE 600 - SAN FRANCISCO, CA 94111	94-3207299	501(C)(3)	80,000.	0.			COVID-19 RESPONSIVE HEALTH POLICY RESEARCH PLANNING GRANT; PPIC SPEAKER SERIES ON

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
RAFIKI COALITION FOR HEALTH AND WELLNESS - 601 CESAR CHAVEZ - SAN FRANCISCO, CA 94124	94-3098879	501(C)(3)	50,000.	0.			GENERAL OPERATING SUPPORT
RAND CORPORATION 1776 MAIN STREET, M4W SANTA MONICA, CA 90407-2138	95-1958142	501(C)(3)	125,000.	0.			CALIFORNIA'S SAFETY NET EXPERIENCE WITH TELEHEALTH DURING COVID-19
REDWOOD COMMUNITY HEALTH COALITION 1310 REDWOOD WAY, SUITE 135 PETALUMA, CA 94954	94-3220029	501(C)(3)	47,000.	0.			CONSORTIUM ECONSULT PILOT
UNIVERSITY OF CALIFORNIA, SAN FRANCISCO - 1855 FOLSOM STREET, SUITE 425 - SAN FRANCISCO, CA 94143	94-6036493	501(C)(3)	594,299.	0.			PREGNANCY CORONAVIRUS OUTCOMES REGISTRY; QUALITATIVE STUDY OF COVID-19 SUBSTANCE USE
UNIVERSITY OF CALIFORNIA, BERKELEY 200 CALIFORNIA HALL, #1500 BERKELEY, CA 94720	94-6002123	501(C)(3)	876,000.	0.			USING CALIFORNIA SIMULATION OF INSURANCE MARKETS (CALSIM) TO MODEL HEALTH COVERAGE IN
UNIVERSITY OF CALIFORNIA, DAVIS ONE SHIELDS AVENUE DAVIS, CA 95616	94-6036494	501(C)(3)	50,000.	0.			HARDSHIP FUND AT UC DAVIS SCHOOL OF MEDICINE TO PROVIDE SUPPORT FOR RESIDENTS AND FELLOWS
UNIVERSITY OF CALIFORNIA, LOS ANGELES - 405 HILGARD AVENUE - LOS ANGELES, CA 90095	95-6006143	501(C)(3)	266,000.	0.			ASSESSING END-OF-LIFE CARE IN CALIFORNIA MEDICAID MANAGED CARE PLANS; CALIFORNIA HEALTH
UNIVERSITY OF CALIFORNIA, IRVINE 510 ALDRICH HALL IRVINE, CA 92697	95-2226406	501(C)(3)	80,000.	0.			UNIVERSITY OF CALIFORNIA, IRVINE HEALTH CARE FORECAST CONFERENCE, 2021; CONNECTED CARE
RESOURCE IMPACT 1341 G STREET NW, FLOOR 5 WASHINGTON, DC 20005	81-2266962	501(C)(3)	50,000.	0.			"WE MUST COUNT" COVID-19 DATA CAMPAIGN

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ROSENBERG & ASSOCIATES 1901 OLYMPIC BOULEVARD, SUITE 200 WALNUT CREEK, CA 94596	68-0278866		64,125.	0.			PROJECT MANAGEMENT AND ANALYTICS SUPPORT FOR REFRESHING INNOVATION FUND INVESTMENT STRATEGY;
SACRAMENTO FOOD BANK & FAMILY SERVICES - 3333 THIRD AVENUE - SACRAMENTO, CA 95817	94-3315566	501(C)(3)	25,000.	0.			GENERAL SUPPORT FOR SACRAMENTO FOOD BANK FOR COVID-19 RESPONSE
SACRAMENTO REGION COMMUNITY FOUNDATION - 955 UNIVERSITY AVENUE, SUITE 100 - SACRAMENTO, CA 95825	94-2891517	501(C)(3)	100,000.	0.			COVID-19 RESPONSE FUNDING FOR THE SACRAMENTO REGION DISASTER RELIEF FUND
SAN DIEGO SENIORS COMMUNITY FOUNDATION - 626 TARENTO DR. - SAN DIEGO, CA 92106	81-4910505	501(C)(3)	20,000.	0.			HEALTH-RELATED ACTIVITIES AND SUPPORT FOR SAN DIEGO SENIORS
SAN DIEGO STATE UNIVERSITY RESEARCH FOUNDATION - 5250 CAMPINILE DR. - SAN DIEGO, CA 92182-1931	65-6042721	501(C)(3)	155,000.	0.			HEALTH CARE POLICY REPORTING AT KPBS, 2021-2022; COVID-19 RESPONSE GRANT FOR HEALTH
SAN FRANCISCO BUSINESS TIMES 275 BATTERY ST. SAN FRANCISCO, CA 94111	43-1366184		20,000.	0.			VIRTUAL EVENT - BAY AREA MOVES TO PHASE II: BUSINESS LEADERS TALK RULES FOR RE-ENTRY
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)	127,495.	0.			COVID-19 RESPONSE: COMMUNITY HEALTH WORKERS AND PROMOTORES; PARTNERING WITH COMMUNITY
SAN FRANCISCO STUDY CENTER INC. 1663 MISSION STREET, SUITE 310 SAN FRANCISCO, CA 94103	94-2168838	501(C)(3)	25,000.	0.			DELIVERING COVID-19 PUBLIC HEALTH INFORMATION TO ETHNIC COMMUNITIES

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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SANTA BARBARA NEIGHBORHOOD CLINICS 414 E. COTA ST., 1ST FL. SANTA BARBARA, CA 93101	77-0496382	501(C)(3)	40,000.	0.			CONNECTED CARE ACCELERATOR - INFRASTRUCTURE AND SPREAD
SAN DIEGO AMERICAN INDIAN HEALTH CENTER - 2630 FIRST AVENUE - SAN DIEGO, CA 92103	95-3397369	501(C)(3)	45,000.	0.			CONNECTED CARE ACCELERATOR - INFRASTRUCTURE AND SPREAD
THE SEATTLE FOUNDATION 1601 5TH AVE., SUITE 1900 SEATTLE, WA 98101	91-6013536	501(C)(3)	60,000.	0.			SUPPORT FOR THE EQUITABLE EVALUATION INITIATIVE; SUPPORT FOR CALIFORNIA FUNDER EQUITABLE
SELLERS DORSEY & ASSOCIATES, LLC 1635 MARKET STREET, SUITE 301 PHILADELPHIA, PA 19103	25-1874383		73,000.	0.			DEVELOPING A HEALTH EQUITY ROADMAP FOR MEDI-CAL: PHASE 1
SFMMS COMMUNITY SERVICES FOUNDATION - 2720 TAYLOR STREET, SUITE 450 - SAN FRANCISCO, CA 94133	94-3230890	501(C)(3)	75,000.	0.			PERSONAL PROTECTIVE EQUIPMENT (PPE) FOR CALIFORNIA-BASED PHYSICIANS; MEDIA
SIERRA HEALTH FOUNDATION: CENTER FOR HEALTH PROGRAM MANAGEMENT - 1321 GARDEN HIGHWAY, SUITE 210 - SACRAMENTO, CA 95833	45-5282243	501(C)(3)	200,000.	0.			SUPPORT FOR THE NORTHERN CALIFORNIA COVID-19 RESPONSE FUND AND THE SAN JOAQUIN VALLEY HEALTH
SIGNAL KEY CONSULTING 874 CORDOVA STREET SAN DIEGO, CA 92107	90-1077050		12,000.	0.			A PRACTICAL GUIDE FOR SPREADING COMMUNITY-BASED PALLIATIVE CARE IN THE MEDI-CAL PROGRAM
SLALOM, LLC 821 2ND AVENUE, SUITE 1900 SEATTLE, WA 98104	84-1246878		249,036.	0.			EXECUTION STRATEGY AND ROADMAP - CENTER FOR DATA INSIGHTS AND INNOVATION (CDII)
SLINGSHOT INSIGHTS INC. 10 JONES ST., SUITE 6E NEW YORK, NY 10014	47-2710810		90,000.	0.			PHYSICIAN COVID-19 TRACKING SURVEYS; SURVEYING MDS IN CALIFORNIA ABOUT COVID-19

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
SOCIAL GOOD FUND, INC. 12651 SAN PABLO AVENUE, SUITE 5473 RICHMOND, CA 94805	46-1323531	501(C)(3)	25,000.	0.			GENERAL SUPPORT FOR THE NOCTURNIST'S "BLACK VOICES IN HEALTH CARE" SERIES
SOUTHERN CALIFORNIA GRANTMAKERS 1000 N. ALAMEDA STREET, SUITE 230 LOS ANGELES, CA 90012	95-2831058	501(C)(3)	177,000.	0.			COVID-19 RESPONSE FUNDING - SUPPORT FOR THE BLACK EQUITY COLLECTIVE (COLLECTIVE); 2021-2022
SOUTHERN CALIFORNIA PUBLIC RADIO 474 S. RAYMOND AVE. PASADENA, CA 91105	95-4765734	501(C)(3)	66,250.	0.			CORE SUPPORT; MENTAL HEALTH PODCAST SPONSORSHIP
SANTA ROSA COMMUNITY HEALTH CENTERS - 3569 ROUND BARN CIRCLE - SANTA ROSA, CA 95403-5781	68-0365296	501(C)(3)	10,000.	0.			UC PSYCHIATRIC MENTAL HEALTH NURSE PRACTITIONERS (PMHNP) PLACEMENT SITE STIPEND
ST. JAMES INFIRMARY 730 POLK ST, 4TH FLOOR SAN FRANCISCO, CA 94109	94-3330568	501(C)(3)	12,500.	0.			GENERAL OPERATING SUPPORT
ST. JOHN'S WELL CHILD AND FAMILY CENTER, INC. - 808 W. 58TH STREET - LOS ANGELES, CA 90037	95-4067758	501(C)(3)	40,000.	0.			CONNECTED CARE ACCELERATOR - INFRASTRUCTURE AND SPREAD
SWIPE OUT HUNGER 800 WILSHIRE BLVD, SUITE 2 LOS ANGELES, CA 90017	45-2038035	501(C)(3)	10,000.	0.			INNOVATION FUND ADVISORY COMMITTEE GRANT: GENERAL SUPPORT
TEACHERS FOR HEALTHY KIDS 1415 L STREET, SUITE 870 SACRAMENTO, CA 95814	47-3697525	501(C)(3)	25,000.	0.			TELEHEALTH AND SCHOOLS AS HEALTH CARE HUB
T.H.E. CLINIC, INC. 3860 W. MARTIN LUTHER KING BLVD. LOS ANGELES, CA 90008	23-7351622	501(C)(3)	40,000.	0.			CONNECTED CARE ACCELERATOR - INFRASTRUCTURE AND SPREAD

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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THE MAVEN PROJECT 1375 SUTTER STREET, SUITE 105 SAN FRANCISCO, CA 94115	46-5370676	501(C)(3)	30,000.	0.			GENERAL SUPPORT
TIBURCIO VASQUEZ HEALTH CENTER, INC. - 22331 MISSION STREET - HAYWARD, CA 94541	23-7118361	501(C)(3)	43,750.	0.			CONNECTED CARE ACCELERATOR - INFRASTRUCTURE AND SPREAD; PARTNERING WITH
TIDES FOUNDATION 1014 TORNEY AVENUE SAN FRANCISCO, CA 94129-0907	51-0198509	501(C)(3)	250,000.	0.			COVID-19 RESPONSE FUNDING FOR THE CALIFORNIA IMMIGRANT RESILIENCE FUND
TIDES CENTER 1438 WEBSTER STREET, SUITE 101 OAKLAND, CA 94612	94-3213100	501(C)(3)	2,602,036.	0.			CONNECTED CARE ACCELERATOR; PLANNING GRANT: ADVANCING PRIMARY CARE THROUGH BEHAVIORAL
TRADEOFFS, INC. 424 SOUTH 47TH STREET PHILADELPHIA, PA 19143	83-4075323	501(C)(3)	75,000.	0.			WORKFORCE COVERAGE BY THE TRADEOFFS PODCAST; TRADEOFFS SEASON 2
UC DAVIS FOUNDATION 202 COUSTEAU PLACE, SUITE 185 DAVIS, CA 95618	94-6081352	501(C)(3)	20,000.	0.			BETTY IRENE MOORE SCHOOL OF NURSING AT UC DAVIS SCHOLARSHIP PROGRAM
THE UCLA FOUNDATION 10889 WILSHIRE BLVD, SUITE 1100 LOS ANGELES, CA 90024	95-2250801	501(C)(3)	98,000.	0.			UCLA LATINO POLICY & POLITICS INITIATIVE'S EFFORTS TO EXPAND HEALTH ACCESS FOR LINGUISTICALLY
UNIVERSITY OF CALIFORNIA, SAN FRANCISCO FOUNDATION - 220 MONTGOMERY ST., 5TH FLOOR - SAN FRANCISCO, CA 94104	94-2829914	501(C)(3)	175,000.	0.			GLOBALLY REDUCE ADVERSE CHILDHOOD EXPERIENCES (GRACE) INITIATIVE; UCSF LATINX CENTER OF
UNIVERSITY OF LA VERNE 1950 THIRD STREET LA VERNE, CA 91750	95-1644026	501(C)(3)	30,000.	0.			COLLEGE OF HEALTH AND COMMUNITY WELLBEING INNOVATION FUND

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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UNITED STATES OF CARE CAMPAIGN 1110 VERMONT AVE, SUITE 950 WASHINGTON, DC 20005	82-2860302	501(C)(3)	100,000.	0.			GENERAL SUPPORT: COVID-19 RESPONSE GRANT
UNIVERSITY OF SOUTHERN CALIFORNIA OFFICE OF RESEARCH, 3720 SOUTH FLOWER STREET, SUITE 325 - LOS ANGELES, CA 90	95-1642394	501(C)(3)	138,000.	0.			WORKING WITH HOLLYWOOD TO SUPPORT BLACK BIRTH EQUITY AND PERINATAL MENTAL HEALTH; ACCURATE
UNIVERSITY OF WASHINGTON 4333 BROOKLYN AVE NE, BOX 359472 SEATTLE, WA 98195-9472	91-6001537	UW	35,000.	0.			COLLABORATIVE CARE LITERATURE REVIEW
UNIVERSITY OF WASHINGTON FOUNDATION - BOX 351210, 407 GERBERDING HALL - SEATTLE, WA 98195-1210	94-3079432	501(C)(3)	25,000.	0.			INSTITUTE FOR HEALTH METRICS AND EVALUATION'S COVID-19 SPREAD AND SURGE MODELING
THE URBAN INSTITUTE 500 LENFANT PLAZA, SW WASHINGTON, DC 20024-2274	52-0880375	501(C)(3)	100,818.	0.			THE CHILLING EFFECTS AND VACCINE ATTITUDES IN CALIFORNIA
VENICE FAMILY CLINIC 604 ROSE AVENUE VENICE, CA 90291	95-2769432	501(C)(3)	30,000.	0.			VENICE FAMILY CLINIC AND SOUTH BAY FAMILY HEALTH CARE MERGER
VIRGINIA COMMONWEALTH UNIVERSITY 1101 E. MARSHALL ST, SANGER HALL, R RICHMOND, VA 23298	54-6001758	VCU	16,274.	0.			EVALUATION OF "PILOTING THE USE OF CONSENSUS STANDARDS IN PAYER-PROVIDER CONTRACTS"
VISION Y COMPROMISO 1000 N. ALAMEDA ST. STE. #350 LOS ANGELES, CA 90012	32-0071651	501(C)(3)	170,500.	0.			COVID-19 RESPONSE: COMMUNITY HEALTH WORKERS AND PROMOTORES; PROMOTORAS AND COMMUNITY
VISTA COMMUNITY CLINIC 1000 VALE TERRACE DRIVE VISTA, CA 92084-5218	95-2815615	501(C)(3)	40,000.	0.			CONNECTED CARE ACCELERATOR - INFRASTRUCTURE AND SPREAD

Schedule I (Form 990)

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THE WEST OAKLAND HEALTH COUNCIL 700 ADELINE ST. OAKLAND, CA 94607	94-1667294	501(C)(3)	40,000.	0.			CONNECTED CARE ACCELERATOR - INFRASTRUCTURE AND SPREAD
WHITE ASH BROADCASTING, INC. 2589 ALLUVIAL AVE. CLOVIS, CA 93611	94-2297746	501(C)(3)	25,750.	0.			CORE SUPPORT
WYNNE HEALTH GROUP LLC 5275 S. UNIVERSITY BLVD., SUITE 900 GREENWOOD VILLAGE, CO 80121	46-1207295		15,000.	0.			FEDERAL OPPORTUNITIES AND CHALLENGE FOR CALIFORNIA IN ADVANCING HEALTH POLICY

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
ADVANCING THE ROLE OF COMMUNITY HEALTH WORKERS AND PROMOTORES IN THE FUTURE OF MEDI-CAL PROJECT LEAD	1	20,000.	0.		
ADVISORY SUPPORT FOR PLANNING CHCF'S PRIMARY CARE INVESTMENT PORTFOLIO	1	8,500.	0.		
AFFORDABLE CARE ACT & CALIFORNIA: A PRESENTATION TO THE CALIFORNIA SENATE HEALTH COMMITTEE HEARING MEETING.	1	2,000.	0.		
ALMANAC QUALITY METRICS: DEVELOPING AND UPDATING DATA SETS AND HIGH-LEVEL FINDINGS	1	8,100.	0.		
ASSESSING OPPORTUNITIES: OLDER ADULTS WITH COMPLEX CARE NEEDS	1	24,825.	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 Domestic Individuals (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 noncash assistance
CALIFORNIA COVID-19 VACCINATION FOR PEOPLE EXPERIENCING HOMELESSNESS	1.	10,000.	0.		
CALIFORNIA HEALTH AND HUMAN SERVICES AFFORDABILITY OFFICE INTERNSHIP, SUMMER 2020	1.	12,000.	0.		
CALIFORNIA HEALTH AND HUMAN SERVICES GENERIC DRUG MANUFACTURING INTERNSHIP, SUMMER 2020	1.	12,000.	0.		
CALIFORNIA PSYCHIATRIST PIPELINE ANALYSIS	1.	12,500.	0.		
CALIFORNIA PUBLIC OPTION PAPER	1.	7,700.	0.		
CALIFORNIA REGIONAL MARKET REPORT WEBINARS	1.	34,373.	0.		
CALPERS HEALTH CARE TRAINING ACADEMY	1.	37,175.	0.		
CHCF BIRTH EQUITY ADVISORY GROUP, 2020	2.	3,000.	0.		
CHCF BIRTH EQUITY ADVISORY GROUP, 2021	5.	7,500.	0.		

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Part III Continuation of Grants and Other Assistance to Domestic Individuals (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 noncash assistance
COMMUNITY PARAMEDICINE PROJECT MANAGEMENT GRANT 2021	1.	35,000.	0.		
COVID-19 & CALIFORNIA'S HEALTH CARE SAFETY NET: RECESSION SCENARIO PLANNING TO INFORM GRANTMAKING	1.	25,000.	0.		
DIGITAL HEALTH, SOCIAL MEDIA, AND MENTAL WELL-BEING DURING THE COVID-19 PANDEMIC: A SURVEY OF TEENS AND YOUNG ADULTS IN THE UNITED STATES	1.	75,000.	0.		
ELIGIBLE BUT NOT INSURED: TECHNICAL ASSISTANCE AND PROJECT DEVELOPMENT	1.	28,583.	0.		
EVALUATION DESIGN FOR THE UC MULTI-CAMPUS PMHNP POST-MASTERS CERTIFICATE PROGRAM	1.	60,540.	0.		
FUNDRAISING STRATEGY TO ADVANCE GRADUATE MEDICAL EDUCATION (GME) EXPANSION IN CALIFORNIA	1.	23,600.	0.		
IMPROVING USABILITY OF MEDICAL ENROLLEE COMMUNICATIONS	1.	81,472.	0.		
IMPROVING UTILITY OF THE CALIFORNIA OPIOID OVERDOSE DASHBOARD: IMPLEMENTATION	1.	10,000.	0.		
INTEROPERABILITY EDUCATION WEBINARS TO SUPPORT COUNTY BEHAVIORAL HEALTH DIRECTORS ASSOCIATION AND CALIFORNIA MENTAL HEALTH SERVICES AUTHORITY	1.	6,750.	0.		

Schedule I (Form 990)

Part III Continuation of Grants and Other Assistance to Domestic Individuals (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 noncash assistance
INTEROPERABILITY STRATEGY AND PLANNING WITH CALIFORNIA SAFETY NET HEALTH PLANS WORKSHOP	1.	4,900.	0.		
INTEROPERABILITY SUPPORT TO LOCAL HEALTH PLANS OF CALIFORNIA (LHPC) HEALTH PLANS	1.	7,500.	0.		
LOS ANGELES COUNTY HEALTH CARE INNOVATION BREAKFAST SERIES	1.	10,000.	0.		
MATERNAL HEALTH OUTCOMES AND BEHAVIORAL HEALTH INTEGRATION: ASSESSMENT OF TECH-ENABLED SOLUTIONS	1.	15,000.	0.		
PARTNERING WITH COMMUNITY HEALTH WORKERS AND PROMOTORES IN THE FUTURE OF MEDI-CAL (ADVISORY COUNCIL)	1.	1,750.	0.		
PARTNERING WITH COMMUNITY HEALTH WORKERS AND PROMOTORES IN THE FUTURE OF MEDI-CAL (STAKEHOLDER GROUP)	1.	3,750.	0.		
PLANNING AND FEASIBILITY: STRENGTHENING L.A. CARE PALLIATIVE CARE CAPABILITIES	2.	25,613.	0.		
PLANNING GRANT FOR PSYCHIATRIC-MENTAL HEALTH NURSE PRACTITIONER (PMHNP) STRATEGY WORK	1.	4,725.	0.		
PODCAST ON SERIOUS ILLNESS AND END-OF-LIFE ISSUES: PROTOTYPE	1.	8,500.	0.		

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PROJECT MANAGEMENT FOR CALIFORNIA HEALTH CARE ALMANAC	1.	9,900.	0.		
PROJECT MANAGEMENT FOR LAUNCH OF TELEHEALTH PROJECT	1.	25,000.	0.		
PROJECT MANAGEMENT SUPPORT FOR MODERNIZING PAYMENT TO FEDERAL QUALIFIED HEALTH CENTERS (FQHCs): PLANNING GRANTS TO ACCELERATE ACTION	1.	18,125.	0.		
RESEARCH & TECHNICAL ASSISTANCE: FINAL PUBLIC CHARGE RULE PHASE 2	1.	800.	0.		
RESEARCH OF SURVEY TOOL	1.	1,750.	0.		
STRENGTHENING THE CASE FOR PUBLIC HOSPITAL PALLIATIVE CARE SERVICES IN RESOURCE-CONSTRAINED TIMES	3.	10,445.	0.		
SUBJECT MATTER EXPERT ON CHCF'S COMMUNITY HEALTH WORKER/PROMOTORES WORK	1.	1,750.	0.		
SUBSTANCE USE DISORDERS (SUD) TREATMENT FOR YOUNG ADULTS IN CALIFORNIA: A LANDSCAPE ASSESSMENT	1.	66,750.	0.		
TELEHEALTH INITIATIVE PROJECT MANAGEMENT	1.	34,600.	0.		

Schedule I (Form 990)

Part III Continuation of Grants and Other Assistance to Domestic Individuals (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 noncash assistance
TRENDS IN EMERGENCY DEPARTMENT UTILIZATION AND CAPACITY IN CALIFORNIA, 2009-2019	1.	5,000.	0.		
UC MULTI-CAMPUS PSYCHIATRIC MENTAL HEALTH NURSE PRACTITIONER (PMHNP) POST-MASTERS CERTIFICATE PROGRAM: SUSTAINABILITY PLANNING	1.	48,960.	0.		
UC PSYCHIATRIC MENTAL HEALTH NURSE PRACTITIONERS (PMHNP) PLACEMENT SITE STIPEND - PATHWAYS TO WELLNESS	1.	10,000.	0.		
UNDERSTANDING DISCONTINUOUS MEDI-CAL ENROLLMENT: PROJECT DEVELOPMENT, MANAGEMENT AND TECHNICAL ASSISTANCE	1.	391.	0.		
UNDERSTANDING EVIDENCE AND OPPORTUNITIES FOR PROVIDER EDUCATION AND ENGAGEMENT IN PALLIATIVE CARE	1.	21,000.	0.		
VIDEOS OF RESPONDENTS THAT HAVE TAKEN THE CHCF SURVEY OF LOW-INCOME CALIFORNIANS	1.	4,600.	0.		
VIDEOS OF PEOPLE WITH CO-OCCURRING SUBSTANCE USE DISORDER AND MENTAL ILLNESS	1.	34,100.	0.		
WORKING CALIFORNIANS ON MEDI-CAL	1.	15,157.	0.		

Part IV Supplemental Information

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

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: ABODE SERVICES

(H) PURPOSE OF GRANT OR ASSISTANCE: FACILITATING PERSONAL PROTECTIVE EQUIPMENT PROCUREMENT FOR HOMELESSNESS PROVIDERS - A PILOT

NAME OF ORGANIZATION OR GOVERNMENT:

ALAMEDA COUNTY BEHAVIORAL HEALTH CARE SERVICES

(H) PURPOSE OF GRANT OR ASSISTANCE: UC PSYCHIATRIC MENTAL HEALTH NURSE PRACTITIONERS (PMHNP) PLACEMENT SITE STIPEND TRI-CITY & OAKLAND COMMUNITY SUPPORT CENTERS

NAME OF ORGANIZATION OR GOVERNMENT: A THOUSAND JOYS, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: 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: AURRERA HEALTH GROUP, LLC

(H) PURPOSE OF GRANT OR ASSISTANCE: ALMANAC REPORT ON RACIAL HEALTH DISPARITIES, SUBSTANCE USE IN CALIFORNIA; AN ENVIRONMENTAL SCAN OF MEDICAL RESPITE PROGRAMS IN CALIFORNIA

NAME OF ORGANIZATION OR GOVERNMENT: AVIA HEALTH, LLC

Part IV Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: REMOTE PATIENT MONITORING LANDSCAPE

IN CALIFORNIA MEDI-CAL; SERIES OF FOUR TECHNOLOGY LANDSCAPES LEVERAGING

AVIA'S MEDICAID TRANSFORMATION PROJECT; AVIA MEDICAID TRANSFORMATION

PROJECT - ACCESS TO NATIONAL NETWORK OF HOSPITAL LEADERS FOCUSED ON

TECH-ENABLED SOLUTIONS

NAME OF ORGANIZATION OR GOVERNMENT: BLUEPATH HEALTH, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: COVID-19 RESPONSE: SUPPORTING

CALIFORNIA'S TELEHEALTH COALITIONS; STRENGTHENING CALIFORNIA'S TELEHEALTH

COALITIONS 2020

NAME OF ORGANIZATION OR GOVERNMENT: BLUE SKY CONSULTING GROUP LLC

(H) PURPOSE OF GRANT OR ASSISTANCE: MEDI-CAL FACTS & FIGURES 2020;

CALIFORNIA'S HEALTH CARE SAFETY NET ALMANAC 2020; EXPLORING A POTENTIAL

EVALUATION OF MEDI-CAL RX TRANSITION

NAME OF ORGANIZATION OR GOVERNMENT: BREASTFEEDLA

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT FOR BREASTFEEDLA'S COVID-19

RESPONSE TEAM; BREASTFEEDLA ANNUAL EVENT, 2020

NAME OF ORGANIZATION OR GOVERNMENT: CALIFORNIA PRIMARY CARE ASSOCIATION

(H) PURPOSE OF GRANT OR ASSISTANCE: COMMUNITY HEALTH CENTER AND

CONSORTIA COVID-19 SUPPORT; TELEHEALTH TRAINING AND TECHNICAL ASSISTANCE

FOR CALIFORNIA COMMUNITY HEALTH CENTERS; MODERNIZING CALIFORNIA FQHC

PAYMENT: PLANNING GRANT TO ACCELERATE ACTION; CALIFORNIA PRIMARY CARE

ASSOCIATION'S ANNUAL CONFERENCE; PARTNERING WITH COMMUNITY HEALTH WORKERS

AND PROMOTORES IN THE FUTURE OF MEDI-CAL (ADVISORY COUNCIL)

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT:

CALIFORNIA ASSOCIATION OF PUBLIC HOSPITALS AND HEALTH SYSTEMS

(H) PURPOSE OF GRANT OR ASSISTANCE: SETTING THE FUTURE OF PUBLIC

HOSPITAL FINANCING IN CALIFORNIA; CAPTURING STORIES FROM PUBLIC HOSPITALS

DURING COVID-19; GENERAL OPERATING SUPPORT FOR PUBLIC HOSPITALS DUE TO

COVID-19

NAME OF ORGANIZATION OR GOVERNMENT: CALMATTERS

(H) PURPOSE OF GRANT OR ASSISTANCE: BUILDING INFRASTRUCTURE TO SUSTAIN

CALIFORNIA'S ETHNIC MEDIA; CORE SUPPORT FOR CALMATTERS HEALTH AND

COVID-19 REPORTING; MARSHALL PLAN FOR CALIFORNIA ETHNIC MEDIA: PLANNING

SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT:

CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

(H) PURPOSE OF GRANT OR ASSISTANCE: CHARTING MEDI-CAL'S FUTURE: 2021 AND

BEYOND; MODERNIZING FEDERALLY QUALIFIED HEATH CENTER (FQHC) PAYMENT:

ANALYSIS AND DESIGN SUPPORT FOR DEPARTMENT OF HEALTH CARE SERVICES;

CONFERENCE SUPPORT FOR CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

(DHCS) HEALTH INFORMATION EXCHANGE SUMMIT 2021

NAME OF ORGANIZATION OR GOVERNMENT:

THE CALIFORNIA HEALTH CARE SAFETY-NET INSTITUTE

(H) PURPOSE OF GRANT OR ASSISTANCE: CALIFORNIA ASSOCIATION OF PUBLIC

HOSPITALS/SAFETY NET INSTITUTE ANNUAL CONFERENCE 2020; ANTI-RACISM

LEARNING FOR PUBLIC HEALTHCARE SYSTEMS; PARTNERING WITH COMMUNITY HEALTH

WORKERS AND PROMOTORES IN THE FUTURE OF MEDI-CAL (ADVISORY COUNCIL)

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT:

CALIFORNIA HOSPITAL ASSESSMENT AND REPORTING TASK FORCE CHART

(H) PURPOSE OF GRANT OR ASSISTANCE: EXAMINING FACTORS ASSOCIATED WITH

COVID-19 CASES AND DEATHS IN CALIFORNIA SKILLED NURSING FACILITIES

NAME OF ORGANIZATION OR GOVERNMENT:

CALIFORNIA INSTITUTE FOR BEHAVIORAL HEALTH SOLUTIONS

(H) PURPOSE OF GRANT OR ASSISTANCE: MINIMIZING DISRUPTIONS IN CARE

THROUGH TELEHEALTH; BEHAVIORAL HEALTH WEBINAR SERIES; PLANNING FOR

BEHAVIORAL HEALTH TELEHEALTH INITIATIVE

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

(H) PURPOSE OF GRANT OR ASSISTANCE: ADVANCING MENTAL HEALTH EQUITY IN

MEDI-CAL; PARTNERING WITH COMMUNITY HEALTH WORKERS AND PROMOTORES IN THE

FUTURE OF MEDI-CAL (ADVISORY COUNCIL)

NAME OF ORGANIZATION OR GOVERNMENT:

CENTER FOR HEALTH CARE STRATEGIES, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: COMMUNITY HEALTH WORKERS AND

PROMOTORAS IN THE FUTURE OF MEDI-CAL; COVID-19 RAPID RESPONSE RESOURCE

SERIES AND LEARNING COMMUNITY FOR PROVIDERS OF HOMELESS PEOPLE; MEDICAID

BEHAVIORAL HEALTH INTEGRATION MODELS IN OTHER STATES; UNDERSTANDING NEEDS

RELATED TO LONG-TERM CARE SERVICES IN MEDI-CAL; PLANNING GRANT TO SUPPORT

HOMELESS PROVIDERS DURING COVID-19 OUTBREAK; ADMINISTRATIVE, OPERATIONAL

AND FINANCIAL INTEGRATION PROJECTS IN THE CONTEXT OF CALAIM

NAME OF ORGANIZATION OR GOVERNMENT: CHAPA-DE INDIAN HEALTH PROGRAM, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: UC PSYCHIATRIC MENTAL HEALTH NURSE

Part IV Supplemental Information

PRACTITIONERS (PMHNP) PLACEMENT SITE STIPEND -- CHAPA-DE INDIAN HEALTH

NAME OF ORGANIZATION OR GOVERNMENT: CHAPMAN CONSULTING, LLC

(H) PURPOSE OF GRANT OR ASSISTANCE: MEDI-CAL EXPLAINED ON LONG-TERM

SERVICES AND SUPPORTS; MEDI-CAL TRANSPORTATION BENEFIT ISSUE BRIEF

NAME OF ORGANIZATION OR GOVERNMENT: CHILDREN'S HOSPITAL OF LOS ANGELES

(H) PURPOSE OF GRANT OR ASSISTANCE: IDENTIFYING EVIDENCE-BASED

STRATEGIES TO INCREASE DIVERSITY AMONG FUNDED HEALTH TECH FOUNDERS

NAME OF ORGANIZATION OR GOVERNMENT: CHILDREN'S SPECIALTY CARE COALITION

(H) PURPOSE OF GRANT OR ASSISTANCE: PROJECT SUPPORT FOR STUDYING

VARIATION IN THE USE OF TELEHEALTH BY PEDIATRIC SUBSPECIALISTS DURING THE

COVID-19 PANDEMIC

NAME OF ORGANIZATION OR GOVERNMENT:

COALITION FOR COMPASSIONATE CARE OF CALIFORNIA

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORTING EFFORTS TO INCREASE

REVENUE AND MISSION IMPACT THROUGH EARNED INCOME; IMPROVED USE OF ADVANCE

CARE PLANNING IN NURSING HOMES IN CONTEXT OF THE COVID-19 PANDEMIC;

COALITION FOR COMPASSIONATE CARE OF CALIFORNIA ANNUAL SUMMIT 2021

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, 2021; MEDI-CAL

ENROLLMENT RESEARCH STAKEHOLDER ADVISORY GROUP

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: COMMUNITY HEALTH CENTER NETWORK INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: COVID-19 RESPONSE: COMMUNITY HEALTH

WORKERS AND PROMOTORES; PARTNERING WITH COMMUNITY HEALTH WORKERS AND

PROMOTORES IN THE FUTURE OF MEDI-CAL (STAKEHOLDER GROUP)

NAME OF ORGANIZATION OR GOVERNMENT: COMMUNITY PARTNERS

(H) PURPOSE OF GRANT OR ASSISTANCE: MATERNAL MENTAL HEALTH NOW 2021

CONFERENCES; ONLINE PERINATAL MENTAL HEALTH TRAINING FOR PROVIDERS IN LOS

ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH: PLANNING PROJECT; GENERAL

SUPPORT FOR EVALUATION DIRECTORS GROUP

NAME OF ORGANIZATION OR GOVERNMENT: CONTRA COSTA COUNTY

(H) PURPOSE OF GRANT OR ASSISTANCE: CONNECTED CARE ACCELERATOR -

INFRASTRUCTURE AND SPREAD TRACK; PARTNERING WITH COMMUNITY HEALTH WORKERS

AND PROMOTORES IN THE FUTURE OF MEDI-CAL (STAKEHOLDER GROUP)

NAME OF ORGANIZATION OR GOVERNMENT: CRESTWOOD BEHAVIORAL HEALTH, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: UC PSYCHIATRIC MENTAL HEALTH NURSE

PRACTITIONER (PMHNP) PLACEMENT SITE STIPEND CRESTWOOD BEHAVIORAL HEALTH

NAME OF ORGANIZATION OR GOVERNMENT: DIVERSITY SCIENCE

(H) PURPOSE OF GRANT OR ASSISTANCE: COVID RACIAL/ETHNIC ANTI-BIAS

TRAINING FOR HEALTH CARE; DEVELOPMENT OF EDUCATIONAL MODULES FOR

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

NAME OF ORGANIZATION OR GOVERNMENT: DIVERSITY UPLIFTS INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORTING VIRTUAL DOULA CARE FOR

BLACK MOTHERS/BIRTHING PEOPLE IN CALIFORNIA DURING COVID-19

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: EAST BAY COMMUNITY FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: COVID-19 RESPONSE FUNDING - AFRICAN

AMERICAN RESPONSE CIRCLE FUND; SUPPORT FOR CONSULTANT FOR THE AFRICAN

AMERICAN RESPONSE CIRCLE FUND (AARC FUND)

NAME OF ORGANIZATION OR GOVERNMENT:

GOODWIN SIMON STRATEGIC RESEARCH, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: CALIFORNIA'S DELIVERY SYSTEM IN

TRANSITION: A LONGITUDINAL VIEW FROM THE FRONT LINES; COVID-19 VACCINE

ATTITUDES AMONG CA HEALTH CARE PROVIDERS; STRATEGIC AND TECHNICAL

GUIDANCE ON COVID-19 PUBLIC OPINION RESEARCH

NAME OF ORGANIZATION OR GOVERNMENT: HEALTHBEGINS, LLC

(H) PURPOSE OF GRANT OR ASSISTANCE: COMMUNITY HEALTH WORKER & PROMOTORES

COVID-19 RESPONSE STRATEGY; COMMUNITY BASED ORGANIZATION - HEALTH PLAN

PARTNERSHIP BOOTCAMP PLANNING

NAME OF ORGANIZATION OR GOVERNMENT: HEALTHTECH SOLUTIONS, LLC

(H) PURPOSE OF GRANT OR ASSISTANCE: LANDSCAPE OF STATEWIDE HEALTH

INFORMATION EXCHANGE (HIE) DATA MODELS: OPTIONS FOR CALIFORNIA

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

(H) PURPOSE OF GRANT OR ASSISTANCE: MEDI-CAL EXPLAINED - PAYMENT AND

FINANCE; UNDERSTANDING FUNDING FOR TRAINING OF CALIFORNIA'S NON-DOCTOR OF

MEDICINE (MD) WORKFORCE; ADDRESSING COMMUNITY HEALTH WORKERS AND

PROMOTORES CHALLENGES AND OPPORTUNITIES FROM COVID; ANALYSIS OF FEDERALLY

QUALIFIED HEALTH CENTERS (FQHC) CONTRIBUTION TO MEDI-CAL AMBULATORY

Part IV Supplemental Information

SERVICES

NAME OF ORGANIZATION OR GOVERNMENT: INSTITUTO FAMILIAR DE LA RAZA

(H) PURPOSE OF GRANT OR ASSISTANCE: LATINX COVID-19 EMERGENCY

COLLABORATION; EVENT SUPPORT FOR INSTITUTO FAMILIAR DE LA RAZA'S

CELEBRATION OF DR. ESTELA GARCIAS RETIREMENT

NAME OF ORGANIZATION OR GOVERNMENT: INSURE THE UNINSURED PROJECT

(H) PURPOSE OF GRANT OR ASSISTANCE: INSURE THE UNINSURED PROJECT COVID

RESPONSE: INFORMING AND ENGAGING KEY STAKEHOLDERS AND INFLUENCERS

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

(H) PURPOSE OF GRANT OR ASSISTANCE: EFFECTS OF THE COVID-19 EPIDEMIC ON

HEALTH INSURANCE COVERAGE AND HOSPITAL UTILIZATION AND REVENUE IN

CALIFORNIA

NAME OF ORGANIZATION OR GOVERNMENT: INTREPID ASCENT LLC

(H) PURPOSE OF GRANT OR ASSISTANCE: COORDINATING EFFORTS ON SOCIAL

SERVICE REFERRALS IN CALIFORNIA; LANDSCAPE OF REGIONAL DATA EXCHANGE

ACTIVITIES IN CALIFORNIA

NAME OF ORGANIZATION OR GOVERNMENT: JDRF INTERNATIONAL

(H) PURPOSE OF GRANT OR ASSISTANCE: IMPROVE THE AVAILABILITY OF, AND

ACCESS TO, HEALTH CARE IN CALIFORNIA, PARTICULARLY IN ITS RESEARCH WORK

IN TWO CORE AREAS: CURING TYPE 1 DIABETES AND IMPROVING THE LIVES OF THE

PEOPLE BURDENED BY THIS DISEASE.

NAME OF ORGANIZATION OR GOVERNMENT:

Part IV Supplemental Information

KAISER FOUNDATION HEALTH PLAN OF WASHINGTON

(H) PURPOSE OF GRANT OR ASSISTANCE: CONNECTED CARE ACCELERATOR:

FORMATIVE EVALUATION OF THE INNOVATION LEARNING COLLABORATIVE

NAME OF ORGANIZATION OR GOVERNMENT: LEADING RESOURCES INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: IMPROVING STRUCTURE AND FUNCTION OF

THE CALIFORNIA QUALITY COLLABORATIVE (CQC) STEERING COMMITTEE

NAME OF ORGANIZATION OR GOVERNMENT: LIFELONG MEDICAL CARE

(H) PURPOSE OF GRANT OR ASSISTANCE: UC PSYCHIATRIC MENTAL HEALTH NURSE

PRACTITIONERS (PMHNP) PLACEMENT SITE STIPEND LIFELONG MEDICAL CARE

NAME OF ORGANIZATION OR GOVERNMENT: LOCAL HEALTH PLANS OF CALIFORNIA

(H) PURPOSE OF GRANT OR ASSISTANCE: LOCAL HEALTH PLANS OF CALIFORNIA

INTEROPERABILITY WORKGROUP; PARTNERING WITH COMMUNITY HEALTH WORKERS AND

PROMOTORES IN THE FUTURE OF MEDI-CAL (ADVISORY COUNCIL)

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

(H) PURPOSE OF GRANT OR ASSISTANCE: EVALUATING THE PAST DECADE OF

TECH-INNOVATION IN MEDICAID AND ASSESSING THE NEXT; CALIFORNIA PUBLIC

OPTION PAPER; WHY WE NEED BETTER DATA EXCHANGE INFRASTRUCTURE - CRITICAL

USE CASES IN CALIFORNIA; COVID-19 LEGAL CHANGES: IMPACT ON BEHAVIORAL

HEALTH CARE DELIVERY

NAME OF ORGANIZATION OR GOVERNMENT: MATHEMATICA INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TRANSITIONAL PROGRAM OFFICE TO

ACCELERATE GRADUATE MEDICAL EDUCATION EXPANSION IN CALIFORNIA; ISSUE

BRIEF BASED ON MATHEMATICA'S EVALUATIONS OF LANDMARK'S CARE COORDINATION

Part IV Supplemental Information

SERVICES IN THE CALIFORNIA MEDI-CAL MANAGED CARE SETTING

NAME OF ORGANIZATION OR GOVERNMENT: NAMI CALIFORNIA

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL SUPPORT, AND ITS WORK TO IMPROVE MENTAL HEALTH SUPPORT AND SERVICES FOR ALL CALIFORNIANS.

NAME OF ORGANIZATION OR GOVERNMENT: NARRATIVE NATION, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: LAUNCHING A BLACK BIRTHING JOY PODCAST SERIES; PILOT TO COLLECT AND SHARE BLACK MATERNITY CARE AND BIRTH EXPERIENCES WITH CONSUMERS & PROVIDERS

NAME OF ORGANIZATION OR GOVERNMENT: NATIONAL ACADEMY OF SCIENCES

(H) PURPOSE OF GRANT OR ASSISTANCE: NATIONAL ACADEMY OF MEDICINE'S LEADERSHIP CONSORTIUM FOR A VALUE & SCIENCE-DRIVEN HEALTH SYSTEM

NAME OF ORGANIZATION OR GOVERNMENT: NATIONAL HEALTH FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: LOS ANGELES-FOCUSED PLANNING GRANT TO SCOPE WHAT'S NEEDED TO PROVIDE MEDICAL RESPITE AS AN IN-LIEU-OF-SERVICE

NAME OF ORGANIZATION OR GOVERNMENT: NATIONAL OPINION RESEARCH CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: ANNUAL CHCF STATEWIDE HEALTH POLICY POLL; LISTENING TO LOW-INCOME CALIFORNIANS; TELLING THE STORY OF CALIFORNIA WORKERS ON MEDI-CAL

NAME OF ORGANIZATION OR GOVERNMENT: PACIFIC BUSINESS GROUP ON HEALTH

(H) PURPOSE OF GRANT OR ASSISTANCE: PRIMARY CARE PRACTICE TRANSFORMATION: REGIONAL IMPROVEMENT THROUGH PLAN ENGAGEMENT; ASSOCIATION

Part IV Supplemental Information

HEALTH PLANS IN CALIFORNIA: CURRENT LANDSCAPE AND REGULATORY FRAMEWORK;

WEBINAR TO PUBLICIZE FINDINGS OF CALIFORNIA QUALITY COLLABORATIVE'S

MULTI-PAYER ALIGNMENT PAPER

NAME OF ORGANIZATION OR GOVERNMENT: PACIFIC HEALTH CONSULTING GROUP

(H) PURPOSE OF GRANT OR ASSISTANCE: EXAMINING MODELS OF MEDICAID

REIMBURSEMENT FOR CLINICS PROVIDING CONNECTED HEALTH; SUPPORT FOR HEALTH

CARE CLINIC FUNDERS AND TELEHEALTH AFFINITY GROUPS; MEETING SUPPORT FOR

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY (CHHS) BEHAVIORAL HEALTH TASK

FORCE, WEST OAKLAND HEALTH CENTER MERGER EXPLORATION

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

(H) PURPOSE OF GRANT OR ASSISTANCE: COORDINATING EFFORTS ON SOCIAL

SERVICE REFERRALS IN CALIFORNIA -STATEWIDE MESSAGING AND OUTREACH

PLANNING

NAME OF ORGANIZATION OR GOVERNMENT:

PROJECT HOPE - THE PEOPLE-TO-PEOPLE HEALTH FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: HEALTH AFFAIRS' THEMATIC ISSUE ON

BORDERS, IMMIGRATION AND IMMIGRANTS; HEALTH AFFAIRS PERINATAL MENTAL

HEALTH PARTIAL THEME ISSUE

NAME OF ORGANIZATION OR GOVERNMENT:

PROVIDENCE ST. JOSEPH HEALTH FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: ELECTRONIC HEALTH RECORD SUPPORT FOR

CHCF GENERALIST PALLIATIVE CARE IN PUBLIC HOSPITALS INITIATIVE

NAME OF ORGANIZATION OR GOVERNMENT: PUBLIC HEALTH ADVOCATES

Part IV Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: PUBLIC HEALTH'S EQUITY RESPONSE TO COVID; PLANNING GRANT FOR WORK WITH LEAGUE OF CITIES ON HOMELESSNESS

NAME OF ORGANIZATION OR GOVERNMENT: PUBLIC HEALTH INSTITUTE

(H) PURPOSE OF GRANT OR ASSISTANCE: CA COVID-19 PUBLIC HEALTH CAPACITY BUILDING COLLABORATIVE FUND, REMOTE PATIENT MONITORING LANDSCAPE IN CALIFORNIA MEDI-CAL

NAME OF ORGANIZATION OR GOVERNMENT: PUBLIC POLICY INSTITUTE OF CALIFORNIA

(H) PURPOSE OF GRANT OR ASSISTANCE: COVID-19 RESPONSIVE HEALTH POLICY RESEARCH PLANNING GRANT; PPIC SPEAKER SERIES ON CALIFORNIA'S FUTURE, 2021

NAME OF ORGANIZATION OR GOVERNMENT:

UNIVERSITY OF CALIFORNIA, SAN FRANCISCO

(H) PURPOSE OF GRANT OR ASSISTANCE: PREGNANCY CORONAVIRUS OUTCOMES

REGISTRY; QUALITATIVE STUDY OF COVID-19 SUBSTANCE USE DISORDER (SUD)

TREATMENT RULES; SUPPORT UCSF HEALTHFORCE; STRENGTHENING THE CASE FOR

PUBLIC HOSP PALLIATIVE CARE SRVS IN RESOURCE-CONSTRAINED TIMES; IMPACT OF

LIBERALIZED SUD TREATMENT RULES DURING COVID-19; CHCF HEALTH CARE

LEADERSHIP PRGM; CDPH BLACK MATERNAL AND INFANT HEALTH REPORT; SOLVE

HEALTH EQUITY SUMMIT; A NOVEL APPROACH TO MEASURING PHYSICIAN SUPPLY IN

MEDI-CAL MANAGED CARE: PLANNING GRANT; UNDERSTANDING AND MONITORING

PERINATAL MENTAL HEALTH.; IMPACT OF PROP 209 ON CA'S PHYSICIAN WORKFORCE;

UC PSYCHIATRIC MENTAL HEALTH NURSE PRACTITIONERS PLACEMENT STIPEND

NAME OF ORGANIZATION OR GOVERNMENT: UNIVERSITY OF CALIFORNIA, BERKELEY

(H) PURPOSE OF GRANT OR ASSISTANCE: USING CALIFORNIA SIMULATION OF

INSURANCE MARKETS (CALSIM) TO MODEL HEALTH COVERAGE IN RAPIDLY CHANGING

Part IV Supplemental Information

TIMES; PRESERVING MEANINGFUL COVERAGE FOR LOW-MODERATE INCOME

CALIFORNIANS; 20TH CONFERENCIA BINATIONAL DE PROMOTORES

NAME OF ORGANIZATION OR GOVERNMENT: UNIVERSITY OF CALIFORNIA, DAVIS

(H) PURPOSE OF GRANT OR ASSISTANCE: HARDSHIP FUND AT UC DAVIS SCHOOL OF
MEDICINE TO PROVIDE SUPPORT FOR RESIDENTS AND FELLOWS INVOLVED IN
COVID-19 RESPONSE

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

(H) PURPOSE OF GRANT OR ASSISTANCE: ASSESSING END-OF-LIFE CARE IN
CALIFORNIA MEDICAID MANAGED CARE PLANS; CALIFORNIA HEALTH INTERVIEW
SURVEY: TRACKING AND REPORTING ON COVERAGE AND ACCESS 2019-2020; CALHOPE
PHASE 1 EVALUATION OF WEBSITE USE

NAME OF ORGANIZATION OR GOVERNMENT: UNIVERSITY OF CALIFORNIA, IRVINE

(H) PURPOSE OF GRANT OR ASSISTANCE: UNIVERSITY OF CALIFORNIA, IRVINE
HEALTH CARE FORECAST CONFERENCE, 2021; CONNECTED CARE ACCELERATOR -
INFRASTRUCTURE AND SPREAD

NAME OF ORGANIZATION OR GOVERNMENT: ROSENBERG & ASSOCIATES

(H) PURPOSE OF GRANT OR ASSISTANCE: PROJECT MANAGEMENT AND ANALYTICS
SUPPORT FOR REFRESHING INNOVATION FUND INVESTMENT STRATEGY; PROJECT
MANAGEMENT OF EVALUATION AND SPREAD ACTIVITIES FOR CONCERT HEALTH AND
QUARTET; PLANNING GRANT: INCREASING INVESTMENTS IN PRIMARY CARE;
CONSULTING SUPPORT FOR MATERNITY CARE FOCUS AREA

NAME OF ORGANIZATION OR GOVERNMENT:

SAN DIEGO STATE UNIVERSITY RESEARCH FOUNDATION

Part IV Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: HEALTH CARE POLICY REPORTING AT
KPBS, 2021-2022; COVID-19 RESPONSE GRANT FOR HEALTH CARE POLICY REPORTING

NAME OF ORGANIZATION OR GOVERNMENT:
SAN FRANCISCO PUBLIC HEALTH FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: COVID-19 RESPONSE: COMMUNITY HEALTH
WORKERS AND PROMOTORES; PARTNERING WITH COMMUNITY HEALTH WORKERS AND
PROMOTORES IN THE FUTURE OF MEDI-CAL (STAKEHOLDER GROUP)

NAME OF ORGANIZATION OR GOVERNMENT: THE SEATTLE FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT FOR THE EQUITABLE EVALUATION
INITIATIVE; SUPPORT FOR CALIFORNIA FUNDER EQUITABLE EVALUATION
COLLABORATORY

NAME OF ORGANIZATION OR GOVERNMENT: SFMMS COMMUNITY SERVICES FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: PERSONAL PROTECTIVE EQUIPMENT (PPE)
FOR CALIFORNIA-BASED PHYSICIANS; MEDIA CAMPAIGN FOR SAFE SCHOOL REOPENING
IN CALIFORNIA

NAME OF ORGANIZATION OR GOVERNMENT:

SIERRA HEALTH FOUNDATION: CENTER FOR HEALTH PROGRAM MANAGEMENT

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT FOR THE NORTHERN CALIFORNIA
COVID-19 RESPONSE FUND AND THE SAN JOAQUIN VALLEY HEALTH FUND COVID-19
RESPONSE CLUSTER.

NAME OF ORGANIZATION OR GOVERNMENT: SOUTHERN CALIFORNIA GRANTMAKERS

(H) PURPOSE OF GRANT OR ASSISTANCE: COVID-19 RESPONSE FUNDING - SUPPORT
FOR THE BLACK EQUITY COLLECTIVE (COLLECTIVE); 2021-2022 MEMBERSHIP; SCG

Part IV Supplemental Information

PUBLIC POLICY CONFERENCE, 2021

NAME OF ORGANIZATION OR GOVERNMENT: SANTA ROSA COMMUNITY HEALTH CENTERS

(H) PURPOSE OF GRANT OR ASSISTANCE: UC PSYCHIATRIC MENTAL HEALTH NURSE

PRACTITIONERS (PMHNP) PLACEMENT SITE STIPEND SANTA ROSA COMMUNITY HEALTH

NAME OF ORGANIZATION OR GOVERNMENT: TIBURCIO VASQUEZ HEALTH CENTER, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: CONNECTED CARE ACCELERATOR -

INFRASTRUCTURE AND SPREAD; PARTNERING WITH COMMUNITY HEALTH WORKERS AND

PROMOTORES IN THE FUTURE OF MEDI-CAL (STAKEHOLDER GROUP)

NAME OF ORGANIZATION OR GOVERNMENT: TIDES CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: CONNECTED CARE ACCELERATOR; PLANNING

GRANT: ADVANCING PRIMARY CARE THROUGH BEHAVIORAL HEALTH INTEGRATION -

PLANNING A COLLABORATIVE; BEHAVIORAL HEALTH INTEGRATION PROJECT (BHIP):

PLANNING & EQUITY FOCUS DEVELOPMENT GRANT; PALLIATIVE CARE DELIVERY

BEYOND THE COVID ERA: CONSIDERING THE FUTURE OF VIRTUAL CARE

NAME OF ORGANIZATION OR GOVERNMENT: THE UCLA FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: UCLA LATINO POLICY & POLITICS

INITIATIVE'S EFFORTS TO EXPAND HEALTH ACCESS FOR LINGUISTICALLY AND

MEDICALLY UNDERSERVED CALIFORNIANS; UCLA FIELDING SCHOOL OF PUBLIC

HEALTH; UCLA LUSKIN SCHOOL OF PUBLIC AFFAIRS

NAME OF ORGANIZATION OR GOVERNMENT:

UNIVERSITY OF CALIFORNIA, SAN FRANCISCO FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: GLOBALLY REDUCE ADVERSE CHILDHOOD

EXPERIENCES (GRACE) INITIATIVE; UCSF LATINX CENTER OF EXCELLENCE (LCOE)

Part IV Supplemental Information

AND COVID-19

NAME OF ORGANIZATION OR GOVERNMENT: UNIVERSITY OF SOUTHERN CALIFORNIA

(H) PURPOSE OF GRANT OR ASSISTANCE: WORKING WITH HOLLYWOOD TO SUPPORT

BLACK BIRTH EQUITY AND PERINATAL MENTAL HEALTH; ACCURATE PORTRAYAL OF

ADDICTION AND MENTAL HEALTH; CENTER FOR HEALTH JOURNALISM CORE ACTIVITIES

NAME OF ORGANIZATION OR GOVERNMENT: VISION Y COMPROMISO

(H) PURPOSE OF GRANT OR ASSISTANCE: COVID-19 RESPONSE: COMMUNITY HEALTH

WORKERS AND PROMOTORES; PROMOTORAS AND COMMUNITY HEALTH WORKERS ANNUAL

CONFERENCE, 2020; PARTNERING WITH COMMUNITY HEALTH WORKERS AND PROMOTORES

IN THE FUTURE OF MEDI-CAL (ADVISORY COUNCIL & STAKEHOLDER GROUP)

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2020

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ▶ Attach to Form 990.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

Name of the organization
CALIFORNIA HEALTHCARE FOUNDATION

Employer identification number
95-4523231

Part I Questions Regarding Compensation

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

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

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

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

3 Indicate which, if any, of the following the 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) 2020

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)	641,218.	0.	660.	51,700.	45,868.	739,446.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) ZIEGLER, CRAIG VP FIN, ADMIN, INVESTS/TREAS & SEC	(i)	387,370.	0.	3,310.	50,675.	37,938.	479,293.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) CARTER, KARA SENIOR VP OF PROGRAMS	(i)	370,027.	0.	860.	38,845.	23,775.	433,507.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) BUCKLEY, MELISSA PROGRAM DIRECTOR OF INNOVATIONS	(i)	286,076.	0.	910.	51,512.	41,407.	379,905.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) PERRONE, CHRISTOPHER PROGRAM DIRECTOR OF IMPROVING ACCESS	(i)	272,097.	0.	1,091.	50,568.	14,178.	337,934.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) SCHNEIDERMAN, MICHELLE PRGM DIR OF ADV PPL CENTERED CARE	(i)	274,913.	0.	760.	42,769.	5,303.	323,745.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) SOUTHWICK, SUSAN DIRECTOR OF IT	(i)	230,603.	0.	1,093.	42,320.	17,255.	291,271.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) READER, CHARLES CHIEF TALENT OFFICER	(i)	249,885.	0.	860.	20,249.	11,461.	282,455.	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 4 EMPLOYEES FOR PARTICIPATION IN THE FOUNDATION'S WELLNESS PROGRAM (\$900).

3. EXCESS SECTION 415 RETIREMENT CONTRIBUTIONS PAID IN CASH TO 2 EMPLOYEE (\$2,831).

4. TAXABLE GIFT CARDS TO 3 EMPLOYEE (\$532.59).

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

THE FOUNDATION HOSTS A 401(K) RETIREMENT PLAN FOR ALL EMPLOYEES WHICH HAS BASE EMPLOYER CONTRIBUTIONS, AN EMPLOYER MATCHING COMPONENT, AND EMPLOYEE CONTRIBUTIONS.

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

PART II COLUMN (D), NONTAXABLE BENEFITS:

Part III Supplemental Information

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

FIGURES REPORTED IN THIS COLUMN INCLUDE HEALTH AND WELFARE BENEFITS.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public
Inspection

Name of the organization

CALIFORNIA HEALTHCARE FOUNDATION

Employer identification number

95-4523231

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

WITH LOW INCOMES.

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

CALIFORNIA'S HEALTH CARE PROFESSIONALS AND STATE POLICY PARTNERS, AS

WELL AS TO SUPPORT LEARNING OPPORTUNITIES FOR ORGANIZATIONS IMPROVING

CARE DELIVERY IN THE SAFETY NET. 4) BRIDGING THE INNOVATION GAP: CHCF

AIMS TO DEVELOP INFORMATION, NETWORKS, AND COMMUNICATION PLATFORMS THAT

ENABLE SAFETY-NET PROVIDERS AND HEALTH PLANS TO WORK WITH ENTREPRENEURS

ON DELIVERY SYSTEM IMPROVEMENT.

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

HEALTH CARE PARTNERS TO INTERRUPT RACISM, BUILD TRANSPARENCY AND

ACCOUNTABILITY AROUND EQUITABLE CARE, AND DIVERSIFY THE HEALTH CARE

WORKFORCE.

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.

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

Schedule O (Form 990 or 990-EZ) 2020

032211 11-20-20

Name of the organization CALIFORNIA HEALTHCARE FOUNDATION	Employer identification number 95-4523231
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EXPENSES \$ 9,125,164. INCL GRANTS OF \$ 3,250,000. REVENUE \$ 773,731.

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 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

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

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

2020

Open to Public Inspection

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

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
OAC PROPERTIES, LLC 1438 WEBSTER STREET, SUITE 400 OAKLAND, CA 94612	RENTAL PROPERTY	CALIFORNIA	524,138.	49,853,282.	CALIFORNIA HEALTHCARE FOUNDATION

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
MAKENA FIXED INCOME FUND, LP - 26-1718692, 2755 SAND HILL ROAD, STE. 200, MENLO PARK, CA 94025	INVESTMENT	DE	CALIFORNIA HEALTHCARE FOUNDATION	EXCLUDED	220,026.	43,582,462.		X	N/A		X	91.81%

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

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

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

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

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

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) MAKENA FIXED INCOME FUND, LP	F	220,026.	CASH
(2) MAKENA FIXED INCOME FUND, LP	S	35,500,000.	CASH
(3)			
(4)			
(5)			
(6)			

