

# Return of Organization Exempt From Income Tax

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

## 2021

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

**A** For the **2021** calendar year, or tax year beginning **APR 1, 2021** and ending **MAR 31, 2022**

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> 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	<b>D</b> Employer identification number  95-4523231  <b>E</b> Telephone number  510-238-1040
<b>I</b> 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		<b>G</b> Gross receipts \$ 173,053,459.
<b>J</b> Website: WWW.CHCF.ORG		<b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions <b>H(c)</b> Group exemption number ▶
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation: 1995 <b>M</b> State of legal domicile: CA

### Part I Summary

	<b>1</b> Briefly describe the organization's mission or most significant activities: TO SUPPORT MEANINGFUL, MEASURABLE IMPROVEMENTS IN HEALTH CARE FOR ALL CALIFORNIANS.		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
Activities & Governance	<b>3</b> Number of voting members of the governing body (Part VI, line 1a) .....	<b>3</b>	9
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) .....	<b>4</b>	8
	<b>5</b> Total number of individuals employed in calendar year 2021 (Part V, line 2a) .....	<b>5</b>	65
	<b>6</b> Total number of volunteers (estimate if necessary) .....	<b>6</b>	0
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 .....	<b>7a</b>	3,156,400.
	<b>7b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11 .....	<b>7b</b>	559,723.
Revenue	<b>8</b> Contributions and grants (Part VIII, line 1h) .....	Prior Year	Current Year
	<b>9</b> Program service revenue (Part VIII, line 2g) .....	0.	0.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) .....	773,731.	533,971.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) .....	46,201,552.	75,626,019.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .....	1,060,162.	565,418.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .....	48,035,445.	76,725,408.
Expenses	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3) .....	24,382,254.	38,605,606.
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) .....	0.	0.
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) .....	13,008,107.	14,458,266.
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) .....	0.	0.
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 0.		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) .....	9,173,924.	10,732,399.
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) .....	46,564,285.	63,796,271.
<b>19</b> Revenue less expenses. Subtract line 18 from line 12 .....	1,471,160.	12,929,137.	
Net Assets or Fund Balances	<b>20</b> Total assets (Part X, line 16) .....	Beginning of Current Year	End of Year
	<b>21</b> Total liabilities (Part X, line 26) .....	970,069,278.	962,705,535.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20 .....	10,325,681.	8,821,641.
		959,743,597.	953,883,894.

### Part II Signature Block

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

<b>Sign Here</b>	Signature of officer TIE KIM, VP FIN, ADMIN, INVESTS/TREAS & SEC Type or print name and title	Date  
<b>Paid Preparer Use Only</b>	Print/Type preparer's name MAGA E. KISRIV	Preparer's signature  
	Firm's name ▶ HOOD & STRONG LLP Firm's address ▶ 60 SO. MARKET ST, STE 200 SAN JOSE, CA 95113	Date 02/10/23
		Check if self-employed <input type="checkbox"/> PTIN P01008919
		Firm's EIN ▶ 94-1254756 Phone no. 408.998.8400

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

Part III Statement of Program Service Accomplishments

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

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

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

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

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

4a (Code: ) (Expenses \$ 15,814,600. including grants of \$ 14,285,246. ) (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 \$ 13,171,798. including grants of \$ 11,550,070. ) (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 HEALTH CARE PARTNERS TO

4c (Code: ) (Expenses \$ 13,961,503. including grants of \$ 11,270,290. ) (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

4d Other program services (Describe on Schedule O.)
(Expenses \$ 8,544,007. including grants of \$ 1,500,000. ) (Revenue \$ 533,971. )

4e Total program service expenses 51,491,908.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and financial reporting.

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....	X	
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .....	X	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>26</b> Did the organization report any amount on Part X, line 5 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
<b>27</b> 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
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> 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>b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>c</b> A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....	X	
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....	X	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....	X	
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....	X	
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> .....		X
<b>38</b> Did the organization complete Schedule O and provide explanations on 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
<b>1a</b> Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable .....		
<b>b</b> Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable .....		
<b>c</b> 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 17 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 1b Enter the number of voting members included on line 1a, above, who are independent; 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?; 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body?; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.

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

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

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed CA
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
[X] Own website [ ] Another's website [X] Upon request [ ] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records
TIE KIM - 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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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			670,145.	0.	102,777.	
(2) ZIEGLER, CRAIG VP OF FIN ADMIN & INVMTS/TREAS & SEC	45.00			X			401,628.	0.	90,747.	
(3) CARTER, KARA SENIOR VP OF PROGRAMS	45.00				X		381,847.	0.	67,706.	
(4) SHEWRY, SANDRA VP OF EXTERNAL ENGAGEMENT	45.00					X	341,458.	0.	57,742.	
(5) BUCKLEY, MELISSA PROGRAM DIRECTOR OF INNOVATIONS	45.00					X	295,136.	0.	96,064.	
(6) PERRONE, CHRISTOPHER PROGRAM DIRECTOR OF IMPROVING ACCESS	45.00					X	281,508.	0.	65,666.	
(7) SCHNEIDERMANN, MICHELLE PRG DIR-ADVANCING PEOPLE CNTR'D CARE	45.00					X	290,107.	0.	55,911.	
(8) READER, CHARLES CHIEF TALENT OFFICER	45.00					X	258,314.	0.	42,791.	
(9) DANIEL L. GROSS BOARD MEMBER	3.00	X					43,000.	0.	0.	
(10) NICHOLAS AUGUSTINOS BOARD MEMBER	3.00	X					38,000.	0.	0.	
(11) SERGIO A. AGUILAR-GAXIOLA BOARD MEMBER	3.00	X					35,000.	0.	0.	
(12) CAROLYN REYES BOARD MEMBER	3.00	X					34,000.	0.	0.	
(13) ZOILA DALIA ESCOBAR BOARD MEMBER	3.00	X					33,000.	0.	0.	
(14) MARC E. JONES BOARD MEMBER	3.00	X					32,000.	0.	0.	
(15) DAVID MURRAY CARLISLE BOARD MEMBER	3.00	X					29,000.	0.	0.	
(16) LYNNE CHOU O'KEEFE BOARD MEMBER	3.00	X					25,000.	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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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			
<b>1b Subtotal</b>							3,189,143.	0.	579,404.	
<b>c Total from continuation sheets to Part VII, Section A</b>							0.	0.	0.	
<b>d Total (add lines 1b and 1c)</b>							3,189,143.	0.	579,404.	

**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 **46**

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
MAKENA CAPITAL MANAGEMENT, 2755 SAND HILL RD, SUITE 200, MENLO PARK, CA 94025	INVESTMENT MANAGEMENT	7,163,578.
FORUM ONE COMMS CORP., 15954 JACKSON CREEK PKWY, STE B, MONUMENT, CO 80132	WEBSITE HOSTING & MAINTENANCE	124,250.
ANGELENO GROUP, LLC, 2029 CENTURY PARK EAST, SUITE 2980, LOS ANGELES, CA 90067	INVESTMENT MANAGEMENT	112,636.
VISIONS, INC. 1452 DORCHESTER AVE., DORCHESTER, MA 02122	TRAINING & CONSULTING	109,600.

**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	<b>1 a</b>	Federated campaigns	<b>1a</b>				
	<b>b</b>	Membership dues	<b>1b</b>				
	<b>c</b>	Fundraising events	<b>1c</b>				
	<b>d</b>	Related organizations	<b>1d</b>				
	<b>e</b>	Government grants (contributions)	<b>1e</b>				
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>				
	<b>g</b>	Noncash contributions included in lines 1a-1f	<b>1g</b>	\$			
	<b>h</b>	<b>Total.</b> Add lines 1a-1f					
Program Service Revenue	<b>2 a</b>	PRI INTEREST INCOME	<b>Business Code</b>				
			900003	533,971.	533,971.		
	<b>b</b>						
	<b>c</b>						
	<b>d</b>						
	<b>e</b>						
	<b>f</b>	All other program service revenue					
<b>g</b>	<b>Total.</b> Add lines 2a-2f		533,971.				
Other Revenue	<b>3</b>	Investment income (including dividends, interest, and other similar amounts)		7,959,580.		1,194,222.	
	<b>4</b>	Income from investment of tax-exempt bond proceeds					
	<b>5</b>	Royalties		76,144.		76,144.	
	<b>6 a</b>	Gross rents	(i) Real				
			(ii) Personal				
				2,324,146.			
	<b>6 b</b>	Less: rental expenses		1,834,872.			
	<b>6 c</b>	Rental income or (loss)		489,274.			
	<b>d</b>	Net rental income or (loss)		489,274.		489,274.	
	<b>7 a</b>	Gross amount from sales of assets other than inventory	(i) Securities				
			(ii) Other				
				60,197,440.	1,962,178.		
	<b>7 b</b>	Less: cost or other basis and sales expenses		94,493,179.	0.		
	<b>7 c</b>	Gain or (loss)		65,704,261.	1,962,178.		
<b>d</b>	Net gain or (loss)		67,666,439.		1,962,178.		
<b>8 a</b>	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	<b>8a</b>					
<b>b</b>	Less: direct expenses	<b>8b</b>					
<b>c</b>	Net income or (loss) from fundraising events						
<b>9 a</b>	Gross income from gaming activities. See Part IV, line 19	<b>9a</b>					
<b>b</b>	Less: direct expenses	<b>9b</b>					
<b>c</b>	Net income or (loss) from gaming activities						
<b>10 a</b>	Gross sales of inventory, less returns and allowances	<b>10a</b>					
<b>b</b>	Less: cost of goods sold	<b>10b</b>					
<b>c</b>	Net income or (loss) from sales of inventory						
Miscellaneous Revenue	<b>11 a</b>		<b>Business Code</b>				
	<b>b</b>						
	<b>c</b>						
	<b>d</b>	All other revenue					
	<b>e</b>	<b>Total.</b> Add lines 11a-11d					
<b>12</b>	<b>Total revenue.</b> See instructions			76,725,408.	533,971.	3,156,400.	
						73,035,037.	

**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
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	36,652,860.	36,652,860.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....	1,952,746.	1,952,746.		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....				
<b>4</b> Benefits paid to or for members .....				
<b>5</b> Compensation of current officers, directors, trustees, and key employees .....	1,991,432.	618,151.	1,373,281.	
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
<b>7</b> Other salaries and wages .....	9,201,602.	7,492,550.	1,709,052.	
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,334,458.	1,079,830.	254,628.	
<b>9</b> Other employee benefits .....	1,294,175.	1,049,278.	244,897.	
<b>10</b> Payroll taxes .....	636,599.	501,737.	134,862.	
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management .....				
<b>b</b> Legal .....	96,925.	63,074.	33,851.	
<b>c</b> Accounting .....	97,811.		97,811.	
<b>d</b> Lobbying .....				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees .....	7,502,458.		7,502,458.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	826,889.	327,740.	499,149.	
<b>12</b> Advertising and promotion .....				
<b>13</b> Office expenses .....	204,408.	167,060.	37,348.	
<b>14</b> Information technology .....	264,401.	214,558.	49,843.	
<b>15</b> Royalties .....				
<b>16</b> Occupancy .....	130,415.	105,766.	24,649.	
<b>17</b> Travel .....	147,426.	50,499.	96,927.	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
<b>19</b> Conferences, conventions, and meetings .....				
<b>20</b> Interest .....				
<b>21</b> Payments to affiliates .....				
<b>22</b> Depreciation, depletion, and amortization .....	99,802.	80,939.	18,863.	
<b>23</b> Insurance .....	100,853.	81,792.	19,061.	
<b>24</b> 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.)				
<b>a</b> PRI INTEREST DISCOUNT &	434,838.	434,838.	0.	
<b>b</b> DIRECT CHARITABLE (PRC)	432,242.	432,242.	0.	
<b>c</b> STAFF PROF DEVELOPMENT	168,835.	20,760.	148,075.	
<b>d</b> UBI TAX	28,552.	0.	28,552.	
<b>e</b> All other expenses _____	196,544.	165,488.	31,056.	
<b>25</b> Total functional expenses. Add lines 1 through 24e	63,796,271.	51,491,908.	12,304,363.	0.
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A)		(B)
		Beginning of year		End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	659,989.	<b>1</b>	1,362,420.
	<b>2</b> Savings and temporary cash investments .....	6,016,696.	<b>2</b>	7,716,448.
	<b>3</b> Pledges and grants receivable, net .....		<b>3</b>	
	<b>4</b> Accounts receivable, net .....	989,875.	<b>4</b>	285,709.
	<b>5</b> 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 .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	593,217.	<b>9</b>	509,973.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 50,298,899.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 1,316,404.	48,600,080.	<b>10c</b> 48,982,495.
	<b>11</b> Investments - publicly traded securities .....		<b>11</b>	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	901,580,521.	<b>12</b>	893,434,986.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....	7,270,898.	<b>13</b>	9,173,984.
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	4,358,002.	<b>15</b>	1,239,520.
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	970,069,278.	<b>16</b>	962,705,535.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	1,968,536.	<b>17</b>	2,218,053.
	<b>18</b> Grants payable .....	8,357,145.	<b>18</b>	6,603,588.
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to 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 .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....		<b>25</b>	
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....	10,325,681.	<b>26</b>	8,821,641.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	959,743,597.	<b>27</b>	953,883,894.
	<b>28</b> Net assets with donor restrictions .....		<b>28</b>	
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	959,743,597.	<b>32</b>	953,883,894.
<b>33</b> Total liabilities and net assets/fund balances .....	970,069,278.	<b>33</b>	962,705,535.	

Form 990 (2021)

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	76,725,408.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	63,796,271.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	12,929,137.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	959,743,597.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	-18,892,059.
<b>6</b>	Donated services and use of facilities	<b>6</b>	2,321.
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	100,898.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	953,883,894.

**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 on 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
<b>2a</b>		X
<b>2b</b>	X	
<b>2c</b>	X	
<b>3a</b>		X
<b>3b</b>		

Form **990** (2021)

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

2021

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

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

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply): Preservation of land for public use, Protection of natural habitat, Preservation of open space, Preservation of a historically important land area, Preservation of a certified historic structure; 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year: 2a Total number of conservation easements, 2b Total acreage restricted by conservation easements, 2c Number of conservation easements on a certified historic structure included in (a), 2d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register; 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year; 4 Number of states where property subject to conservation easement is located; 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? (Yes/No); 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year; 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year; 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? (Yes/No); 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

Table with 2 columns: \$. Rows include: 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.; 1b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1; (ii) Assets included in Form 990, Part X; 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1; b Assets included in Form 990, Part X

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2021

**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	42,555,545.			42,555,545.
c Leasehold improvements	1,514,455.	55,291.	36,525.	1,533,221.
d Equipment		103,732.	83,175.	20,557.
e Other		1,309,876.	1,196,704.	113,172.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				48,982,495.

**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	63,476,989.	END-OF-YEAR MARKET VALUE
(B) MULTI-ASSET CLASS COMMINGLED FUNDS	677,446,579.	END-OF-YEAR MARKET VALUE
(C) FIXED INCOME FUNDS	81,072,686.	END-OF-YEAR MARKET VALUE
(D) GLOBAL EQUITY INDEXED EXCHANGE TRADED		
(E) FUND	44,072,324.	END-OF-YEAR MARKET VALUE
(F) GLOBAL EQUITY POOLED FUNDS	26,642,803.	END-OF-YEAR MARKET VALUE
(G) ABSOLUTE RETURN FUNDS	723,605.	END-OF-YEAR MARKET VALUE
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	893,434,986.	

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

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

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

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

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

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

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

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

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

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

Part XIII Supplemental Information.

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

PART X, LINE 2:

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

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

THE FOUNDATION GENERATES SUCH UNRELATED BUSINESS INCOME THROUGH SOME OF

ITS INVESTMENT ACTIVITY.

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

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

TAX POSITIONS THAT REQUIRE ADJUSTMENTS TO THE FINANCIAL STATEMENTS.





**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 IV Foreign Forms**

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* .....  Yes  No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* .....  Yes  No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)* .....  Yes  No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* .....  Yes  No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* .....  Yes  No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* .....  Yes  No

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

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

**Part I General Information on Grants and Assistance**

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

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

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
ASSOCIATION OF BLACK FOUNDATION EXECUTIVES - 55 EXCHANGE PLACE, SUITE 401 - NEW YORK, NY 10005	23-7156531	501(C)(3)	10,000.	0.			2022 MEMBERSHIP
THE ACHIEVABLE FOUNDATION 100 CORPORATE PTE. SUITE 270 CULVER CITY, CA 90230	95-4552419	501(C)(3)	45,000.	0.			ADVANCING BEHAVIORAL HEALTH EQUITY IN PRIMARY CARE LEARNING COLLABORATIVE PARTICIPANT
ADVENTIST HEALTH REEDLEY 372 W CYPRESS AVE REEDLEY, CA 93654	45-3220509	501(C)(3)	10,000.	0.			CONNECTED CARE ACCELERATOR - INFRASTRUCTURE AND SPREAD
THE ALAMEDA COUNTY COMMUNITY FOOD BANK INC. - PO BOX 2599 - OAKLAND, CA 94614	94-2960297	501(C)(3)	90,000.	0.			GENERAL SUPPORT
ALDEA INC 2310 FIRST STREET NAPA, CA 94559	94-2159248	501(C)(3)	10,000.	0.			GENERAL SUPPORT
ALLIANCE FOR HEALTH POLICY PO BOX 56518 WASHINGTON, DC 20040	52-1746328	501(C)(3)	8,500.	0.			ALLIANCE FOR HEALTH POLICY'S PUBLIC WEBINAR IN OCTOBER 2021

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **▶ 195.**

**3** Enter total number of other organizations listed in the line 1 table **▶ 58.**

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

**Schedule I (Form 990) 2021**

**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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALLIANCE MEDICAL CENTER 1381 UNIVERSITY STREET HEALDSBURG, CA 95448	94-2308748	501(C)(3)	50,000.	0.			GENERAL SUPPORT
ALTAMED HEALTH SERVICES CORPORATION - 2040 CAMFIELD AVE - LOS ANGELES, CA 90040	95-2810095	501(C)(3)	90,281.	0.			EVALUATION OF FOTONOVELA TEXT INTERVENTION FOR LATINX PATIENT ENGAGEMENT
AMERICAS PHYSICIAN GROUPS 555 W. 5TH STREET, FLOOR 35 LOS ANGELES, CA 90013	47-0878940	501(C)(6)	10,000.	0.			ANNUAL CONFERENCE, 2022 - SCHOLARSHIPS FOR SAFETY NET PROVIDERS
AMERICAN HEART ASSOCIATION, INC. 7272 GREENVILLE AVE DALLAS, TX 75231	13-5613797	501(C)(3)	25,000.	0.			SUPPORTING THE BERNARD J. TYSON IMPACT FUND
AMERICAN INSTITUTES FOR RESEARCH 1400 CRYSTAL DRIVE, 10TH FLOOR ARLINGTON, VA 22202	25-0965219	501(C)(3)	89,653.	0.			EVALUATION OF THE ADVANCING BEHAVIORAL HEALTH INTEGRATION AND EQUITY IN PRIMARY CARE
APLA HEALTH & WELLNESS 611 S. KINGSLEY DR LOS ANGELES, CA 90005	84-1661910	501(C)(3)	10,000.	0.			CONNECTED CARE ACCELERATOR - INFRASTRUCTURE AND SPREAD
ASIAN PACIFIC COMMUNITY FUND OF SOUTHERN CALIFORNIA - 1145 WILSHIRE BLVD, STE 105 - LOS ANGELES, CA 90017	95-4257997	501(C)(3)	100,000.	0.			COMMUNITY RESILIENCE SUPPORT GRANT FOR ASIAN PACIFIC COMMUNITY FUND
ATI ADVISORY 3505 ALBEMARLE STREET NW WASHINGTON, DC 20008	46-5466993		40,000.	0.			SUPPORTING INDEPENDENT LIVING THROUGH COMMUNITY SUPPORTS
BAILIT HEALTH PURCHASING, LLC 56 PICKERING STREET NEEDHAM, MA 02492	04-3340991		79,985.	0.			PUBLISHING PRIMARY CARE SPENDING IN CALIFORNIA'S COMMERCIAL MARKET. SUMMARIZING STAKEHOLDER

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BLUEPATH HEALTH, INC. 80 E SIR FRANCIS DRAKE BLVD, STE 30 LARKSPUR, CA 94939	46-3484135		287,500.	0.			SUPPORTING CALIFORNIA'S TELEHEALTH COALITIONS 2022. STRENGTHENING CALIFORNIA'S TELEHEALTH
THE BRIDGESPAN GROUP 2 COPLEY PLACE, SUITE 3700B BOSTON, MA 02116	31-1625487	501(C)(3)	25,680.	0.			IMPROVING CHCFS NETWORK AND ECOSYSTEMS BUILDING INITIATIVES
BRIGHT RESEARCH GROUP 1211 PRESERVATION PARK WAY OAKLAND, CA 94612	27-3532904		65,000.	0.			EVALUATION OF THE CHW AND PROMOTOR WORKFORCE CAPACITY BUILDING COLLABORATIVES
CALIFORNIA ASSOCIATION OF HEALTH PLANS - 1415 L STREET, SUITE 850 - SACRAMENTO, CA 95814	95-3825285	501(C)(6)	20,000.	0.			CALIFORNIA ASSOCIATION OF HEALTH PLANS ANNUAL CONFERENCE, 2021. CAHP ANNUAL CONFERENCE, 2022.
CALIFORNIA BLACK HEALTH NETWORK 520 9TH ST #100 SACRAMENTO, CA 95814	95-3794688	501(C)(3)	347,560.	0.			CALIFORNIA BLACK HEALTH NETWORK MEMBER SERVICES PROGRAM CORE SUPPORT
CALIFORNIA BUDGET & POLICY CENTER 1107 9TH STREET, SUITE 310 SACRAMENTO, CA 95814	68-0346784	501(C)(3)	7,500.	0.			MEDI-CAL BUDGET ANALYSES
CALIFORNIA PRIMARY CARE ASSOCIATION - 1231 I STREET, SUITE 400 - SACRAMENTO, CA 95814	94-3215565	501(C)(3)	319,883.	0.			PARTNERING WITH COMMUNITY HEALTH WORKERS AND PROMOTORES IN THE FUTURE OF MEDI-CAL (ADVISORY
CALIFORNIA MENTAL HEALTH SERVICES AUTHORITY - 1610 ARDEN WAY, SUITE 175 - SACRAMENTO, CA 95815	27-0707523	CA MHSA	43,625.	0.			CALIFORNIA MENTAL HEALTH SERVICES AUTHORITY (CALMHSA) INTEROPERABILITY PLANNING
CALIFORNIA MEDICAL ASSOCIATION 1201 K STREET, SUITE 800 SACRAMENTO, CA 95814	94-0359340	501(C)(6)	77,318.	0.			TELEHEALTH SUPPORT FOR SMALL AND MEDIUM-SIZED PHYSICIAN PRACTICES

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CALIFORNIA ASSOCIATION FOR NURSE PRACTITIONERS - 1415 L STREET, SUITE 1000 - SACRAMENTO, CA 95814	94-2599089	501(C)(6)	25,000.	0.			CALIFORNIA ASSOCIATION OF NURSE PRACTITIONERS (CANP) ANNUAL CONFERENCE, 2022
CALIFORNIA ASSOCIATION OF AREA AGENCIES ON AGING - 980 NINTH ST, SUITE 240 - SACRAMENTO, CA 95814	95-3403557	501(C)(3)	10,000.	0.			ANNUAL CONFERENCE, 2022
CALMATTERS 1017 L STREET, #261 SACRAMENTO, CA 95814	47-2474086	501(C)(3)	345,000.	0.			BEHAVIORAL HEALTH COVERAGE IN CALIFORNIA. BUILDING INFRASTRUCTURE TO SUSTAIN CALIFORNIA'S
CALIFORNIA COLLABORATIVE FOR IMMIGRANT JUSTICE - 1999 HARRISON STREET, SUITE 1800 - OAKLAND, CA 94612	85-2856613	501(C)(3)	85,000.	0.			VACCINE EDUCATION AND EMPOWERMENT IN DETENTION (VEED)
CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES - 1501 CAPITOL AVENUE, PO BOX 997415, MS 1101 - SACRAMENTO, CA 95889-7415	68-0317191	CA DHCS	45,000.	0.			CALIFORNIA HEATH INFORMATION TECHNOLOGY (HIT) LANDSCAPE ASSESSMENT-PHASE 2.
THE CALIFORNIA HEALTH CARE SAFETY-NET INSTITUTE - 70 WASHINGTON STREET, SUITE 215 - OAKLAND, CA 94607	94-2970752	501(C)(3)	589,228.	0.			PARTNERING WITH COMMUNITY HEALTH WORKERS AND PROMOTORES IN THE FUTURE OF MEDI-CAL (ADVISORY
CALIFORNIA HEALTH FOUNDATION AND TRUST - 1215 K STREET, SUITE 800 - SACRAMENTO, CA 95814	94-1498697	501(C)(3)	225,000.	0.			CHERISHED FUTURES: SUPPORTING BIRTH EQUITY IN LA COUNTY VIA HOSPITAL QUALITY IMPROVEMENT AND
CALIFORNIA INSTITUTE FOR BEHAVIORAL HEALTH SOLUTIONS - 1760 CREEKSIDE OAKS DRIVE, STE 175 - SACRAMENTO, CA 95833	68-0314970	501(C)(3)	473,804.	0.			BEHAVIORAL TELEHEALTH PLANNING GRANT. EQUITY & ENGAGEMENT IN SPECIALTY BEHAVIORAL TELEHEALTH.
CALIFORNIA NURSE-MIDWIVES FOUNDATION - 60 29TH STREET, SUITE 321 - SAN FRANCISCO, CA 94110	84-3622602	501(C)(3)	307,769.	0.			SUSTAINABILITY PLANNING, ANTI-RACISM WORK, AND OTHER KEY ACTIVITIES

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CALIFORNIA PAN-ETHNIC HEALTH NETWORK - 1221 PRESERVATION PARK WAY, STE 200 - OAKLAND, CA 94612	94-3306223	501(C)(3)	721,750.	0.			PARTNERING WITH COMMUNITY HEALTH WORKERS AND PROMOTORES IN THE FUTURE OF MEDI-CAL (ADVISORY
CALIFORNIA RURAL LEGAL ASSISTANCE, INC. - 1430 FRANKLIN STREET, SUITE 103 - OAKLAND, CA 94612	95-2428657	501(C)(3)	42,000.	0.			FRESNO OFFICE - COMMUNITY OUTREACH AND POLICY ADVOCACY RELATED TO IMMIGRANT ACCESS TO
CALIFORNIA SCHOOL-BASED HEALTH ALLIANCE - 1203 PRESERVATION PARK WAY, SUITE 302 - OAKLAND, CA 94612	94-3201896	501(C)(3)	15,000.	0.			2021 ANNUAL CONFERENCE
CALIFORNIA STATE UNIVERSITY SAN MARCOS FOUNDATION - 333 S. TWIN OAKS VALLEY ROAD - SAN MARCOS, CA 92096	80-0390564	501(C)(3)	22,145.	0.			SUPPORTING CALIFORNIA STATE UNIVERSITY SHILEY HAYNES INSTITUTE FOR PALLIATIVE CARE STRATEGIC
CALIFORNIA COMMUNITY FOUNDATION 221 SOUTH FIGUEROA STREET LOS ANGELES, CA 90012	95-3510055	501(C)(3)	125,000.	0.			FUNDERS FOR A HEALTHIER CALIFORNIA FOR ALL
CALAVERAS COUNTY OFFICE OF EDUCATION - PO BOX 760 - ANGELS CAMP, CA 95221	94-1638758	CAL COUNTY	35,000.	0.			RURAL MOTHER LODE HEALTH CARE WORKFORCE PIPELINE
CAMDEN COALITION OF HEALTHCARE PROVIDERS - 800 COOPER STREET, 7TH FLOOR - CAMDEN, NJ 08102	32-0332843	501(C)(3)	10,000.	0.			CAMDEN COALITION VIRTUAL CONFERENCE, 2021
CAMPANILE FOUNDATION 5500 CAMPANILE DRIVE SAN DIEGO, CA 92182	33-0868418	501(C)(3)	20,000.	0.			HUMAN PATIENT SIMULATORS
CANDID 32 OLD SLIP NEW YORK, NY 10005	13-1837418	501(C)(3)	20,000.	0.			GENERAL SUPPORT FOR 2022

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CAPITOL ADVOCACY, LLC 1301 I STREET SACRAMENTO, CA 95814	94-3384043		16,500.	0.			UNDERSTANDING THE BUREAU OF REGISTERED NURSING AND NURSE PRACTITIONER LANDSCAPE
CAPITOL IMPACT, LLC 1107 9TH ST, STE 500 SACRAMENTO, CA 95814	03-0539997		177,697.	0.			CALIFORNIA LEGISLATIVE STAFF EDUCATION INSTITUTE (CLSEI) HEALTH POLICY PROFESSIONAL DEVELOPMENT
CAPITAL PUBLIC RADIO, INC. 7055 FOLSOM BLVD SACRAMENTO, CA 95826	68-0223271	501(C)(3)	283,125.	0.			SUPPORT FOR HEALTH CARE COVERAGE, 2020-22. SUPPORT FOR HEALTH CARE COVERAGE, 2022-24.
CATALYST OF SAN DIEGO & IMPERIAL COUNTIES - 5060 SHOREHAM PLACE, SUITE 350 - SAN DIEGO, CA 92122	33-0868261	501(C)(3)	15,000.	0.			2022 MEMBERSHIP
THE CENTER FOR COMMON CONCERNS, INC. - 870 MARKET STREET, SUITE 1228 - SAN FRANCISCO, CA 94102	94-3148303	501(C)(3)	91,809.	0.			HOMELESSNESS AND HEALTH CARE SYSTEMS DATA SHARING AND COORDINATION. CASE STUDIES: A DEEP DIVE INTO
CENTER FOR EFFECTIVE PHILANTHROPY INC. - 675 MASSACHUSETTS AVE, 7TH FLOOR - CAMBRIDGE, MA 02139	04-3523528	501(C)(3)	15,000.	0.			2022 ANNUAL SUPPORT
CENTER FOR HEALTH POLICY DEVELOPMENT - 2 MONUMENT SQUARE, SUITE 910 - PORTLAND, ME 04101	52-1576801	501(C)(3)	10,000.	0.			NATIONAL ACADEMY FOR STATE HEALTH POLICY'S 2021 ANNUAL CONFERENCE
CENTER FOR HEALTH CARE STRATEGIES, INC. - 200 AMERICAN METRO BLVD, SUITE 119 - HAMILTON, NJ 08619	22-3375015	501(C)(3)	1,294,461.	0.			SEE PART IV
CYNOSURE HEALTH 1688 ORVIETTO DRIVE ROSEVILLE, CA 95661	26-0443177	501(C)(3)	138,719.	0.			LEARNING FROM COVID-19: FACTORS ASSOCIATED WITH SURGE CAPACITY IN CA HOSPITALS

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHAPMAN CONSULTING, LLC 1133 LOS ROBLES STREET DAVIS, CA 95618	82-3820031		105,087.	0.			COMMUNITY HEALTH WORKER/PROMOTORES IN THE FUTURE OF MEDI-CAL - SUBJECT MATTER EXPERT.
CHICANA LATINA FOUNDATION 1419 BURLINGAME AVE, SUITE W2 BURLINGAME, CA 94010	94-2923423	501(C)(3)	54,000.	0.			INAUGURAL CARMEN CASTELLANO PHILANTHROPY EVENT, 2021. HEALTH SCIENCES STUDENT
CHILDREN NOW 1404 FRANKLIN STREET OAKLAND, CA 94612	94-3059243	501(C)(3)	100,000.	0.			ENGAGING LOCAL STAKEHOLDERS TO IMPROVE MEDI-CAL MANAGED CARE FOR CHILDREN
THE CHILDRENS PARTNERSHIP 811 WILSHIRE BOULEVARD, SUITE 1000 LOS ANGELES, CA 90017	46-4106389	501(C)(3)	261,750.	0.			PARTNERING WITH COMMUNITY HEALTH WORKERS AND PROMOTORES IN THE FUTURE OF MEDI-CAL (ADVISORY
CHINATOWN SERVICE CENTER 767 N. HILL STREET, SUITE 400 LOS ANGELES, CA 90012	95-2918844	501(C)(3)	57,500.	0.			CONNECTED CARE ACCELERATOR - INFRASTRUCTURE AND SPREAD TRACK. ADVANCING
CLINICA DE SALUD DEL VALLE DE SALINAS - 440 AIRPORT BLVD - SALINAS, CA 93905	94-2652757	501(C)(3)	10,000.	0.			CONNECTED CARE ACCELERATOR - INFRASTRUCTURE AND SPREAD
CLINICAS DEL CAMINO REAL INC 1040 FLYNN RD CAMARILLO, CA 93012	95-2977147	501(C)(3)	7,500.	0.			CONNECTED CARE ACCELERATOR - INFRASTRUCTURE AND SPREAD
COALITION FOR COMPASSIONATE CARE OF CALIFORNIA - 2530 RIVER PLAZA DRIVE, SUITE 110 - SACRAMENTO, CA 95833	27-0419836	501(C)(3)	324,000.	0.			COALITION FOR COMPASSIONATE CARE OF CALIFORNIA ANNUAL SUMMIT, 2022. MEDI-CAL PALLIATIVE
THE COLLEGE FOR BEHAVIORAL HEALTH LEADERSHIP - 1959 S. POWER RD, STE 103-237 - MESA, AZ 85206	77-0588145	501(C)(3)	15,000.	0.			THE COLLEGE FOR BEHAVIORAL HEALTH LEADERSHIP EQUITY-GROUNDED

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COLORTHISWORLD COMMUNICATIONS, INC. - 2717 12TH AVENUE - OAKLAND, CA 94606	81-2495966		5,500.	0.			DIGNITY IN PREGNANCY AND CHILDBIRTH PROJECT COMMUNICATIONS OUTREACH TOOLKIT
COMMUNITY CLINIC ASSOCIATION OF LOS ANGELES COUNTY - 445 S. FIGUEROA STREET, SUITE 2100 - LOS ANGELES, CA 90071	95-4576023	501(C)(3)	15,000.	0.			21ST ANNUAL SOUTHERN CALIFORNIA ANNUAL HEALTH CARE SYMPOSIUM AND POLICY CAF SPONSORSHIPS
COMMUNITY HEALTH CENTER NETWORK INC. - 101 CALLAN AVE, STE 300 - SAN LEANDRO, CA 94577	94-3253662	501(C)(3)	8,750.	0.			PARTNERING WITH COMMUNITY HEALTH WORKERS AND PROMOTORES IN THE FUTURE OF MEDI-CAL (STAKEHOLDER
COMMUNITY HEALTH SYSTEMS, INC. 22675 ALESSANDRO BLVD MORENO VALLEY, CA 92553	33-0056551	501(C)(3)	10,000.	0.			CONNECTED CARE ACCELERATOR - INFRASTRUCTURE AND SPREAD
COMMUNICATIONS NETWORK 1717 NORTH NAPER BLVD, SUITE 102 NAPERVILLE, IL 60563	52-2114179	501(C)(3)	15,000.	0.			COMMUNICATIONS NETWORK 2021-VIRTUAL CONFERENCE
COMMUNITY CATALYST INC. ONE FEDERAL STREET, 5TH FLOOR BOSTON, MA 02110	04-3355127	501(C)(3)	75,000.	0.			TALKING ABOUT MEDICAID AND RACIAL EQUITY: MESSAGING AT A PIVOTAL MOMENT FOR NATIONAL
COMMUNITY FOUNDATION OF SAN JOAQUIN - 6731 HERNDON PLACE - STOCKTON, CA 95219	26-1476916	501(C)(3)	100,000.	0.			PATHWAYS COMMUNITY HUB
COMMUNITY HEALTH CENTERS OF THE CENTRAL COAST, INC. - 2050 S. BLOSSER RD - SANTA MARIA, CA 93458	95-3253302	501(C)(3)	45,000.	0.			ADVANCING BEHAVIORAL HEALTH EQUITY IN PRIMARY CARE LEARNING COLLABORATIVE PARTICIPANT
COMMUNITY PARTNERS PO BOX 741265 LOS ANGELES, CA 90074	95-4302067	501(C)(3)	532,000.	0.			CALIFORNIA COMPETES 10TH ANNIVERSARY EVENT SPONSORSHIP. MATERNAL MENTAL HEALTH NOW,

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CONTRA COSTA COUNTY 625 COURT STREET, STE 100 MARTINEZ, CA 94553	94-6000509	CC COUNTY	13,750.	0.			PARTNERING WITH COMMUNITY HEALTH WORKERS AND PROMOTORES IN THE FUTURE OF MEDI-CAL (STAKEHOLDER
CORPORATION FOR SUPPORTIVE HOUSING 800 SOUTH FIGUEROA, SUITE 810 LOS ANGELES, CA 90017	13-3600232	501(C)(3)	150,000.	0.			UNPACKING THE HOUSING BUNDLE OF IN LIEU OF SERVICES FOR POLICY AND DELIVERY SYSTEM
THE COUNCIL OF STATE GOVERNMENTS 1776 AVENUE OF THE STATES LEXINGTON, KY 40511	36-6000818	501(C)(3)	25,000.	0.			REDUCING HOMELESSNESS FOR PEOPLE WITH BEHAVIORAL HEALTH CONDITIONS LEAVING INCARCERATION
COUNTY OF SANTA CRUZ 701 OCEAN STREET, ROOM 100 SANTA CRUZ, CA 95060	94-6000534	SC COUNTY	10,000.	0.			UC PMHNP PLACEMENT SITE STIPEND COUNTY OF SANTA CRUZ BEHAVIORAL HEALTH
CROHNS & COLITIS FOUNDATION, INC. 733 3RD AVENUE, SUITE 510 NEW YORK, NY 10017	13-6193105	501(C)(3)	10,000.	0.			INNOVATION FUND ADVISORY COMMITTEE GRANT: GENERAL SUPPORT
DESIGN IMPACT 5030 OAKLAWN DRIVE CINCINNATI, OH 45227	26-4662578	501(C)(3)	20,000.	0.			CALIFORNIA IMPROVEMENT NETWORK (CIN) EQUITY CENTERED CO-DESIGN PROCESS
DIENTES COMMUNITY DENTAL CARE 1830 COMMERCIAL WAY SANTA CRUZ, CA 95062	77-0311752	501(C)(3)	25,000.	0.			TOWARD A NEW STRATEGIC PARTNERSHIP: LEGAL, FINANCIAL, CLINICAL, AND CULTURAL ANALYSIS
DISTRICT HOSPITAL LEADERSHIP FORUM 1215 K STREET, SUITE 700 SACRAMENTO, CA 95814	27-5349262	501(C)(6)	262,442.	0.			CONTINUED SUPPORT FOR DISTRICT AND MUNICIPAL HOSPITALS: SECURING PRIME AND QIP
DIVERSITY SCIENCE 10121 SE SUNNYSIDE ROAD, SUITE 300 CLACKAMAS, OR 97015	82-2617320		145,210.	0.			COVID RACIAL/ETHNIC ANTI-BIAS TRAINING FOR HEALTH CARE

Schedule I (Form 990)

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DIVERSITY UPLIFTS INC. 6371 HAVEN STREET, SUITE 3 BOX 265 RANCHO CUCAMONGA, CA 91737	83-3215066	501(C)(3)	12,500.	0.			SUPPORTING VIRTUAL DOULA CARE FOR BLACK MOTHERS/BIRTHING PEOPLE IN CALIFORNIA DURING
EDRINGTON HEALTH CONSULTING, LLC 7975 N HAYDEN ROAD, SUITE A-208 SCOTTSDALE, AZ 85258	47-2102196		20,000.	0.			BENCHMARKING OF PRIMARY CARE SPENDING AND CORRELATION WITH OVERALL COST AND QUALITY
EISNER HEALTH 1530 S. OLIVE STREET LOS ANGELES, CA 90015	95-1690966	501(C)(3)	45,000.	0.			ADVANCING BEHAVIORAL HEALTH EQUITY IN PRIMARY CARE LEARNING COLLABORATIVE PARTICIPANT
ELEPHANT CIRCLE 3548 G ROAD PALISADE, CO 81526	47-1648218	501(C)(3)	25,000.	0.			CO-FUNDING SUPPORT FOR A NATIONAL BIRTH EQUITY FUNDERS GROUP 2022
ELICA HEALTH CENTERS 1860 HOWE AVENUE, SUITE 440 SACRAMENTO, CA 95825	37-1424390	501(C)(3)	45,000.	0.			ADVANCING BEHAVIORAL HEALTH EQUITY IN PRIMARY CARE LEARNING COLLABORATIVE PARTICIPANT
EL SOL NEIGHBORHOOD EDUCATIONAL CENTER - 766 NORTH WATERMAN AVE - SAN BERNARDINO, CA 94210	33-0552297	501(C)(3)	26,750.	0.			PARTNERING WITH COMMUNITY HEALTH WORKERS AND PROMOTORES IN THE FUTURE OF MEDI-CAL (ADVISORY
ENGAGE R&D 556 S. FAIR OAKS AVE, STE 101 #603 PASADENA, CA 91105	82-0676544		30,000.	0.			PHASE 2 EVALUATION OF ENCORE PHYSICIANS PROGRAM. UNDERSTANDING PARTICIPATORY APPROACHES
ES ADVISORS, LLC 5305 W. 84TH TERRACE PRAIRIE VILLAGE, KS 66207	81-4995594		13,275.	0.			COMMUNITY HEALTH WORKER STATE PLAN AMENDMENT TECHNICAL ASSISTANCE - ES ADVISORS, LLC
EVITARUS, INC. 2355 WESTWOOD BLVD, #1107 LOS ANGELES, CA 90064	27-0527588		575,400.	0.			THE EXPERIENCES OF BLACK CALIFORNIANS AND RACISM IN THE HEALTH SYSTEM

Schedule I (Form 990)

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FORUM ONE COMMUNICATIONS CORP. 6140 S. GUN CLUB RD, K6-153 AURORA, CO 80016	94-3261569		10,175.	0.			CHCF TOOLKIT DESIGN AND DEVELOPMENT CHANGE ORDER
FOUNDATION FOR CALIFORNIA COMMUNITY COLLEGES - 1102 Q STREET, STE 4800 - SACRAMENTO, CA 95811	68-0412350	501(C)(3)	500,000.	0.			CALIFORNIA MEDICINE SCHOLARS PROGRAM
FOURTH QUADRANT PARTNERS, LLC 435 EAST ROAD FRANCESTOWN, NH 03043	45-3945476		22,500.	0.			SUPPORTING THE NEXT PHASE OF THE EMERGENT LEARNING COMMUNITY OF PRACTITIONERS
FREEDMAN HEALTHCARE, LLC 29 CRAFTS STREET, SUITE 470 NEWTON, MA 02458	20-4509536		64,990.	0.			ADVANCING PRIMARY CARE INVESTMENT: STATE SCAN ON DATA COLLECTION, TRANSPARENCY, AND
THE FRIENDSHIP HOUSE ASSOCIATION OF AMERICAN INDIANS - 56 JULIAN AVENUE - SAN FRANCISCO, CA 94103	23-7097915	501(C)(3)	155,000.	0.			GENERAL SUPPORT FOR VILLAGE SF PROJECT. THE VILLAGE SF PROJECT.
THE GENERAL HOSPITAL CORPORATION 55 FRUIT STREET BOSTON, MA 02114	04-2697983	501(C)(3)	150,000.	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		54,342.	0.			CALIFORNIA'S DELIVERY SYSTEM IN TRANSITION: A LONGITUDINAL VIEW FROM THE FRONT LINES
GRANTMAKERS IN AGING C/O CLIFTONLARSONALLEN LLP - 901 NORTH GLEBE ROAD, STE 200 - ARLINGTON, VA 22203	13-4014982	501(C)(3)	15,000.	0.			VIRTUAL SITE VISIT SUPPORT - GRANTMAKERS IN AGING ANNUAL CONFERENCE, 2021
GRANTMAKERS FOR EFFECTIVE ORGANIZATIONS - 1310 L STREET, SUITE 650 - WASHINGTON, DC 20005	01-0669150	501(C)(3)	19,690.	0.			2022 MEMBERSHIP. GRANTMAKERS FOR EFFECTIVE ORGANIZATIONS (GEO) NATIONAL CONFERENCE,

Schedule I (Form 990)

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GRANTMAKERS IN HEALTH 1100 CONNECTICUT AVENUE SUITE 1100 WASHINGTON, DC 20036	13-3206571	501(C)(3)	10,000.	0.			GRANTMAKERS IN HEALTH PALLIATIVE CARE PROGRAMMING
GROWTH MINDSET COMMUNICATIONS, INCORPORATED - 8957 CIMMARON ST. - LOS ANGELES, CA 90047	83-1493756		32,500.	0.			DOCENT-COMMONSPIRIT PROJECT MANAGEMENT
PRESIDENT AND FELLOWS OF HARVARD COLLEGE - 86 BRATTLE STREET - CAMBRIDGE, MA 02138	04-2103580	501(C)(3)	11,252.	0.			COMMUNITY HEALTH WORKER STATE PLAN AMENDMENT TECHNICAL ASSISTANCE
HEALTH ACCESS FOUNDATION 1127 11TH STREET, SUITE 925 SACRAMENTO, CA 95814	93-0957949	501(C)(3)	622,500.	0.			PRIMARY CARE INVESTMENT COORDINATING GROUP - HEALTH ACCESS. CORE SUPPORT FOR HEALTH ACCESS
HEALTHBEGINS, LLC 2600 W OLIVE AVE, STE 500 BURBANK, CA 91505	46-1646737		374,263.	0.			CONSULTING SERVICES FOR THE ADVANCING THE ROLE OF COMMUNITY HEALTH WORKERS AND PROMOTORES (CHW/PS)
HEALTH IN HER HUE, INC. 2914 PEARSALL AVE BRONX, NY 10469	85-2465420		40,000.	0.			HEALTH IN HER HUE SEED GRANT
HEALTHTECH SOLUTIONS, LLC 2030 HOOVER BLVD FRANKFORT, KY 40601	45-2938486		29,488.	0.			REVISITING CALIFORNIA ECONNECT - LESSONS LEARNED. LANDSCAPE OF STATEWIDE HEALTH
HEALTH CARE CONFERENCE ADMINISTRATORS LLC - 37 TATOOSH KEY - BELLEVUE, WA 98006	91-1892021		25,000.	0.			VIRTUAL NATIONAL HEALTH EQUITY SUMMIT, 2021
HEALTH CAREER CONNECTION, INC. 300 FRANK OGAWA PLAZA, SUITE 243 OAKLAND, CA 94612	25-1904312	501(C)(3)	101,000.	0.			30TH ANNIVERSARY GALA. HEALTH EQUITY SCHOLARS PROGRAM, 2021. HEALTH EQUITY SCHOLARS PROGRAM.

Schedule I (Form 990)



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HEALTHIMPACT PO BOX 70007 OAKLAND, CA 94612	82-0570413	501(C)(3)	100,000.	0.			ADVANCING NURSE PRACTITIONER INDEPENDENT PRACTICE
HEALTH LEADS INC. 24 SCHOOL STREET, 6TH FLOOR BOSTON, MA 02108	45-0484533	501(C)(3)	30,000.	0.			CHW/PROMOTOR CAPACITY BUILDING COLLABORATIVE
HEALTH MANAGEMENT ASSOCIATES, INC. 120 N. WASHINGTON SQUARE, SUITE 705 LANSING, MI 48933	38-2599727		151,222.	0.			ANALYSIS OF FEDERALLY QUALIFIED HEALTH CENTERS (FQHC) CONTRIBUTION TO MEDI-CAL AMBULATORY
HENRY J. KAISER FAMILY FOUNDATION 185 BERRY STREET, SUITE 2000 SAN FRANCISCO, CA 94107	94-6064808	501(C)(3)	2,903,856.	0.			EMPLOYER HEALTH BENEFITS SURVEY, 2022. THE CONVERSATION / LA CONVERSACION - PREGNANCY
HILL COUNTRY COMMUNITY CLINIC 29632 HWY 299 E, PO BOX 228 ROUND MOUNTAIN, CA 96084	94-2831597	501(C)(3)	10,000.	0.			CONNECTED CARE ACCELERATOR - INFRASTRUCTURE AND SPREAD
HOOPER, LUNDY & BOOKMAN, P.C. 1875 CENTURY PARK EAST, SUITE 1600 LOS ANGELES, CA 90067	95-4109805		83,601.	0.			REVIEW OF LEGAL CITATIONS. LEGAL ANALYSIS OF CERTAIN ASPECTS OF CALIFORNIA ASSEMBLY BILL
INDEPENDENT ARTS & MEDIA PO BOX 420442 SAN FRANCISCO, CA 94142	94-3355076	501(C)(3)	39,700.	0.			EL TIMPANO'S COMUNIDADES INFORMADAS PROJECT. CORE SUPPORT FOR EL TIMPANO.
INDIANA UNIVERSITY 400 EAST 7TH STREET, ROOM 501 BLOOMINGTON, IN 47405	35-6001673	IU	20,120.	0.			CALIFORNIA HEALTH CARE FOUNDATION DATA EXCHANGE PROGRAM - EVALUATION OF REFERENTIAL MATCHING
INFO LINE OF SAN DIEGO COUNTY 3860 CALLE FORTUNADA, SUITE 101 SAN DIEGO, CA 92123	33-1029843	501(C)(3)	10,000.	0.			ANNUAL (VIRTUAL) SUMMIT, 2021

Schedule I (Form 990)

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INLAND BEHAVIORAL AND HEALTH SERVICES, INC. - 1963 NORTH E STREET - SAN BERNARDINO, CA 92405	95-3246624	501(C)(3)	50,000.	0.			CONNECTED CARE ACCELERATOR - INFRASTRUCTURE AND SPREAD TRACK
INNOVATION NETWORK, INC. 1660 L STREET, NW, SUITE 450 WASHINGTON, DC 20036	52-1807655	501(C)(3)	25,000.	0.			LISTENING TO BLACK, INDIGENOUS, PEOPLE OF COLOR (BIPOC) FOUNDATION PHILANTHROPY CEOS
INSTITUTE FOR CLINICAL AND ECONOMIC REVIEW - 14 BEACON STREET, SUITE 800 - BOSTON, MA 02108	46-3250612	501(C)(3)	240,000.	0.			CONTINUED SUPPORT FOR CALIFORNIA TECHNOLOGY ASSESSMENT FORUM, 2022-24
INSTITUTE FOR COMMUNITY HEALTH 350 MAIN STREET, 4TH FLOOR MALDEN, MA 02148	04-3543853	501(C)(3)	15,525.	0.			PUBLIC CHARGE: IMPACT ON ESSENTIAL WORKERS WHO ARE IMMIGRANTS
INSURE THE UNINSURED PROJECT 1107 9TH STREET, SUITE 1025 SACRAMENTO, CA 95814	27-4159194	501(C)(3)	500,000.	0.			INSURE THE UNINSURED PROJECT: CORE SUPPORT 2021 2022
INTEGRATED HEALTHCARE ASSOCIATION 500 12TH STREET, STE 300 OAKLAND, CA 94607	94-3211035	501(C)(6)	100,987.	0.			PRIMARY CARE INVESTMENT COORDINATING GROUP - IHA. REFINING ANALYSIS OF PRIMARY CARE SPENDING IN
INTEGRATED HEALTHDATA SYSTEMS, INC. - 2205 N MEADOWS AVENUE, - MANHATTAN BEACH, CA 90266	95-3825995		22,500.	0.			IMPACT OF COVID-19 ON UTILIZATION AND FINANCES IN CALIFORNIA ACUTE CARE HOSPITALS THROUGH Q1 2021
INTREPID ASCENT LLC 2120 UNIVERSITY AVE, STE 722 BERKELEY, CA 94704	46-4484811		173,000.	0.			LANDSCAPE OF REGIONAL DATA EXCHANGE ACTIVITIES IN CALIFORNIA. DATA EXCHANGE EXPLAINER SERIES
IQ 360 1000 BISHOP STREET, SUITE 500 HONOLULU, HI 96813	27-3308484		137,886.	0.			RESTORING TRUST: PUBLIC CHARGE GUIDE UPDATE AND DISSEMINATION. KEEP YOUR BENEFITS COMMUNICATIONS

Schedule I (Form 990)

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JDRF INTERNATIONAL 200 VESEY STREET, 28TH FLOOR NEW YORK, NY 10281	23-1907729	501(C)(3)	10,000.	0.			DIABETES CARE
JSI RESEARCH & TRAINING INSTITUTE, INC. - 44 FARNSWORTH STREET - BOSTON, MA 02210	04-2679824	501(C)(3)	390,000.	0.			DELTA CENTER CALIFORNIA: ACCELERATING BEHAVIORAL HEALTH AND PRIMARY CARE INTEGRATION THROUGH
JUSTICE FUNDERS 436 14TH STREET, SUITE 700 OAKLAND, CA 94612	85-3980966	501(C)(3)	15,000.	0.			2022 MEMBERSHIP
KAISER FOUNDATION HEALTH PLAN OF WASHINGTON - 1300 SW 27TH STREET - RENTON, WA 98057	91-0511770	501(C)(3)	324,249.	0.			CONNECTED CARE ACCELERATOR: FORMATIVE EVALUATION OF THE INNOVATION LEARNING
KAISER FOUNDATION HOSPITALS 1800 HARRISON STREET, 16TH FLOOR OAKLAND, CA 94612	94-1105628	501(C)(3)	25,300.	0.			PHYSICIAN PARTICIPATION IN MEDI-CAL MANAGED CARE: PILOT STUDY
KOREAN COMMUNITY SERVICES, INC. 451 W. LINCOLN AVE, SUITE 100 ANAHEIM, CA 92805	95-3245254	501(C)(3)	45,000.	0.			ADVANCING BEHAVIORAL HEALTH EQUITY IN PRIMARY CARE LEARNING COLLABORATIVE PARTICIPANT
KQED 2601 MARIPOSA STREET SAN FRANCISCO, CA 94110	94-1241309	501(C)(3)	178,000.	0.			SUPPORT FOR THE CALIFORNIA REPORT, 2020-2022. SUPPORT FOR HEALTH CARE COVERAGE,
LATINO COMMUNITY FOUNDATION 235 MONTGOMERY STREET, SUITE 1160 SAN FRANCISCO, CA 94104	81-0564400	501(C)(3)	255,000.	0.			ANNUAL GALA, 2021. LATINO COMMUNITY FOUNDATIONS LATINO POWER FUND.
LATINO MEDIA COLLABORATIVE 360 E 2ND STREET, 8TH FLOOR LOS ANGELES, CA 90012	85-4098339	501(C)(3)	120,709.	0.			PILOTING A SHARED HEALTH DESK FOR LATINX MEDIA

Schedule I (Form 990)

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LEADINGAGE CALIFORNIA FOUNDATION 1315 I STREET, SUITE 100 SACRAMENTO, CA 95814	95-2383463	501(C)(3)	100,000.	0.			EQUITY INITIATIVE
LEGAL AID SOCIETY OF SAN MATEO COUNTY - 330 TWIN DOLPHIN DR, SUITE 123 - REDWOOD CITY, CA 94065	94-1451894	501(C)(3)	75,000.	0.			RESTORING TRUST: PUBLIC CHARGE GUIDE UPDATE AND DISSEMINATION
LIVE CHAIR INC 6700 ALEXANDER BELL DR, STE 200 COLUMBIA, MD 21046	81-3382455		40,000.	0.			LIVE CHAIR HEALTH SEED GRANT
LOCAL HEALTH PLANS OF CALIFORNIA 1215 K STREET, SUITE 2230 SACRAMENTO, CA 95814	95-4626128	501(C)(6)	125,150.	0.			PARTNERING WITH COMMUNITY HEALTH WORKERS AND PROMOTORES IN THE FUTURE OF MEDI-CAL (ADVISORY
LOS ANGELES COUNTY-USC MEDICAL CENTER FOUNDATION, INC. - 1200 N. STATE ST, STE 1010 - LOS ANGELES, CA 90033	95-4192908	501(C)(3)	45,000.	0.			ADVANCING BEHAVIORAL HEALTH EQUITY IN PRIMARY CARE LEARNING COLLABORATIVE PARTICIPANT
MANATT, PHELPS & PHILLIPS, LLP 2049 CENTURY PARK EAST, SUITE 1700 LOS ANGELES, CA 90067	95-2375841		29,500.	0.			WHY WE NEED BETTER DATA EXCHANGE INFRASTRUCTURE - CRITICAL USE CASES IN CALIFORNIA
MARY ANN LIEBERT, INC. 140 HUGUENOT STREET, 3RD FLOOR NEW ROCHELLE, NY 10801	13-3025783		40,000.	0.			A SPECIAL ISSUE OF TELEMEDICINE AND E-HEALTH ON UNDERSERVED POPULATIONS
MARIN CITY HEALTH AND WELLNESS CENTER - 630 DRAKE AVE - MARIN CITY, CA 94965	06-1787661	501(C)(3)	45,000.	0.			ADVANCING BEHAVIORAL HEALTH EQUITY IN PRIMARY CARE LEARNING COLLABORATIVE PARTICIPANT
MARK TWAIN HEALTH CARE DISTRICT PO BOX 95 SAN ANDREAS, CA 95249	94-6003128	MTHCD	45,000.	0.			ADVANCING BEHAVIORAL HEALTH EQUITY IN PRIMARY CARE LEARNING COLLABORATIVE PARTICIPANT

Schedule I (Form 990)

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MATERNAL MENTAL HEALTH LEADERSHIP ALLIANCE - 3068 NORTH QUINCY STREET - ARLINGTON, VA 22207	82-4169146	501(C)(3)	72,600.	0.			MATERNAL MENTAL HEALTH LEADERSHIP ALLIANCE: SUPPORT FOR FACT SHEETS ON MATERNAL MENTAL
MATHEMATICA INC. PO BOX 2393 PRINCETON, NJ 08543	22-2112296		300,593.	0.			USING EVIDENCE TO INFORM CALIFORNIA HEALTH WORKFORCE POLICY: PLANNING GRANT. PLANNING
MEDICAL BOARD OF CALIFORNIA 1625 N. MARKET BLVD S-103 SACRAMENTO, CA 95834	68-0306572	CAMB	75,000.	0.			LICENSED PHYSICIANS FROM MEXICO PILOT PROGRAM RENEWAL
MEDIA IMPACT FUNDERS INC. 200 WEST WASHINGTON SQUARE, STE 220 PHILADELPHIA, PA 19106	26-1948166	501(C)(3)	7,500.	0.			2022 MEMBERSHIP
MILLIMAN, INC. 650 CALIFORNIA ST, 21ST FLOOR SAN FRANCISCO, CA 94108	91-0675641		30,000.	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		89,976.	0.			EVALUATION OF ANTI-RACISM TRAINING FOR COHORT 18. CHERISHED FUTURES EVALUATION.
MISSION CITY COMMUNITY NETWORK, INC. - 8527 SEPULVEDA BLVD - NORTH HILLS, CA 91343	95-4226189	501(C)(3)	10,000.	0.			CONNECTED CARE ACCELERATOR - INFRASTRUCTURE AND SPREAD
MIXTECO INDIGENA COMMUNITY ORGANIZING PROJECT - 520 W. FIFTH STREET, SUITE F - OXNARD, CA 93030	30-0045901	501(C)(3)	10,000.	0.			MICOP'S DOMESTIC VIOLENCE SUPPORT
2020 MOM 27101 ISLAND VIEW COURT VALENCIA, CA 91355	45-5009704	501(C)(3)	20,000.	0.			2020 MOM'S "BUILDING THE MATERNAL MENTAL HEALTH CONSTELLATION" CONFERENCE, 2022

Schedule I (Form 990)

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MORNINGSIDE PRIMARY CARE MEDICAL CENTER - 617 W. MANCHESTER AVE - LOS ANGELES, CA 90044	95-4717163		10,000.	0.			CONNECTED CARE ACCELERATOR - INFRASTRUCTURE AND SPREAD TRACK
MOSS ADAMS LLP 999 THIRD AVE, STE 2800 SEATTLE, WA 98104	91-0189318		25,000.	0.			ASSESSING IMPACT OF CONTRACT-MODE IN-HOME SUPPORTIVE SERVICES
NARRATIVE NATION, INC. 82-155 COUNTRY POINT CIRCLE BELLROSE MANOR, NY 11427	82-3760872	501(C)(3)	124,164.	0.			BIRTHRIGHT PODCASTSEASON 2. LAUNCHING A BLACK BIRTHING JOY PODCAST SERIES.
NATIONAL ACADEMY OF SCIENCES 2101 CONSTITUTION AVENUE, NW WASHINGTON, DC 20418	53-0196932	501(C)(3)	50,000.	0.			NATIONAL ACADEMY OF MEDICINE'S (NAM) LEADERSHIP CONSORTIUM
NATIONAL HEALTH CARE FOR THE HOMELESS COUNCIL - 604 GALLATIN AVENUE, SUITE 106 - NASHVILLE, TN 37206	62-1475145	501(C)(3)	195,000.	0.			CONFERENCE SPONSORSHIP - NATIONAL HEALTH CARE FOR THE HOMELESS CONFERENCE AND POLICY SYMPOSIUM
NATIONAL HEALTH FOUNDATION 515 S. FIGUEROA STREET, SUITE 1300 LOS ANGELES, CA 90071	23-7314808	501(C)(3)	68,743.	0.			LOS ANGELES-FOCUSED PLANNING GRANT TO SCOPE WHAT'S NEEDED TO PROVIDE MEDICAL RESPITE AS AN
NATIONAL HEALTH LAW PROGRAM 3701 WILSHIRE BLVD, SUITE 750 LOS ANGELES, CA 90010	95-3080947	501(C)(3)	175,000.	0.			GATHERING EARLY LESSONS FROM CALIFORNIA'S COMMUNITY DOULA EFFORTS. SUPPORT FOR CALAIM
NATIONAL ASSOCIATION OF HEALTH DATA ORGANIZATIONS - 965 E CENTER ST - PROVO, UT 84606	52-1563768	501(C)(3)	10,000.	0.			ANNUAL NATIONAL ASSOCIATION OF HEALTH DATA ORGANIZATIONS (NAHDO) CONFERENCE, 2021
NATIONAL MEDICAL FELLOWSHIPS INC. PO BOX 3875 NEW YORK, NY 10163	01-0963657	501(C)(3)	88,750.	0.			GENERAL SUPPORT. MEDICAL EDUCATION SCHOLARSHIPS FOR UNDERREPRESENTED MINORITIES. LOS ANGELES

Schedule I (Form 990)

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NATIONAL COUNCIL FOR BEHAVIORAL HEALTH - 1400 K STREET NW, SUITE 400 - WASHINGTON, DC 20005	23-7092671	501(C)(3)	132,508.	0.			TECHNICAL REPORT ON VIRTUAL, IN-PERSON AND HYBRID BEHAVIORAL HEALTH CARE
NATIONAL COMMITTEE FOR QUALITY ASSURANCE - 1100 13TH STREET THIRD FLOOR - WASHINGTON, DC 20005	52-1191985	501(C)(3)	326,750.	0.			PARTNERING WITH COMMUNITY HEALTH WORKERS AND PROMOTORES IN THE FUTURE OF MEDI-CAL (ADVISORY
NATIONAL OPINION RESEARCH CENTER 55 EAST MONROE ST. CHICAGO, IL 60603	36-2167808	501(C)(3)	369,428.	0.			ADDITIONAL ANALYSIS: CALIFORNIA HEALTH POLICY SURVEY. TELEHEALTH EXPERIENCE INTERVIEWS.
JUSTICE IN AGING 1444 EYE STREET SUITE 1100 WASHINGTON, DC 20005	95-3132674	501(C)(3)	40,000.	0.			EXPLORING DATA GAPS ON ACCESS TO AND USE OF HOME- AND COMMUNITY-BASED SERVICES
NEW HAMPSHIRE CHARITABLE FOUNDATION - 37 PLEASANT ST. - CONCORD, NH 03301	02-6005625	501(C)(3)	7,000.	0.			SUPPORT FOR SUBSTANCE USE FUNDERS NETWORK
NEW VENTURE FUND 1828 L STREET SUITE 300-A WASHINGTON, DC 20036	20-5806345	501(C)(3)	555,000.	0.			BRIDGING THE DIVIDE BETWEEN SCHOOLS AND MANAGED CARE. ADVANCING FEDERAL IMMIGRATION
NORTHEASTERN RURAL HEALTH CLINICS 1850 SPRING RIDGE DRIVE SUSANVILLE, CA 96130	94-2492609	501(C)(3)	10,000.	0.			CONNECTED CARE ACCELERATOR - INFRASTRUCTURE AND SPREAD
NORTHERN CALIFORNIA GRANTMAKERS 160 SPEAR STREET, SUITE 360 SAN FRANCISCO, CA 94105	94-2761355	501(C)(3)	150,000.	0.			CORE SUPPORT, 2022-2024
OLD SKOOL CAFE 1429 MENDELL STREET SAN FRANCISCO, CA 94124	20-3913900	501(C)(3)	10,000.	0.			2021 GALA SPONSORSHIP

Schedule I (Form 990)

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OLIVE VIEW-UCLA EDUCATION AND RESEARCH INSTITUTE, INC. - 14445 OLIVE VIEW DRIVE - SYLMAR, CA 91342	95-2249539	501(C)(3)	80,000.	0.			FORMATIVE EVALUATION OF LA COUNTY SOCIAL DETERMINANTS OF HEALTH INTEGRATION PROJECT
ONEFUTURE COACHELLA VALLEY 41550 ECLECTIC STREET PALM DESERT, CA 92260	81-3653698	501(C)(3)	100,000.	0.			HEALTHCARE SCHOLARSHIP AND WORKFORCE DEVELOPMENT FUND
OPEN DOOR COMMUNITY HEALTH CENTERS 1275 8TH STREET ARCATA, CA 95521	95-2671433	501(C)(3)	45,000.	0.			ADVANCING BEHAVIORAL HEALTH EQUITY IN PRIMARY CARE LEARNING COLLABORATIVE PARTICIPANT
OPERATION DIGNITY, INC 318 HARRISON ST, STE 302 OAKLAND, CA 94607	94-3176007	501(C)(3)	15,000.	0.			GENERAL OPERATING SUPPORT
PURCHASER BUSINESS GROUP ON HEALTH 275 BATTERY STREET, SUITE 480 SAN FRANCISCO, CA 94111	94-3093623	501(C)(3)	249,250.	0.			PRIMARY CARE INVESTMENT COORDINATING GROUP - PBGH. PRIMARY CARE PRACTICE TRANSFORMATION:
PACIFIC HEALTH CONSULTING GROUP 72 OAK KNOLL AVENUE SAN ANSELMO, CA 94960	68-0403180		68,875.	0.			SUPPORT FOR HEALTH CARE CLINIC FUNDERS AND TELEHEALTH AFFINITY GROUPS. MODERNIZING
PALLIATIVE CARE QUALITY COLLABORATIVE NFP - 8735 W. HIGGINS ROAD, SUITE 300 - CHICAGO, IL 60631	83-4460105	501(C)(3)	174,000.	0.			PALLIATIVE CARE QUALITY COLLABORATIVE: PLANNING AND STAKEHOLDER ENGAGEMENT ON IMPROVING
PASCHAL ROTH PUBLIC AFFAIRS, INC. 1127 11TH STREET, SUITE 824 SACRAMENTO, CA 95814	26-3273301		198,652.	0.			BUILDING CAPACITY OF STATE LEADERS. COMMUNICATIONS SUPPORT TO LAUNCH THE DEPARTMENT OF
PETALUMA HEALTH CENTER 1455 N. MCDOWELL BLVD, STE D PETALUMA, CA 94954	68-0437840	501(C)(3)	45,000.	0.			ADVANCING BEHAVIORAL HEALTH EQUITY IN PRIMARY CARE LEARNING COLLABORATIVE PARTICIPANT

Schedule I (Form 990)



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PLANNED PARENTHOOD SHASTA DIABLO, INC. - 2185 PACHECO STREET - CONCORD, CA 94520	94-1575233	501(C)(3)	20,000.	0.			GENERAL SUPPORT
POSSIBILITY LABS 1410 FRANKLIN ST, #135 SAN FRANCISCO, CA 94109	85-3989363	501(C)(3)	25,000.	0.			VISIBLE HANDS - DIGITAL HEALTH ACCELERATOR
PROJECT HOPE - THE PEOPLE-TO-PEOPLE HEALTH FOUNDATION - 1220 19TH STREET NW, SUITE 800 - WASHINGTON, DC 20036	53-0242962	501(C)(3)	533,755.	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	94-3078543	501(C)(3)	29,999.	0.			SCOPING AND NEEDS ASSESSMENT ON LEVERAGING ELECTRONIC HEALTH RECORDS TO SYSTEMATIZE SUPPORTIVE
PUBLIC HEALTH ADVOCATES PO BOX 2309 DAVIS, CA 95617	95-4723901	501(C)(3)	205,000.	0.			PLANNING GRANT FOR WORK WITH LEAGUE OF CITIES ON HOMELESSNESS. CA COVID JUSTICE: PUBLIC HEALTHS
PUBLIC HEALTH INSTITUTE 555 12TH STREET, 10TH FLOOR OAKLAND, CA 94607	94-1646278	501(C)(3)	744,828.	0.			SUPPORTING CALIFORNIA'S TELEHEALTH POLICY COALITION, 2022. SPREADING ALAMEDA COUNTY
PUBLIC POLICY INSTITUTE OF CALIFORNIA - 500 WASHINGTON STREET, SUITE 600 - SAN FRANCISCO, CA 94111	94-3207299	501(C)(3)	140,000.	0.			PUBLIC POLICY INSTITUTE OF CALIFORNIA SPEAKER SERIES ON CALIFORNIA'S FUTURE, 2022. COVID-19
RACE FOR EQUITY LLC 1111 EXCELSIOR GRAND AVE DURHAM, NC 27713	83-1481691		9,963.	0.			TECHNICAL ASSISTANCE/FACILITATOR SUPPORT FOR DEPARTMENT OF HEALTH CARE SERVICES
RADICAL HEALTH INC 468 E. 138TH STREET, 1, BRONX, NY 10454	81-3828902		40,000.	0.			RADICAL HEALTH SEED GRANT

Schedule I (Form 990)

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RADIO BILINGUE, INC. 5005 E. BELMONT AVE FRESNO, CA 93727	94-2472322	501(C)(3)	10,000.	0.			COVID-19 RADIO MESSAGING TO MIXTECO-SPEAKING AUDIENCES
RAND CORPORATION 1776 MAIN STREET, M4W SANTA MONICA, CA 90407	95-1958142	501(C)(3)	880,521.	0.			PRIMARY CARE INVESTMENT COORDINATING GROUP - RAND. CONNECTED CARE ACCELERATOR DATA
RECOGNIZING ILLNESSES VERY EARLY & RESPONDING - 1 SHIELD AVENUE - DAVIS, CA 95616	47-5459406	501(C)(3)	10,000.	0.			RIVER MOBILE PEDIATRIC CLINIC
REDWOOD COMMUNITY HEALTH COALITION 1310 REDWOOD WAY, SUITE 135 PETALUMA, CA 94954	94-3220029	501(C)(3)	30,000.	0.			COMMUNITY CLINIC CONSORTIA MERGER SUPPORT FOR REDWOOD AND CONTRA COSTA AND SOLANO
REGENTS OF THE UNIVERSITY OF MINNESOTA - 200 OAK STREET SE, 450 MCNAMARA ALUMNI CENTER - MINNEAPOLIS, MN 55455-2070	41-6007513	UMN	150,000.	0.			ON-DEMAND DATA ANALYSIS AND LEARNING FROM OTHER STATES: STATE HEALTH ACCESS ASSISTANCE CENTER
REYES SCHOLARSHIP FUND INC. 1441 HUNTINGTON DRIVE #147 SOUTH PASADENA, CA 91030	86-1784627	501(C)(3)	10,000.	0.			EMPOWERING UNDERREPRESENTED FUTURE LEADERS (HEALTH WORKFORCE) IN
RUTGERS, THE STATE UNIVERSITY 33 KNIGHTSBRIDGE RD PISCATAWAY, NJ 08854	22-6001086	501(C)(3)	21,288.	0.			COMMUNITY HEALTH WORKER STATE PLAN AMENDMENT TECHNICAL ASSISTANCE
SAMAHAN HEALTH CENTERS 1428 HIGHLAND AVENUE NATIONAL CITY, CA 91950	95-3008798	501(C)(3)	45,000.	0.			ADVANCING BEHAVIORAL HEALTH EQUITY IN PRIMARY CARE LEARNING COLLABORATIVE PARTICIPANT
SAN DIEGO SENIORS COMMUNITY FOUNDATION - 626 TARENTO DR - SAN DIEGO, CA 92106	81-4910505	501(C)(3)	15,000.	0.			HEALTH-RELATED ACTIVITIES AND SUPPORT FOR SAN DIEGO SENIORS

Schedule I (Form 990)

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SAN DIEGO STATE UNIVERSITY RESEARCH FOUNDATION - 5250 CAMPINILE DR - SAN DIEGO, CA 92182	95-6042721	501(C)(3)	270,400.	0.			HEALTH CARE POLICY REPORTING AT KPBS, 2021-2022. SUPPORT FOR HEALTH CARE COVERAGE,
SAN FRANCISCO GENERAL HOSPITAL FOUNDATION - PO BOX 410836 - SAN FRANCISCO, CA 94141	94-3189424	501(C)(3)	110,000.	0.			INNOVATION FUND ADVISORY COMMITTEE GRANT: GENERAL SUPPORT. 2022 HEARTS IN SF EVENT.
SAN FRANCISCO PUBLIC HEALTH FOUNDATION - 1 HALLIDIE PLAZA, STE 808 - SAN FRANCISCO, CA 94102	94-3117093	501(C)(3)	232,500.	0.			PARTNERING WITH COMMUNITY HEALTH WORKERS AND PROMOTORES IN THE FUTURE OF MEDI-CAL (STAKEHOLDER
SAN FRANCISCO STUDY CENTER INC. 1663 MISSION STREET, SUITE 310 SAN FRANCISCO, CA 94103	94-2168838	501(C)(3)	25,000.	0.			SPONSORSHIP OF MINDSITE NEWS CALIFORNIA COVERAGE
SAN MATEO HEALTH COMMISSION ORGANIZED HEALTH SYSTEM - 801 GATEWAY BOULEVARD, SUITE 100 - SOUTH SAN FRANCISCO, CA 94080	94-3020555	SM HCOHS	200,000.	0.			INTEGRATION OF BEHAVIORAL HEALTH SERVICES: HPSM AND SMCH
SANTA BARBARA NEIGHBORHOOD CLINICS 414 E. COTA ST, 1ST FL. SANTA BARBARA, CA 93101	77-0496382	501(C)(3)	55,000.	0.			CONNECTED CARE ACCELERATOR - INFRASTRUCTURE AND SPREAD. ADVANCING
SELLERS DORSEY & ASSOCIATES, LLC 1635 MARKET STREET, SUITE 301 PHILADELPHIA, PA 19103	25-1874383		91,750.	0.			MEDI-CAL MANAGED CARE PROCUREMENT BRIEFING PAPER FOR MEDI-CAL EXPLAINED SERIES.
SHATTERPROOF A NON-PROFIT CORPORATION - 101 MERRITT 7 CORPORATE PARK, 1ST FLOOR - NORWALK, CT 06851	45-4619712	501(C)(3)	12,000.	0.			ADDICTION TREATMENT LOCATER, ASSESSMENT AND STANDARDS (ATLAS) IN THE CALIFORNIA
SIGNAL KEY CONSULTING 874 CORDOVA STREET SAN DIEGO, CA 92107	90-1077050		9,000.	0.			A PRACTICAL GUIDE FOR SPREADING COMMUNITY-BASED PALLIATIVE CARE IN THE MEDI-CAL PROGRAM

Schedule I (Form 990)

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SISTERSONG, INC 1237 RALPH DAVID ABERNATHY BLVD SW ATLANTA, GA 30310	51-0544927	501(C)(3)	25,000.	0.			BLACK MAMAS MATTER ALLIANCE'S 2022 BLACK MATERNAL HEALTH WEEK SPONSORSHIP. 2022 BLACK
SOCIAL GOOD FUND, INC. 12651 SAN PABLO AVENUE, SUITE 5473 RICHMOND, CA 94805	46-1323531	501(C)(3)	10,000.	0.			THE NOCTURNISTS PODCAST STORIES FROM A PANDEMIC: PART 2
SOCIAL GOOD SOLUTIONS 22161 PARTHENIA STREET WEST HILLS, CA 91304	47-2256800		8,975.	0.			MODERATING A MULTI-FUNDER BIRTH EQUITY SESSION AT THE GRANTMAKERS IN HEALTH ANNUAL CONFERENCE, 2022.
SOUTHERN CALIFORNIA GRANTMAKERS 1000 N. ALAMEDA STREET, SUITE 230 LOS ANGELES, CA 90012	95-2831058	501(C)(3)	255,000.	0.			SCG POLICY CONFERENCE, 2022. SOUTHERN CALIFORNIA GRANTMAKERS BLACK EQUITY COLLECTIVE.
SOUTHERN CALIFORNIA PUBLIC RADIO 474 S. RAYMOND AVE PASADENA, CA 91105	95-4765734	501(C)(3)	356,575.	0.			SUPPORT FOR HEALTH CARE REPORTING, 2020-2022. SUPPORT FOR HEALTH CARE COVERAGE, 2022-24.
STANFORD UNIVERSITY 485 BROADWAY, MAIL CODE 8838 REDWOOD CITY, CA 94063	94-1156365	501(C)(3)	29,890.	0.			TRACKING CALIFORNIA HOSPITAL COMPLIANCE WITH PRICE TRANSPARENCY POLICY
ST. ANNE'S FAMILY SERVICES 155 NORTH OCCIDENTAL BLVD LOS ANGELES, CA 90026	95-1691306	501(C)(3)	30,000.	0.			IMPROVE ACCESS TO HEALTH CARE
STARS, INC. 400 ESTUDILLO AVE SAN LEANDRO, CA 94577	94-3239049		10,000.	0.			UC PMHNP PLACEMENT SITE STIPEND STARS COMMUNITY SERVICES
ST. JOHN'S WELL CHILD AND FAMILY CENTER, INC. - 808 W. 58TH STREET - LOS ANGELES, CA 90037	95-4067758	501(C)(3)	10,000.	0.			CONNECTED CARE ACCELERATOR - INFRASTRUCTURE AND SPREAD

Schedule I (Form 990)

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ST. PAUL'S RETIREMENT HOMES FOUNDATION - 328 MAPLE STREET - SAN DIEGO, CA 92103	33-0627795	501(C)(3)	15,000.	0.			HEALTH CARE SERVICES AND HOUSING FOR SENIORS AND HOMELESS INDIVIDUALS
STUDENT ACHIEVEMENT & ADVOCACY SERVICES - 1511 16TH ST, #101 - SANTA MONICA, CA 90404	52-2237872	501(C)(3)	50,000.	0.			DIGITAL HEALTH ACCELERATOR: PLUG-IN SOUTH LA
TECHNICAL ASSISTANCE COLLABORATIVE, INC. - 15 COURT SQUARE, 11TH FLOOR - BOSTON, MA 02108	22-3181028	501(C)(3)	135,000.	0.			MENTAL HEALTH AND SUD EMERGENCY RESPONSE THROUGH NEW MEDICAID AND OTHER AMERICAN RESCUE
TELECARE CORPORATION 1080 MARINA VILLAGE PKWY, STE 100 ALAMEDA, CA 94501	94-1735271		10,000.	0.			UC PMHNP PLACEMENT SITE STIPEND TELECARE
T.H.E. CLINIC, INC. 3834 S. WESTERN AVE LOS ANGELES, CA 90062	23-7351622	501(C)(3)	12,500.	0.			CONNECTED CARE ACCELERATOR - INFRASTRUCTURE AND SPREAD
TIBURCIO VASQUEZ HEALTH CENTER, INC. - 22331 MISSION STREET - HAYWARD, CA 94541	23-7118361	501(C)(3)	13,750.	0.			PARTNERING WITH COMMUNITY HEALTH WORKERS AND PROMOTORES IN THE FUTURE OF MEDI-CAL (STAKEHOLDER
TIDES FOUNDATION 1014 TORNEY AVENUE SAN FRANCISCO, CA 94129	51-0198509	501(C)(3)	380,000.	0.			TIDES CENTER COLLECTIVE ACTION FUND FOR EXPANDING GRADUATE MEDICAL EDUCATION IN CALIFORNIA.
TIDES CENTER 1438 WEBSTER STREET, SUITE 101 OAKLAND, CA 94612	94-3213100	501(C)(3)	1,631,007.	0.			PALLIATIVE CARE DELIVERY BEYOND THE COVID ERA: CONSIDERING THE FUTURE OF VIRTUAL CARE. GENERAL
TURNING BASIN LABS 1721 BROADWAY STREET, #201 OAKLAND, CA 94612	83-2360674		19,293.	0.			EMPLOYER SERVICES FOR A STATEWIDE SURVEY OF ADULTS EXPERIENCING HOMELESSNESS IN

Schedule I (Form 990)

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UC DAVIS FOUNDATION 202 COUSTEAU PLACE, SUITE 185 DAVIS, CA 95618	94-6081352	501(C)(3)	10,000.	0.			UC DAVIS SCHOOL OF MEDICINE DEAN'S STUDENT ASSISTANCE FUND
UC HASTINGS COLLEGE OF THE LAW 200 MCALLISTER STREET SAN FRANCISCO, CA 94102	94-2581680	UC HCL	117,526.	0.			CONSOLIDATION OVERSIGHT IN CALIFORNIA: A PRIMER FOR POLICYMAKERS. SUPPORT FOR 'THE SOURCE ON
THE UCLA FOUNDATION 10889 WILSHIRE BLVD, SUITE 1100 LOS ANGELES, CA 90024	95-2250801	501(C)(3)	20,000.	0.			CATALINA APP TO ENHANCE ACCESS TO MENTAL HEALTH CARE
UNITED WAY OF GREATER LOS ANGELES 1150 SOUTH OLIVE STREET, SUITE T500 LOS ANGELES, CA 90015	95-2274801	501(C)(3)	100,000.	0.			EVALUATION OF HEALTH PATHWAYS EXPANSION INITIATIVE IN LOS ANGELES
UNITED STATES OF CARE CAMPAIGN 2776 S. ARLINGTON MILL DR, STE 504 ARLINGTON, VA 22206	82-2860302	501(C)(3)	25,000.	0.			UNITED STATES OF CARE EVENTS LEADERSHIP COUNCIL RETREAT SERIES, 2021
UNIVERSITY OF CALIFORNIA, SAN FRANCISCO - 1855 FOLSOM STREET, SUITE 425 - SAN FRANCISCO, CA 94143	94-6036493	501(C)(3)	2,063,559.	0.			SEE PART IV
UNIVERSITY OF CALIFORNIA, BERKELEY 200 CALIFORNIA HALL # 1500 BERKELEY, CA 94720	94-6002123	501(C)(3)	130,000.	0.			UNDERSTANDING BARRIERS AND FACILITATORS TO PAYER INVESTMENT IN COMMUNITY DOULA CARE IN CALIFORNIA
UNIVERSITY OF CALIFORNIA, DAVIS ONE SHIELDS AVENUE DAVIS, CA 95616	94-6036494	501(C)(3)	495,785.	0.			DRIVERS OF RESILIENCE IN HEALTH PROFESSIONS STUDENTS. ADVANCING BEHAVIORAL HEALTH EQUITY
UNIVERSITY OF CALIFORNIA, LOS ANGELES - 405 HILGARD AVENUE - LOS ANGELES, CA 90095	95-6006143	501(C)(3)	685,804.	0.			ASSESSING END-OF-LIFE CARE IN CALIFORNIA MEDICAID MANAGED CARE PLANS. CALHOPE PHASE 1

Schedule I (Form 990)

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UNIVERSITY OF CALIFORNIA, IRVINE 510 ALDRICH HALL IRVINE, CA 92697	95-2226406	501(C)(3)	50,000.	0.			CONNECTED CARE ACCELERATOR - INFRASTRUCTURE AND SPREAD. UNIVERSITY OF
UNIVERSITY OF SOUTHERN CALIFORNIA 3720 SOUTH FLOWER STREET, SUITE 325 LOS ANGELES, CA 90089	95-1642394	501(C)(3)	570,000.	0.			WORKING WITH HOLLYWOOD TO SUPPORT BLACK BIRTH EQUITY AND PERINATAL MENTAL HEALTH.
UNIVERSITY OF WASHINGTON 4333 BROOKLYN AVE NE, BOX 359472 SEATTLE, WA 98195-9472	91-6001537	JW	300,000.	0.			IMPLEMENTING COLLABORATIVE CARE TO ADDRESS PERINATAL MENTAL HEALTH IN LA COUNTY
THE URBAN INSTITUTE 500 L'ENFANT PLAZA, SW WASHINGTON, DC 20024-2274	52-0880375	501(C)(3)	621,000.	0.			THE CHILLING EFFECTS AND VACCINE ATTITUDES IN CALIFORNIA. CHILLING EFFECTS AND
VALUE EXCHANGE CATALYSTS LLC 12803 STONECREST DRIVE SILVER SPRING, MD 20904	86-2519874		27,000.	0.			HOME-BASED MEDICAL CARE: ASSESSMENT OF TECH-ENABLED SOLUTIONS
VAYU HEALTH 19 ALISO WAY PORTOLA VALLEY, CA 94028	84-4962463	501(C)(3)	43,000.	0.			MODERNIZING PAYMENT FOR CHRONIC DISEASE CARE
VBID HEALTH LLC 3300 EAST DOBSON PL. ANN ARBOR, MI 48105	47-2054604		39,732.	0.			TECHNICAL ASSISTANCE FOR 2021 COVERED CALIFORNIA VALUE-BASED INSURANCE DESIGN (VBID) PILOT
VC LULAC PO BOX 369 OXNARD, CA 93032	82-3304951	501(C)(3)	100,000.	0.			FOOD IS MEDICINE INITIATIVE
VIA CARE COMMUNITY HEALTH CENTER 501 S. ATLANTIC BLVD LOS ANGELES, CA 90022	80-0699156	501(C)(3)	45,000.	0.			ADVANCING BEHAVIORAL HEALTH EQUITY IN PRIMARY CARE LEARNING COLLABORATIVE PARTICIPANT

Schedule I (Form 990)

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VIRGINIA COMMONWEALTH UNIVERSITY 1101 E MARSHALL ST SANGER HALL 6030 RICHMOND, VA 23298	54-6001758	VA CU	20,383.	0.			EVALUATION OF "PILOTING THE USE OF CONSENSUS STANDARDS IN PAYER-PROVIDER
VISION Y COMPROMISO 1000 N. ALAMEDA ST. STE # 350 LOS ANGELES, CA 90012	32-0071651	501(C)(3)	25,500.	0.			PARTNERING WITH COMMUNITY HEALTH WORKERS AND PROMOTORES IN THE FUTURE OF MEDI-CAL (ADVISORY
VISION STRATEGY AND INSIGHTS, INC. 5420 SYLMAR AVENUE #115 SHERMAN OAKS, CA 91401	81-0906023		168,850.	0.			CALIFORNIANS' EXPERIENCES SEEKING MEDI-CAL COVERAGE
VISTA COMMUNITY CLINIC 1000 VALE TERRACE DRIVE VISTA, CA 92084	95-2815615	501(C)(3)	10,000.	0.			CONNECTED CARE ACCELERATOR - INFRASTRUCTURE AND SPREAD
WAXMAN STRATEGIES 1150 CONNECTICUT AVENUE NW STE 800 WASHINGTON, DC 20036	46-2453965		55,000.	0.			IMPLICATIONS OF MEDICAID CHANGES FOR PEOPLE WHO ARE INCARCERATED
THE WEST OAKLAND HEALTH COUNCIL 700 ADELINE ST. OAKLAND, CA 94607	94-1667294	501(C)(3)	10,000.	0.			CONNECTED CARE ACCELERATOR - INFRASTRUCTURE AND SPREAD
WESTERN CENTER ON LAW AND POVERTY 3701 WILSHIRE BOULEVARD, SUITE 208 LOS ANGELES, CA 90010	95-2897721	501(C)(3)	521,500.	0.			MEDI-CAL ENROLLMENT RESEARCH STAKEHOLDER ADVISORY GROUP. CORE SUPPORT FOR WESTERN
WHITE ASH BROADCASTING, INC. 2589 ALLUVIAL AVE CLOVIS, CA 93611	94-2297746	501(C)(3)	222,730.	0.			SUPPORT FOR VALLEY PUBLIC RADIO, 2020-2022. SUPPORT FOR HEALTH CARE COVERAGE, 2022-24.
WOMEN'S HEALTH SPECIALISTS 1901 VICTOR AVENUE REDDING, CA 96002	94-2259357	501(C)(3)	20,000.	0.			GENERAL SUPPORT

Schedule I (Form 990)



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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WONDER: STRATEGIES FOR GOOD LLC 101 DOWNEY STREET SAN FRANCISCO, CA 94117	84-4655710		70,500.	0.			INNOVATION FUND DIVERSITY COMMUNICATIONS IMPLEMENTATION. COMMUNICATIONS SUPPORT
WYNNE HEALTH GROUP LLC 5275 S. UNIVERSITY BLVD, SUITE 900 GREENWOOD VILLAGE, CO 80121	46-1207295		168,000.	0.			NATIONAL HEALTH POLICY UPDATES
YOLO COUNTY CHILDREN'S ALLIANCE 600 A STREET, STE Y DAVIS, CA 95616	68-0526185	501(C)(3)	15,000.	0.			GENERAL OPERATING SUPPORT
YOUNG MEN'S CHRISTIAN ASSOCIATION OF SAN FRANCISCO - 50 CALIFORNIA STREET, SUITE 650 - SAN FRANCISCO, CA 94111	94-0997140	501(C)(3)	10,000.	0.			INNOVATION FUND ADVISORY COMMITTEE GRANT: YOUTH AND FAMILY ACCESS, AND ANNUAL CAMPAIGN FOR

**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 BEHAVIORAL HEALTH EQUITY IN PRIMARY CARE EVALUATION CO-DESIGN EXPERT REVIEWER STIPEND	4	4,000.	0.		
ADVANCING BLACK HEALTH EQUITY: LISTENING TO BLACK CALIFORNIANS	1	38,175.	0.		
ADVANCING COMMUNITY HEALTH WORKERS & PROMOTORES (CHW/PS) WORKFORCE	1	90,766.	0.		
ADVANCING THE ROLE OF COMMUNITY HEALTH WORKERS AND PROMOTORES IN THE FUTURE OF MEDI-CAL PROJECT LEAD	1	192,125.	0.		
ALMANAC QUALITY METRICS: DEVELOPING AND UPDATING DATA SETS AND HIGH-LEVEL FINDINGS	1	23,700.	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
ALMANAC REPORT ON RACIAL HEALTH DISPARITIES IN CALIFORNIA	1.	12,375.	0.		
ALMANAC REPORT ON SUBSTANCE USE IN CALIFORNIA	1.	12,312.	0.		
AN ENVIRONMENTAL SCAN OF MEDICAL RESPITE PROGRAMS IN CALIFORNIA	1.	30,900.	0.		
BEHAVIORAL HEALTH IN MEDI-CAL	1.	4,000.	0.		
BLOG ARTICLES ON LA CARE/HOUSING INTEGRATION PILOTS	1.	5,000.	0.		
BUSINESS PLANNING SUPPORT FOR MULTICAMPUS POST-MASTER'S PMHNP CONSORTIUM OFFICE	1.	2,475.	0.		
CALIFORNIA COVID-19 VACCINATION FOR PEOPLE EXPERIENCING HOMELESSNESS	1.	20,000.	0.		
CALIFORNIA HEALTH INSURERS, 2021 EDITION & RELATED PRODUCTS	1.	36,890.	0.		
CALIFORNIA REGIONAL MARKET REPORT WEBINARS	1.	25,340.	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
CHCF ADVANCING BLACK HEALTH EQUITY	1.	12,100.	0.		
CHHS AFFORDABILITY OFFICE INTERNS, SUMMER 2021	2.	24,000.	0.		
CIN CORE TEAM STIPEND	1.	1,800.	0.		
CO-FUNDING SUPPORT FOR A MATERNAL MENTAL HEALTH FUNDERS' CIRCLE	1.	22,500.	0.		
COMMUNICATIONS PROJECT MANAGEMENT-LISTENING TO BLACK CALIFORNIANS	1.	43,560.	0.		
COMMUNITY HEALTH WORKER & PROMOTORES CAPACITY BUILDING COLLABORATIVE ADMINISTRATIVE LEAD	1.	96,500.	0.		
COMMUNITY HEALTH WORKER STATE PLAN AMENDMENT TECHNICAL ASSISTANCE	1.	9,375.	0.		
CONNECTED CARE ACCELERATOR: MID-TERM EVALUATION RESULTS WEBINAR	1.	8,385.	0.		
CONSULTATION TO STATEWIDE ANALYSIS OF END-OF-LIFE METRICS AMONG MEDI-CAL DECEDENTS	2.	863.	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
CONSULTING SUPPORT RELATED TO BUILDING RELATIONSHIPS AND KNOWLEDGE IN LOS ANGELES	1.	3,712.	0.		
COUNTY-LEVEL ESTIMATES OF MENTAL HEALTH NEEDS FOR 2019	1.	17,500.	0.		
ECOSYSTEM DEVELOPMENT TO SUPPORT UNDERREPRESENTED FOUNDERS AND INVESTORS IN HEALTH TECH	1.	18,000.	0.		
ELIGIBLE BUT NOT INSURED: TECHNICAL ASSISTANCE AND PROJECT DEVELOPMENT	1.	38,850.	0.		
EMERGING OPPORTUNITIES FOR THE ADVANCING PRIMARY CARE BODY OF WORK	1.	96,563.	0.		
EQUITY IN SUBSTANCE USE CARE: ISSUE BRIEFS	1.	37,500.	0.		
EVALUATION DESIGN FOR THE UC MULTI-CAMPUS PMHNP POST-MASTERS CERTIFICATE PROGRAM	1.	79,800.	0.		
EVALUATION OF PILOTING THE USE OF CONSENSUS STANDARDS IN PAYER-PROVIDER CONTRACTS	1.	4,725.	0.		
EXPERT SUPPORT FOR PRIMARY CARE INVESTMENT COORDINATING GROUP	1.	33,000.	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
EXTERNAL REVIEW AND QUALITY ASSURANCE FOR BENCHMARKING OF PRIMARY CARE SPENDING AND CORRELATION WITH OVERALL COST AND QUALITY PERFORMANCE IN MANAGED MEDI-CAL	1.	4,800.	0.		
FUNDRAISING STRATEGY TO ADVANCE GRADUATE MEDICAL EDUCATION (GME) EXPANSION IN CALIFORNIA	1.	1,375.	0.		
GRADUATE MEDICAL EDUCATION EXPANSION CO-FUNDING OUTREACH PROJECT	1.	9,968.	0.		
GUIDANCE FOR GENERALIST PALLIATIVE CARE IN PUBLIC HOSPITALS PROJECT	1.	3,600.	0.		
HEALTH CARE COSTS 101 SNAPSHOT, 2021 EDITION & RELATED PRODUCTS	1.	23,275.	0.		
HEALTH INFORMATION TECHNOLOGY: POTENTIAL FUNDING SOURCES AND TECHNICAL ASSISTANCE NEEDS FOR THE DELIVERY SYSTEM	1.	37,500.	0.		
IMPROVING MEDI-CAL PRESUMPTIVE ELIGIBILITY AND ADDRESSING DISCONTINUOUS ENROLLMENT: PROJECT MANAGEMENT	1.	10,260.	0.		
IMPROVING USABILITY OF MEDI-CAL ENROLLEE COMMUNICATIONS	1.	29,862.	0.		
IN LIEU OF SERVICES AS A BRIDGE TO MANAGED LONG TERM SERVICES AND SUPPORTS	1.	5,000.	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
IN LIEU OF SERVICES: INTERNAL ISSUE BRIEF AND INNOVATION LANDSCAPE	1.	1,250.	0.		
INTEROPERABILITY EDUCATION WEBINARS TO SUPPORT COUNTY BEHAVIORAL HEALTH DIRECTORS ASSOCIATION AND CALIFORNIA MENTAL HEALTH SERVICES AUTHORITY	1.	6,750.	0.		
LA COUNTY HEALTH CARE LEADER ROUNDTABLES - PHASE 2	1.	41,713.	0.		
LISTENING TO BLACK CALIFORNIANS: FOCUS GROUP OBSERVATION	1.	2,640.	0.		
LISTENING TO LOW-INCOME CALIFORNIANS: PROJECT MANAGEMENT AND REPORT SUPPORT	1.	18,000.	0.		
MEDI-CAL PALLIATIVE CARE TARGETED HEALTH PLAN TECHNICAL ASSISTANCE	2.	29,925.	0.		
OPINION PIECE FOR LISTENING TO BLACK CALIFORNIANS	1.	29,250.	0.		
OUTREACH FOR THE DIGNITY IN PREGNANCY AND CHILDBIRTH COURSE BRIEF SUMMARY	1.	24,668.	0.		
PARTNERING WITH COMMUNITY HEALTH WORKERS AND PROMOTORES IN THE FUTURE OF MEDI-CAL (ADVISORY COUNCIL)	2.	5,250.	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
PARTNERING WITH COMMUNITY HEALTH WORKERS AND PROMOTORES IN THE FUTURE OF MEDI-CAL (STAKEHOLDER GROUP)	1.	3,750.	0.		
PATIENT TESTIMONIAL VIDEO ON TELEPHONIC CARE	1.	10,593.	0.		
PLANNING AND FEASIBILITY: STRENGTHENING L.A. CARE PALLIATIVE CARE CAPABILITIES	2.	30,255.	0.		
PRIMARY CARE INVESTMENT PLANNING GRANT	1.	25,000.	0.		
PROJECT MANAGEMENT FOR CALIFORNIA HEALTH CARE ALMANAC	1.	12,705.	0.		
PROJECT MANAGEMENT SUPPORT	1.	4,000.	0.		
PROJECT MANAGEMENT SUPPORT FOR MODERNIZING PAYMENT TO FQHCs: PLANNING GRANTS TO ACCELERATE ACTION	1.	31,938.	0.		
PSYCHIATRIC MENTAL HEALTH NURSE PRACTITIONER VIDEO	1.	1,450.	0.		
RESEARCH & TECHNICAL ASSISTANCE: FINAL PUBLIC CHARGE RULE PHASE 2	1.	5,700.	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
SCOPING AND FRAMEWORK FOR AN EVALUATION OF CONTRACT-MODE IN-HOME SUPPORTIVE SERVICES	1.	3,375.	0.		
STATE ACTIONS ADVANCING WORKFORCE COMMISSIONS TOP 10 RECOMMENDATIONS	1.	6,750.	0.		
STRATEGY, PLANNING, AND PROJECT MANAGEMENT SUPPORT FOR PALLIATIVE CARE BODY OF WORK	4.	35,555.	0.		
SUBJECT MATTER EXPERT ON CHCFS COMMUNITY HEALTH WORKER/PROMOTORES WORK	1.	1,750.	0.		
SUBJECT MATTER EXPERTISE FOR TELEHEALTH INTERVIEWS	1.	6,000.	0.		
SUBSTANCE USE DISORDERS (SUD) TREATMENT FOR YOUNG ADULTS IN CALIFORNIA: A LANDSCAPE ASSESSMENT	1.	20,850.	0.		
SUPPORT FOR CHCF SEPT 2021 PRM OFFSITE AND FIELD LEARNING ON LEARNING COLLABORATIVES	1.	6,294.	0.		
SUPPORT FOR MEDTECH COLOR PITCH COMPETITION	1.	11,560.	0.		
SUPPORT FOR PHASE 2 EVALUATION OF ENCORE PHYSICIANS PROGRAM	1.	9,600.	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
SUPPORT FOR WPC COUNTIES NAVIGATING THE TRANSITION TO CALAIM	1.	101,530.	0.		
SUPPORT FOR WRITING A GRANTMAKERS IN HEALTH "VIEWS FROM THE FIELD" PIECE ON BIRTH EQUITY	1.	1,800.	0.		
SUPPORTING A WRITER FOR A CHAPTER ON PHILANTHROPY IN THE BOOK "PRACTICAL PLAYBOOK III: WORKING TOGETHER TO IMPROVE MATERNAL HEALTH"	1.	15,000.	0.		
SUPPORTING INDEPENDENT LIVING IN THE COMMUNITY: INNOVATION LANDSCAPE	1.	6,000.	0.		
TECHNICAL ASSISTANCE: CALIFORNIA PUBLIC OPTION DISCUSSION	1.	1,480.	0.		
TECHNICAL SUPPORT ON ENROLLMENT FOR THE OSHPD HEALTHCARE PAYMENT DATA PROGRAM	1.	980.	0.		
TELEHEALTH EXPERIENCE INTERVIEWS PUBLICATION WRITING	1.	1,650.	0.		
TELEHEALTH INITIATIVE PROJECT MANAGEMENT	1.	40,170.	0.		
TRACKING AND REPORTING ON ENROLLMENT	1.	4,422.	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.	45,000.	0.		
UC MULTI-CAMPUS PSYCHIATRIC MENTAL HEALTH NURSE PRACTITIONER (PMHNP) POST-MASTERS CERTIFICATE PROGRAM: CONSORTIUM OFFICE PLANNING	1.	15,000.	0.		
UC MULTI-CAMPUS PSYCHIATRIC MENTAL HEALTH NURSE PRACTITIONER (PMHNP) POST-MASTERS CERTIFICATE PROGRAM: SUSTAINABILITY PLANNING	1.	15,300.	0.		
UNDERSTANDING AUDIENCE NEEDS FOR HEALTH CARE COST TRANSPARENCY DATA	1.	3,150.	0.		
UNDERSTANDING DISCONTINUOUS MEDICAL ENROLLMENT: PROJECT DEVELOPMENT, MANAGEMENT AND TECHNICAL ASSISTANCE	1.	60,480.	0.		
UNKNOWN KNOWN AND KNOWN UNKNOWN: THE STRUCTURE AND CHARACTERISTICS OF MEDICAL GROUP PRACTICE IN CA	1.	46,665.	0.		
VIDEOS OF PEOPLE WITH CO-OCCURRING SUBSTANCE USE DISORDER AND MENTAL ILLNESS	1.	27,217.	0.		
WORKFORCE RECRUITMENT - SAFETY NET HIRING OF REGISTERED NURSES AND MEDICAL DOCTORS	1.	7,900.	0.		

**Part IV Supplemental Information**

BUDGET FOR THE GRANT TO ENSURE THAT FUNDS ARE EXPENDED FOR THE INTENDED

PURPOSES.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: AMERICAN INSTITUTES FOR RESEARCH

(H) PURPOSE OF GRANT OR ASSISTANCE: EVALUATION OF THE ADVANCING

BEHAVIORAL HEALTH INTEGRATION AND EQUITY IN PRIMARY CARE LEARNING

COLLABORATIVE

NAME OF ORGANIZATION OR GOVERNMENT: BAILIT HEALTH PURCHASING, LLC

(H) PURPOSE OF GRANT OR ASSISTANCE: PUBLISHING PRIMARY CARE SPENDING IN

CALIFORNIA'S COMMERCIAL MARKET. SUMMARIZING STAKEHOLDER FEEDBACK TO

MEDI-CAL MANAGED CARE DRAFT RFP AND CONTRACT.

NAME OF ORGANIZATION OR GOVERNMENT: BLUEPATH HEALTH, INC.

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

COALITIONS 2022. STRENGTHENING CALIFORNIA'S TELEHEALTH COALITIONS 2021.

NAME OF ORGANIZATION OR GOVERNMENT: CALIFORNIA PRIMARY CARE ASSOCIATION

(H) PURPOSE OF GRANT OR ASSISTANCE: PARTNERING WITH COMMUNITY HEALTH

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

CALIFORNIA PRIMARY CARE ASSOCIATION'S ANNUAL CONFERENCE 2021. BRIDGE

FUNDING: CONSULTING SUPPORT FOR ALTERNATIVE PAYMENT METHODOLOGY (APM)

2.0. MODERNIZING CALIFORNIA FQHC PAYMENT: PLANNING GRANT TO ACCELERATE

ACTION. TELEHEALTH TRAINING AND TECHNICAL ASSISTANCE FOR CALIFORNIA

COMMUNITY HEALTH CENTERS. STATEWIDE COMMUNITY HEALTH SERVICES

ORGANIZATION BUSINESS PLANNING.

**Part IV** Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT:

CALIFORNIA MENTAL HEALTH SERVICES AUTHORITY

(H) PURPOSE OF GRANT OR ASSISTANCE: CALIFORNIA MENTAL HEALTH SERVICES

AUTHORITY (CALMHSA) INTEROPERABILITY PLANNING COLLABORATIVE, CALIFORNIA

MENTAL HEALTH SERVICES AUTHORITY (CALMHSA) ELECTRONIC HEALTH RECORD

AGGREGATION PLANNING GRANT.

NAME OF ORGANIZATION OR GOVERNMENT: CALMATTERS

(H) PURPOSE OF GRANT OR ASSISTANCE: BEHAVIORAL HEALTH COVERAGE IN

CALIFORNIA. BUILDING INFRASTRUCTURE TO SUSTAIN CALIFORNIA'S ETHNIC MEDIA

- YEAR 2.

NAME OF ORGANIZATION OR GOVERNMENT:

CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

(H) PURPOSE OF GRANT OR ASSISTANCE: CALIFORNIA HEATH INFORMATION

TECHNOLOGY (HIT) LANDSCAPE ASSESSMENT-PHASE 2. CALIFORNIA HIT LANDSCAPE

ASSESSMENT.

NAME OF ORGANIZATION OR GOVERNMENT:

THE CALIFORNIA HEALTH CARE SAFETY-NET INSTITUTE

(H) PURPOSE OF GRANT OR ASSISTANCE: PARTNERING WITH COMMUNITY HEALTH

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

ANTI-RACISM LEARNING FOR PUBLIC HEALTHCARE SYSTEMS, CALIFORNIA

ASSOCIATION OF PUBLIC HOSPITALS/THE SAFETY NET INSTITUTE ANNUAL

CONFERENCE 2021. ADVANCING RACIAL EQUITY AWARENESS & ACTION IN

CALIFORNIA'S PUBLIC HEALTH CARE SYSTEM, CONTINUED SUPPORT FOR PUBLIC

HEALTH CARE SYSTEMS: SECURING PRIME AND QIP.

**Part IV Supplemental Information**

NAME OF ORGANIZATION OR GOVERNMENT:

CALIFORNIA HEALTH FOUNDATION AND TRUST

(H) PURPOSE OF GRANT OR ASSISTANCE: CHERISHED FUTURES: SUPPORTING BIRTH

EQUITY IN LA COUNTY VIA HOSPITAL QUALITY IMPROVEMENT AND COMMUNITY

ENGAGEMENT

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

(H) PURPOSE OF GRANT OR ASSISTANCE: PARTNERING WITH COMMUNITY HEALTH

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

GENERAL SUPPORT. ADVANCING EQUITY, HEALTH AND SAFETY IN LOCAL

COMMUNITIES. ADVANCING MENTAL HEALTH EQUITY IN MEDI-CAL. CORE SUPPORT TO

CALIFORNIA PAN-ETHNIC HEALTH NETWORK 2021-2024.

NAME OF ORGANIZATION OR GOVERNMENT:

CALIFORNIA RURAL LEGAL ASSISTANCE, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: FRESNO OFFICE - COMMUNITY OUTREACH

AND POLICY ADVOCACY RELATED TO IMMIGRANT ACCESS TO HEALTH AND PUBLIC

BENEFITS

NAME OF ORGANIZATION OR GOVERNMENT:

CALIFORNIA STATE UNIVERSITY SAN MARCOS FOUNDATION

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

UNIVERSITY SHILEY HAYNES INSTITUTE FOR PALLIATIVE CARE STRATEGIC PLANNING

NAME OF ORGANIZATION OR GOVERNMENT: THE CENTER FOR COMMON CONCERNS, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: HOMELESSNESS AND HEALTH CARE SYSTEMS

DATA SHARING AND COORDINATION. CASE STUDIES: A DEEP DIVE INTO HEALTH AND

HOMELESS SYSTEM CROSS-SECTOR INFORMATION EXCHANGES (ALAMEDA, SAN DIEGO,

**Part IV Supplemental Information**

AND SONOMA COUNTIES).

NAME OF ORGANIZATION OR GOVERNMENT: CHAPMAN CONSULTING, LLC

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

IN THE FUTURE OF MEDI-CAL - SUBJECT MATTER EXPERT. COMMUNITY HEALTH

WORKERS STATE PLAN AMENDMENT TECHNICAL ASSISTANCE. CONSULTANT SUPPORT FOR

HEALTH PLAN INNOVATION PROJECT. MEDI-CAL EXPLAINED: ALTERNATIVE PAYMENT

MODELS AND CLINICS. EXPLORING MANAGED LONG-TERM SERVICES AND SUPPORTS IN

CALAIM.

NAME OF ORGANIZATION OR GOVERNMENT: CHICANA LATINA FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: INAUGURAL CARMEN CASTELLANO

PHILANTHROPY EVENT, 2021. HEALTH SCIENCES STUDENT SCHOLARSHIPS.

NAME OF ORGANIZATION OR GOVERNMENT: THE CHILDRENS PARTNERSHIP

(H) PURPOSE OF GRANT OR ASSISTANCE: PARTNERING WITH COMMUNITY HEALTH

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

SUPPORT FOR THE CHILDREN'S PARTNERSHIP 2021-2023.

NAME OF ORGANIZATION OR GOVERNMENT: CHINATOWN SERVICE CENTER

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

INFRASTRUCTURE AND SPREAD TRACK. ADVANCING BEHAVIORAL HEALTH EQUITY IN

PRIMARY CARE LEARNING COLLABORATIVE PARTICIPANT.

NAME OF ORGANIZATION OR GOVERNMENT:

COALITION FOR COMPASSIONATE CARE OF CALIFORNIA

(H) PURPOSE OF GRANT OR ASSISTANCE: COALITION FOR COMPASSIONATE CARE OF

CALIFORNIA ANNUAL SUMMIT, 2022. MEDI-CAL PALLIATIVE CARE SUSTAINABILITY

**Part IV** Supplemental Information

AND GROWTH - HEALTH PLAN LEARNING COMMUNITY AND PLAN/PROVIDER

COLLABORATION ACTIVITIES. ESTABLISHING PARTNERSHIPS AND STANDARDS TO

SUPPORT POLST QUALITY, ACCESSIBILITY, AND SUSTAINABILITY.

NAME OF ORGANIZATION OR GOVERNMENT:

THE COLLEGE FOR BEHAVIORAL HEALTH LEADERSHIP

(H) PURPOSE OF GRANT OR ASSISTANCE: THE COLLEGE FOR BEHAVIORAL HEALTH

LEADERSHIP EQUITY-GROUNDED LEADERSHIP FELLOW PROGRAM

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

(H) PURPOSE OF GRANT OR ASSISTANCE: PARTNERING WITH COMMUNITY HEALTH

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

COVID-19 RESPONSE: COMMUNITY HEALTH WORKERS AND PROMOTORES.

NAME OF ORGANIZATION OR GOVERNMENT: COMMUNITY CATALYST INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TALKING ABOUT MEDICAID AND RACIAL

EQUITY: MESSAGING AT A PIVOTAL MOMENT FOR NATIONAL EXPANSION

NAME OF ORGANIZATION OR GOVERNMENT: COMMUNITY PARTNERS

(H) PURPOSE OF GRANT OR ASSISTANCE: CALIFORNIA COMPETES 10TH ANNIVERSARY

EVENT SPONSORSHIP. MATERNAL MENTAL HEALTH NOW, "BRANCHING OUT: WHOLE

PERSON PERINATAL MENTAL HEALTH CARE" CONFERENCE, 2022. IDREAM'S PILOT TO

SUPPORT BLACK MATERNAL HEALTH COMMUNITY MENTORS. CONFERENCE AND TRAINING

SUPPORT: INSTITUTE FOR HIGH QUALITY CARE, 2022. DEVELOPING SOUTHERN

CALIFORNIA PARTNERS: BUILDING PROGRAM OFFICE RESOURCES FOR THE FUTURE.

PILOT WITH MATERNAL MENTAL HEALTH NOW (MMHN) TO IMPROVE LOS ANGELES

COUNTY'S PERINATAL MENTAL HEALTH COMMUNITY RESOURCE DIRECTORY. PERINATAL

MENTAL HEALTH TRAININGS FOR LOS ANGELES COUNTY'S SAFETY NET PROVIDERS.



**Part IV** Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: CONTRA COSTA COUNTY

(H) PURPOSE OF GRANT OR ASSISTANCE: PARTNERING WITH COMMUNITY HEALTH

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

CONNECTED CARE ACCELERATOR - INFRASTRUCTURE AND SPREAD TRACK.

NAME OF ORGANIZATION OR GOVERNMENT: CORPORATION FOR SUPPORTIVE HOUSING

(H) PURPOSE OF GRANT OR ASSISTANCE: UNPACKING THE HOUSING BUNDLE OF IN

LIEU OF SERVICES FOR POLICY AND DELIVERY SYSTEM STAKEHOLDERS

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

NAME OF ORGANIZATION OR GOVERNMENT: EDRINGTON HEALTH CONSULTING, LLC

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

SPENDING AND CORRELATION WITH OVERALL COST AND QUALITY PERFORMANCE IN

MANAGED MEDI-CAL

NAME OF ORGANIZATION OR GOVERNMENT:

EL SOL NEIGHBORHOOD EDUCATIONAL CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: PARTNERING WITH COMMUNITY HEALTH

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

REPORT ON THE EL SOL COMMUNITY HEALTH WORKER (CHW) AND PROMOTOR TRAINING

MODEL.

NAME OF ORGANIZATION OR GOVERNMENT: ENGAGE R&D

(H) PURPOSE OF GRANT OR ASSISTANCE: PHASE 2 EVALUATION OF ENCORE

**Part IV Supplemental Information**

PHYSICIANS PROGRAM. UNDERSTANDING PARTICIPATORY APPROACHES TO EVALUATION  
AND LEARNING IN PHILANTHROPY.

NAME OF ORGANIZATION OR GOVERNMENT: FREEDMAN HEALTHCARE, LLC

(H) PURPOSE OF GRANT OR ASSISTANCE: ADVANCING PRIMARY CARE INVESTMENT:  
STATE SCAN ON DATA COLLECTION, TRANSPARENCY, AND ENFORCEMENT MECHANISMS

NAME OF ORGANIZATION OR GOVERNMENT:

GRANTMAKERS FOR EFFECTIVE ORGANIZATIONS

(H) PURPOSE OF GRANT OR ASSISTANCE: 2022 MEMBERSHIP. GRANTMAKERS FOR  
EFFECTIVE ORGANIZATIONS (GEO) NATIONAL CONFERENCE, 2022.

NAME OF ORGANIZATION OR GOVERNMENT: HEALTH ACCESS FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: PRIMARY CARE INVESTMENT COORDINATING  
GROUP - HEALTH ACCESS. CORE SUPPORT FOR HEALTH ACCESS 2021-2024.

NAME OF ORGANIZATION OR GOVERNMENT: HEALTHBEGINS, LLC

(H) PURPOSE OF GRANT OR ASSISTANCE: CONSULTING SERVICES FOR THE  
ADVANCING THE ROLE OF COMMUNITY HEALTH WORKERS AND PROMOTORES (CHW/PS) IN  
THE FUTURE OF CALIFORNIA MEDI-CAL PROJECT. COMMUNITY BASED ORGANIZATION  
HEALTH PLAN PARTNERSHIP BOOTCAMP PLANNING. COMMUNITY BASED  
ORGANIZATION-MANAGED CARE PARTNERSHIP INTENSIVES IN THE FUTURE OF  
MEDICAL. COMMUNITY BASED ORGANIZATION HEALTH PLAN PARTNERSHIP LEARNING  
SESSIONS.

NAME OF ORGANIZATION OR GOVERNMENT: HEALTHTECH SOLUTIONS, LLC

(H) PURPOSE OF GRANT OR ASSISTANCE: REVISITING CALIFORNIA ECONNECT -  
LESSONS LEARNED. LANDSCAPE OF STATEWIDE HEALTH INFORMATION EXCHANGE (HIE)

**Part IV** Supplemental Information

DATA MODELS: OPTIONS FOR CALIFORNIA.

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

(H) PURPOSE OF GRANT OR ASSISTANCE: ANALYSIS OF FEDERALLY QUALIFIED

HEALTH CENTERS (FQHC) CONTRIBUTION TO MEDI-CAL AMBULATORY SERVICES.

IMPROVING ACCESS FOR MEDI-CAL ENROLLEES: RESEARCH SUPPORT. SUPPLEMENTAL

DATA ANALYSIS OF FQHC CONTRIBUTION TO MEDI-CAL AMBULATORY SERVICES.

BENCHMARKING OF PRIMARY CARE SPENDING AND CORRELATION WITH OVERALL COST

AND QUALITY PERFORMANCE IN MANAGED MEDI-CAL.

NAME OF ORGANIZATION OR GOVERNMENT: HENRY J. KAISER FAMILY FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: EMPLOYER HEALTH BENEFITS SURVEY,

2022. THE CONVERSATION / LA CONVERSACION - PREGNANCY AND FERTILITY.

COVID-19 VACCINE LATINO/SPANISH LANGUAGE CAMPAIGN. THE CONVERSATION/LA

CONVERSACION CAMPAIGN CONTINUATION, FALL 2021. SUPPORT FOR CALIFORNIA

HEALTHLINE, 2021-2022.

NAME OF ORGANIZATION OR GOVERNMENT: HOOPER, LUNDY & BOOKMAN, P.C.

(H) PURPOSE OF GRANT OR ASSISTANCE: REVIEW OF LEGAL CITATIONS. LEGAL

ANALYSIS OF CERTAIN ASPECTS OF CALIFORNIA ASSEMBLY BILL 890.

NAME OF ORGANIZATION OR GOVERNMENT: INTEGRATED HEALTHCARE ASSOCIATION

(H) PURPOSE OF GRANT OR ASSISTANCE: PRIMARY CARE INVESTMENT COORDINATING

GROUP - IHA. REFINING ANALYSIS OF PRIMARY CARE SPENDING IN CALIFORNIAS

COMMERCIAL MARKET.

NAME OF ORGANIZATION OR GOVERNMENT: INTREPID ASCENT LLC

(H) PURPOSE OF GRANT OR ASSISTANCE: LANDSCAPE OF REGIONAL DATA EXCHANGE

**Part IV Supplemental Information**

ACTIVITIES IN CALIFORNIA. DATA EXCHANGE EXPLAINER SERIES FOR STAKEHOLDER

ADVISORY GROUP.

NAME OF ORGANIZATION OR GOVERNMENT: IQ 360

(H) PURPOSE OF GRANT OR ASSISTANCE: RESTORING TRUST: PUBLIC CHARGE GUIDE

UPDATE AND DISSEMINATION. KEEP YOUR BENEFITS COMMUNICATIONS CAMPAIGN.

NAME OF ORGANIZATION OR GOVERNMENT:

JSI RESEARCH & TRAINING INSTITUTE, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: DELTA CENTER CALIFORNIA:

ACCELERATING BEHAVIORAL HEALTH AND PRIMARY CARE INTEGRATION THROUGH

POLICY AND PRACTICE. DELTA CENTER CALIFORNIA LEARNING LAB TEAMS.

NAME OF ORGANIZATION OR GOVERNMENT:

KAISER FOUNDATION HEALTH PLAN OF WASHINGTON

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

FORMATIVE EVALUATION OF THE INNOVATION LEARNING COLLABORATIVE.

DOCENT-COMMONSPIRIT BIRTH EQUITY EVALUATION. DELTA CENTER CALIFORNIA

EVALUATION. CONNECTED CARE ACCELERATOR PHASE 2: EVALUATION.

NAME OF ORGANIZATION OR GOVERNMENT: KQED

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

2020-2022. SUPPORT FOR HEALTH CARE COVERAGE, 2022-24.

NAME OF ORGANIZATION OR GOVERNMENT: LOCAL HEALTH PLANS OF CALIFORNIA

(H) PURPOSE OF GRANT OR ASSISTANCE: PARTNERING WITH COMMUNITY HEALTH

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

RUNNING ENHANCED CARE MANAGEMENT AND COMMUNITY SUPPORTS LEARNING

**Part IV Supplemental Information**

COLLABORATIVE. SELECTING A VENDOR FOR ENHANCED CARE MANAGEMENT AND

COMMUNITY SUPPORTS LEARNING COLLABORATIVE. LOCAL HEALTH PLANS OF

CALIFORNIA INTEROPERABILITY WORKGROUP.

NAME OF ORGANIZATION OR GOVERNMENT:

MATERNAL MENTAL HEALTH LEADERSHIP ALLIANCE

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

ALLIANCE: SUPPORT FOR FACT SHEETS ON MATERNAL MENTAL HEALTH. DEVELOPING A

COMPREHENSIVE APPROACH FOR SCREENING FOR PERINATAL MENTAL HEALTH

CONDITIONS.

NAME OF ORGANIZATION OR GOVERNMENT: MATHEMATICA INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: USING EVIDENCE TO INFORM CALIFORNIA

HEALTH WORKFORCE POLICY: PLANNING GRANT. PLANNING GRANT: UNDERSTANDING

CALIFORNIA'S FUTURE HEALTH WORKFORCE NEEDS. PLANNING GRANT TO ADVANCE

HEALTH EQUITY IN CALIFORNIA: SETTING A VISION FOR PRIMARY CARE 2030.

IMPROVING MEDICAL PRESUMPTIVE ELIGIBILITY: CALIFORNIA PROVIDER RESEARCH

AND OTHER STATES BEST PRACTICES. UNDERSTANDING HIGH IMPACT HEALTH

WORKFORCE INVESTMENTS FOR CALIFORNIA.

NAME OF ORGANIZATION OR GOVERNMENT:

NATIONAL HEALTH CARE FOR THE HOMELESS COUNCIL

(H) PURPOSE OF GRANT OR ASSISTANCE: CONFERENCE SPONSORSHIP - NATIONAL

HEALTH CARE FOR THE HOMELESS CONFERENCE AND POLICY SYMPOSIUM 2021.

NATIONAL HEALTH CARE FOR THE HOMELESS COUNCIL CONFERENCE, 2022.

DEVELOPING A TOOLKIT FOR CONTRACTING MEDICAL RESPITE SERVICES. SUPPORTING

THE NATIONAL INSTITUTE FOR MEDICAL RESPITE CARE'S CALIFORNIA FOCUS.

**Part IV Supplemental Information**

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, SUPPORTING A LOS ANGELES MEDICAL RESPITE CARE

LEARNING NETWORK.

NAME OF ORGANIZATION OR GOVERNMENT: NATIONAL HEALTH LAW PROGRAM

(H) PURPOSE OF GRANT OR ASSISTANCE: GATHERING EARLY LESSONS FROM

CALIFORNIA'S COMMUNITY DOULA EFFORTS, SUPPORT FOR CALAIM BEHAVIORAL

HEALTH WORK.

NAME OF ORGANIZATION OR GOVERNMENT: NATIONAL MEDICAL FELLOWSHIPS INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL SUPPORT, MEDICAL EDUCATION

SCHOLARSHIPS FOR UNDERREPRESENTED MINORITIES, LOS ANGELES CHAMPIONS OF

HEALTH AWARDS, 2021, PRIMARY CARE LEADERSHIP PROGRAM SCHOLARS AT

NORTHEAST VALLEY HEALTH CORPORATION IN SAN FERNANDO VALLEY, CA.

NAME OF ORGANIZATION OR GOVERNMENT:

NATIONAL COMMITTEE FOR QUALITY ASSURANCE

(H) PURPOSE OF GRANT OR ASSISTANCE: PARTNERING WITH COMMUNITY HEALTH

WORKERS AND PROMOTORES IN THE FUTURE OF MEDICAL (ADVISORY COUNCIL).

BEHAVIORAL HEALTH QUALITY FRAMEWORK (PHASE 2): ROADMAP FOR CALIFORNIA.

ADVANCING STANDARDIZED HEALTH EQUITY QUALITY MEASUREMENT.

NAME OF ORGANIZATION OR GOVERNMENT: NATIONAL OPINION RESEARCH CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: ADDITIONAL ANALYSIS: CALIFORNIA

HEALTH POLICY SURVEY, TELEHEALTH EXPERIENCE INTERVIEWS, ANNUAL CHCF

STATEWIDE HEALTH POLICY POLL.

**Part IV** Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: NEW VENTURE FUND

(H) PURPOSE OF GRANT OR ASSISTANCE: BRIDGING THE DIVIDE BETWEEN SCHOOLS

AND MANAGED CARE. ADVANCING FEDERAL IMMIGRATION REFORM THROUGH THE WE ARE HOME CAMPAIGN.

NAME OF ORGANIZATION OR GOVERNMENT: PURCHASER BUSINESS GROUP ON HEALTH

(H) PURPOSE OF GRANT OR ASSISTANCE: PRIMARY CARE INVESTMENT COORDINATING

GROUP - PBGH. PRIMARY CARE PRACTICE TRANSFORMATION: REGIONAL IMPROVEMENT

THROUGH PLAN ENGAGEMENT. PURCHASER BUSINESS GROUP ON HEALTH (PBFH) &

MATERNITY CARE: CONVENING THE MATERNITY COORDINATING GROUP AND SUPPORTING

MIDWIFERY EXPANSION. ADVANCED PRIMARY CARE MEASURES SET PILOT: DESIGN

SUPPORT AND FEASIBILITY TESTING.

NAME OF ORGANIZATION OR GOVERNMENT: PACIFIC HEALTH CONSULTING GROUP

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT FOR HEALTH CARE CLINIC

FUNDERS AND TELEHEALTH AFFINITY GROUPS. MODERNIZING CALIFORNIA FEDERALLY

QUALIFIED HEALTH CENTER (FQHC) PAYMENTS: STRATEGY SUPPORT AND MEETING

FACILITATION. DATA ANALYSIS AND LITERATURE REVIEW: UNDERSTANDING CURRENT

LANDSCAPE OF CARE FOR OLDER ADULTS AT CALIFORNIA FEDERALLY QUALIFIED

HEALTH CENTERS (FQHC) AND PUBLIC HOSPITALS. OPPORTUNITIES FOR EXPANDING

SERVICES FOR OLDER ADULTS WITH COMPLEX NEEDS IN THE SAFETY NET.

NAME OF ORGANIZATION OR GOVERNMENT:

PALLIATIVE CARE QUALITY COLLABORATIVE NFP

(H) PURPOSE OF GRANT OR ASSISTANCE: PALLIATIVE CARE QUALITY

COLLABORATIVE: PLANNING AND STAKEHOLDER ENGAGEMENT ON IMPROVING

COLLECTION AND USE OF EQUITY-FOCUSED DATA. PALLIATIVE CARE QUALITY

**Part IV** Supplemental Information

COLLABORATIVE: EHR INTEGRATION PLAYBOOK TO SUPPORT PUBLIC HOSPITAL  
TRANSITION.

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

(H) PURPOSE OF GRANT OR ASSISTANCE: BUILDING CAPACITY OF STATE LEADERS.

COMMUNICATIONS SUPPORT TO LAUNCH THE DEPARTMENT OF HEALTH CARE ACCESS AND  
INFORMATION. COMMUNICATIONS PLANNING FOR INCREASING PRIMARY CARE SPEND  
INITIATIVE. COMMUNICATIONS CAMPAIGN FOR PRIMARY CARE NOW. COMMUNICATIONS  
SUPPORT FOR STATE POLICY PRIORITIES.

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 PARTNERSHIP RENEWAL,  
2022-23.

NAME OF ORGANIZATION OR GOVERNMENT:

PROVIDENCE ST. JOSEPH HEALTH FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: SCOPING AND NEEDS ASSESSMENT ON

LEVERAGING ELECTRONIC HEALTH RECORDS TO SYSTEMATIZE SUPPORTIVE SERIOUS  
ILLNESS CARE

NAME OF ORGANIZATION OR GOVERNMENT: PUBLIC HEALTH ADVOCATES

(H) PURPOSE OF GRANT OR ASSISTANCE: PLANNING GRANT FOR WORK WITH LEAGUE

OF CITIES ON HOMELESSNESS. CA COVID JUSTICE: PUBLIC HEALTHS EQUITY  
RESPONSE TO COVID.

NAME OF ORGANIZATION OR GOVERNMENT: PUBLIC HEALTH INSTITUTE



**Part IV** Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORTING CALIFORNIA'S TELEHEALTH POLICY COALITION, 2022. SPREADING ALAMEDA COUNTY CARE ALLIANCE MODEL TO IMPROVE EQUITY IN SERIOUS ILLNESS AND END OF LIFE - FOUNDATIONAL WORK IN LOS ANGELES. IMPROVING REAL TIME COVID SURVEILLANCE. 2022 CALIFORNIA COVID-19 PUBLIC HEALTH CAPACITY BUILDING COLLABORATIVE FUND.

NAME OF ORGANIZATION OR GOVERNMENT: PUBLIC POLICY INSTITUTE OF CALIFORNIA

(H) PURPOSE OF GRANT OR ASSISTANCE: PUBLIC POLICY INSTITUTE OF CALIFORNIA SPEAKER SERIES ON CALIFORNIA'S FUTURE, 2022. COVID-19 RESPONSIVE HEALTH POLICY RESEARCH PLANNING GRANT. ASSESSING AND IMPROVING THE IDENTIFICATION OF PEOPLE EXPERIENCING HOMELESSNESS IN EMERGENCY DEPARTMENT AND PATIENT DISCHARGE DATA.

NAME OF ORGANIZATION OR GOVERNMENT: RACE FOR EQUITY LLC

(H) PURPOSE OF GRANT OR ASSISTANCE: TECHNICAL ASSISTANCE/FACILITATOR SUPPORT FOR DEPARTMENT OF HEALTH CARE SERVICES (DHCS) DOULA STAKEHOLDER WORKGROUP

NAME OF ORGANIZATION OR GOVERNMENT: RAND CORPORATION

(H) PURPOSE OF GRANT OR ASSISTANCE: PRIMARY CARE INVESTMENT COORDINATING GROUP - RAND. CONNECTED CARE ACCELERATOR DATA COLLECTION EXTENSION. IMPACT OF RACISM ON PATIENT SAFETY: THE PROVIDERS' ROLE. CONSIDERATIONS AND PATHWAYS FOR QUALITY MONITORING IN HOME- AND COMMUNITY-BASED SERVICES IN CALIFORNIA. DEVELOPING A PLAN TO LEARN FROM CALIFORNIA'S COMMUNITY DOULA PROGRAMS. CALIFORNIA'S SAFETY NET EXPERIENCE WITH TELEHEALTH DURING COVID-19. MEDI-CAL PAYMENT REFORM AND BEHAVIORAL HEALTH CARE. TELEHEALTH USE AMONG CALIFORNIA'S THREE LARGE PUBLIC PURCHASERS DURING COVID-19: EXPERIENCE AND POLICY RECOMMENDATIONS. VARIATION IN THE USE OF TELEHEALTH

**Part IV Supplemental Information**

BY PEDIATRIC SUBSPECIALISTS DURING THE COVID-19 PANDEMIC: A MIXED METHODS STUDY.

NAME OF ORGANIZATION OR GOVERNMENT:

REGENTS OF THE UNIVERSITY OF MINNESOTA

(H) PURPOSE OF GRANT OR ASSISTANCE: ON-DEMAND DATA ANALYSIS AND LEARNING

FROM OTHER STATES: STATE HEALTH ACCESS ASSISTANCE CENTER (SHADAC)

NAME OF ORGANIZATION OR GOVERNMENT: REYES SCHOLARSHIP FUND INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: EMPOWERING UNDERREPRESENTED FUTURE

LEADERS (HEALTH WORKFORCE) IN CALIFORNIA'S CENTRAL VALLEY

NAME OF ORGANIZATION OR GOVERNMENT:

SAN DIEGO STATE UNIVERSITY RESEARCH FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: HEALTH CARE POLICY REPORTING AT

KPBS, 2021-2022. SUPPORT FOR HEALTH CARE COVERAGE, 2022-2024.

NAME OF ORGANIZATION OR GOVERNMENT:

SAN FRANCISCO PUBLIC HEALTH FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: PARTNERING WITH COMMUNITY HEALTH

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

SUPPORT FOR TRANSITIONS CLINIC NETWORK EXPANSION IN CENTRAL VALLEY AND

INLAND EMPIRE.

NAME OF ORGANIZATION OR GOVERNMENT: SANTA BARBARA NEIGHBORHOOD CLINICS

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

INFRASTRUCTURE AND SPREAD. ADVANCING BEHAVIORAL HEALTH EQUITY IN PRIMARY

CARE LEARNING COLLABORATIVE PARTICIPANT.

**Part IV** Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: SELLERS DORSEY & ASSOCIATES, LLC

(H) PURPOSE OF GRANT OR ASSISTANCE: MEDI-CAL MANAGED CARE PROCUREMENT

BRIEFING PAPER FOR MEDI-CAL EXPLAINED SERIES. ENHANCED CARE MANAGEMENT

(ECM) AND IN LIEU OF SERVICES (ILOS) MONITORING DASHBOARD REQUIREMENTS.

DEVELOPING A HEALTH EQUITY ROADMAP FOR MEDI-CAL: PHASE 1.

NAME OF ORGANIZATION OR GOVERNMENT: SHATTERPROOF A NON-PROFIT CORPORATION

(H) PURPOSE OF GRANT OR ASSISTANCE: ADDICTION TREATMENT LOCATER,

ASSESSMENT AND STANDARDS (ATLAS) IN THE CALIFORNIA PUBLICLY-FUNDED SYSTEM

NAME OF ORGANIZATION OR GOVERNMENT: SISTERSONG, INC

(H) PURPOSE OF GRANT OR ASSISTANCE: BLACK MAMAS MATTER ALLIANCE'S 2022

BLACK MATERNAL HEALTH WEEK SPONSORSHIP. 2022 BLACK MAMAS MATTER ALLIANCES

BLACK MATERNAL HEALTH CONFERENCE.

NAME OF ORGANIZATION OR GOVERNMENT: SOCIAL GOOD SOLUTIONS

(H) PURPOSE OF GRANT OR ASSISTANCE: MODERATING A MULTI-FUNDER BIRTH

EQUITY SESSION AT THE GRANTMAKERS IN HEALTH ANNUAL CONFERENCE, 2022. GIH

2021 ANNUAL CONFERENCE: PLANNING AND MODERATING SUPPORT FOR BIRTH EQUITY

WORKSHOP.

NAME OF ORGANIZATION OR GOVERNMENT:

TECHNICAL ASSISTANCE COLLABORATIVE, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: MENTAL HEALTH AND SUD EMERGENCY

RESPONSE THROUGH NEW MEDICAID AND OTHER AMERICAN RESCUE PLAN PROVISIONS

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

**Part IV Supplemental Information**

(H) PURPOSE OF GRANT OR ASSISTANCE: PARTNERING WITH COMMUNITY HEALTH

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

CONNECTED CARE ACCELERATOR - INFRASTRUCTURE AND SPREAD.

NAME OF ORGANIZATION OR GOVERNMENT: TIDES FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TIDES CENTER COLLECTIVE ACTION FUND

FOR EXPANDING GRADUATE MEDICAL EDUCATION IN CALIFORNIA. GRANTMAKERS

CONCERNED WITH IMMIGRANTS AND REFUGEES CALIFORNIA DIGNITY FOR FAMILIES

FUND.

NAME OF ORGANIZATION OR GOVERNMENT: TIDES CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: PALLIATIVE CARE DELIVERY BEYOND THE

COVID ERA: CONSIDERING THE FUTURE OF VIRTUAL CARE. GENERAL SUPPORT.

BEHAVIORAL HEALTH INTEGRATION PROJECT (BHIP): PLANNING & EQUITY FOCUS

DEVELOPMENT GRANT. LATINO COALITION FOR A HEALTH CALIFORNIA'S LATINX

HEALTH POLICY SUMMIT, 2021. CONNECTED CARE ACCELERATOR. STATE-BASED

MEDICAL HOMES FOR MEDICAID BENEFICIARIES. CONNECTED CARE ACCELERATOR

TRANSITION & NEXT PHASE PREPARATION. TECH HUBS 2022. CONNECTED CARE

ACCELERATOR: PHASE 2. ADVANCING BEHAVIORAL HEALTH EQUITY IN PRIMARY CARE

LEARNING COLLABORATIVE.

NAME OF ORGANIZATION OR GOVERNMENT: TURNING BASIN LABS

(H) PURPOSE OF GRANT OR ASSISTANCE: EMPLOYER SERVICES FOR A STATEWIDE

SURVEY OF ADULTS EXPERIENCING HOMELESSNESS IN CALIFORNIA

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

(H) PURPOSE OF GRANT OR ASSISTANCE: CONSOLIDATION OVERSIGHT IN

CALIFORNIA: A PRIMER FOR POLICYMAKERS. SUPPORT FOR 'THE SOURCE ON

**Part IV Supplemental Information**

HEALTHCARE PRICE AND COMPETITION.

NAME OF ORGANIZATION OR GOVERNMENT: UNIVERSITY OF CALIFORNIA, DAVIS

(H) PURPOSE OF GRANT OR ASSISTANCE: DRIVERS OF RESILIENCE IN HEALTH

PROFESSIONS STUDENTS. ADVANCING BEHAVIORAL HEALTH EQUITY IN PRIMARY CARE

LEARNING COLLABORATIVE PARTICIPANT. UNIVERSITY OF CALIFORNIA PSYCHIATRIC

MENTAL HEALTH NURSE PRACTITIONER (PMHNP) CONSORTIUM OFFICE SUPPORT FOR

MARKETING & PLACEMENT ACTIVITIES. PMHNP CONSORTIUM OFFICE PROJECT.

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. CALHOPE PHASE 1 EVALUATION OF

WEBSITE USE. STATEWIDE ANALYSIS OF END-OF-LIFE METRICS AMONG MEDI-CAL

DECEDENTS. MEASURING DISPARITIES IN USE OF TELEHEALTH FOR CHRONIC CARE

MANAGEMENT DUE TO COVID-19. TRACKING COVERAGE, ACCESS, AND HEALTH:

CALIFORNIA HEALTH INTERVIEW SURVEY, 2021-2022.

NAME OF ORGANIZATION OR GOVERNMENT: UNIVERSITY OF CALIFORNIA, IRVINE

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

INFRASTRUCTURE AND SPREAD. UNIVERSITY OF CALIFORNIA, IRVINE'S ANNUAL

HEALTH CARE FORECAST CONFERENCE, 2022.

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.

STRENGTHENING HEALTH JOURNALISM AMONG COMMUNITY AND ETHNIC MEDIA.

ACCURATE PORTRAYAL OF ADDICTION AND MENTAL HEALTH.

STREET MEDICINE LANDSCAPE.

**Part IV** Supplemental Information

IMPACT OF CARE MANAGER TRAINING ON COVID VACCINATION RATES IN MEDICALLY

FRAGILE ADULTS IN LOS ANGELES COUNTY.

DEVELOPING A TOOL TO INFORM INVESTMENTS IN NARRATIVE CHANGE THROUGH

SCRIPTED ENTERTAINMENT.

NAME OF ORGANIZATION OR GOVERNMENT: UNIVERSITY OF WASHINGTON

(H) PURPOSE OF GRANT OR ASSISTANCE: IMPLEMENTING COLLABORATIVE CARE TO

ADDRESS PERINATAL MENTAL HEALTH IN LA COUNTY COMMUNITY CLINICS

NAME OF ORGANIZATION OR GOVERNMENT: THE URBAN INSTITUTE

(H) PURPOSE OF GRANT OR ASSISTANCE: THE CHILLING EFFECTS AND VACCINE

ATTITUDES IN CALIFORNIA.

CHILLING EFFECTS AND BARRIERS TO SAFETY NET PROGRAMS FOR ADULTS IN

CALIFORNIA IMMIGRANT FAMILIES.

UNDERSTANDING TRAINING AND WORKFORCE PATHWAYS TO DEVELOP AND RETAIN BLACK

MATERNAL HEALTH CLINICIANS IN CALIFORNIA.

UNDERSTANDING PROGRAMS TO DEVELOP AND RETAIN BLACK HEALTH PROFESSIONALS.

NAME OF ORGANIZATION OR GOVERNMENT: VIRGINIA COMMONWEALTH UNIVERSITY

(H) PURPOSE OF GRANT OR ASSISTANCE: EVALUATION OF "PILOTING THE USE OF

CONSENSUS STANDARDS IN PAYER-PROVIDER CONTRACTS."

PALLIATIVE CARE IN PUBLIC HOSPITALS SUSTAINING THE GAINS.

NAME OF ORGANIZATION OR GOVERNMENT: VISION Y COMPROMISO

(H) PURPOSE OF GRANT OR ASSISTANCE: PARTNERING WITH COMMUNITY HEALTH

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

STAKEHOLDER GROUP).

VISION Y COMPROMISO'S CONFERENCE, 2021.

**Part IV** Supplemental Information

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

(H) PURPOSE OF GRANT OR ASSISTANCE: MEDI-CAL ENROLLMENT RESEARCH

STAKEHOLDER ADVISORY GROUP.

CORE SUPPORT FOR WESTERN CENTER ON LAW AND POVERTY 2021-2024.

NAME OF ORGANIZATION OR GOVERNMENT: WONDER: STRATEGIES FOR GOOD LLC

(H) PURPOSE OF GRANT OR ASSISTANCE: INNOVATION FUND DIVERSITY

COMMUNICATIONS IMPLEMENTATION.

COMMUNICATIONS SUPPORT FOR INNOVATION FUND ENGAGEMENT OF UNDERREPRESENTED

FOUNDERS.

NAME OF ORGANIZATION OR GOVERNMENT:

YOUNG MEN'S CHRISTIAN ASSOCIATION OF SAN FRANCISCO

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

GRANT: YOUTH AND FAMILY ACCESS, AND ANNUAL CAMPAIGN FOR HEALTH

INITIATIVES

NAME OF ORGANIZATION OR GOVERNMENT:

CENTER FOR HEALTH CARE STRATEGIES, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: ADMINISTRATIVE, OPERATIONAL AND

FINANCIAL INTEGRATION PROJECTS IN THE CONTEXT OF CALAIM. ENHANCED CARE

MANAGEMENT: ENVIRONMENTAL SCAN FOR SUPPORTING OVERSIGHT AND

ACCOUNTABILITY. MEDICAID BEHAVIORAL HEALTH INTEGRATION MODELS IN OTHER

STATES. UNDERSTANDING NEEDS RELATED TO LONGTERM CARE SERVICES IN

MEDICAL PHASE TWO. CALIFORNIA MATERNITY CARE POLICY UPDATES: CALIFORNIA

ADVANCING AND INNOVATING MEDI-CAL (CALAIM) AND THE 2021-2022 STATE

BUDGET. LEARNING FROM THE EVIDENCE TO INFORM CALAIM IMPLEMENTATION:

**Part IV Supplemental Information**

PLANNING PERIOD. SECOND PHASE OF THE CALIFORNIA HEALTH CARE AND  
 HOMELESSNESS LEARNING COMMUNITY. SCAN OF STATE MEDICAID EFFORTS TO  
 COVER DOULA SERVICES. CALAIM POLICY TRACKING AND ANALYSIS.  
 UNDERSTANDING COMMUNITY BASED ORGANIZATIONS NETWORKS: LESSONS FOR  
 CALIFORNIA. PREPARING FOR APM 2.0: AN IMPLEMENTATION GUIDE FOR  
 CALIFORNIA'S HEALTH CENTERS. CALAIM EVALUATION FRAMEWORK. LEARNING FROM  
 THE EVIDENCE TO INFORM CALAIM IMPLEMENTATION IMPACTING SENIORS AND  
 PEOPLE WITH DISABILITIES. 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. PARTNERSHIPS FOR  
 ACTION: CALIFORNIA HEALTH CARE & HOMELESSNESS LEARNING COMMUNITY.

NAME OF ORGANIZATION OR GOVERNMENT:

UNIVERSITY OF CALIFORNIA, SAN FRANCISCO

(H) PURPOSE OF GRANT OR ASSISTANCE: QUALITATIVE STUDY OF COVID-19

SUBSTANCE USE DISORDER (SUD) TREATMENT RULES. STRENGTHENING THE CASE  
 FOR PUBLIC HOSPITAL PALLIATIVE CARE SERVICES IN RESOURCE-CONSTRAINED  
 TIMES. IMPACT OF LIBERALIZED SUBSTANCE USE DISORDERS (SUD) TREATMENT  
 RULES DURING COVID-19. STATE OF PRE-MEDICAL SCHOOL ADVISING IN  
 CALIFORNIA'S PUBLIC INSTITUTIONS. PROGRAM OFFICE FOR THE CALIFORNIA  
 IMPROVEMENT NETWORK, PHASE 7. PRIORITY (PREGNANCY CORONAVIRUS OUTCOMES  
 REGISTRY). DISSEMINATION OF THE FEDERAL DIABETES COMMISSION REPORT.  
 RURAL HEALTH LEADERSHIP DEVELOPMENT PLANNING WORK. RACISM AMONG HEALTH  
 WORKERS. COMMUNITY PARAMEDICINE EVALUATION: BRIDGE TO STATE FUNDING.  
 CALIFORNIA DEPARTMENT OF PUBLIC HEALTH (CDPH) BLACK MATERNAL AND INFANT  
 HEALTH REPORT: SUPPORT TO UCSF CENTER FOR HEALTH EQUITY TO COMPLETE  
 REMAINING CRITICAL ACTIVITIES. ADVANCING EQUITY AND INCLUSION IN  
 DIGITAL HEALTH. CALIFORNIA IMPROVEMENT NETWORK PHASE 8 REDESIGN



**Part IV Supplemental Information**

PLANNING GRANT. ASSESSING DIGITAL HEALTH COMPANY EXPERIENCES WITH EHR

APIS. EVALUATING MANAGED CARE PLAN E-CONSULT INITIATIVES TO IMPROVE

ACCESS TO SPECIALTY CARE. EXAMINING CALIFORNIA'S MIDWIFERY WORKFORCE

AND THE POTENTIAL IMPACT OF REGULATORY CHANGES. CHCF HEALTH CARE

LEADERSHIP PROGRAM: RENEWAL FOR COHORTS 20 & 21. UNDERSTANDING THE

IMPACT OF AB890: SETTING THE BASELINE. A STATEWIDE SURVEY OF PEOPLE

EXPERIENCING HOMELESSNESS. TOWARDS A MORE DIVERSE NURSE-MIDWIFERY

WORKFORCE: SUPPORT FOR THE MENTORING & BELONGING PROGRAM AT

CALIFORNIA'S SCHOOLS OF NURSE-MIDWIFERY. CHCF HEALTH CARE LEADERSHIP

PROGRAM: RENEWAL FOR COHORTS 22-23.

Multiple horizontal lines for supplemental information.

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2021**

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](http://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
<b>1b</b>		
<b>2</b>		
<b>4a</b>		X
<b>4b</b>		X
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>		X
<b>8</b>		X
<b>9</b>		

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

Schedule J (Form 990) 2021

**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 and/or 1099-NEC 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)	669,485.	0.	660.	52,550.	50,227.	772,922.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) ZIEGLER, CRAIG VP OF FIN ADMIN & INVMTS/TREAS & SEC	(i)	398,918.	0.	2,710.	51,450.	39,297.	492,375.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) CARTER, KARA SENIOR VP OF PROGRAMS	(i)	381,037.	0.	810.	42,833.	24,873.	449,553.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) SHEWRY, SANDRA VP OF EXTERNAL ENGAGEMENT	(i)	339,098.	0.	2,360.	52,550.	5,192.	399,200.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) BUCKLEY, MELISSA PROGRAM DIRECTOR OF INNOVATIONS	(i)	294,476.	0.	660.	52,550.	43,514.	391,200.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) PERRONE, CHRISTOPHER PROGRAM DIRECTOR OF IMPROVING ACCESS	(i)	280,848.	0.	660.	51,167.	14,499.	347,174.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) SCHNEIDERMANN, MICHELLE PRG DIR-ADVANCING PEOPLE CNTR'D CARE	(i)	288,097.	0.	2,010.	51,176.	4,735.	346,018.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) READER, CHARLES CHIEF TALENT OFFICER	(i)	257,454.	0.	860.	31,154.	11,637.	301,105.	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 (\$1,000).

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

EMPLOYEE (\$2,050).

4. MEDICAL WAIVER TO 2 EMPLOYEES (\$2,400)

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)**

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 Form 990-EZ.

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

OMB No. 1545-0047

**2021**

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:

INTERRUPT RACISM, BUILD TRANSPARENCY AND ACCOUNTABILITY AROUND

EQUITABLE CARE, AND DIVERSIFY THE HEALTH CARE WORKFORCE.

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

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

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

USES POLICY CONVENINGS, RESEARCH AND ANALYSIS, AND STRATEGIC

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

CONVENING: WE BRING STAKEHOLDERS TOGETHER TO FIND SOLUTIONS, SPREAD

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

DATA AND POLICY ANALYSIS AGENDA THAT HELPS DECISIONMAKERS MAKE INFORMED

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

HEALTH CARE PROBLEMS AND FIND SOLUTIONS.

EXPENSES \$ 8,544,007. INCL GRANTS OF \$ 1,500,000. REVENUE \$ 533,971.

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

Schedule O (Form 990) 2021

132211 11-11-21

Name of the organization CALIFORNIA HEALTHCARE FOUNDATION	Employer identification number 95-4523231
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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 CONSULTANTS TO DEVELOP MARKET COMPARABLES, SURVEY THE MARKET BASED ON THOSE

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

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:  
 RETURNED GRANTS 100,898.



**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

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

OMB No. 1545-0047

**2021**

**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	489,274.	50,723,960.	CALIFORNIA HEALTHCARE FOUNDATION

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

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

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

Schedule R (Form 990) 2021



**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
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity .....		X
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....		X
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....		X
<b>d</b> Loans or loan guarantees to or for related organization(s) .....		X
<b>e</b> Loans or loan guarantees by related organization(s) .....		X
<b>f</b> Dividends from related organization(s) .....	X	
<b>g</b> Sale of assets to related organization(s) .....		X
<b>h</b> Purchase of assets from related organization(s) .....		X
<b>i</b> Exchange of assets with related organization(s) .....		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....		X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....		X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....		X
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....		X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....		X
<b>o</b> Sharing of paid employees with related organization(s) .....		X
<b>p</b> Reimbursement paid to related organization(s) for expenses .....		X
<b>q</b> Reimbursement paid by related organization(s) for expenses .....		X
<b>r</b> Other transfer of cash or property to related organization(s) .....	X	
<b>s</b> Other transfer of cash or property from related organization(s) .....	X	

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) MAKENA FIXED INCOME FUND, LP	S	27,200,000.	CASH
(2) MAKENA FIXED INCOME FUND, LP	R	74,191,276.	CASH
(3)			
(4)			
(5)			
(6)			

