



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

2009

Department of the Treasury
Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning _____ **and ending** _____

B Check if applicable:
 Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

Please use IRS label or print or type:
 See Specific Instructions

C Name of organization
CALIFORNIA REGIONAL HEALTH INFORMATION ORGANIZATION
 Doing Business As _____
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
C/O DUANE DAUNER, 1215K STREET 800
 City or town, state or country, and ZIP + 4
SACRAMENTO, CA 95814

D Employer identification number
20-4044463

E Telephone number
916-442-8888

G Gross receipts \$ **1,385,084.**

H(a) Is this a group return for affiliates? Yes No
H(b) Are all affiliates included? Yes No
 If "No," attach a list. (see instructions)

H(c) Group exemption number _____

I Tax-exempt status: 501(c) (3) (insert no.) 4947(a)(1) or 527

J Website: **WWW.CALRHIO.ORG**

K Form of organization: Corporation Trust Association Other

L Year of formation: **2006** **M State of legal domicile:** **CA**

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities:	MISSION: IMPROVE THE SAFETY, QUALITY & EFFICIENCY OF HEALTH CARE.	
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	9
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	9
	5	Total number of employees (Part V, line 2a)	5	7
	6	Total number of volunteers (estimate if necessary)	6	9
	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 808,434.	Current Year 1,375,000.
	9	Program service revenue (Part VIII, line 2g)		
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	20,792.	<147.>
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	4,886.	1,938.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	834,112.	1,376,791.
	Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	66,768.
14		Benefits paid to or for members (Part IX, column (A), line 4)		
15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	910,550.	997,246.
16a		Professional fundraising fees (Part IX, column (A), line 11e)		
b		Total fundraising expenses (Part IX, column (D), line 25)	57,799.	
17		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	555,489.	609,601.
18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	1,532,807.	1,606,847.	
19	Revenue less expenses Subtract line 18 from line 12	<698,695.>	<230,056.>	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year 551,652.	End of Year 48,194.
	21	Total liabilities (Part X, line 26)	329,033.	55,631.
	22	Net assets or fund balances Subtract line 21 from line 20	222,619.	<7,437.>

Part II Signature Block

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

Sign Here
 Signature of officer: *Duane Dauner* Date: 11/4/10
DUANE DAUNER, BOARD PRESIDENT
 Type or print name and title

Paid Preparer's Use Only
 Preparer's signature: **RANDY G. PETERSON, CPA** Date: **11/02/10** Check if self-employed:
 Preparer's identifying number (see instructions): _____
 Firm's name (or yours if self-employed), address, and ZIP + 4: **BERGER/LEWIS ACCOUNTANCY CORP.**
55 ALMADEN BLVD., STE 600
SAN JOSE, CA 95113
 EIN: _____ Phone no.: **(408) 494-1200**

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

SCANNED NOV 30 2010

616

13

CALIFORNIA REGIONAL HEALTH INFORMATION ORGANIZATION

Form 990 (2009)

20-4044463 Page 2

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission.

CALRHIO IS A COLLABORATIVE STATEWIDE INITIATIVE WHOSE MISSION IS TO IMPROVE THE SAFETY, QUALITY, AND EFFICIENCY OF HEALTH CARE THROUGH THE USE OF INFORMATION TECHNOLOGY AND THE SECURE EXCHANGE OF HEALTH INFORMATION.

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 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 No

If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

SEE SCHEDULE O FOR CONTINUATION(S)

4a (Code) (Expenses \$ 1,110,593. including grants of \$) (Revenue \$ 1,938.)

THE CALIFORNIA REGIONAL HEALTH INFORMATION ORGANIZATION - (CALRHIO) IS A COLLABORATIVE EFFORT TO INCREMENTALLY BUILD THE STRUCTURE AND CAPABILITIES NECESSARY FOR A SECURE STATEWIDE HEALTH INFORMATION EXCHANGE (HIE) SYSTEM THAT ENABLES CALIFORNIA'S HEALTHCARE PROVIDERS AND PATIENTS TO ACCESS VITAL MEDICAL INFORMATION AT THE TIME AND PLACE IT IS NEEDED. THAT EFFORT INCLUDES A MULTITUDE OF RELATED ACTIVITIES THAT COLLECTIVELY ENABLE SUCCESS. ONGOING EDUCATIONAL EFFORTS THAT INCLUDED STATEWIDE SUMMITS FOCUSING ON SPECIFIC SUBJECTS MATERIAL TO HIE AS WELL AS A RESPECTED WEB SITE PROVIDE INFORMATION CRITICAL TO UNDERSTANDING THE PURPOSE AND CONSEQUENCES OF A COMPLETED HIE. RESEARCH ON OPTIMUM INFORMATION TECHNOLOGY PLATFORMS THAT CAN LOCATE PATIENT INFORMATION AT VARIOUS LOCATIONS AND INTEGRATE AND DELIVER THOSE

4b (Code) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses \$ 1,110,593.

**CALIFORNIA REGIONAL HEALTH INFORMATION
ORGANIZATION**

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>		X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>	N/A	
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11	Is the organization's answer to any of the following questions "Yes"? <i>If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>		X
	• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>		
	• Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		
	• Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i>		
	• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		
	• Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		
	• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? <i>If "Yes," complete Schedule D, Part X</i>		
12	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i>		X
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional</i>	Yes 12A	No X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
14b	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Part I</i>		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i>		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X

**CALIFORNIA REGIONAL HEALTH INFORMATION
ORGANIZATION**

Form 990 (2009)

20-4044463 Page 4

Part IV Checklist of Required Schedules (continued)

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

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

Form 990 (2009)

CALIFORNIA REGIONAL HEALTH INFORMATION ORGANIZATION

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable.		
1a	17		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
1c			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.		
2a	7		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	X	
2b			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
3a			
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
4a			
b	If "Yes," enter the name of the foreign country: _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5a			
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5b			
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
5c			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		X
6a			
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
6b			
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
7a			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7c			
d	If "Yes," indicate the number of Forms 8282 filed during the year.		
7d			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
7e			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
7f			
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
7g			
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
7h			
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? N/A		
8			
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966? N/A		
9a			
b	Did the organization make a distribution to a donor, donor advisor, or related person? N/A		
9b			
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12 N/A	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders N/A	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	

CALIFORNIA REGIONAL HEALTH INFORMATION ORGANIZATION

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

Section A. Governing Body and Management

	Yes	No
1a Enter the number of voting members of the governing body		
1b Enter the number of voting members that 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?		X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5 Did the organization become aware during the year of a material diversion of the organization's assets?		X
6 Does the organization have members or stockholders?		X
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
7b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a The governing body?	X	
b Each committee with authority to act on behalf of the governing body?	X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed ► CA
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
 Own website Another's website Upon request
- 19** Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization ►
KAREN ROBERTS - 916-442-8888
915 L STREET, SUITE 1000, SACRAMENTO, CA 95814

**CALIFORNIA REGIONAL HEALTH INFORMATION
ORGANIZATION**

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

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. Use Schedule J-2 if additional space is needed.

- 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. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former** directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if the organization did not compensate any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
DON CRANE BOARD MEMBER	5.00	X					0.	0.	0.	
DUANE DAUNER BOARD PRESIDENT	5.00	X		X			0.	0.	0.	
JOE DUNN BOARD MEMBER	5.00	X					0.	0.	0.	
TOM PRISELAC BOARD MEMBER	5.00	X					0.	0.	0.	
MARK HARRISON BOARD MEMBER	5.00	X					0.	0.	0.	
DONALD JONES BOARD MEMBER	5.00	X					0.	0.	0.	
TOM MOORE BOARD MEMBER	5.00	X					0.	0.	0.	
KIKI NOCELLA BOARD MEMBER	5.00	X					0.	0.	0.	
GEORGE ROOT BOARD MEMBER	5.00	X					0.	0.	0.	
DEBBIE RIEGER COO	40.00			X			305,421.	0.	1,128.	
MOLLY COYE, MD, MPH PRESIDENT & CEO	40.00			X			160,852.	0.	6,937.	
JENNIFER FROST DIRECTOR PP&D	40.00			X			93,803.	0.	4,432.	
KAREN ROBERTS CFO	5.00			X			51,802.	0.	0.	
DONALD HOLMQUEST PRESIDENT & CEO (PAST)	40.00			X			59,463.	0.	0.	
KAREN HUNT DIRECTOR COMMUNICATIONS	40.00				X		182,620.	0.	0.	

CALIFORNIA REGIONAL HEALTH INFORMATION ORGANIZATION

Form 990 (2009)

20-4044463 Page 9

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f 1,375,000.					
	g Noncash contributions included in lines 1a-1f \$						
	h Total. Add lines 1a-1f		▶ 1,375,000.				
Program Service Revenue	2 a _____	Business Code					
	b _____						
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
	g Total. Add lines 2a-2f		▶				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		▶ 1,256.			1,256.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross Rents	(i) Real	(ii) Personal				
		b Less rental expenses					
		c Rental income or (loss)					
		d Net rental income or (loss)		▶			
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		b Less cost or other basis and sales expenses					
		c Gain or (loss)		<1,403.>			
		d Net gain or (loss)		▶ <1,403.>			<1,403.>
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a					
		b Less direct expenses	b				
		c Net income or (loss) from fundraising events		▶			
	9 a Gross income from gaming activities See Part IV, line 19	a					
b Less direct expenses		b					
c Net income or (loss) from gaming activities			▶				
10 a Gross sales of inventory, less returns and allowances	a						
	b Less cost of goods sold	b					
	c Net income or (loss) from sales of inventory		▶				
Miscellaneous Revenue		Business Code					
11 a WORKERS COMP REFUND	900099		1,938.	1,938.			
b _____							
c _____							
d All other revenue							
e Total. Add lines 11a-11d			▶ 1,938.				
12 Total revenue. See instructions.			▶ 1,376,791.	1,938.	0.	<147.>	

CALIFORNIA REGIONAL HEALTH INFORMATION ORGANIZATION

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) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U S See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	869,790.	698,521.	130,180.	41,089.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	59,743.	50,782.	5,974.	2,987.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	17,145.	14,573.	1,713.	859.
10 Payroll taxes	50,568.	42,983.	5,057.	2,528.
11 Fees for services (non-employees)				
a Management				
b Legal	107,365.		107,365.	
c Accounting	33,408.		33,408.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	150,986.	138,865.	11,483.	638.
12 Advertising and promotion				
13 Office expenses	44,209.	32,103.	10,218.	1,888.
14 Information technology	25,989.	22,091.	2,599.	1,299.
15 Royalties				
16 Occupancy	103,530.		103,530.	
17 Travel	124,449.	105,782.	12,445.	6,222.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	5,758.	4,893.	576.	289.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	4,377.		4,377.	
23 Insurance	9,530.		9,530.	
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a _____				
b _____				
c _____				
d _____				
e _____				
f All other expenses _____				
25 Total functional expenses. Add lines 1 through 24f	1,606,847.	1,110,593.	438,455.	57,799.
26 Joint costs Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

**CALIFORNIA REGIONAL HEALTH INFORMATION
ORGANIZATION**

Form 990 (2009)

20-4044463 Page 11

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	4,892.	1	15,501.
	2 Savings and temporary cash investments	529,169.	2	13,745.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	179.	4	11,939.
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			5
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L			6
	7 Notes and loans receivable, net			7
	8 Inventories for sale or use			8
	9 Prepaid expenses and deferred charges	7,740.	9	7,009.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a		
	b Less accumulated depreciation	10b	9,672.	10c
	11 Investments - publicly traded securities			11
	12 Investments - other securities. See Part IV, line 11			12
	13 Investments - program-related. See Part IV, line 11			13
	14 Intangible assets			14
	15 Other assets. See Part IV, line 11			15
16 Total assets. Add lines 1 through 15 (must equal line 34)		551,652.	16	48,194.
Liabilities	17 Accounts payable and accrued expenses	204,033.	17	55,631.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D			21
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			22
	23 Secured mortgages and notes payable to unrelated third parties			23
	24 Unsecured notes and loans payable to unrelated third parties	125,000.	24	
	25 Other liabilities. Complete Part X of Schedule D			25
	26 Total liabilities. Add lines 17 through 25		329,033.	26
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	222,619.	27	<7,437.>
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds			30
	31 Paid-in or capital surplus, or land, building, or equipment fund			31
	32 Retained earnings, endowment, accumulated income, or other funds			32
33 Total net assets or fund balances		222,619.	33	<7,437.>
34 Total liabilities and net assets/fund balances		551,652.	34	48,194.

Form 990 (2009)

**CALIFORNIA REGIONAL HEALTH INFORMATION
ORGANIZATION**

Form 990 (2009)

20-4044463 Page **12**

Part XI Financial Statements and Reporting

- 1** Accounting method used to prepare the Form 990. Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
- b** Were the organization's financial statements audited by an independent accountant?
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- d** If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both
 Separate basis Consolidated basis Both consolidated and separate basis
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

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

Form **990** (2009)

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total support. Add lines 7 through 10						

12 Gross receipts from related activities, etc (see instructions) 12

13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) 14 %

15 Public support percentage from 2008 Schedule A, Part II, line 14 15 %

16a 33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization

17a 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

b 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

CALIFORNIA REGIONAL HEALTH INFORMATION

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")		1621308.	1573407.	801,388.	1375000.	5371103.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5		1621308.	1573407.	801,388.	1375000.	5371103.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons		1202408.	1531135.	776,388.	1365000.	4874931.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
c Add lines 7a and 7b		1202408.	1531135.	776,388.	1365000.	4874931.
8 Public support (Subtract line 7c from line 6)						496,172.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6		1621308.	1573407.	801,388.	1375000.	5371103.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources		21,481.	38,088.	20,792.	1,256.	81,617.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b		21,481.	38,088.	20,792.	1,256.	81,617.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)		2,880.	4,892.		1,938.	9,710.
13 Total support (Add lines 9, 10c, 11, and 12)		1645669.	1616387.	822,180.	1378194.	5462430.

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No 1545-0047

2009

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

Attach to Form 990. See separate instructions.

Department of the Treasury
Internal Revenue Service

Name of the organization **CALIFORNIA REGIONAL HEALTH INFORMATION ORGANIZATION**

Employer identification number
20-4044463

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 in 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 checked="" type="checkbox"/> Housing allowance or residence for personal use |
| <input checked="" 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 (e.g., 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 officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

- 3** Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply
- | | |
|--|---|
| <input type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input 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 in 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) and 501(c)(4) organizations must complete lines 5-9.

5 For persons listed in 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" to line 5a or 5b, describe in Part III

6 For persons listed in 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" to line 6a or 6b, describe in Part III

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

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

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

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

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

Schedule J (Form 990) 2009

CALIFORNIA REGIONAL HEALTH INFORMATION ORGANIZATION

Part III Supplemental Information

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

PART I, LINE 1A: TRAVEL FOR COMPANIONS - CHIEF OPERATING OFFICER'S SPOUSE

PERIODIC AIRFARE TO SAN FRANCISCO

HOUSING ALLOWANCE OR RESIDENCE FOR PERSONAL USE - HOUSING FOR CHIEF

OPERATING OFFICER.

BOTH BENEFITS WERE PART OF THE EMPLOYMENT CONTRACT APPROVED BY THE BOARD.

PART I, LINE 4A: DONALD HOLMQUEST, FORMER PRESIDENT AND CEO, RECEIVED A

SEVERANCE PAYMENT OF \$1,000.

Part I Liquidation, Termination, or Dissolution (continued)

	Yes	No
3		
4a		
5a		
5b		
6		
7a		
7b		

Note. If the organization distributed all of its assets during the tax year, then Form 990, Part X, column (B) should equal 0.

3 Did the organization distribute its assets in accordance with its governing instrument(s)? If "No," describe in Part III

4a Did the organization request or receive a letter from the IRS that the organization's exempt status was terminated?

b If "Yes," provide the date of the letter **▶** Attach a copy of the letter and, if applicable, the organization's request for the letter

5a Is the organization required to notify the attorney general or other appropriate state official of its intent to dissolve, liquidate, or terminate?

b If "Yes," did the organization provide such notice?

6 Did the organization discharge or pay all liabilities in accordance with state laws?

7a Did the organization have any tax-exempt bonds outstanding during the year?

b Did the organization discharge or defease tax-exempt bond liabilities in accordance with the Internal Revenue Code and state laws?

c If "Yes," describe in Part III how the organization defeased or otherwise settled these liabilities. If "No," explain in Part III.

Part II Sale, Exchange, Disposition, or Other Transfer of More Than 25% of the Organization's Assets. Complete this part if the organization answered "Yes" to Form 990, Part IV, line 32, or Form 990-EZ, line 36. Use Schedule N-1 if additional space is needed

1	(a) Description of asset(s) distributed or transaction expenses paid	(b) Date of distribution	(c) Fair market value of asset(s) distributed or amount of transaction expenses	(d) Method of determining FMV for asset(s) distributed or transaction expenses	(e) EIN of recipient	(f) Name and address of recipient	(g) IRC section of recipient(s) (if tax-exempt) or type of entity
	LAPTOP COMPUTER, CHAIR	12/18/09	2,675	COMPARABLES		MOLLY COYE 236 ELSIE SAN FRANCISCO, CA 94110	INDIVIDUAL
	LAPTOP COMPUTER	12/18/09	300	COMPARABLES		DEBBIE RIEGER 11612 S BREEZE GRAS PARKER, CO 80134	INDIVIDUAL
	LAPTOP COMPUTER, DISHES	12/18/09	320	COMPARABLES		JENNIFER FROST 4167 17TH ST SAN FRANCISCO, CA 94114	INDIVIDUAL
	CHAIR, COFFEE TABLE, FILE CABINET	12/18/09	250	COMPARABLES		MICHAEL KEFFER 1753 A STOCKTON SAN FRANCISCO, CA 94133	INDIVIDUAL
	CHAIR, PHONE	12/18/09	95	COMPARABLES		KAREN HUNT 582 ROSAL OAKLAND, CA 94612	INDIVIDUAL

	Yes	No
2		
a		X
b		X
c		X
d		X
e		X

2 Did or will any officer, director, trustee, or key employee of the organization.

a Become a director or trustee of a successor or transferee organization?

b Become an employee of, or independent contractor for, a successor or transferee organization?

c Become a direct or indirect owner of a successor or transferee organization?

d Receive, or become entitled to, compensation or other similar payments as a result of the organization's significant disposition of assets?

e If the organization answered "Yes" to any of the questions in this line, provide the name of the person involved and explain in Part III

Part II Continuation of Sale, Exchange, Disposition, or Other Transfer of More Than 25% of the Organization's Assets (Schedule N (Form 990 or 990-EZ), Part II, line 1)

(a) Description of asset(s) distributed or transaction expenses paid	(b) Date of distribution	(c) Fair market value of asset(s) distributed or amount of transaction expenses	(d) Method of determining FMV for asset(s) distributed or transaction expenses	(e) EIN of recipient	(f) Name and address of recipient	(g) IRC section of recipient(s) (if tax-exempt) or type of entity
CUBICLES	12/16/09	1,200	OFFER		CHAI, INC 526 2ND ST SAN FRANCISCO, CA 94107	CORPORATION
TWO CHAIRS 3 DESKS, 2 LATERAL FILE CABINETS, BOOKCASE, 8 CHAIRS, TOASTER, MICROWAVE, FAN, WASTEBASKETS	12/15/09	150	OFFER		KIRBY VEACH/STUDIO SPRING 101 TOWNSEND ST 282 SAN FRANCISCO, CA 94107	INDIVIDUAL
MISCELLANEOUS FURNITURE, EQUIPMENT, SUPPLIES	12/14/09	1,600	OFFER		MICHAEL SHIFFMAN 1750 MONTGOMERY #154 SAN FRANCISCO, CA 94111	INDIVIDUAL
	12/18/09	300	OFFER		GOMOTORZ 43066 CHRISTY FREMONT, CA 94538	BUSINESS

SCHEDULE O

(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization

**CALIFORNIA REGIONAL HEALTH INFORMATION
ORGANIZATION**

Employer identification number
20-4044463

FORM 990, PART III, LINE 3, CHANGES IN PROGRAM SERVICES:

AT 12/18/09, CALRHIO DRAMATICALLY REDUCED OPERATIONS, TERMINATED ALL
EMPLOYEES, AND SOLD ALL OF ITS FURNITURE AND EQUIPMENT. HOWEVER, IT DID
NOT FORMALLY DISSOLVE BECAUSE IT IS ADMINISTERING A SOCIAL SECURITY
ADMINISTRATION GRANT IN 2010/11. CALRHIO NO LONGER HAS AN OFFICE OR
EMPLOYEES, BUT CURRENTLY CONDUCTS ITS LIMITED OPERATIONS THROUGH
CONSULTANTS.

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

RESULTS ON A PATIENT-CENTRIC BASIS IS AN ESSENTIAL COMPONENT OF THE
CALRHIO ACTIVITIES. DETAILED RESEARCH AND BROAD BASED DISCUSSION OF
PRIVACY AND SECURITY CONCERNS AND RELEVANT STATE AND FEDERAL LAWS WERE
ALSO ALLOCATED SUBSTANTIAL TIME AND EFFORT.

IN 2008, CALRHIO FUNDED FOUR SAFETY NET ORGANIZATIONS UP TO \$85,000
EACH TO STRENGTHEN, ADVANCE, OR EXPAND EXISTING HEALTH INFORMATION
EXCHANGE (HIE) INITIATIVES AIMED AT IMPROVING CLINICAL EFFICIENCY,
QUALITY OF CARE, AND PATIENT SAFETY. THE PROJECTS SERVED AS
LABORATORIES FOR LEARNING AND CONTRIBUTED TO BUILDING THE CAPACITY OF
HIE DEVELOPMENT IN CALIFORNIA'S SAFETY NET COMMUNITY. IN THE LONG TERM,
THE INITIATIVE AIMED TO PROVIDE EDUCATION, INFORMATION, AND RESOURCES
THAT WILL INSPIRE AND SUPPORT MORE CALIFORNIA COMMUNITIES TO ENGAGE IN
EFFECTIVE HIE. AWARDEES WERE CHOSEN THROUGH AN RFP PROCESS AND SELECTED
BY AN ADVISORY GROUP THAT INCLUDED INDIVIDUALS REPRESENTING PUBLIC AND
RURAL HOSPITALS AND COMMUNITY CLINICS. TWELVE RFPS WERE SUBMITTED FROM
ACROSS THE STATE. THE RESULTS OF THE GRANTS WERE POSTED ON CALRHIO'S

SCHEDULE O

(Form 990)

Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990**Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No. 1545-0047

2009Open to Public
Inspection

Name of the organization

**CALIFORNIA REGIONAL HEALTH INFORMATION
ORGANIZATION**Employer identification number
20-4044463

WEBSITE AND WEBINARS WERE HELD IN WHICH EACH ORGANIZATION PRESENTED ITS ACCOMPLISHMENTS. MORE THAN 300 SAFETY NET PROVIDERS ATTENDED. THESE EFFORTS BENEFITED TENS OF THOUSANDS OF PEOPLE AROUND CALIFORNIA WHO USE SAFETY NET CLINICS FOR THEIR CARE. INFORMATION POSTED ON THE CALRHIO WEBSITE ENABLES CLINICS TO DOWNLOAD TEMPLATES AND TOOLS FREE-OF-CHARGE, INCLUDING DATA SHARING AGREEMENTS AND DATA STANDARDS RECOMMENDATIONS. CALRHIO ALSO CONTRIBUTED MORE THAN 150 HOURS OF FREE TECHNICAL ASSISTANCE AND ADVICE TO SAFETY NET PROVIDERS INVOLVED WITH HEALTH INFORMATION EXCHANGE EFFORTS AND SERVED MORE THAN 50 ORGANIZATIONS. A LETTER OF INTENT WAS SIGNED TO SERVICE 23 HOSPITAL EMERGENCY DEPARTMENTS IN ORANGE COUNTY CALIFORNIA WHICH WILL IN TURN SERVICE APPROXIMATELY 380,000 MEDI-CAL MANAGED CARE PARTICIPANTS.

CALRHIO'S STATEWIDE HEALTH INFORMATION EXCHANGE (HIE) SYSTEM WENT LIVE OCT 15, 2009, IN ORANGE COUNTY AT COASTAL COMMUNITIES HOSPITAL. AS A RESULT OF COLLABORATION BETWEEN CALRHIO AND THE LOCAL HIE EFFORT, THE ORANGE COUNTY PARTNERSHIP REGIONAL HEALTH INFORMATION ORGANIZATION (OCPRHIO), 10 HOSPITAL EMERGENCY DEPARTMENTS ROLLED OUT WITH MEDI-CAL, MEDICARE AND HEALTHY KIDS DATA.

FORM 990, PART VI, SECTION B, LINE 11: THE 990 IS REVIEWED AND APPROVED BY CALRHIO'S FINANCE COMMITTEE AND THEN PRESENTED TO THE BOARD OF DIRECTORS DURING A BOARD MEETING.

FORM 990, PART VI, SECTION B, LINE 15B: CEO, EXECUTIVE DIRECTOR, TOP MANAGEMENT OFFICIAL, OTHER OFFICERS OR KEY EMPLOYEES:

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

Schedule O (Form 990) 2009

932211
02-03-10

SCHEDULE O

(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization

CALIFORNIA REGIONAL HEALTH INFORMATION
ORGANIZATION

Employer identification number

20-4044463

PER CALRHIO'S BYLAWS SECTION 6.13, OFFICERS/SALARIES, "THE BOARD OF
DIRECTORS SHALL FIX THE SALARY OF THE CHIEF EXECUTIVE OFFICER AND CHIEF
FINANCIAL OFFICER, AND MAY FIX THE SALARIES OF OTHER OFFICERS OF THE
CORPORATION AS CHOSEN BY THE BOARD. THE BOARD MAY DELEGATE THE POWER TO
FIX THE SALARIES OF OTHER OFFICERS TO THE CHIEF EXECUTIVE OFFICER". TO
ESTABLISH PROPOSED SALARIES, MARKET SURVEYS ARE CONDUCTED AND A BOARD
APPROVED CONTRACT BETWEEN CALRHIO AND THE PROPOSED EMPLOYEE IS CREATED.

FORM 990, PART VI, SECTION C, LINE 19: DESCRIPTION OF HOW THE ORGANIZATION
MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL
STATEMENTS AVAILABLE TO THE PUBLIC:

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AVAILABLE TO THE PUBLIC UPON
REQUEST.

FORM 990, PART VI, GOVERNANCE - POLICIES

AT 12/18/09, CALRHIO DRAMATICALLY REDUCED OPERATIONS AND TERMINATED ALL
EMPLOYEES. IF THE ORGANIZATION AGAIN BECOMES ACTIVE, IT WILL FINALIZE
FORMAL CONFLICT OF INTEREST POLICY, WHISTLEBLOWER POLICY, DOCUMENT
RETENTION AND DESTRUCTION POLICY, AND OTHER POLICIES RECOMMENDED BY
IRS.

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II and check this box **X**
Note. Only complete Part II if you have already been granted an automatic 3 month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).		
Type or print File by the extended due date for filing the return. See instructions.	Name of Exempt Organization CALIFORNIA REGIONAL HEALTH INFORMATION ORGANIZATION	Employer identification number 20-4044463
	Number, street, and room or suite no. If a P.O. box, see instructions. 524 2ND STREET	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. SAN FRANCISCO, CA 94017	

Check type of return to be filed (File a separate application for each return)

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust)	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 5227	<input type="checkbox"/> Form 8870
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 4720	<input type="checkbox"/> Form 6069	

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

KAREN ROBERTS

• The books are in the care of **915 L STREET, SUITE 1000 - SACRAMENTO, CA 95814**
 Telephone No. **916-442-8888** FAX No. _____

• If the organization does not have an office or place of business in the United States, check this box **X**
 • If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for

4 I request an additional 3-month extension of time until **NOVEMBER 15, 2010.**

5 For calendar year **2009**, or other tax year beginning _____, and ending _____.

6 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period

7 State in detail why you need the extension

TAXPAYER RESPECTFULLY REQUESTS ADDITIONAL TIME TO GATHER INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE TAX RETURN.

8a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$
b	If this application is for Form 990 PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$
c	Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$ N/A

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete and that I am authorized to prepare this form.

Signature  Title **CPA** Date **8/10/10**