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Form **990****Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)**2015** 2016  
Open to Public InspectionDepartment of the Treasury  
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**A For the 2015 calendar year, or tax year beginning** MAR 1, 2016 **and ending** MAR 31, 2016

<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 Name of organization</b> CALIFORNIA HEALTHCARE FOUNDATION		<b>D Employer identification number</b> 95-4523231
	Doing business as		<b>E Telephone number</b> 510-238-1040
	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>G Gross receipts \$</b> 3,808,857.
<b>F Name and address of principal officer:</b> CRAIG ZIEGLER SAME AS C ABOVE		<b>H(a) Is this a group return for subordinates?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b) Are all subordinates included?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c) Group exemption number</b>	
<b>I Tax-exempt status:</b> <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>J Website:</b> WWW.CHCF.ORG			
<b>K Form of organization:</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		<b>L Year of formation:</b> 1995	<b>M State of legal domicile:</b> CA

**Part I Summary**

<b>Activities &amp; Governance</b>	1 Briefly describe the organization's mission or most significant activities. TO SUPPORT IDEAS & INNOVATIONS TO IMPROVE HEALTH CARE FOR ALL CALIFORNIANS.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3 10	
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4 9	
	5 Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5 0	
	6 Total number of volunteers (estimate if necessary)	6 0	
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a 0.	
7b Net unrelated business taxable income from Form 990-T, line 34	7b -72,073.		
<b>Revenue</b>	8 Contributions and grants (Part VIII, line 1h)	Prior Year 0.	Current Year 0.
	9 Program service revenue (Part VIII, line 2g)	462,008.	55,185.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 5)	12,519,098.	2,628,876.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,002,363.	90,981.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	13,983,469.	2,775,042.
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	26,000,599.	3,000,691.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	10,540,437.	888,799.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	16b Total fundraising expenses (Part IX, column (D), line 25)	0.	0.
<b>Expenses</b>	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	6,390,066.	1,185,784.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	42,931,102.	5,075,274.
	19 Revenue less expenses. Subtract line 18 from line 12	-28,947,633.	-2,300,232.
	20 Total assets (Part X, line 16)	Beginning of Current Year 728,955,190.	End of Year 739,662,965.
<b>Net Assets or Fund Balances</b>	21 Total liabilities (Part X, line 26)	16,189,463.	16,366,268.
	22 Net assets or fund balances. Subtract line 21 from line 20	712,765,727.	723,296,697.

**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	Date 11/16/16			
	CRAIG ZIEGLER, VP FINANCE ADMIN / INVESTS / TREAS Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name MAGA E. KISRIEV	Preparer's signature	Date 10/28/16	Check if self-employed <input type="checkbox"/>	PTIN P01008919
	Firm's name HOOD & STRONG LLP	Firm's EIN 94-1254756			
	Firm's address 275 BATTERY STREET, STE. 900 SAN FRANCISCO, CA 94111	Phone no. 415.781.0793			

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

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**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 WORKS AS A CATALYST TO FULFILL THE PROMISE OF BETTER HEALTH CARE  
FOR ALL CALIFORNIANS. WE SUPPORT IDEAS AND INNOVATIONS THAT IMPROVE  
QUALITY, INCREASE EFFICIENCY, AND LOWER THE COSTS OF CARE.

**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 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 \$ 1,975,235. including grants of \$ 1,845,398. ) (Revenue \$ \_\_\_\_\_)

THE HIGH VALUE CARE PROGRAM SUPPORTS POLICIES AND CARE MODELS THAT  
ALIGN WITH PATIENT PREFERENCES, ARE PROVEN EFFECTIVE, AND ARE  
AFFORDABLE. PROJECTS INCLUDE SUPPORTING EFFORTS TO REDUCE UNNECESSARY  
C-SECTIONS IN CALIFORNIA, CREATING REGIONAL SAFE PRESCRIBING COALITIONS  
TO REDUCE OPIOID-RELATED DEATHS, INTEGRATING CARE FOR OPIOID-DEPENDENT  
HIGH-UTILIZERS OF CARE, INCREASING ACCESS TO PALLIATIVE CARE IN  
CALIFORNIA BY FOSTERING PARTNERSHIPS BETWEEN INSURERS AND PALLIATIVE  
CARE PROVIDERS, AND PROMOTING USE OF AND ACCESS TO PHYSICIAN ORDERS FOR  
LIFE-SUSTAINING TREATMENT (POLST).

**4b** (Code \_\_\_\_\_) (Expenses \$ 685,194. including grants of \$ 626,520. ) (Revenue \$ \_\_\_\_\_)

THE INFORMING DECISION MAKERS PROGRAM PROVIDES FUNDING FOR WORK WHICH  
FOCUSES ON PROMOTING GREATER TRANSPARENCY AND ACCOUNTABILITY IN  
CALIFORNIA'S HEALTH CARE SYSTEM BY PRODUCING REPORTS AND ANALYSIS TO  
POLICYMAKERS, RESEARCHERS, AND THOUGHT LEADERS WITH CRITICAL TREND DATA  
ABOUT THE COST AND QUALITY OF CALIFORNIA'S HEALTH CARE SYSTEM. THIS  
WORK, COUPLED WITH INITIATIVES THAT SEEK TO UNLOCK GOVERNMENT HEALTH  
DATA, PROVIDES CHANGE-MAKERS WITH THE INFORMATION NECESSARY TO MAKE  
WELL-INFORMED CHOICES THAT MAY ULTIMATELY LEAD TO IMPROVED HEALTH CARE  
FOR ALL CALIFORNIANS. PROJECTS INCLUDE PRODUCTION OF REGIONAL MARKET  
REPORTS TO HELP BETTER UNDERSTAND KEY CALIFORNIA HEALTH CARE MARKETS,  
PRODUCTION OF THE CALIFORNIA HEALTHCARE ALMANAC WHICH PROVIDES TIMELY  
FACTS ON CALIFORNIA'S HEALTH CARE DELIVERY SYSTEM, AND SUPPORT FOR

**4c** (Code \_\_\_\_\_) (Expenses \$ 205,224. including grants of \$ 120,830. ) (Revenue \$ \_\_\_\_\_)

THE IMPROVING ACCESS PROGRAM SEEKS TO: ENSURE LOW-INCOME CALIFORNIANS  
CAN UNDERSTAND, USE, AND AFFORD COVERAGE; EXPAND TIMELY ACCESS TO CARE  
THROUGH THE USE OF MORE EFFECTIVE CARE TEAMS, INNOVATIVE SERVICES, AND  
TECHNOLOGY; AND EXPAND CARE OPTIONS FOR LOW-INCOME CONSUMERS THAT ARE  
MORE CONVENIENT, EASIER TO USE, AND COST EFFECTIVE. PROJECTS INCLUDE  
MONITORING ACCESS TO HEALTH CARE AMONG MEDI-CAL ENROLLEES, INCREASING  
ACCESS TO CARE BY EXPANDING THE ROLE OF PARAMEDICS, UPDATING ACA411 (AN  
INTERACTIVE, ONLINE TOOL THAT TRACKS CHANGES IN HEALTH INSURANCE  
COVERAGE, ACCESS TO HEALTH CARE SERVICES AND AFFORDABILITY), ASSESSING  
THE IMPACT OF PATIENT-CENTERED MEDICAL HOMES, ADVANCING THE  
CAPABILITIES OF FEDERALLY QUALIFIED HEALTH CENTERS TO MANAGE CARE  
POPULATIONS, ANALYZING THE PRESCRIPTION DRUG COVERAGE OPTIONS OFFERED

**4d** Other program services (Describe in Schedule O.)

(Expenses \$ 933,628. including grants of \$ 407,943. ) (Revenue \$ 55,185.)

**4e** Total program service expenses 3,799,281.Form **990** (2015)

**Part IV Checklist of Required Schedules**

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

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

	Yes	No
<b>20a</b> Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	X	
<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? If "Yes," complete Schedule I, Parts I and III	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? If "Yes," complete Schedule J		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? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a		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</b> <b>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? If "Yes," complete Schedule L, Part 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? If "Yes," complete Schedule L, Part I		X
<b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II		X
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III		X
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		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? If "Yes," complete Schedule R, Part I	X	
<b>34</b> Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	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)? If "Yes," complete Schedule R, Part V, line 2	X	
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		
<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? If "Yes," complete Schedule R, Part VI		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

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

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**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>1a</b> 0		
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	<b>1b</b> 0		
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		<b>1c</b> X	
<b>2a</b> 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	<b>2a</b> 0		
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		<b>2b</b>	
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year?		<b>3a</b>	X
<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O		<b>3b</b>	
<b>4a</b> 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)?		<b>4a</b>	X
<b>b</b> If "Yes," enter the name of the foreign country. <input type="text"/> See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		<b>5a</b>	X
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		<b>5b</b>	X
<b>c</b> If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		<b>5c</b>	
<b>6a</b> 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 as charitable contributions?		<b>6a</b>	X
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		<b>6b</b>	
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>			
<b>a</b> 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?		<b>7a</b>	
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided?		<b>7b</b>	
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		<b>7c</b>	
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year	<b>7d</b>		
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		<b>7e</b>	
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		<b>7f</b>	
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		<b>7g</b>	
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		<b>7h</b>	
<b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		<b>8</b>	
<b>9 Sponsoring organizations maintaining donor advised funds.</b>			
<b>a</b> Did the sponsoring organization make any taxable distributions under section 4966?		<b>9a</b>	
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		<b>9b</b>	
<b>10 Section 501(c)(7) organizations.</b> Enter:			
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>		
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>		
<b>11 Section 501(c)(12) organizations.</b> Enter:			
<b>a</b> Gross income from members or shareholders	<b>11a</b>		
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>		
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		<b>12a</b>	
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>		
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>			
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.		<b>13a</b>	
<b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	<b>13b</b>		
<b>c</b> Enter the amount of reserves on hand	<b>13c</b>		
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year?		<b>14a</b>	X
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		<b>14b</b>	

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

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

**Section A. Governing Body and Management**

	Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
<b>1b</b> Enter the number of voting members included in line 1a, above, who are independent		
<b>2</b> 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
<b>3</b> 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
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b> Did the organization have members or stockholders?		X
<b>7a</b> Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
<b>7b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b> The governing body?	X	
<b>b</b> Each committee with authority to act on behalf of the governing body?	X	
<b>9</b> 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
<b>10a</b> Did the organization have local chapters, branches, or affiliates?		X
<b>10b</b> 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?		
<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
<b>11b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
<b>12b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>12c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
<b>13</b> Did the organization have a written whistleblower policy?	X	
<b>14</b> Did the organization have a written document retention and destruction policy?	X	
<b>15</b> 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?		
<b>a</b> The organization's CEO, Executive Director, or top management official	X	
<b>b</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).		
<b>16a</b> 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>16b</b> 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 (or 1024 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.  
☒ Own website    ☐ Another's website    ☒ Upon request    ☐ Other (explain in Schedule O)

**19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

**20** State the name, address, and telephone number of the person who possesses the organization's books and records: **CRAIG ZIEGLER - 510-238-1040**  
**1438 WEBSTER ST., STE 400, OAKLAND, CA 94612**





**Part VIII** Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<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>h</b>	<b>Total.</b> Add lines 1a-1f					
<b>Program Service Revenue</b>	<b>2 a</b>	PRI INTEREST INCOME	Business Code 900099	55,185.	55,185.		
	<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		55,185.			
	<b>Other Revenue</b>	<b>3</b>	Investment income (including dividends, interest, and other similar amounts)		-358,000.		
<b>4</b>		Income from investment of tax-exempt bond proceeds					
<b>5</b>		Royalties					
<b>6 a</b>		Gross rents	(i) Real 167,437.	(ii) Personal			
		Less: rental expenses	76,456.				
		Rental income or (loss)	90,981.				
		Net rental income or (loss)			90,981.		90,981.
<b>7 a</b>		Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
		Less: cost or other basis and sales expenses		3,944,235.			
		Gain or (loss)		957,359.			
		Net gain or (loss)		2,986,876.		2,986,876.	2,986,876.
<b>8 a</b>		Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18					
		Less: direct expenses					
		Net income or (loss) from fundraising events					
<b>9 a</b>		Gross income from gaming activities. See Part IV, line 19					
		Less: direct expenses					
		Net income or (loss) from gaming activities					
<b>10 a</b>		Gross sales of inventory, less returns and allowances					
		Less: cost of goods sold					
		Net income or (loss) from sales of inventory					
<b>Miscellaneous Revenue</b>			Business Code				
<b>11 a</b>							
	All other revenue						
<b>e</b>	<b>Total.</b> Add lines 11a-11d						
<b>12</b>	<b>Total revenue.</b> See instructions.			2,775,042.	55,185.	0.	2,719,857.

**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	2,852,966.	2,852,966.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22	147,725.	147,725.		
<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	178,745.	58,481.	120,264.	
<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	525,308.	442,155.	83,153.	
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	56,764.	44,421.	12,343.	
<b>9</b> Other employee benefits	80,612.	63,298.	17,314.	
<b>10</b> Payroll taxes	47,370.	36,906.	10,464.	
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management				
<b>b</b> Legal	2,675.	2,675.		
<b>c</b> Accounting				
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees	905,762.		905,762.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	88,405.	18,827.	69,578.	
<b>12</b> Advertising and promotion				
<b>13</b> Office expenses	13,275.	10,756.	2,519.	
<b>14</b> Information technology	9,479.	6,986.	2,493.	
<b>15</b> Royalties				
<b>16</b> Occupancy	10,539.	7,897.	2,642.	
<b>17</b> Travel	54,152.	20,095.	34,057.	
<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	9,291.		9,291.	
<b>23</b> Insurance	11,716.	8,779.	2,937.	
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> DIRECT CHARITABLE (PRC)	65,585.	65,585.		
<b>b</b> LIBRARY/INFORMATION SER	7,787.	7,787.		
<b>c</b> UNRELATED BUS INC TAX	1,740.		1,740.	
<b>d</b> MATCHING GIFTS	1,080.	1,080.		
<b>e</b> All other expenses	4,298.	2,862.	1,436.	
<b>25</b> Total functional expenses. Add lines 1 through 24e	5,075,274.	3,799,281.	1,275,993.	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 ☐ if following SOP 98-2 (ASC 958-720)

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	1 Cash - non-interest-bearing	21,080.	1	28,426.
	2 Savings and temporary cash investments	1,782,907.	2	963,503.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	3,073,227.	4	10,188,161.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	680,486.	9	883,443.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 31,852,771.		
	b Less: accumulated depreciation	10b 2,130,482.	10c	29,722,289.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11	688,147,898.	12	691,859,524.
	13 Investments - program-related. See Part IV, line 11	5,209,478.	13	5,264,664.
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	740,521.	15	752,955.
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	728,955,190.	16	739,662,965.	
<b>Liabilities</b>	17 Accounts payable and accrued expenses	1,497,126.	17	1,990,148.
	18 Grants payable	14,692,337.	18	14,376,120.
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		25	
	26 <b>Total liabilities.</b> Add lines 17 through 25	16,189,463.	26	16,366,268.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	27 Unrestricted net assets	712,765,727.	27	723,296,697.
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	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 <b>Total net assets or fund balances</b>	712,765,727.	33	723,296,697.	
34 <b>Total liabilities and net assets/fund balances</b>	728,955,190.	34	739,662,965.	

Form 990 (2015)

**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>	2,775,042.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	5,075,274.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	-2,300,232.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	712,765,727.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	12,826,403.
<b>6</b>	Donated services and use of facilities	<b>6</b>	4,799.
<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 in Schedule O)	<b>9</b>	0.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	723,296,697.

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII ☐

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

	Yes	No
<b>2a</b>		x
<b>2b</b>	x	
<b>2c</b>	x	
<b>3a</b>		x
<b>3b</b>		

Form **990** (2015)

**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.

▶ Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

**2015**

Open to Public  
Inspection

Name of the organization

CALIFORNIA HEALTHCARE FOUNDATION

Employer identification number

95-4523231

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

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (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 SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1	▶ \$
b Assets included in Form 990, Part X	▶ \$

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

**3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a** ☐ Public exhibition  
**b** ☐ Scholarly research  
**c** ☐ Preservation for future generations  
**d** ☐ Loan or exchange programs  
**e** ☐ Other \_\_\_\_\_

**4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

**5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

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

**1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

**b** If "Yes," explain the arrangement in Part XIII and complete the following table:

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

	Amount
<b>1c</b>	
<b>1d</b>	
<b>1e</b>	
<b>1f</b>	

**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
<b>1a</b> Beginning of year balance					
<b>b</b> Contributions					
<b>c</b> Net investment earnings, gains, and losses					
<b>d</b> Grants or scholarships					
<b>e</b> Other expenditures for facilities and programs					
<b>f</b> Administrative expenses					
<b>g</b> End of year balance					

**2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment  %  
**b** Permanent endowment  %  
**c** Temporarily restricted endowment  %  
 The percentages on lines 2a, 2b, and 2c should equal 100%.

**3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

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

	Yes	No
<b>3a(i)</b>		
<b>3a(ii)</b>		
<b>3b</b>		

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

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

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land	2,800,000.			2,800,000.
<b>b</b> Buildings	25,326,674.			25,326,674.
<b>c</b> Leasehold improvements		24,605.	22,764.	1,841.
<b>d</b> Equipment		229,855.	229,855.	0.
<b>e</b> Other	1,452,055.	2,019,582.	1,877,863.	1,593,774.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				29,722,289.

Schedule D (Form 990) 2015

**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	97,022,924.	END-OF-YEAR MARKET VALUE
(B) MULTI-ASSET CLASS COMMINGLED FUNDS	582,981,473.	END-OF-YEAR MARKET VALUE
(C) FIXED INCOME FUNDS	11,855,127.	END-OF-YEAR MARKET VALUE
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	691,859,524.	

**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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☒

Schedule D (Form 990) 2015

**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.

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

**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.

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

**Part XIII Supplemental Information.**

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

PART X, LINE 2:

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

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

THE FOUNDATION GENERATES SUCH UNRELATED BUSINESS INCOME THROUGH SOME OF

ITS INVESTMENT ACTIVITY.

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

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

TAX POSITIONS THAT REQUIRE ADJUSTMENTS TO THE FINANCIAL STATEMENTS.

**SCHEDULE F**  
**(Form 990)**Department of the Treasury  
Internal Revenue Service**Statement of Activities Outside the United States**

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

▶ Attach to Form 990.

▶ Information about Schedule F (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

**2015****Open to Public  
Inspection**

Name of the organization

CALIFORNIA HEALTHCARE FOUNDATION

Employer identification number

95-4523231

**Part I** **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

**1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes ☐ No

**2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

**3 Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
CENTRAL AMERICA AND THE CARIBBEAN -	0	0	INVESTMENTS		133,152,016.
EUROPE (INCLUDING ICELAND & GREENLAND) -	0	0	INVESTMENTS		3,918,668.
<b>3 a</b> Sub-total	0	0			137,070,684.
<b>b</b> Total from continuation sheets to Part I	0	0			0.
<b>c Totals</b> (add lines 3a and 3b)	0	0			137,070,684.

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

Schedule F (Form 990) 2015





**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; do not 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; do not file with Form 990)* ☐ Yes ☒ No

Schedule F (Form 990) 2015

**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.

► Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

**2015**

Open to Public  
Inspection

Name of the organization

CALIFORNIA HEALTHCARE FOUNDATION

Employer identification number  
95-4523231

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

**1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No

**2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALAMEDA HEALTH SYSTEM FOUNDATION 350 FRANK OGAWA PLAZA, SUITE 900 OAKLAND, CA 94612	94-3103136	501(C)(3)	150,000.	0.			COMMUNITY-BASED PALLIATIVE CARE IN CALIFORNIA SAFETY-NET SYSTEMS
ASIAN PACIFIC FUND 465 CALIFORNIA STREET, SUITE 809 SAN FRANCISCO, CA 94104	94-3201522	501(C)(3)	20,000.	0.			TO IMPROVE ACCESS TO HEALTH CARE IN THE BAY AREA.
BAY KIDS 1007 GENERAL KENNEDY AVENUE, MAILBOX 10 - SAN FRANCISCO, CA 94129	94-3258815	501(C)(3)	15,000.	0.			TO SUPPORT HEALTH CARE PROGRAMS FOR CHILDREN IN THE BAY AREA.
CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES - 1501 CAPITOL AVENUE, PO BOX 997415, MS 1101 - SACRAMENTO, CA 95899-7415	68-0317191	CA DPT HCS	58,500.	0.			DHCS ACADEMY: COHORTS 5-8
CENTER FOR HEALTH CARE STRATEGIES, INC. - 200 AMERICAN METRO BLVD., SUITE 119 - HAMILTON, NJ 08619	22-3375015	501(C)(3)	112,724.	0.			HEALTH HOMES TECHNICAL ASSISTANCE TO DHCS
THE CHILDREN'S PARTNERSHIP 1351 3RD STREET PROMENADE, SUITE 2 SANTA MONICA, CA 90401	46-4106389	501(C)(3)	120,000.	0.			SUPPORTING CONSUMER ADVOCATES TO IMPROVE ACCESS (TCP)

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

24.

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

9.

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

Schedule I (Form 990) (2015)

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance.
DMA HEALTH STRATEGIES 9 MERIAM STREET, SUITE 4 LEXINGTON, MA 02420	04-2984036		99,300.	0.			ALMANAC REPORTS ON MENTAL HEALTH FACTS AND FIGURES AND SUBSTANCE USE DISORDER FACTS AND
FRANEY & ASSOCIATES CONSULTING, INC. - 2460 S. GARDEN VIEW AVE. - PORTLAND, OR 97225	93-1235387		7,500.	0.			DEVELOPING A BUSINESS STRATEGY FOR RESOLUTIONCARE
HOSPITAL QUALITY INSTITUTE 1215 K STREET, SUITE 800 SACRAMENTO, CA 95814	74-3205570	501(C)(3)	145,000.	0.			SUPPORTING A STATEWIDE C-SECTION EFFORT IN CALIFORNIA
INTEGRATED HEALTHCARE ASSOCIATION 500 12TH STREET, STE 300 OAKLAND, CA 94607	94-3211035	501(C)(6)	185,000.	0.			REGIONAL COST AND QUALITY ATLAS - ROUND 2 PLANNING PHASE
HOWARD KORNFELD 38 MILLER AVENUE, #503 MILL VALLEY, CA 94941	68-0267474		10,000.	0.			SUPPORTING THE OPIOID INITIATIVE PROJECT
NATIONAL PARTNERSHIP FOR WOMEN AND FAMILIES - 1875 CONNECTICUT AVENUE NW, SUITE 650 - WASHINGTON, DC 20009	23-7124915	501(C)(3)	25,000.	0.			PLANNING GRANT FOR LISTENING TO MOTHERS IN CALIFORNIA SURVEY
NORTH EAST MEDICAL SERVICES FOUNDATION - 1520 STOCKTON STREET - SAN FRANCISCO, CA 94133	94-1722562	501(C)(3)	15,000.	0.			TO SUPPORT HEALTHCARE PROGRAMS FOR THE MEDICALLY-UNDERSERVED POPULATIONS OF THE SAN
OLIVE VIEW-UCLA EDUCATION AND RESEARCH INSTITUTE, INC. - 14445 OLIVE VIEW DRIVE - SYLMAR, CA 91342	95-2249539	501(C)(3)	150,000.	0.			COMMUNITY-BASED PALLIATIVE CARE IN CALIFORNIA SAFETY-NET SYSTEMS
THE PAINTED TURTLE GANG CAMP FOUNDATION - 1300 4TH STREET, SUITE 300 - SANTA MONICA, CA 90401	95-4612481	501(C)(3)	15,000.	0.			TO SUPPORT HEALTHCARE PROGRAMS FOR CHILDREN AT THE PAINTED TURTLE CAMP.

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance.
PERYUNDEM RESEARCH & COMMUNICATIONS - 4800 HAMPDEN LANE, SUITE 200, PMB228 - BETHESDA, MD 20814	46-1891050		87,985.	0.			PHYSICIAN SURVEY ON ADVANCE CARE PLANNING (ACP)
PUBLIC POLICY INSTITUTE OF CALIFORNIA - 500 WASHINGTON STREET, SUITE 600 - SAN FRANCISCO, CA 94111	94-3207299	501(C)(3)	104,000.	0.			SUSTAINABLE FUNDING SOURCES FOR MEDI-CAL
RAND CORPORATION 1776 MAIN STREET, M4W SANTA MONICA, CA 90407-2138	95-1958142	501(C)(3)	23,900.	0.			QUALITATIVE EVALUATION OF DIRECT DERMATOLOGY'S TELEDERMATOLOGY MODEL
UNIVERSITY OF CALIFORNIA, SAN FRANCISCO - 500 PARNASSUS AVENUE - SAN FRANCISCO, CA 94143	94-6036493	UNIV OF CA	213,720.	0.			SUPPLY, DISTRIBUTION, CHARACTERISTICS AND PRACTICE SETTINGS OF CALIFORNIA PHYSICIANS,
UNIVERSITY OF CALIFORNIA, DAVIS ONE SHIELDS AVENUE DAVIS, CA 95616	94-6036494	UNIV OF CA	119,929.	0.			IPHI SACRAMENTO BRIEFINGS; CALIFORNIA HEALTH POLICY FORUM; SOLICITING STAKEHOLDER
UNIVERSITY OF CALIFORNIA, SAN DIEGO - 9500 GILMAN DRIVE - LA JOLLA, CA 92093	95-6006144	UNIV OF CA	148,695.	0.			COMMUNITY-BASED PALLIATIVE CARE IN CALIFORNIA SAFETY-NET SYSTEMS
UNIVERSITY OF CALIFORNIA, IRVINE 510 ALDRICH HALL IRVINE, CA 92697	95-2226406	UNIV OF CA	150,000.	0.			COMMUNITY-BASED PALLIATIVE CARE IN CALIFORNIA SAFETY-NET SYSTEMS
SAMARITAN HOUSE 4031 PACIFIC BOULEVARD SAN MATEO, CA 94403	23-7416272	501(C)(3)	10,000.	0.			TO SUPPORT HEALTHCARE PROGRAMS FOR LOW-INCOME FAMILIES IN SAN MATEO COUNTY.
SAN FRANCISCO GENERAL HOSPITAL FOUNDATION - 2789 25TH STREET, SUITE 2028 - SAN FRANCISCO, CA 94110	94-3189424	501(C)(3)	150,000.	0.			COMMUNITY-BASED PALLIATIVE CARE IN CALIFORNIA SAFETY-NET SYSTEMS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance,
SAN JOAQUIN GENERAL HOSPITAL PO BOX 1020 STOCKTON, CA 95201	94-6000531	SJ HOSPITAL	150,000.	0.			COMMUNITY-BASED PALLIATIVE CARE IN CALIFORNIA SAFETY-NET SYSTEMS
SCOTT & COMPANY 687 GREAT MOOSE DRIVE HARTLAND, ME 04943	45-0484458		25,000.	0.			PALLIATIVE CARE INVESTMENT STRATEGY: RESOLUTION CARE
SELF HELP FOR THE ELDERLY 731 SANSOME STREET, SUITE 100 SAN FRANCISCO, CA 94111	94-1750717	501(C)(3)	15,000.	0.			TO SUPPORT HOSPICE CARE FOR RESIDENTS OF SAN MATEO COUNTY WHO DO NOT HAVE INSURANCE OR HAVE
SOCRATA 83 KING STREET, SUITE 107 SEATTLE, WA 98104	20-8512903		34,000.	0.			CDPH MIGRATION TO CHHS OPEN DATA PORTAL
THORN RUN PARTNERS, LLC 1720 EYE ST. NW, STE. 400 WASHINGTON, DC 20006	27-1541515		144,000.	0.			NATIONAL HEALTH POLICY UPDATES
TRANSFORM HEALTH 1017 L ST., #517 SACRAMENTO, CA 95814	81-1418444		258,337.	0.			SUPPORT FOR EVALUATION OF THE RIGHT CARE INITIATIVE, 2016; SACRAMENTO BRIEFINGS
UNIVERSITY OF SOUTHERN CALIFORNIA ANDRUS GERONTOLOGY CENTER, MC 0191 LOS ANGELES, CA 90089-0191	95-1642394	501(C)(3)	150,000.	0.			COMMUNITY-BASED PALLIATIVE CARE IN CALIFORNIA SAFETY-NET SYSTEMS
VENTURA COUNTY MEDICAL CENTER 133 WEST SANTA CLARA AVENUE VENTURA, CA 93001	95-6000944	VENTURA COUNTY	150,000.	0.			COMMUNITY-BASED PALLIATIVE CARE IN CALIFORNIA SAFETY-NET SYSTEMS
WEST COUNTY HEALTH CENTERS, INC. PO BOX 1449 GUERNEVILLE, CA 95446	23-7310613	501(C)(3)	50,000.	0.			GENERAL SUPPORT

Schedule I (Form 990)

**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 non-cash assistance
LEAN MANAGEMENT TECHNIQUES ARTICLE	1	12,980.	0.		
CONSULTANT TO REVIEW OF SB1004 STAKEHOLDER COMMENTS	1	67,000.	0.		
CREATION OF CALIFORNIA HEALTH REPORTER: A RESOURCE FOR DATA-DRIVEN HEALTH STORIES	1	14,520.	0.		
INTEGRATING ADDICTION TREATMENT INTO PRIMARY CARE: SURVEY OF BEST PRACTICES WITH SAMPLE CASE STUDIES	1	4,000.	0.		
COMMUNITIES OUTREACH PLAN FOR STATE HEALTH DATA	1	725.	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 IV** Supplemental Information

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

PURPOSES. IN ADDITION, CHCF ANNUALLY AUDITS APPROXIMATELY 10% OF ITS ACTIVE

GRANTS. THIS AUDIT IS CONDUCTED BY AN INDEPENDENT AUDITING FIRM WHICH,

AMONG OTHER THINGS, CHECKS TO ENSURE THE ACCURACY OF GRANT FINANCIAL

REPORTS AGAINST THE GRANTEE'S RECORDS.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: DMA HEALTH STRATEGIES

(H) PURPOSE OF GRANT OR ASSISTANCE: ALMANAC REPORTS ON MENTAL HEALTH

FACTS AND FIGURES AND SUBSTANCE USE DISORDER FACTS AND FIGURES, 2016

NAME OF ORGANIZATION OR GOVERNMENT:

NORTH EAST MEDICAL SERVICES FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT HEALTHCARE PROGRAMS FOR

THE MEDICALLY-UNDERSERVED POPULATIONS OF THE SAN FRANCISCO BAY AREA.

NAME OF ORGANIZATION OR GOVERNMENT:

UNIVERSITY OF CALIFORNIA, SAN FRANCISCO

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPLY, DISTRIBUTION,

CHARACTERISTICS AND PRACTICE SETTINGS OF CALIFORNIA PHYSICIANS, 2016

NAME OF ORGANIZATION OR GOVERNMENT: UNIVERSITY OF CALIFORNIA, DAVIS

(H) PURPOSE OF GRANT OR ASSISTANCE: IPHI SACRAMENTO BRIEFINGS;

CALIFORNIA HEALTH POLICY FORUM; SOLICITING STAKEHOLDER FEEDBACK ON A

SECRET SHOPPER STUDY OF MEDI-CAL ENROLLEES IN THE SACRAMENTO REGION;

COMMUNITY-BASED PALLIATIVE CARE IN CALIFORNIA SAFETY-NET SYSTEMS

NAME OF ORGANIZATION OR GOVERNMENT: SELF HELP FOR THE ELDERLY

**Part IV** Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT HOSPICE CARE FOR

RESIDENTS OF SAN MATEO COUNTY WHO DO NOT HAVE INSURANCE OR HAVE LIMITED

FINANCIAL SUPPORT.

NAME OF ORGANIZATION OR GOVERNMENT: TRANSFORM HEALTH

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT FOR EVALUATION OF THE RIGHT

CARE INITIATIVE, 2016; SACRAMENTO BRIEFINGS SUPPORT

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

**2015**

Open to Public  
Inspection

Name of the organization

CALIFORNIA HEALTHCARE FOUNDATION

Employer identification number

95-4523231

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

ISSUE ANALYSIS ON TOPICS OF INTEREST TO KEY AUDIENCES.

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

THROUGH COVERED CALIFORNIA HEALTH PLANS, AND ASSESSING CONSUMER

EXPERIENCES IN SHOPPING FOR COVERAGE THROUGH COVERED CALIFORNIA.

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

ACROSS OUR THREE PRIMARY GOALS, WE USE A VARIETY OF TOOLS TO INCREASE

THE IMPACT OF OUR GRANT MAKING:

(1) THE HEALTH INNOVATION FUND (FORMERLY INNOVATIONS FOR THE

UNDERSERVED), PROVIDES BOTH GRANT FUNDS AND MAKES PROGRAM-RELATED

INVESTMENTS WHICH FOCUS ON ENCOURAGING THE GROWTH OF LOW-COST,

EFFICIENT HEALTH CARE PRODUCTS AND SERVICES THAT WILL RESULT IN MORE

ACCESSIBLE AND HIGH-QUALITY HEALTH CARE FOR UNDERSERVED CALIFORNIANS.

(2) THE CHCF HEALTH CARE LEADERSHIP PROGRAM AND THE CALIFORNIA

IMPROVEMENT NETWORK INVEST IN LEADERS THROUGH TRAINING, DEVELOPMENT,

AND NETWORKING TO HELP THEM TRANSFORM THE HEALTH CARE SYSTEM.

(3) A STATE HEALTH POLICY OFFICE TO DEVELOP AND MAINTAIN RELATIONSHIPS

WITH CALIFORNIA STATE POLICY MAKERS TO WHOM IT FEELS IT CAN BE A

RESOURCE,

(4) PUBLISHING, INCLUDING PREPARING PUBLICATIONS AND MAINTAINING

WEBSITES TO ASSIST CONSUMERS, LEGISLATORS, BUSINESSES AND OTHERS.

EXPENSES \$ 933,628. INCLUDING GRANTS OF \$ 407,943. REVENUE \$ 55,185.

FORM 990, PART IV, LINE 12B:

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.  
532211  
09-02-15

Schedule O (Form 990 or 990-EZ) (2015)

Name of the organization

CALIFORNIA HEALTHCARE FOUNDATION

Employer identification number

95-4523231

DUE TO A FISCAL YEAR END CHANGE FROM FEBRUARY TO MARCH IN CALENDAR YEAR

2016, THE DATA IN THIS TAX RETURN WERE INCLUDED IN THE AUDITED

FINANCIAL STATEMENTS FOR THE 13 MONTH PERIOD FROM MARCH 1, 2015 - MARCH

31, 2016.

FORM 990, PART VI, SECTION B, LINE 11:

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 &amp; KEY EMPLOYEES ARE REQUIRED TO DISCLOSE POTENTIAL

CONFLICTS ANNUALLY. POTENTIAL CONFLICT INFORMATION IS COMPILED, REVIEWED BY

THE VICE PRESIDENT OF FINANCE, ADMINISTRATION &amp; OPERATIONS, 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.

Name of the organization

CALIFORNIA HEALTHCARE FOUNDATION

Employer identification number

95-4523231

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

THE FOUNDATION HAS A DOCUMENTED COMPENSATION PROGRAM, INCLUDING A  
COMPENSATION PHILOSOPHY AND POLICIES AND PROCEDURES. AS PART OF THOSE  
POLICIES AND PROCEDURES, THE FOUNDATION ENGAGES INDEPENDENT COMPENSATION  
CONSULTANTS TO DEVELOP MARKET COMPARABLES, SURVEY THE MARKET BASED ON THOSE  
MARKET COMPARABLES, AND BENCHMARK THE FOUNDATION'S SALARIES AND TOTAL  
COMPENSATION TO MARKET DATA. THE FOUNDATION'S COMPENSATION PROGRAM,  
INCLUDING SALARIES AND 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. GOVERNING DOCUMENTS AND THE CONFLICT OF INTEREST  
POLICY ARE AVAILABLE UPON REQUEST FOR THE SAME PERIOD OF TIME AS SET FORTH  
IN SEC. 6104(D).

FORM 990, PART VII, COMPENSATION DISCLOSURES:

THIS SHORT YEAR RETURN IS THE RESULT OF A FISCAL YEAR END CHANGE FROM  
FEBRUARY TO MARCH IN CALENDAR YEAR 2016. PURSUANT TO THE FORM 990  
INSTRUCTIONS, COMPENSATION DATA FOR CALENDAR YEAR 2015 WAS REPORTED IN  
THE MARCH 2015 - FEBRUARY 2016 FORM 990, AND COMPENSATION FOR CALENDAR  
YEAR 2016 WILL BE REPORTED IN THE APRIL 2016 - MARCH 2017 FORM 990.

## 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.**

► Information about Schedule R (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

# 2015

**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.

[illegible]

**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.

[illegible]

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

Schedule R (Form 990) 2015



**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?**a** Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity**b** Gift, grant, or capital contribution to related organization(s)**c** Gift, grant, or capital contribution from related organization(s)**d** Loans or loan guarantees to or for related organization(s)**e** Loans or loan guarantees by related organization(s)**f** Dividends from related organization(s)**g** Sale of assets to related organization(s)**h** Purchase of assets from related organization(s)**i** Exchange of assets with related organization(s)**j** Lease of facilities, equipment, or other assets to related organization(s)**k** Lease of facilities, equipment, or other assets from related organization(s)**l** Performance of services or membership or fundraising solicitations for related organization(s)**m** Performance of services or membership or fundraising solicitations by related organization(s)**n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)**o** Sharing of paid employees with related organization(s)**p** Reimbursement paid to related organization(s) for expenses**q** Reimbursement paid by related organization(s) for expenses**r** Other transfer of cash or property to related organization(s)**s** Other transfer of cash or property from related organization(s)**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 LIQUID ENDOWMENT B ASSOCIATES, LP	S	10,000,000. CASH	
(2)				
(3)				
(4)				
(5)				
(6)				

