

rendered to the organization? If yes, complete Schedule J for such person

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
MAKENA CAPITAL MANAGEMENT, 2755 SAND HILL RD, SUITE 200, MENLO PARK, CA 94025	INVESTMENT MANAGEMENT	2,614,947.
ANGELENO GROUP LLC, 2029 CENTURY PARK EAST, SUITE 2980, LOS ANGELES, CA 90067	INVESTMENT MANAGEMENT	250,000.
PARSE3 13 FIRST STREET, WARWICK, NY 10990	WEBSITE DEVELOPMENT & MAINT	219,849.
HARBOURVEST PARTNERS LLC, ONE FINANCIAL CENTER, 44TH FLOOR, BOSTON, MA 02111	INVESTMENT MANAGEMENT	157,710.
LEGACY VENTURE 180 LYTTON AVENUE, PALO ALTO, CA 94301	INVESTMENT MANAGEMENT	133,580.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization

7

Form 990 (2014)

432008
11-07-14

8

8441119 759146 12080

2014.05000 CALIFORNIA HEALTHCARE FOUND 120801

Part VIII Statement of Revenue

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