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# **ARMANINO**<sup>LLP</sup>

12657 Alcosta Blvd., Suite 500 San Ramon, CA 94583 ph 925.790.2600 fx 925.790.2601

## Form **990-PF**

Department of the Treasury Internal Revenue Service

## **Return of Private Foundation**

or Section 4947(a)(1) Trust Treated as Private Foundation Do not enter social security numbers on this form as it may be made public.
 Go to www.irs.gov/Form990PF for instructions and the latest information.



| For                | For calendar year 2021 or tax year beginning , and ending   |   |                              |                  |                           |   |  |
|--------------------|---|---|------------------------------|------------------|---------------------------|---|--|
| Name of foundation |   |   |                              |                  | A Employer identification | number  |  |
| C                  | ALIF  | ORNIA PHYSICIANS' SERVICE FDN   |                              |                  |                           |   |  |
|                    |   | BLUE SHIELD OF CALIFORNIA FDN   |                              |                  |                           | 94-2822302  |  |
| Nur                | nber a  | nd street (or P.O. box number if mail is not delivered to street a  | ddress)                      | Ro               | om/suite                  | B Telephone number  |  |
| 3:                 | 15 №  | IONTGOMERY STREET, SUITE 1200   |                              |                  |                           | (415) 229-6080  |  |
|                    | City or town, state or province, country, and ZIP or foreign postal code<br>SAN FRANCISCO, CA 94104 |   |                              |                  |                           | <b>C</b> If exemption application is po                                 | ending, check here                           |
|                    |   | all that apply: Initial return  | Initial return of a fo       | rmer nublic char | ritv                      | D 1. Foreign organizations  | check here                                   |
|                    | Final return Amended return   |   |                              |                  |                           |   |  |
|                    |   | Address change  | Name change                  |                  |                           | <ol><li>Foreign organizations me<br/>check here and attach co</li></ol> | eting the 85% test,                          |
| H (                | heck  | type of organization: $\mathbf{X}$ Section 501(c)(3) ex   |                              |                  |                           | E If private foundation sta   |  |
|                    | _   |   | Other taxable private founda | tion             |                           | under section 507(b)(1)   |  |
| I Fa               |   |   | ng method: Cash              | X Accrual        |                           | <b>F</b> If the foundation is in a                                      |  |
|                    |   |   | ther (specify)               |                  |                           | under section 507(b)(1)   |  |
|                    | \$  | 111, 323, 011. (Part I, colum   |                              | s.)              |                           |   |  |
|                    | art I   | Analysis of Revenue and Expenses  | (a) Revenue and              | (b) Net inves    | stment                    | (c) Adjusted net  | (d) Disbursements                            |
| _                  | 1   | (The total of amounts in columns (b), (c), and (d) may not<br>necessarily equal the amounts in column (a).)   | expenses per books           | income           |                           | income  | for charitable purposes<br>(cash basis only) |
|                    | 1   | Contributions, gifts, grants, etc., received  | 37,000,178.                  |                  |                           | N/A   |  |
|                    | 2   | Check |                              |                  |                           |   |  |
|                    | 4   | Dividends and interest from securities  | 1,150,325.                   | 1,15             | 50,325.                   |   | STATEMENT 2                                  |
|                    | I .   | Gross rents   | , ,                          | ,                | ,                         |   |  |
|                    |   | Net rental income or (loss)   |                              |                  |                           |   |  |
|                    |   |   | 1,022,676.                   |                  |                           |   | STATEMENT 1                                  |
| ant                | b   | Net gain or (loss) from sale of assets not on line 10<br>Gross sales price for all<br>assets on line 6a   |                              |                  |                           |   |  |
| evenue             | 7   | Capital gain net income (from Part IV, line 2)  |                              | 30,54            | 41,139.                   |   |  |
| Be                 | 8   | Net short-term capital gain   |                              |                  |                           |   |  |
|                    | 9   | Income modifications  |                              |                  |                           |   |  |
|                    | 10a   | Gross sales less returns<br>and allowances  |                              |                  |                           |   |  |
|                    |   | Less: Cost of goods sold  |                              |                  |                           |   |  |
|                    | c   | Gross profit or (loss)  |                              |                  |                           |   |  |
|                    | 11  | Other income  | 3,441.                       |                  | ٥.                        |   | STATEMENT 3                                  |
|                    | 12  | Total. Add lines 1 through 11   | 39,176,620.                  | 31,69            | 91,464.                   |   |  |
|                    | 13  | Compensation of officers, directors, trustees, etc.   | 66,000.                      |                  | ٥.                        |   | 66,000.                                      |
|                    | 14  | Other employee salaries and wages   |                              |                  |                           |   |  |
|                    |   | Pension plans, employee benefits  |                              |                  |                           |   |  |
| ses                | 16a   | Legal fees  |                              |                  |                           |   |  |
| Expense            | b   | Accounting fees STMT 4  | 48,000.                      |                  | 0.                        |   | 48,000.                                      |
|                    |   | Other professional fees STMT 5  | 3,485,381.                   | 1                | L0,593.                   |   | 3,474,788.                                   |
| ive                | 17  | Interest  | 401 000                      |                  |                           |   |  |
| trat               | 18  | Taxes STMT 6  | 491,390.                     |                  | 0.                        |   | 0.   |
| Administrative     | 19  | Depreciation and depletion  |                              |                  |                           |   |  |
| dmi                | 20  | Occupancy   | 10.000                       |                  | 0.                        |   | 10.000                                       |
|                    |   | Travel, conferences, and meetings   | 12,000.                      |                  | υ.                        |   | 12,000.                                      |
| and                | 22  | Printing and publications   | 491,565.                     |                  | 0.                        |   | 604,942.                                     |
| Operating          | 23<br>24  | Other expenses STMT 7   | 491,303.                     |                  | ۰.                        |   | 004,942.                                     |
| erat               | 24  | Total operating and administrative expenses. Add lines 13 through 23  | 4,594,336.                   | 1                | L0,593.                   |   | 4,205,730.                                   |
| åÖ                 | 25  | Contributions, gifts, grants paid   | 30,003,474.                  |                  |                           |   | 29,810,475.                                  |
|                    | 25  | Total expenses and disbursements.   |                              |                  |                           |   |  |
|                    | 20  | Add lines 24 and 25   | 34,597,810.                  | 1                | L0,593.                   |   | 34,016,205.                                  |
|                    | 27  | Subtract line 26 from line 12:  | ,,,,,,                       | -                | .,                        |   | ,,200,                                       |
|                    |   | Excess of revenue over expenses and disbursements   | 4,578,810.                   |                  |                           |   |  |
|                    |   | Net investment income (if negative, enter -0-)  |                              | 31.68            | 30,871.                   |   |  |
|                    |   | Adjusted net income (if negative, enter -0-)  |                              |                  | , _,                      | N/A   |  |
| -                  | . ,   | · · · · · · · · · · · · · · · · · · ·   |                              |                  |                           |   |  |

123501 12-10-21 LHA For Paperwork Reduction Act Notice, see instructions.

Form 990-PF (2021)

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### CALIFORNIA PHYSICIANS' SERVICE FDN

|  | Reginning of year   | - hol - 1  | voor  |
|--|---|--|---|
| II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only. | Beginning of year   | End of   | •   |
|  | . ,   | ( )  | (c) Fair Market Value   |
|  |   |  | 268,45  |
|  | 15,766,602.   | 15,152,647.  | 15,152,64   |
|  |   |  |   |
|  |   |  |   |
| · · · · · · · · · · · · · · · · · · ·  |   |  |   |
|  |   |  |   |
|  |   |  |   |
| Receivables due from officers, directors, trustees, and other disqualified persons                                 |   |  |   |
| Other notes and loans receivable   |   |  |   |
| Less: allowance for doubtful accounts  |   |  |   |
| Inventories for sale or use  |   |  |   |
|  | 112,659.  | 148,658.   | 148,65  |
|  |   |  |   |
| Investments - corporate stock STMT 10  | 20,653,230.   | 26,912,856.  | 26,912,85   |
| Investments - corporate bonds  |   |  |   |
| Investments - land, buildings, and equipment: basis  |   |  |   |
|  |   |  |   |
|  |   |  |   |
| Investments - other STMT 11  | 66,060,858.   | 68,646,797.  | 68,646,79   |
| Land, buildings, and equipment: basis  |   |  |   |
| Less: accumulated depreciation   |   |  |   |
|  | 50,880.   | 193,601.   | 193,60  |
| Total assets (to be completed by all filers - see the  |   |  |   |
| instructions. Also, see page 1, item I)  | 102,893,620.  | 111,323,011.   | 111,323,01  |
| Accounts payable and accrued expenses  | 504,767.  | 427,389.   |   |
|  | 12,999,323.   | 13,192,322.  |   |
|  |   |  |   |
|  |   |  |   |
|  |   |  |   |
| Other liabilities (describe <b>EXCISE TAX PAYABLE</b> )  | 47,808.   | 99,012.  |   |
|  | 12 551 000  | 12 710 722   |   |
|  | 12,221,020.   | 13,110,123.  |   |
|  |   |  |   |
|  | 89 341 722  | 97 604 288   |   |
|  | 0, 341, 722.  | 57,004,200.  |   |
|  |   |  |   |
|  |   |  |   |
| -  |   |  |   |
|  |   |  |   |
|  |   |  |   |
|  | 00 241 500  | 07 (04 000   |   |
| Total net assets or fund balances  | 89,341,722.   | 97,604,288.  |   |
|  |   |  |   |
|  | Could be for end only a aniobits only.         Cash - non-interest-bearing         Savings and temporary cash investments         Accounts receivable ▶ | Defaultice Silverts       column should be for end of-year annuals only.       (a) Book Value         Cash - non-interest-bearing       249, 391.         Savings and temporary cash investments       15, 766, 602.         Accounts receivable ▶ | Image: Definition of the construction of the constructi |

## Part III Analysis of Changes in Net Assets or Fund Balances

| 1 Total net assets or fund balances at beginning of year - Part II, column   | (a), line 29                 |   |                           |
|--|------------------------------|---|---------------------------|
| (must agree with end-of-year figure reported on prior year's return)         |                              | 1 | 89,341,722.               |
| 2 Enter amount from Part I, line 27a   |                              | 2 | 4,578,810.                |
| 3 Other increases not included in line 2 (itemize)                           | SEE STATEMENT 8              | 3 | 10,906,663.               |
| 4 Add lines 1, 2, and 3  |                              | 4 | 104,827,195.              |
| 5 Decreases not included in line 2 (itemize)                                 | SEE STATEMENT 9              | 5 | 7,222,907.                |
| 6 Total net assets or fund balances at end of year (line 4 minus line 5) - P | Part II, column (b), line 29 | 6 | 97,604,288.               |
|  |                              |   | Form <b>000-DF</b> (0001) |

Form **990-PF** (2021)

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| Form 990-PF      |                             | LUE SHIELD OF CALIFORNI   |                    |                                    |            |  | 94-2822  | 302 Page 3                       |  |
|------------------|-----------------------------|---|--------------------|------------------------------------|------------|--|--|----------------------------------|--|
| Part IV          | Capital Gains a             | and Losses for Tax on Ir  | nvestment l        | ncome                              | - 10       |  | 1  |                                  |  |
|                  |                             | the kind(s) of property sold (for exa<br>rehouse; or common stock, 200 sh   |                    | ,                                  |            | ) How acquired<br>P - Purchase<br>D - Donation | (c) Date acquired<br>(mo., day, yr.)                                 | (d) Date sold<br>(mo., day, yr.) |  |
| 1a PUBLIC        | LY TRADED SECUR             | ITIES   |                    |                                    |            |  | 01/01/21   | 12/31/21                         |  |
| b PUBLIC         | LY TRADED SECUR             | ITIES   |                    |                                    |            |  | 12/14/21   | 12/16/21                         |  |
| С                |                             |   |                    |                                    |            |  |  |                                  |  |
| d                |                             |   |                    |                                    |            |  |  |                                  |  |
| е                |                             |   |                    |                                    |            |  |  |                                  |  |
| <b>(e)</b> Gr    | oss sales price             | (f) Depreciation allowed (or allowable)   |                    | or other bas<br>pense of sale      |            |  | <b>(h)</b> Gain or (los<br>((e) plus (f) minus                       |                                  |  |
| a                | 20,052,448.                 |   |                    | 19,637                             | 7,131.     |  |  | 415,317                          |  |
| b                | 37,607,538.                 |   |                    | 7,481                              | L,716.     |  |  | 30,125,822.                      |  |
| C                |                             |   |                    |                                    |            |  |  |                                  |  |
| d                |                             |   |                    |                                    |            |  |  |                                  |  |
| е                |                             |   |                    |                                    |            |  |  |                                  |  |
| Complete         | only for assets showin      | g gain in column (h) and owned by   | the foundation o   | n 12/31/69.                        |            |  | (I) Gains (Col. (h) gai  | n minus                          |  |
| (i) FM\          | / as of 12/31/69            | (j) Adjusted basis<br>as of 12/31/69  |                    | ess of col. (i)<br>ol. (j), if any |            | C  | col. (k), but not less than -0-) <b>or</b><br>Losses (from col. (h)) |                                  |  |
| a                |                             |   |                    |                                    |            |  |  | 415,317.                         |  |
| b                |                             |   |                    |                                    |            |  |  | 30,125,822.                      |  |
| C                |                             |   |                    |                                    |            |  |  |                                  |  |
| d                |                             |   |                    |                                    |            |  |  |                                  |  |
| e                |                             |   |                    |                                    |            |  |  |                                  |  |
| Net short-       |                             | pital loss)<br>(If gain, also enter<br>If (loss), enter<br>s) as defined in sections 1222(5) a<br>column (c). See instructions. If (los | nd (6):            |                                    | }<br>}     | 2  |  | 30,541,139.                      |  |
| Part I, line     | 8                           |   |                    |                                    | <u> </u>   | 3  | N/A  |                                  |  |
| Part V           | Excise Tax Bas              | ed on Investment Incon  | ne (Section        | 4940(a),                           | 4940       | (b), or 4948                                   | - see instruction  | ons)                             |  |
| <b>1a</b> Exempt | operating foundations c     | lescribed in section 4940(d)(2), che  | eck here 🕨 🗌       | and ente                           | er "N/A" o | on line 1.                                     |  |                                  |  |
| Date of I        | ruling or determination     | letter: (a  | ttach copy of lett | er if necess                       | ary - se   | e instructions)                                | 1  | 440,364.                         |  |
|                  |                             | enter 1.39% (0.0139) of line 27b. E   |                    |                                    |            |  |  |                                  |  |
| enter 4%         | % (0.04) of Part I, line 12 | 2, col. (b)   |                    |                                    |            |  |  |                                  |  |
| 2 Tax und        | er section 511 (domesti     | c section 4947(a)(1) trusts and tax   | able foundations   | only; others                       | , enter -  | 0-)  | 2  | 0.                               |  |
|                  |                             |   |                    |                                    |            |  |  | 440,364.                         |  |
|                  |                             | tic section 4947(a)(1) trusts and ta  |                    |                                    |            |  |  | 0.                               |  |
| 5 Tax bas        | ed on investment incor      | ne. Subtract line 4 from line 3. If z   | ero or less, enter | -0-                                |            |  | 5  | 440,364.                         |  |
|                  | Payments:                   |   |                    |                                    |            |  |  |                                  |  |
|                  |                             | nd 2020 overpayment credited to 2   |                    | 6a                                 |            | 574,7  | 60.  |                                  |  |
| <b>b</b> Exempt  | foreign organizations -     | tax withheld at source  |                    | 6b                                 |            |  | 0.   |                                  |  |
|                  |                             | ension of time to file (Form 8868).   |                    | 6c                                 |            |  | 0.   |                                  |  |
|                  |                             | / withheld  |                    | 6d                                 |            |  | 0.   |                                  |  |
| 7 Total cre      | edits and payments. Add     | l lines 6a through 6d   |                    |                                    |            |  | 7  | 574,760.                         |  |
|                  |                             | ment of estimated tax. Check here   |                    | 20 is attache                      | ed         |  | 8  | 271.                             |  |
|                  |                             | nd 8 is more than 7, enter <b>amount</b>  |                    |                                    |            |  | ▶ 9  |                                  |  |
|                  |                             | than the total of lines 5 and 8, ente   |                    |                                    |            |  | ► <u>10</u>  | 134,125.                         |  |
| 11 Enter the     | e amount of line 10 to b    | e: Credited to 2022 estimated tax   |                    |                                    | 134,1      | 25. Refunded                                   | 11   | 0.                               |  |

Form 990-PF (2021)

123521 12-10-21

CALIFORNIA PHYSICIANS' SERVICE FDN

| _  | n 990-PF (2021) DBA BLUE SHIELD OF CALIFORNIA FDN 94-282   | 2302           |      | Page 4 |
|----|--|----------------|------|--------|
| Pa | art VI-A Statements Regarding Activities   |                |      |        |
| 1a | a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in |                | Yes  | No     |
|    | any political campaign?  | 1a             |      | x      |
| t  | Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition   | <u>1b</u>      |      | X      |
|    | If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or                   |                |      |        |
|    | distributed by the foundation in connection with the activities.   |                |      |        |
| C  | Did the foundation file Form 1120-POL for this year?   | 1c             |      | X      |
| C  | Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:   |                |      |        |
|    | (1) On the foundation. $\blacktriangleright$ \$(2) On foundation managers. $\blacktriangleright$ \$0.  |                |      |        |
| e  | e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation                  |                |      |        |
|    | managers. 🕨 \$ 0 .   |                |      |        |
| 2  | Has the foundation engaged in any activities that have not previously been reported to the IRS?  | 2              |      | X      |
|    | If "Yes," attach a detailed description of the activities.   |                |      |        |
| 3  | Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or            |                |      |        |
|    | bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes   | 3              |      | x      |
| 4a | a Did the foundation have unrelated business gross income of \$1,000 or more during the year?  | 4a             |      | x      |
| t  | o If "Yes," has it filed a tax return on Form 990-T for this year?   | 4b             |      |        |
| 5  | Was there a liquidation, termination, dissolution, or substantial contraction during the year?   | 5              |      | x      |
|    | If "Yes," attach the statement required by General Instruction T.  |                |      |        |
| 6  | Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:  |                |      |        |
|    | <ul> <li>By language in the governing instrument, or</li> </ul>  |                |      |        |
|    | • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law       |                |      |        |
|    | remain in the governing instrument?  | 6              | Х    |        |
| 7  | Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XIV             | 7              | х    |        |
|    |  |                |      |        |
| 8a | a Enter the states to which the foundation reports or with which it is registered. See instructions. 🕨   | _              |      |        |
|    | CA   | _              |      |        |
| t  | o If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)                  |                |      |        |
|    | of each state as required by General Instruction G? If "No," attach explanation  | <u>8b</u>      | X    | _      |
| 9  | Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar        |                |      |        |
|    | year 2021 or the tax year beginning in 2021? See the instructions for Part XIII. If "Yes," complete Part XIII                                  |                |      | X      |
| 10 | Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses             | 10             |      | X      |
| 11 | At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of                         |                |      |        |
|    | section 512(b)(13)? If "Yes," attach schedule. See instructions  | 11             |      | X      |
| 12 | Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?     |                |      |        |
|    | If "Yes," attach statement. See instructions   | 12             |      | X      |
| 13 | Did the foundation comply with the public inspection requirements for its annual returns and exemption application?                            | 13             | X    |        |
|    | Website address VWW.BLUESHIELDCAFOUNDATION.ORG   |                |      |        |
| 14 | The books are in care of DEBORAH CHANG, CEO Telephone no. (415)  |                | 0    |        |
|    | Located at ► 315 MONTGOMERY STREET, SUITE 1200, SAN FRANCISCO, CA ZIP+4 ►  | 94104          |      |        |
| 15 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here  |                | 🕨    |        |
|    | and enter the amount of tax-exempt interest received or accrued during the year  | N              | /A   |        |
| 16 | At any time during calendar year 2021, did the foundation have an interest in or a signature or other authority over a bank,                   |                | Yes  | -      |
|    | securities, or other financial account in a foreign country?   | 16             |      | X      |
|    | See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the                               |                |      |        |
|    | foreign country  |                |      |        |
|    |  | Form <b>99</b> | 0-PF | (2021) |

CALIFORNIA PHYSICIANS' SERVICE FDN

| Form 990-PF (2021) DBA BLUE SHIELD OF CALIFORNIA FDN 94-:  | 2822302              |     | Page 5  |
|--|----------------------|-----|---------|
| Part VI-B Statements Regarding Activities for Which Form 4720 May Be Required  |                      |     | l ugo t |
| File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.  |                      | Yes | No      |
| 1a During the year, did the foundation (either directly or indirectly):  |                      |     |         |
| (1) Engage in the sale or exchange, or leasing of property with a disqualified person?   | 1a(1)                |     | x       |
| (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)  |                      |     |         |
| a disqualified person?   | 1a(2)                |     | x       |
| (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?   |                      |     | x       |
| (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?   | 1a(4)                | Х   |         |
| (5) Transfer any income or assets to a disqualified person (or make any of either available  |                      |     |         |
| for the benefit or use of a disqualified person)?  |                      |     |         |
| (6) Agree to pay money or property to a government official? (Exception. Check "No"  | 1a(5)                |     | X       |
| if the foundation agreed to make a grant to or to employ the official for a period after   |                      |     |         |
| termination of government service, if terminating within 90 days.)   | 1a(6)                |     | x       |
| b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations   |                      |     |         |
| section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions  | 1b                   |     | X       |
| c Organizations relying on a current notice regarding disaster assistance, check here  |                      |     |         |
| d Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected  |                      |     |         |
| before the first day of the tax year beginning in 2021?  | 1d                   |     | x       |
| 2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)): |                      |     |         |
| <b>a</b> At the end of tax year 2021, did the foundation have any undistributed income (Part XII, lines  |                      |     |         |
| 6d and 6e) for tax year (s) beginning before 2021?   | 2a                   |     | x       |
| If "Yes," list the years ,,,,,   | Za                   |     |         |
| <b>b</b> Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2) (relating to incorrect                            |                      |     |         |
| valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach   | 2                    |     |         |
|  | A 2b                 |     |         |
| <ul> <li>c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.</li> <li></li></ul>                                  |                      |     |         |
| 3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time   |                      |     | v       |
| during the year?   | <u>3a</u>            |     | X       |
| <b>b</b> If "Yes," did it have excess business holdings in 2021 as a result of (1) any purchase by the foundation or disqualified persons after                                  |                      |     |         |
| May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section $4943(c)(7)$ ) to dispose  |                      |     |         |
| of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Form 4720,  | 2                    |     |         |
| Schedule C, to determine if the foundation had excess business holdings in 2021.)  |                      |     | x       |
| 4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?   | <u>4a</u>            |     |         |
| <b>b</b> Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that                                  |                      |     | x       |
| had not been removed from jeopardy before the first day of the tax year beginning in 2021?   | 4b<br>Form <b>99</b> |     |         |

| CALIFORNIA | PHYSICIANS' | SERVICE | FDN |
|------------|-------------|---------|-----|
|            |             |         |     |

| Form 990-PF (2021)DBA BLUE SHIELD OF CALIFORNIA FDN94-28223  | 02    |     | Page <b>6</b> |
|--|-------|-----|---------------|
| Part VI-B Statements Regarding Activities for Which Form 4720 May Be Required (continued)  |       |     |               |
| 5a During the year, did the foundation pay or incur any amount to:   |       | Yes | No            |
| (1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?  | 5a(1) |     | х             |
| (2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly,                          |       |     |               |
| any voter registration drive?  | 5a(2) |     | х             |
| (3) Provide a grant to an individual for travel, study, or other similar purposes?   | 5a(3) |     | х             |
| (4) Provide a grant to an organization other than a charitable, etc., organization described in section  |       |     |               |
| 4945(d)(4)(A)? See instructions  | 5a(4) | Х   |               |
| (5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for                            |       |     |               |
| the prevention of cruelty to children or animals?  | 5a(5) |     | х             |
| <b>b</b> If any answer is "Yes" to 5a(1)-(5), did <b>any</b> of the transactions fail to qualify under the exceptions described in Regulations |       |     |               |
| section 53.4945 or in a current notice regarding disaster assistance? See instructions   | 5b    |     | х             |
| c Organizations relying on a current notice regarding disaster assistance, check here  |       |     |               |
| d If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained                             |       |     |               |
| expenditure responsibility for the grant? SEE STATEMENT 14   | 5d    | Х   |               |
| If "Yes," attach the statement required by Regulations section 53.4945-5(d).   |       |     |               |
| 6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on  |       |     |               |
| a personal benefit contract?   | 6a    |     | х             |
| <b>b</b> Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?                            | 6b    |     | х             |
| If "Yes" to 6b, file Form 8870.  |       |     |               |
| 7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  | 7a    |     | х             |
| b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?                                    | 7b    |     |               |
| 8 Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or                                  |       |     |               |
| excess parachute payment(s) during the year?   | 8     |     | Х             |

#### Part VII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors ...... 1.1.4.4.11.40 nd their componenti

| List all officers, directors, trustees, and foundation managers and tr | heir compensation.   |   |  |   |
|--|--|---|--|---|
| (a) Name and address   | <b>(b)</b> Title, and average<br>hours per week devoted<br>to position | (c) Compensation<br>(If not paid,<br>enter -0-) | (d) Contributions to<br>employee benefit plans<br>and deferred<br>compensation | (e) Expense<br>account, other<br>allowances |
|  |  |   |  |   |
|  |  |   |  |   |
| SEE STATEMENT 13   |  | 66,000.   | 0.   | 347.  |
|  |  |   |  |   |
|  |  |   |  |   |
|  |  |   |  |   |
|  |  |   |  |   |
|  |  |   |  |   |
|  |  |   |  |   |
|  |  |   |  |   |
|  |  |   |  |   |
|  |  |   |  |   |
| 2 Compensation of five highest-paid employees (other than those inc    | luded on line 1). If none, e   | enter "NONE."                                   |  |   |
| (a) Name and address of each employee paid more than \$50,000          | (b) Title, and average<br>hours per week<br>devoted to position        | (c) Compensation                                | (d) Contributions to<br>employee benefit plans<br>and deferred<br>compensation | (e) Expense<br>account, other<br>allowances |

NONE Total number of other employees paid over \$50,000 

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## Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued) Part VII

| 3 Five highest-paid independent contractors for professional services. If none, enter "I  | NONE."                        |                         |
|---|-------------------------------|-------------------------|
| (a) Name and address of each person paid more than \$50,000   | (b) Type of service           | (c) Compensation        |
| THE BRIDGESPAN GROUP, INC.  | CONSULTING SERVICE FOR        |                         |
| 2 COPLEY PLACE, SUITE 3700B, BOSTON, MA 02116   | STRATEGIC REFINEMENT          | 542,000.                |
| CENTER FOR COLLABORATIVE PLANNING   | CONSULTING SERVICES FOR       |                         |
| 1401 21ST ST., STE. 360, SACRAMENTO, CA 95811   | FACILIATATING AND COORDINATIN | 338,108.                |
| THE ATLANTIC MONTHLY GROUP LLC - 600 NEW  | CONSULTING SERVICES TO SUPPOR |                         |
| HAMPSHIRE AVENUE NORTHWEST, WASHINGTON, DC  | COMMUNICATION TEAM            | 319,386.                |
| STRATEGIC PREVENTION SOLUTIONS  | CONSULTING SERVICE FOR        |                         |
| PO BOX 22406, JUNEAU, AK 99802  | EVALUATION, TECHNICAL SUPPORT | , 264,013.              |
| THE REIS GROUP, LLC - 1300 19TH STREET NW   | CONSULTING SERVICES FOR       |                         |
| SUITE 600, WASHINGTON, DC 20036   | COMMUNICATION NEEDS           | 249,500.                |
| Total number of others receiving over \$50,000 for professional services           Part VIII-A         Summary of Direct Charitable Activities  |                               | 249,500.                |
| List the foundation's four largest direct charitable activities during the tax year. Include relevant statistic<br>number of organizations and other beneficiaries served, conferences convened, research papers produc |                               | Expenses                |
| 1   |                               |                         |
|   |                               |                         |
| SEE STATEMENT 15  |                               | 200,000.                |
| 2   |                               |                         |
|   |                               |                         |
| SEE STATEMENT 16  |                               | 174,244.                |
| 3   |                               |                         |
|   |                               |                         |
| SEE STATEMENT 17  |                               | 150,000.                |
| 4   |                               |                         |
|   |                               |                         |
| SEE STATEMENT 18  |                               | 142,937.                |
| Part VIII-B Summary of Program-Related Investments  |                               |                         |
| Describe the two largest program-related investments made by the foundation during the tax year on lin  | es 1 and 2.                   | Amount                  |
| 1N/A  |                               |                         |
|   |                               |                         |
|   |                               |                         |
| 2   |                               |                         |
|   |                               |                         |
|   |                               |                         |
| All other program-related investments. See instructions.  |                               |                         |
| 3   |                               |                         |
|   |                               |                         |
|   |                               |                         |
|   |                               |                         |
|   |                               |                         |
|   |                               |                         |
| Total. Add lines 1 through 3  |                               | 0.                      |
|   | Fo                            | rm <b>990-PF</b> (2021) |

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CALIFORNIA PHYSICIANS' SERVICE FDN

| For | m 990-PF (2021) DBA BLUE SHIELD OF CALIFORNIA FDN  |                            | 94-2822302            | Page <b>8</b> |
|-----|--|----------------------------|-----------------------|---------------|
| Ρ   | art IX Minimum Investment Return (All domestic foundations must complete                                 | te this part. Foreign foun | dations, see instruct | tions.)       |
| 1   | Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purpos | ses.                       |                       |               |
| a   | Average monthly fair market value of securities  |                            | 1a                    | 79,315,345.   |
|     | Average of monthly cash balances   |                            | 1b                    | 10,024,609.   |
|     | Fair market value of all other assets (see instructions)   | r                          | 10                    |               |
|     | Total (add lines 1a, b, and c)   |                            | 1d                    | 89,339,954.   |
| e   | Reduction claimed for blockage or other factors reported on lines 1a and                                 |                            |                       |               |
|     | 1c (attach detailed explanation)   | Ο.                         |                       |               |
| 2   | Acquisition indebtedness applicable to line 1 assets   |                            | 2                     | 0.            |
| 3   | Subtract line 2 from line 1d   |                            | 3                     | 89,339,954.   |
| 4   | Cash deemed held for charitable activities. Enter 1.5% (0.015) of line 3 (for greater amount, see ins    | tructions)                 | 4                     | 1,340,099.    |
| 5   | Net value of noncharitable-use assets. Subtract line 4 from line 3                                       |                            | 5                     | 87,999,855.   |
| 6   | Minimum investment return. Enter 5% (0.05) of line 5   |                            | 6                     | 4,399,993.    |
| Ρ   | art X Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private                     |                            | d certain             |               |
|     | foreign organizations, check here 🕨 🔄 and do not complete this part.)                                    |                            |                       |               |
| 1   | Minimum investment return from Part IX, line 6   |                            | 1                     | 4,399,993.    |
| 2a  | Tax on investment income for 2021 from Part V, line 5  | 440,364.                   |                       |               |
| b   | Income tax for 2021. (This does not include the tax from Part V.) 2b                                     |                            |                       |               |
|     | Add lines 2a and 2b  |                            | 2c                    | 440,364.      |
| 3   | Distributable amount before adjustments. Subtract line 2c from line 1                                    |                            | 3                     | 3,959,629.    |
| 4   | Recoveries of amounts treated as qualifying distributions  |                            | 4                     | 0.            |
| 5   | Add lines 3 and 4  |                            | 5                     | 3,959,629.    |
| 6   | Deduction from distributable amount (see instructions)   |                            | 6                     | 0.            |
| 7   | Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XII, line 1        |                            | 7                     | 3,959,629.    |
| Р   | art XI Qualifying Distributions (see instructions)   |                            |                       |               |
| •   |  |                            |                       |               |
| 1   | Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:               |                            |                       |               |
| a   | Expenses, contributions, gifts, etc total from Part I, column (d), line 26                               |                            | 1a -                  | 34,016,205.   |
| b   | Program-related investments - total from Part VIII-B   |                            | 1b                    | 0.            |
|     | Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purpo   |                            | 2                     |               |
| 3   | Amounts set aside for specific charitable projects that satisfy the:                                     |                            |                       |               |
| a   | Suitability test (prior IRS approval required)   |                            | 3a                    |               |
| b   | Cash distribution test (attach the required schedule)  |                            | 3b                    |               |
| 4   | Qualifying distributions. Add lines 1a through 3b. Enter here and on Part XII, line 4                    |                            | 4                     | 34,016,205.   |
|     |  |                            |                       |               |

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Form 990-PF (2021)

## Part XII Undistributed Income (see instructions)

|  | <b>(a)</b><br>Corpus | <b>(b)</b><br>Years prior to 2020 | (c)<br>2020 | (d)<br>2021 |
|--|----------------------|-----------------------------------|-------------|-------------|
| 1 Distributable amount for 2021 from Part X,   | 001µ03               |                                   | 2020        | 3,959,629.  |
| line 7<br>2 Undistributed income, if any, as of the end of 2021:   |                      |                                   |             | 5,959,029.  |
|  |                      |                                   | 0.          |             |
| <b>a</b> Enter amount for 2020 only<br><b>b</b> Total for prior years:   |                      |                                   | •.          |             |
|  |                      | 0.                                |             |             |
| <b>3</b> Excess distributions carryover, if any, to 2021:  |                      |                                   |             |             |
| <b>a</b> From 2016 34,370,719.   |                      |                                   |             |             |
| L E 0047 20 526 440  |                      |                                   |             |             |
|  |                      |                                   |             |             |
| d From 2019 18,439,413.  |                      |                                   |             |             |
| e From 2020 42,109,142.  |                      |                                   |             |             |
| f Total of lines 3a through e  | 152,811,868.         |                                   |             |             |
| 4 Qualifying distributions for 2021 from   | , , , -              |                                   |             |             |
| Part XI, line 4: ► \$ 34,016,205.  |                      |                                   |             |             |
| <b>a</b> Applied to 2020, but not more than line 2a $\dots$  |                      |                                   | 0.          |             |
| <b>b</b> Applied to undistributed income of prior  |                      |                                   |             |             |
| years (Election required - see instructions)   |                      | 0.                                |             |             |
| c Treated as distributions out of corpus   |                      | -                                 |             |             |
| (Fleation required least instructions)   | 0.                   |                                   |             |             |
| d Applied to 2021 distributable amount   | -                    |                                   |             | 3,959,629.  |
| e Remaining amount distributed out of corpus   | 30,056,576.          |                                   |             | , , -       |
| 5 Excess distributions carryover applied to 2021   | ,                    |                                   |             |             |
| (If an amount appears in column (d), the same amount must be shown in column (a).)   | 0.                   |                                   |             | 0.          |
| 6 Enter the net total of each column as<br>indicated below:  |                      |                                   |             |             |
| <b>a</b> Corpus. Add lines 3f, 4c, and 4e. Subtract line 5   | 182,868,444.         |                                   |             |             |
| <b>b</b> Prior years' undistributed income. Subtract   |                      |                                   |             |             |
| line 4b from line 2b   |                      | 0.                                |             |             |
| c Enter the amount of prior years'<br>undistributed income for which a notice of<br>deficiency has been issued, or on which<br>the section 4942(a) tax has been previously |                      | 0.                                |             |             |
| assessed   |                      | υ.                                |             |             |
| <b>d</b> Subtract line 6c from line 6b. Taxable  |                      | 0.                                |             |             |
| amount - see instructions  |                      | ۰.                                |             |             |
| e Undistributed income for 2020. Subtract line<br>4a from line 2a. Taxable amount - see instr.   |                      |                                   | 0.          |             |
| f Undistributed income for 2021. Subtract  |                      |                                   |             |             |
| lines 4d and 5 from line 1. This amount must   |                      |                                   |             |             |
| be distributed in 2022   |                      |                                   |             | 0.          |
| <ul><li>7 Amounts treated as distributions out of</li></ul>  |                      |                                   |             |             |
| corpus to satisfy requirements imposed by  |                      |                                   |             |             |
| section 170(b)(1)(F) or 4942(g)(3) (Election   |                      |                                   |             |             |
| may be required - see instructions)  | 0.                   |                                   |             |             |
| 8 Excess distributions carryover from 2016   | ·                    |                                   |             |             |
| not applied on line 5 or line 7  | 34,370,719.          |                                   |             |             |
| 9 Excess distributions carryover to 2022.  |                      |                                   |             |             |
| Subtract lines 7 and 8 from line 6a  | 148,497,725.         |                                   |             |             |
| 10 Analysis of line 9:   | , ,                  |                                   |             |             |
| <b>a</b> Excess from 2017 29,526,449.  |                      |                                   |             |             |
| <b>b</b> Excess from 2018 18,439,413.  |                      |                                   |             |             |
| c Excess from 2019 28,366,145.   |                      |                                   |             |             |
| d Excess from 2020 42,109,142.   |                      |                                   |             |             |
| e Excess from 2021 30,056,576.   |                      |                                   |             |             |
|  |                      |                                   |             |             |

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Form **990-PF** (2021)

| CALIFORNIA PH   | IYSICIANS' SERVI          | ICE FDN                  |                  |                     |                     |
|---|---------------------------|--------------------------|------------------|---------------------|---------------------|
|   | ELD OF CALIFORNI          |                          |                  | 94-2822             | 2302 Page <b>10</b> |
| Part XIII Private Operating Fou   | ndations (see inst        | tructions and Part VI-   | A, question 9)   | N/A                 |                     |
| <b>1 a</b> If the foundation has received a ruling or de                                  | termination letter that i | t is a private operating |                  |                     |                     |
| foundation, and the ruling is effective for 20  | 21, enter the date of th  | e ruling                 |                  |                     |                     |
| <b>b</b> Check box to indicate whether the found <u>ation of the second second second</u> | on is a private operating | foundation described i   | n section        | ] 4942(j)(3) or 494 | 42(j)(5)            |
| <b>2 a</b> Enter the lesser of the adjusted net   | Tax year                  |                          | Prior 3 years    |                     |                     |
| income from Part I or the minimum   | (a) 2021                  | <b>(b)</b> 2020          | (c) 2019         | ( <b>d</b> ) 2018   | (e) Total           |
| investment return from Part IX for  |                           |                          |                  |                     |                     |
| each year listed  |                           |                          |                  |                     |                     |
| <b>b</b> 85% (0.85) of line 2a  |                           |                          |                  |                     |                     |
| <b>c</b> Qualifying distributions from Part XI,   |                           |                          |                  |                     |                     |
| line 4, for each year listed  |                           |                          |                  |                     |                     |
| d Amounts included in line 2c not   |                           |                          |                  |                     |                     |
| used directly for active conduct of   |                           |                          |                  |                     |                     |
| exempt activities   |                           |                          |                  |                     |                     |
| e Qualifying distributions made directly  |                           |                          |                  |                     |                     |
| for active conduct of exempt activities.  |                           |                          |                  |                     |                     |
| Subtract line 2d from line 2c   |                           |                          |                  |                     |                     |
| 3 Complete 3a, b, or c for the alternative test relied upon:                              |                           |                          |                  |                     |                     |
| <b>a</b> "Assets" alternative test - enter:   |                           |                          |                  |                     |                     |
| (1) Value of all assets   |                           |                          |                  |                     |                     |
| (2) Value of assets qualifying<br>under section 4942(j)(3)(B)(i)                          |                           |                          |                  |                     |                     |
| <b>b</b> "Endowment" alternative test - enter   |                           |                          |                  |                     |                     |
| 2/3 of minimum investment return  |                           |                          |                  |                     |                     |
| shown in Part IX, line 6, for each year   |                           |                          |                  |                     |                     |
| listed  |                           |                          |                  |                     |                     |
| (1) Total support other than gross  |                           |                          |                  |                     |                     |
| investment income (interest,  |                           |                          |                  |                     |                     |
| dividends, rents, payments on securities loans (section                                   |                           |                          |                  |                     |                     |
| 512(a)(5)), or royalties)   |                           |                          |                  |                     |                     |
| (2) Support from general public   |                           |                          |                  |                     |                     |
| and 5 or more exempt<br>organizations as provided in                                      |                           |                          |                  |                     |                     |
| section 4942(j)(3)(B)(iii)  |                           |                          |                  |                     |                     |
| (3) Largest amount of support from  |                           |                          |                  |                     |                     |
| an exempt organization  |                           |                          |                  |                     |                     |
| (4) Gross investment income   |                           |                          |                  |                     | <u> </u>            |
| Part XIV Supplementary Inform   |                           |                          | t the foundation | had \$5,000 or more | e in assets         |
| at any time during the  | year-see instru           | ctions.)                 |                  |                     |                     |

1 Information Regarding Foundation Managers:

a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).)

NONE

**b** List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.

#### NONE

#### 2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

Check here  $\blacktriangleright$  if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc., to individuals or organizations under other conditions, complete items 2a, b, c, and d.

a The name, address, and telephone number or email address of the person to whom applications should be addressed:

SEE STATEMENT 19

**b** The form in which applications should be submitted and information and materials they should include:

c Any submission deadlines:

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

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CALIFORNIA PHYSICIANS' SERVICE FDN

| Form 990-PF (2021) DBA BLUE SHIELD OF<br>Part XIV Supplementary Information |  |                                      | 94-282230                                 | 2 Page 11   |
|---|--|--------------------------------------|---|-------------|
| 3 Grants and Contributions Paid During the                                  |  | Payment                              |   |             |
| Recipient   | If recipient is an individual,   | -                                    |   |             |
| Name and address (home or business)   | show any relationship to<br>any foundation manager<br>or substantial contributor | Foundation<br>status of<br>recipient | Purpose of grant or<br>contribution<br>** | Amount      |
| <b>a</b> Paid during the year   |  |                                      |   |             |
|   |  |                                      |   |             |
| NATIONAL ACADEMY OF SCIENCES  | N/A  | PC                                   | ROUNDTABLE ON OBESITY                     |             |
| THE NATIONAL ACADEMIES, 500 FIFTH   |  |                                      | SOLUTIONS                                 |             |
| STREET, NW WASHINGTON, DC 20001   |  |                                      |   | 50,000      |
| THE CENTER FOR CULTURAL POWER   | N/A  | PC                                   | INFLUENCING CULTURAL                      |             |
| 360 GRAND AVE #146  | N/A  | rc                                   | NARRATIVES TO ADVANCE                     |             |
| OAKLAND, CA 94610   |  |                                      | RACIAL, GENDER, AND                       |             |
|   |  |                                      | ECONOMIC JUSTICE                          | 800,000     |
| GEORGE WASHINGTON UNIVERSITY  | N/A  | PC                                   | THE FUNDERS FORUM ON                      |             |
| 1922 F ST, NW, 4TH FLOOR  |  |                                      | ACCOUNTABLE HEALTH:                       |             |
| WASHINGTON, DC 20052-0042   |  |                                      | SCALING ACCOUNTABLE                       |             |
|   |  |                                      | COMMUNITIES FOR HEALTH                    |             |
|   |  |                                      | MODELS                                    | 150,000.    |
|   |  |                                      |   |             |
| FREEFROM  | N/A  | PC                                   | GENERAL OPERATING                         |             |
| 12405 VENICE BLVD #422  |  |                                      | SUPPORT                                   |             |
| LOS ANGELES, CA 90066   |  |                                      |   | 600,000.    |
|   |  |                                      |   |             |
| ALLIANCE FOR JUSTICE  | N/A  | PC                                   | INCREASING CALIFORNIA                     |             |
| 11 DUPONT CIRCLE NW, SUITE 500  |  |                                      | NONPROFITS ADVOCACY                       |             |
| WASHINGTON, DC 20036  |  |                                      | KNOWLEDGE AND CAPACITY                    | 250,000.    |
| Total         SEE CONTI           b         Approved for future payment     | NUATION SHEET(S)   |                                      | ► 3a                                      | 29,810,475. |
|   |  |                                      |   |             |
| PROJECT HOPE - THE PEOPLE-TO-PEOPLE   | N/A  | PC                                   | LESSONS FROM THE COVID                    |             |
| HEALTH FOUNDATION, INC.   |  |                                      | PANDEMIC EXPERIENCE                       |             |
| 1220 19TH STREET, NW, SUITE 800   |  |                                      | AND ECONOMIC SECURITY                     | 450.000     |
| WASHINGTON, DC 20036  |  |                                      |   | 150,000     |
| CHILDRENS INSTITUTE, INC.   | N/A  | PC                                   | EVALUATING TWO-GEN                        |             |
| 2121 WEST TEMPLE STREET   |  |                                      | RESILIENCY, ACADEMICS,                    |             |
| LOS ANGELES, CA 90026   |  |                                      | INCOME, SOCIAL                            |             |
|   |  |                                      | SUPPORT, ENHANCED                         | 05 000      |
|   |  |                                      | (2-RAISE), A                              | 85,000.     |
| WEAVE THO   | N/A  | PC                                   |   |             |
| WEAVE, INC.<br>1900 k street  |  |                                      | EVALUATING THE<br>DOMESTIC VIOLENCE       |             |
| SACRAMENTO, CA 95811  |  |                                      | RESIDENTIAL SERVICES                      |             |
| ,   |  |                                      | STRENGTHS MODEL                           | 150,000     |
| Total SEE CONTI   | NUATION SHEET(S)   | •                                    | ► 3b                                      | 10,302,322. |

12

► 3b 10,302,322. Form **990-PF** (2021)

123611 12-10-21 \*\* SEE PURPOSE OF GRANT CONTINUATIONS

19130714 701245 105792

2021.04000 CALIFORNIA PHYSICIANS' SE 105792\_1

## Part XV-A Analysis of Income-Producing Activities

Form 990-PF (2021)

| Enter gross amounts unless otherwise indicated.                | Unrelate                       | ed business income      |                               | ded by section 512, 513, or 514 | (e)                                  |
|--|--------------------------------|-------------------------|-------------------------------|---------------------------------|--------------------------------------|
| 1 Program service revenue:                                     | <b>(a)</b><br>Business<br>code | <b>(b)</b><br>Amount    | (C)<br>Exclu-<br>sion<br>code | <b>(d)</b><br>Amount            | Related or exempt<br>function income |
|  | 0000                           |                         |                               |                                 |                                      |
|  |                                |                         |                               |                                 |                                      |
|  |                                |                         |                               |                                 |                                      |
|  |                                |                         |                               |                                 |                                      |
| a  |                                |                         |                               |                                 |                                      |
| f  |                                |                         |                               |                                 |                                      |
| <b>g</b> Fees and contracts from government agencies           |                                |                         |                               |                                 |                                      |
| 2 Membership dues and assessments                              |                                |                         |                               |                                 |                                      |
| 3 Interest on savings and temporary cash                       |                                |                         |                               |                                 |                                      |
| investments  |                                |                         |                               |                                 |                                      |
| 4 Dividends and interest from securities                       |                                |                         | 14                            | 1,150,325.                      |                                      |
| 5 Net rental income or (loss) from real estate:                |                                |                         |                               | , ,                             |                                      |
| a Debt-financed property                                       |                                |                         |                               |                                 |                                      |
| <b>b</b> Not debt-financed property                            |                                |                         |                               |                                 |                                      |
| 6 Net rental income or (loss) from personal                    |                                |                         |                               |                                 |                                      |
| property   |                                |                         |                               |                                 |                                      |
| 7 Other investment income                                      |                                |                         |                               |                                 |                                      |
| 8 Gain or (loss) from sales of assets other                    |                                |                         |                               |                                 |                                      |
| than inventory   |                                |                         | 18                            | 1,022,676.                      |                                      |
| 9 Net income or (loss) from special events                     |                                |                         |                               | , ,                             |                                      |
| <b>10</b> Gross profit or (loss) from sales of inventory       |                                |                         |                               |                                 |                                      |
| 1 Other revenue:   |                                |                         |                               |                                 |                                      |
| a OTHER INCOME   |                                |                         | 18                            | 3,441.                          |                                      |
| b  |                                |                         |                               | ,                               |                                      |
| C  |                                |                         |                               |                                 |                                      |
| d  |                                |                         |                               |                                 |                                      |
| e  |                                |                         |                               |                                 |                                      |
| 2 Subtotal. Add columns (b), (d), and (e)                      |                                | 0.                      |                               | 2,176,442.                      | 0.                                   |
| <b>13 Total.</b> Add line 12, columns (b), (d), and (e)        |                                |                         |                               |                                 | 2,176,442.                           |
| (See worksheet in line 13 instructions to verify calculations. |                                |                         |                               |                                 |                                      |
| Part XV-B Relationship of Activities                           |                                | mplishment of Exe       | empt                          | Purposes                        |                                      |
| Line No. Explain below how each activity for which in          |                                |                         | contrib                       | uted importantly to the accomp  | lishment of                          |
| the foundation's exempt purposes (other the foundation)        | an by providing fur            | nds for such purposes). |                               |                                 |                                      |
|  |                                |                         |                               |                                 |                                      |
|  |                                |                         |                               |                                 |                                      |
|  |                                |                         |                               |                                 |                                      |
|  |                                |                         |                               |                                 |                                      |
|  |                                |                         |                               |                                 |                                      |
|  |                                |                         |                               |                                 |                                      |
|  |                                |                         |                               |                                 |                                      |
|  |                                |                         |                               |                                 |                                      |
|  |                                |                         |                               |                                 |                                      |
|  |                                |                         |                               |                                 |                                      |
|  |                                |                         |                               |                                 |                                      |
|  |                                |                         |                               |                                 |                                      |
|  |                                |                         |                               |                                 |                                      |
|  |                                |                         |                               |                                 |                                      |
|  |                                |                         |                               |                                 |                                      |
|  |                                |                         |                               |                                 |                                      |
|  |                                |                         |                               |                                 |                                      |
|  |                                |                         |                               |                                 |                                      |
|  |                                |                         |                               |                                 |                                      |

123621 12-10-21

| CALIFORNIA PHYSICIANS' SERVICE   | FDN   |                             |         |               |
|--|---|-----------------------------|---------|---------------|
| Form 990-PF (2021) DBA BLUE SHIELD OF CALIFORNIA                                 |   | 94-2822302                  | Pa      | age <b>13</b> |
|  | d Transactions and Relationships With                         | Noncharitable               |         |               |
| Exempt Organizations   |   |                             |         |               |
| 1 Did the organization directly or indirectly engage in any of the followin      | with any other organization described in section 501(c)       |                             | Yes     | No            |
| (other than section 501(c)(3) organizations) or in section 527, relating         | to political organizations?                                   |                             |         |               |
| ${f a}$ Transfers from the reporting foundation to a noncharitable exempt or     | nization of:  |                             |         |               |
| (1) Cash   |   |                             |         | X             |
| (2) Other assets   |   |                             |         | X             |
| <b>b</b> Other transactions:   |   |                             |         |               |
| (1) Sales of assets to a noncharitable exempt organization                       |   | <u>1b(1)</u>                |         | X             |
| (2) Purchases of assets from a noncharitable exempt organization $\dots$         |   | 1b(2)                       |         | X             |
| (3) Rental of facilities, equipment, or other assets                             |   |                             |         | X             |
| (4) Reimbursement arrangements   |   |                             |         | X             |
| (5) Loans or loan guarantees   |   |                             |         | X             |
| (6) Performance of services or membership or fundraising solicitatio             |   |                             |         | X             |
| c Sharing of facilities, equipment, mailing lists, other assets, or paid em      |   |                             |         | X             |
| <b>d</b> If the answer to any of the above is "Yes," complete the following sche |   |                             | ets,    |               |
| or services given by the reporting foundation. If the foundation receive         | l less than fair market value in any transaction or sharing a | rrangement, show in         |         |               |
| column (d) the value of the goods, other assets, or services received.           | warmat argonization (4) -                                     |                             |         |               |
| (a) Line no. (b) Amount involved (c) Name of noncharitable                       | exempt organization (d) Description of transfers, tr          | ansactions, and sharing arr | angemen | its           |
| N/A  |   |                             |         |               |
|  |   |                             |         |               |
|  |   |                             |         |               |
|  |   |                             |         |               |
|  |   |                             |         |               |
|  |   |                             |         |               |
|  |   |                             |         |               |
|  |   |                             |         |               |
|  |   |                             |         |               |
|  |   |                             |         |               |
|  |   |                             |         |               |
|  |   |                             |         |               |
|  |   |                             |         |               |
|  |   |                             |         |               |
|  |   |                             |         |               |
| 2a Is the foundation directly or indirectly affiliated with, or related to, one  | I<br>nr more tax-exempt organizations described               |                             |         |               |
|  |   |                             |         |               |

| b | If "Yes," complete the following schedule. |  |  |  |
|---|--|--|--|--|

| b I† "\        | Yes," co | omplete the following schedule.   |                |                     |              |                         |   |
|----------------|----------|---|----------------|---------------------|--------------|-------------------------|---|
|                |          | (a) Name of organization  |                | (b) Type of organiz | ation        | (c) Description of      | relationship  |
|                |          | N/A   |                |                     |              |                         |   |
|                |          |   |                |                     |              |                         |   |
|                |          |   |                |                     |              |                         |   |
|                |          |   |                |                     |              |                         |   |
|                |          |   |                |                     |              |                         |   |
| Sign<br>Here   | and be   | penalties of perjury, I declare that I have ex<br>lief, it is true, correct, and complete. Declar<br>nature of officer or trustee |                |                     |              |                         | May the IRS discuss this return with the preparer shown below? See instr. |
|                | Olgi     | Print/Type preparer's name  | Preparer's s   |                     | Date         | Check if self- employed | PTIN  |
| Paid           |          | KATY BROWN  | KATY BROW      | IN                  | 07/14/22     |                         | P00650274   |
| Prepa<br>Use ( |          |   |                |                     | Firm's EIN 🕨 | 94-6214841              |   |
|                |          | Firm's address ▶ 12657 ALCC   | STA BLVD, STE. | 500                 |              |                         |   |
|                |          | SAN RAMON,  | CA 94583-4600  |                     |              | Phone no. 92            | 5-790-2600  |
|                |          |   |                |                     |              |                         | - 000 DE  |

Form **990-PF** (2021)

123622 12-10-21

| 3 Grants and Contributions Paid During the Ye | ear (Continuation)                                      | -                      |                                  |            |
|---|---|------------------------|----------------------------------|------------|
| Recipient                                     | If recipient is an individual, show any relationship to | Foundation             | Purpose of grant or contribution | Amount     |
| Name and address (home or business)           | any foundation manager<br>or substantial contributor    | status of<br>recipient | Contribution                     | , and and  |
|   |   |                        |                                  |            |
| AMERICAN NATIONAL RED CROSS                   | N/A   | PC                     | GENERAL OPERATING                |            |
| 431 18TH STREET N.W.                          |   |                        | SUPPORT - WILDFIRE               |            |
| WASHINGTON, DC 20006                          |   |                        | RELIEF                           | 25,000     |
| NATIONAL ACADEMY OF SCIENCES                  | N/A   | PC                     | GENERAL OPERATING                |            |
| THE NATIONAL ACADEMIES, 500 FIFTH             |   | 10                     | SUPPORT                          |            |
| STREET, NW WASHINGTON, DC 20001               |   |                        |                                  | 50,000     |
| CALIFORNIA IMMIGRANT POLICY CENTER            | N/A   | PC                     | ADVANCING EQUITABLE              | ,          |
| 634 S SPRING ST STE 600                       | [',   |                        | INCOME AND BENEFITS              |            |
| LOS ANGELES, CA 90014                         |   |                        | SUPPORTS FOR                     |            |
|   |   |                        | CALIFORNIAS IMMIGRANT            |            |
|   |   |                        | FAMILIES                         | 700,000    |
| GRANTMAKERS CONCERNED WITH IMMIGRANTS         | N/A   | PC                     | GENERAL OPERATING                |            |
| AND REFUGEES                                  |   |                        | SUPPORT                          |            |
| PO BOX 2178                                   |   |                        |                                  |            |
| PETALUMA, CA 94953                            |   |                        |                                  | 75,000     |
| SOCIAL GOOD FUND                              | N/A   | PC                     | HISTORY REIMAGINED:              |            |
| 12651 SAN PABLO AVE, UNIT 5473                |   |                        | CONNECTING YOUTH WITH            |            |
| RICHMOND, CA 94805                            |   |                        | FAMILY HISTORY TO                |            |
|   |   |                        | PREVENT DOMESTIC                 |            |
|   |   |                        | VIOLENCE ACROSS                  | 440,000    |
| COMMUNITY PARTNERS                            | N/A   | PC                     | SUSTAINING THE                   |            |
| 1000 N. ALAMEDA STREET; SUITE 240             |   |                        | CALIFORNIA ACCOUNTABLE           |            |
| LOS ANGELES, CA 90012-1804                    |   |                        | COMMUNITIES FOR HEALTH           |            |
|   |   |                        | INITIATIVE (CACHI)               | 150,000    |
| WILLAMETTE PARTNERSHIP                        | N/A   | PC                     | CENTERING                        |            |
| 4640 SW MACADAM AVE. SUITE 50                 |   |                        | COMMUNITY-DRIVEN                 |            |
| PORTLAND, OR 97239                            |   |                        | HEALTH EQUITY                    |            |
|   |   |                        | PRIORITIES TO SHIFT              |            |
|   |   |                        | RESOURCE FLOWS                   | 550,000    |
|   |   |                        |                                  |            |
| CALIFORNIA BUDGET & POLICY CENTER             | N/A   | PC                     | GENERAL OPERATING                |            |
| 1107 9TH STREET, SUITE 310                    |   |                        | SUPPORT                          |            |
| SACRAMENTO, CA 95814                          |   |                        |                                  | 300,000    |
| GRANTMAKERS FOR EFFECTIVE                     | N/A   | PC                     | GENERAL OPERATING                |            |
| ORGANIZATIONS                                 |   |                        | SUPPORT                          |            |
| 1310 L STREET NW SUITE 650                    |   |                        |                                  |            |
| WASHINGTON, DC 20005                          |   |                        |                                  | 75,000     |
|   |   |                        |                                  |            |
| GRANTMAKERS IN HEALTH                         | N/A   | PC                     | GENERAL OPERATING                |            |
| 1100 CONNECTICUT AVENUE, NW, SUITE            |   |                        | SUPPORT                          |            |
| 1100 WASHINGTON, DC 20036                     |   | <u> </u>               |                                  | 75,000     |
| Total from continuation sheets                |   |                        |                                  | 27,960,475 |

DBA BLUE SHIELD OF CALIFORNIA FDN

| Part XIV Supplementary Information                         | IELD OF CALIFORNIA FD  | N                                    | 94-28223                         | 02         |
|--|--|--------------------------------------|----------------------------------|------------|
| 3 Grants and Contributions Paid During the Ye              |  |                                      |                                  |            |
| 3 Grants and Contributions Paid During the Yo<br>Recipient | If recipient is an individual,   |                                      |                                  |            |
| Name and address (home or business)                        | show any relationship to<br>any foundation manager<br>or substantial contributor | Foundation<br>status of<br>recipient | Purpose of grant or contribution | Amount     |
| NATIONAL COMMITTEE FOR RESPONSIVE<br>PHILANTHROPY          | N/A  | PC                                   | GENERAL OPERATING<br>SUPPORT     |            |
| 1900 L STREET NW SUITE 825<br>WASHINGTON, DC 20036         |  |                                      |                                  | 50,000.    |
|  |  |                                      |                                  | ,          |
| CATALYST OF SAN DIEGO & IMPERIAL<br>COUNTIES               | N/A  | PC                                   | GENERAL OPERATING<br>SUPPORT     |            |
| 5060 SHOREHAM PLACE ROOM 350<br>SAN DIEGO, CA 92122-5903   |  |                                      |                                  | 75,000.    |
| CALMATTERS   | N/A  | PC                                   | SOLUTIONS-ORIENTED               |            |
| 1017 L STREET #261   |  |                                      | DOMESTIC VIOLENCE                |            |
| SACRAMENTO, CA 95814                                       |  |                                      | JOURNALISM BY AND FOR            |            |
|  |  |                                      | LATINX COMMUNITIES               | 100,000.   |
| CENTER FOR THE STUDY OF SOCIAL POLICY                      | N/A  | PC                                   | ENGAGING STUDENT                 |            |
| 1575 EYE STREET, NW, SUITE 500                             |  |                                      | PARENTS IN                       |            |
| WASHINGTON, DC 20005                                       |  |                                      | PARTICIPATORY ACTION             |            |
|  |  |                                      | RESEARCH                         | 137,247.   |
| ALLIANCE FOR COMMUNITY                                     | N/A  | PC                                   | LEVERAGING                       |            |
| TRANSFORMATIONS  |  |                                      | COLLABORATION TO END             |            |
| P.O. BOX 2075  |  |                                      | DOMESTIC VIOLENCE:               |            |
| MARIPOSA, CA 95338   |  |                                      | SUSTAINABILITY                   |            |
|  |  |                                      | PLANNING AND TESTING             | 209,075.   |
| LATINO COMMUNITY FOUNDATION                                | N/A  | PC                                   | ENGAGING THE LATINO              |            |
| 235 MONTGOMERY STREET, SUITE 1160                          |  |                                      | COMMUNITY IN THE                 |            |
| SAN FRANCISCO, CA 94104                                    |  |                                      | REDISTRICTING PROCESS            |            |
|  |  |                                      | IN CALIFORNIA                    | 125,000.   |
| MUJERES UNIDAS Y ACTIVAS                                   | N/A  | PC                                   | AMPLIFYING THE                   |            |
| 3543 18TH ST, #23  | N/A  | rc                                   | LEADERSHIP OF DOMESTIC           |            |
| SAN FRANCISCO, CA 94110-1684                               |  |                                      | WORKERS ACROSS                   |            |
|  |  |                                      | CALIFORNIA                       | 500,000.   |
| MUJERES UNIDAS Y ACTIVAS                                   | N/A  | PC                                   | BUILDING EVIDENCE FOR            | •          |
| 3543 18TH ST, #23  |  |                                      | LATINA LEADERSHIP                |            |
| SAN FRANCISCO, CA 94110-1684                               |  |                                      | DEVELOPMENT TO BREAK             |            |
|  |  |                                      | THE CYCLE OF VIOLENCE            |            |
|  |  |                                      | IN SAN FRANCISCO AND             | 180,000.   |
|  |  |                                      |                                  |            |
| SILICON VALLEY COMMUNITY FOUNDATION                        | N/A  | PC                                   | CALIFORNIA BLACK                 |            |
| 2440 WEST EL CAMINO REAL SUITE 300                         |  |                                      | FREEDOM FUND                     |            |
| MOUNTAIN VIEW, CA 94040-1498                               |  |                                      |                                  | 1,000,000. |
| ONT THODNESS DADDWIND GUT D. T.                            | NT / 3   |                                      |                                  |            |
| CALIFORNIA PARTNERSHIP TO END                              | N/A  | PC                                   | GENERAL OPERATING                |            |
| DOMESTIC VIOLENCE  |  |                                      | SUPPORT                          |            |
| 1107 9TH ST, SUITE 910<br>SACRAMENTO, CA 95812-1798        |  |                                      |                                  | 475,000.   |
| Total from continuation sheets                             | 1  | 1                                    |                                  |            |

DBA BLUE SHIELD OF CALIFORNIA FDN

| 3 Grants and Contributions Paid During the Ye | ear (Continuation)                                      |                        |                                  |           |
|---|---|------------------------|----------------------------------|-----------|
| Recipient                                     | If recipient is an individual, show any relationship to | Foundation             | Purpose of grant or contribution | Amount    |
| Name and address (home or business)           | any foundation manager<br>or substantial contributor    | status of<br>recipient | Contribution                     | , ano ant |
| TIME FOR CHANGE FOUNDATION                    | N/A   | PC                     | DISRUPTING                       |           |
| PO BOX 25040                                  |   |                        | MULTIGENERATIONAL                |           |
| SAN BERNARDINO, CA 92406                      |   |                        | VIOLENCE FOR HOMELESS            |           |
|   |   |                        | AND FORMERLY                     |           |
|   |   |                        | INCARCERATED WOMEN AND           | 150,000   |
| VISION Y COMPROMISO                           | N/A   | PC                     | ENHANCING                        |           |
| 15808 HESPERIAN BOULEVARD                     |   |                        | TWO-GENERATION                   |           |
| SAN LORENZO, CA 94580                         |   |                        | APPROACHES THAT                  |           |
|   |   |                        | PREVENT VIOLENCE                 |           |
|   |   |                        | THROUGH THE FAMILY,              | 150,000   |
| BLACK EMOTIONAL AND MENTAL HEALTH             | N/A   | PC                     | ADDRESSING ROOT CAUSES           |           |
| COLLECTIVE                                    |   |                        | OF VIOLENCE OF                   |           |
| P.O BOX #702                                  |   |                        | VIOLENCE AGAINST WOMEN           |           |
| CULVER CITY, CA 90232                         |   |                        | IN AFRICAN AMERICAN              |           |
|   |   |                        | COMMUNITIES IN LOS               | 100,000   |
|   |   |                        |                                  |           |
| CALMATTERS                                    | N/A   | PC                     | CAL MATTERS HEALTH AND           |           |
| 1017 L STREET #261                            |   |                        | CALIFORNIA DIVIDE                |           |
| SACRAMENTO, CA 95814                          |   |                        | COVERAGE                         | 200,000   |
|   |   |                        |                                  | ,         |
| COMMUNITY PARTNERS                            | N/A   | PC                     | COMMUNITY RESTORATIVE            |           |
| 1000 N. ALAMEDA STREET; SUITE 240             | N/A   | 10                     | JUSTICE SOLUTIONS                |           |
| LOS ANGELES, CA 90012-1804                    |   |                        | DUSTICE SOLUTIONS                | 20 000    |
|   |   |                        |                                  | 20,000    |
| CALIFORNIA COMMUNITY COLLEGES                 | N/A   | PC                     | INNOVATIONS IN FAMILY            |           |
| CALWORKS ASSOCIATION                          |   | 10                     | ECONOMIC MOBILITY                |           |
| 4700 COLLEGE OAK DRIVE                        |   |                        |                                  |           |
| SACRAMENTO, CA 95841                          |   |                        |                                  | 207,821   |
|   |   |                        |                                  |           |
| DEFINE AMERICAN                               | N/A   | PC                     | IMPROVING IMMIGRANT              |           |
| 822 E BROADWAY                                |   |                        | NARRATIVES IN THE                |           |
| LOUISVILLE, KY 40204                          |   |                        | MEDIA                            | 90,000    |
| ,,  |   |                        |                                  |           |
| NEW AMERICA FOUNDATION                        | N/A   | PC                     | PROMOTING POLICY                 |           |
| 1899 L STREET, NW SUITE 400                   |   |                        | SOLUTIONS THAT ADDRESS           |           |
| WASHINGTON, DC 20036                          |   |                        | HEALTH AND ECONOMIC              |           |
|   |   |                        | SECURITY                         | 250,000   |
|   |   |                        |                                  | ,         |
| CALIFORNIA BLACK MEDIA                        | N/A   | PC                     | SOLUTIONS-ORIENTED               |           |
| 1809 S STREET SUITE 101-226                   |   |                        | DOMESTIC VIOLENCE                |           |
| SACRAMENTO, CA 95811                          |   |                        | COVERAGE IN CALIFORNIA           |           |
|   |   |                        | BLACK MEDIA                      | 110,000   |
|   |   |                        |                                  |           |
| CONGREGATIONS ORGANIZED FOR PROPHETIC         | N/A   | PC                     | GENERAL OPERATING                |           |
| ENGAGEMENT                                    |   |                        | SUPPORT                          |           |
| 1505 W HIGHLAND                               |   |                        |                                  |           |
| SAN BERNARDINO, CA 92411                      |   |                        |                                  | 100,000   |

| If recipient is an individual,                          |  |   |  |  |  |  |  |
|---|--|---|--|--|--|--|--|
| show any relationship to Foundation Purpose of grant or |  |   |  |  |  |  |  |
| any foundation manager<br>or substantial contributor    | status of<br>recipient   | contribution  | Amount   |  |  |  |  |
| N/A   | PC   | ADVANCING HEALTHY   |  |  |  |  |  |
|   |  | HOUSING POLICIES AND  |  |  |  |  |  |
|   |  | SYSTEMS CHANGE  | 550,00   |  |  |  |  |
| N/A   | PC   | CALIFORNIA HEALTH   |  |  |  |  |  |
|   |  | JOURNALISM FELLOWSHIP   |  |  |  |  |  |
|   |  |   |  |  |  |  |  |
|   |  |   | 335,00   |  |  |  |  |
| N/A   | PC   | BOLD VISION: ADVANCING  |  |  |  |  |  |
|   |  | POLICIES AND  |  |  |  |  |  |
|   |  | STRATEGIES TO   |  |  |  |  |  |
|   |  | TRANSFORM SYSTEMS THAT  |  |  |  |  |  |
|   |  | IMPACT YOUTH  | 250,000  |  |  |  |  |
| N/A   | PC   | HEALTH IN ALL   |  |  |  |  |  |
|   |  | POLICIES: DEEPENING A   |  |  |  |  |  |
|   |  | RACIAL EQUITY AND   |  |  |  |  |  |
|   |  | DOMESTIC VIOLENCE   |  |  |  |  |  |
|   |  | PREVENTION FOCUS  | 475,000  |  |  |  |  |
|   |  |   |  |  |  |  |  |
| N/A   | PC   | ADVANCING RESTORATIVE   |  |  |  |  |  |
|   |  | JUSTICE RESPONSES TO  |  |  |  |  |  |
|   |  | PREVENT DOMESTIC  |  |  |  |  |  |
|   |  | VIOLENCE  | 314,000  |  |  |  |  |
|   |  |   |  |  |  |  |  |
| N/A   | PC   | GENERAL OPERATING   |  |  |  |  |  |
|   |  | SUPPORT   |  |  |  |  |  |
|   |  |   | 600,000  |  |  |  |  |
|   |  |   |  |  |  |  |  |
| N / A   | PC   | LAUNCHING ACTIVATE  |  |  |  |  |  |
|   | 10   |   |  |  |  |  |  |
|   |  |   | 500,000  |  |  |  |  |
|   |  |   |  |  |  |  |  |
| N/A   | PC   | HEALING TOGETHER  |  |  |  |  |  |
|   |  | CAMPAIGN  |  |  |  |  |  |
|   |  |   | 525,000  |  |  |  |  |
|   |  |   |  |  |  |  |  |
| N / A   | PC   |   |  |  |  |  |  |
|   |  |   |  |  |  |  |  |
|   |  | INNOVATIONS INSTITUTE   | 2 000 000  |  |  |  |  |
|   |  |   | 2,000,000  |  |  |  |  |
|   |  |   |  |  |  |  |  |
| N/A   | PC   | RACIAL EQUITY AND   |  |  |  |  |  |
|   |  | JUSTICE WORK  |  |  |  |  |  |
|   | 1  |   | 50,00  |  |  |  |  |
|   | or substantial contributor           N/A           N/A | or substantial contributor         recipient           N/A         PC           N/A         PC | or substantial contributorrecipientN/APCADVANCING HEALTHY<br>HOUSING POLICIES AND<br>SYSTEMS CHANGEN/APCCALIFORNIA HEALTH<br>JOURNALISM FELLOWSHIPN/APCBOLD VISION: ADVANCING<br>POLICIES AND<br>STRATEGIES TO<br>TRANSFORM SYSTEMS THAT<br> |  |  |  |  |

| 3 Grants and Contributions Paid During the Y | ear (Continuation)                                      |                        |                                      |         |
|--|---|------------------------|--------------------------------------|---------|
| Recipient                                    | If recipient is an individual, show any relationship to | Foundation             | Purpose of grant or                  | Amount  |
| Name and address (home or business)          | any foundation manager<br>or substantial contributor    | status of<br>recipient | contribution                         | Amount  |
| UNITED WAYS OF CALIFORNIA                    | N/A   | PC                     | ADVANCING EQUITABLE                  |         |
| 1107 FAIR OAKS AVE NBR 12                    |   |                        | ACCESS TO INCOME AND                 |         |
| SOUTH PASADENA, CA 91030-3311                |   |                        | BENEFIT SUPPORTS                     | 350,000 |
| CHILD CARE LAW CENTER                        | N/A   | PC                     | GENERAL OPERATING                    |         |
| 1832 2ND STREET, SUITE K                     |   |                        | SUPPORT                              |         |
| BERKELEY, CA 94710                           |   |                        |                                      | 300,000 |
| VALORUS                                      | N/A   | PC                     | CATALYZING DOMESTIC                  |         |
| 1215 K STREET #1850                          |   |                        | VIOLENCE PREVENTION                  |         |
| SACRAMENTO, CA 95814-3956                    |   |                        | EFFORTS THROUGH                      |         |
|  |   |                        | COMMUNITY INFLUENCERS                | 430,000 |
| LEGAL AID AT WORK                            | N/A   | PC                     | ADVANCING EQUITABLE                  |         |
| 180 MONTGOMERY STREET, SUITE 600             |   |                        | ACCESS TO PAID FAMILY                |         |
| SAN FRANCISCO, CA 94104                      |   |                        | LEAVE                                | 400,000 |
|  |   |                        |                                      |         |
| SOUTHERN CALIFORNIA GRANTMAKERS              | N/A   | PC                     | GENERAL OPERATING                    |         |
| 1000 NORTH ALAMEDA STREET, SUITE 230         |   |                        | SUPPORT                              |         |
| LOS ANGELES, CA 90012                        |   |                        |                                      | 75,000  |
| NORTHERN CALIFORNIA GRANTMAKERS              | N/A   | PC                     | GENERAL OPERATING                    |         |
| 160 SPEAR STREET, SUITE 360                  |   |                        | SUPPORT                              |         |
| SAN FRANCISCO, CA 94105                      |   |                        |                                      | 100,000 |
| CALIFORNIA HEALTH FOUNDATION AND             | N/A   | PC                     | COMMUNITIES LIFTING                  |         |
| TRUST  |   |                        | COMMUNITIES: ADVANCING               |         |
| 1215 K STREET, SUITE 2020                    |   |                        | HEALTH EQUITY IN                     |         |
| SACRAMENTO, CA 95814-3946                    |   |                        | SOUTHERN CALIFORNIA                  |         |
|  |   |                        | COMMUNITIES                          | 110,000 |
| SBCS CORPORATION                             | N/A   | PC                     | LEVERAGING                           |         |
| 430 F STREET                                 |   |                        | COLLABORATION TO END                 |         |
| CHULA VISTA, CA 91910                        |   |                        | DOMESTIC VIOLENCE:<br>SUSTAINABILITY |         |
|  |   |                        | PLANNING AND TESTING                 | 300,000 |
| PUBLIC HEALTH INSTITUTE                      | N/A   | PC                     | LEVERAGING                           | ,000    |
| 555 12TH STREET, SUITE 290                   |   |                        | COLLABORATION TO END                 |         |
| OAKLAND, CA 94607-3601                       |   |                        | DOMESTIC VIOLENCE:                   |         |
|  |   |                        | IMPLEMENTING THE                     |         |
|  |   |                        | SELF-HEALING                         | 225,000 |
| SOUTHERN CALIFORNIA GRANTMAKERS              | N/A   | PC                     | PROMOTING COMMUNITY                  |         |
| 1000 NORTH ALAMEDA STREET, SUITE 230         |   |                        | PARTICIPATION IN                     |         |
| LOS ANGELES, CA 90012                        |   |                        | REDISTRICTING TO                     |         |
|  |   |                        | SUPPORT HEALTHY                      | 050 000 |
|  |   |                        | COMMUNITIES ACROSS                   | 250,000 |

| 3 Grants and Contributions Paid During the Y          | ear (Continuation)                                      |                        |   |         |
|---|---|------------------------|---|---------|
| Recipient   | If recipient is an individual, show any relationship to | Foundation             | Purpose of grant or                         | Amount  |
| Name and address (home or business)                   | any foundation manager<br>or substantial contributor    | status of<br>recipient | contribution                                | Amount  |
|   |   |                        |   |         |
| PUBLIC HEALTH INSTITUTE                               | N/A   | PC                     | ENGAGING HEALTH CARE                        |         |
| 555 12TH STREET, SUITE 290                            |   |                        | IN MULTISECTOR                              |         |
| DAKLAND, CA 94607-3601                                |   |                        | COLLABORATIVES                              | 320,00  |
| SBCS CORPORATION                                      | N/A   | PC                     | IMPROVING EARLY                             |         |
| 430 F STREET  |   |                        | CHILDHOOD DEVELOPMENT                       |         |
| CHULA VISTA, CA 91910                                 |   |                        | THROUGH A THERAPEUTIC                       |         |
|   |   |                        | PRESCHOOL IN CHULA                          | 150.00  |
|   | N7 ( 2  |                        | VISTA FOR CHILDREN                          | 150,00  |
| SAFE & SOUND  | N/A   | PC                     | IMPROVING PROTECTIVE<br>FACTORS FOR AT-RISK |         |
| 1757 WALLER STREET<br>SAN FRANCISCO, CA 94117         |   |                        | FAMILIES THROUGH THE                        |         |
| SAN FRANCISCO, CA 94117                               |   |                        | INTEGRATED CHILDREN                         |         |
|   |   |                        | AND FAMILY SERVICES                         | 150,000 |
| PREVENTION INSTITUTE                                  | N/A   | PC                     | SAFETY THROUGH                              | 150,000 |
| 221 OAK STREET  | .,  |                        | CONNECTION:                                 |         |
| DAKLAND, CA 94607                                     |   |                        | IMPLEMENTING AND                            |         |
| ,   |   |                        | SUSTAINING DOMESTIC                         |         |
|   |   |                        | VIOLENCE PREVENTION IN                      | 750,002 |
|   |   |                        |   | ,       |
| JNIVERSITY OF SOUTHERN CALIFORNIA                     | N/A   | PC                     | CALIFORNIA HEALTH                           |         |
| ANNENBERG SCHOOL FOR COMMUNICATION                    |   |                        | JOURNALISM FELLOWSHIPS                      |         |
| AND JOURNALISM, 3502 WATT WAY LOS                     |   |                        |   |         |
| ANGELES, CA 90007                                     |   |                        |   | 375,000 |
|   |   |                        |   |         |
| TIDES CENTER  | N/A   | PC                     | CALIFORNIA HEALTH                           |         |
| P.O. BOX 29907  |   |                        | REPORT                                      |         |
| SAN FRANCISCO, CA 94129                               |   |                        |   | 40,000  |
|   |   |                        |   |         |
| PUBLIC HEALTH ADVOCATES                               | N/A   | PC                     | GENERAL OPERATING                           |         |
| P.O. BOX 2309   | [',   |                        | SUPPORT                                     |         |
| DAVIS, CA 95617                                       |   |                        |   | 200,000 |
| COMMON COUNSEL FOUNDATION                             | N/A   | PC                     | SUPPORTING CALIFORNIA                       | ,       |
| 1624 FRANKLIN STREET #1022                            |   |                        | INDIGENOUS COMMUNITIES                      |         |
| DAKLAND, CA 94612                                     |   |                        | TO ADDRESS THE IMPACTS                      |         |
|   |   |                        | OF THE COVID-19 PUBLIC                      |         |
|   |   |                        | HEALTH CRISIS                               | 150,000 |
|   |   |                        |   |         |
| CHINESE FOR AFFIRMATIVE ACTION                        | N/A   | PC                     | COUNTERING ANTI-ASIAN                       |         |
| 17 WALTER U LUM PLACE                                 |   |                        | NARRATIVES DURING THE                       |         |
| SAN FRANCISCO, CA 94108                               |   |                        | COVID-19 PANDEMIC                           | 100,000 |
|   | NT / 7  |                        |   |         |
| SAN DIEGO STATE UNIVERSITY RESEARCH                   | N/A   | SO III FI              | EVALUATING STEPS TO                         |         |
| FOUNDATION  |   |                        | FAMILY CHILD CARE                           |         |
| 5250 CAMPANILE DRIVE                                  |   |                        | SUCCESS                                     | 210 OF1 |
| SAN DIEGO, CA 92182<br>Total from continuation sheets |   |                        |   | 240,853 |

DBA BLUE SHIELD OF CALIFORNIA FDN

| 3 Grants and Contributions Paid During the Y               | ear (Continuation)   |                                      |                                  |           |
|--|--|--------------------------------------|----------------------------------|-----------|
| Recipient  | If recipient is an individual,   | Face de la                           | Dumpers of some l                |           |
| Name and address (home or business)                        | show any relationship to<br>any foundation manager<br>or substantial contributor | Foundation<br>status of<br>recipient | Purpose of grant or contribution | Amount    |
| CALIFORNIA STATE ASSOCIATION OF                            | N/A  | NC                                   | IMPROVING AND                    |           |
| COUNTIES   |  |                                      | ASSESSING THE                    |           |
| 1100 K STREET, SUITE 101                                   |  |                                      | EFFECTIVENESS OF                 |           |
| SACRAMENTO, CA 95814                                       |  |                                      | BATTERER INTERVENTION            |           |
| ,  |  |                                      | PROGRAMS                         | 713,648   |
| CHILDRENS INSTITUTE, INC.                                  | N/A  | PC                                   | ASSESSING EARLY                  | ,         |
| 2121 WEST TEMPLE STREET                                    |  |                                      | CHILDHOOD AND FAMILY             |           |
| LOS ANGELES, CA 90026                                      |  |                                      | PROTECTIVE FACTORS               |           |
|  |  |                                      | THROUGH A MODEL OF               |           |
|  |  |                                      | ENHANCED HEAD                    | 150,000   |
| MUE DECENTE OF MUE INTUEDOTAV OF                           | NT / D   | Da                                   | GENERAL OPERATING                |           |
| THE REGENTS OF THE UNIVERSITY OF                           | N/A  | PC                                   | SUPPORT FOR AAPI DATA            |           |
| CALIFORNIA AT RIVERSIDE                                    |  |                                      | SUPPORT FOR AAPI DATA            |           |
| 245 UNIVERSITY OFFICE BUILDING<br>RIVERSIDE, CA 92521-0217 |  |                                      |                                  | 200,000   |
| · · · ·  |  |                                      |                                  | ,         |
| THE HENRY T WATCHE BANTLY BOUNDARTON                       | NT / D   | Da                                   | GENERAL OPERATING                |           |
| THE HENRY J. KAISER FAMILY FOUNDATION                      | N/A  | PC                                   | GENERAL OPERATING                |           |
| 185 BERRY STREET SUITE 2000                                |  |                                      | SUPPORT                          | 100 000   |
| SAN FRANCISCO, CA 94107                                    |  |                                      |                                  | 100,000   |
|  |  |                                      |                                  |           |
| WOMEN'S FOUNDATION OF CALIFORNIA                           | N/A  | PC                                   | DR. BEATRIZ MARA SOLS            |           |
| 1301 CLAY ST. #71719                                       |  |                                      | MEMORIAL ENDOWMENT               |           |
| OAKLAND, CA 94612  |  |                                      |                                  | 50,000    |
|  |  |                                      |                                  |           |
| WOMEN'S FOUNDATION OF CALIFORNIA                           | N/A  | PC                                   | COVID-19 RECOVERY                |           |
| 1301 CLAY ST. #71719                                       |  |                                      | FUNDING FOR DOMESTIC             |           |
| OAKLAND, CA 94612  |  |                                      | VIOLENCE ORGANIZATIONS           | 1,800,000 |
| CALIFORNIA BLACK WOMEN'S HEALTH                            | N/A  | PC                                   | ANTI-VIOLENCE                    |           |
| PROJECT  |  |                                      | VENTURES: IMPLEMENTING           |           |
| 9800 S. LA CIENEGA BLVD., STE. 905                         |  |                                      | A NEW SOLUTION TO                |           |
| INGLEWOOD, CA 90301  |  |                                      | PREVENT DOMESTIC                 |           |
|  |  |                                      | VIOLENCE IN THE BLACK            | 410,000   |
| CENTER FOR YOUNG WOMEN'S DEVELOPMENT                       | N/A  | PC                                   | BUILDING THE EVIDENCE            |           |
| 832 FOLSOM STREET, SUITE 700                               |  |                                      | FOR LEADERSHIP                   |           |
| SAN FRANCISCO, CA 94107                                    |  |                                      | DEVELOPMENT OF                   |           |
|  |  |                                      | EXPLOITED GIRLS,                 |           |
|  |  |                                      | WOMEN, AND GENDER                | 150,000   |
| THE REGENTS OF THE UNIVERSITY OF                           | N/A  | PC                                   | CENSUS LEGACIES:                 |           |
| CALIFORNIA AT RIVERSIDE                                    |  |                                      | LEVERAGING CENSUS                |           |
| 245 UNIVERSITY OFFICE BUILDING                             |  |                                      | ORGANIZING NETWORKS TO           |           |
| RIVERSIDE, CA 92521-0217                                   |  |                                      | ADVANCE EQUITABLE                |           |
|  |  |                                      | POLICIES                         | 125,000   |
| WOMEN'S FOUNDATION OF CALIFORNIA                           | N/A  | PC                                   | DOMESTIC VIOLENCE                |           |
| 1301 CLAY ST. #71719                                       |  |                                      | HOUSING OPPORTUNITIES            |           |
| OAKLAND, CA 94612  |  |                                      | MEANS EVERYTHING                 |           |
|  |  |                                      | COHORT                           | 375,000   |
| Total from continuation sheets                             | _ <b>I</b>   | 1                                    |                                  | ,         |

| 3 Grants and Contributions Paid During the Ye           | ear (Continuation)   |                         |                                  |   |
|---|--|-------------------------|----------------------------------|---|
| Recipient   | If recipient is an individual,<br>show any relationship to | Foundation<br>status of | Purpose of grant or contribution | Amount                                  |
| Name and address (home or business)                     | any foundation manager<br>or substantial contributor       | recipient               | Contribution                     | rinount                                 |
| PLANNED PARENTHOOD MAR MONTE, INC.                      | N/A  | PC                      | IMPROVING                        |   |
| 1691 THE ALAMEDA  |  |                         | TWO-GENERATION PROGRAM           |   |
| SAN JOSE, CA 95126                                      |  |                         | PRACTICES AND OUTCOMES           |   |
|   |  |                         | THROUGH PARTICIPATORY            |   |
|   |  |                         | ACTION RESEARCH WITH             | 137,500                                 |
|   |  |                         |                                  |   |
| ORGANIZACION EN CALIFORNIA DE LIDERES                   | N/A  | PC                      | GENERAL OPERATING                |   |
| CAMPESINAS, INC.  |  |                         | SUPPORT                          |   |
| 319 LAMBERT ST  |  |                         |                                  |   |
| OXNARD, CA 93036  |  |                         | _                                | 100,000                                 |
|   |  |                         |                                  |   |
| SCHOLARSHIP AMERICA, INC.                               | N/A  | PC                      | SCHOLARSHIP AMERICA              |   |
| ONE SCHOLARSHIP WAY                                     | N/A  |                         | PROGRAM 2021                     |   |
| SAINT PETER, MN 56082                                   |  |                         | TROGRAM 2021                     | 75,000                                  |
|   |  |                         |                                  | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
|   |  |                         |                                  |   |
| THE CHILDREN'S PARTNERSHIP                              | N/A  | PC                      | CAPACITY BUILDING AND            |   |
| 811 WILSHIRE BOULEVARD, SUITE 1000                      |  |                         | STAFF DEVELOPMENT                |   |
| LOS ANGELES, CA 90017                                   |  |                         |                                  | 50,000                                  |
|   |  |                         |                                  |   |
| CENTER FOR EFFECTIVE PHILANTHROPY,                      | N/A  | PC                      | GENERAL OPERATING                |   |
| INC.  |  |                         | SUPPORT                          |   |
| 675 MASSACHUSETTS AVE 7TH FLOOR                         |  |                         |                                  |   |
| CAMBRIDGE, MA 02139-3309                                |  |                         |                                  | 25,000                                  |
|   |  |                         |                                  |   |
| PROJECT HOPE - THE PEOPLE-TO-PEOPLE                     | N/A  | PC                      | GENERAL OPERATING                |   |
| HEALTH FOUNDATION, INC.                                 |  |                         | SUPPORT                          |   |
| 1220 19TH STREET, NW, SUITE 800<br>WASHINGTON, DC 20036 |  |                         |                                  | 200 000                                 |
| LIFT, INC.  | N/A  | PC                      | REDUCING CURRENT AND             | 200,000                                 |
| 1910 MAGNOLIA AVE, STE 400                              | N/A  | FC                      | FUTURE DOMESTIC                  |   |
| LOS ANGELES, CA 90007                                   |  |                         | VIOLENCE THROUGH                 |   |
|   |  |                         | INCREASED FINANCIAL              |   |
|   |  |                         | STABILITY FOR                    | 150,000                                 |
| EAST LOS ANGELES WOMEN'S CENTER                         | N/A  | PC                      | IMPROVING                        | 100,000                                 |
| 1431 S ATLANTIC BLVD                                    | .,   |                         | INTERGENERATIONAL,               |   |
| LOS ANGELES, CA 90022-5011                              |  |                         | CULTURALLY RESPONSIVE            |   |
| ,,  |  |                         | LATINX FAMILY-BASED              |   |
|   |  |                         | INTERVENTION TO                  | 150,000                                 |
|   |  |                         |                                  |   |
|   |  |                         |                                  |   |
| ROADTRIP NATION, LTD.                                   | N/A  | PC                      | FUTURE OF PUBLIC                 |   |
| 1626 PLACENTIA AVE                                      |  |                         | HEALTH WORKFORCE                 |   |
| COSTA MESA, CA 92627                                    |  |                         | DOCUMENTARY                      | 150,000                                 |
| NDN COLLECTIVE, INC.                                    | N/A  | PC                      | SUPPORTING CALIFORNIA            |   |
| 317 MAIN STREET #1                                      |  |                         | INDIGENOUS COMMUNITIES           |   |
| RAPID CITY, SD 57701                                    |  |                         | TO ADDRESS THE IMPACTS           |   |
|   |  |                         | OF COVID-19 THROUGH              |   |
|   | 1  |                         | SYSTEMS CHANGE                   | 300,000                                 |

Amount

Purpose of grant or contribution

GRANTMAKERS FOR GIRLS

| Part XIV Supplementary Information  |   |                        |
|---|---|------------------------|
| 3 Grants and Contributions Paid During the Ye                               | ar (Continuation)                                       |                        |
| Recipient   | If recipient is an individual, show any relationship to | Foundation             |
| Name and address (home or business)   | any foundation manager<br>or substantial contributor    | status of<br>recipient |
| ROCKEFELLER PHILANTHROPY ADVISORS,<br>INC.<br>6 WEST 48TH STREET 10TH FLOOR | N/A   | PC                     |

| INC.                                 |     |    | OF COLOR - LOVE IS     |          |
|--------------------------------------|-----|----|------------------------|----------|
| 6 WEST 48TH STREET 10TH FLOOR        |     |    | HEALING COVID-19 FUND  |          |
| NEW YORK, NY 10036                   |     |    |                        | 200,000. |
|                                      |     |    |                        |          |
| CALIFORNIA CHILDREN AND FAMILIES     | N/A | PC | ESTABLISHING A HOME    |          |
| FOUNDATION INC.                      |     |    | VISITING LEARNING AND  |          |
| 1115 ATLANTIC AVE                    |     |    | INNOVATION PRACTICE    |          |
| ALAMEDA, CA 94501                    |     |    | HUB IN CALIFORNIA      | 200,000. |
|                                      |     |    |                        |          |
| CALIFORNIA RURAL LEGAL ASSISTANCE    | N/A | PC | GENERAL OPERATING      |          |
| FOUNDATION, INC.                     |     |    | SUPPORT                |          |
| 2210 K STREET STE 201                |     |    |                        |          |
| SACRAMENTO, CA 95816-4954            |     |    |                        | 150,000. |
|                                      |     |    |                        |          |
|                                      |     |    |                        |          |
| INTERNATIONAL RESCUE COMMITTEE       | N/A | PC | STEPS TO FAMILY CHILD  |          |
| 5348 UNIVERSITY AVENUE SUITE 205     |     |    | CARE SUCCESS           |          |
| SAN DIEGO, CA 92105                  |     |    |                        | 232,236. |
|                                      |     |    |                        |          |
|                                      |     |    |                        |          |
| SAN FRANCISCO STUDY CENTER           | N/A | PC | COMMUNITY WELL-BEING   |          |
| 1663 MISSION ST #310,                |     |    | NEWS AND INFORMATION   |          |
| SAN FRANCISCO, CA 94103              |     |    |                        | 100,000. |
|                                      |     |    |                        |          |
|                                      |     |    |                        |          |
| SAN FRANCISCO STUDY CENTER           | N/A | PC | INFRASTRUCTURE         |          |
| 1663 MISSION ST #310,                |     |    | DEVELOPMENT FOR ETHNIC |          |
| SAN FRANCISCO, CA 94103              |     |    | MEDIA SERVICES         | 425,000. |
|                                      |     |    |                        |          |
| THE FULLER PROJECT FOR INTERNATIONAL | N/A | PC | DOMESTIC VIOLENCE      |          |
| REPORTING                            |     |    | JOURNALISM IN          |          |
| 712 H ST NE, PMB 37                  |     |    | CALIFORNIA             |          |
| WASHINGTON D.C., DC 20002            |     |    |                        | 250,000. |
| THE REGENTS OF THE UNIVERSITY OF     | N/A | PC | BLUEPRINT FOR          |          |
| CALIFORNIA, BERKELEY                 |     |    | BELONGING REGIONAL     |          |
| C/O SPONSORED PROJECTS OFFICE, 1608  |     |    | NARRATIVES             |          |
| FOURTH ST, STE 220, MAIL CODE 5940   |     |    |                        |          |
| BERKELEY, CA 94710-1749              |     |    |                        | 500,000. |
| THE REGENTS OF THE UNIVERSITY OF     | N/A | PC | RESEARCHING THE        |          |
| CALIFORNIA, SAN FRANCISCO            |     |    | RELATIONSHIP BETWEEN   |          |
| 490 ILLINOIS STREET, 4TH FLOOR BOX   |     |    | DOMESTIC VIOLENCE AND  |          |
| 0962 SAN FRANCISCO, CA 94143-0962    |     |    | HOMELESSNESS ACROSS    |          |
| ,                                    |     |    | CALIFORNIA             | 500,000. |
|                                      |     |    |                        | ,        |
|                                      |     |    |                        |          |
| WESTERN CENTER ON LAW & POVERTY INC. | N/A | PC | GENERAL OPERATING      |          |
|                                      |     |    |                        |          |

Total from continuation sheets

LOS ANGELES, CA 90010-2826

3701 WILSHIRE BLVD., SUITE 208

123631 11-18-21

275,000.

SUPPORT

| 3 Grants and Contributions Paid During the Y | ear (Continuation)   |                         |                                  |            |
|--|--|-------------------------|----------------------------------|------------|
| Recipient                                    | If recipient is an individual,<br>show any relationship to | Foundation<br>status of | Purpose of grant or contribution | Amount     |
| Name and address (home or business)          | any foundation manager<br>or substantial contributor       | recipient               | Contribution                     | , into ant |
|  |  |                         |                                  |            |
| BLUE CROSS BLUE SHIELD OF                    | N/A  | PF                      | THE HEALTH JOURNALISM            |            |
| MASSACHUSETTS FOUNDATION                     |  |                         | FELLOWSHIP                       |            |
| 101 HUNTINGTON AVENUE, SUITE 1300            |  |                         |                                  |            |
| BOSTON, MA 02199-7611                        |  |                         |                                  | 40,00      |
| BLUE CROSS BLUE SHIELD OF                    | N/A  | PF                      | CALIFORNIA                       |            |
| MASSACHUSETTS FOUNDATION                     |  |                         | PARTICIPATION IN THE             |            |
| 101 HUNTINGTON AVENUE, SUITE 1300            |  |                         | HEALTH COVERAGE                  |            |
| BOSTON, MA 02199-7611                        |  |                         | FELLOWSHIP                       | 40,00      |
| · · ·  |  |                         |                                  |            |
| CENTRO BINACIONAL PARA EL DESARROLLO         | N/A  | PC                      | GENERAL OPERATING                |            |
| INDIGENA OAXAQUEO                            |  |                         | SUPPORT                          |            |
| 744 N ABBY STREET                            |  |                         |                                  |            |
| FRESNO, CA 93701                             |  |                         |                                  | 100,00     |
|  |  |                         |                                  |            |
| GOLDEN STATE OPPORTUNITY                     | N/A  | PC                      | GENERAL OPERATING                |            |
| 345 CALIFORNIA STREET, #600                  |  |                         | SUPPORT                          |            |
| SAN FRANCISCO, CA 94104                      |  |                         |                                  | 150,00     |
| · · · ·                                      |  |                         |                                  | ·          |
| WALKING TOTO MODIA ING                       |  | Da                      | ACTAN AMERICAN RACIETO           |            |
| WALKING IRIS MEDIA, INC                      | N/A  | PC                      | ASIAN AMERICAN PACIFIC           |            |
| 2263 15TH ST                                 |  |                         | ISLANDER SOLIDARITY              |            |
| SAN FRANCISCO, CA 94114                      |  |                         | CAMPAIGN                         | 50,00      |
|  |  |                         |                                  |            |
| DE BEAUMONT FOUNDATION                       | N/A  | PF                      | BUILD HEALTH CHALLENGE           |            |
| 7501 WISCONSIN AVE., SUITE 1310E             |  |                         | LISTENING TOUR                   |            |
| BETHESDA, MD 20814                           |  |                         |                                  | 100,00     |
|  |  |                         |                                  |            |
| MANATT                                       | N/A  | NC                      | CARING FOR THE WHOLE             |            |
| 2049 CENTURY PARK EAST SUITE 1700            |  |                         | CHILD CONVENING                  |            |
| LOS ANGELES, CA 90067                        |  |                         |                                  | 50,00      |
| CITY AND COUNTY OF SAN FRANCISCO             | N/A  | GOV                     | LEVERAGING                       |            |
| 25 VAN NESS AVENUE                           |  |                         | COLLABORATION TO END             |            |
| SAN FRANCISCO, CA 94102                      |  |                         | DOMESTIC VIOLENCE:               |            |
|  |  |                         | SUSTAINABILITY                   |            |
|  |  |                         | PLANNING AND TESTING             | 300,00     |
| COUNTY OF CONTRA COSTA                       | N/A  | GOV                     | LEVERAGING                       |            |
| 40 DOUGLAS DRIVE                             |  |                         | COLLABORATION TO END             |            |
| MARTINEZ, CA 94553-4068                      |  |                         | DOMESTIC VIOLENCE:               |            |
|  |  |                         | TESTING COMMUNITY                |            |
|  |  |                         | DEVELOPED PREVENTION             | 300,00     |
|  | NI / A   | GOV                     | עני היוס דחד ה עספגי             |            |
| DELANO UNION ELEMENTARY SCHOOL               | N/A  | GOV                     | LARRY D. ITLIONG DAY             |            |
| DISTRICT                                     |  |                         | MURAL AND CONTEST                |            |
| 1405 12TH AVE.                               |  |                         | SUPPORT                          | 4 4 . 0 0  |
| DELANO, CA 93215                             |  |                         |                                  | 14,09      |

Amount

300,000.

150,000.

159,000.

300,000.

| DBA BLUE                                  | 94  |                        |                     |
|---|---|------------------------|---------------------|
| Part XIV Supplementary Informat           | ion   |                        |                     |
| 3 Grants and Contributions Paid During th | e Year (Continuation)                                   |                        |                     |
| Recipient                                 | If recipient is an individual, show any relationship to | Foundation             | Purpose of grant or |
| Name and address (home or business)       | any foundation manager<br>or substantial contributor    | status of<br>recipient | contribution        |
| WEAVE, INC.                               | N/A   | PC                     | LEVERAGING          |
| 1900 K STREET                             |   |                        | COLLABORATION TO E  |
| SACRAMENTO, CA 95811                      |   |                        | DOMESTIC VIOLENCE:  |
|   |   |                        | TESTING COMMUNITY   |
|   |   |                        | DEVELOPED HEALING   |
| WEAVE, INC.                               | N/A   | PC                     | SHIFTING THE CULTU  |
| 1900 K STREET                             |   |                        | OF DOMESTIC VIOLEN  |
| SACRAMENTO, CA 95811                      |   |                        | RESIDENTIAL SERVIC  |
|   |   |                        | TO A STRENGTHS MOD  |
|   |   |                        | TO IMPROVE PROTECT  |
|   |   |                        |                     |
| COUNTY OF LOS ANGELES - DEPARTMENT        | OF N/A  | GOV                    | COMMUNITY EDUCATIO  |
| CONSUMER & BUSINESS AFFAIRS               |   |                        | OUTREACH TO IMMIGE  |
| 500 W TEMPLE ST, ROOM B-96                |   |                        | ESSENTIAL WORKERS   |
| LOS ANGELES, CA 90012                     |   |                        | LOS ANGELES COUNTY  |

N/A

CONTRA COSTA FAMILY JUSTICE CENTER ALLIANCE 256 24TH STREET RICHMOND, CA 94804 380,000.

PC

| <br> |  |
|------|--|

123631 11-18-21

CALIFORNIA COMMON CAUSE

LOS ANGELES, CA 90013

453 S SPRING ST.

LIFTING UP COMMUNITY

VOICES IN THE LOCAL

REDISTRICTING PROCESS

| 3 Grants and Contributions Approved for Fut | ure Payment (Continuation)                              |                        |                                     |           |
|---|---|------------------------|-------------------------------------|-----------|
| Recipient                                   | If recipient is an individual, show any relationship to | Foundation             | Purpose of grant or contribution    | Amount    |
| Name and address (home or business)         | any foundation manager<br>or substantial contributor    | status of<br>recipient | Contribution                        | Amount    |
| SBCS CORPORATION                            | N/A   | PC                     | EVALUATING THE MI                   |           |
| 430 F STREET                                |   |                        | ESCUELITA THERAPEUTIC               |           |
| CHULA VISTA, CA 91910                       |   |                        | PRESCHOOL PROGRAM                   | 146,000   |
| PREVENTION INSTITUTE                        | N/A   | PC                     | SAFETY THROUGH                      |           |
| 221 OAK STREET                              |   |                        | CONNECTION: CONTINUING              |           |
| OAKLAND, CA 94607                           |   |                        | TO ADVANCE POLICIES                 |           |
|   |   |                        | AND STRATEGIES TO                   | 1 500 000 |
|   |   |                        | TRANSFORM SYSTEMS THAT              | 1,500,000 |
| VISION Y COMPROMISO                         | N/A   | PC                     | IMPLEMENTING AND                    |           |
| 15808 HESPERIAN BOULEVARD                   |   |                        | EVALUATING THE FAMILY,              |           |
| SAN LORENZO, CA 94580                       |   |                        | FRIEND, AND NEIGHBOR                |           |
|   |   |                        | CAREGIVERS PROJECT                  | 130,000   |
|   |   |                        |                                     |           |
| EAST LOS ANGELES WOMEN'S CENTER             | N/A   | PC                     | IMPLEMENTING AND                    |           |
| 1431 S ATLANTIC BLVD                        |   |                        | EVALUATING THE                      |           |
| LOS ANGELES, CA 90022-5011                  |   |                        | NURTURING PARENTING                 | 141 500   |
| THE FOD GUANCE FOUNDATION                   | NT / 3  | Da                     | PROGRAM                             | 141,500   |
| TIME FOR CHANGE FOUNDATION                  | N/A   | PC                     | IMPLEMENTING AND                    |           |
| PO BOX 25040                                |   |                        | EVALUATING THE                      |           |
| SAN BERNARDINO, CA 92406                    |   |                        | POSITIVE FAMILY<br>FUTURES AND      |           |
|   |   |                        | REUNIFICATION PROGRAM               | 145,700   |
| CALMATTERS                                  | N/A   | PC                     | CALIFORNIA DIVIDE                   | 110,700   |
| 1017 L STREET #261                          |   |                        | PROJECT WITH FOCUS ON               |           |
| SACRAMENTO, CA 95814                        |   |                        | ECONOMIC SECURITY AND               |           |
|   |   |                        | MOBILITY ISSUES FOR                 |           |
|   |   |                        | CALIFORNIANS WITH LOW               | 400,000   |
| THE FULLER PROJECT FOR INTERNATIONAL        | N/A   | PC                     | REPORTING ON ECONOMIC               |           |
| REPORTING                                   |   |                        | SECURITY AND MOBILITY               |           |
| 712 H ST NE, PMB 37                         |   |                        | ISSUES IN CALIFORNIA                |           |
| WASHINGTON D.C., DC 20002                   |   |                        | THROUGH A GENDER                    |           |
|   |   |                        | EQUITY LENS                         | 500,000   |
|   | N/A   | PC                     |                                     |           |
| LIFT, INC.<br>1910 MAGNOLIA AVE, STE 400    | N/A   | rc                     | EVALUATION OF<br>FINANCIAL COACHING |           |
| LOS ANGELES, CA 90007                       |   |                        | MODEL FOR ECONOMIC                  |           |
| ICS ANGELES, CA JUUUT                       |   |                        | SECURITY                            | 150,000   |
|   |   |                        | DECORITI                            | 150,000   |
|   |   |                        |                                     |           |
| CHILDREN'S COUNCIL OF SAN FRANCISCO         | N/A   | PC                     | FAMILY CHILD CARE                   |           |
| 445 CHURCH STREET                           |   |                        | BUSINESS INCUBATOR                  |           |
| SAN FRANCISCO, CA 94114                     |   |                        | EXPANSION                           | 300,000   |
|   |   |                        |                                     |           |
| PLANNED PARENTHOOD MAR MONTE, INC.          | N/A   | PC                     | EVALUATING THE TEEN                 |           |
| 1691 THE ALAMEDA                            |   | 1.0                    | PARENT SUPPORT PROGRAM              |           |
| SAN JOSE, CA 95126                          |   |                        |                                     | 149,880   |
| Total from continuation sheets              | - 1   | 1                      |                                     | 9,917,322 |

| 3 Grants and Contributions Approved for Futu | re Payment (Continuation)                                  | 1                      |   |         |
|--|--|------------------------|---|---------|
| Recipient                                    | If recipient is an individual,<br>show any relationship to | Foundation             | Purpose of grant or contribution              | Amount  |
| Name and address (home or business)          | any foundation manager<br>or substantial contributor       | status of<br>recipient | Contribution                                  | Amount  |
|  |  |                        |   |         |
| PUBLIC HEALTH ADVOCATES                      | N/A  | PC                     | GENERAL OPERATING                             |         |
| P.O. BOX 2309                                |  |                        | SUPPORT                                       |         |
| DAVIS, CA 95617                              |  |                        |   | 550,000 |
| ACADEMY HEALTH                               | N/A  | PC                     | 2022 HEALTH                                   |         |
| 1666 K STREET, NW SUITE 1100                 |  |                        | DATAPALOOZA AND                               |         |
| WASHINGTON, DC 20006                         |  |                        | NATIONAL HEALTH POLICY                        |         |
|  |  |                        | CONFERENCE                                    | 35,000  |
|  |  |                        |   |         |
| THE ASPEN INSTITUTE                          | N/A  | PC                     | WOMEN IN THE ECONOMY                          |         |
| 2300 N STREET NW, SUITE 700                  |  |                        | (WE) PROJECT                                  |         |
| WASHINGTON, DC 20037                         |  |                        |   | 50,000  |
| TIDES CENTER                                 | N/A  | PC                     | SOLUTIONS-DRIVEN AND                          |         |
| P.O. BOX 29907                               |  |                        | COMMUNITY-BASED                               |         |
| SAN FRANCISCO, CA 94129                      |  |                        | REPORTING ON DOMESTIC                         |         |
|  |  |                        | VIOLENCE AS A HEALTHY                         |         |
|  |  |                        | EQUITY ISSUE IN                               | 265,000 |
| COMMUNITY PARTNERS                           | N/A  | PC                     | EVALUATION OF THE                             |         |
| 1000 N. ALAMEDA STREET; SUITE 240            |  |                        | COLLECTIVE HEALING AND                        |         |
| LOS ANGELES, CA 90012-1804                   |  |                        | TRANSFORMATION (CHAT)                         |         |
|  |  |                        | PROJECT TO ADDRESS                            |         |
|  |  |                        | DOMESTIC VIOLENCE IN                          | 320,000 |
| CENTER FOR YOUNG WOMEN'S DEVELOPMENT         | N/A  | PC                     | EVALUATING SURVIVOR                           |         |
| 832 FOLSOM STREET, SUITE 700                 |  |                        | LEADERSHIP DEVELOPMENT                        |         |
| SAN FRANCISCO, CA 94107                      |  |                        | AND ORGANIZING MODEL                          |         |
|  |  |                        | FOR GIRLS, WOMEN, AND<br>GENDER NONCONFORMING | 143,300 |
|  | NT / 3   | PC                     | EVALUATING THE                                |         |
| SAFE & SOUND<br>1757 WALLER STREET           | N/A  | FC                     | INTEGRATED CHILDREN                           |         |
| SAN FRANCISCO, CA 94117                      |  |                        | AND FAMILY SERVICES                           |         |
|  |  |                        | PROGRAM                                       | 154,139 |
| MUJERES UNIDAS Y ACTIVAS                     | N/A  | PC                     | EVALUATING THE                                |         |
| 3543 18TH ST, #23                            | .,   |                        | IMMIGRANT SURVIVOR                            |         |
| SAN FRANCISCO, CA 94110-1684                 |  |                        | LEADERSHIP DEVELOPMENT                        |         |
|  |  |                        | PROGRAM                                       | 156,803 |
| BLACK EMOTIONAL AND MENTAL HEALTH            | N/A  | PC                     | EVALUATING THE BLACK                          |         |
| COLLECTIVE                                   | .,   |                        | MASCULINITY REIMAGINED                        |         |
| P.O BOX #702                                 |  |                        | PROGRAM                                       |         |
| CULVER CITY, CA 90232                        |  |                        |   | 120,000 |
| PUBLIC HEALTH FOUNDATION ENTERPRISES,        | N/A  | PC                     | ONLINE IMPLEMENTATION                         |         |
| INC.   | [  |                        | OF THE EQUITY IN                              |         |
| 13300 CROSSROADS PARKWAY NORTH, SUITE        |  |                        | MULTISECTOR                                   |         |
| 450 CITY OF INDUSTRY, CA 91746               |  |                        | COLLABORATION TOOLKIT                         | 300,000 |
| Total from continuation sheets               | 1  | 1                      |   | ,       |

|  | DBA | BLUE | SHIELD | OF | CALIFORNIA | FDN |  |
|--|-----|------|--------|----|------------|-----|--|
|--|-----|------|--------|----|------------|-----|--|

| Part XIV Supplementary Informatio   | n  |                                      |   |           |
|---|--|--------------------------------------|---|-----------|
|   |  |                                      |   |           |
| 3 Grants and Contributions Approved for Fu  | If recipient is an individual,   |                                      |   |           |
| Recipient Name and address (home or business)   | show any relationship to<br>any foundation manager<br>or substantial contributor | Foundation<br>status of<br>recipient | Purpose of grant or contribution  | Amount    |
| PUBLIC HEALTH INSTITUTE<br>555 12TH STREET, SUITE 290<br>OAKLAND, CA 94607-3601                           | N/A  | PC                                   | GENERAL OPERATING<br>SUPPORT FOR THE<br>CALIFORNIA ALLIANCE<br>FOR PREVENTION FUNDING     | 300,000   |
| PUBLIC HEALTH INSTITUTE<br>555 12TH STREET, SUITE 290<br>OAKLAND, CA 94607-3601                           | N/A  | PC                                   | GENERAL OPERATING<br>SUPPORT FOR THE PUBLIC<br>HEALTH ALLIANCE OF<br>SOUTHERN CALIFORNIA  | 500,000   |
| CALIFORNIA STATE UNIVERSITY FRESNO<br>FOUNDATION<br>1625 E SHAW AVE #146<br>FRESNO, CA 93710              | N/A  | PC                                   | GENERAL OPERATING<br>SUPPORT FOR THE SAN<br>JOAQUIN VALLEY PUBLIC<br>HEALTH CONSORTIUM    | 400,000   |
| TIDES CENTER<br>P.O. BOX 29907<br>SAN FRANCISCO, CA 94129   | N/A  | PC                                   | GENERAL OPERATING<br>SUPPORT FOR THE BAY<br>AREA REGIONAL HEALTH<br>INEQUITIES INITIATIVE | 500,000   |
| CONTRA COSTA FAMILY JUSTICE CENTER<br>ALLIANCE<br>256 24TH STREET<br>RICHMOND, CA 94804                   | N/A  | PC                                   | COMMUNITY RESTORATIVE<br>JUSTICE SOLUTIONS  | 560,000   |
| SILICON VALLEY COMMUNITY FOUNDATION<br>2440 WEST EL CAMINO REAL SUITE 300<br>MOUNTAIN VIEW, CA 94040-1498 | N/A  | PC                                   | CALIFORNIA BLACK<br>FREEDOM FUND  | 2,000,000 |
|   |  |                                      |   |           |
|   |  |                                      |   |           |
|   |  |                                      |   |           |
|   |  |                                      |   |           |

Total from continuation sheets

#### Part XIV Supplementary Information

3a Grants and Contributions Paid During the Year Continuation of Purpose of Grant or Contribution

NAME OF RECIPIENT - SOCIAL GOOD FUND

#### HISTORY REIMAGINED: CONNECTING YOUTH WITH FAMILY HISTORY TO PREVENT

DOMESTIC VIOLENCE ACROSS GENERATIONS

NAME OF RECIPIENT - ALLIANCE FOR COMMUNITY TRANSFORMATIONS

LEVERAGING COLLABORATION TO END DOMESTIC VIOLENCE: SUSTAINABILITY

PLANNING AND TESTING CULTURE CHANGE PREVENTION STRATEGIES IN

CALIFORNIA'S HMONG COMMUNITY

NAME OF RECIPIENT - MUJERES UNIDAS Y ACTIVAS

BUILDING EVIDENCE FOR LATINA LEADERSHIP DEVELOPMENT TO BREAK THE CYCLE

OF VIOLENCE IN SAN FRANCISCO AND ALAMEDA COUNTIES

NAME OF RECIPIENT - TIME FOR CHANGE FOUNDATION

DISRUPTING MULTIGENERATIONAL VIOLENCE FOR HOMELESS AND FORMERLY

INCARCERATED WOMEN AND THEIR CHILDREN THROUGH THE POSITIVE FAMILY

FUTURES AND REUNIFICATION PROGRAM IN SAN BERNARDINO COUNTY

NAME OF RECIPIENT - VISION Y COMPROMISO

ENHANCING TWO-GENERATION APPROACHES THAT PREVENT VIOLENCE THROUGH THE

FAMILY, FRIENDS, NEIGHBORS, AND CAREGIVERS PROGRAM

NAME OF RECIPIENT - BLACK EMOTIONAL AND MENTAL HEALTH COLLECTIVE

ADDRESSING ROOT CAUSES OF VIOLENCE OF VIOLENCE AGAINST WOMEN IN AFRICAN

AMERICAN COMMUNITIES IN LOS ANGELES AND INLAND EMPIRE

NAME OF RECIPIENT - PUBLIC HEALTH INSTITUTE

HEALTH IN ALL POLICIES: DEEPENING A RACIAL EQUITY AND DOMESTIC VIOLENCE

# DBA BLUE SHIELD OF CALIFORNIA FDN Part XIV Supplementary Information

3a Grants and Contributions Paid During the Year Continuation of Purpose of Grant or Contribution

PREVENTION FOCUS ACROSS STATE AGENCIES

NAME OF RECIPIENT - SBCS CORPORATION

LEVERAGING COLLABORATION TO END DOMESTIC VIOLENCE: SUSTAINABILITY

PLANNING AND TESTING NORMS AND CULTURE CHANGE PREVENTION STRATEGIES IN

SAN YSIDRO

NAME OF RECIPIENT - PUBLIC HEALTH INSTITUTE

LEVERAGING COLLABORATION TO END DOMESTIC VIOLENCE: IMPLEMENTING THE

SELF-HEALING COMMUNITIES FRAMEWORK IN THE NORTHERN CALIFORNIA ADVERSE

CHILDHOOD EXPERIENCES (ACES) COLLABORATIVE

NAME OF RECIPIENT - SOUTHERN CALIFORNIA GRANTMAKERS

PROMOTING COMMUNITY PARTICIPATION IN REDISTRICTING TO SUPPORT HEALTHY

COMMUNITIES ACROSS CALIFORNIA

NAME OF RECIPIENT - SBCS CORPORATION

IMPROVING EARLY CHILDHOOD DEVELOPMENT THROUGH A THERAPEUTIC PRESCHOOL

IN CHULA VISTA FOR CHILDREN EXPOSED TO FAMILY VIOLENCE IN CHULA

VISTA.

NAME OF RECIPIENT - SAFE & SOUND

IMPROVING PROTECTIVE FACTORS FOR AT-RISK FAMILIES THROUGH THE

INTEGRATED CHILDREN AND FAMILY SERVICES MODEL IN SAN FRANCISCO

NAME OF RECIPIENT - PREVENTION INSTITUTE

SAFETY THROUGH CONNECTION: IMPLEMENTING AND SUSTAINING DOMESTIC

VIOLENCE PREVENTION IN COLLABORATIVES

#### 94-2822302

#### Part XIV Supplementary Information

3a Grants and Contributions Paid During the Year Continuation of Purpose of Grant or Contribution

NAME OF RECIPIENT - CHILDRENS INSTITUTE, INC.

ASSESSING EARLY CHILDHOOD AND FAMILY PROTECTIVE FACTORS THROUGH A MODEL

OF ENHANCED HEAD START-TWO GENERATION SERVICES TO PREVENT DOMESTIC

VIOLENCE IN SOUTH LOS ANGELES

NAME OF RECIPIENT - CALIFORNIA BLACK WOMEN'S HEALTH PROJECT

ANTI-VIOLENCE VENTURES: IMPLEMENTING A NEW SOLUTION TO PREVENT DOMESTIC

VIOLENCE IN THE BLACK COMMUNITY

NAME OF RECIPIENT - CENTER FOR YOUNG WOMEN'S DEVELOPMENT

BUILDING THE EVIDENCE FOR LEADERSHIP DEVELOPMENT OF EXPLOITED GIRLS,

WOMEN, AND GENDER NONCONFORMING PEOPLE OF COLOR TO BREAK THE CYCLE OF

INTIMATE PARTNER VIOLENCE IN SAN FRANCISCO

NAME OF RECIPIENT - PLANNED PARENTHOOD MAR MONTE, INC.

IMPROVING TWO-GENERATION PROGRAM PRACTICES AND OUTCOMES THROUGH

PARTICIPATORY ACTION RESEARCH WITH PARTICIPANTS OF PLANNED PARENTHOOD

MAR MONTE TEEN PARENT SUPPORT PROGRAM IN SANTA CLARA COUNTY

NAME OF RECIPIENT - LIFT, INC.

REDUCING CURRENT AND FUTURE DOMESTIC VIOLENCE THROUGH INCREASED

FINANCIAL STABILITY FOR PICO-UNION NEIGHBORHOOD FAMILIES OF LOS ANGELES

NAME OF RECIPIENT - EAST LOS ANGELES WOMEN'S CENTER

IMPROVING INTERGENERATIONAL, CULTURALLY RESPONSIVE LATINX FAMILY-BASED

INTERVENTION TO PREVENT DOMESTIC VIOLENCE IN EAST LOS ANGELES

# Supplementary Information

3a Grants and Contributions Paid During the Year Continuation of Purpose of Grant or Contribution

NAME OF RECIPIENT - CITY AND COUNTY OF SAN FRANCISCO

LEVERAGING COLLABORATION TO END DOMESTIC VIOLENCE: SUSTAINABILITY

PLANNING AND TESTING COMMUNITY DEVELOPED PREVENTION STRATEGIES IN SAN

FRANCISCO

Part XIV

NAME OF RECIPIENT - COUNTY OF CONTRA COSTA

LEVERAGING COLLABORATION TO END DOMESTIC VIOLENCE: TESTING COMMUNITY

DEVELOPED PREVENTION STRATEGIES IN CONTRA COSTA COUNTY

NAME OF RECIPIENT - WEAVE, INC.

LEVERAGING COLLABORATION TO END DOMESTIC VIOLENCE: TESTING COMMUNITY

DEVELOPED HEALING PREVENTION STRATEGIES IN SOUTH SACRAMENTO

NAME OF RECIPIENT - WEAVE, INC.

SHIFTING THE CULTURE OF DOMESTIC VIOLENCE RESIDENTIAL SERVICES TO A

STRENGTHS MODEL TO IMPROVE PROTECTIVE FACTORS FOR SURVIVORS AND THEIR

CHILDREN IN SACRAMENTO COUNTY

#### Part XIV Supplementary Information

3b Grants and Contributions Approved for Future Payment Continuation of Purpose of Grant or Contribution

NAME OF RECIPIENT - CHILDRENS INSTITUTE, INC.

EVALUATING TWO-GEN RESILIENCY, ACADEMICS, INCOME, SOCIAL SUPPORT,

ENHANCED (2-RAISE), A TWO-GENERATION HEAD START PROGRAM

NAME OF RECIPIENT - PREVENTION INSTITUTE

SAFETY THROUGH CONNECTION: CONTINUING TO ADVANCE POLICIES AND

STRATEGIES TO TRANSFORM SYSTEMS THAT PREVENT DOMESTIC VIOLENCE IN

COMMUNITIES

NAME OF RECIPIENT - CALMATTERS

CALIFORNIA DIVIDE PROJECT WITH FOCUS ON ECONOMIC SECURITY AND MOBILITY

ISSUES FOR CALIFORNIANS WITH LOW INCOMES

NAME OF RECIPIENT - TIDES CENTER

SOLUTIONS-DRIVEN AND COMMUNITY-BASED REPORTING ON DOMESTIC VIOLENCE AS

A HEALTHY EQUITY ISSUE IN CALIFORNIA

NAME OF RECIPIENT - COMMUNITY PARTNERS

EVALUATION OF THE COLLECTIVE HEALING AND TRANSFORMATION (CHAT) PROJECT

TO ADDRESS DOMESTIC VIOLENCE IN CONTRA COSTA COUNTY

NAME OF RECIPIENT - CENTER FOR YOUNG WOMEN'S DEVELOPMENT

EVALUATING SURVIVOR LEADERSHIP DEVELOPMENT AND ORGANIZING MODEL FOR

GIRLS, WOMEN, AND GENDER NONCONFORMING PEOPLE OF COLOR

## Schedule B

## (Form 990)

Department of the Treasury Internal Revenue Service

## Schedule of Contributors

► Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

202<sup>.</sup>

Employer identification number

| Name of the organization           | Employer identification n |
|------------------------------------|---------------------------|
| CALIFORNIA PHYSICIANS' SERVICE FDN |                           |
| DBA BLUE SHIELD OF CALIFORNIA FDN  | 94-2822302                |
| Organization type (check one):     |                           |

| Filers of:         | Section:   |
|--------------------|--|
| Form 990 or 990-EZ | 501(c)( ) (enter number) organization  |
|                    | 4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation |
|                    | 527 political organization   |
| Form 990-PF        | X 501(c)(3) exempt private foundation  |
|                    | 4947(a)(1) nonexempt charitable trust treated as a private foundation            |
|                    | 501(c)(3) taxable private foundation   |

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

### General Rule

X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

### Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

|            | B (Form 990) (2021)   |                                | Page <b>2</b>  |
|------------|---|--------------------------------|--|
|            | rganization<br>NIA PHYSICIANS' SERVICE FDN                                  | Employer identification number |  |
|            | E SHIELD OF CALIFORNIA FDN  | 94-2822302                     |  |
| Part I     | Contributors (see instructions). Use duplicate copies of Part I if addition | nal space is needed.           |  |
| (a)        | (b)   | (c)                            | (d)  |
| No.        | Name, address, and ZIP + 4  | Total contribution             | ns Type of contribution  |
| 1          | BLUE SHIELD OF CALIFORNIA<br>601 12TH STREET                                | _ \$37,000,                    | (Complete Part II for  |
|            | OAKLAND, CA 94607   | -                              | noncash contributions.)  |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributio       | (d)<br>ns Type of contribution   |
|            |   | -  <br>_ \$                    | Person       Image: Complete Part II for noncash contributions.)   |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributio       | (d)<br>ns Type of contribution   |
|            |   | _ \$                           | Person       Payroll         Payroll       Noncash         (Complete Part II for noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contribution      | (d)<br>ns Type of contribution   |
|            |   | - \$\$                         | Person Payroll Noncash (Complete Part II for noncash contributions.)                                     |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributio       | (d)<br>ns Type of contribution   |
|            |   | -  <br>_ \$                    | Person<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.)                         |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contribution      | (d)<br>ns Type of contribution   |
|            |   | _ \$                           | Person Payroll Noncash (Complete Part II for noncash contributions.)                                     |

Schedule B (Form 990) (2021)

19130714 701245 105792

|                              | 3 (Form 990) (2021)   |   | Page <b>3</b>                |
|------------------------------|---|---|------------------------------|
|                              | rganization   | Employer identification number                |                              |
|                              | IIA PHYSICIANS' SERVICE FDN<br>SHIELD OF CALIFORNIA FDN           | 94-2822302                                    |                              |
| Part II                      | Noncash Property (see instructions). Use duplicate copies of Part | Il if additional space is needed              | I.                           |
| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given                      | (c)<br>FMV (or estimate<br>(See instructions. |                              |
|                              | STOCK DONATION  |   |                              |
| 1                            |   |   |                              |
|                              |   | \$37,000,                                     | 178. 12/14/21                |
| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given                      | (c)<br>FMV (or estimate<br>(See instructions. |                              |
|                              |   | _   |                              |
|                              |   | \$  |                              |
| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given                      | (c)<br>FMV (or estimate<br>(See instructions) |                              |
|                              |   | —   |                              |
|                              |   | \$  |                              |
| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given                      | (c)<br>FMV (or estimate<br>(See instructions. |                              |
|                              |   |   |                              |
|                              |   | \$  |                              |
| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given                      | (c)<br>FMV (or estimate<br>(See instructions. |                              |
|                              |   |   |                              |
|                              |   | \$  |                              |
| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given                      | (c)<br>FMV (or estimate<br>(See instructions) |                              |
|                              |   |   |                              |
|                              |   |   |                              |
| 123453 11-11                 | -21   | \$  | Schedule B (Form 990) (2021) |

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| Schedule E                | 3 (Form 990) (2021)   |  |                     |                    | Page 4                         |
|---------------------------|---|--|---------------------|--------------------|--------------------------------|
| Name of or                | -   |  |                     |                    | Employer identification number |
|                           | IA PHYSICIANS' SERVICE FDN  |  |                     |                    | 04 2822202                     |
| Part III                  | SHIELD OF CALIFORNIA FDN<br>Exclusively religious, charitable, etc., contribut<br>from any one contributor. Complete columns (a<br>completing Part III, enter the total of exclusively religious,<br>Use duplicate copies of Part III if additional | ) through (e) and the followi charitable, etc., contributions of | na line entry For o | rganizations       |                                |
| (a) No.<br>from           | · · ·   |  |                     |                    |                                |
| Part I                    | (b) Purpose of gift   | (c) Use of g   | girt<br>            | (a) Desc           | cription of how gift is held   |
| -                         |   | (e) Transf   | fer of gift         |                    |                                |
| -                         | Transferee's name, address, a   | nd ZIP + 4   | R                   | elationship of tra | Insferor to transferee         |
| (a) No.                   |   |  |                     |                    |                                |
| from<br>Part I            | (b) Purpose of gift   | (c) Use of g   | gift                | (d) Desc           | cription of how gift is held   |
|                           |   |  |                     |                    |                                |
| -                         |   | (e) Transf   | fer of gift         |                    |                                |
| -                         | Transferee's name, address, a   | nd <b>ZI</b> P + 4   | R                   | elationship of tra | insferor to transferee         |
|                           |   |  |                     |                    |                                |
| (a) No.<br>from<br>Part I | (b) Purpose of gift   | (c) Use of (   | gift                | (d) Desc           | cription of how gift is held   |
|                           |   |  |                     |                    |                                |
|                           |   | (e) Transf   | fer of gift         |                    |                                |
| -                         | Transferee's name, address, a   | nd <b>ZI</b> P + 4   | R                   | elationship of tra | Insferor to transferee         |
|                           |   |  |                     |                    |                                |
| (a) No.<br>from<br>Part I | (b) Purpose of gift   | (c) Use of g   | gift                | (d) Desc           | cription of how gift is held   |
|                           |   |  |                     |                    |                                |
| -                         |   | (e) Transf   | fer of gift         |                    |                                |
| -                         | Transferee's name, address, a   | nd ZIP + 4   | R                   | elationship of tra | insferor to transferee         |
|                           |   |  |                     |                    |                                |
| 123454 11-11-             | -21   |  |                     |                    | Schedule B (Form 990) (2021)   |

# 19130714 701245 105792

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| <b>Underpayment of Estimated</b> | Tax by C | Corporations |
|----------------------------------|----------|--------------|
|----------------------------------|----------|--------------|

Attach to the corporation's tax return.

-----

Department of the Treas Inter

Form

| Internal P | Neveriue Service |                         |                                |
|------------|------------------|-------------------------|--------------------------------|
| Name       | CALIFORNIA       | PHYSICIANS' SERVICE FDN | Employer identification number |
|            | DBA BLUE SH      | HIELD OF CALIFORNIA FDN | 94-2822302                     |
|            |                  |                         |                                |

Note: Generally, the corporation is not required to file Form 2220 (see Part II below for exceptions) because the IRS will figure any penalty owed and bill the corporation. However, the corporation may still use Form 2220 to figure the penalty. If so, enter the amount from page 2, line 38, on the estimated tax penalty line of the corporation's income tax return, but do not attach Form 2220.

| Part I Re                 | quired Annual Payment   |                                   |                  |          |
|---------------------------|---|-----------------------------------|------------------|----------|
| 1 Total tax (see i        | nstructions)  |                                   | 1                | 440,364. |
| <b>2 a</b> Personal holdi | ng company tax (Schedule PH (Form 1120), line 26) included on line 1                          | 2a                                |                  |          |
| <b>b</b> Look-back inte   | rest included on line 1 under section 460(b)(2) for completed long-term                       |                                   |                  |          |
| contracts or se           | ection 167(g) for depreciation under the income forecast method                               | 2b                                |                  |          |
|                           |   |                                   |                  |          |
| <b>c</b> Credit for fede  | ral tax paid on fuels (see instructions)  | 2c                                |                  |          |
| d Total. Add line         | es 2a through 2c  |                                   | 2d               |          |
| 3 Subtract line 2         | d from line 1. If the result is less than \$500, <b>do not</b> complete or file this form. Th | e corporation                     |                  |          |
| does not owe t            | he penalty  |                                   |                  | 440,364. |
| 4 Enter the tax s         | hown on the corporation's 2020 income tax return. See instructions. Caution: If               | the tax is zero                   |                  |          |
| or the tax year           | was for less than 12 months, skip this line and enter the amount from line 3 on               | line 5                            |                  | 574,752. |
|                           |   |                                   |                  |          |
| 5 Required annu           | al payment. Enter the smaller of line 3 or line 4. If the corporation is required t           | o skip line 4,                    |                  |          |
|                           | Int from line 3   |                                   |                  | 440,364. |
| Part II Re                | asons for Filing - Check the boxes below that apply. If any boxes are che                     | ecked, the corporation <b>mus</b> | t file Form 2220 |          |
| ever                      | i if it does not owe a penalty. See instructions.   |                                   |                  |          |

| 6 | The corporation is using the adjusted seasonal installment m |
|---|--|

The corporation is using the adjusted seasonal installment method. 7 The corporation is using the annualized income installment method.

X The corporation is a "large corporation" figuring its first required installment based on the prior year's tax 8

Part III Figuring the Underpayment

|    |  |         | (a)                       | (b)                       | (C)      | (d)      |
|----|--|---------|---------------------------|---------------------------|----------|----------|
| 9  | Installment due dates. Enter in columns (a) through (d) the      |         |                           |                           |          |          |
|    | 15th day of the 4th (Form 990-PF filers: Use 5th month),         |         |                           |                           |          |          |
|    | 6th, 9th, and 12th months of the corporation's tax year          | 9       | 05/15/21                  | 06/15/21                  | 09/15/21 | 12/15/21 |
| 10 | Required installments. If the box on line 6 and/or line 7        |         |                           |                           |          |          |
|    | above is checked, enter the amounts from Sch A, line 38. If      |         |                           |                           |          |          |
|    | the box on line 8 (but not 6 or 7) is checked, see instructions  |         |                           |                           |          |          |
|    | for the amounts to enter. If none of these boxes are checked,    |         |                           |                           |          |          |
|    | enter 25% (0.25) of line 5 above in each column                  | 10      | 110,091.                  | 110,091.                  | 110,091. | 110,091. |
| 11 | Estimated tax paid or credited for each period. For              |         |                           |                           |          |          |
|    | column (a) only, enter the amount from line 11 on line 15.       |         |                           |                           |          |          |
|    | See instructions   | 11      | 178.                      | 287,202.                  | 143,690. | 143,690. |
|    | Complete lines 12 through 18 of one column                       |         |                           |                           |          |          |
|    | before going to the next column.                                 |         |                           |                           |          |          |
| 12 | Enter amount, if any, from line 18 of the preceding column       | 12      |                           |                           | 67,198.  | 100,797. |
| 13 | Add lines 11 and 12  | 13      |                           | 287,202.                  | 210,888. | 244,487. |
| 14 | Add amounts on lines 16 and 17 of the preceding column           | 14      |                           | 109,913.                  |          |          |
| 15 | Subtract line 14 from line 13. If zero or less, enter -0-        | 15      | 178.                      | 177,289.                  | 210,888. | 244,487. |
| 16 | If the amount on line 15 is zero, subtract line 13 from line     |         |                           |                           |          |          |
|    | 14. Otherwise, enter -0-   | 16      |                           | 0.                        | 0.       |          |
| 17 | Underpayment. If line 15 is less than or equal to line 10,       |         |                           |                           |          |          |
|    | subtract line 15 from line 10. Then go to line 12 of the next    |         |                           |                           |          |          |
|    | column. Otherwise, go to line 18                                 | 17      | 109,913.                  |                           |          |          |
| 18 | Overpayment. If line 10 is less than line 15, subtract line 10   |         |                           |                           |          |          |
|    | from line 15. Then go to line 12 of the next column              | 18      |                           | 67,198.                   | 100,797. |          |
| Go | to Part IV on page 2 to figure the penalty. Do not go to Part IV | / if th | ere are no entries on lin | e 17 - no penalty is owed | i.       |          |
|    | A E- D   |         |                           |                           |          |          |

For Paperwork Reduction Act Notice, see separate instructions. LHA

Form **2220** (2021)

112801 01-06-22

## Part IV Figuring the Penalty

|   |  |         | (a)                  | (b)                      | (C)  |   | (d)       |    |
|---|--|---------|----------------------|--------------------------|------|---|-----------|----|
| 9 | Enter the date of payment or the 15th day of the 4th month   |         |                      |                          |      |   |           |    |
|   | after the close of the tax year, whichever is earlier.   |         |                      |                          |      |   |           |    |
|   | (C corporations with tax years ending June 30<br>and S corporations: Use 3rd month instead of 4th month. |         |                      |                          |      |   |           |    |
|   | Form 990-PF and Form 990-T filers: Use 5th month   |         |                      |                          |      |   |           |    |
|   | instead of 4th month.) See instructions  | 19      |                      |                          |      |   |           |    |
| 0 | Number of days from due date of installment on line 9 to the   |         |                      |                          |      |   |           |    |
|   | date shown on line 19  | 20      |                      |                          |      |   |           |    |
| 1 | Number of days on line 20 after 4/15/2021 and before 7/1/2021  | 21      |                      |                          |      |   |           |    |
| 0 |  | 22      | ¢                    | \$                       | \$   |   | \$        |    |
| 2 | Underpayment on line 17 x Number of days on line 21 x 3% (0.03) 365                                      | 22      | φ                    | ð                        |      |   | <u></u> Ф |    |
| 3 | Number of days on line 20 after 6/30/2021 and before 10/1/2021   | 23      |                      |                          |      |   |           |    |
| 4 | Underpayment on line 17 x Number of days on line 23 x 3% (0.03)  | 24      | \$                   | \$                       | \$   |   | \$        |    |
|   | 365  |         |                      |                          |      |   |           |    |
| 5 | Number of days on line 20 after 9/30/2021 and before 1/1/2022  | 25      |                      |                          |      |   |           |    |
| 6 | Underpayment on line 17 x Number of days on line 25 x 3% (0.03)  | 26      | \$                   | \$                       | \$   |   | \$        |    |
|   | 365  |         |                      |                          |      |   |           |    |
| 7 | Number of days on line 20 after 12/31/2021 and before 4/1/2022   | 27      | SEE                  | ATTACHED WORKS           | HEET |   |           |    |
| 8 | Underpayment on line 17 x Number of days on line 27 x 3% (0.03)  | 28      | \$                   | \$                       | \$   |   | \$        |    |
| 9 | Number of days on line 20 after 3/31/2022 and before 7/1/2022  | 29      |                      |                          |      |   |           |    |
| 0 | Underpayment on line 17 x Number of days on line 29 x *%   | 30      | \$                   | \$                       | \$   |   | \$        |    |
| 1 | Number of days on line 20 after 6/30/2022 and before 10/1/2022   | 31      |                      |                          |      |   |           |    |
| 2 | Underpayment on line 17 x Number of days on line 31 x *%   | 32      | \$                   | \$                       | \$   |   | \$        |    |
| 3 | Number of days on line 20 after 9/30/2022 and before 1/1/2023  | 33      |                      |                          |      |   |           |    |
| 4 | Underpayment on line 17 x Number of days on line 33 x *%   | 34      | \$                   | \$                       | \$   |   | \$        |    |
| 5 | Number of days on line 20 after 12/31/2022 and before 3/16/2023  | 35      |                      |                          |      |   |           |    |
| 3 | Underpayment on line 17 x Number of days on line 35 x *%   | 36      | \$                   | \$                       | \$   |   | \$        |    |
| 7 | Add lines 22, 24, 26, 28, 30, 32, 34, and 36   | 37      | \$                   | \$                       | \$   |   | \$        |    |
| 3 | Penalty. Add columns (a) through (d) of line 37. Enter the to  | ital hi | ere and on Form 1120 | line 34: or the comparat | ble  |   |           |    |
| - |  |         |                      |                          |      | 1 | 1         | 27 |

These rates are published quarterly in an IRS News Release and in a revenue ruling in the Internal Revenue Bulletin. To obtain this information on the Internet, access the IRS website at **www.irs.gov**. You can also call 1-800-829-4933 to get interest rate information.

Form **2220** (2021)

112802 01-06-22

## FORM 990-PF UNDERPAYMENT OF ESTIMATED TAX WORKSHEET

|                     | SICIANS' SERVICE FDN |                                |                                   | Identifying Nun              |                |
|---------------------|----------------------|--------------------------------|-----------------------------------|------------------------------|----------------|
| DBA BLUE SHIEI      | D OF CALIFORNIA FDN  |                                |                                   | 94-28223                     | 02             |
| (A)<br>*Date        | (B)<br>Amount        | (C)<br>Adjusted<br>Balance Due | (D)<br>Number Days<br>Balance Due | (E)<br>Daily<br>Penalty Rate | (F)<br>Penalty |
|                     |                      | -0-                            |                                   |                              |                |
| 05/15/21            | 110,091.             | 110,091.                       |                                   |                              |                |
| 05/15/21            | -178.                | 109,913.                       | 30                                | .000082192                   | 27             |
| 06/14/21            | -287,202.            | -177,289.                      |                                   |                              |                |
| 06/15/21            | 110,091.             | -67,198.                       |                                   |                              |                |
| 09/14/21            | -143,690.            | -210,888.                      |                                   |                              |                |
| 09/15/21            | 110,091.             | -100,797.                      |                                   |                              |                |
| 11/30/21            | -143,690.            | -244,487.                      |                                   |                              |                |
| 12/15/21            | 110,091.             | -134,396.                      |                                   |                              |                |
| 03/31/22            | 0.                   | -134,396.                      | 45                                | .000109589                   |                |
|                     |                      |                                |                                   |                              |                |
|                     |                      |                                |                                   |                              |                |
|                     |                      |                                |                                   |                              |                |
|                     |                      |                                |                                   |                              |                |
|                     |                      |                                |                                   |                              |                |
|                     |                      |                                |                                   |                              |                |
|                     |                      |                                |                                   |                              |                |
|                     |                      |                                |                                   |                              |                |
|                     |                      |                                |                                   |                              |                |
|                     |                      |                                |                                   |                              |                |
|                     |                      |                                |                                   |                              |                |
|                     |                      |                                |                                   |                              |                |
| nalty Due (Sum of C | olumn F).            | •                              |                                   |                              | 27             |

\* Date of estimated tax payment, withholding credit date or installment due date.

112511 04-01-21

Ο.

Ο.

19130714 701245 105792

| DESCRIP |   | -                             |                        |                   | IANNER<br>CQUIRED  | DA<br>ACQU | IRED               | DATE SOLD                  |
|---------|---|-------------------------------|------------------------|-------------------|--------------------|------------|--------------------|----------------------------|
| PUBLICL | Y TRADED SECURIT<br>(B)<br>GROSS<br>SALES PRICE | (C)<br>COST OR<br>OTHER BASIS | (D)<br>EXPENSE<br>SALE | OF                | (E)<br>DEPRE       | 01/0       | 1/21<br>GAIN       | 12/31/21<br>(F)<br>OR LOSS |
| -       | 20,052,448.                                     | 19,637,132.                   |                        | ٥.                |                    | 0.         |                    | 415,316.                   |
| DESCRIP |   |                               |                        | IANNER<br>CQUIRED | DA<br>ACQU<br>12/1 | IRED       | DATE SOLD 12/16/21 |                            |
|         | (B)<br>GROSS<br>SALES PRICE                     | (C)<br>COST OR<br>OTHER BASIS | (D)<br>EXPENSE<br>SALE | OF                | (E)<br>DEPRE       | c.         | GAIN               | (F)<br>OR LOSS             |

37,000,178.

GAIN OR (LOSS) FROM SALE OF ASSETS

CAPITAL GAINS DIVIDENDS FROM PART IV

TOTAL TO FORM 990-PF, PART I, LINE 6A

37,607,538.

| FORM 990-PF            | DIVIDENDS       | AND INTEREST                  | FROM SECUR                  | ITIES ST                          | TATEMENT 2                    |
|------------------------|-----------------|-------------------------------|-----------------------------|-----------------------------------|-------------------------------|
| SOURCE                 | GROSS<br>AMOUNT | CAPITAL<br>GAINS<br>DIVIDENDS | (A)<br>REVENUE<br>PER BOOKS | (B)<br>NET INVEST-<br>MENT INCOME | (C)<br>ADJUSTED<br>NET INCOME |
| NORTHERN TRUST<br>FUND | 1,150,325.      | 0.                            | 1,150,325.                  | 1,150,325.                        |                               |
| TO PART I, LINE 4      | 1,150,325.      | 0.                            | 1,150,325.                  | 1,150,325.                        |                               |

94-2822302

STATEMENT 1

Ο.

1,022,676.

607,360.

## CALIFORNIA PHYSICIANS' SERVICE FDN DBA B

## 94-2822302

| FORM 990-PF  | OTHER I                      |                                   | STATEMENT 3                       |             |
|--|------------------------------|-----------------------------------|-----------------------------------|-------------|
| DESCRIPTION  |                              | (A)<br>REVENUE<br>PER BOOKS       | (B)<br>NET INVEST-<br>MENT INCOME |             |
| OTHER INCOME   |                              | 3,441.                            | 0.                                |             |
| TOTAL TO FORM 990-PF, PART I,                                    | LINE 11                      | 3,441.                            | 0.                                |             |
| FORM 990-PF  | ACCOUNTI                     | NG FEES                           |                                   | STATEMENT 4 |
| DESCRIPTION  | (A)<br>EXPENSES<br>PER BOOKS | (B)<br>NET INVEST-<br>MENT INCOME | ADJUSTED                          |             |
| ACCOUNTING FEES  | 48,000.                      | 0                                 |                                   | 48,000      |
| -<br>TO FORM 990-PF, PG 1, LN 16B<br>=                           | 48,000.                      | 0                                 |                                   | 48,000.     |
| FORM 990-PF C  | THER PROFES                  | SIONAL FEES                       |                                   | STATEMENT 5 |
| DESCRIPTION  |                              |                                   | (C)<br>ADJUSTED<br>NET INCOME     | CHARITABLE  |
| PROGRAM CONSULTING &<br>EVALUATION<br>INVESTMENT MANAGEMENT FEES | 3,474,788.<br>10,593.        |                                   |                                   | 3,474,788,  |
|  | 3,485,381.                   | 10,593                            | <br>                              | 3,474,788.  |
| FORM 990-PF  | TAX                          | ΨC                                |                                   | STATEMENT 6 |

| DESCRIPTION                 | (A)<br>EXPENSES<br>PER BOOKS | (B)<br>NET INVEST-<br>MENT INCOME | (C)<br>ADJUSTED<br>NET INCOME | (D)<br>CHARITABLE<br>PURPOSES |
|-----------------------------|------------------------------|-----------------------------------|-------------------------------|-------------------------------|
| EXCISE TAX EXPENSES         | 491,390.                     | 0.                                |                               | 0.                            |
| TO FORM 990-PF, PG 1, LN 18 | 491,390.                     | 0.                                |                               | 0.                            |

| FORM 990-PF | OTHER EXPENSES | STATEMENT 7 |
|-------------|----------------|-------------|
|             |                |             |

| DESCRIPTION                  | (A)<br>EXPENSES<br>PER BOOKS | (B)<br>NET INVEST-<br>MENT INCOME | (C)<br>ADJUSTED<br>NET INCOME | (D)<br>CHARITABLE<br>PURPOSES |
|------------------------------|------------------------------|-----------------------------------|-------------------------------|-------------------------------|
| BANK FEES                    | 1,825.                       | 0.                                |                               | 1,825.                        |
| BOARD MEETING EXPENSES       | 22,290.                      | 0.                                |                               | 22,290.                       |
| HONORARIA                    | 2,500.                       | 0.                                |                               | 2,500.                        |
| INTERNAL/TEAM MEETINGS       | 5,647.                       | 0.                                |                               | 5,647.                        |
| IT / TELECOMMUNICATIONS      | 155,071.                     | 0.                                |                               | 155,071.                      |
| LICENSE & FEES               | 1,782.                       | 0.                                |                               | 1,782.                        |
| MARKETING                    | 104,362.                     | 0.                                |                               | 104,362.                      |
| MEMBERSHIPS                  | 172,039.                     | 0.                                |                               | 172,039.                      |
| OFFICE SUPPLIES              | 1,993.                       | 0.                                |                               | 1,993.                        |
| STAFF TRAINING & DEVELOPMENT | 15,243.                      | 0.                                |                               | 15,243.                       |
| STATE FILING FEE             | 300.                         | 0.                                |                               | 300.                          |
| SUBSCRIPTIONS                | 8,513.                       | 0.                                |                               | 8,513.                        |
| ACCRUAL TO CASH ADJUSTMENT   | 0.                           | 0.                                |                               | 113,377.                      |
| TO FORM 990-PF, PG 1, LN 23  | 491,565.                     | 0.                                |                               | 604,942.                      |

| FORM 990-PF OTHER INCREASES IN NET ASSETS OR FUND BALANCES          | STATEMENT 8 |
|---|-------------|
| DESCRIPTION   | AMOUNT      |
| UNREALIZED GAIN ON INVESTMENTS                                      | 3,683,756.  |
| IN-KIND GIFTS OF PERSONNEL, ADMINISTRATIVE SERVICES, AND FACILITIES | 7,222,907.  |
| TOTAL TO FORM 990-PF, PART III, LINE 3                              | 10,906,663. |
| FORM 990-PF OTHER DECREASES IN NET ASSETS OR FUND BALANCES          | STATEMENT 9 |
| DESCRIPTION   | AMOUNT      |
| IN-KIND GIFTS OF PERSONNEL, ADMINISTRATIVE SERVICES, AND FACILITIES | 7,222,907.  |
| TOTAL TO FORM 990-PF, PART III, LINE 5                              | 7,222,907.  |

## 94-2822302

| FORM 990-PF CORPORATE STOCK            |      |             | STATEMENT 10         |
|--|------|-------------|----------------------|
| DESCRIPTION                            | BOOK | VALUE       | FAIR MARKET<br>VALUE |
| U.S. COMMON STOCK                      |      | 26,912,856. | 26,912,856.          |
| TOTAL TO FORM 990-PF, PART II, LINE 10 | 3    | 26,912,856. | 26,912,856.          |

| FORM 990-PF OTHE                        | R INVESTMENTS       |                            | STATEMENT 11               |
|---|---------------------|----------------------------|----------------------------|
| DESCRIPTION                             | VALUATION<br>METHOD | BOOK VALUE                 | FAIR MARKET<br>VALUE       |
| FIXED INCOME FUNDS<br>OTHER INVESTMENTS | FMV<br>FMV          | 44,992,378.<br>23,654,419. | 44,992,378.<br>23,654,419. |
| TOTAL TO FORM 990-PF, PART II, LINE     | 13                  | 68,646,797.                | 68,646,797.                |

| FORM 990-PF                      | OTHER ASSETS  | STATEMENT 12 |             |
|----------------------------------|---------------|--------------|-------------|
| DESCRIPTION                      | BEGINNING OF  | END OF YEAR  | FAIR MARKET |
|                                  | YR BOOK VALUE | BOOK VALUE   | VALUE       |
| ACCRUED INVESTMENT INCOME        | 50,880.       | 59,205.      | 59,205.     |
| EXCISE TAX RECEIVABLE            | 0.            | 134,396.     | 134,396.    |
| TO FORM 990-PF, PART II, LINE 15 | 50,880.       | 193,601.     | 193,601.    |

## CALIFORNIA PHYSICIANS' SERVICE FDN DBA B

| FORM 990-PF PART VII - LIST<br>TRUSTEES AND   | OF OFFICERS, D<br>FOUNDATION MAN |               | STATI                           | EMENT 13 |
|---|----------------------------------|---------------|---------------------------------|----------|
| NAME AND ADDRESS  | TITLE AND<br>AVRG HRS/WK         |               | EMPLOYEE<br>BEN PLAN<br>CONTRIB | EXPENSE  |
| EVELYN DILSAVER   | BOARD CHAIR                      |               |                                 |          |
| C/O BLUE SHIELD OF CA FOUNDATION,<br>315 MONTGOMERY STREET, SUITE 1200<br>SAN FRANCISCO, CA 94104 | 2.00                             | 12,500.       | 0.                              | ٥.       |
| SHARON KIMBERLY BELSHE<br>C/O BLUE SHIELD OF CA FOUNDATION,                                       | VICE CHAIR, G                    | OVERNANCE CON | MITTEE CH                       | IAIR     |
| 315 MONTGOMERY STREET, SUITE 1200<br>SAN FRANCISCO, CA 94104                                      | 1.00                             | 11,500.       | 0.                              | 34.      |
| KATHERINE FLORES, M.D.  | AUDIT COMMITT                    | EE CHAIR      |                                 |          |
| C/O BLUE SHIELD OF CA FOUNDATION,<br>315 MONTGOMERY STREET, SUITE 1200<br>SAN FRANCISCO, CA 94104 | 1.00                             | 9,500.        | 0.                              | 0.       |
| MICHAEL A. RODRIGUEZ, M.D., M.P.H.<br>C/O BLUE SHIELD OF CA FOUNDATION,                           | . CHAIR, HUMAN                   | RESOURCES CON | MITTEE                          |          |
| 315 MONTGOMERY STREET, SUITE 1200<br>SAN FRANCISCO, CA 94104                                      | 1.00                             | 11,500.       | 0.                              | 0.       |
| GARY COHEN  | TRUSTEE                          |               |                                 |          |
| C/O BLUE SHIELD OF CA FOUNDATION,<br>315 MONTGOMERY STREET, SUITE 1200<br>SAN FRANCISCO, CA 94104 | 1.00                             | ο.            | 0.                              | 0.       |
| ADRIANE LAMAR SNIDER  | TRUSTEE                          |               |                                 |          |
| C/O BLUE SHIELD OF CA FOUNDATION,<br>315 MONTGOMERY STREET, SUITE 1200<br>SAN FRANCISCO, CA 94104 | 1.00                             | 9,500.        | 0.                              | 313.     |
| RAYMOND J. BAXTER   | TRUSTEE                          |               |                                 |          |
| C/O BLUE SHIELD OF CA FOUNDATION,<br>315 MONTGOMERY STREET, SUITE 1200<br>SAN FRANCISCO, CA 94104 | 1.00                             | 11,500.       | 0.                              | 0.       |
| DEBORAH I. CHANG<br>C/O BLUE SHIELD OF CA FOUNDATION,   | PRESIDENT AND                    | CEO           |                                 |          |
| 315 MONTGOMERY STREET, SUITE 1200<br>SAN FRANCISCO, CA 94104                                      | 40.00                            | 0.            | 0.                              | 0.       |

| CALIFORNIA PHYSICIANS' SERVICE FDN DBA B                          |         | 94-2 | 822302 |
|---|---------|------|--------|
| LISA DAVIS TRUSTEE<br>C/O BLUE SHIELD OF CA FOUNDATION,           |         |      |        |
| 315 MONTGOMERY STREET, SUITE 1200 1.00<br>SAN FRANCISCO, CA 94104 | 0.      | 0.   | 0.     |
| TOTALS INCLUDED ON 990-PF, PAGE 6, PART VII                       | 66,000. | 0.   | 347.   |

FORM 990-PF EXPENDITURE RESPONSIBILITY STATEMENT PART VI-B, LINE 5D

STATEMENT 14

CALIFORNIA STATE ASSOCIATION OF COUNTIES

GRANTEE'S ADDRESS

1100 K STREET, SUITE 101 SACRAMENTO, CA 95814

GRANT AMOUNT DATE OF GRANT AMOUNT EXPENDED

713,648. 10/28/21

PURPOSE OF GRANT

TO SUPPORT CONTINUED IMPLEMENTATION OF AND TECHNICAL ASSISTANCE TO A SIX BATTERER INTERVENTION PILOT PROGRAM, IMPLEMENT A NEW PROGRAM CURRICULUM, AND CONDUCT AN IN-DEPTH ANALYSIS TO DETERMINE WHETHER ALTERNATIVE BATTERER INTERVENTION PROGRAMS BETTER PREVENT RECIDIVISM IN CASES OF DOMESTIC VIOLENCE.

DATES OF REPORTS BY GRANTEE

INTERIM REPORTS: 8/1/2022, 8/1/2023. FINAL REPORT: 5/1/2024

ANY DIVERSION BY GRANTEE

NO DIVERSION OF GRANT FUNDS WAS FOUND.

**RESULTS OF VERIFICATION** 

DE BEAUMONT FOUNDATION

GRANTEE'S ADDRESS

7501 WISCONSIN AVE., SUITE 1310E BETHESDA, MD 20814

GRANT AMOUNT DATE OF GRANT AMOUNT EXPENDED

100,000. 04/29/21

### PURPOSE OF GRANT

TO LEAD A LISTENING TOUR WITH PAST BUILD HEALTH CHALLENGE GRANTEES AND OTHER COMMUNITY STAKEHOLDERS THAT WILL INFORM THE PROGRAM DESIGN FOR BUILD 4.0 AND IDENTIFY HOW COLLABORATIVE STRUCTURES CAN FOCUS ON EQUITY.

#### DATES OF REPORTS BY GRANTEE

INTERIM REPORTS: 1/1/2022. FINAL REPORT 5/1/2022

ANY DIVERSION BY GRANTEE

NO DIVERSION OF GRANT FUNDS WAS FOUND.

**RESULTS OF VERIFICATION** 

### MANATT

GRANTEE'S ADDRESS

2049 CENTURY PARK EAST SUITE 1700 LOS ANGELES, CA 90067

GRANT AMOUNT DATE OF GRANT AMOUNT EXPENDED

PURPOSE OF GRANT

TO CONVENE LEADERS FROM INTERESTED STATES TO "SPARK INTEREST" IN AND SHARE INFORMATION ABOUT THE DEVELOPMENT OF A CHILDREN'S HEALTH AND WELLNESS FUND.

ANY DIVERSION BY GRANTEE

NO DIVERSION OF GRANT FUNDS WAS FOUND.

**RESULTS OF VERIFICATION** 

BLUE CROSS BLUE SHIELD OF MASS FD INC FOR EXPANDING HEALTHCARE ACCESS

GRANTEE'S ADDRESS

101 HUNTINGTON AVENUE, SUITE 1300 BOSTON, MA 02199-7611

GRANT AMOUNT DATE OF GRANT AMOUNT EXPENDED

40,000. 01/14/21

## PURPOSE OF GRANT

FUNDS WILL SUPPORT TWO CALIFORNIA REPORTERS TO PARTICIPATE IN THE HEALTH COVERAGE FELLOWSHIP, A NATIONAL HEALTH JOURNALISM FELLOWSHIP THAT BUILDS SKILLS AND ABILITY TO REPORT ON THE DIVERSE AND INTERCONNECTED HEALTH ISSUES THAT AFFECT HEALTH.

#### DATES OF REPORTS BY GRANTEE

FINAL REPORT: 2/1/22

ANY DIVERSION BY GRANTEE

NO DIVERSION OF GRANT FUNDS WAS FOUND.

**RESULTS OF VERIFICATION** 

BLUE CROSS BLUE SHIELD OF MASS FD INC FOR EXPANDING HEALTHCARE ACCESS

GRANTEE'S ADDRESS

101 HUNTINGTON AVENUE, SUITE 1300 BOSTON, MA 02199-7611

GRANT AMOUNT DATE OF GRANT AMOUNT EXPENDED

40,000. 10/14/21

## PURPOSE OF GRANT

TO SUPPORT TWO CALIFORNIA REPORTERS TO PARTICIPATE IN A NATIONALHEALTH JOURNALISM FELLOWSHIP, WHICH BUILDS ON EXPERTISE IN SOLUTIONS JOURNALISM ON COMPLEX HEALTH ISSUES, INCLUDING THE SOCIAL DETERMINANTS OF HEALTH AND ROOT CAUSES SUCH AS RACIAL, GENDER, AND ECONOMIC INEQUALITY THAT LEAD TO HEALTH INEQUITIES AMONG CALIFORNIANS.

#### DATES OF REPORTS BY GRANTEE

FINAL REPORT: 11/1/22

ANY DIVERSION BY GRANTEE

NO DIVERSION OF GRANT FUNDS WAS FOUND.

**RESULTS OF VERIFICATION** 

SUMMARY OF DIRECT CHARITABLE ACTIVITIES

#### ACTIVITY ONE

CENTER FOR COLLABORATIVE PLANNING CONTRACT 1129 - LEVERAGING COLLABORATION TO END DV LEARNING SUPPORT AND MANAGEMENT THE CENTER FOR COLLABORATIVE PLANNING WILL WORK CLOSELY WITH BLUE SHIELD OF CALIFORNIA FOUNDATION STAFF AND CONSULTANTS TO DEVELOP AND MANAGE A LEARNING AGENDA TO SUPPORT THE TECHNICAL ASSISTANCE AND PEER LEARNING NEEDS OF THE LEVERAGING COLLABORATION TO END DOMESTIC VIOLENCE COHORT ON KEY TENETS OF THE PROGRAM INCLUDING PREVENTION, SYSTEMS CHANGE, CROSS-SECTOR COLLABORATION, RACIAL HEALTH EQUITY, AND SOCIAL DETERMINANTS OF HEALTH. THE CENTER FOR COLLABORATIVE PLANNING HAS BEEN PROVIDING THIS SUPPORT FOR THE LEVERAGING COLLABORATION COHORT FOR THE LAST TWO YEARS AND WILL USE THEIR KNOWLEDGE AND EXPERIENCE WITH THE COHORT TO CONTINUE TO PROVIDE THIS IMPORTANT SUPPORT.

TO FORM 990-PF, PART VIII-A, LINE 1

FORM 990-PF SUMMARY OF DIRECT CHARITABLE ACTIVITIES STATEMENT 16

ACTIVITY TWO

MATHEMATICA INC. CONTRACT 1134 - BLUE SHIELD OF CALIFORNIA FOUNDATION MEDICAID CONSULTING THE GOAL OF THIS PROJECT IS TO IDENTIFY AND ANALYZE STRATEGIES FOR PREVENTING DOMESTIC VIOLENCE (DV) AND INTIMATE PARTNER VIOLENCE (IPV) THROUGH MEDI-CAL AND TO DEVELOP POLICY RECOMMENDATIONS, PARTICULARLY FOR THE DRAFT MEDI-CAL MANAGED CARE PROCUREMENT RFP AND THE CALAIM WAIVER. MATHEMATICA WILL CONDUCT EXPERT CONSULTATIONS, A LANDSCAPE SCAN, AND A FOCUS GROUP WITH SURVIVORS OF DV AND IPV TO IDENTIFY AND ANALYZE POLICY OPTIONS. MATHEMATICA WILL PRODUCE TWO DOCUMENTS THAT PROVIDE POLICY RECOMMENDATIONS AND THEN PRODUCE A REPORT THAT SUMMARIZES FINDINGS AND NEXT STEPS.

TO FORM 990-PF, PART VIII-A, LINE 2

200,000.

174,244.

STATEMENT 15

SUMMARY OF DIRECT CHARITABLE ACTIVITIES

ACTIVITY THREE

#### MANATT

CONTRACT 1149 - INVESTING IN HEALTH: ADVANCING FEDERAL POLICY CHANGE OVER NINE MONTHS, MANATT HEALTH AND THE HEALTH INITIATIVE (THI) HAVE PARTNERED WITH THE COMMONWEALTH FUND AND BLUE SHIELD OF CALIFORNIA FOUNDATION TO (1) DEVELOP INVESTING IN HEALTH: A FEDERAL ACTION PLAN, OUTLINING ACTIONABLE POLICY CHANGES TO IMPROVE HEALTH EQUITY AND ADDRESS DRIVERS OF HEALTH, AS WELL AS AN ASSOCIATED STATE-BASED ACTION PLAN (PHASE 1), AND (2) CONVENE FEDERAL AND STATE POLICY MAKERS AND NATIONAL LEADERS TO PRIORITIZE AND ACHIEVE CONSENSUS ON SPECIFIC INVESTING IN HEALTH POLICY RECOMMENDATIONS (PHASE 2). IN PHASE 3, MANATT AND THI NOW SEEK TO HARNESS THIS MOMENTUM TO SUPPORT THE CENTERS FOR MEDICARE & MEDICAID SERVICES (CMS) IN LAUNCHING OR IMPLEMENTING 15% OF THE INVESTING IN HEALTH POLICY CHANGES WITHIN THE NEXT YEAR. SPECIFICALLY, CONSULTANTS WILL: - HOST A THIRD CONVENING TO IDENTIFY SPECIFIC POLICY CHANGES THAT SHOULD BE IMPLEMENTED IN THE NEXT YEAR TO ENABLE INVESTMENTS IN

TO FORM 990-PF, PART VIII-A, LINE 3

EXPENSES

150,000.

STATEMENT 17

SUMMARY OF DIRECT CHARITABLE ACTIVITIES

ACTIVITY FOUR

STRATEGIC PREVENTION SOLUTIONS CONTRACT 1085 - BSCF BTC EVALUATION THIS CONTRACT TO STRATEGIC PREVENTION SOLUTIONS (SPS) SUPPORTS THE FOUNDATION BREAK THE CYCLE INITIATIVE STRATEGY IN TWO IMPORTANT WAYS: FIRST, SPS WILL CONDUCT A CROSS-SITE EVALUATION OF LESSONS LEARNED AND IMPACT OF THE BREAKING THE CYCLE TWO-GENERATION PRACTICE PILOT PROJECT (BTC TWO-GEN) AND SECOND, SPS WILL PROVIDES EVALUATION TECHNICAL SUPPORT AND TRAINING TO DEVELOP GRANTEE EVALUATION CAPACITY FOR DOMESTIC VIOLENCE PREVENTION OUTCOMES. THE SCOPE OF THIS TWO-YEAR EVALUATION IS DESIGNED TO GENERATE NEW EVALUATION RESEARCH, AND NEW COMMUNITY CAPACITY TO EVALUATE DOMESTIC VIOLENCE PREVENTION OUTCOMES, BY ASSESSING PROMISING PRACTICES FOR DOMESTIC VIOLENCE PREVENTION FUNDED BY THE BTC TWO-GEN PRACTICE PROJECT. THE AIM IS FOR SPS TO DEVELOP AND CONDUCT A LEARNING EVALUATION THAT INFORMS GRANTEES, STAKEHOLDER AUDIENCES, AND THE FIELD OF VIOLENCE PREVENTION ABOUT HOW USING A LIFE COURSE FRAMEWORK, AND SPECIFICALLY A

TO FORM 990-PF, PART VIII-A, LINE 4

19130714 701245 105792

STATEMENT 18

**EXPENSES** 

142,937.

FORM 990-PF GRANT APPLICATION SUBMISSION INFORMATION PART XIV, LINES 2A THROUGH 2D

STATEMENT 19

#### NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

BLUE SHIELD OF CALIFORNIA FOUNDATION 315 MONTGOMERY STREET, SUITE 1200 SAN FRANCISCO, CA 94104

TELEPHONE NUMBER NAME OF GRANT PROGRAM

415-229-6080 BSCF GRANTS

EMAIL ADDRESS

BSCF@BLUESHIELDCAFOUNDATION.ORG

FORM AND CONTENT OF APPLICATIONS

GO TO OUR WEBSITE: HTTPS://BLUESHIELDCAFOUNDATION.ORG/GRANTS

ANY SUBMISSION DEADLINES

SEE WEBSITE FOR CURRENT DEADLINES

RESTRICTIONS AND LIMITATIONS ON AWARDS

THE BLUE SHIELD OF CALIFORNIA FOUNDATION IS COMMITTED TO MAKING HEALTHCARE ACCESSIBLE, EFFECTIVE, AND AFFORDABLE FOR ALL CALIFORNIANS, PARTICULARLY UNDERSERVED PEOPLE, AND TO ENDING DOMESTIC VIOLENCE. IN 2021, THE FOUNDATION DISTRIBUTED RESOURCES ACROSS SEVEN PRIORITY AREAS, WHICH INVOLVED GRANT MAKING AND OTHER PROGRAMMATIC ACTIVITIES (E.G., RESEARCH, COMMUNICATIONS, COMMUNITY ENGAGEMENT AND PUBLIC AFFAIRS) THAT ADVANCE THE OUTCOMES SOUGHT BY THE FOUNDATION'S LONG TERM STRATEGY. PLEASE SEE OUR WEBSITE FOR MORE DETAILS ON PROGRAMMATIC PRIORITIES.

#### GENERAL EXPLANATION

STATEMENT 20

FORM/LINE IDENTIFIER AND DESCRIPTION/RETURN REFERENCE

FORM 990-PF, PART III - OTHER INCREASES AND DECREASES IN NET ASSETS

EXPLANATION:

ASSETS OR FUND BALANCES:

CALIFORNIA PHYSICIAN'S SERVICE (DBA BLUE SHIELD OF CALIFORNIA, INC.), A SUBSTANTIAL CONTRIBUTOR, PAID THE FOUNDATION'S STAFFING COST AND MUCH OF ITS ADMINISTRATIVE COSTS. CALIFORNIA PHYSICIANS' SERVICE (DBA BLUE SHIELD OF CALIFORNIA, INC.) RECEIVED NO REIMBURSEMENT OR COMPENSATION FOR THESE COSTS, WHICH WERE RECORDED AS AN IN-KIND GIFT BY THE FOUNDATION. THE ESTIMATED VALUE OF THE ADMINISTRATIVE COSTS AND PERSONNEL PROVIDED TO THE FOUNDATION WAS APPROXIMATELY: \$7,222,907. GENERAL EXPLANATION

STATEMENT 21

FORM/LINE IDENTIFIER AND DESCRIPTION/RETURN REFERENCE

FORM 990-PF, PART VIII-A - LINES 3 AND 4 CONTINUED

EXPLANATION:

STATEMENT 3 CONTINUED:

INFRASTRUCTURE (HUMAN, TECHNOLOGICAL, AND COMMUNITY CAPACITY) TO INVEST IN HEALTH.

- MAP LEVERAGE POINTS IN CMS'S EXISTING REGULATORY/SUB-REGULATORY PATHWAYS TO ACHIEVE THESE POLICY CHANGES.

- ALIGN STAKEHOLDERS AROUND THESE PATHWAYS, ENGAGE THEM IN SOLUTIONS DEVELOPMENT, AND SUPPORT INTEGRATING THEM INTO DECISION-MAKING PROCESSES.

PARTNER WITH STATE HEALTH LEADERS TO DOCUMENT THEIR NEEDS AND
 PRIORITIES AND SUPPORT THEIR EFFORTS TO ENGAGE FEDERAL DECISION-MAKERS.
 SUPPORT CMS LEADERSHIP AND OTHER KEY POLICYMAKERS IN EXECUTING ON
 THESE POLICY CHANGES, INCLUDING PROVIDING THE "TECHNICAL" AND
 "CULTURAL" SUPPORT REQUIRED TO MOVE FORWARD.

#### STATEMENT 4 CONTINUED:

TWO-GENERATION APPROACH, CAN PREVENT DOMESTIC VIOLENCE. SUPPORT FOR GRANTEE EVALUATION CAPACITY TO ASSESS DOMESTIC VIOLENCE PREVENTION OUTCOMES IS INTEGRATED TO ENSURE RESEARCH OUTCOMES ARE ACHIEVED. REPORTING AND SOME COMMUNICATIONS DELIVERABLES FOR FIELD AND POLICY LEADERS, AS WELL AS RESEARCHERS ARE INCLUDED IN THIS CONTRACT. THE EVALUATION PLAN WILL BE ORGANIZED INTO TWO MAJOR ELEMENTS: 1) A CROSS-SITE EVALUATION AND 2) INDIVIDUALIZED AND COHORT EVALUATION TECHNICAL ASSISTANCE TO SUPPORT ALL 12 GRANTEES. THE CROSS-SITE EVALUATION WILL ENSURE THAT GRANTEES COLLECT INFORMATION THAT WILL ASSIST BSCF IN DETERMINING PROGRESS TOWARD INITIATIVE QUESTIONS AND OUTCOMES. METHODS AND TOOLS TO CONDUCT EVALUATION ACTIVITIES INCLUDE: - ONGOING EVALUATION CONSULTATION (BI-MONTHLY CHECK IN MEETINGS WITH GRANTEES; REGULAR CHECK IN WITH BSCF STAFF)

- EVALUATION PLAN FOR THE INITIATIVE
- BASECAMP ONLINE PROJECT MANAGEMENT
- THREE WEBINARS AND ONLINE LEARNING (MICROLEARNING VIDEOS)
- INDIVIDUALIZED TECHNICAL ASSISTANCE
- TRAINING MATERIALS
- TECHNICAL ASSISTANCE FUNDING POOL

A PROGRESS REPORT FOR YEAR ONE WILL COMMUNICATE LESSONS LEARNED AND EARLY PROGRESS BY INITIATIVE AND GRANTEES THAT IS DESIGNED FOR FIELD AND EXTERNAL AUDIENCES. AT THE END OF THE CONTRACT PERIOD, A SET OF FINAL REPORTS AND WORK PRODUCTS WILL BE PRODUCED TO INFORM AT LEAST TWO AUDIENCES: 1) A PRODUCT THAT IS DESIGNED FOR GRANTEES, FIELD LEADERS AND POLICY MAKERS; AND 2) A REPORT THAT IS DESIGNED FOR AN EVALUATION-RESEARCHER AUDIENCES. IRB RESEARCH WILL BE CONSIDERED AFTER THE FIRST SIX MONTHS OF THE PROJECT.