

Form **990-PF**
 Department of the Treasury
 Internal Revenue Service

Return of Private Foundation
or Section 4947(a)(1) Trust Treated as Private Foundation








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 ▶ **Go to www.irs.gov/Form990PF for instructions and the latest information.**



OMB No 1545-0052
2018
Open to Public Inspection

For calendar year 2018, or tax year beginning 01-01-2018, and ending 12-31-2018

Name of foundation CALIFORNIA PHYSICIANS' SERVICE FDN DBA BLUE SHIELD OF CALIFORNIA FDN		A Employer identification number 94-2822302
Number and street (or P O box number if mail is not delivered to street address) 315 MONTGOMERY STREET SUITE 1200	Room/suite	B Telephone number (see instructions) (415) 229-6080
City or town, state or province, country, and ZIP or foreign postal code SAN FRANCISCO, CA 94104		C If exemption application is pending, check here <input type="checkbox"/>
G Check all that apply: <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change		D 1. Foreign organizations, check here <input type="checkbox"/> 2 Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>
H Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>
I Fair market value of all assets at end of year (from Part II, col (c), line 16) ▶ \$ <u>89,911,206</u>	J Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ <i>(Part I, column (d) must be on cash basis)</i>	F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>

Part I Analysis of Revenue and Expenses <i>(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))</i>		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc., received (attach schedule)	40,000,000			
	2 Check <input type="checkbox"/> if the foundation is not required to attach Sch. B				
	3 Interest on savings and temporary cash investments				
	4 Dividends and interest from securities	1,080,791	1,080,791		
	5a Gross rents				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10	-223,298			
	b Gross sales price for all assets on line 6a	569,187			
	7 Capital gain net income (from Part IV, line 2)		0		
	8 Net short-term capital gain				
	9 Income modifications				
	10a Gross sales less returns and allowances				
b Less Cost of goods sold					
c Gross profit or (loss) (attach schedule)					
11 Other income (attach schedule)	20,082	0			
12 Total. Add lines 1 through 11	40,877,575	1,080,791			
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc	53,500	0		53,500
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits				
	16a Legal fees (attach schedule)				
	b Accounting fees (attach schedule)	41,297	0		41,297
	c Other professional fees (attach schedule)	2,518,101	48,658		2,310,053
	17 Interest				
	18 Taxes (attach schedule) (see instructions)				
	19 Depreciation (attach schedule) and depletion				
	20 Occupancy				
	21 Travel, conferences, and meetings	107,159	0		107,159
	22 Printing and publications				
	23 Other expenses (attach schedule)	319,717	0		319,717
	24 Total operating and administrative expenses. Add lines 13 through 23	3,039,774	48,658		2,831,726
	25 Contributions, gifts, grants paid	26,573,244			18,613,384
26 Total expenses and disbursements. Add lines 24 and 25	29,613,018	48,658		21,445,110	
27 Subtract line 26 from line 12					
a Excess of revenue over expenses and disbursements	11,264,557				
b Net investment income (if negative, enter -0-)		1,032,133			
c Adjusted net income (if negative, enter -0-)					

Part II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash—non-interest-bearing	325,917	324,934	324,934
	2 Savings and temporary cash investments	44,824,930	63,394,014	63,394,014
	3 Accounts receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	4 Pledges receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	5 Grants receivable			
	6 Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)			
	7 Other notes and loans receivable (attach schedule) ▶ _____ Less allowance for doubtful accounts ▶ _____			
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges		72,010	72,010
	10a Investments—U S and state government obligations (attach schedule)			
	b Investments—corporate stock (attach schedule)	13,525,724 	13,044,273	13,044,273
	c Investments—corporate bonds (attach schedule)			
	11 Investments—land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
	12 Investments—mortgage loans			
	13 Investments—other (attach schedule)	12,472,873 	12,665,971	12,665,971
	14 Land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
15 Other assets (describe ▶ _____)	 44,623 	410,004 	410,004	
16 Total assets (to be completed by all filers—see the instructions Also, see page 1, item I)	71,194,067	89,911,206	89,911,206	
Liabilities	17 Accounts payable and accrued expenses	770,776	930,166	
	18 Grants payable	6,404,133	14,363,993	
	19 Deferred revenue			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable (attach schedule)			
	22 Other liabilities (describe ▶ _____)	 101,797 	0	
	23 Total liabilities (add lines 17 through 22)	7,276,706	15,294,159	
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 24 through 26 and lines 30 and 31.			
	24 Unrestricted	63,917,361	74,617,047	
	25 Temporarily restricted			
	26 Permanently restricted			
	Foundations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 27 through 31.			
	27 Capital stock, trust principal, or current funds			
	28 Paid-in or capital surplus, or land, bldg , and equipment fund			
29 Retained earnings, accumulated income, endowment, or other funds				
30 Total net assets or fund balances (see instructions)	63,917,361	74,617,047		
31 Total liabilities and net assets/fund balances (see instructions) .	71,194,067	89,911,206		

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 30 (must agree with end-of-year figure reported on prior year's return)	1	63,917,361
2 Enter amount from Part I, line 27a	2	11,264,557
3 Other increases not included in line 2 (itemize) ▶ _____ 	3	4,551,870
4 Add lines 1, 2, and 3	4	79,733,788
5 Decreases not included in line 2 (itemize) ▶ _____ 	5	5,116,741
6 Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 .	6	74,617,047

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse, or common stock, 200 shs. MLC Co.)	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1 a PUBLICLY TRADED SECURITIES		2018-12-31	2018-12-31
b			
c			
d			
e			

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a 569,187		792,485	-223,298
b			
c			
d			
e			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	
a			-223,298
b			
c			
d			
e			

2 Capital gain net income or (net capital loss)	2	-223,298
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8	3	

Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.)

If section 4940(d)(2) applies, leave this part blank

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? Yes No
 If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part.

1 Enter the appropriate amount in each column for each year, see instructions before making any entries

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col. (b) divided by col. (c))
2017	31,581,291	51,536,392	0.612796
2016	36,644,725	53,689,512	0.682530
2015	37,323,324	54,960,540	0.679093
2014	25,441,835	52,597,962	0.483704
2013	42,961,021	54,950,665	0.781811

2 Total of line 1, column (d)	2	3.239934
3 Average distribution ratio for the 5-year base period—divide the total on line 2 by 5.0, or by the number of years the foundation has been in existence if less than 5 years	3	0.647987
4 Enter the net value of noncharitable-use assets for 2018 from Part X, line 5	4	60,526,795
5 Multiply line 4 by line 3	5	39,220,576
6 Enter 1% of net investment income (1% of Part I, line 27b)	6	10,321
7 Add lines 5 and 6	7	39,230,897
8 Enter qualifying distributions from Part XII, line 4	8	21,445,110

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions.

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see instructions)

Table with 11 rows for excise tax calculations. Includes categories like 'Exempt operating foundations', 'Domestic foundations', and 'Tax based on investment income'. Total amount owed is 379,319.

Part VII-A Statements Regarding Activities

Table with 10 rows for activity statements. Questions include 'Did the foundation attempt to influence any national, state, or local legislation?' and 'Did the foundation have at least \$5,000 in assets?'. Includes a Yes/No column.

Part VII-A Statements Regarding Activities (continued)

Table with 3 columns: Question, Yes, No. Rows 11-14 regarding controlled entities, distributions, public inspection requirements, and books in care.

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.

Table with 3 columns: Question, Yes, No. Row 16 regarding interest in foreign countries.

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.

Main table with 3 columns: Question, Yes, No. Rows 1a-4b regarding Form 4720 exceptions and requirements.

Part VII-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

(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? Yes No

(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive? Yes No

(3) Provide a grant to an individual for travel, study, or other similar purposes? Yes No

(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions. Yes No

(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? Yes No

b If any answer is "Yes" to 5a(1)–(5), did **any** 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** Yes No

Organizations relying on a current notice regarding disaster assistance check here.

c 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? Yes No
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? Yes No

b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? **6b** Yes No
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? Yes No

b If yes, did the foundation receive any proceeds or have any net income attributable to the transaction? **7b** Yes No

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 during the year? Yes No

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

1 List all officers, directors, trustees, foundation managers and their compensation. See instructions

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
See Additional Data Table				

2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."

(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				

Total number of other employees paid over \$50,000. 0

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

3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".		
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
PUBLIC HEALTH INSTITUTE 555 12TH STREET 10TH FLOOR OAKLAND, CA 94607	EVENT PLANNING, HOSTING, FACILITATION, TRAVEL REIMBURSEMENT FOR PARTICIPANTS	241,528
THE REIS GROUP LLC 1300 19TH STREET NW SUITE 600 WASHINGTON, DC 20036	CONSULTING SERVICES FOR COMMUNICATION NEEDS	240,000
MISSION MEASUREMENT CORP 200 NORTH LASALLE STREET 2650 CHICAGO, IL 60601	CONSULTING SERVICES FOR MEASUREMENT WORK	205,925
BLUEPATH HEALTH INC 929 SIR FRANCIS DRAKE BLVD SUITE 101C KENTFIELD, CA 94904	TECHNICAL ASSISTANCE/CONSULTING TO LOCAL HEALTH SYSTEMS, FACILITATION OF POL	160,007
ARABELLA ADVISORS LLC 1201 CONNECTICUT AVENUE NW SUITE 300 WASHINGTON, DC 20036	TECHNICAL ASSISTANCE/CONSULTING TO NONPROFIT POLICY ADVOCATES IN NETWORK DEV	157,360
Total number of others receiving over \$50,000 for professional services.		15

Part IX-A Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1 IN 2018, BLUE SHIELD OF CALIFORNIA FOUNDATION (BSCF) ENGAGED IN VARIOUS SIGNIFICANT CHARITABLE ACTIVITIES, INCLUDING CONVENING GRANTEEES TO ADVANCE THE FIELD'S THINKING ON THE VALUE OF PREVENTION, DEVELOPING THE STRUCTURE OF A COLLABORATIVE EFFORT AIMED TO PROMOTE HEALTHY GENDER NORMS, CONDUCTING RESEARCH, SUPPORTING LEADERSHIP DEVELOPMENT, AND HOSTING COMMUNITY CONVENINGS SPECIFIC DIRECT CHARITABLE ACTIVITIES INCLUDE THE FOLLOWING	1,668,310
2 CONTINUED FROM STATEMENT 13BSCF SUPPORTED AN EVALUATION OF PAST GRANTEEES TO BETTER UNDERSTAND HOW NETWORKS CAN USE ADVOCACY AND POLICY CHANGE TO INFLUENCE HOW TO IMPROVE SERVICES AT THE INTERSECTION OF BEHAVIORAL HEALTH AND DOMESTIC VIOLENCE THE EVALUATION RESULTED IN A FRAMEWORK THAT CAN BE USED TO INFORM POLICY STRATEGIES IN THE FIELD BSCF SUPPORTED LEADERSHIP DEVELOPMENT PROGRAMS FOR THE COMMUNITY HEALTH CENTER FIELD IN CALIFORNIA THIS SUPPORT INCLUDED LEADERSHIP TRAINING, PEER NETWORKING, AND TECHNICAL ASSISTANCE ON CHANGE MANAGEMENT STRATEGIES FOR COMMUNITY HEALTH CENTER LEADERS IN CALIFORNIA BSCF ALSO SUPPORTED THE EVALUATION OF THE CLINIC LEADERSHIP INSTITUTE, A SIGNATURE PROJECT OF BSCF	0
3 CONTINUED FROM STATEMENT 14BSCF PROVIDED FORMATIVE SUPPORT TO DESIGN A CULTURE CHANGE STRATEGY THAT WOULD SERVE AS THE PLATFORM FOR CHANGING GENDER NORMS IN CALIFORNIA THE STRATEGY INCLUDED IDENTIFICATION OF KEY AUDIENCES, TARGET COMMUNICATION MESSAGES, TRAINING AND KEY STRATEGIES FOR FUNDERS BSCF CONVENED A NUMBER OF MEETINGS TO DISCUSS HEALTH AND DOMESTIC VIOLENCE ISSUES AMONG KEY STAKEHOLDERS IN CALIFORNIA THESE CONVENINGS ADDRESSED COMMUNITY LEARNING NETWORKS ON BEHAVIORAL HEALTH INTEGRATION, COORDINATION OF DOMESTIC VIOLENCE AND HEALTHCARE SERVICES, CULTURALLY RESPONSIVE DOMESTIC VIOLENCE STRATEGIES, AND POPULATION HEALTH AND PREVENTION	0
4 CONTINUED FROM STATEMENT 15BSCF PROVIDED TECHNICAL ASSISTANCE TO DOMESTIC VIOLENCE AND HEALTHCARE SAFETY NET PROVIDERS THIS INCLUDED 1) BUILDING CAPACITY FOR COMMUNITY LEVEL PREVENTION, 2) EXPANDING THE ABILITY OF HEALTH CENTERS TO IMPROVE CARE DELIVERY BY ADOPTING POPULATION HEALTH MANAGEMENT STRATEGIES, 3) DEVELOPING THE EVIDENCE BASE FOR PREVENTION STRATEGIES, 4) TRAINING PROVIDERS IN TECHNIQUES OF ADVOCACY AND COMMUNICATIONS, 5) COMMUNICATING THE OPPORTUNITY TO IMPROVE HEALTHCARE DELIVERY THROUGH VALUE-BASED PAYMENT REFORM STRATEGIES, AND 7) HELPING SAFETY NET PROVIDERS INNOVATE AND SPREAD BEST PRACTICES RELATED TO BEHAVIORAL HEALTH INTEGRATION	0

Part IX-B Summary of Program-Related Investments (see instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1	
2	
All other program-related investments See instructions	
3	
Total. Add lines 1 through 3	0

Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
a	Average monthly fair market value of securities.	1a	26,614,265
b	Average of monthly cash balances.	1b	34,834,258
c	Fair market value of all other assets (see instructions).	1c	0
d	Total (add lines 1a, b, and c).	1d	61,448,523
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation).	1e	0
2	Acquisition indebtedness applicable to line 1 assets.	2	0
3	Subtract line 2 from line 1d.	3	61,448,523
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions).	4	921,728
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	60,526,795
6	Minimum investment return. Enter 5% of line 5.	6	3,026,340

Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here and do not complete this part.)

1	Minimum investment return from Part X, line 6.	1	3,026,340
2a	Tax on investment income for 2018 from Part VI, line 5.	2a	20,643
b	Income tax for 2018 (This does not include the tax from Part VI).	2b	
c	Add lines 2a and 2b.	2c	20,643
3	Distributable amount before adjustments. Subtract line 2c from line 1.	3	3,005,697
4	Recoveries of amounts treated as qualifying distributions.	4	0
5	Add lines 3 and 4.	5	3,005,697
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 XIII, line 1.	7	3,005,697

Part XII 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	21,445,110
b	Program-related investments—total from Part IX-B.	1b	0
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes.	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 V, line 8, and Part XIII, line 4.	4	21,445,110
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b. See instructions.	5	0
6	Adjusted qualifying distributions. Subtract line 5 from line 4.	6	21,445,110

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2017	(c) 2017	(d) 2018
1 Distributable amount for 2018 from Part XI, line 7				3,005,697
2 Undistributed income, if any, as of the end of 2018				
a Enter amount for 2017 only.			0	
b Total for prior years 20___, 20___, 20___		0		
3 Excess distributions carryover, if any, to 2018				
a From 2013.	40,709,120			
b From 2014.	23,137,620			
c From 2015.	34,986,522			
d From 2016.	34,370,719			
e From 2017.	29,526,449			
f Total of lines 3a through e.	162,730,430			
4 Qualifying distributions for 2018 from Part XII, line 4 ▶ \$ _____ 21,445,110				
a Applied to 2017, but not more than line 2a			0	
b Applied to undistributed income of prior years (Election required—see instructions).		0		
c Treated as distributions out of corpus (Election required—see instructions).	0			
d Applied to 2018 distributable amount.				3,005,697
e Remaining amount distributed out of corpus	18,439,413			
5 Excess distributions carryover applied to 2018 (If an amount appears in column (d), the same amount must be shown in column (a))				0
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	181,169,843			
b Prior years' undistributed income Subtract line 4b from line 2b		0		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed.		0		
d Subtract line 6c from line 6b Taxable amount—see instructions		0		
e Undistributed income for 2017 Subtract line 4a from line 2a Taxable amount—see instructions			0	
f Undistributed income for 2018 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2019				0
7 Amounts treated as distributions out of 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 2013 not applied on line 5 or line 7 (see instructions).	40,709,120			
9 Excess distributions carryover to 2019. Subtract lines 7 and 8 from line 6a	140,460,723			
10 Analysis of line 9				
a Excess from 2014.	23,137,620			
b Excess from 2015.	34,986,522			
c Excess from 2016.	34,370,719			
d Excess from 2017.	29,526,449			
e Excess from 2018.	18,439,413			

Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9)

1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2018, enter the date of the ruling. ▶					
b Check box to indicate whether the organization is a private operating foundation described in section <input type="checkbox"/> 4942(j)(3) or <input type="checkbox"/> 4942(j)(5)					
2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed	Tax year	Prior 3 years			(e) Total
	(a) 2018	(b) 2017	(c) 2016	(d) 2015	
b 85% of line 2a					
c Qualifying distributions from Part XII, 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					
a "Assets" alternative test—enter					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed. . .					
c "Support" alternative test—enter					
(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 organizations as provided in section 4942(j)(3)(B)(iii).					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income					

Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year—see instructions.)

Part XV

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))

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

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

Check here 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. See instructions.

a The name, address, and telephone number or e-mail address of the person to whom applications should be addressed
 BLUE SHIELD OF CALIFORNIA FOUNDATIO
 315 MONTGOMERY STREET SUITE 1200
 SAN FRANCISCO, CA 94104
 (415) 229-6080
 BSCF@BLUESHIELDCAFOUNDATION.ORG

b The form in which applications should be submitted and information and materials they should include
 GO TO OUR WEBSITE WWW.BLUESHIELDCAFOUNDATION.ORG/GRANTS/WHAT-WE-FUND

c Any submission deadlines
 SEE WEBSITE FOR CURRENT DEADLINES

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors
 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 2018, 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.

Part XV **Supplementary Information** (continued)**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i> See Additional Data Table				
Total				▶ 3a
b <i>Approved for future payment</i> See Additional Data Table				
Total				▶ 3b

Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

Part XVII

1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?		Yes	No
a Transfers from the reporting foundation to a noncharitable exempt organization of			
(1) Cash.	1a(1)		No
(2) Other assets.	1a(2)		No
b Other transactions			
(1) Sales of assets to a noncharitable exempt organization.	1b(1)		No
(2) Purchases of assets from a noncharitable exempt organization.	1b(2)		No
(3) Rental of facilities, equipment, or other assets.	1b(3)		No
(4) Reimbursement arrangements.	1b(4)		No
(5) Loans or loan guarantees.	1b(5)		No
(6) Performance of services or membership or fundraising solicitations.	1b(6)		No
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees.	1c		No

d If the answer to any of the above is "Yes," complete the following schedule. Column **(b)** should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column **(d)** the value of the goods, other assets, or services received.

(a) Line No	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements

2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (other than section 501(c)(3)) or in section 527? Yes No

b If "Yes," complete the following schedule

(a) Name of organization	(b) Type of organization	(c) Description of relationship

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

Sign Here	*****	2019-06-18	*****	May the IRS discuss this return with the preparer shown below (see instr.)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Signature of officer or trustee	Date	Title	

Paid Preparer Use Only	Print/Type preparer's name KATY BROWN	Preparer's Signature	Date 2019-05-15	Check if self-employed <input type="checkbox"/>	PTIN P00650274
	Firm's name ▶ ARMANINO LLP				Firm's EIN ▶ 94-6214841
	Firm's address ▶ 12657 ALCOSTA BLVD STE 500 SAN RAMON, CA 945834600				Phone no (925) 790-2600

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation

(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
ELIZA DANIELY-WOOLFOLK C/O BLUE SHIELD OF CA FOUNDATION 315 MONTGOMERY STREET SUITE 1200 SAN FRANCISCO, CA 94104	BOARD CHAIR 2 00	9,500	0	0
EVELYN DILSAVER C/O BLUE SHIELD OF CA FOUNDATION 315 MONTGOMERY STREET SUITE 1200 SAN FRANCISCO, CA 94104	BOARD VICE CHAIR 1 00	9,500	0	0
SHARON KIMBERLY BELSHE C/O BLUE SHIELD OF CA FOUNDATION 315 MONTGOMERY STREET SUITE 1200 SAN FRANCISCO, CA 94104	CHAIR, GOVERNANCE COMMITTEE 1 00	8,500	0	0
KATHERINE FLORES MD C/O BLUE SHIELD OF CA FOUNDATION 315 MONTGOMERY STREET SUITE 1200 SAN FRANCISCO, CA 94104	TRUSTEE 1 00	9,500	0	0
MICHAEL A RODRIGUEZ MD MPH C/O BLUE SHIELD OF CA FOUNDATION 315 MONTGOMERY STREET SUITE 1200 SAN FRANCISCO, CA 94104	TRUSTEE 1 00	8,500	0	0
RAYMOND J BAXTER C/O BLUE SHIELD OF CA FOUNDATION 315 MONTGOMERY STREET SUITE 1200 SAN FRANCISCO, CA 94104	TRUSTEE 1 00	8,000	0	0
PETER LONG PHD C/O BLUE SHIELD OF CA FOUNDATION 315 MONTGOMERY STREET SUITE 1200 SAN FRANCISCO, CA 94104	PRESIDENT & CEO 40 00	0	0	0
GARY COHEN C/O BLUE SHIELD OF CA FOUNDATION 315 MONTGOMERY STREET SUITE 1200 SAN FRANCISCO, CA 94104	VP, GOVERNMENT AFFAIRS 1 00	0	0	0
MICHAEL MATHIAS C/O BLUE SHIELD OF CA FOUNDATION 315 MONTGOMERY STREET SUITE 1200 SAN FRANCISCO, CA 94104	SVP & CIO 1 00	0	0	0

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
ALAMEDA HEALTH SYSTEM FOUNDATION 350 FRANK H OGAWA PLAZA 900 OAKLAND, CA 94612	NONE	NONPROFIT, NON-FOUND	SAFETY NET INTEGRATION 2017 SPREADING ADOPTION OF ECONSULT IN THE SAFETY NET	100,000
ALLIANCE FOR HOPE INTERNATIONAL 101 W BROADWAY SUITE 1770 SAN DIEGO, CA 92101	NONE	NONPROFIT, NON-FOUND	GENERAL OPERATING SUPPORT	150,000
ASIAN & PACIFIC ISLANDER AMERICAN HEALTH FORUM ORDWAY BUILDING 1 KAISER PLAZA OAKLAND, CA 94612	NONE	NONPROFIT, NON-FOUND	VOICES2019 CONFERENCE	15,000
Total ▶ 3a				18,613,384

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
ASIAN AMERICANS ADVANCING JUSTICE - ASIAN LAW CAUCUS 55 COLUMBUS AVE SAN FRANCISCO, CA 94111	NONE	NONPROFIT, NON-FOUND	ACT NOW FUND	25,000
ASIAN AMERICANS ADVANCING JUSTICE - LOS ANGELES 1145 WILSHIRE BLVD LOS ANGELES, CA 90017	NONE	NONPROFIT, NON-FOUND	ACT NOW FUND	100,000
BLUE CROSS BLUE SHIELD OF MASSACHUSETTS FOUNDATION 101 HUNTINGTON AVE 1300 BOSTON, MA 02199	NONE	PRIVATE FOUNDATION	BLUE CROSS BLUE SHIELD OF MASSACHUSETTS HEALTH JOURNALISM FELLOWSHIP	20,000
Total	▶ 3a			18,613,384

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
BOARD OF TRUSTEES OF THE LELAND STANFORD JUNIOR UNIVERSITY 340 PANAMA ST STANFORD, CA 94305	NONE	GOV/TRIBAL/PUB	BUILDING A COMPREHENSIVE FRAMEWORK FOR MEASURING ECONOMIC OPPORTUNITY	389,709
CALIFORNIA ASSOCIATION OF PUBLIC HOSPITALS AND HEALTH SYSTEMS 70 WASHINGTON STREET SUITE 215 OAKLAND, CA 94607	NONE	TRADE AND PROFESSION	POSITIONING CALIFORNIA'S PUBLIC HEALTH SYSTEMS FOR SUCCESS BEYOND THE MEDICAL 2020 WAIVER	150,000
CALIFORNIA BLACK WOMEN'S HEALTH PROJECT 9800 S LA CIENEGA BLVD 905 INGLEWOOD, CA 90301	NONE	NONPROFIT, NON-FOUND	ACT NOW FUND	100,000
Total ▶ 3a				18,613,384

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
CALIFORNIA BUDGET & POLICY CENTER 1107 9TH ST 310 SACRAMENTO, CA 95814	NONE	NONPROFIT, NON-FOUND	EXPLORING THE VALUE OF PREVENTION	250,000
CALIFORNIA COMMUNITY FOUNDATION 221 S FIGUEROA ST 400 LOS ANGELES, CA 90012	NONE	NONPROFIT, NON-FOUND	GENERAL OPERATING	15,000
CALIFORNIA COMMUNITY FOUNDATION 221 S FIGUEROA ST 400 LOS ANGELES, CA 90012	NONE	NONPROFIT, NON-FOUND	GENERAL OPERATING SUPPORT	50,000
Total ▶ 3a				18,613,384

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
CALIFORNIA CONSORTIUM FOR URBAN INDIAN HEALTH INC 1016 LINCOLN BLVD 111 SAN FRANCISCO, CA 94129	NONE	NONPROFIT, NON-FOUND	SUSTAINABILITY OF THE RED WOMEN RISING PROGRAM	150,000
CALIFORNIA CONSORTIUM FOR URBAN INDIAN HEALTH INC 1016 LINCOLN BLVD 111 SAN FRANCISCO, CA 94129	NONE	NONPROFIT, NON-FOUND	RED WOMAN RISING DOMESTIC VIOLENCE (DV) AND HEALTH INTEGRATION IN URBAN INDIAN HEALTH CLINICS	35,210
CALIFORNIA FORWARD 127 UNIVERSITY AVE BERKELEY, CA 94710	NONE	NONPROFIT, NON-FOUND	CREATING A ROADMAP TO SHARED PROSPERITY BY REDUCING POVERTY, INCREASING ECONOMIC SECURITY, & RESTORING UPWARD MOBILITY	165,000
Total ▶ 3a				18,613,384

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
CALIFORNIA IMMIGRANT POLICY CENTER 1225 8TH ST 590 SACRAMENTO, CA 95814	NONE	NONPROFIT, NON-FOUND	PROTECTING IMMIGRANT FAMILIES (ACT NOW)	150,000
CALIFORNIA PAN-ETHNIC HEALTH NETWORK 2251 SAN DIEGO RD A270 ALAMEDA, CA 94501	NONE	NONPROFIT, NON-FOUND	ADVANCING A COLLECTIVE BEHAVIORAL HEALTH EQUITY AGENDA	425,000
CALIFORNIA PARTNERSHIP TO END DOMESTIC VIOLENCE 1107 9TH ST 910 SACRAMENTO, CA 95815	NONE	NONPROFIT, NON-FOUND	DOMESTIC VIOLENCE HOUSING FIRST PROJECT EVALUATION - YEAR TWO	294,000
Total ▶ 3a				18,613,384

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
CALIFORNIA PARTNERSHIP TO END DOMESTIC VIOLENCE 1107 9TH ST 910 SACRAMENTO, CA 95815	NONE	NONPROFIT, NON-FOUND	DOMESTIC VIOLENCE HOUSING FIRST PROJECT EVALUATION - YEAR TWO	136,000
CALIFORNIA PARTNERSHIP TO END DOMESTIC VIOLENCE 1107 9TH ST 910 SACRAMENTO, CA 95815	NONE	NONPROFIT, NON-FOUND	GENERAL OPERATING SUPPORT	450,000
CALIFORNIA PRIMARY CARE ASSOCIATION 233 WOODLAKE DR SACRAMENTO, CA 95815	NONE	NONPROFIT, NON-FOUND	GENERAL OPERATING SUPPORT	300,000
Total			▶ 3a	18,613,384

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
CALIFORNIA STATE UNIVERSITY SACRAMENTO 3000 STATE UNIVERSITY DR SACRAMENTO, CA 95819	NONE	NONPROFIT, NON-FOUND	LET'S GET HEALTHY CALIFORNIA INNOVATION CONFERENCE 2018	50,000
CENTER FOR DOMESTIC PEACE 734 A ST SAN RAFAEL, CA 94901	NONE	NONPROFIT, NON-FOUND	EXPLORING THE VALUE OF PREVENTION	250,000
CENTER FOR EFFECTIVE PHILANTHROPY INC 2139 CAMBRIDGE AVE CARDIFF, CA 92007	NONE	NONPROFIT, NON-FOUND	GENERAL OPERATING SUPPORT	25,000
Total ▶ 3a				18,613,384

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
CENTER FOR HEALTH CARE STRATEGIES INC 2060 E UNIVERSITY DR 212 COMPTON, CA 90220	NONE	NONPROFIT, NON-FOUND	ACCELERATING VALUE-BASED PAYMENT FOR FEDERALLY QUALIFIED HEALTH CENTERS	42,701
CHARITABLE VENTURES OF ORANGE COUNTY 4041 MACARTHUR BLVD SUITE 510 NEWPORT BEACH, CA 92660	NONE	NONPROFIT, NON-FOUND	ORANGE COUNTY DOMESTIC VIOLENCE SYSTEMS INTEGRATION PROJECT EVALUATION AND MENTAL HEALTH PLAN	215,000
CHARLES R DREW UNIVERSITY OF MEDICINE & SCIENCE 1731 E 120TH ST LOS ANGELES, CA 90059	NONE	NONPROFIT, NON-FOUND	GENERAL OPERATING SUPPORT	10,000
Total				18,613,384

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
COMMUNITY PARTNERS 1000 N ALAMEDA ST SUITE 240 LOS ANGELES, CA 90012	NONE	NONPROFIT, NON-FOUND	GRANT TRANSFER STRENGTHENING SOCIAL NETWORK RESPONSES TO DOMESTIC VIOLENCE (DV)	110,000
COMMUNITY PARTNERS 1000 N ALAMEDA ST SUITE 240 LOS ANGELES, CA 90012	NONE	NONPROFIT, NON-FOUND	FORMATIVE EVALUATION AND ASSESSMENT OF AN INNOVATIVE RESTORATIVE JUSTICE PILOT PROGRAM TO ADDRESS DOMESTIC VIOLENCE IN CONTRA COSTA COUNTY	150,000
COMMUNITY PARTNERS 1000 N ALAMEDA ST SUITE 240 LOS ANGELES, CA 90012	NONE	NONPROFIT, NON-FOUND	KIDS IMPACT INITIATIVE	50,000
Total				18,613,384

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
COMMUNITY PARTNERS 1000 N ALAMEDA ST SUITE 240 LOS ANGELES, CA 90012	NONE	NONPROFIT, NON-FOUND	EXPLORING THE VALUE OF PREVENTION	250,000
CONTRA COSTA FAMILY JUSTICE CENTER ALLIANCE 500 5TH AVE SAN FRANCISCO, CA 94118	NONE	NONPROFIT, NON-FOUND	SUSTAINABILITY PROJECT FOR DOMESTIC VIOLENCE SURVIVOR COMMUNITY FELLOWSHIP PROGRAM	95,000
EAST BAY AGENCY FOR CHILDREN 303 VAN BUREN AVE OAKLAND, CA 94610	NONE	NONPROFIT, NON-FOUND	ORGANIZATIONAL HEALING PROJECT FOR ACT NOW GRANTEES	249,574
Total				18,613,384

▶ **3a**

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
EAST BAY COMMUNITY FOUNDATION 200 FRANK H OGAWA PLAZA OAKLAND, CA 94612	NONE	NONPROFIT, NON-FOUND	GATHERING STRENGTHS SUSTAINING FOUR ASIAN PACIFIC ISLANDER DOMESTIC VIOLENCE LEADERSHIP NETWORKS	130,000
FAMILY VIOLENCE APPELLATE PROJECT 449 15TH ST 104 OAKLAND, CA 94612	NONE	NONPROFIT, NON-FOUND	GENERAL OPERATING SUPPORT	50,000
FANNIE E RIPPEL FOUNDATION 14 MAPLE AVE 200 MORRISTOWN, NJ 07960	NONE	NONPROFIT, NON-FOUND	FORESIGHT, DESIGNING THE FUTURE OF HEALTH	500,000
Total ▶ 3a				18,613,384

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
FUTURES WITHOUT VIOLENCE 100 MONTGOMERY ST SAN FRANCISCO, CA 94129	NONE	NONPROFIT, NON-FOUND	ACT NOW WOMEN'S CAMPAIGN	100,000
GEORGE WASHINGTON UNIVERSITY 1922 F ST NW 4TH FLOOR WASHINGTON, DC 20052	NONE	NONPROFIT, NON-FOUND	FUNDERS FORUM ON ACCOUNTABLE HEALTH	75,000
GOBEE GROUP LLC2323 BROADWAY OAKLAND, CA 94612	NONE	FOR PROFIT ENTITY	CO-DESIGN LAB FOR COMMUNITY-LEVEL PREVENTION AT THE INTERSECTION OF DOMESTIC VIOLENCE AND HEALTH	400,000
Total ▶ 3a				18,613,384

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
GOBEE GROUP LLC2323 BROADWAY OAKLAND, CA 94612	NONE	FOR PROFIT ENTITY	CO-DESIGN LAB FOR COMMUNITY-LEVEL PREVENTION AT THE INTERSECTION OF DOMESTIC VIOLENCE AND HEALTH	403,505
GRANTMAKERS CONCERNED WITH IMMIGRANTS AND REFUGEES PO BOX 1100 SEBASTOPOL, CA 95473	NONE	NONPROFIT, NON-FOUND	GENERAL OPERATING SUPPORT	50,000
GRANTMAKERS FOR EFFECTIVE ORGANIZATIONS 1550 BRYANT ST 675 PASADENA, CA 91103	NONE	NONPROFIT, NON-FOUND	GENERAL OPERATING SUPPORT	75,000
Total ▶ 3a				18,613,384

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
GRANTMAKERS IN HEALTH 1100 CONNECTICUT AVE NW 1200 WASHINGTON, DC 20036	NONE	NONPROFIT, NON-FOUND	GENERAL OPERATING SUPPORT	75,000
GROWTH PHILANTHROPY NETWORK 122 E 42ND ST NEW YORK, NY 10168	NONE	NONPROFIT, NON-FOUND	SYSTEM MAPPING TO IDENTIFY AND SHIFT LEVERAGE POINTS TO IMPROVE HEALTH OUTCOMES	125,000
HEALTH EDUCATION COUNCIL 3950 INDUSTRIAL BLVD 600 WEST SACRAMENTO, CA 95691	NONE	NONPROFIT, NON-FOUND	EXPLORING THE VALUE OF PREVENTION	160,937
Total ▶ 3a				18,613,384

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
HEALTHBEGINS LLC 2600 W OLIVE AVE 500 BURBANK, CA 91505	NONE	NONPROFIT, NON-FOUND	CASE STUDIES OF UPSTREAM STRATEGY FOR POPULATION HEALTH	25,000
HUMBOLDT AREA FOUNDATION 363 INDIANOLA RD BAYSIDE, CA 95524	NONE	NONPROFIT, NON-FOUND	GENERAL OPERATING SUPPORT	10,000
IMMIGRANT LEGAL RESOURCE CENTER 1458 HOWARD ST SAN FRANCISCO, CA 94103	NONE	NONPROFIT, NON-FOUND	ACT NOW	200,000
Total ▶ 3a				18,613,384

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
IMMIGRANT LEGAL RESOURCE CENTER 1458 HOWARD ST SAN FRANCISCO, CA 94103	NONE	NONPROFIT, NON-FOUND	BUILDING NETWORK CAPACITY IN THE CENTRAL VALLEY TO ADDRESS THE NEEDS OF IMMIGRANTS IMPACTED BY DOMESTIC VIOLENCE	105,000
IMPACT JUSTICE 2633 TELEGRAPH AVE 104 OAKLAND, CA 94612	NONE	NONPROFIT, NON-FOUND	EXPLORING RESTORATIVE JUSTICE (RJ) PRACTICES TO ADDRESS DOMESTIC VIOLENCE (DV)	75,000
INSTITUTE FOR THE FUTURE 201 HAMILTON AVE PALO ALTO, CA 94301	NONE	NONPROFIT, NON-FOUND	FORESIGHT RESEARCH ON HEALTH AND ECONOMIC SECURITY IN THE NEW ERA OF WORK	346,638
Total				18,613,384

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
INSURE THE UNINSURED PROJECT 1107 9TH ST 1025 SACRAMENTO, CA 95814	NONE	NONPROFIT, NON-FOUND	GENERAL OPERATING SUPPORT	350,000
JENESSE CENTER INCPO BOX 8476 LOS ANGELES, CA 90008	NONE	NONPROFIT, NON-FOUND	PROMOTING DOMESTIC VIOLENCE AND HEALTH CARE PARTNERSHIPS IN LOS ANGELES COUNTY	89,000
JSI RESEARCH & TRAINING INSTITUTE INC 44 FARNSWORTH ST BOSTON, MA 02210	NONE	NONPROFIT, NON-FOUND	EXPLORING THE VALUE OF PREVENTION	232,400
Total ▶ 3a				18,613,384

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
JSI RESEARCH & TRAINING INSTITUTE INC 44 FARNSWORTH ST BOSTON, MA 02210	NONE	NONPROFIT, NON-FOUND	ADVANCING MULTI-SECTOR PARTNERSHIPS FOCUSED ON DOMESTIC VIOLENCE AND TRAUMA	199,543
JSI RESEARCH & TRAINING INSTITUTE INC 44 FARNSWORTH ST BOSTON, MA 02210	NONE	NONPROFIT, NON-FOUND	NEW VISIONS FOR POPULATION HEALTH	399,963
KEECHA HARRIS & ASSOCIATES INC 1401 DOUG BAKER BLVD SUITE 107- 219 BIRMINGHAM, AL 35242	NONE	NONPROFIT, NON-FOUND	PRESIDENTS' FORUM FOR RACIAL EQUITY IN PHILANTHROPY	50,000
Total ▶ 3a				18,613,384

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
KOREAN AMERICAN FAMILY SERVICES INC (KFAM) 3727 W 6TH ST 320 LOS ANGELES, CA 90020	NONE	NONPROFIT, NON-FOUND	BUILDING LEADERSHIP CAPACITY IN THE KOREAN AMERICAN FAITH COMMUNITY TO PREVENT DOMESTIC VIOLENCE	200,000
LOS ANGELES COUNTY DEPARTMENT OF PUBLIC HEALTH 313 N FIGUEROA ST 610 LOS ANGELES, CA 90012	NONE	GOV/TRIBAL/PUB	LOS ANGELES COUNTY DEPARTMENT OF PUBLIC HEALTH CONTRACTOR FOR CITY AND COMMUNITY HEALTH PROFILES	100,000
MALDEF634 S SPRING ST LOS ANGELES, CA 90014	NONE	NONPROFIT, NON-FOUND	ACT NOW FUND	100,000
Total ▶ 3a				18,613,384

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
MIXTECOINDIGENA COMMUNITY ORGANIZING PROJECT 520 W 5TH ST SUITE F OXNARD, CA 93030	NONE	NONPROFIT, NON-FOUND	AMPLIFYING INDIGENOUS SURVIVOR VOICES TO PREVENT DOMESTIC VIOLENCE AND IMPROVE MENTAL HEALTH	90,000
MUJERES UNIDAS Y ACTIVAS 530 UNIVERSITY ST SAN FRANCISCO, CA 94134	NONE	NONPROFIT, NON-FOUND	GENERAL OPERATING SUPPORT	105,000
MY SISTER'S HOUSE 2400 4TH AVE SACRAMENTO, CA 95818	NONE	NONPROFIT, NON-FOUND	ADVANCING COLLECTIVE ACTION FOR CULTURALLY RESPONSIVE DOMESTIC VIOLENCE PRACTICES AND PREVENTION	334,000
Total ▶ 3a				18,613,384

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
NALEO EDUCATIONAL FUND 1814 FRANKLIN ST 805 SANTA MONICA, CA 90404	NONE	NONPROFIT, NON-FOUND	2020 CENSUS	200,000
NATIONAL ACADEMY OF SCIENCES 2101 CONSTITUTION AVE NW WASHINGTON, DC 20418	NONE	NONPROFIT, NON-FOUND	GENERAL OPERATING SUPPORT	50,000
NATIVE AMERICAN HEALTH CENTER INC 3124 INTERNATIONAL BLVD OAKLAND, CA 94601	NONE	NONPROFIT, NON-FOUND	EXPLORING THE VALUE OF PREVENTION	250,000
Total ▶ 3a				18,613,384

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
NEW VENTURE FUND 1201 CONNECTICUT AVE NW 300 WASHINGTON, DC 20036	NONE	NONPROFIT, NON-FOUND	INTERRUPTING CALIFORNIA'S GUN VIOLENCE EPIDEMIC	100,000
NONPROFIT FINANCE FUND 5 HANOVER SQUARE NEW YORK, NY 10004	NONE	NONPROFIT, NON-FOUND	PREPARING COMMUNITY-BASED ORGANIZATIONS TO SUSTAINABLY PARTICIPATE IN MULTI-SECTOR COLLABORATIONS ADVANCING HEALTH AND PREVENTING DOMESTIC VIOLENCE	300,000
NORTHERN CALIFORNIA GRANTMAKERS 160 SPEAR ST 360 SAN FRANCISCO, CA 94105	NONE	NONPROFIT, NON-FOUND	NCG SUPPORT FOR FUNDER NETWORK ON CHILDHOOD ADVERSITY	7,000
Total ▶ 3a				18,613,384

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
NORTHERN CALIFORNIA GRANTMAKERS 160 SPEAR ST 360 SAN FRANCISCO, CA 94105	NONE	NONPROFIT, NON-FOUND	GENERAL OPERATING SUPPORT	75,000
NORTHERN CALIFORNIA GRANTMAKERS 160 SPEAR ST 360 SAN FRANCISCO, CA 94105	NONE	NONPROFIT, NON-FOUND	UNDERSTANDING INEQUITY IN CALIFORNIA THROUGH SYSTEMS MAPPING	50,000
PRAXIS PROJECT 1900 FRUITVALE AVE 3D OAKLAND, CA 94601	NONE	NONPROFIT, NON-FOUND	ACT NOW FUND	25,000
Total ▶ 3a				18,613,384

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
PREVENTION INSTITUTE221 OAK ST A OAKLAND, CA 94607	NONE	NONPROFIT, NON-FOUND	ADVANCING A MULTI-SECTOR FRAMEWORK TO ADDRESS DOMESTIC VIOLENCE PREVENTION	300,000
PREVENTION INSTITUTE221 OAK ST A OAKLAND, CA 94607	NONE	NONPROFIT, NON-FOUND	PROMOTING MENTAL HEALTH AND WELL-BEING THROUGH COMMUNITY-LEVEL PREVENTION	201,337
PREVENTION INSTITUTE221 OAK ST A OAKLAND, CA 94607	NONE	NONPROFIT, NON-FOUND	EMBEDDING DOMESTIC VIOLENCE PREVENTION INTO PREVENTION-ORIENTED COLLABORATIVES	498,895
Total ▶ 3a				18,613,384

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
PROJECT HOPE - THE PEOPLE-TO-PEOPLE HEALTH FOUNDATION INC 255 CARTER HALL LANE MILLWOOD, VA 22646	NONE	NONPROFIT, NON-FOUND	CALIFORNIA HEALTH POLICY RESEARCH	350,000
PUBLIC HEALTH INSTITUTE 555 12TH ST OAKLAND, CA 94607	NONE	NONPROFIT, NON-FOUND	STRENGTHENING COMMUNITY ENGAGEMENT IN MULTI-SECTOR COLLABORATIONS	300,000
PUBLIC HEALTH INSTITUTE 221 OAK ST A OAKLAND, CA 94607	NONE	NONPROFIT, NON-FOUND	EXPLORING THE VALUE OF PREVENTION	199,973
Total				18,613,384

▶ **3a**

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
PUBLIC HEALTH INSTITUTE 555 12TH ST OAKLAND, CA 94607	NONE	NONPROFIT, NON-FOUND	EXPLORING THE VALUE OF PREVENTION	250,000
PUBLIC HEALTH INSTITUTE 555 12TH ST OAKLAND, CA 94607	NONE	NONPROFIT, NON-FOUND	ADVANCING POLICY OPTIONS FOR SUSTAINABILITY AND SPREAD OF ECONSULT	100,056
PUBLIC HEALTH INSTITUTE 555 12TH ST OAKLAND, CA 94607	NONE	NONPROFIT, NON-FOUND	ADVANCING POLICY AND PRACTICE TO PREVENT DOMESTIC VIOLENCE	200,000
Total				18,613,384

▶ **3a**

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
PUBLIC HEALTH INSTITUTE 555 12TH ST OAKLAND, CA 94607	NONE	NONPROFIT, NON-FOUND	MEASURING PROGRESS TOWARD ACCOUNTABLE COMMUNITIES FOR HEALTH	195,494
PUBLIC HEALTH INSTITUTE 555 12TH ST OAKLAND, CA 94607	NONE	NONPROFIT, NON-FOUND	CALIFORNIA FUTURE HEALTH WORKFORCE COMMISSION	250,000
RAINBOW SERVICES LTD 453 W 7TH ST SAN PEDRO, CA 90731	NONE	NONPROFIT, NON-FOUND	GENERAL OPERATING SUPPORT	130,000
Total ▶ 3a				18,613,384

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
SAFE & SOUND 1757 WALLER ST SAN FRANCISCO, CA 94117	NONE	NONPROFIT, NON-FOUND	EXPLORING THE VALUE OF PREVENTION	50,000
SAN DIEGO GRANTMAKERS 5060 SHOREHAM PLACE SUITE 350 SAN DIEGO, CA 92122	NONE	NONPROFIT, NON-FOUND	GENERAL OPERATING SUPPORT	50,000
SAN JOAQUIN GENERAL HOSPITAL 500 W HOSPITAL RD FRENCH CAMP, CA 95231	NONE	GOV/TRIBAL/PUB	SAFETY NET INTEGRATION 2017 SPREADING ADOPTION OF ECONSULT IN THE SAFETY NET	250,000
Total				18,613,384

▶ 3a

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
SCHOLARSHIP AMERICA INC 7900 INTERNATIONAL DRIVE SUITE 500 MINNEAPOLIS, MN 55425	NONE	NONPROFIT, NON-FOUND	GENERAL OPERATING SUPPORT	75,000
SHASTA REGIONAL COMMUNITY FOUNDATION 1335 ARBORETUM DR B REDDING, CA 96003	NONE	NONPROFIT, NON-FOUND	GENERAL OPERATING SUPPORT	25,000
SIERRA HEALTH FOUNDATION CENTER FOR HEALTH PROGRAM MANAGEMENT 1321 GARDEN HWY SACRAMENTO, CA 95833	NONE	NONPROFIT, NON-FOUND	ENSURING A COMPLETE COUNT OF THE SAN JOAQUIN VALLEY IN THE 2020 CENSUS	276,000
Total			▶ 3a	18,613,384

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
SOCIAL FINANCE INC10 MILK ST 1010 BOSTON, MA 02108	NONE	NONPROFIT, NON-FOUND	EXPLORING THE VALUE OF PREVENTION	248,687
SOUTHERN CALIFORNIA GRANTMAKERS 3537 JOHNSON CT TORRANCE, CA 90504	NONE	NONPROFIT, NON-FOUND	GENERAL OPERATING SUPPORT	75,000
SOUTHERN CALIFORNIA GRANTMAKERS 3537 JOHNSON CT TORRANCE, CA 90504	NONE	NONPROFIT, NON-FOUND	THE LOS ANGELES COUNTY CENTER FOR STRATEGIC PUBLIC-PRIVATE PARTNERSHIPS	25,000
Total				18,613,384


3a

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
STAND UP PLACER INC1780 3RD ST AUBURN, CA 95603	NONE	NONPROFIT, NON-FOUND	EXPLORING THE VALUE OF PREVENTION	250,000
TAHOE SAFE ALLIANCE PO BOX 1232 265 BEAR STREET KINGS BEACH, CA 96143	NONE	NONPROFIT, NON-FOUND	STRATEGIC RESTRUCTURING PROCESS FOR TAHOE-TRUCKEE SAFETY NET PROVIDERS	90,000
THE CALIFORNIA HEALTH CARE SAFETY NET INSTITUTE 1996 EASTMAN AVE 101 OAKLAND, CA 94619	NONE	NONPROFIT, NON-FOUND	GENERAL OPERATING SUPPORT	75,000
Total ▶ 3a				18,613,384

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
THE COMMONWEALTH CLUB 110 THE EMBARCADERO SAN FRANCISCO, CA 94105	NONE	NONPROFIT, NON-FOUND	2018 SPEAKER SERIES	50,000
THE HENRY J KAISER FAMILY FOUNDATION 185 BERRY ST 2000 SAN FRANCISCO, CA 94107	NONE	NONPROFIT, NON-FOUND	KAISER HEALTH NEWS CALIFORNIA BUREAU	350,000
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA 10889 WILSHIRE BOULEVARD SUITE 700 LOS ANGELES, CA 90095	NONE	NONPROFIT, NON-FOUND	EXPLORING THE VALUE OF PREVENTION	250,000
Total ▶ 3a				18,613,384

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA SAN FRANCISCO 220 MONTGOMERY ST FL 5 SAN FRANCISCO, CA 94104	NONE	NONPROFIT, NON-FOUND	SAFETY NET INTEGRATION 2017 SUPPORTING THE SPREAD OF ECONSULT IN CALIFORNIA'S SAFETY NET	196,275
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA SAN FRANCISCO 220 MONTGOMERY ST FL 5 SAN FRANCISCO, CA 94104	NONE	NONPROFIT, NON-FOUND	OPPORTUNITIES TO LEVERAGE MEDICAID FUNDING TO ADDRESS SOCIAL DETERMINANTS OF HEALTH	150,000
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA SAN FRANCISCO 220 MONTGOMERY ST FL 5 SAN FRANCISCO, CA 94104	NONE	NONPROFIT, NON-FOUND	CLINIC LEADERSHIP INSTITUTE ALUMNI NETWORK	150,000
Total ▶ 3a				18,613,384

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA SAN FRANCISCO 220 MONTGOMERY ST FL 5 SAN FRANCISCO, CA 94104	NONE	NONPROFIT, NON-FOUND	SUPPORTING THE INTEGRATION OF COMMUNITY HEALTH WORKERS INTO CARE TEAMS	254,500
THIRD SECTOR CAPITAL PARTNERS INC 500 WASHINGTON ST 340 SAN FRANCISCO, CA 94111	NONE	NONPROFIT, NON-FOUND	EXPLORING THE VALUE OF PREVENTION	247,375
TIDES CENTER 225 BUSH ST SAN FRANCISCO, CA 94104	NONE	NONPROFIT, NON-FOUND	CALIFORNIA HEALTH REPORT	115,000
Total ▶ 3a				18,613,384

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
UNITED WAY OF THE BAY AREA 1454 2ND ST SAN FRANCISCO, CA 94107	NONE	NONPROFIT, NON-FOUND	EXPLORING THE VALUE OF PREVENTION	250,000
UNIVERSITY OF SOUTHERN CALIFORNIA 734 W ADAMS BLVD LOS ANGELES, CA 90007	NONE	NONPROFIT, NON-FOUND	CALIFORNIA HEALTH JOURNALISM ENGAGEMENT INITIATIVE	109,667
UNIVERSITY OF SOUTHERN CALIFORNIA 734 W ADAMS BLVD LOS ANGELES, CA 90007	NONE	NONPROFIT, NON-FOUND	CALIFORNIA HEALTH JOURNALISM FELLOWSHIP	174,945
Total				18,613,384

▶ **3a**

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
VENTURA COUNTY HEALTH CARE AGENCY 5851 THILLE ST VENTURA, CA 93003	NONE	GOV/TRIBAL/PUB	SAFETY NET INTEGRATION 2017 SPREADING ADOPTION OF ECONSULT IN THE SAFETY NET	250,000
WESTERN CENTER ON LAW & POVERTY INC 3701 WILSHIRE BLVD 208 LOS ANGELES, CA 90010	NONE	NONPROFIT, NON-FOUND	EXPLORING THE VALUE OF PREVENTION	250,000
WILLAMETTE PARTNERSHIP 4640 SW MACADAM AVE 50 PORTLAND, OR 97239	NONE	NONPROFIT, NON-FOUND	EXPLORING THE VALUE OF PREVENTION	110,000
Total ▶ 3a				18,613,384

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
WOMEN ORGANIZED TO MAKE ABUSE NONEXISTENT INC 26 BOARDMAN PL SAN FRANCISCO, CA 94103	NONE	NONPROFIT, NON-FOUND	DISSEMINATION OF SURVIVOR-CENTERED STRATEGIES AND FRAMEWORK	60,000
Total			▶ 3a	18,613,384

TY 2018 Accounting Fees Schedule**Name:** CALIFORNIA PHYSICIANS' SERVICE FDN

DBA BLUE SHIELD OF CALIFORNIA FDN

EIN: 94-2822302

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ACCOUNTING FEES	41,297	0		41,297

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

TY 2018 Expenditure Responsibility Statement

Name: CALIFORNIA PHYSICIANS' SERVICE FDN

DBA BLUE SHIELD OF CALIFORNIA FDN

EIN: 94-2822302

Grantee's Name	Grantee's Address	Grant Date	Grant Amount	Grant Purpose	Amount Expended By Grantee	Any Diversion By Grantee?	Dates of Reports By Grantee	Date of Verification	Results of Verification
BLUEPATH HEALTH INC	929 SIR FRANCIS DRAKE BLVD SUITE 101C KENTFIELD, CA 94904	2018-12-08	300,000	TO PROVIDE TECHNICAL ASSISTANCE TO LOCAL HEALTH CARE SAFETY NET SYSTEMS IMPLEMENTING ELECTRONIC CONSULTATION AND REFERRAL AND TO ADVANCE POLICY THAT WILL PROMOTE SUSTAINABILITY OF THIS CARE DELIVERY TRANSFORMATION		NO DIVERSION OF GRANT FUNDS WAS FOUND	NONE IN 2018 FINAL REPORT DUE 2/1/2020		BSCF STAFF WILL VERIFY THE GRANT REPORTS RECEIVED ONCE THEY ARE SUBMITTED
BLUE SKY CONSULTING GROUP LLC	1939 HARRISON STREET SUITE 211 OAKLAND, CA 94612	2018-12-08	299,855	TO PROVIDE TECHNICAL ASSISTANCE TO LOCAL AND REGIONAL LEADERS WILLING TO EXPLORE ALTERNATIVE "CARVE-IN" FINANCING MODELS AND PILOTS THAT COULD FURTHER BEHAVIORAL HEALTH INTEGRATION POLICY AND PRACTICE IN THE CALIFORNIA SAFETY NET		NO DIVERSION OF GRANT FUNDS WAS FOUND	NONE IN 2018 INTERIM REPORT DUE 2/1/2020, FINAL REPORT DUE 2/1/2021		BSCF STAFF WILL VERIFY THE GRANT REPORTS RECEIVED ONCE THEY ARE SUBMITTED
BLUE CROSS BLUE SHIELD OF MASSACHUSETTS FOUNDATION	101 HUNTINGTON AVENUE SUITE 1300 BOSTON, MA 021997611	2018-09-08	20,000	TO SUPPORT A CALIFORNIA HEALTHCARE JOURNALIST'S PARTICIPATION IN THE 2018-9 NATIONAL HEALTH COVERAGE FELLOWSHIP		NO DIVERSION OF GRANT FUNDS WAS FOUND	NONE IN 2018 FINAL REPORT DUE 2/1/2020		BSCF STAFF WILL VERIFY THE GRANT REPORTS RECEIVED ONCE THEY ARE SUBMITTED
KEECHA HARRIS & ASSOCIATES INC	1401 DOUG BAKER BOULEVARD SUITE 107-219 BIRMINGHAM, AL 35242	2018-08-31	50,000	TO SUPPORT DEVELOPMENT OF A PEER-TO-PEER LEARNING NETWORK FOR FOUNDATION CEOS TO BE CHAMPIONS FOR RACIAL EQUITY IN THEIR OWN ORGANIZATIONS		NO DIVERSION OF GRANT FUNDS WAS FOUND	NONE IN 2018 FINAL REPORT DUE 10/1/2019		BSCF STAFF WILL VERIFY THE GRANT REPORTS RECEIVED ONCE THEY ARE SUBMITTED
FANNIE E RIPPEL FOUNDATION	14 MAPLE AVENUE SUITE 200 MORRISTOWN, NJ 07960	2018-09-08	1,000,000	TO USE AN INFORMED AND COLLABORATIVE DESIGN PROCESS TO CREATE THE INSIGHTS AND PATHWAYS TO HELP NATIONAL, REGIONAL, AND SECTOR LEADERS NAVIGATE THE FUTURE FOR HEALTH IT WILL INFORM AND CATALYZE THE ACTIONS AND DECISIONS OF PHILANTHROPIES, MULTISECTOR PARTNERSHIPS, HEALTH SYSTEMS, POLICYMAKERS, EMPLOYERS, PAYERS, AND THOSE BEYOND THE BOUNDARIES OF THE PROJECT, WHO WILL CONSEQUENTLY BE POSITIONED TO BRING ABOUT A NEW ERA OF HEALTH FORESIGHT WILL CREATE A SHARED, COMPELLING VISION THAT EVOLVES FROM A BALANCED AND INFORMED EXPLORATION OF OUR POSSIBLE FUTURES		NO DIVERSION OF GRANT FUNDS WAS FOUND	NONE IN 2018 INTERIM REPORT 2/1/2019 AND 5/1/2019, INTERIM REPORT DUE 2/1/		BSCF REVIEWED GRANTEE REPORTS BUT DID NOT VERIFY FURTHER
HEALTHBEGINS LLC	2600 W OLIVE AVE SUITE 500 BURBANK, CA 91505	2018-05-11	25,000	TO PRODUCE A SERIES OF CASE STUDIES TO IDENTIFY CHALLENGES AND OPPORTUNITIES EXPERIENCED BY MEDI-CAL STAKEHOLDERS IN CALIFORNIA RELATED TO THE USE OF STRATEGIC AND OPERATIONAL FRAMEWORKS TO MOVE UPSTREAM		NO DIVERSION OF GRANT FUNDS WAS FOUND	FINAL REPORT 11/01/2018		BSCF REVIEWED GRANTEE REPORTS BUT DID NOT VERIFY FURTHER
CALIFORNIA ASSOCIATION OF PUBLIC HOSPITALS AND HEALTH SYSTEMS	70 WASHINGTON STREET SUITE 215 KENSINGTON, CA 946073795	2018-03-08	150,000	TO DEVELOP AND IMPLEMENT A STRATEGY THAT PREPARES AND SUPPORTS PUBLIC HEALTH CARE SYSTEMS IN MAKING THE REQUIRED SHIFTS TO BE SUCCESSFUL BEYOND THE CONCLUSION OF THE MEDI-CAL 2020 WAIVER, INCLUDING ENHANCING DATA CAPACITY, INCREASING QUALITY IMPROVEMENT CAPACITY, INCREASING FOCUS ON PREVENTION STRATEGIES AND SHARING LESSONS LEARNED		NO DIVERSION OF GRANT FUNDS WAS FOUND	NONE IN 2018 FINAL REPORT 5/1/2019		BSCF REVIEWED GRANTEE REPORTS BUT DID NOT VERIFY FURTHER
GOBEE GROUP LLC	2323 BROADWAY OAKLAND, CA 946122016	2017-12-07	803,505	TO DEVELOP AND IMPLEMENT A CO-DESIGN LAB THAT ENGAGES GRASSROOTS LEADERS, POLICYMAKERS AND RESEARCHERS TO REFLECT, LEARN, AND CO-CREATE NEW STRATEGIES FOR COMMUNITY-LEVEL PREVENTION AT THE INTERSECTION OF HEALTH AND DOMESTIC VIOLENCE		NO DIVERSION OF GRANT FUNDS WAS FOUND	INTERIM REPORT 7/2/2018, FINAL REPORT 2/1/2019		BSCF REVIEWED GRANTEE REPORTS BUT DID NOT VERIFY FURTHER

TY 2018 General Explanation Attachment

Name: CALIFORNIA PHYSICIANS' SERVICE FDN
DBA BLUE SHIELD OF CALIFORNIA FDN

EIN: 94-2822302

General Explanation Attachment

Identifier	Return Reference	Explanation	
1	OTHER INCREASES AND DECREASES IN NET ASSETS	FORM 990-PF, PART III	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 \$4,551,870

General Explanation Attachment

Identifier	Return Reference	Explanation	
2	OTHER REVENUE - RELATED	FORM 990-PF, PART XVI-A, COLUMN E	THE TOTAL OTHER REVENUE OF \$20,082 INCLUDES \$4,319 PREPARED EXCISE TAX AND \$15,763 DEFERRED TAX ADJUSTMENT

TY 2018 Investments Corporate Stock Schedule

Name: CALIFORNIA PHYSICIANS' SERVICE FDN
DBA BLUE SHIELD OF CALIFORNIA FDN

EIN: 94-2822302

Investments Corporation Stock Schedule

Name of Stock	End of Year Book Value	End of Year Fair Market Value
U.S. COMMON STOCK	13,044,273	13,044,273

TY 2018 Investments - Other Schedule

Name: CALIFORNIA PHYSICIANS' SERVICE FDN
DBA BLUE SHIELD OF CALIFORNIA FDN

EIN: 94-2822302

Investments Other Schedule 2

Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value
FIXED INCOME FUNDS	FMV	12,665,971	12,665,971

TY 2018 Other Assets Schedule

Name: CALIFORNIA PHYSICIANS' SERVICE FDN
DBA BLUE SHIELD OF CALIFORNIA FDN

EIN: 94-2822302

Other Assets Schedule

Description	Beginning of Year - Book Value	End of Year - Book Value	End of Year - Fair Market Value
ACCRUED INVESTMENT INCOME	44,623	116,719	116,719
EXCISE TAX RECEIVABLE	0	293,285	293,285

TY 2018 Other Decreases Schedule

Name: CALIFORNIA PHYSICIANS' SERVICE FDN
DBA BLUE SHIELD OF CALIFORNIA FDN

EIN: 94-2822302

Description	Amount
UNREALIZED LOSS ON INVESTMENTS	564,871
IN-KIND GIFTS OF PERSONNEL, ADMINISTRATIVE SERVICES, AND FACILITIES	4,551,870

TY 2018 Other Expenses Schedule

Name: CALIFORNIA PHYSICIANS' SERVICE FDN
DBA BLUE SHIELD OF CALIFORNIA FDN

EIN: 94-2822302

Other Expenses Schedule

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
BOARD MEETING EXPENSES	29,762	0		29,762
EVENTS - HOSTED	4,584	0		4,584
HONORARIA	10,400	0		10,400
INTERNAL/TEAM MEETINGS	15,356	0		15,356
IT / TELECOMMUNICATIONS	113,375	0		113,375
LICENSE & FEES	520	0		520
MARKETING	42,450	0		42,450
MEMBERSHIPS	11,415	0		11,415
OFFICE SUPPLIES	15,424	0		15,424
STAFF TRAINING & DEVELOPMENT	64,301	0		64,301

Other Expenses Schedule

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
STATE FILING FEE	285	0		285
SUBSCRIPTIONS	11,845	0		11,845

TY 2018 Other Income Schedule

Name: CALIFORNIA PHYSICIANS' SERVICE FDN
DBA BLUE SHIELD OF CALIFORNIA FDN

EIN: 94-2822302

Other Income Schedule

Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
PREPAID EXCISE TAX	4,319		4,319
DEFERRED TAX ADJUSTMENT	15,763		15,763

TY 2018 Other Increases Schedule

Name: CALIFORNIA PHYSICIANS' SERVICE FDN
DBA BLUE SHIELD OF CALIFORNIA FDN

EIN: 94-2822302

Description	Amount
IN-KIND GIFTS OF PERSONNEL, ADMINISTRATIVE SERVICES, AND FACILITIES	4,551,870

TY 2018 Other Liabilities Schedule

Name: CALIFORNIA PHYSICIANS' SERVICE FDN
DBA BLUE SHIELD OF CALIFORNIA FDN

EIN: 94-2822302

Description	Beginning of Year - Book Value	End of Year - Book Value
EXCISE TAX	101,797	0

TY 2018 Other Professional Fees Schedule

Name: CALIFORNIA PHYSICIANS' SERVICE FDN
DBA BLUE SHIELD OF CALIFORNIA FDN

EIN: 94-2822302

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
PROGRAM CONSULTING & EVALUATION	2,469,443	0		2,310,053
INVESTMENT MANAGEMENT FEES	48,658	48,658		0

Schedule B
(Form 990, 990-EZ,
or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors
▶ Attach to Form 990, 990-EZ, or 990-PF
▶ Go to www.irs.gov/Form990 for the latest information

OMB No 1545-0047
2018

Name of the organization
CALIFORNIA PHYSICIANS' SERVICE FDN
DBA BLUE SHIELD OF CALIFORNIA FDN

Employer identification number
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 **not** treated as a private foundation

527 political organization

Form 990-PF

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

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 other 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 33¹ 3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), 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, 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, 990-EZ, or 990-PF), 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 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization CALIFORNIA PHYSICIANS' SERVICE FDN DBA BLUE SHIELD OF CALIFORNIA FDN	Employer identification number 94-2822302
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Part I **Contributors** (See instructions) Use duplicate copies of Part I if additional space is needed

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	BLUE SHIELD OF CALIFORNIA <hr/> 50 BEALE STREET <hr/> SAN FRANCISCO, CA 94105	\$ 40,000,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
	<hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
	<hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
	<hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
	<hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
	<hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
	<hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
	<hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)

Name of organization CALIFORNIA PHYSICIANS' SERVICE FDN DBA BLUE SHIELD OF CALIFORNIA FDN	Employer identification number 94-2822302
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Part II	Noncash Property
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(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
(See instructions) Use duplicate copies of Part II if additional space is needed			
	_____ _____ _____	_____ \$	
	_____ _____ _____	_____ \$	
	_____ _____ _____	_____ \$	
	_____ _____ _____	_____ \$	
	_____ _____ _____	_____ \$	
	_____ _____ _____	_____ \$	
	_____ _____ _____	_____ \$	
	_____ _____ _____	_____ \$	

Name of organization CALIFORNIA PHYSICIANS' SERVICE FDN DBA BLUE SHIELD OF CALIFORNIA FDN	Employer identification number 94-2822302
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP 4	Relationship of transferor to transferee