

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.**

OMB No. 1545-0047
2021
Open to Public Inspection

For calendar year 2021, or tax year beginning 01-01-2021, and ending 12-31-2021

Name of foundation DELTA DENTAL COMMUNITY CARE FOUNDATION		A Employer identification number 37-1570764	
Number and street (or P.O. box number if mail is not delivered to street address) 560 MISSION STREET SUITE 1300	Room/suite	B Telephone number (see instructions) (415) 972-8300	
City or town, state or province, country, and ZIP or foreign postal code SAN FRANCISCO, CA 94105		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 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>47,759,318</u>		F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>	
J Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d) must be on cash basis.)			

Part I Analysis of Revenue and Expenses <small>(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions).)</small>		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
1	Contributions, gifts, grants, etc., received (attach schedule)	36,126,249			
2	Check <input type="checkbox"/> if the foundation is not required to attach Sch. B				
3	Interest on savings and temporary cash investments	5,976	5,976		
4	Dividends and interest from securities	1,479	1,479		
5a	Gross rents				
b	Net rental income or (loss)				
6a	Net gain or (loss) from sale of assets not on line 10				
b	Gross sales price for all assets on line 6a				
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)				
12	Total. Add lines 1 through 11	36,133,704	7,455	0	
13	Compensation of officers, directors, trustees, etc.	0	0	0	0
14	Other employee salaries and wages				
15	Pension plans, employee benefits				
16a	Legal fees (attach schedule)				
b	Accounting fees (attach schedule)	12,500	0	0	0
c	Other professional fees (attach schedule)	1,506,449	0	0	0
17	Interest				
18	Taxes (attach schedule) (see instructions)				
19	Depreciation (attach schedule) and depletion				
20	Occupancy				
21	Travel, conferences, and meetings				
22	Printing and publications				
23	Other expenses (attach schedule)	6,659	0	0	0
24	Total operating and administrative expenses. Add lines 13 through 23	1,525,608	0	0	0
25	Contributions, gifts, grants paid	20,492,144			20,492,144
26	Total expenses and disbursements. Add lines 24 and 25	22,017,752	0	0	20,492,144
27	Subtract line 26 from line 12:				
a	Excess of revenue over expenses and disbursements	14,115,952			
b	Net investment income (if negative, enter -0-)		7,455		
c	Adjusted net income (if negative, enter -0-)			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	5,494,135	23,193,452	23,193,452
	2 Savings and temporary cash investments	8,060,219	8,096,672	8,096,672
	3 Accounts receivable ▶ <u>15,958,169</u>			
	Less: allowance for doubtful accounts ▶ _____	20,009,125	15,958,169	15,958,169
	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	3,333		
	10a Investments—U.S. and state government obligations (attach schedule)			
	b Investments—corporate stock (attach schedule)			
	c Investments—corporate bonds (attach schedule)	0	521,171	511,025
	11 Investments—land, buildings, and equipment: basis ▶ _____			
Less: accumulated depreciation (attach schedule) ▶ _____				
12 Investments—mortgage loans				
13 Investments—other (attach schedule)				
14 Land, buildings, and equipment: basis ▶ _____				
Less: accumulated depreciation (attach schedule) ▶ _____				
15 Other assets (describe ▶ _____)				
16 Total assets (to be completed by all filers—see the instructions. Also, see page 1, item I)	33,566,812	47,769,464	47,759,318	
Liabilities	17 Accounts payable and accrued expenses			
	18 Grants payable	10,500	97,200	
	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 ▶ _____)			
	23 Total liabilities (add lines 17 through 22)	10,500	97,200	
Net Assets or Fund Balances	Foundations that follow FASB ASC 958, check here ▶ <input checked="" type="checkbox"/> and complete lines 24, 25, 29 and 30.			
	24 Net assets without donor restrictions	33,556,312	47,672,264	
	25 Net assets with donor restrictions			
	Foundations that do not follow FASB ASC 958, check here ▶ <input type="checkbox"/> and complete lines 26 through 30.			
	26 Capital stock, trust principal, or current funds			
	27 Paid-in or capital surplus, or land, bldg., and equipment fund			
	28 Retained earnings, accumulated income, endowment, or other funds			
29 Total net assets or fund balances (see instructions)	33,556,312	47,672,264		
30 Total liabilities and net assets/fund balances (see instructions) .	33,566,812	47,769,464		

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	33,556,312
2 Enter amount from Part I, line 27a	2	14,115,952
3 Other increases not included in line 2 (itemize) ▶ _____	3	0
4 Add lines 1, 2, and 3	4	47,672,264
5 Decreases not included in line 2 (itemize) ▶ _____	5	0
6 Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 29 .	6	47,672,264

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.)
1a			

(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			
b			
c			
d			
e			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69

(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	(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col.(h))
a			
b			
c			
d			
e			

2 Capital gain net income or (net capital loss)

{ If gain, also enter in Part I, line 7
If (loss), enter -0- in Part I, line 7 }

2

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 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 sub-rows 1a, 1b, 2, 3, 4, 5, 6a-d, 7, 8, 9, 10, 11. Columns for line numbers and amounts.

Part VI-A Statements Regarding Activities

Table with 10 rows for activity statements. Includes sub-rows 1a, 1b, 1c, 2, 3, 4a, 4b, 5, 6, 7, 8a, 8b, 9, 10. Columns for question numbers and Yes/No responses.

Part VI-A Statements Regarding Activities (continued)

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

Located at 560 MISSION STREET STE 1300 SAN FRANCISCO CA ZIP+4 94105

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 foreign country interest.

Part VI-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.

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

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)		No
	(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)		No
	(3) Provide a grant to an individual for travel, study, or other similar purposes?.	5a(3)		No
	(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions.	5a(4)		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?.	5a(5)		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		
c	Organizations relying on a current notice regarding disaster assistance check <input type="checkbox"/>			
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?. <i>If "Yes," attach the statement required by Regulations section 53.4945-5(d).</i>	5d		
6a	Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	6a		No
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? <i>If "Yes" to 6b, file Form 8870.</i>	6b		No
7a	At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?	7a		No
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 during the year?.	8		No

Part VII 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 VII 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
NONE		
Total number of others receiving over \$50,000 for professional services. ▶		0

Part VIII-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	
2	
3	
4	

Part VIII-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 IX 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	513,001
b	Average of monthly cash balances.	1b	25,247,603
c	Fair market value of all other assets (see instructions).	1c	15,958,169
d	Total (add lines 1a, b, and c).	1d	41,718,773
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	41,718,773
4	Cash deemed held for charitable activities. Enter 1.5% (0.015) of line 3 (for greater amount, see instructions).	4	625,782
5	Net value of noncharitable-use assets. Subtract line 4 from line 3.	5	41,092,991
6	Minimum investment return. Enter 5% (0.05) of line 5.	6	2,054,650

Part X 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 IX, line 6.	1	2,054,650
2a	Tax on investment income for 2021 from Part V, line 5.	2a	104
b	Income tax for 2021. (This does not include the tax from Part V.).	2b	
c	Add lines 2a and 2b.	2c	104
3	Distributable amount before adjustments. Subtract line 2c from line 1.	3	2,054,546
4	Recoveries of amounts treated as qualifying distributions.	4	0
5	Add lines 3 and 4.	5	2,054,546
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	2,054,546

Part 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	20,492,144
b	Program-related investments—total from Part VIII-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 XII, line 4.	4	20,492,144

Part XII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2020	(c) 2020	(d) 2021
1 Distributable amount for 2021 from Part X, line 7				2,054,546
2 Undistributed income, if any, as of the end of 2021:				
a Enter amount for 2020 only.			0	
b Total for prior years: 20___, 20___, 20___		0		
3 Excess distributions carryover, if any, to 2021:				
a From 2016.	3,742,903			
b From 2017.	5,928,768			
c From 2018.	14,585,092			
d From 2019.	9,799,529			
e From 2020.	14,761,033			
f Total of lines 3a through e.	48,817,325			
4 Qualifying distributions for 2021 from Part XI, line 4: ▶ \$ <u>20,492,144</u>				
a Applied to 2020, 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 2021 distributable amount.				2,054,546
e Remaining amount distributed out of corpus	18,437,598			
5 Excess distributions carryover applied to 2021. (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	67,254,923			
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 2019. Subtract line 4a from line 2a. Taxable amount—see instructions.			0	
f Undistributed income for 2021. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2022.				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 2016 not applied on line 5 or line 7 (see instructions).	3,742,903			
9 Excess distributions carryover to 2022. Subtract lines 7 and 8 from line 6a.	63,512,020			
10 Analysis of line 9:				
a Excess from 2017.	5,928,768			
b Excess from 2018.	14,585,092			
c Excess from 2019.	9,799,529			
d Excess from 2020.	14,761,033			
e Excess from 2021.	18,437,598			

Part XIII Private Operating Foundations (see instructions and Part VI-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 2021, enter the date of the ruling

1b Check box to indicate whether the organization is a private operating foundation described in section 4942(j)(3) or 4942(j)(5)

2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part IX for each year listed

	Tax year				(e) Total
	(a) 2021	(b) 2020	(c) 2019	(d) 2018	
b 85% (0.85) of line 2a					
c 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:

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 IX, 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

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

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 email address of the person to whom applications should be addressed:

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:

Part XIV **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				20,492,144
b <i>Approved for future payment</i>				
Total ▶ 3b				0

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

Part XVI

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?

Table with 3 columns: Question, Yes, No. Rows include 1a(1) Cash, 1a(2) Other assets, 1b(1) Sales of assets, 1b(2) Purchases of assets, 1b(3) Rental of facilities, 1b(4) Reimbursement arrangements, 1b(5) Loans or loan guarantees, 1b(6) Performance of services, and 1c Sharing of facilities.

a Transfers from the reporting foundation to a noncharitable exempt organization of:

- (1) Cash
(2) Other assets.

b Other transactions:

- (1) Sales of assets to a noncharitable exempt organization.
(2) Purchases of assets from a noncharitable exempt organization.
(3) Rental of facilities, equipment, or other assets.
(4) Reimbursement arrangements.
(5) Loans or loan guarantees.
(6) Performance of services or membership or fundraising solicitations.

c Sharing of facilities, equipment, mailing lists, other assets, or paid employees.

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.

Schedule table with 4 columns: (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 [X] No

b If "Yes," complete the following schedule.

Schedule table with 3 columns: (a) Name of organization, (b) Type of organization, (c) Description of relationship.

Sign Here 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.

Signature of officer or trustee: ***** Date: 2022-03-29 Title: *****

May the IRS discuss this return with the preparer shown below? See instructions. [X] Yes [] No

Paid Preparer Use Only section containing fields for preparer's name (KELLIE A LANFORD), signature, date, firm's name (CBIZ MHM LLC), address (530 HOWELL ROAD SUITE 209 GREENVILLE, SC 29615), PTIN (P00538614), EIN (34-1851358), and phone number ((864) 241-2001).

Form 990PF Part VII 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
MICHAEL J CASTRO 560 MISSION STREET SUITE 1300 SAN FRANCISCO, CA 94105	CHAIR/PRESIDENT & CEO 1.00	0	0	0
MICHAEL G HANKINSON ESQ 560 MISSION STREET SUITE 1300 SAN FRANCISCO, CA 94105	SECRETARY 1.00	0	0	0
SARAH M CHAVARRIA 560 MISSION STREET SUITE 1300 SAN FRANCISCO, CA 94105	DIRECTOR 1.00	0	0	0
ALICIA F WEBER 560 MISSION STREET SUITE 1300 SAN FRANCISCO, CA 94105	TREASURER / CFO 1.00	0	0	0
ASHLEY C SINGER 560 MISSION STREET SUITE 1300 SAN FRANCISCO, CA 94105	ASSISTANT SECRETARY 1.00	0	0	0
KENZIE FERGUSON 560 MISSION STREET SUITE 1300 SAN FRANCISCO, CA 94105	VICE PRESIDENT 40.00	0	0	0
TIFFANY PRUITT 560 MISSION STREET SUITE 1300 SAN FRANCISCO, CA 94105	ASSISTANT SECRETARY 1.00	0	0	0

Form 990PF Part XIV 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>				
ABC HOPES 1748 W KATELLA AVE ORANGE, CA 92867	NONE	NC	LOCAL LOVE	10,000
AID ATLANTA INC 1605 PEACHTREE STREET NE ATLANTA, GA 303092955	NONE	NC	COMMUNITY GIVING	5,000
AIR FORCE ASSOCIATION 1501 LEE HIGHWAY ARLINGTON, VA 22209	NONE	NC	ORAL HEALTH EDUCATION	100,000
Total ▶ 3a				20,492,144

Form 990PF Part XIV 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>				
AMERICAN DIABETES ASSOCIATION PO BOX 7023 MERRIFIELD, VA 221167023	NONE	NC	COMMUNITY GIVING	15,000
AMERICAN RED CROSS 1663 MARKET STREET SAN FRANCISCO, CA 94103	NONE	NC	DISASTER FUND	500,000
ANTHONY L JORDAN HEALTH CORPORATION 82 HOLLAND ST ROCHESTER, NY 146052131	NONE	NC	ACCESS TO CARE GRANT	15,000
Total ▶ 3a				20,492,144

Form 990PF Part XIV 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>				
ASCENSION DEPAUL SERVICES (FORMERLY DAUGHTERS OF CHARITY OF SAN ANTONIO) 7607 SOMERSET RD SAN ANTONIO, TX 782113752	NONE	NC	ACCESS TO CARE GRANT	20,000
ASIAN AMERICANS ADVANCING JUSTICE ATLANTIC INC 5680 OAKBROOK PKWY STE 148 NORCROSS, GA 30093	NONE	NC	COMMUNITY GIVING	20,000
ASIAN HEALTH SERVICES 101 8TH STREET SUITE 100 OAKLAND, CA 94607	NONE	NC	ACCESS TO CARE GRANT	100,000
Total ▶ 3a				20,492,144

Form 990PF Part XIV 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>				
ASSISTANCE LEAGUE OF SAN BERNARDINO 580 W 6TH STREET SAN BERNARDINO, CA 92410	NONE	NC	ACCESS TO CARE GRANT	25,000
ASSISTANCE LEAGUE OF SAN PEDRO SOUTH BAY 1441 W 8TH ST SAN PEDRO, CA 907323803	NONE	NC	ACCESS TO CARE GRANT	45,000
ATLANTA COMMUNITY FOOD BANK 3400 NORTH DESERT DRIVE ATLANTA, GA 30344	NONE	NC	COMMUNITY GIVING	10,000
Total ▶ 3a				20,492,144

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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>				
BARNABAS CENTER INCORPORATED 1303 JASMINE ST STE 101 FERNANDINA, FL 320342991	NONE	NC	ACCESS TO CARE GRANT	10,000
BEAR LAKE COMMUNITY HEALTH CENTER 325 W LOGAN HIGHWAY GARDEN CITY, UT 840280000	NONE	NC	ACCESS TO CARE	10,000
BELLMORE LIONS CHARITABLE FOUNDATION PO BOX 1159 BELLMORE, NY 11710	NONE	NC	COMMUNITY GIVING	5,000
Total ▶ 3a				20,492,144

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

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Name and address (home or business)				
a <i>Paid during the year</i>				
BETANCES HEALTH CENTER 280 HENRY ST NEW YORK, NY 100024816	NONE	NC	ACCESS TO CARE GRANT	40,000
BIG BROTHERS BIG SISTERS OF METRO ATLANTA PO BOX 78215 ATLANTA, GA 30357	NONE	NC	COMMUNITY GIVING	3,000
BIRMINGHAM CIVIL RIGHTS INSTITUTE 520 16TH ST N BIRMINGHAM, AL 35203	NONE	NC	COMMUNITY GIVING	18,000
Total ▶ 3a				20,492,144

Form 990PF Part XIV 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>				
BOND COMMUNITY HEALTH CENTER 1720 S GADSDEN ST TALLAHASSEE, FL 323015506	NONE	NC	ACCESS TO CARE GRANT	75,000
BOND COMMUNITY HEALTH CENTER 1720 S GADSDEN ST TALLAHASSEE, FL 323015506	NONE	NC	SIGNATURE PROGRAM	50,000
BOYS TEAM CHARITY DIABLO LEAGUE PO BOX 31471 WALNUT CREEK, CA 94598	NONE	NC	LOCAL LOVE	5,000
Total ▶ 3a				20,492,144

Form 990PF Part XIV 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>				
BREAD FOR THE CITY INC 1525 7TH ST NW WASHINGTON, DC 200013201	NONE	NC	ACCESS TO CARE GRANT	30,000
BUDDHIST TZU CHI MEDICAL FOUNDATION 9620 FLAIR DR EL MONTE CA 91731 ALHAMBRA, CA 918014709	NONE	NC	ACCESS TO CARE	125,000
BULLHOOK COMMUNITY HEALTH CENTER INC 521 4TH ST HAVRE, MT 595013649	NONE	NC	ACCESS TO CARE GRANT	10,000
Total ▶ 3a				20,492,144

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Name and address (home or business)				
a <i>Paid during the year</i>				
CABIN CREEK HEALTH CENTER INC 104 ALEX LANE CHARLESTON, WV 25304	NONE	NC	ACCESS TO CARE GRANT	15,000
CAHABA VALLEY HEALTH CARE INCORP 1515 6TH AVE S BIRMINGHAM, AL 352331601	NONE	NC	ACCESS TO CARE GRANT	10,000
CAITLIN'S SMILES 3303 N 6TH ST HARRISBURG, PA 17110	NONE	NC	COMMUNITY GIVING	2,500
Total ▶ 3a				20,492,144

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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 COMMUNITY FOUNDATION 221 S FIGUEROA ST SUITE 400 LOS ANGELES, CA 900122524	NONE	NC	COMMUNITY GIVING	100,000
CAMP KESEM NATIONAL 10586 WEST PICO BOULEVARD 196 LOS ANGELES, CA 90064	NONE	NC	LOCAL LOVE	25,000
CAPITAL AREA FOOD BANK 4900 PUERTO RICO AVE NE WASHINGTON, DC 20017	NONE	NC	COMMUNITY GIVING	10,000
Total ▶ 3a				20,492,144

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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>				
CARE RESOURCE COMMUNITY HEALTH CENTERS INC 3510 BISCAYNE BLVD STE 300 MIAMI, FL 331373851	NONE	NC	ACCESS TO CARE GRANT	15,000
CARIDAD CENTER INC 8645 W BOYNTON BEACH BLVD BOYNTON BEACH, FL 334724415	NONE	NC	ACCESS TO CARE GRANT	140,000
CARIDAD CENTER INC 8645 W BOYNTON BEACH BLVD BOYNTON BEACH, FL 334724415	NONE	NC	DISASTER FUND	75,000
Total ▶ 3a				20,492,144

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Name and address (home or business)				
a <i>Paid during the year</i>				
CARRY THE LOAD 514 SOUTH HALL STREET DALLAS, TX 75226	NONE	NC	COMMUNITY GIVING	10,000
CATCH GLOBAL FOUNDATION 8000 CENTRE PARK DR STE 350 AUSTIN, TX 787545135	NONE	NC	ORAL HEALTH EDUCATION FUND	233,334
CATHOLIC CHARITIES OF CENTRAL FLORIDA INC 1819 N SEMORAN BLVD ORLANDO, FL 328073546	NONE	NC	ACCESS TO CARE GRANT	10,000
Total ▶ 3a				20,492,144

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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>				
CATHOLIC CHARITIES OF THE ARCHDIOCESE OF WASHINGTON INC 924 G ST NW WASHINGTON, DC 200014532	NONE	NC	ACCESS TO CARE	25,000
CENTRAL CALIFORNIA FOOD BANK 4010 E AMENDOLA DRIVE FRESNO, CA 93725	NONE	NC	COVID-19 FUND	55,000
CENTRAL MISSISSIPPI CIVIC IMPROVEMENT ASSOCIATION INC PO BOX 3437 JACKSON, MS 392073437	NONE	NC	ACCESS TO CARE GRANT	10,000
Total ▶ 3a				20,492,144

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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>				
CENTRAL PENNSYLVANIA FOOD BANK 3908 COREY ROAD HARRISBURG, PA 17109	NONE	NC	COMMUNITY GIVING	5,000
CENTRAL TEXAS COMMUNITY HEALTH CENTERS 2115 KRAMER STE 100 AUSTIN, TX 787584013	NONE	NC	ACCESS TO CARE GRANT	150,000
CENTRO DE SALUD LA COMUNIDAD DE SAN YSIDRO INC 1601 PRECISION PARK LANE SAN DIEGO, CA 921731345	NONE	NC	ACCESS TO CARE GRANT	125,000
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Name and address (home or business)				
a <i>Paid during the year</i>				
CHASE BREXTON HEALTH SERVICES INC 1111 N CHARLES ST BALTIMORE, MD 212015505	NONE	NC	ACCESS TO CARE GRANT	75,000
CHILDREN NOW 1404 FRANKLIN ST STE 700 OAKLAND, CA 946123232	NONE	NC	ACCESS TO CARE GRANT	225,000
CHILDRENS DENTAL FOUNDATION 455 EAST COLUMBIA STREET SUITE 32 LONG BEACH, CA 908061620	NONE	NC	ACCESS TO CARE GRANT	75,000
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Name and address (home or business)				
a <i>Paid during the year</i>				
CHILDRENS MEDICAL CENTER FOUNDATION 2777 STEMMONS FREEWAY DALLAS, TX 75207	NONE	NC	ACCESS TO CARE GRANT	50,000
CHINESE FOR AFFIRMATIVE ACTION 17 WALTER U LUM PLACE SAN FRANCISCO, CA 94108	NONE	NC	COMMUNITY GIVING	100,000
CHRIST LUTHERAN CHURCH 124 SOUTH 13TH STREET HARRISBURG, PA 17104	NONE	NC	COMMUNITY GIVING	12,000
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Name and address (home or business)				
a <i>Paid during the year</i>				
CITYMEALS ON WHEELS 355 LEXINGTON AVENUE NEW YORK, NY 10017	NONE	NC	SIGNATURE PROGRAM	100,000
CLAY-BATTELLE HEALTH SERVICES ASSOCIATION 5861 MASON DIXON HIGHWAY BLACKSVILLE, WV 265210000	NONE	NC	ACCESS TO CARE	15,000
CLEO EULAU CENTER FOR CHILDREN AND ADOLESCENTS DBA ACKNOWLEDGE ALLIANCE 2483 OLD MIDDLEFIELD WAY STE 201 MOUNTAIN VIEW, CA 94043	NONE	NC	LOCAL LOVE	5,000
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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>				
CLINICAS DEL CAMINO REAL INC PO BOX 1270 CAMARILLO, CA 93011	NONE	NC	ACCESS TO CARE GRANT	75,000
CLINTON COUNTY HEALTHY COMMUNITIES 266 HOGAN BLVD STE 6 MILL HALL, PA 177511928	NONE	NC	ACCESS TO CARE GRANT	10,000
COASTAL FAMILY HEALTH CENTER INC 1046 DIVISION ST BILOXI, MS 395302935	NONE	NC	ACCESS TO CARE GRANT	10,000
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Name and address (home or business)				
a <i>Paid during the year</i>				
COMMUNITY ACTION AGENCY OF BUTTE COUNTY INC PO BOX 6369 CHICO, CA 95927	NONE	NC	COVID-19 FUND	20,000
COMMUNITY ACTION PARTNERSHIP OF KERN 5005 BUSINESS PARK NORTH BAKERSFIELD, CA 93309	NONE	NC	COVID-19 FUND	30,000
COMMUNITY COLLEGE OF BALTIMORE COUNTY FOUNDATION INC 7200 SOLLERS POINT RD BALTIMORE, MD 212224649	NONE	NC	ACCESS TO CARE GRANT	10,000
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Name and address (home or business)				
a <i>Paid during the year</i>				
COMMUNITY DENTAL CLINIC INC PO BOX 2957 CLEARWATER, FL 33757	NONE	NC	ACCESS TO CARE GRANT	75,000
COMMUNITY HEALTH ALLIANCE OF PASADENA 455 W MONTANA ST PASADENA, CA 911031327	NONE	NC	ACCESS TO CARE GRANT	30,000
COMMUNITY HEALTH DEVELOPMENT INC 908 EVANS ST STE A UVALDE, TX 788016052	NONE	NC	ACCESS TO CARE GRANT	135,000
Total	▶ 3a			20,492,144

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Name and address (home or business)				
a <i>Paid during the year</i>				
COMMUNITY OF HOPE INC 4 ATLANTIC ST SW WASHINGTON, DC 200322350	NONE	NC	ACCESS TO CARE GRANT	25,000
COMMUNITY VOLUNTEERS IN MEDICINE INC 300 LAWRENCE DR STE B WEST CHESTER, PA 193804289	NONE	NC	ACCESS TO CARE GRANT	50,000
COMPREHENSIVE COMMUNITY HEALTH CENTERS INC 801 S CHEVY CHASE DR STE 20 GLENDALE, CA 912054437	NONE	NC	ACCESS TO CARE GRANT	200,000
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Name and address (home or business)				
a <i>Paid during the year</i>				
COMPUTER TECHNOLOGIES PROGRAM 3075 ADELIN STREET SUITE 240 BERKELEY, CA 94703	NONE	NC	COMMUNITY GIVING	10,000
CONEJO FREE CLINIC 80 E HILLCREST DR STE 102 THOUSAND OAKS, CA 913604219	NONE	NC	ACCESS TO CARE GRANT	40,000
CORNERSTONE CARE INC OLD GLASSWORKS RD GREENSBORO, PA 153380000	NONE	NC	ACCESS TO CARE GRANT	35,000
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Name and address (home or business)				
a <i>Paid during the year</i>				
CRHSS WORK-STUDY 8475 JACKSON ROAD SACRAMENTO, CA 95826	NONE	NC	LOCAL LOVE	7,125
DDD FOUNDATION PO BOX 49052 ATLANTA, GA 30359	NONE	NC	LOCAL LOVE	10,000
DENTAL HEALTH CLINIC 107 S MARKET STREET BERWICK, PA 186034824	NONE	NC	ACCESS TO CARE GRANT	10,000
Total ▶ 3a				20,492,144

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Name and address (home or business)				
a <i>Paid during the year</i>				
DENTAL HEALTH FOR ARLINGTON INC 501 W SANFORD STREET ARLINGTON, TX 76011	NONE	NC	ACCESS TO CARE GRANT	45,000
DESERT AIDS PROJECT 1695 N SUNRISE WAY PALM SPRINGS, CA 92262	NONE	NC	ACCESS TO CARE GRANT	50,000
DEVMISSION 360 VALENCIA ST SAN FRANCISCO, CA 94103	NONE	NC	LOCAL LOVE	5,000
Total ▶ 3a				20,492,144

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Name and address (home or business)				
a <i>Paid during the year</i>				
DIABETES FOUNDATION OF MISSISSIPPI 800 AVERY BLVD N 100 RIDGELAND, MS 39157	NONE	NC	COMMUNITY GIVING	20,000
DIENTES COMMUNITY DENTAL CARE 1830 COMMERCIAL WAY SANTA CRUZ, CA 950651819	NONE	NC	ACCESS TO CARE GRANT	40,000
DOCTORS VOLUNTEER CLINIC OF ST GEORGE 1036 E RIVERSIDE DRIVE ST GEORGE, UT 84790	NONE	NC	ACCESS TO CARE GRANT	15,000
Total ▶ 3a				20,492,144

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Name and address (home or business)				
a <i>Paid during the year</i>				
EAST CENTRAL MISSISSIPPI HEALTH CARE INC PO BOX 142 SEBASTOPOL, MS 393590142	NONE	NC	ACCESS TO CARE GRANT	10,000
EAST COAST MIGRANT HEAD START PROJECT 2301 SUGAR BUSH ROAD SUITE 400 RALEIGH, NC 27612	NONE	NC	COMMUNITY GIVING	2,200
EL CENTRO DE CORAZON PO BOX 230209 HOUSTON, TX 772230209	NONE	NC	ACCESS TO CARE GRANT	30,000
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Name and address (home or business)				
a <i>Paid during the year</i>				
EMORY UNIVERSITY 1762 CLIFTON ROAD SUITE 1400 ATLANTA, GA 30322	NONE	NC	ACCESS TO CARE GRANT	68,000
ESCAMBIA COMMUNITY CLINICS INC 2315 W JACKSON ST PENSACOLA, FL 32505	NONE	NC	ACCESS TO CARE GRANT	15,000
ESPERANZA HEALTH CENTER INC 4417 N 6TH ST PHILADELPHIA, PA 191402319	NONE	NC	ACCESS TO CARE GRANT	30,000
Total ▶ 3a				20,492,144

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Name and address (home or business)				
a <i>Paid during the year</i>				
EXCELTH INC 1515 POYDRAS ST NEW ORLEANS, LA 701124520	NONE	NC	ACCESS TO CARE GRANT	30,000
FAMILY FIRST HEALTH CORPORATION 116 S GEORGE ST YORK, PA 174011474	NONE	NC	ACCESS TO CARE GRANT	10,000
FAMILY HEALTH NETWORK OF CENTRAL NEW YORK INC 85 SOUTH WEST STREET HOMER, NY 13077	NONE	NC	ACCESS TO CARE GRANT	30,000
Total ▶ 3a				20,492,144

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Name and address (home or business)				
a <i>Paid during the year</i>				
FAMILY HEALTHCARE NETWORK 305 E CENTER AVE VISALIA, CA 932916331	NONE	NC	ACCESS TO CARE GRANT	25,000
FEEDING AMERICA RIVERSIDE AND SAN BERNARDINO COUNTIES 2950 JEFFERSON STREET RIVERSIDE, CA 92504	NONE	NC	COVID-19 FUND	20,000
FEEDING TAMPA BAY 4702 TRANSPORT DRIVE TAMPA, FL 33605	NONE	NC	COMMUNITY GIVING	5,000
Total ▶ 3a				20,492,144

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Name and address (home or business)				
a <i>Paid during the year</i>				
FINGER LAKES MIGRANT HEALTH CARE PROJECT INC 14 MAIDEN LN PENN YAN, NY 145271208	NONE	NC	ACCESS TO CARE	40,000
FOOD BANK FOR MONTEREY COUNTY 353 WEST ROSSI STREET SALINAS, CA 93907	NONE	NC	COVID-19 FUND	20,000
FOOD BANK FOR NEW YORK CITY 39 BROADWAY NEW YORK, NY 10006	NONE	NC	COMMUNITY GIVING	10,000
Total ▶ 3a				20,492,144

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Name and address (home or business)				
a <i>Paid during the year</i>				
FOOD BANK OF CONTRA COSTA AND SOLANO 4010 NELSON AVENUE CONCORD, CA 94520	NONE	NC	COVID-19 FUND	75,000
FOOD BANK OF DELAWARE 222 LAKE DRIVE NEWARK, DE 19702	NONE	NC	COMMUNITY GIVING	5,000
FOOD BANK OF NORTH ALABAMA 2000 VERNON AVE SW HUNTSVILLE, AL 35805	NONE	NC	COMMUNITY GIVING	10,000
Total				20,492,144

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Name and address (home or business)				
a <i>Paid during the year</i>				
FOOD BANK OF NORTHERN NEVADA 550 ITALY DRIVE SPARKS, NV 89437	NONE	NC	COVID-19 FUND	25,000
FOOD FOR PEOPLE 2112 BROADWAY EUREKA, CA 95501	NONE	NC	COVID-19 FUND	30,000
FOODBANK OF SANTA BARBARA COUNTY 1525 STATE STREET STE 100 SANTA BARBARA, CA 93101	NONE	NC	COVID-19 FUND	20,000
Total ▶ 3a				20,492,144

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Name and address (home or business)				
a <i>Paid during the year</i>				
FOODLINK FOR TULARE COUNTY 611 2ND STREET EXETER, CA 93221	NONE	NC	COVID-19 FUND	20,000
FOOTHILL FAMILY SERVICE 2500 EAST FOOTHILL BOULEVARD SUITE 300 PASADENA, CA 91107	NONE	NC	LOCAL LOVE	1,000
FRANKLIN PRIMARY HEALTH CENTER INC 1303 DR MARTIN LUTHER KING JR MOBILE, AL 366030000	NONE	NC	ACCESS TO CARE GRANT	25,000
Total ▶ 3a				20,492,144

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Name and address (home or business)				
a <i>Paid during the year</i>				
FRANKLIN PRIMARY HEALTH CENTER INC 1303 DR MARTIN LUTHER KING JR MOBILE, AL 366030000	NONE	NC	DISASTER FUND	25,000
FREE CLINIC OF SIMI VALLEY 2003 ROYAL AVENUE SIMI VALLEY, CA 93065	NONE	NC	ACCESS TO CARE GRANT	25,000
FRIENDS OF THE SACRAMENTO PUBLIC LIBRARY 828 I STREET SUITE 408 SACRAMENTO, CA 95814	NONE	NC	COMMUNITY GIVING	15,000
Total ▶ 3a				20,492,144

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Name and address (home or business)				
a <i>Paid during the year</i>				
FULL CIRCLE FUND 1330 BROADWAY SUITE 300 OAKLAND, CA 94612	NONE	NC	ORAL HEALTH EDUCATION	100,000
FULTON COUNTY FAMILY PARTNERSHIP INC 22438 GREAT COVE ROAD MCCONNELLSBURG, PA 172338367	NONE	NC	ACCESS TO CARE GRANT	15,000
FUTURE SMILES 3074 ARVILLE STREET LAS VEGAS, NV 89102	NONE	NC	ACCESS TO CARE GRANT	150,000
Total				20,492,144

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Name and address (home or business)				
a <i>Paid during the year</i>				
GATEWAY COMMUNITY HEALTH CENTER INC 1515 PAPPAS ST LAREDO, TX 780411705	NONE	NC	ACCESS TO CARE GRANT	55,000
GEORGIA MOUNTAINS HEALTH SERVICES INC 165 BLUE RIDGE OVERLOOK BLUE RIDGE, GA 305134431	NONE	NC	ACCESS TO CARE GRANT	10,000
GLACIER COMMUNITY HEALTH CENTER INC 519 E MAIN ST CUT BANK, MT 594273015	NONE	NC	ACCESS TO CARE	10,000
Total ▶ 3a				20,492,144

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Name and address (home or business)				
a <i>Paid during the year</i>				
GOOD SAMARITAN HEALTH CENTERS INC 268 HERBERT ST ST AUGUSTINE, FL 320844000	NONE	NC	ACCESS TO CARE GRANT	15,000
GREATER NEW ORLEANS FOUNDATION 919 ST CHARLES AVENUE NEW ORLEANS, LA 70130	NONE	NC	COMMUNITY GIVING	75,000
GREATER PHILADELPHIA HEALTH ACTION 1401 S 31ST ST 2ND FLOOR PHILADELPHIA, PA 191463506	NONE	NC	ACCESS TO CARE GRANT	65,000
Total ▶ 3a				20,492,144

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Name and address (home or business)				
a <i>Paid during the year</i>				
GREATER PITTSBURGH COMMUNITY FOOD BANK 1 NORTH LINDEN STREET DUQUESNE, PA 15110	NONE	NC	COMMUNITY GIVING	5,000
GULF COAST DENTAL OUTREACH INC 450 KNIGHTS RUN AVE 1408 TAMPA, FL 33602	NONE	NC	ACCESS TO CARE GRANT	15,000
HARCUM COLLEGE 750 MONTGOMERY AVE BRYN MAWR, PA 190103405	NONE	NC	ACCESS TO CARE GRANT	18,000
Total ▶ 3a				20,492,144

Form 990PF Part XIV 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>				
HEALS INC 515 SPARKMAN DRIVE NW HUNTSVILLE, AL 35816	NONE	NC	ACCESS TO CARE GRANT	15,000
HEALTH CARE ACCESS PO BOX 591 PHOENIXVILLE, PA 194600591	NONE	NC	ACCESS TO CARE GRANT	15,000
HEALTHLINK DENTAL CLINIC INC 1775 STREET RD SOUTHAMPTON, PA 189664564	NONE	NC	ACCESS TO CARE GRANT	15,000
Total ▶ 3a				20,492,144

Form 990PF Part XIV 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>				
HEALTHY SMILES FOR KIDS OF ORANGE COUNTY 17511 ARMSTRONG AVE SECOND FLOOR IRVINE, CA 92614	NONE	NC	ACCESS TO CARE GRANT	500,000
HEALTHY SMILES MOBILE DENTAL FOUNDATION 2045 N DOWER FRESNO, CA 93723	NONE	NC	ACCESS TO CARE GRANT	25,000
HIAS AND COUNCIL MIGRATION SERVICE OF PHILADELPHIA INC 600 CHESTNUT ST SUITE 500B PHILADELPHIA, PA 19106	NONE	NC	COMMUNITY GIVING	2,200
Total ▶ 3a				20,492,144

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

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Name and address (home or business)				
a <i>Paid during the year</i>				
HIDDEN GENIUS PROJECT INC 2934 TELEGRAPH AVE OAKLAND, CA 94609	NONE	NC	COMMUNITY GIVING	50,000
HILL COUNTRY COMMUNITY CLINIC 29632 HWY 299E ROUND MOUNTAIN, CA 960840000	NONE	NC	ACCESS TO CARE GRANT	350,000
HIS MERCY AND GRACE INC DBA HMAG SHOWERS PO BOX 5252 ALPHARETTA, GA 30023	NONE	NC	LOCAL LOVE	6,000
Total				20,492,144

▶ 3a

Form 990PF Part XIV 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>				
HISPANIC SCHOLARSHIP FUND 1411 W 190TH STREET SUITE 700 GARDENA, CA 90248	NONE	NC	COMMUNITY GIVING	4,700
HISPANIC SCHOLARSHIP FUND 1411 WEST 190TH STREET STE 700 GARDENA, CA 90248	NONE	NC	COMMUNITY GIVING	2,200
HOPE CANCER RETREAT 26904 BRENTWOOD RD SPLENDORA, TX 77372	NONE	NC	LOCAL LOVE	2,500
Total ▶ 3a				20,492,144

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

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Name and address (home or business)				
a <i>Paid during the year</i>				
HOSPITAL SERVICE DISTRICT NO 1-A OF THE PARISH OF RICHLAND STATE OF LA 407 CINCINNATI STREET DELHI, LA 71232	NONE	NC	ACCESS TO CARE GRANT	10,000
HOWARD UNIVERSITY 600 W STREET NW STE 326 COLLEGE OF DENTISTRY WASHINGTON, DC 200590001	NONE	NC	ACCESS TO CARE GRANT	50,000
HOWARD UNIVERSITY 600 W STREET NW STE 326 COLLEGE OF DENTISTRY WASHINGTON, DC 200590001	NONE	NC	ORAL HEALTH EDUCATION	100,000
Total ▶ 3a				20,492,144

Form 990PF Part XIV 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>				
HOWARD UNIVERSITY 600 W STREET NW STE 326 COLLEGE OF DENTISTRY WASHINGTON, DC 200590001	NONE	NC	ORAL HEALTH EDUCATION	1,020,000
HUDSON HEADWATERS HEALTH NETWORK 9 CAREY RD QUEENSBURY, NY 128047880	NONE	NC	ACCESS TO CARE GRANT	40,000
IBERIA COMPREHENSIVE COMMUNITY HEALTH CENTER 806 JEFFERSON TER NEW IBERIA, LA 705605727	NONE	NC	ACCESS TO CARE	30,000
Total ▶ 3a				20,492,144

Form 990PF Part XIV 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>				
IMPERIAL VALLEY FOOD BANK 486 ATEN ROAD IMPERIAL, CA 92251	NONE	NC	COVID-19 FUND	20,000
INNOVATIONS FOR LEARNING INC 13553 STATE ROAD 54 50 ODESSA, FL 33556	NONE	NC	COMMUNITY GIVING	6,000
INTERNATIONAL RESCUE COMMITTEE INC 1210 S BASCOM AVE SAN JOSE, CA 95128	NONE	NC	COMMUNITY GIVING	10,000
Total ▶ 3a				20,492,144

Form 990PF Part XIV 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>				
JACOBS & CUSHMAN SAN DIEGO FOOD BANK 9850 DISTRIBUTION AVENUE SAN DIEGO, CA 92121	NONE	NC	COVID-19 FUND	200,000
JEAN B PURVIS COMMUNITY HEALTH CLINIC OF BUTLERCOUNTY INC 103 BONNIE DR BUTLER, PA 160028503	NONE	NC	ACCESS TO CARE GRANT	15,000
JESSIE TRICE COMMUNITY HEALTH CENTER INC 5607 NW 27TH AVENUE SUITE STE 1 MIAMI, FL 331422826	NONE	NC	ACCESS TO CARE GRANT	40,000
Total ▶ 3a				20,492,144

Form 990PF Part XIV 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>				
KANAWHA COUNTY DENTAL HEALTH COUNCIL INC 100 FLORIDA ST CHARLESTON, WV 253021131	NONE	NC	ACCESS TO CARE GRANT	10,000
KIDS' COMMUNITY CLINIC OF BURBANK 400 W ELMWOOD ANE BURBANK, CA 91506	NONE	NC	ACCESS TO CARE GRANT	40,000
KIDS IN NEED OF DEFENSE (KIND) 801 S GRAND AVENUE SUITE 550 LOS ANGELES, CA 90017	NONE	NC	COMMUNITY GIVING	2,200
Total ▶ 3a				20,492,144

Form 990PF Part XIV 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>				
KIDS SMILES INC 219 B CHESTER PIKE NORWOOD, PA 19074	NONE	NC	ACCESS TO CARE GRANT	50,000
LA CLINICA DE LA RAZA INC PO BOX 22210 OAKLAND, CA 946232210	NONE	NC	ACCESS TO CARE GRANT	135,000
LA MAESTRA FAMILY CLINIC INC 4060 FAIRMOUNT AVE SAN DIEGO, CA 921051608	NONE	NC	ACCESS TO CARE	33,000
Total ▶ 3a				20,492,144

Form 990PF Part XIV 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>				
LAKELAND VOLUNTEERS IN MEDICINE INC 600 WEST PEACHTREE STREET LAKELAND, FL 33815	NONE	NC	ACCESS TO CARE GRANT	25,000
LARKIN STREET YOUTH SERVICES 134 GOLDEN GATE AVENUE SAN FRANCISCO, CA 94102	NONE	NC	COMMUNITY GIVING	10,000
LARKIN STREET YOUTH SERVICES 134 GOLDEN GATE AVENUE SAN FRANCISCO, CA 94102	NONE	NC	COMMUNITY GIVING	50,000
Total ▶ 3a				20,492,144

Form 990PF Part XIV 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>				
LCH HEALTH AND COMMUNITY SERVICES 731 W CYPRESS ST KENNETT SQ, PA 193482419	NONE	NC	ACCESS TO CARE GRANT	20,000
LIFELONG MEDICAL CARE PO BOX 11247 BERKELEY, CA 947122247	NONE	NC	ACCESS TO CARE GRANT	275,000
LONE STAR CIRCLE OF CARE 205 E UNIVERSITY AVE STE 200 GEORGETOWN, TX 786266821	NONE	NC	ACCESS TO CARE GRANT	20,000
Total ▶ 3a				20,492,144

Form 990PF Part XIV 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>				
LOS ANGELES LGBT CENTER 1118 N MCCADDEN PL LOS ANGELES, CA 900381213	NONE	NC	DISASTER FUND	100,000
LOS ANGELES REGIONAL FOOD BANK 1734 E 41ST ST LOS ANGELES, CA 90058	NONE	NC	COVID-19 FUND	270,000
LOS ANGELES REGIONAL FOOD BANK 1734 E 41ST ST LOS ANGELES, CA 90058	NONE	NC	COMMUNITY GIVING	230,000
Total ▶ 3a				20,492,144

Form 990PF Part XIV 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>				
LOST-N-FOUND YOUTH INC 2585 CHANTILLY DR NE ATLANTA, GA 303243712	NONE	NC	COMMUNITY GIVING	20,000
LOST-N-FOUND YOUTH INC 2585 CHANTILLY DR NE ATLANTA, GA 303243712	NONE	NC	COMMUNITY GIVING	100,000
LOST-N-FOUND YOUTH INC 2585 CHANTILLY DR NE ATLANTA, GA 303243712	NONE	NC	COMMUNITY GIVING	114,000
Total ▶ 3a				20,492,144

Form 990PF Part XIV 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>				
LOST-N-FOUND YOUTH INC 2585 CHANTILLY DR NE ATLANTA, GA 303243712	NONE	NC	COMMUNITY GIVING	100,000
LOST-N-FOUND YOUTH INC 2585 CHANTILLY DR NE ATLANTA, GA 303243712	NONE	NC	COMMUNITY GIVING	5,000
MACON VOLUNTEER CLINIC INC 376 ROGERS AVE MACON, GA 312042506	NONE	NC	ACCESS TO CARE GRANT	10,400
Total ▶ 3a				20,492,144

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

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Name and address (home or business)				
a <i>Paid during the year</i>				
MANNA MINISTERIES INC 120 STREET A SUITE A PICAYUNE, MS 394665466	NONE	NC	ACCESS TO CARE GRANT	150,000
MARILLAC COMMUNITY HEALTH CENTERS 3201 S CARROLLTON AVE NEW ORLEANS, LA 701184307	NONE	NC	ACCESS TO CARE	30,000
MARINE MAMMAL CARE CENTER LOS ANGELES 3601 SOUTH GAFFEY STREET 8 SAN PEDRO, CA 90731	NONE	NC	COMMUNITY GIVING	2,000
Total ▶ 3a				20,492,144

Form 990PF Part XIV 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>				
MARYLAND FOOD BANK 2200 HALETHORPE FARMS RD BALTIMORE, MD 21227	NONE	NC	LOCAL LOVE	5,000
MARYLAND FOUNDATION OF DENTISTRY FOR THE HANDICAPPED INC 8901 HERRMANN DR COLUMBIA, MD 210454710	NONE	NC	ACCESS TO CARE GRANT	10,000
MARY'S CENTER 2333 ONTARIO RD NW WASHINGTON, DC 20009	NONE	NC	ACCESS TO CARE GRANT	300,000
Total	▶ 3a			20,492,144

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Name and address (home or business)				
a <i>Paid during the year</i>				
MARY'S CENTER 2333 ONTARIO RD NW WASHINGTON, DC 20009	NONE	NC	ACCESS TO CARE GRANT	50,000
MEALS ON WHEELS OF SAN FRANCISCO INC 1375 FAIRFAX AVE SAN FRANCISCO, CA 941241735	NONE	NC	SIGNATURE PROGRAM	500,000
MEALS ON WHEELS UNITED WAY OF CENTRAL ALABAMA 3620 8TH AVE S BIRMINGHAM, AL 35222	NONE	NC	COMMUNITY GIVING	10,000
Total ▶ 3a				20,492,144

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

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Name and address (home or business)				
a <i>Paid during the year</i>				
MERCED COUNTY FOOD BANK 2000 W OLIVE AVENUE MERCED, CA 95348	NONE	NC	COVID-19 FUND	40,000
MERCY HEALTH CENTER INC 700 OGLETHORPE AVE SUITE C7 ATHENS, GA 30606	NONE	NC	ACCESS TO CARE GRANT	20,000
MERIDIAN EDUCATION RESOURCE GROUP INC 1353 GEORGE W BRUMLEY WAY SE ATLANTA, GA 303171743	NONE	NC	ACCESS TO CARE GRANT	52,115
Total ▶ 3a				20,492,144

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

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Name and address (home or business)				
a <i>Paid during the year</i>				
MIAMI BEACH COMMUNITY HEALTH CENTER INC 11645 BISCAYNE BLVD STE 207 MIAMI, FL 331813138	NONE	NC	ACCESS TO CARE GRANT	20,000
MID-OHIO VALLEY BOARD OF HEALTH 211 SIXTH STREET PARKERSBURG, WV 26101	NONE	NC	ACCESS TO CARE GRANT	30,000
MINISTRY OF CARING INC 115 E 14TH ST WILMINGTON, DE 198013209	NONE	NC	ACCESS TO CARE	25,000
Total ▶ 3a				20,492,144

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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>				
MINNIE HAMILTON HEALTH CARE CENTER 186 HOSPITAL DR GRANTSVILLE, WV 261477100	NONE	NC	ACCESS TO CARE GRANT	20,000
MIRACLE MESSAGES 845 MARKET ST SUITE 450 SAN FRANCISCO, CA 94103	NONE	NC	COMMUNITY GIVING	50,000
MISSION FIRST INC PO BOX 250 JACKSON, MS 392050250	NONE	NC	ACCESS TO CARE GRANT	10,000
Total ▶ 3a				20,492,144

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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>				
MISSION OF MERCY INC 103 W MIDDLE ST GETTYSBURG, PA 173252109	NONE	NC	ACCESS TO CARE GRANT	50,000
MOM-N-PA 420 E ORANGE ST SHIPPENSBURG, PA 172572140	NONE	NC	ACCESS TO CARE	10,000
MONONGALIA COUNTY HEALTH DEPARTMENT DENTISTRY 453 VAN VOORHIS ROAD MORGANTOWN, WV 26505	NONE	NC	ACCESS TO CARE GRANT	50,000
Total ▶ 3a				20,492,144

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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>				
MORRIS HEIGHTS HEALTH CENTER INC 85 W BURNSIDE AVE BRONX, NY 104534015	NONE	NC	ACCESS TO CARE GRANT	40,000
MOSAIC HEALTH INC (FORMERLY ROCHESTER PRIMARY CARE NETWORK INC) 1 SOUTH WASHINGTON STREET SUITE 300 ROCHESTER, NY 14614	NONE	NC	ACCESS TO CARE GRANT	25,000
MOUNTAIN VALLEYS HEALTH CENTERS PO BOX 277 BIEBER, CA 960090277	NONE	NC	ACCESS TO CARE GRANT	26,000
Total ▶ 3a				20,492,144

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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>				
MOUNTAINEER FOOD BANK INC 484 ENTERPRISE DRIVE GASSAWAY, WV 26624	NONE	NC	COMMUNITY GIVING	5,000
MOUNTAINLANDS COMMUNITY HEALTH CENTER INC 589 S STATE ST PROVO, UT 846065056	NONE	NC	ACCESS TO CARE GRANT	10,000
MSDA CHARITABLE AND EDUCATIONAL FOUNDATON INC 8901 HERRMANN DR COLUMBIA, MD 210454710	NONE	NC	ACCESS TO CARE GRANT	10,000
Total ▶ 3a				20,492,144

Form 990PF Part XIV 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>				
NAACP EMPOWERMENT PROGRAMS INC 4805 MOUNT HOPE DR BALTIMORE, MD 21215	NONE	NC	COMMUNITY GIVING	100,000
NATIONAL DENTAL ASSOCIATION 6411 IVY LANE SUITE 703 GREENBELT, MD 20770	NONE	NC	ORAL HEALTH EDUCATION	50,000
NATIONAL FOUNDATION OF DENTISTRY FOR THE HANDICAPPED 1800 15TH ST STE 100 DENVER, CO 802027134	NONE	NC	ACCESS TO CARE GRANT	35,000
Total ▶ 3a				20,492,144

Form 990PF Part XIV 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>				
NATIONAL NETWORK FOR ORAL HEALTH ACCESS 181 E 56TH AVE SUITE 401 DENVER, CO 80216	NONE	NC	ORAL HEALTH EDUCATION	66,000
NEVADA HEALTH CENTERS INC 3325 RESEARCH WAY CARSON CITY, NV 897067913	NONE	NC	SIGNATURE PROGRAM	50,000
NO AIDS TASK FORCE 1631 ELYSIAN FIELDS AVENUE NEW ORLEANS, LA 70117	NONE	NC	ACCESS TO CARE GRANT	40,000
Total ▶ 3a				20,492,144

Form 990PF Part XIV 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>				
NO AIDS TASK FORCE 1631 ELYSIAN FIELDS AVENUE NEW ORLEANS, LA 70117	NONE	NC	SIGNATURE PROGRAM	20,000
NORTH CENTRAL TEXAS COMMUNITY HEALTH CARE CENTER INC 200 MLK JR BLVD WICHITA FALLS, TX 763011152	NONE	NC	ACCESS TO CARE GRANT	25,000
NORTH COUNTY HEALTH PROJECT INC 150 VALPRED A RD SAN MARCOS, CA 920692973	NONE	NC	ACCESS TO CARE GRANT	100,000
Total ▶ 3a				20,492,144

Form 990PF Part XIV 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>				
NORTH EAST MEDICAL SERVICES 2171 JUNIPERO SERRA BLVD DALY CITY, CA 94014	NONE	NC	ACCESS TO CARE GRANT	150,000
NORTH SIDE CHRISTIAN HEALTH CENTER 816 MIDDLE ST PITTSBURGH, PA 152124915	NONE	NC	ACCESS TO CARE GRANT	15,000
NORTH TEXAS FOOD BANK 3677 MAPLESHADE LANE PLANO, TX 75075	NONE	NC	COMMUNITY GIVING	21,375
Total				20,492,144

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Name and address (home or business)				
a <i>Paid during the year</i>				
NORTHEAST VALLEY HEALTH CORPORATION 1172 N MACLAY AVE SAN FERNANDO, CA 913401328	NONE	NC	ACCESS TO CARE GRANT	60,000
NORTHERN CALIFORNIA PGA FOUNDATION 411 DAVIS STREET SUITE 103 VACAVILLE, CA 95688	NONE	NC	COMMUNITY GIVING	6,250
NORTHWEST ALABAMA COMMUNITY HEALTH ASSOCIATION 309B WC HANDY PLACE FLORENCE, AL 356305274	NONE	NC	ACCESS TO CARE GRANT	10,000
Total ▶ 3a				20,492,144

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Name and address (home or business)				
a <i>Paid during the year</i>				
NORTHWEST BUFFALO COMMUNITY HEALTH CARE CENTER INC 155 LAWN AVE BUFFALO, NY 142071816	NONE	NC	ACCESS TO CARE GRANT	125,000
OASIS LEGAL SERVICES 1900 ADDISON ST SUITE 100 BERKELEY, CA 94704	NONE	NC	COMMUNITY GIVING	5,000
ODYSSEY HOUSE LOUISIANA INC 1125 N TONTI ST NEW ORLEANS, LA 701193549	NONE	NC	ACCESS TO CARE GRANT	10,000
Total ▶ 3a				20,492,144

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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>				
OLE HEALTH 1141 PEAR TREE LANE SUITE 100 NAPA, CA 945586485	NONE	NC	ACCESS TO CARE GRANT	40,000
OPEN DOOR FAMILY MEDICAL CENTER INC 165 MAIN ST OSSINING, NY 105624702	NONE	NC	ACCESS TO CARE GRANT	60,000
ORGANIZACION DE MARIACHIS INDEPENDIENTES DE CALIFORNIA (OMICAL) 3517 E 7TH ST LOS ANGELES, CA 900232306	NONE	NC	COMMUNITY GIVING	500
Total ▶ 3a				20,492,144

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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>				
OUTREACH HEALTH SERVICES INC PO BOX 527 SHUBUTA, MS 393600527	NONE	NC	ACCESS TO CARE GRANT	15,000
PASADENA HEALTH CENTER INC 908 SOUTHMORE AVE STE 100 PASADENA, TX 775021120	NONE	NC	ACCESS TO CARE GRANT	200,000
PEDIATRIC DENTAL INITIATIVE OF THE NORTH COAST 1380 19TH HOLE DRIVE WINDSOR, CA 954927713	NONE	NC	ACCESS TO CARE GRANT	20,000
Total				20,492,144

▶ 3a

Form 990PF Part XIV 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>				
PETALUMA HEALTH CENTER 1179 N MCDOWELL BLVD PETALUMA, CA 949546559	NONE	NC	ACCESS TO CARE GRANT	30,000
PHILABUNDANCE 3616 SOUTH GALLOWAY STREET PHILADELPHIA, PA 19148	NONE	NC	COMMUNITY GIVING	5,000
PLACER FOOD BANK 8284 INDUSTRIAL AVE ROSEVILLE, CA 95678	NONE	NC	COVID-19 FUND	20,000
Total ▶ 3a				20,492,144

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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>				
PRIMARY CARE COALITION OF MONTGOMERY COUNTY MD INC 8757 GEORGIA AVE 10TH FL SILVER SPRING, MD 209103737	NONE	NC	ACCESS TO CARE GRANT	10,000
PRIMARY HEALTH NETWORK PO BOX 176 SHARON, PA 161460000	NONE	NC	ACCESS TO CARE GRANT	30,000
PROJECT HOME 1515 FAIRMOUNT AVENUE PHILADELPHIA, PA 191302936	NONE	NC	ACCESS TO CARE GRANT	30,000
Total ▶ 3a				20,492,144

Form 990PF Part XIV 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 OPEN HAND 730 POLK ST FL 3 SAN FRANCISCO, CA 941097813	NONE	NC	COVID-19 FUND	50,000
QTBIPOC DESIGN INC 20 PINE STREET SUITE 2312 NEW YORK, NY 100051432	NONE	NC	COMMUNITY GIVING	2,500
RAPHAEL HOUSE OF SAN FRANCISCO INC 1065 SUTTER STREET SAN FRANCISCO, CA 94109	NONE	NC	COMMUNITY GIVING	10,750
Total ▶ 3a				20,492,144

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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>				
REDWOOD EMPIRE FOOD BANK 3990 BRICKWAY BLVD SANTA ROSA, CA 95403	NONE	NC	COVID-19 FUND	40,000
REDWOODS RURAL HEALTH CENTER INC PO BOX 769 REDWAY, CA 955600769	NONE	NC	ACCESS TO CARE GRANT	400,000
RESEARCH FOUNDATION FOR THE STATE UNIVERSITY OF NEW YORK UB COMMONS SUITE 211 BUFFALO, NY 142282567	NONE	NC	ACCESS TO CARE GRANT	344,885
Total ▶ 3a				20,492,144

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Name and address (home or business)				
a <i>Paid during the year</i>				
RESOURCES FOR HUMAN DEVELOPMENT INC 4700 WISSAHICKON AVE STE 126 PHILADELPHIA, PA 191444248	NONE	NC	ACCESS TO CARE	20,000
RICHMONDERMET AID FOUNDATION 942 DIVISADERO STREET STE 201 SAN FRANCISCO, CA 94115	NONE	NC	COMMUNITY GIVING	35,000
RURAL HEALTH CORPORATION OF NORTHEASTERN PENNSYLVANIA 1084 ROUTE 315 WILKES BARRE, PA 187027012	NONE	NC	ACCESS TO CARE	20,000
Total ▶ 3a				20,492,144

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Name and address (home or business)				
a <i>Paid during the year</i>				
RURAL HEALTH MEDICAL PROGRAM INC PO BOX 2213 SELMA, AL 36702	NONE	NC	ACCESS TO CARE GRANT	150,000
SACRAMENTO FOOD BANK & FAMILY SERVICES 3333 THIRD AVENUE SACRAMENTO, CA 95817	NONE	NC	COVID-19 FUND	100,000
SACRAMENTO LGBT COMMUNITY CENTER 1015 20TH STREET SACRAMENTO, CA 95811	NONE	NC	COMMUNITY GIVING	15,000
Total ▶ 3a				20,492,144

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Name and address (home or business)				
a <i>Paid during the year</i>				
SACRAMENTO NATIVE AMERICAN HEALTHCENTER INC 2020 J ST SACRAMENTO, CA 958113120	NONE	NC	ACCESS TO CARE GRANT	500,000
SALT LAKE DONATED DENTAL SERVICES 1383 S 900 W STE 128 SALT LAKE CTY, UT 841041652	NONE	NC	ACCESS TO CARE GRANT	30,000
SALUD PARA LA GENTE PO BOX 1870 WATSONVILLE, CA 950771870	NONE	NC	ACCESS TO CARE GRANT	25,000
Total ▶ 3a				20,492,144

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Name and address (home or business)				
a <i>Paid during the year</i>				
SAN FERNANDO COMMUNITY HOSPITAL 732 MOTT ST STE 100/110 SAN FERNANDO, CA 913404240	NONE	NC	ACCESS TO CARE GRANT	60,000
SAN FRANCISCO EDUCATION FUND 2730 BRYANT STREET SAN FRANCISCO, CA 94110	NONE	NC	LOCAL LOVE	6,250
SAN FRANCISCO EDUCATION FUND 2730 BRYANT STREET SECOND FLOOR SAN FRANCISCO, CA 94110	NONE	NC	ORAL HEALTH EDUCATION	7,500
Total ▶ 3a				20,492,144

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Name and address (home or business)				
a <i>Paid during the year</i>				
SAN FRANCISCO PRIDE 1663 MISSION STREET SUITE 305 SAN FRANCISCO, CA 94103	NONE	NC	COMMUNITY GIVING	10,000
SAN FRANCISCO-MARIN FOOD BANK 900 PENNSYLVANIA AVENUE SAN FRANCISCO, CA 941073446	NONE	NC	COVID-19 FUND	200,000
SAN GABRIEL VALLEY FOUNDATION FOR DENTAL HEALTH 15559 RAUSCH ROAD 3683 CITY OF INDUSTRY, CA 91744	NONE	NC	ACCESS TO CARE GRANT	30,000
Total				20,492,144

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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>				
SANTA BARBARA NEIGHBORHOOD CLINICS 414 E COTA ST 1ST FLOOR SANTA BARBARA, CA 93101	NONE	NC	ACCESS TO CARE GRANT	85,000
SANTA ROSA CHILDRENS HOSPITAL FOUNDATION 1 INTL CENTER 100 NE LOOP 410 NO 706 SAN ANTONIO, TX 782160000	NONE	NC	ACCESS TO CARE GRANT	18,000
SCRANTON PRIMARY HEALTH CARE CENTER INC 959 WYOMING AVE SCRANTON, PA 185093023	NONE	NC	ACCESS TO CARE GRANT	75,000
Total ▶ 3a				20,492,144

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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>				
SECOND HARVEST FOOD BANK OF SAN JOAQUIN & STANISLAUS COUNTY INC 1220 VANDERBILT CIRCLE MANTECA, CA 95337	NONE	NC	COVID-19 FUND	25,000
SECOND HARVEST FOOD BANK SANTA CRUZ COUNTY 800 OHLONE PARKWAY WATSONVILLE, CA 95076	NONE	NC	COVID-19 FUND	20,000
SECOND HARVEST OF SILICON VALLEY 750 CURTNER AVENUE SAN JOSE, CA 95125	NONE	NC	COVID-19 FUND	100,000
Total ▶ 3a				20,492,144

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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>				
SLO NOOR FOUNDATION A NON-PROFIT CORPORATION 1428 PHILLIPS LANE STE 203 SAN LUIS OBISPO, CA 934012570	NONE	NC	ACCESS TO CARE	30,000
SMILES ACROSS MONTANA LLC 105 GREY WOLF TRAIL BOZEMAN, MT 59718	NONE	NC	ACCESS TO CARE GRANT	100,000
SOCIAL GOOD FUND 12651 SAN PABLO AVE 5473 RICHMOND, CA 94805	NONE	NC	COMMUNITY GIVING	5,000
Total ▶ 3a				20,492,144

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Name and address (home or business)				
a <i>Paid during the year</i>				
SONRISAS DENTAL HEALTH INC 430 NORTH EL CAMINO REAL SAN MATEO, CA 94401	NONE	NC	ACCESS TO CARE GRANT	100,000
SOUTH BAY FAMILY HEALTHCARE CENTER 23430 HAWTHORNE BLVD STE 210 TORRANCE, CA 905054732	NONE	NC	ACCESS TO CARE GRANT	25,000
SOUTH COUNTY COMMUNITY HEALTH CENTER INC 1885 BAY ROAD EAST PALO ALTO, CA 943031312	NONE	NC	ACCESS TO CARE GRANT	40,000
Total ▶ 3a				20,492,144

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Name and address (home or business)				
a <i>Paid during the year</i>				
SOUTHEAST COMMUNITY HEALTH SYSTEMS PO BOX 770 ZACHARY, LA 707910770	NONE	NC	ACCESS TO CARE GRANT	40,000
SOUTHWEST UTAH COMMUNITY HEALTH CENTER 25 N 100 E STE 102 ST GEORGE, UT 847707369	NONE	NC	ACCESS TO CARE GRANT	30,000
SPACE COAST HEALTH FOUNDATION INC 1100 ROCKLEDGE BLVD SUITE 100 ROCKLEDGE, FL 32955	NONE	NC	COMMUNITY GIVING	10,000
Total ▶ 3a				20,492,144

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Name and address (home or business)				
a <i>Paid during the year</i>				
SPECIAL OLYMPICS PENNSYLVANIA PO BOX 382 SUMMERDALE, PA 17093	NONE	NC	COMMUNITY GIVING	5,000
ST JEANNE DE LESTONNAC FREE CLINIC 1215 E CHAPMAN AVE ORANGE, CA 928662237	NONE	NC	ACCESS TO CARE GRANT	100,000
ST JOHNS WELL CHILD AND FAMILY CENTER INC 808 W 58TH ST LOS ANGELES, CA 900373632	NONE	NC	ACCESS TO CARE GRANT	200,000
Total ▶ 3a				20,492,144

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Name and address (home or business)				
a <i>Paid during the year</i>				
ST ANTHONY FOUNDATION 150 GOLDEN GATE AVE SAN FRANCISCO, CA 94102	NONE	NC	COMMUNITY GIVING	50,000
STEPHEN F AUSTIN COMMUNITY HEALTH CENTER INC 1111 W ADOUE ST ALVIN, TX 775112718	NONE	NC	ACCESS TO CARE GRANT	29,000
STONY BROOK FOUNDATION INC 230 ADMINISTRATION STONY BROOK, NY 117941188	NONE	NC	ACCESS TO CARE GRANT	100,000
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Name and address (home or business)				
a <i>Paid during the year</i>				
STRONG HEARTED NATIVE WOMENS COALITION INC PO BOX 2488 VALLEY CENTER, CA 92082	NONE	NC	COMMUNITY GIVING	5,000
STUDENT ACTION WITH FARMWORKERS 1317 W PETTIGREW STREET DURHAM, NC 27705	NONE	NC	COMMUNITY GIVING	1,000
SULLIVAN COUNTY ACTION INC PO BOX 1 LAPORTE, PA 186260001	NONE	NC	ACCESS TO CARE	10,000
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Name and address (home or business)				
a <i>Paid during the year</i>				
SUMMIT SEARCH AND RESCUE 3960 LEWISBERRY RD LEWISBERRY, PA 17339	NONE	NC	COMMUNITY GIVING	1,000
SUNCOAST COMMUNITY HEALTH CENTERS INC 13110 ELK MOUNTAIN DR RIVERVIEW, FL 335797182	NONE	NC	ACCESS TO CARE GRANT	50,000
SUSAN DEW HOFF MEMORIAL CLINIC INC 623 LIBERTY STREET WEST MILFORD, WV 264510000	NONE	NC	ACCESS TO CARE GRANT	20,000
Total ▶ 3a				20,492,144

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Name and address (home or business)				
a <i>Paid during the year</i>				
SUSQUEHANNA COMMUNITY HEALTH AND DENTAL CLINIC INC 471 HEPBURN ST WILLIAMSPORT, PA 177016122	NONE	NC	ACCESS TO CARE GRANT	65,000
SUSQUEHANNA RIVER VALLEY DENTAL HEALTH CLINIC 335 MARKET ST STE 1 SUNBURY, PA 178013411	NONE	NC	ACCESS TO CARE GRANT	20,000
SWLA CENTER FOR HEALTH SERVICES PO BOX 19010 LAKE CHARLES, LA 706169010	NONE	NC	ACCESS TO CARE GRANT	40,000
Total ▶ 3a				20,492,144

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Name and address (home or business)				
a <i>Paid during the year</i>				
TAMPA FAMILY HEALTH CENTERS INC PO BOX 82969 TAMPA, FL 336822969	NONE	NC	ACCESS TO CARE GRANT	30,000
TEAMSMILE INC 2000 SWIFT AVE KANSAS CITY, MO 641163424	NONE	NC	ACCESS TO CARE	100,000
TEXAS SMILES FOUNDATION 1946 S IH 35 SUITE 400 AUSTIN, TX 787043644	NONE	NC	ACCESS TO CARE GRANT	30,000
Total ▶ 3a				20,492,144

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Name and address (home or business)				
a <i>Paid during the year</i>				
THE ALAMEDA COUNTY COMMUNITY FOOD BANK INC 7900 EDGEWATER DRIVE OAKLAND, CA 94621	NONE	NC	COVID-19 FUND	100,000
THE CHILDREN'S ORAL HEALTH INSTITUTE 9199 REISTERSTOWN ROAD SUITE 203A OWINGS MILLS, MD 21117	NONE	NC	ORAL HEALTH EDUCATION	20,000
THE CHILDREN'S ORAL HEALTH INSTITUTE 9199 REISTERSTOWN ROAD SUITE 203A OWINGS MILLS, MD 21117	NONE	NC	ORAL HEALTH EDUCATION	10,000
Total ▶ 3a				20,492,144

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Name and address (home or business)				
a <i>Paid during the year</i>				
THE GUBBIO PROJECT INC 1661 15TH STREET SAN FRANCISCO, CA 94103	NONE	NC	DISASTER FUND	10,000
THE HENRY W GRADY HEALTH SYSTEM FOUNDATION INC 191 PEACHTREE ST NE STE 820 ATLANTA, GA 303031755	NONE	NC	ACCESS TO CARE GRANT	30,000
THE HUB LAFAYETTE- URBAN MINISTRIES 315 TEAKWOOD DRIVE YOUNGSVILLE, LA 70592	NONE	NC	LOCAL LOVE	1,000
Total ▶ 3a				20,492,144

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Name and address (home or business)				
a <i>Paid during the year</i>				
THE MIDNIGHT MISSION 601 SOUTH SAN PEDRO STREET LOS ANGELES, CA 90014	NONE	NC	COMMUNITY GIVING	25,000
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA SAN FRANCISCO 490 ILLINOIS STREET 4TH FLOOR SAN FRANCISCO, CA 94143	NONE	NC	ORAL HEALTH EDUCATION	200,000
THE SALVATION ARMY HARRISBURG CAPITAL CITY REGION 506 S 29TH STREET HARRISBURG, PA 17104	NONE	NC	LOCAL LOVE	10,000
Total ▶ 3a				20,492,144

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Name and address (home or business)				
a <i>Paid during the year</i>				
THE ST BERNARD PROJECT INC 2645 TOULOUSE STREET NEW ORLEANS, LA 70119	NONE	NC	COMMUNITY GIVING	25,000
THE TREVOR PROJECT PO BOX 69232 WEST HOLLYWOOD, CA 90069	NONE	NC	COMMUNITY GIVING	5,000
THE UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER AT HOUSTON 7000 FANNIN ST SUITE 1200 HOUSTON, TX 77030	NONE	NC	ACCESS TO CARE GRANT	100,000
Total ▶ 3a				20,492,144

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Name and address (home or business)				
a <i>Paid during the year</i>				
TIBURCIO VASQUEZ HEALTH CENTER INC 22331 MISSION BLVD HAYWARD, CA 945413911	NONE	NC	ACCESS TO CARE GRANT	175,000
TOLOSA CHILDREN'S DENTAL CENTER 717 WALNUT DRIVE PASO ROBLES, CA 93446	NONE	NC	ACCESS TO CARE GRANT	21,000
TRINITY COUNTY SUPERINTENDENT OF SCHOOLS PO BOX 1256 WEAVERVILLE, CA 96093	NONE	NC	ORAL HEALTH EDUCATION	10,000
Total ▶ 3a				20,492,144

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Name and address (home or business)				
a <i>Paid during the year</i>				
TRUSTEES OF COLUMBIA UNIVERSITY IN THE CITY OF NEW YORK 615 WEST 131 STREET 4TH FLOOR NEW YORK, NY 100277984	NONE	NC	ACCESS TO CARE GRANT	150,000
TUOLUMNE COUNTY SCHOOLS 175 FAIRVIEW LN SONORA, CA 95370	NONE	NC	ORAL HEALTH EDUCATION	45,000
UCLA SCHOOL OF DENTISTRY 10833 LE CONTE AVE 53-038 CHS LOS ANGELES, CA 90405	NONE	NC	ORAL HEALTH EDUCATION	1,080,000
Total ▶ 3a				20,492,144

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Name and address (home or business)				
a <i>Paid during the year</i>				
UNION GOSPEL MISSION SACRAMENTO 400 BANNON STREET SACRAMENTO, CA 95811	NONE	NC	LOCAL LOVE	2,000
UNITED ANIMAL NATIONS DBA REDROVER PO BOX 188890 SACRAMENTO, CA 95818	NONE	NC	COMMUNITY GIVING	5,000
UNITED HEALTH CENTERS OF THE SAN JOAQUIN VALLEY 3875 W BEECHWOOD AVE FRESNO, CA 93722	NONE	NC	ACCESS TO CARE GRANT	300,000
Total ▶ 3a				20,492,144

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Name and address (home or business)				
a <i>Paid during the year</i>				
UNITED WAY OF THE BAY AREA 550 KEARNY STREET SUITE 1000 SAN FRANCISCO, CA 94108	NONE	NC	DISASTER FUND	50,000
UNITED WAY OF THE CAPITAL REGION 2235 MILLENNIUM WAY ENOLA, PA 170251497	NONE	NC	COMMUNITY GIVING	25,000
UNITY HEALTH CARE INC 1100 NEW JERSEY AVE SE WASHINGTON, DC 200033733	NONE	NC	ACCESS TO CARE GRANT	75,000
Total ▶ 3a				20,492,144

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Name and address (home or business)				
a <i>Paid during the year</i>				
UNIVERSITY OF CALIFORNIA SAN FRANCISCO 513 PARNASSUS AVENUE 6TH FLOOR SAN FRANCISCO, CA 94143	NONE	NC	ORAL HEALTH EDUCATION FUND	20,000
UNIVERSITY OF LOUISIANA AT MONROE 700 UNIVERSITY AVENUE MONROE, LA 71209	NONE	NC	ACCESS TO CARE GRANT	10,000
UNIVERSITY OF MARYLAND SCHOOL OF DENTISTRY 650 W BALTIMORE STREE BALTIMORE, MD 21201	NONE	NC	ACCESS TO CARE GRANT	150,000
Total ▶ 3a				20,492,144

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Name and address (home or business)				
a <i>Paid during the year</i>				
UNIVERSITY OF PENNSYLVANIA SCHOOL OF DENTAL MEDICINE 240 S 40TH STREET PHILADELPHIA, PA 191046030	NONE	NC	ACCESS TO CARE GRANT	200,000
UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER AT SAN ANTONIO 7703 FLOYD CURL DRIVE MC 7828 SAN ANTONIO, TX 78229	NONE	NC	ACCESS TO CARE GRANT	50,000
UNIVERSITY OF THE PACIFIC 3601 PACIFIC AVE STOCKTON, CA 952110110	NONE	NC	ACCESS TO CARE GRANT	225,000
Total ▶ 3a				20,492,144

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Name and address (home or business)				
a <i>Paid during the year</i>				
URBAN ED ACADEMY INC 1485 BAY SHORE BLVD STE 317 SAN FRANCISCO, CA 94124	NONE	NC	ORAL HEALTH EDUCATION	50,000
UTAH PARTNERS FOR HEALTH 7651 S MAIN STREET MIDVALE, UT 840477101	NONE	NC	ACCESS TO CARE GRANT	15,000
VALLEY HEALTHCARE SYSTEM INC 1600 FORT BENNING RD COLUMBUS, GA 319032834	NONE	NC	ACCESS TO CARE	15,000
Total ▶ 3a				20,492,144

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Name and address (home or business)				
a <i>Paid during the year</i>				
VENICE FAMILY CLINIC 604 ROSE AVENUE VENICE, CA 90291	NONE	NC	ACCESS TO CARE GRANT	25,000
VIA CARE COMMUNITY HEALTH CENTER 507 S ATLANTIC BLVD LOS ANGELES, CA 900222621	NONE	NC	ACCESS TO CARE GRANT	100,000
VISTA COMMUNITY CLINIC 1000 VALE TERRACE DR VISTA, CA 920845218	NONE	NC	ACCESS TO CARE GRANT	40,000
Total ▶ 3a				20,492,144

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Name and address (home or business)				
a <i>Paid during the year</i>				
VMSN INC 1240 N MARTIN L KING BLVD LAS VEGAS, NV 89106	NONE	NC	ACCESS TO CARE GRANT	30,000
VOLUNTEERS IN MEDICINE - SAN FRANCISCO 4877 MISSION ST SAN FRANCISCO, CA 941123413	NONE	NC	ACCESS TO CARE GRANT	400,000
WALNUT STREET COMMUNITY HEALTH CENTER INC 201 SOUTH CLEVELAND AVENUE HAGERSTOWN, MD 217405745	NONE	NC	ACCESS TO CARE GRANT	10,000
Total ▶ 3a				20,492,144

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Name and address (home or business)				
a <i>Paid during the year</i>				
WASATCH HOMELESS HEALTH CARE INC 409 W 400 S SALT LAKE CTY, UT 841011135	NONE	NC	ACCESS TO CARE GRANT	10,000
WELSH MOUNTAIN HEALTH CENTERS 304 N WATER STREET LANCASTER, PA 176033374	NONE	NC	ACCESS TO CARE GRANT	200,000
WEST VIRGINIA HEALTH RIGHT INC 1520 WASHINGTON ST E CHARLESTON, WV 253112511	NONE	NC	ACCESS TO CARE GRANT	40,000
Total ▶ 3a				20,492,144

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Name and address (home or business)				
a <i>Paid during the year</i>				
WEST VIRGINIA HEALTH RIGHT INC 1520 WASHINGTON ST E CHARLESTON, WV 253112511	NONE	NC	SIGNATURE PROGRAM	50,000
WESTERN UNIVERSITY OF HEALTH SCIENCES 309 E 2ND ST POMONA, CA 917661854	NONE	NC	ACCESS TO CARE GRANT	194,660
WESTJAX OUTREACH INC 5126 TIMUQUANA RD JACKSONVILLE, FL 322100000	NONE	NC	ACCESS TO CARE GRANT	35,000
Total ▶ 3a				20,492,144

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Name and address (home or business)				
a <i>Paid during the year</i>				
WESTMINSTER FREE CLINIC 2673 SAN MIGUEL CIRCLE THOUSAND OAKS, CA 91360	NONE	NC	ACCESS TO CARE GRANT	35,000
WHEELING HEALTH RIGHT INC 61 29TH ST WHEELING, WV 260034161	NONE	NC	ACCESS TO CARE	20,000
WHITMAN-WALKER CLINIC INC 1377 R STREET NW WASHINGTON, DC 20009	NONE	NC	ACCESS TO CARE GRANT	75,000
Total ▶ 3a				20,492,144

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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>				
WHITNEY M YOUNG JR HEALTH CENTER INC 920 LARK DRIVE ALBANY, NY 122071300	NONE	NC	ACCESS TO CARE GRANT	10,000
WILLIAM F RYAN COMMUNITY HEALTH CENTER INC 110 W 97TH ST NEW YORK, NY 100256450	NONE	NC	ACCESS TO CARE GRANT	135,000
WILLIAMSON HEALTH & WELLNESS CENTER INC PO BOX 2080 WILLIAMSON, WV 256612080	NONE	NC	ACCESS TO CARE GRANT	10,000
Total ▶ 3a				20,492,144

Form 990PF Part XIV 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>				
WILMINGTON COMMUNITY CLINIC 1009 N AVALON BLVD WILMINGTON, CA 907444505	NONE	NC	ACCESS TO CARE GRANT	40,000
WINN COMMUNITY HEALTH CENTER INC PO BOX 1288 WINNFIELD, LA 714831288	NONE	NC	ACCESS TO CARE GRANT	60,000
WORKING PEOPLES FREE CLINIC INC 1543 MCGINNIS ST ALEXANDRIA, LA 713016249	NONE	NC	ACCESS TO CARE GRANT	10,000
Total ▶ 3a				20,492,144

Form 990PF Part XIV 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>				
WORKING WARDROBES FOR A NEW START 2000 E MCFADDEN AVE SANTA ANA, CA 92705	NONE	NC	COMMUNITY GIVING	5,000
WORLD CENTRAL KITCHEN 1342 FLORIDA AVENUE NW WASHINGTON, DC 20009	NONE	NC	COMMUNITY GIVING	10,000
WORLD CENTRAL KITCHEN 655 NEW YORK AVENUE 6TH FLOOR WASHINGTON, DC 20001	NONE	NC	DISASTER FUND	40,000
Total ▶ 3a				20,492,144

Form 990PF Part XIV 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)				
<i>a Paid during the year</i>				
WORLD CENTRAL KITCHEN 655 NEW YORK AVENUE 6TH FLOOR WASHINGTON, DC 20001	NONE	NC	COMMUNITY GIVING	5,000
Total ▶ 3a				20,492,144

TY 2021 Accounting Fees Schedule**Name:** DELTA DENTAL COMMUNITY CARE FOUNDATION**EIN:** 37-1570764

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
AUDIT / TAX FEES	12,500	0	0	0

TY 2021 Investments Corporate Bonds Schedule**Name:** DELTA DENTAL COMMUNITY CARE FOUNDATION**EIN:** 37-1570764**Investments Corporate Bonds Schedule**

Name of Bond	End of Year Book Value	End of Year Fair Market Value
LAM RESEARCH CORP	272,310	268,230
PUBLIC STORAGE	248,861	242,795

TY 2021 Other Expenses Schedule**Name:** DELTA DENTAL COMMUNITY CARE FOUNDATION**EIN:** 37-1570764**Other Expenses Schedule**

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
LICENSES AND FEES	2,305	0	0	0
MISC OUTSIDE SERVICES	185	0	0	0
GENERAL MEMBERSHIPS	3,333	0	0	0
MISC INCOME/EXPENSE	836	0	0	0

TY 2021 Other Professional Fees Schedule**Name:** DELTA DENTAL COMMUNITY CARE FOUNDATION**EIN:** 37-1570764

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ADMINISTRATION FEES/EXPENSES	1,506,449	0	0	0

Schedule B
(Form 990)
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
2021

Name of the organization
DELTA DENTAL COMMUNITY CARE FOUNDATION

Employer identification number
37-1570764

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
DELTA DENTAL COMMUNITY CARE FOUNDATION

Employer identification number
37-1570764

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	DELTA DENTAL OF CALIFORNIA 560 MISSION STREET SUITE 1300 SAN FRANCISCO, CA 94105	\$ 26,000,000	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
2	DELTA DENTAL INSURANCE COMPANY 560 MISSION STREET SUITE 1300 SAN FRANCISCO, CA 94105	\$ 4,000,000	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
3	DELTA DENTAL OF PENNSYLVANIA ONE DELTA DRIVE MECHANICSBURG, PA 17055	\$ 3,500,000	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
4	DELTA DENTAL OF NEW YORK INC ONE DELTA DRIVE MECHANICSBURG, PA 17055	\$ 1,100,000	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
5	DR CHRISTOPHER KOTCHICK 300 COMMUNITY DRIVE TOBYHANNA, PA 18466	\$ 19,800	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
6	DELTA DENTAL OF CALIFORNIA 560 MISSION STREET SUITE 1300 SAN FRANCISCO, CA 94105	\$ 1,506,449	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash (Complete Part II for noncash contributions.)

Name of organization
DELTA DENTAL COMMUNITY CARE FOUNDATION

Employer identification number

37-1570764

Part II Noncash Property			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
6	DONATED GRANT MANAGEMENT, ADMINISTRATIVE FEES/EXPENSES	\$ 1,506,449	
.		\$	
.		\$	
.		\$	
.		\$	
.		\$	
.		\$	
.		\$	
.		\$	

Name of organization
DELTA DENTAL COMMUNITY CARE FOUNDATION

Employer identification number

37-1570764

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	
_____ _____		_____ _____	