HOLDEN AND PARKER PC 8226 DOUGLAS AVE STE 648 DALLAS, TX 75225 214-965-8544

May 12, 2022

Operation Blue Shield DBA One Community USA 5949 Sherry Lane Suite 1162 Dallas, TX 75225-6532

Dear Mrs. Brinker:

Operation Blue Shield d/b/a One Community USA has changed its fiscal year end of September 30 to a calendar year end of December 31. This change is effective December 31, 2021. The financial audit report that is the basis of this Form 990 covers the 15 month period starting October 1, 2020 and ending on December 31, 2021.

Because a Form 990 cannot cover a 15 month period, the activity of these 15 months is reported on two Form 990s. The first 990 is the 2020 Form 990 covering the period October 1, 2020 to September 30, 2021. It reports 12/15 of the 15 months of activity. The second 990 is the 2021 Form 990 covering the period October 1, 2021 to December 31, 2021 reports 3/15 of the 15 months of activity.

The second Form 990 follows the first Form 990 in this pdf.

Enclosed for your review:

Form 990

2020 Return of Organization Exempt from Income Tax

Each tax return or form listed above should be filed in accordance with the enclosed filing instructions.

Please be sure to call us if you have any questions.

Sincerely,

Kendall R. Holden

Form 8868	
(Rev. January 2020)	

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

OMB No. 1545-0047

01

► File a separate application for each return.

Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits*.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

 Name of exempt organization or other filer, see instructions.
 Taxpayer identification number (TIN)

print	Operation Blue Shield	
Pink	DBA One Community USA	47-4896404
File by the	Number, street, and room or suite number. If a P.O. box, see instructions.	
	5949 Sherry Lane #1162	
return. See	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
instructions.	Dallas, TX 75225-6532	

Enter the Return Code for the return that this application is for (file a separate application for each return)

Application Is For		Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (section 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

Telephone No. ► <u>214-234-0248</u>

Fax No. ►

If the organization does not have an office or place of business in the United States, check this box......

If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)
 If this is for the whole group, check this box.... ► and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until <u>8/15</u>, 20 <u>22</u>, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

calendar year 20
 or

	► X tax year beginning <u>10/01</u> , 20 <u>20</u> , and ending <u>9/30</u>	, <u>20</u> <u>21</u>
2	2 If the tax year entered in line 1 is for less than 12 months, check reason: Initia Change in accounting period	I return Final return

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	3a	\$ 0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit	3b	\$ 0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using		

BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2020)

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For									1	OMB No. 1545-0047
1 011				of Organization						2020
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_	artment of the nal Revenue			not enter social security number www.irs.gov/Form990 for inst			rmation.			Inspection
			year, or tax year b	eginning 10/01	, 2020, a	and ending	9/3			, 20 2021
В	Check if app			01 1 1 1						ification number
		5	eration Blue A One Commun				-	47-4 E Telephon		
	Name of Initial re	<u>۲</u>	49 Sherry La				'			-0248
			llas, TX [*] 752				F	214-	234	-0240
		ed return						G Gross red	cointe	\$ 564,134.
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			me As C Abov		IIIKEL	H(b) Are all s	ubordinates i attach a list.	include	
Ι	Tax-exem		501(c)(3) 501(c)		4947(a)(1) or	527	If "NO," a	ittach a list.	See ins	structions —
J	Websit	e:► www.	onecommunity	/usa.org		H	c) Group ex	emption nur	nber 🕨	•
κ	Form of o	rganization: X	Corporation Trust	Association Other ►	LYe	ear of formation:	: 2015	M St	ate of I	legal domicile: TX
Pa	rtl S	Summary								
	1 Brie	efly describe t	he organization's n	mission or most significant	t activities:Safe	e, secur	<u>ce and</u>	<u>thriv</u>	<u>ving</u>	<u>`Cities of</u>
Se				through 21st Ce	ntury Comm	unity B	uildii	ng and	<u>Ne</u> :	ighborhood
nar	<u>E1</u>	gagement	programs.							
Activities & Governance	2 Che	eck this box	if the organiz	zation discontinued its ope	erations or dispo	sed of more	than 25	% of its n	et as	
3	3 Nur	nber of voting	members of the g	overning body (Part VI, li	ne 1a)				3	10
ې د د				nbers of the governing boo					4	0
/itie				ed in calendar year 2020 (te if necessary)					5 6	11
l cti				rom Part VIII, column (C),					ю 7а	<u>350</u> 0.
A				ome from Form 990-T, Par					7b	0.
	-			,						
								or Year		Current Year
a)	8 Cor	ntributions and	d grants (Part VIII,	line 1h)					76.	
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	Firm's name	► HOLDEN AND PARKER PC	
Use Only	Firm's address	► 8226 DOUGLAS AVE STE 648	Firm's EIN ► 26-1591347
		DALLAS, TX 75225	Phone no. 214-965-8544
May the IRS	discuss this r	eturn with the preparer shown above? See instructions	X Yes No
DAA E D		and a state of the second	E 000 (0000)

BAA For Paperwork Reduction Act Notice, see the separate instructions.

Form	1990 (2020) Operation Blue S	hield	47-489	96404	Page 2
Par					
		esponse or note to any line in this Part III			Х
1				a .	
		<u>'Cities_of_Opportunities'_for</u>		<u>Century</u>	
	Community Building and Ne	ighborhood Engagement programs	·		
2	Did the organization undertake any signific	ant program services during the year which were not	listed on the prior		
-				Yes 👔	No
	If "Yes," describe these new services on So				-
3		or make significant changes in how it conducts, a	any program services?	Yes 👔	(No
	If "Yes," describe these changes on Schedu	ule O.			
4	Describe the organization's program ser	vice accomplishments for each of its three larges	st program services, as me	asured by exp	enses.
	and revenue, if any, for each program s	ations are required to report the amount of grant	s and allocations to others,	the total expe	enses,
	, , , , , , , , , , , , , , , , , , ,				
4 a	a (Code:) (Expenses \$	559,881. including grants of \$) (Revenue \$)
	See_Schedule_O				^
41	· (Codo)	including grants of			
4 0	(Code:) (Expenses \$	including grants of \$) (Revenue 🤤)
4 0	c (Code:) (Expenses \$	including grants of \$) (Revenue 💲)
4,	d Other program services (Describe on Sc	hedule Q.)			
- ((Expenses \$) (Revenue \$)	
4 e	Total program service expenses	559,881.	/)	
RAA		TEEA01021 10/07/20		Form 9	30 (2020)

Form 990 (2020) Operation Blue Shield

Ра	rt IV	Checklist of Required Schedules			
1	ls the Sche	e organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete	1	Yes X	No
2	Is the	e organization required to complete Schedule B. Schedule of Contributors See instructions?	2	Х	
3	Did th	ne organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates ublic office? If 'Yes,' complete Schedule C, Part I.	3		Х
4	Secti in eff	ion 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election fect during the tax year? If 'Yes,' complete Schedule C, Part II	4		Х
5	Is the asse	e organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, ssments, or similar amounts as defined in Revenue Procedure 98-19? <i>If 'Yes,' complete Schedule C, Part III.</i>	5		Х
6	to pro	ne organization maintain any donor advised funds or any similar funds or accounts for which donors have the right ovide advice on the distribution or investment of amounts in such funds or accounts? <i>If 'Yes,' complete Schedule D,</i> //	6		Х
7	Did th envir	ne organization receive or hold a conservation easement, including easements to preserve open space, the onment, historic land areas, or historic structures? <i>If 'Yes,' complete Schedule D, Part II</i>	7		Х
8	Did t <i>com</i> p	he organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' Dete Schedule D, Part III.	8		Х
9	for ar	ne organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian mounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation ces? If 'Yes,' complete Schedule D, Part IV	9		Х
10	Did t or in	he organization, directly or through a related organization, hold assets in donor-restricted endowments quasi endowments? <i>If 'Yes,' complete Schedule D, Part V</i>	10		Х
11	lf the or X	organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VII, IX, as applicable.			
		ne organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If 'Yes,' complete Schedule</i>	11 a	Х	
	b Did th	he organization report an amount for investments – other securities in Part X, line 12, that is 5% or more of its total ts reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII.	11 b		Х
	c Did th asse	ne organization report an amount for investments – program related in Part X, line 13, that is 5% or more of its total ts reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII	11 c		Х
		ne organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported art X, line 16? If 'Yes,' complete Schedule D, Part IX.	11 d		Х
		he organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e	Х	
	the o	ne organization's separate or consolidated financial statements for the tax year include a footnote that addresses organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11 f		Х
	Sche	ne organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Edule D, Parts XI and XII	12a		Х
	b Was if the	the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the	e organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		Х
14	a Did t	he organization maintain an office, employees, or agents outside of the United States?	14a		Х
	busin	ne organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, less, investment, and program service activities outside the United States, or aggregate foreign investments valued 00,000 or more? If 'Yes,' complete Schedule F, Parts I and IV	14b		Х
15	Did t foreig	he organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any gn organization? If 'Yes,' complete Schedule F, Parts II and IV	15		Х
16	Did th or fo	ne organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to r foreign individuals? <i>If 'Yes,' complete Schedule F, Parts III and IV</i>	16		Х
17	Did th colur	ne organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, nn (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I See instructions	17		Х
18	Did th lines	ne organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, 1c and 8a? <i>If 'Yes,' complete Schedule G, Part II</i>	18		Х
19	Did th <i>com</i> p	ne organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' Dete Schedule G, Part III	19		Х
20a	a Did t	he organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20a		Х
		es' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did t dome	he organization report more than \$5,000 of grants or other assistance to any domestic organization or estic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21	Х	

Page **3**

Operation Blue Shield Form 990 (2020)

				1
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22		Х
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J</i> .	23		Х
24	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25a	24a		x
1	b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds? d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24c 24d		
	a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		Х
ļ	b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If 'Yes,' complete Schedule L, Part II</i>	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If 'Yes,' complete Schedule L, Part III.</i>	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
i	a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i> 'Yes,' complete Schedule L, Part IV	28a		Х
l	b A family member of any individual described in line 28a? <i>If 'Yes,' complete Schedule L, Part IV</i>	28b		Х
	c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If Yes, ' complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1	34		Х
35	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
ļ	b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If 'Yes,' complete Schedule R, Part V, line 2</i>	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If 'Yes,' complete Schedule R, Part VI</i>	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	38	Х	
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V		Yes	· No
	a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable1 a6b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable1 b0	-	103	
	b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
	(gambling) winnings to prize winners?	1 c		
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Form 990 (2020)

47-4896404 Page 4

Yes

No

Part IV Checklist of Required Schedules (continued)			Operation			
	Part IV	Chec	klist of Requ	ired So	chedules	(continued)

BAA

	n 990 (2020) Operation Blue Shield 47-4896	404	F	Page 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2.	a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State-			
20		11		
ł	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3 a	a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
ł	b If 'Yes,' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation on Schedule O	3b		
4 a	a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
ł	b If 'Yes,' enter the name of the foreign country►			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5 a	a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
ŀ	b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
(c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c		
6 a	a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		х
ł	b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			
7	Organizations that may receive deductible contributions under section 170(c).			
ć	a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Х
	b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?			
	c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file	/u		
C	Form 8282?	7c		Х
c	d If 'Yes,' indicate the number of Forms 8282 filed during the year 7 d			
	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899			
1	as required?	7g		
ł	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a			
0	Form 1098-C?	7h		
ö	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring	-		
•	organization have excess business holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds.			
	a Did the sponsoring organization make any taxable distributions under section 4966?			
	b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter:			
	a Initiation fees and capital contributions included on Part VIII, line 12 10a	_		
	b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	_		
	Section 501(c)(12) organizations. Enter:			
	a Gross income from members or shareholders	_		
ł	b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12 a	a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
ŀ	b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
ä	a Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
ł	b Enter the amount of reserves the organization is required to maintain by the states in			
	which the organization is licensed to issue qualified health plans			
	c Enter the amount of reserves on hand 13c			
	a Did the organization receive any payments for indoor tanning services during the tax year?			Х
ł	b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation on Schedule O	14 b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		Х
	If 'Yes,' see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	L	Х
	If 'Yes,' complete Form 4720, Schedule O.			
D				10.0.0.0

officer, director, trustee, or key employee?			Х
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	n 3		Х
4 Did the organization make any significant changes to its governing documents	3		Λ
since the prior Form 990 was filed?	4		Х
5 Did the organization become aware during the year of a significant diversion of the organization's assets?			X
6 Did the organization have members or stockholders?			Х
7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?			Х
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		Х
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a The governing body?	8a	Х	
b Each committee with authority to act on behalf of the governing body?		Х	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at organization's mailing address? <i>If 'Yes,' provide the names and addresses on Schedule Q</i>	· · · · · · · · · 9		Х
Section B. Policies (This Section B requests information about policies not required by the Ir	nternal Reven	ue Co	ode.)
		Yes	No
10 a Did the organization have local chapters, branches, or affiliates?			Х
b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure operations are consistent with the organization's exempt purposes?			
11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?			Х
b Describe in Schedule O the process, if any, used by the organization to review this Form 990. See Sched	dule 0		
12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13	12a	Х	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		Х
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done	12c		Х
13 Did the organization have a written whistleblower policy?		Х	
14 Did the organization have a written document retention and destruction policy?		Х	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a The organization's CEO, Executive Director, or top management official.	15a		Х
b Other officers or key employees of the organization.	15b		Х
If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions).			
16 a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with taxable entity during the year?	ha 16a		X
b If 'Yes.' did the organization follow a written policy or procedure requiring the organization to evaluate its			
participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Section C. Disclosure	_	·	
17 List the states with which a copy of this Form 990 is required to be filed \blacktriangleright <u>TX</u>			
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T available for public inspection. Indicate how you made these available. Check all that apply.		3)s on	ıly)
Own website X Another's website X Upon request Other (explain on Sche	,		
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial sta the public during the tax year. See Schedule O	tements available to		
20 State the name, address, and telephone number of the person who possesses the organization's books and records ►			
Toni Brinker 5949 Sherry Lane, Suite 1162 Dallas TX 75225 214-234-024	48		

Part VI Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on

Section A. Governing Body and Management			
Check if Schedule O contains a response or note to any line in this Part VI	 		
Schedule O. See instructions.	,	0	

1 a Enter the number of voting members of the governing body at the end of the tax year..... If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad

b Enter the number of voting members included on line 1a, above, who are independent....

2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other

authority to an executive committee or similar committee, explain on Schedule O.

Form 990 (2020) Operation Blue Shield

47-4896404

1 a

1 b

Page 6

Х

No

Yes

10

TEEA0106L 10/07/20

BAA

Form 990 (2020) Operation Blue Shield	47-4896404	Page 7
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest C Independent Contractors	ompensated Employe	es, and
Check if Schedule O contains a response or note to any line in this Part VII	· · · · · · · · · · · · · · · · · · ·	L
Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensate	d Employees	
1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending wit organization's tax year.	th or within the	
• List all of the organization's current officers, directors, trustees (whether individuals or organization compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.	s), regardless of amount of	

• List all of the organization's current key employees, if any. See instructions for definition of 'key employee.'

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

					(C))					
(A) Name and title		(B) Average hours per	Pos thar is	Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other
		week	0 <u>0</u>	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	compensation from the organization and related organizations
(1)	Toni_Brinker	48									
	CEO & Founder	0	Х		Х				1.	0.	0.
(2)	Alan_Dorantes	1									
	Secretary	0	Х		Х				0.	0.	0.
(3)	Ian Feuer	1									
	Board Member	0	Х						0.	0.	0.
(4)	Brad White	1									
	Board Member	0	Х						0.	0.	0.
(5)	Chief Paul Cell	1									
	Board Member	0	Х						0.	0.	0.
(6)	Eric_KJackson	1									
	Board Member	0	Х						0.	0.	0.
(7)	Greg_McAllister	1									
	Board Member	0	Х						0.	0.	0.
(8)	Albert Martinez	1									
	Board Member	0	Х						0.	0.	0.
(9)	James McTevia	1									
	Baord Member	0	Х						0.	0.	0.
(10)	Leo Terrell	1									
	Board Member	0	Х						0.	0.	0.
(11)											
(12)											
(13)											
(14)											
BAA		TEEA0	107L	10/07	7/20						Form 990 (2020)

Form **990** (2020)

Form 990 (2020) Operation Blue Shield

47-4896404

Page 8

Pa	t VII Section A. Officers, Directors, Tru	stees, I	Key	En	ıplo	bye	es, a	and	d Highest Com	pensated Emp	loyees (continued)
		(B)			(0						
	(A) Name and title	Average hours per week	box	, unle	ess pe	erson	e than is both or/trus	h an	(D) Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other
			Individual or director	Institu	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization and related
		related organiza	Individual trustee or director	nstitutional trustee	er	omple	ist co byee	ler			organizations
		- tions below dotted	trust	sl tru:		yee	mper				
		line)	ee	stee			Isateo				
(15)											
<u>(13)</u>			•								
(16)											
(17)											
<u>(''')</u>											
(18)											
(19)											
<u>(ij)</u>			•								
(20)											
(21)											
(21)			-								
(22)											
(23)											
()											
(24)											
(25)											
(23)			•								
	Subtotal							•	1.	0.	0.
	Total from continuation sheets to Part VII, Section							•	0.	0.	0.
	Total (add lines 1b and 1c).							ved			0.
	from the organization b 0										
											Yes No
3	Did the organization list any former officer, direct on line 1a? If 'Yes,' complete Schedule J for such	or, truste <i>n individu</i>	e, ke <i>al</i>	ey ei	mplo	oyee	e, or	high	nest compensated	employee	. 3 X
4	For any individual listed on line 1a, is the sum of	reportabl	le co	mpe	ensa	tion	and	oth	er compensation	from	
	the organization and related organizations greater such individual	r than \$1	50,00	20?	<i>lf</i> '}	′es,'	' com	ıple	te Schedule J for		. 4 X
5	Did any person listed on line 1a receive or accrue	e compen	isatio	n fr	om	any	unre	late	d organization or	individual	
Sec	for services rendered to the organization? If 'Yes, ton B. Independent Contractors	,' comple	te So	chea	lule	J fo	r suc	ch p	erson		. 5 X
1	Complete this table for your five highest compens	sated inde	epen	dent	t cor	ntrad	ctors	tha	t received more t	nan \$100,000 of	_
	compensation from the organization. Report compens		the ca	alen	uar	year	enali	ng v	(B)	-	(C)
	(A) Name and business addr	ess							Description of	of services	Compensation
2	Total number of independent contractors (including be \$100,000 of compensation from the organization ¹		ited to	o tho	ose l	istec	a abo	ve)	wno received more	than	

Form 990 (2020) Operation Blue Shield Part VIII Statement of Revenue

47-4896404

Page 9

		Check if Schedule O contains a res	sponse or note to any	line in this Part VI	IL		<u></u>
	-			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts nts		Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues					
fts, An		Fundraising events					
, Gil nilar		I Related organizations 1 c Government grants (contributions) 1 c					
ons, Sin		All other contributions, gifts, grants, and	-				
utic		similar amounts not included above 1 f	564,134.				
oth	g	Noncash contributions included in lines 1a-1f	r				
Con	h	Total. Add lines 1a-1f		564,134.			
			Business Code	001/1011			
Program Service Revenue	2a	·					
Re	b						
vice	С	:	_				
Ser	d	۱					
am	e						
rogi		All other program service revenue					
đ	-	Total. Add lines 2a-2f					
	3	Investment income (including dividends, other similar amounts)	Interest, and				
	4	Income from investment of tax-exemption					
	5	Royalties	▶				
		(i) Real	(ii) Personal				
	6 a	Gross rents 6a					
		Less: rental expenses 6b					
		Rental income or (loss) 6c					
	d	Net rental income or (loss)					
	7 a	Gross amount from (i) Securities	(ii) Other				
		sales of assets other than inventory 7a					
	b	Less: cost or other basis and sales expenses 7b					
	c	: Gain or (loss) 7c					
	-	Net gain or (loss)	▶				
e de la constante de la consta	8 2	Gross income from fundraising events					
'nu	04	(not including \$					
eve		of contributions reported on line 1c).					
r R			8a				
Other Revenue			8b				
δ	С	Net income or (loss) from fundraising	events ►				
	9 a	Gross income from gaming activities. See Part IV, line 19					
	Ь		9a 9b				
		Net income or (loss) from gaming act					
		· · · · · ·					
	iva	Gross sales of inventory, less returns and allowances	0a				
	b	Less: cost of goods sold 1	0b				
	с	Net income or (loss) from sales of inv	ventory ►				
S			Business Code				
eo e	11a b c d	'					
lan	b	'	-				
Miscellaneous Revenue	C						
Alis F							
		Total. Add lines 11a-11d		564,134	0	0	0
		I UNITE VETUE. SEE INSTITUTIONS	· · · · · · · · · · · · · · · · · · ·	564 I34	11	()	1 ()

6b, 7b, 1 GoS Gir 2 Goe B Ctr 3 Goe B Ctr 4 B Ctr 6 Cd sir 7 P (i e O 9 O P F 10 F 11 F 1 A V b L c A d L f Ir 9 O (i e O 10 F 11 F 1 GOS GIR 10 O S 10 O	t include amounts reported on lines , 8b, 9b, and 10b of Part VIII. Grants and other assistance to domestic riganizations and domestic governments. Grants and other assistance to domestic ndividuals. See Part IV, line 22 Grants and other assistance to foreign	(A) Total expenses 73, 507.	(B) Program service expenses 73, 507.	(C) Management and general expenses	(D) Fundraising expenses
2 Gri Goore B C tr C d sci r 4 B C tr C d sci r 7 C d sci r 8 C d sci r 7 C d sci r 7 C d sci r 7 C d sci r 8 C d sci r 7 C d sci r 7 C d sci r 8 C d sci r 8 C d sci r 7 C d sci r 8 C d sci r 9 C d s	Arganizations and domestic governments. Gee Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign	73,507.	73 507		
 ir Goole Good Control of the second se	ndividuals. See Part IV, line 22		131301.		
 a M b Li c A d Li e Pi f Ir g O e Pi f Ir g O (4) 					
5 Ctr 6 Cd 3 Sir 7 C 8 P(ie 8 P(i 8 P(i 9 C) 10 P 11 F 11 F 11 F 1 C 4 L 4 C 6 Pr f Ir 9 C) 6 C 9 C) 10 P 11 F 10 C 10 C 10 C 10 C 10 C 10 C 10 C 10 C	rganizations, foreign governments, and for- ign individuals. See Part IV, lines 15 and 16				
 tr 6 Cd d sir 7 C 8 P(i) 9 C 8 P(i) 9 C 9 C 9 C 10 P 11 F¹ a N b L¹ b L¹ a N b L¹ b L¹ c A d L¹ c A d L¹ e Pr f Ir g Or (A 	Benefits paid to or for members				
d sr ir 7 C 8 P(i e 9 C 10 P 11 F 11 F 11 F b L c A d L c f Ir f g 0 (/	Compensation of current officers, directors, rustees, and key employees	1.	1.	0.	0
8 P(i ee 9 O 10 P 11 F a M b L c A d L e Pi f Ir g 0 (/	Compensation not included above to lisqualified persons (as defined under ection 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0
(i e) 9 C 10 P 11 F bLi c A dLi c A dLi f Ir g 0 (/	Other salaries and wages	298,527.	284,384.	14,143.	
10 P 11 F a M b L c A d L e P f Ir 9 0 (<i>f</i>	Pension plan accruals and contributions include section 401(k) and 403(b) mployer contributions)				
11 F a M b L c A d L e Pr f Ir g 0 (/	Other employee benefits				
a M b L c A d L e Pr f Ir g 0 (A	Payroll taxes	22,470.	18,160.	4,310.	
b L c A d L e P f Ir g 0 (A	ees for services (nonemployees):				
c A d L e Pi f Ir g 0 (A	lanagement				
d La e Pr f Ir g 0 (A	egal				
ePi flr g0 (4					
f Ir g 0 (A	obbying				
g 0 (/	rofessional fundraising services. See Part IV, line 17				
- (A	nvestment management fees				
	ther. (If line 11g amount exceeds 10% of line 25, column A) amount, list line 11g expenses on Schedule 0.)				
	Advertising and promotion.	22,204.	15,234.	6,970.	
	Office expenses	9,089.	7,271.	909.	909
	nformation technology				
	Royalties				
	Decupancy	19,513.	15,610.	1,952.	1,951
	 Travel	1,876.	1,501.	188.	187
18 P	Payments of travel or entertainment xpenses for any federal, state, or local ublic officials				107
19 C	Conferences, conventions, and meetings				
20 Ir	nterest				
21 P	Payments to affiliates				
22 D	Depreciation, depletion, and amortization	2,238.		2,238.	
	nsurance				
01 01	Other expenses. Itemize expenses not overed above (List miscellaneous expenses n line 24e. If line 24e amount exceeds 10% f line 25, column (A) amount, list line 24e xpenses on Schedule O.)				
	Program Expenses	99,071.	99,071.		
	Miscellaneous	27,107.	21,686.	2,711.	2,710
	Pathways to Hope Curriculum	14,400.	14,400.		
	Professional_Services	11,320.	9,056.	1,132.	1,132
	All other expenses.			±,±02.	<u> </u>
	otal functional expenses. Add lines 1 through 24e	601,323.	559,881.	34,553.	6,889
	oint costs. Complete this line only if				

Form 990 (2020) Operation Blue Shield Part X Balance Sheet

4	7	-4	8	9	6	4	0	4	
---	---	----	---	---	---	---	---	---	--

Cash – non-interest-bearing. Savings and temporary cash investments. Pledges and grants receivable, net. Accounts receivable, net. Loans and other receivables from any current or form trustee, key employee, creator or founder, substantial		· · · · · · · · · · · · · · · · · · ·	(A) Beginning of year 193,311.	1	(B) End of year
Pledges and grants receivable, net Accounts receivable, net Loans and other receivables from any current or form trustee, key employee, creator or founder, substantial					133,799
Accounts receivable, net		-		2	
Loans and other receivables from any current or form trustee, key employee, creator or founder, substantial				3	
trustee, key employee, creator or founder, substantial				4	
controlled entity or family member of any of these pe	l contributo	or. or 35%		5	
Loans and other receivables from other disgualified p	ersons (as	s defined under			
section 4958(f)(1)), and persons described in section	•			6	
Notes and loans receivable, net				7	
Inventories for sale or use		_		8	
			1,500.	9	300
	1 1				
Less: accumulated depreciation	10 b		632.	10 c	12,259
Investments – publicly traded securities				11	
		-		12	
				13	
		14			
		15			
Total assets. Add lines 1 through 15 (must equal line	33)		195,443.	16	146,358
Accounts payable and accrued expenses			3,971.	17	794
Grants payable			•	18	
Deferred revenue				19	
		L		20	
		L		21	
kev employee, creator or founder, substantial contribution	utor. or 35	%		22	
	•		10 900		2,180
	•		10,000.	25	2,100
		_	14,871.	26	2,97
Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.	e► X		,		
Net assets without donor restrictions			180,572.	27	143,383
Net assets with donor restrictions			•	28	· · ·
	ck here ►				
				29	
-			180 572		143,383
					146,358
	 Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D. Less: accumulated depreciation. Investments – publicly traded securities. Investments – other securities. See Part IV, line 11. Investments – program-related. See Part IV, line 11. Intangible assets. Other assets. See Part IV, line 11. Total assets. Add lines 1 through 15 (must equal line Accounts payable and accrued expenses. Grants payable. Deferred revenue Tax-exempt bond liabilities. Escrow or custodial account liability. Complete Part I Loans and other payables to any current or former of key employee, creator or founder, substantial contribuc controlled entity or family member of any of these per Secured mortgages and notes payable to unrelated third. Other liabilities. Add lines 17 through 25. Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. Net assets with donor restrictions. Net assets with donor restrictions. Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. Capital stock or trust principal, or current funds. Paid-in or capital surplus, or land, building, or equipting Retained earnings, endowment, accumulated income Total liabilities and net assets/fund balances. 	Land, buildings, and equipment: cost or other basis. 10 a Complete Part VI of Schedule D 10 b Dess: accumulated depreciation. 10 b Investments – publicly traded securities. 10 b Investments – other securities. See Part IV, line 11. 10 b Investments – program-related. See Part IV, line 11. 11. Intangible assets. 0 Other assets. See Part IV, line 11. 11. Total assets. Add lines 1 through 15 (must equal line 33). 33. Accounts payable and accrued expenses. Grants payable Deferred revenue 7ax-exempt bond liabilities. Escrow or custodial account liability. Complete Part IV of Schee Loans and other payables to any current or former officer, direct key employee, creator or founder, substantial contributor, or 35 controlled entity or family member of any of these persons. Secured mortagaes and notes payable to unrelated third parties. Other liabilities (including federal income tax, payables to relate and other liabilities not included on lines 17-24). Complete Part Total liabilities. Organizations that follow FASB ASC 958, check here > and complete lines 27, 28, 32, and 33. Net assets with donor restrictions. Net assets with donor restrictions. Net assets with donor restrictions. Paid-in or capital surplus, or land, building, or equipment fund. Retaine	Investments – publicly traded securities. Investments – other securities. See Part IV, line 11. Investments – program-related. See Part IV, line 11. Intangible assets. Other assets. See Part IV, line 11. Total assets. Add lines 1 through 15 (must equal line 33). Accounts payable and accrued expenses. Grants payable Deferred revenue Tax-exempt bond liabilities. Escrow or custodial account liability. Complete Part IV of Schedule D. Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons. Secured mortgages and notes payable to unrelated third parties. Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D. Total liabilities. Add lines 17 through 25. Organizations that follow FASB ASC 958, check here ► X and complete lines 27, 28, 32, and 33. Net assets with donor restrictions. Net assets with donor restrictions. Net assets with donor restrictions. Net assets with donor restrictions.	Land, buildings, and equipment: cost or other basis. 10a 15,864. Complete Part VI of Schedule D 10b 3,605. 632. Investments – publicly traded securities. 10b 3,605. 632. Investments – other securities. See Part IV, line 11. Investments – program-related. See Part IV, line 11. Investments – program-related. See Part IV, line 11. Investments – program-related. See Part IV, line 11. Intangible assets. Other assets. Add lines 1 through 15 (must equal line 33). 195,443. Accounts payable and accrued expenses. 3, 971. Grants payable Deferred revenue. Tax-exempt bond liabilities. Escrow or custodial account liability. Complete Part IV of Schedule D. Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% Corterl iabilities (including federal income tax, payables to related third parties. Unsecured notes and loans payable to unrelated third parties. Other liabilities. Add lines 17 through 25. Order liabilities. Add lines 17 through 25.	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 15, 864. Less: accumulated depreciation 10b 3, 605. 632. 10c Investments – publicly traded securities. 11 11 12 Investments – other securities. See Part IV, line 11 12 13 Investments – program-related. See Part IV, line 11 13 Intangible assets. 14 Other assets. See Part IV, line 11 15 Total assets. Add lines 1 through 15 (must equal line 33) 195, 443. Deferred revenue 19 Tax-exempt bond liabilities 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 22 Secured mortgages and notes payable to unrelated third parties. 10, 900. 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities on included on lines 17.24%. Complete Part X of Schedule D. 25 Total liabilities. Add lines 17 through 25. 14, 871. 26 Organizations that follow FASB ASC 958, check here ► 28 28 Organiz

Forn	1990 (2020) Operation Blue Shield 47-	4896404		Pa	age 12
Pa	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI.				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	5	64,1	134.
2	Total expenses (must equal Part IX, column (A), line 25)	2			323.
3	Revenue less expenses. Subtract line 2 from line 1	3	-	37,1	189.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)).	4			572.
5	Net unrealized gains (losses) on investments.	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
_	column (B))	10	1	43,3	383.
Pa	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.				
28	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviews separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis	ed on a			
1	Were the organization's financial statements audited by an independent accountant?		2 b	Х	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separa basis, consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis				
0	If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit review, or compilation of its financial statements and selection of an independent accountant?	,	2 c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.				
	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		3a		X
	If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3 b		
BAA	TEEA0112L 10/19/20		Form	99 0	(2020)

SCHEDULE A	
(Form 990 or 990-EZ))

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-F7

-	Allaci	I LO FOI	11 990 0	JI FOIIII S	550-EZ.	

2020	
Open to Public	

OMB No. 1545-0047

Departn Internal	Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. Internal Revenue Service Internal Revenue Service						Open to Public Inspection	
Name o			Blue Shield				Employer identif	
Part			nmunity USA	organizations must	compl	oto thi	47-48964	
				For lines 1 through 12,				
1	5		· · ·	hurches described in sec		,	,	
2				Schedule E (Form 990 or			.) .	
3				ization described in sec			()/iii)	
4		search organiza	tion operated in conju	unction with a hospital of	describe	ed in sec	ction 170(b)(1)(A)(iii).	Enter the hospital's
5	An organizat		the benefit of a colle	ge or university owned				described in
6				ental unit described in s	ection 1	1 70(b)(1))(A)(v).	
7	An organization in section 17	on that normally r 1 0(b)(1)(A)(vi). (eceives a substantial p Complete Part II.)	part of its support from a	governm	iental un	it or from the general p	bublic described
8	A community	trust described	in section 170(b)(1)(A)(vi). (Complete Part I	l.)			
9		or a non-land-grai	nt college of agriculture	ction 170(b)(1)(A)(ix) oper e (see instructions). Enter	the nan			
10	from activitie investment ir June 30, 197	ion that normall s related to its o come and unre 5. See section !	y receives (1) more the exempt functions, sub lated business taxable 509(a)(2). (Complete f	han 33-1/3% of its supp oject to certain exceptio e income (less section Part III.)	ort from ns; and 511 tax)	(2) no r) from b	nore than 33-1/3% of usinesses acquired by	fees, and gross receipts its support from gross y the organization after
11	An organizat	ion organized a	nd operated exclusive	ely to test for public safe	ety. See	section	ı 509(a)(4).	
12 a	or more publ lines 12a thro Type I. A supp organization(s	icly supported o bugh 12d that de porting organizati	rganizations describe escribes the type of s on operated, supervise gularly appoint or elect	ely for the benefit of, to ed in section 509(a)(1) of upporting organization d, or controlled by its sup t a majority of the directo	or sectio and con	o n 509(a nplete lin organizat)(2). See section 509 nes 12e, 12f, and 12g ion(s). typically by givi	na the supported
b	Type II. A su management	pporting organiz	ation supervised or c organization vested in	controlled in connection the same persons that c	with its ontrol or	support manage	ed organization(s), b the supported organiz	y having control or ation(s). You
С	`			tion operated in connectio plete Part IV, Sections	n with, a	nd functi	onally integrated with, it	s supported
d	Type III non-f unctionally instructions).	unctionally integ ntegrated. The o You must com	rated. A supporting org organization generally plete Part IV, Section	panization operated in cor must satisfy a distribu s A and D, and Part V.	nection tion req	with its s uiremen	supported organization t and an attentivenes	(s) that is not is requirement (see
е	Check this be	ox if the organiz	ation received a writte	en determination from t supporting organizatior	he IRS	that it is	s а Туре I, Туре II, Ту	pe III functionally
f	Enter the number	er of supported	organizations					
			n about the supported					
(i) Name of supported	organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	organiza in your o	ls the tion listed governing ment?	(v) Amount of monetary support (see instructions)	
					Yes	No		
(A)								
(B)								
(C)								
<u>(D)</u>								
(E)								

Total

Sec	tion A. Public Support			•					
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total		
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')								
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf								
3	The value of services or facilities furnished by a governmental unit to the organization without charge								
4	Total. Add lines 1 through 3								
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)								
6	Public support. Subtract line 5 from line 4								
Sec	tion B. Total Support								
	ndar year (or fiscal year nning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total		
7	Amounts from line 4								
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources								
9	Net income from unrelated business activities, whether or not the business is regularly carried on								
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)								
11	Total support. Add lines 7 through 10								
12	Gross receipts from related activ	vities, etc. (see ins	structions)			12			
13	First 5 years. If the Form 990 is organization, check this box and						►		
Sec	tion C. Computation of Pu	blic Support P	ercentage						
14	Public support percentage for 20	20 (line 6, colum	n (f), divided by l	ine 11, column (f))	14	%		
15	Public support percentage from	2019 Schedule A,	Part II, line 14			15	%		
16a	6a 33-1/3% support test-2020. If the organization did not check the box on line 13, and line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization								
b	b 33-1/3% support test–2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization►								
17a	10%-facts-and-circumstances te or more, and if the organization the organization meets the facts	meets the facts-a	nd-circumstances	s test. check this I	box and stop here	Explain in Part	VI how		
b	10%-facts-and-circumstances te or more, and if the organization organization meets the 'facts-an	meets the facts-a	nd-circumstances	s test, check this I	box and stop here	Explain in Part	VI how the		
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions								

Schedule A (Form 990 or 990-EZ) 2020 Operation Blue Shield

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

47-4896404

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support		•	,			
Calen	lar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	183,095.	290,000.	500,255.	525,521.	564,134.	2,063,005.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	100,000.	2307000.				0.
3	Gross receipts from activities that are not an unrelated trade or business under section 513.						0.
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						0.
5	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
	Total. Add lines 1 through 5	183,095.	290,000.	500,255.	525,521.	564,134.	2,063,005.
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons	0.	0.	0.	91,946.	128,643.	220,589.
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13						
	for the year	0.	0.	0.	0.	0.	0.
С	Add lines 7a and 7b	0.	0.	0.	91,946.	128,643.	220,589.
8	Public support. (Subtract line 7c from line 6.)						1,842,416.
	tion B. Total Support		4.2.0017	() 0010	(1) 0010	() 0000	
	dar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.	183,095.	290,000.	500,255.	525,521.	564,134.	2,063,005.
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0.
	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	0.	0.	0.	0.	0.	0.
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).						0.
13	Total support. (Add lines 9, 10c, 11, and 12.)	183,095.	290,000.	500,255.	525,521.	564,134.	2,063,005.
14	First 5 years. If the Form 990 is a organization, check this box and	for the organizatio		third, fourth, or fi	fth tax year as a s	section 501(c)(3)	<u> </u>
_	tion C. Computation of Pul						
15	Public support percentage for 20						89.31 %
16	Public support percentage from 2				<u></u>		0.00 %
Sec	tion D. Computation of Inv						
17	Investment income percentage for	or 2020 (line 10c,	column (f), divide	d by line 13, colu	ımn (f))		0.00 %
18	Investment income percentage fi						0.00 %
	33-1/3% support tests–2020. If t is not more than 33-1/3%, check	this box and stop	o here. The organi	zation qualifies a	s a publicly suppo	orted organization	ι► <u>Χ</u>
	33-1/3% support tests -2019. If t line 18 is not more than 33-1/3%	, check this box a	and stop here. The	e organization qua	alifies as a publicl	y supported orga	nization 🕨
	Private foundation. If the organiz	zation did not che					
BAA			TEEA0403L	09/14/20	Sch	nedule A (Form 9	90 or 990-EZ) 2020

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

Yes No Are all of the organization's supported organizations listed by name in the organization's governing documents? 1 If 'No,' describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain. 1 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If 'Yes,' explain in Part VI how the organization determined that the supported organization was 2 described in section 509(a)(1) or (2). 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer lines 3b and 3c below. 3a **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If 'Yes,' describe in **Part VI** when and how the organization made the determination. 3b c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in **Part VI** what controls the organization put in place to ensure such use. 3c 4a Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below. 4a **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations. Δh **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes. 4c 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document). 5a b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? 5b c Substitutions only. Was the substitution the result of an event beyond the organization's control? 5c Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one 6 or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of 6 the filing organization's supported organizations? If 'Yes,' provide detail in Part VI. 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ). 7 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,' 8 complete Part I of Schedule L (Form 990 or 990-EZ). 8 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If 'Yes,' provide detail in Part VI. 9a **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If 'Yes,' provide detail in Part VI.* 9b c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If 'Yes,' provide detail in Part VI.* 9c 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If 'Yes,' answer line 10b below. 10a **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.). 10b

47-4896404

Part IV Supporting Organizations (continued)			
		Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?			
a A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?	11a		
b A family member of a person described in line 11a above?	11b		
C A 35% controlled entity of a person described in line 11a or 11b above? If 'Yes' to line 11a, 11b, or 11c, provide detail in Part VI.	11c		

Section B. Type I Supporting Organizations

- 1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? *If 'No,' describe in Part VI how the supported organization*, so effectively operated, supervised, or controlled the organization's activities. *If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.*
- 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If 'Yes,' explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.*

Section C. Type II Supporting Organizations

Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If 'No,' describe in **Part VI** how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).

Section D. All Type III Supporting Organizations

			Yes	No			
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the						
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1					
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in Part VI how						
	the organization maintained a close and continuous working relationship with the supported organization(s).						
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If 'Yes,' describe in Part VI the role the organization's supported organizations played						
	in this regard.						

Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
 - a The organization satisfied the Activities Test. Complete line 2 below.
 - **b** The organization is the parent of each of its supported organizations. *Complete line 3 below.*
 - c The organization supported a governmental entity. Describe in **Part VI** how you supported a governmental entity (see instructions).

2 Activities Test. Answer lines 2a and 2b below.

- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If 'Yes,' then in **Part VI identify those supported** organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If 'Yes' or 'No,' provide details in **Part VI**.
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If 'Yes,' describe in **Part VI** the role played by the organization in this regard.

Schedule A (Form 990 or 990-EZ) 2020

Yes

Yes

Yes

2a

2b

3a

3h

No

No

1

2

No

47-4896404

Schedule A (Form 990 or 990-EZ) 2020 Operation Blue Shield Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

47-4896404

Page 6

1	Check here if the organization satisfied the Integral Part Test as a qualifying trus instructions. All other Type III non-functionally integrated supporting organization	t on No ns mus	v. 20, 1970 (explain in trong to complete Sections A	n Part VI). See through E.
ec	tion A – Adjusted Net Income		(A) Prior Year	(B) Current Yea (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
ec	tion B – Minimum Asset Amount		(A) Prior Year	(B) Current Yea (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
â	Average monthly value of securities	1a		
ł	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
C	Total (add lines 1a, 1b, and 1c)	1d		
e	e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
ec	tion C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
_				

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

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Schedule A (Form 990 or 990-EZ) 2020

Par		upporting Organiza	ations (continue	d)	
Sec	tion D – Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exempt pu	irposes		1	
2	Amounts paid to perform activity that directly furthers exempt purposes in excess of income from activity	of supported organization	IS,	2	
3	-	3			
4	Administrative expenses paid to accomplish exempt purposes of su Amounts paid to acquire exempt-use assets	upported organizations		4	
		details in David VA		5	
6	Qualified set-aside amounts (prior IRS approval required – <i>provide</i> Other distributions (describe in Part VI). See instructions.	e details in Part VI)		6	
	Total annual distributions. Add lines 1 through 6.			7	
	Distributions to attentive supported organizations to which the organizati	ion is responsive (provide	details	- 1	
-	in Part VI). See instructions.		aotano	8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sec	tion E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributio Pre-2020	ons	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reasonable cause required – <i>explain in Part VI</i>). See instructions.				
3	Excess distributions carryover, if any, to 2020				
а	From 2015				
b	From 2016				
С	From 2017				
d	From 2018				
e	From 2019				
1	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2020 distributable amount				
i	Carryover from 2015 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D, line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2020 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j and 4c.				
8	Breakdown of line 7:				
а	Excess from 2016				
-	Excess from 2017				
С	Excess from 2018				
d	Excess from 2019				
	Excess from 2020				

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Schedule A (Form 990 or 990-EZ) 2020

Schedule B	PUBLIC DISCLOSURE COPY		OMB No. 1545-0047
(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service	Schedule of Contributors ► Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information.		2020
	eration Blue Shield		tification number
	A One Community USA	47-4896	404
Organization type (chec	k one).		
Filers of:	Section:		
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization		
	4947(a)(1) nonexempt charitable trust not treated as a private four	idation	
	527 political organization		
Form 990-PF	501(c)(3) exempt private foundation		
	4947(a)(1) nonexempt charitable trust treated as a private foundati	on	

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

ı.

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.

501(c)(3) taxable private foundation

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 Х or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 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 (entering 'N/A' in column (b) instead of the contributor name and address). II. and III.

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

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 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 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)	1	1	Page 2
Name of organization	Employer identification numb	er	
Operation Blue Shield	47-4896404		

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional s	pace is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>		\$ <u>338,400.</u>	PersonXPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ <u>128,643.</u>	PersonXPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	 	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)	1	1	Page 3
Name of organization	Employer ident	ification nu	mber
Operation Blue Shield	47-4896	404	

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

art II	Noncash Property (see instructions). Use duplicate copies of Part II if additional	space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	N/A		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ 	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	<u> </u>		

	3 (Form 990, 990-EZ, or 990-PF) (2020)		1 1 Page 4
Name of organ	nization ion Blue Shield		Employer identification number $47-4896404$
Part III		he year from any one contributo ompleting Part III, enter the total of (Enter this information once. See in	 ations described in section 501(c)(7), (8), r. Complete columns (a) through (e) and exclusively religious, charitable, etc.,
(a) No. from Part I		(c) Use of gift	(d) Description of how gift is held
	N/A		
			+
	Transferee's name, addres	(e) Transfer of gift ss, 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
	Turne formalis menus and data		
	Transferee's name, addres		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
	Turne formalis menus and data	(e) Transfer of gift	
	Transferee's name, addres	ss, 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
			+
	Transferee's name, addres	(e) Transfer of gift ss, and ZIP + 4	Relationship of transferor to transferee
BAA			Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

SCHEDULE D (Form 990)	► Comple	plemental Financial Stat te if the organization answered 'Yes' 5, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e,	' on Form 990.		OMB No. 1	20
Department of the Treasury Internal Revenue Service	► Go to www.irs	.gov/Form990 for instructions and th	he latest information		Open to Inspecti	Public on
Name of the organization Operation Blue	Shield			Employer i	dentification nu	mber
DBA One Commun	ity USA	or Advised Funds or Other Si	milar Funds or A	47-489	96404	
Complete	if the organization ans	wered 'Yes' on Form 990, Par	t IV, line 6.	countsi		
		(a) Donor advised funds	(b)	Funds and	other accou	nts
	end of year					
	ntributions to (during year)					
	at end of year					
5 Did the organizat	tion inform all donors and do	L nor advisors in writing that the asset organization's exclusive legal contro	s held in donor advise	ed funds	Yes	No
5	1 1 57 5	organization's exclusive legal contro		L	Tes	
for charitable pur	rposes and not for the benefi	t of the donor or donor advisor, or fo	r any other purpose o	onferring	Yes	No
	ation Easements.	wared Weel on Form 000. Der	th/ line 7			
		wered 'Yes' on Form 990, Par y the organization (check all that app				
	of land for public use (for exam	· · · · · · ·	Preservation of a his	storically im	portant land	area
	natural habitat		Preservation of a ce	3 1		
Preservation	of open space		1			
2 Complete lines 2a last day of the ta		held a qualified conservation contributio	on in the form of a cons			
				Held at the	e End of the	Tax Year
5		ments fied historic structure included in (a)				
structure listed ir	n the National Register	n (c) acquired after 7/25/06, and not nsferred, released, extinguished, or tern	2 d	tion during t	10	
tax year ►		isterred, released, extinguished, or terr		ation during ti		
	where property subject to cons	—				
and enforcement	of the conservation easeme	garding the periodic monitoring, insp nts it holds?			Yes	No
6 Staff and voluntee	r hours devoted to monitoring,	inspecting, handling of violations, and e	enforcing conservation	easements d	uring the year	ſ
7 Amount of expens ►\$	es incurred in monitoring, insp	ecting, handling of violations, and enfor	cing conservation ease	ments during	the year	
8 Does each conse and section 170(ervation easement reported o	n line 2(d) above satisfy the requiren	nents of section 170(n)(4)(B)(i)	Yes	No
9 In Part XIII, desc include, if applica conservation eas	able, the text of the footnote	ports conservation easements in its r to the organization's financial statem	evenue and expense nents that describes t	statement a he organizat	and balance : ion's accour	sheet, and iting for
Part III Organiza	tions Maintaining Colle	ections of Art, Historical Treas wered 'Yes' on Form 990, Par	sures, or Other S t IV, line 8.	imilar Ass	sets.	
historical treasur	es, or other similar assets he	r FASB ASC 958, not to report in its Id for public exhibition, education, or al statements that describes these ite	r research in furthera	nd balance and b	sheet works c service, pro	of art, ovide in
historical treasures following amount	s, or other similar assets held f ts relating to these items:	r FASB ASC 958, to report in its revo or public exhibition, education, or resea	rch in furtherance of p	ublic service,	provide the	rt,
		line 1				
 If the organization amounts required a Revenue included 	received or held works of art, d to be reported under FASB d on Form 990 Part VIII line	nistorical treasures, or other similar ass ASC 958 relating to these items:	ets for financial gain, p	rovide the fo	liowing	
		• • • • • • • • • • • • • • • • • • • •		•		
		e Instructions for Form 990.			dule D (Form	1 990) 2020

Schedule D (Form 990) 2020

Schedule D (Form 990) 2020 Opera					47-489		ge 2
Part III Organizations Mainta	ining Colle	ctions of A	Art, Histori	cal Treasures, or	Other Similar Ass	ets (continued)	1
3 Using the organization's acquisition items (check all that apply):	, accession, ar	nd other recor	ds, check any	of the following that ma	ke significant use of its o	collection	
a Public exhibition		d	Loan or	exchange program			
b Scholarly research		е	Other				
c Preservation for future gener							
4 Provide a description of the organiz Part XIII.			-	-			
5 During the year, did the organiza to be sold to raise funds rather the	tion solicit or	receive dona	ations of art, h	nistorical treasures, or	other similar assets	Yes No	^
Part IV Escrow and Custodia							
line 9, or reported an	amount on	Form 990	, Part X, lir	ne 21.		in 550, i art iv	,
1 a Is the organization an agent, trus on Form 990, Part X?	stee, custodia	n or other int	termediary for	contributions or other	assets not included	Yes No	0
b If 'Yes,' explain the arrangement					L		
						Amount	
c Beginning balance					. 1c		
d Additions during the year							
e Distributions during the year							
f Ending balance							
2 a Did the organization include an a						Yes	0
b If 'Yes,' explain the arrangement	in Part XIII. (Check here if	the explanat	ion has been provided	on Part XIII		
		U				. 10	
Part V Endowment Funds. C							<u> </u>
1 a Beginning of year balance	(a) Current	year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years bac	ĸ
b Contributions							
-							
c Net investment earnings, gains, and losses							
d Grants or scholarships							
e Other expenditures for facilities							
and programs							
f Administrative expenses							
g End of year balance							
2 Provide the estimated percentage		nt year end t	oalance (line	lg, column (a)) held a	S:		
a Board designated or quasi-endowm	ent 🕨 📃		0				
b Permanent endowment ►	^						
c Term endowment ► The percentages on lines 2a, 2b, ar	od 20 should o	aual 100%					
		•					
3a Are there endowment funds not in t organization by:	he possession	of the organiz	zation that are	held and administered f	or the	Yes N	0
(i) Unrelated organizations						3a(i)	<u> </u>
(ii) Related organizations						3a(ii)	
b If 'Yes' on line 3a(ii), are the rela						3b	
4 Describe in Part XIII the intended	d uses of the	organization'	s endowment	funds.			
Part VI Land, Buildings, and	Equipment						
Complete if the organi	zation ans	wered 'Yes	s' on Form	990, Part IV, line	11a. See Form 990	0, Part X, line [·]	10.
Description of property		(a) Cost or o (investr	ther basis nent)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value	
1 a Land							
b Buildings							
c Leasehold improvements							
d Equipment				15,864.	3,605.	12,25	9.
e Other							
Total. Add lines 1a through 1e. (Column	n (d) must ea	ual Form 99	0, Part X, col	umn (B), line 10c.)		12,25	
BAA					Schedu	ule D (Form 990) 20	20

Schedule D	(Form 990)) 2020
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Part VII	Investments – Other Securities.	Vac' on Form 000	N/A Dort IV/ line 11b See Form (DO Dort V line 12
(a) Desc	Complete if the organization answered ription of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-	
	cial derivatives	(b) Dook value	(c) Method of Valuation. Cost of end-	
	y held equity interests.			
(3) Other				
(A)				
<u> </u>				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
()				
	nn (b) must equal Form 990, Part X, column (B) line 12.) 🕨		31./2	
Part VIII	Investments – Program Related. Complete if the organization answered	l 'Yes' on Form 99(N/A Part IV line 11c See Form 9	990 Part X line 13
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)	(h) much annual Farma (000 Darth V. araliuma (D) line 12.)			
Part IX	nn (b) must equal Form 990, Part X, column (B) line 13.) ► Other Assets.	N/A		
	Complete if the organization answered	I 'Yes' on Form 990), Part IV, line 11d. See Form 9	990, Part X, line 15.
	(a) De	scription		(b) Book value
(1)				
(2) (3)				
(3) (4)				
(5)				
(6)				
(7)				
(8)				
(9) (10)				
	olumn (b) must equal Form 990, Part X, column (D) line 15)		•
Part X	Other Liabilities.	<i>b)</i> IIIIe 15.)		
ΓαιιΛ	Complete if the organization answered 'Yes' on F	Form 990, Part IV, line 1	1e or 11f. See Form 990, Part X, line 25).
1.		ription of liability		(b) Book value
	eral income taxes			
	Inding			1.
(3) (4)				
(4)				
(6)				
(7)				
(8)				
(9)				
(10)				
(11)				
iotal. (Colur	nn (b) must equal Form 990, Part X, column (B) line 25.)		•••••••••••••••••••••••••••••••••••••••	1.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII.

Schedule D (Form 990) 2020 Operation Blue Shield	47-4896404	Page 4
Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per	er Return. N/A	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		
1 Total revenue, gains, and other support per audited financial statements	1	
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains (losses) on investments 2a		
b Donated services and use of facilities 2b		
c Recoveries of prior year grants		
d Other (Describe in Part XIII.)		
e Add lines 2a through 2d	2e	
3 Subtract line 2e from line 1.	3	
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b Other (Describe in Part XIII.)		
c Add lines 4a and 4b	4c	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses	per Return. N/A	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		
1 Total expenses and losses per audited financial statements	1	
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a Donated services and use of facilities 2a		
b Prior year adjustments		
c Other losses.		
d Other (Describe in Part XIII.)		
e Add lines 2a through 2d		
3 Subtract line 2e from line 1.		
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b		
b Other (Describe in Part XIII.)		
c Add lines 4a and 4b	4c	
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	
Part XIII Supplemental Information.		

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

	_	Grants and Ot	her Assistance	to Organization	IS,	F	OMB No. 1545-0047
Form 990)		1	nd Individuals i				2020
epartment of the Treasury ternal Revenue Service	Con		ion answered 'Yes' on F ► Attach to Form 99 irs.gov/Form990 for the	0.	1 or 22.		Open to Public Inspection
				latest mormation.		Employer identifi	•
^{ame of the organization} Operation I DBA One Con						47-489640	
Part I General Information of	n Grants and Ass	istance					-
1 Does the organization maintain reco	ords to substantiate the	amount of the grants of	assistance, the grantees	eligibility for the grants	or assistance, and		
the selection criteria used to awa 2 Describe in Part IV the organization							X Yes No
Part II Grants and Other Assi				ornmonte Comple	to if the organizat	ion answard '	(oct on
Form 990, Part IV, line							
	(b) EIN		(d) Amount of cash grant	(e) Amount of non-cash	(f) Method of valuation	(g) Description of	(h) Purpose of grant
1 (a) Name and address of organization or government		(c) IRC section (if applicable)	(a) Amount of cash grant	assistance	(book, FMV, appraisal, other)	noncash assistance	or assistance
1) The American Black Cross							
2320 Donley Drive							Food
Austin, TX 78758		501(c)(3)	9,407.	0.			Distribution
2) Texas Christian University							Pathway to Hope
							Reentry &
Fort Worth, TX 76129		501(c)(3)	22,400.	0.			Diversion
3) Bridges to Life							Pathway to Hope
9426_Katy_Fwy							Reentry &
Houston, TX 77055		501(c)(3)	17,600.	0.			Diversion
4) Nancy Lieberman Foundation							Dreamcourts in
<u>P.O.Box 261233</u>							disadvantaged
Plano, TX 75026		501(c)(3)	20,000.	0.			areas
5)							
6)							
<u> </u>							
7)							
<u>B)</u>							
							1

Page 2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered 'Yes' on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1					
2					
3					
4					
5					
6					
7					
Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.					

Department of the Treasury

Internal Revenue Service

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

► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047
2020
Open to Public
Inspection

Name of the organization Operation Blue Shield	Employer identification number
DBA One Community USA	47-4896404

Form 990, Part III, Line 4a - Program Service Accomplishments

Safe, secure and thriving 'Cities of Opportunities' for all through 21st Century Community Building and Neighborhood Engagement programs.

To create, promote and fund programs designed to bring about the progressive change, trust and unity between first responders and citizens they serve and protect.

Please Note: Operation Blue Shield d/b/a One Community USA has changed its fiscal year end of September 30 to a calendar year end of December 31. This change is effective December 31, 2021. The financial audit report that is the basis of this Form 990 covers the 15 month period starting October 1, 2020 and ending on December 31, 2021.

Because a Form 990 cannot cover a 15 month period, the activity of these 15 months is reported on two Form 990s. The first 990 is the 2020 Form 990 covering the period October 1, 2020 to September 30, 2021. It reports 12/15 of the 15 months of activity. The second 990 is the 2021 Form 990 covering the period October 1, 2021 to December 31, 2021. It reports 3/15 of the 15 months of activity.

During this 15 month period, One Community also provided in-kind services in the amount of \$582,826 (\$466,261 for 12/15 corresponding to activity reported on this 990) and had in-kind rent in the amount of \$62,078 (\$49,662 for 12/15 corresponding to activity reported on this 990). These in-kind amounts included as in-kind revenue and in-kind expense on the financial statements of the organization.

Schedule O (Form 990 or 990-EZ) (2020)	Page 2
Name of the organization Operation Blue Shield	Employer identification number
DBA One Community USA	47-4896404

Form 990, Part III, Line 4a - Program Service Accomplishments

administration. The Organization estimates the volunteer hours during the fiscal year ending December 31, 2021 to be approximately 520 (416 for 12/15 corresponding to activity reported on this 990) for board members. Using the Independent Sector's value of a volunteer hour, these contributed services are valued at \$14,841 (\$11,873 for 12/15 corresponding to activity reported on this 990). The Organization also estimates the volunteer hours for the Executive Director to be approximately 3,125 hours (2,500 for 12/15 corresponding to activity reported on this 990) with an estimated value of \$156,250 (\$125,000 for 12/15 corresponding to activity reported on this 990).

Other than in this Schedule O of the Form 990, the value of the in-kind donations and volunteer time are not reflected in this Form 990.

Form 990, Part VI, Line 11b - Form 990 Review Process

Form 990 is prepared by a CPA firm and provided to the Board of Directors for review and approval prior to filing.

Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available

Form 990 is located at their office for the public to view upon request.

2020

Federal Supplemental Information Operation Blue Shield DBA One Community USA

Page 1

47-4896404

Operation Blue Shield d/b/a One Community USA has changed its fiscal year end of September 30 to a calendar year end of December 31. This change is effective December 31, 2021. The financial audit report that is the basis of this Form 990 covers the 15 month period starting October 1, 2020 and ending on December 31, 2021.

Because a Form 990 cannot cover a 15 month period, the activity of these 15 months is reported on two Form 990s. The first 990 is the 2020 Form 990 covering the period October 1, 2020 to September 30, 2021. It reports 12/15 of the 15 months of activity. The second 990 is the 2021 Form 990 covering the period October 1, 2021 to December 31, 2021 reports 3/15 of the 15 months of activity.

HOLDEN AND PARKER PC 8226 DOUGLAS AVE STE 648 DALLAS, TX 75225 214-965-8544

May 4, 2022

Operation Blue Shield DBA One Community USA 5949 Sherry Lane Suite 1162 Dallas, TX 75225-6532

Dear Mrs. Brinker:

Enclosed for your review and filing are the following:

Form 990

2021 Return of Organization Exempt from Income Tax

Each tax return or form listed above should be filed in accordance with the enclosed filing instructions.

Please be sure to call us if you have any questions.

Sincerely,

Kendall R. Holden

Form	99	0
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For	m 99	90	1									OMB No. 1545-0047
1 01		•			of Organi							2021
					c), 527, or 4947(a				-			Open to Public
Dep Inter	artment o rnal Reve	of the Treasury enue Service	► (Do not Go to wi	enter social sec ww.irs.gov/Form	990 for instru	on this form as ictions and f	it may be ma the latest in	ide public. iformation	ı.		Inspection
Α	For th	e 2021 calenda						, and endir				, 20 2021
В	Check if	f applicable:								D Employ	ver ident	ification number
	Ad		peration								4896	-
	Na)BA One Co 5949 Sherr							E Telepho		
	Init		allas, TX							214	-234	-0248
	_	al return/terminated	a1140, 11							•		.
		nended return							H(a) Is this a	G Gross r		= = = / 0001
	Ар	plication pending	Name and addre		ipal officer: To:	ni C Bri	nker		.,			103 110
1	Tax		ame As C X 501(c)(3)	ADOVE 501(c)		insert no.)	4947(a)(1) or	r 527	H(b) Are all If "No,"	attach a list	. See ins	structions.
<u> </u> 		-	.onecommu	. ,	. , ,	IIISEIT IIU.)	4947(a)(1) 0	JZ7	H(c) Group e	womption n	umbor 🕨	
<u>к</u>			X Corporation	Trust	Association	Other ►	1	Year of format		· · ·		egal domicile: TX
	art I	Summary	Corporation	nust	Association	Other				, m.		
	1	Briefly describe	e the organizati	ion's mi	ssion or most	significant a	ctivities:Sa	fe, sec	ure and	1 thri	vina	'Cities of
a		Opportuni	ties' for	all	through 2	21st Cent	tury Con	munity	Buildi	ng and	1 Ne:	ighborhood
Activities & Governance		Engagemen										
ern												
Š	2	Check this box										
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	3 4	Number of votin Number of inde									3	10
es	5	Total number of									5	0 11
ivit	6	Total number o									6	350
Act		Total unrelated									7a	0.
	b	Net unrelated b	ousiness taxabl	le incom	ne from Form	990-T, Part I	, line 11				7b	0.
										rior Year		Current Year
e		Contributions a	- ·		•					564,1	.34.	141,033.
Revenue		Program servic										
ě		Investment inco Other revenue										
_		Total revenue -								564,1	34	141,033.
		Grants and sim		-						73,5		18,377.
		Benefits paid to					-			1070		10/0///
	15	Salaries, other								320,9	98.	80,249.
ses		Professional fu								01075		00/2101
Expense	h	Total fundraisir						1,722.				
Ă	17	Other expenses								206,8	010	51 705
		Total expenses	-			-				601,3		<u>51,705.</u> 150,331.
		Revenue less e								-37,1		-9,298.
r g										g of Curren		End of Year
ets c	20	Total assets (P	art X, line 16).							146,3		134,088.
Ass	21	Total liabilities	(Part X, line 20	6)							975.	0.
Net Assets or Fund Balances	22	Net assets or f	und balances.	Subtrac	t line 21 from	line 20				143,3	383.	134,088.
	art II	Signature	Block									
				nined this	return, including a	ccompanying sch	edules and state	ments, and to	the best of m	y knowledge	and beli	ief, it is true, correct, and
com	iplete. De	claration of prepare	r (other than officer)	) is based	on all information	ot which preparer	r has any knowle	edge.				
_			of officer							ha.		
Sig	gn	Signature							Dat		_	
He	ere		C Brinker	r					CEO 8	¿ Found	der	
		Print/Type pre			Droporaria -:	apature		Data			<u> </u>	PTIN
-					Preparer's si	yndiure		Date		Check	if	
Pa			R. Holde		ים מיזאסגס	~				self-employe	ed	P01296859
rr Uc	epare se On				PARKER PO					Eirmin EIN		-1501247
03		Firm's address	0226 D	UUGTU	S AVE ST	L 040				FILLIS EIN	20	-1591347

May the IRS discuss this return with the preparer shown above? See instructions ..... BAA For Paperwork Reduction Act Notice, see the separate instructions.

DALLAS, TX 75225

Phone no.

Form 990 (2021)

No

214-965-8544

X Yes

	n 990 (2021) Operation Blue Shield	47-4896404	Page 2
Par	ttill         Statement of Program Service Accomplishments           Check if Schedule O contains a response or note to any line in this Part III		X
1		<u> </u>	Δ
	Safe, secure and thriving 'Cities of Opportunities' for all thro	ugh 21st Century	
	Community Building and Neighborhood Engagement programs.	ugii 2130 concury	
	community building and weighborhood ingagement programs.		
			·
2	Did the organization undertake any significant program services during the year which were not listed on the pr	ior	
	Form 990 or 990-EZ?	Yes X	No
	If "Yes," describe these new services on Schedule O.		-
3	Did the organization cease conducting, or make significant changes in how it conducts, any program se	ervices? Yes X	No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocation	vices, as measured by expension of the state of the second	enses. nses,
	and revenue, if any, for each program service reported.		
4 a	a (Code: ) (Expenses \$ 139,970. including grants of \$ ) (	Revenue \$	)
	See Schedule O	·······	/
			·
4	(Code: ) (Expenses \$ including grants of \$ ) (I	Revenue \$	)
41			)
			·
			·
4.0	c (Code: ) (Expenses \$ including grants of \$ ) (	Revenue \$	)
			/
			·
4.	d Other program services (Describe on Schedule O.)		
40	(Expenses \$ including grants of \$ ) (Revenue \$	)	
4 e	e Total program service expenses ► 139,970.	,	
DAA		Form 99	<b>n</b> (2021)

Form 990 (2021) Operation Blue Shield

Par	t IV Checklist of Required Schedules			
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	Yes X	No
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If 'Yes</i> ,' <i>complete Schedule C, Part l</i>	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If 'Yes,' complete Schedule C, Part III.</i>	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If 'Yes,' complete Schedule D, Part I</i>	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If 'Yes,' complete Schedule D, Part Il</i>	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If 'Yes,' complete Schedule D, Part III.</i>	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If 'Yes,' complete Schedule D, Part IV</i>	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If 'Yes,' complete Schedule D, Part V</i>	10		Х
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI.	11 a	Х	
b	Did the organization report an amount for investments – other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII.	11 b		Х
c	Did the organization report an amount for investments – program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII	11 c		Х
c	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX	11 d		Х
e	Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If 'Yes,' complete Schedule D, Part X</i>	11 f		Х
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		Х
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
Ł	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If 'Yes,' complete Schedule F, Parts II and IV</i>	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I. See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II.	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III.	19		Х
20a	Did the organization operate one or more hospital facilities? <i>If 'Yes,' complete Schedule H</i>	20a		Х
b	If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If 'Yes,' complete Schedule I, Parts I and II.</i>	21	Х	
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47-4896404

Page 3

Form 990 (2021) Operation Blue Shield

23	3 Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Schedule J.	23		Х
24	4a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25a	24a		Х
	<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
	<b>d</b> Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25	5a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		Х
	<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If 'Yes,' complete Schedule L, Part I</i>	25b		Х
26	6 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part II	26		Х
27	7 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If 'Yes,' complete Schedule L, Part III.</i>	27		Х
28	8 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
	<b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i> 'Yes,' complete Schedule L, Part IV	28a		Х
	<b>b</b> A family member of any individual described in line 28a? If 'Yes,' complete Schedule L, Part IV	28b		Х
	c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If Yes,' complete Schedule L, Part IV.	28c		Х
29	9 Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		Х
30	contributions? If 'Yes,' complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		Х
32	2 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II.	32		Х
33	3 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I	33		Х
	4 Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1	34		Х
35	<b>5 a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	<b>b</b> If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If 'Yes,' complete Schedule R, Part V, line 2</i>	35b		
36	6 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		Х
37	7 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If 'Yes,' complete Schedule R, Part VI</i>	37		Х
38	Note: All Form 990 filers are required to complete Schedule O.	38	х	
Pa	art V Statements Regarding Other IRS Filings and Tax Compliance			Γ-
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>	Yes	No
1	a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1 a	5	165	
-	<b>b</b> Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
BA		-	1 <b>990</b> (	(202
				·

22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III....

47-4896404 Page 4

22

Yes

No

Х

Part IV	Chec	klist of Requi	ired So	chedules	(continued)
LOUII 220 (1	2021)	Operation	втие	Surera	

Form	990 (2021) Operation Blue Shield 47-48964	)4	F	Page 5
Part	V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State- ments, filed for the calendar year ending with or within the year covered by this return <b>2a</b> 1:	L		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b	X	
	<b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions.			37
	Did the organization have unrelated business gross income of \$1,000 or more during the year?			Х
	If 'Yes,' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation on Schedule 0		)	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
	If 'Yes,' enter the name of the foreign country►			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	-		
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b	)	Х
с	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c	:	
6 a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6 a	1	Х
b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b	,	
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7 a	1	X
	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b	)	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7 с		Х
Ь	If 'Yes,' indicate the number of Forms 8282 filed during the year 7d	70	•	Λ
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		Х
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		Х
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899			
-	as required?	7 g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring			
	organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
	Did the sponsoring organization make any taxable distributions under section 4966?		_	
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b	)	
	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12 10a	_		
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter:	-		
	Gross income from members or shareholders			
	Gross income from other sources. (Do not net amounts due or paid to other sources	-		
	against amounts due or received from them.)			
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b	_		
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.			
	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	_		
	Enter the amount of reserves on hand	14a		X
	If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation on Schedule O	14a 14b		Λ
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	140	'	
10	excess parachute payment(s) during the year?	15		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If 'Yes,' complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any	4-		
	activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		

	officer, director, trustee, or key employee?	2		Х						
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	3		Х						
л	of officers, directors, trustees, or key employees to a management company or other person?									
4	since the prior Form 990 was filed?									
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	4 5		X X						
6	Did the organization become aware during the year of a significant diversion of the organization s assets	6		X						
	a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more	0		Λ						
	members of the governing body?	7 a		Х						
	Are any governance decisions of the organization reserved to (or subject to approval by) members,									
•	stockholders, or persons other than the governing body?	7 b		Х						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:									
i	a The governing body?	8 a	Х							
	Each committee with authority to act on behalf of the governing body?	8 b	Х							
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If 'Yes,' provide the names and addresses on Schedule Q</i>	9		Х						
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	eveni	ie Co	ode.)						
			Yes	No						
	a Did the organization have local chapters, branches, or affiliates?	10 a		Х						
I	<b>b</b> If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10 b								
	a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11 a		Х						
I	Describe on Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O									
12 a	a Did the organization have a written conflict of interest policy? If 'No,' go to line 13	12a	Х							
I	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		Х						
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe on									
	Schedule O how this was done	12 c		Х						
13	Did the organization have a written whistleblower policy?	13	Х							
14	Did the organization have a written document retention and destruction policy?	14	Х							
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?									
ä	a The organization's CEO, Executive Director, or top management official	15a		Х						
I	Other officers or key employees of the organization	15b		Х						
	If 'Yes' to line 15a or 15b, describe the process on Schedule O. See instructions.									
16 a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			37						
	taxable entity during the year?	16 a		Х						
I	If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16 b								
Sec	tion C. Disclosure	100								
17	List the states with which a copy of this Form 990 is required to be filed ► TX									
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 50	)1(c)(	3)s on							
10	available for public inspection. Indicate how you made these available. Check all that apply.		e,e on							
	Own website     X     Another's website     X     Upon request     Other (explain on Schedule O)									
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements availa	ble to								
	the public during the tax year. See Schedule O									
20	State the name, address, and telephone number of the person who possesses the organization's books and records ►									
	Toni Brinker 5949 Sherry Lane, Suite 1162 Dallas TX 75225 214-234-0248									

Form	990	(2021)	Operation	Blue	Shield	

Section A. Governing Body and Management

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

D contains a response	

**1 a** Enter the number of voting members of the governing body at the end of the tax year..... If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad

**b** Enter the number of voting members included on line 1a, above, who are independent.....

2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other

authority to an executive committee or similar committee, explain on Schedule O.

Х

No

Yes

Page 6

47-4896404

10

1 a

1 b

BAA

Form 990 (2021) Operation Blue Shield	47-4896404	Page 7
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highe Independent Contractors	est Compensated Employe	es, and
Check if Schedule O contains a response or note to any line in this Part VII		
Section A. Officers, Directors, Trustees, Key Employees, and Highest Compension	sated Employees	
1 a Complete this table for all persons required to be listed. Report compensation for the calendar year endi organization's tax year.	ing with or within the	
• List all of the organization's <b>current</b> officers, directors, trustees (whether individuals or organiz compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.	zations), regardless of amount of	

• List all of the organization's current key employees, if any. See the instructions for definition of 'key employee.'

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

Х Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

					(C)						
(A) Name and title		(B) Average hours per	thar	n one b s both a dire	oox, an o ctor/	unles officer truste		on	<b>(D)</b> Reportable compensation from the organization	<b>(E)</b> Reportable compensation from related organizations	(F) Estimated amount of other
		week	S 2	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099- MISC/1099-NEC)	(W-2/1099- MISC/1099-NEC)	compensation from the organization and related organizations
(1) Toni Brinke	r	48									
CEO & Found	er	0	Х		Х				0.	0.	0.
(2) Alan Dorant	<u>es</u>	1									
Secretary		0	Х		Х				0.	0.	0.
(3) Ian Feuer		1									
Board Membe	r	0	Х						0.	0.	0.
(4) Brad White		1									
Board Membe		0	Х						0.	0.	0.
(5) Chief Paul		1									
Board Membe		0	Х						0.	0.	0.
<u>(6) Eric K. Jac</u>	kson	1									
Board Membe		0	Х						0.	0.	0.
(7) Greg McAlli		1									
Board Membe		0	Х						0.	0.	0.
(8) Albert Mart		1									
Board Membe	r	0	Х						0.	0.	0.
(9) James McTev		1									
Baord Membe		0	Х						0.	0.	0.
(10) Leo Terrell		1									
Board Membe	r	0	Х						0.	0.	0.
(11)											
(12)											
(13)											
(14)											
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# Form 990 (2021) Operation Blue Shield

Form	990 (2021) Operation Blue Shield								47-489640	
Par	VII Section A. Officers, Directors, Tr		Key	Em			, and	d Highest Con	pensated Emp	loyees (continued)
	(A) Name and title	(B) Average hours per week	box	not ch , unles: cer and	s pers l a dir	ion nore tha son is bo rector/tru	oth an ustee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other
		(list any hours for related organiza - tions below dotted line)	or director	nstitutional trustee	Officer	employee Key employee	Former Highest compensated	(W-2/1099- MISC/1099-NEC)	(W-2/1099- MISC/1099-NEC)	compensation from the organization and related organizations
(15)										
(16)										
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
С	Subtotal Total from continuation sheets to Part VII, Sect	ion A					•	0.	0. 0.	0.
	Total (add lines 1b and 1c) Total number of individuals (including but not limiter						Pavie	0. more than \$100.00	0.	0.
	from the organization $\triangleright$ 0		nsteu	abovi	<i></i>		liveu			
3	Did the organization list any <b>former</b> officer, dire on line 1a? <i>If 'Yes,' complete Schedule J for su</i>	ctor, trust ch individi	ee, ke ual	ey em	iploy	yee, o	r high	nest compensated	l employee	Yes No . 3 X
4	For any individual listed on line 1a, is the sum c the organization and related organizations great such individual	of reportat er than \$	ole co 150,00	mper 00? /i	nsati f 'Ye	ion an es,' co	d oth <i>mple</i>	er compensation te Schedule J for	from	. 4 X
5	Did any person listed on line 1a receive or accru for services rendered to the organization? If 'Ye									
Sec	ion B. Independent Contractors									
-	Complete this table for your five highest comper compensation from the organization. Report compe	nsated inc nsation for	the c	dent alend	cont ar ye	tractor ear end	s tha ding v	t received more to with or within the or	nan \$100,000 of ganization's tax year	
	(A) Name and business add	dress						(B) Description of	of services	(C) Compensation
2	Total number of independent contractors (including \$100,000 of compensation from the organization		nited to	o thos	e lis	sted ab	ove)	who received more	than	

# Form 990 (2021) Operation Blue Shield Part VIII Statement of Revenue

47-4896404

Page 9

Par	t V	<b>Statement of Revenue</b> Check if Schedule O contains a	a roch	onco or noto to on	ling in this Part \/			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Grants, mounts	1 a 	a Federated campaigns b Membership dues c Fundraising events	1 a 1 b 1 c					
ons, Gifts, Similar A	6	d Related organizations e Government grants (contributions) f All other contributions, gifts, grants, and	1 d 1 e					
Contributions, Gifts, Grants, and Other Similar Amounts	(	similar amounts not included above g Noncash contributions included in lines 1a-1f	1 f 1 g	141,033.				
		h Total. Add lines 1a-1f			141,033.			
Program Service Revenue	2:	2	-	Business Code				
eve		a  b						
ЗG		۵						
ŝ		d						
Š		~						
lran	1	f All other program service revenue	<u> </u>					
rog		g Total. Add lines 2a-2f		•				
<u> </u>	3	Investment income (including divide						
	3	other similar amounts)						
	4	Income from investment of tax-ex	kempt	bond proceeds ►				
	5	Royalties						
		(i) Re	al	(ii) Personal				
	6 8	a Gross rents 6a						
		b Less: rental expenses 6b						
	•	c Rental income or (loss) 6c						
		d Net rental income or (loss)		•				
	7:	a Gross amount from (i) Secur	rities	(ii) Other				
		sales of assets						
		other than inventory <b>7 a</b> <b>b</b> Less: cost or other basis						
		and sales expenses <b>7b</b>						
	•	<b>c</b> Gain or (loss) <b>7c</b>						
		<b>d</b> Net gain or (loss).		►				
ø	8 8	a Gross income from fundraising events						
nu		(not including \$	_					
eve		of contributions reported on line 1c).						
ŭ		See Part IV, line 18	88					
Other Revenue		<b>b</b> Less: direct expenses	81	-				
ð	•	<b>c</b> Net income or (loss) from fundrai	sing e	events ►				
	98	a Gross income from gaming activities.						
		See Part IV, line 19.	98					
		<b>b</b> Less: direct expenses	91					
		c Net income or (loss) from gaming	g activ	′ities►				
	10 a	a Gross sales of inventory, less returns and allowances						
			10: 10					
		<ul> <li>b Less: cost of goods sold</li> <li>c Net income or (loss) from sales of</li> </ul>	-	-				
			n nive	Business Code				
Miscellaneous Revenue	11 a	a		Busiliess oute				
scellaneo Revenue		~ h						<u> </u>
Ven		~						<u> </u>
Se Se		d All other revenue						
Ξ		e Total. Add lines 11a-11d		•				
	-	Total revenue. See instructions			1 / 1 0 2 2		<b>^</b>	0
	14				141,033.	0.	0.	υ.

	Check if Schedule O contains a re	(A)	(B)	(C)	(D)
Do no 6b, 7b	ot include amounts reported on lines o, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(ط) Fundraising expenses
(	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	18,377.	18,377.		
2 (	Grants and other assistance to domestic ndividuals. See Part IV, line 22	10,577.	10,577.		
(	Grants and other assistance to foreign organizations, foreign governments, and for- eign individuals. See Part IV, lines 15 and 16				
5 (	Benefits paid to or for members Compensation of current officers, directors, rustees, and key employees	0.	0.	0.	0
( (	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described n section 4958(c)(3)(B)	0.	0.	0.	0
7 (	Other salaries and wages	74,632.	71,096.	3,536.	
<b>U</b> (	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 (	Other employee benefits				
	Payroll taxes	5,617.	4,540.	1,077.	
<b>11</b> F	ees for services (nonemployees):				
al	Management				
b۱	_egal				
c /					
d١	_obbying				
еF	Professional fundraising services. See Part IV, line 17				
f I	nvestment management fees				
<b>g</b> (	Other. (If line 11g amount exceeds 10% of line 25, column				
(	A), amount, list line 11g expenses on Schedule 0.)				
	Advertising and promotion	5,551.	3,808.	1,743.	
	Office expenses	2,272.	1,818.	227.	227
	nformation technology				
	Royalties				
	Decupancy	4,878.	3,902.	488.	488
17 -	Fravel	469.	375.	47.	47
e	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 (	Conferences, conventions, and meetings				
<b>20</b>	nterest				
<b>21</b> F	Payments to affiliates				
<b>22</b> [	Depreciation, depletion, and amortization	560.		560.	
<b>23</b>	nsurance				
(	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
а	Program Expenses	24,768.	24,768.		
	Miscellaneous	6,777.	5,422.	678.	677
	Pathways to Hope Curriculum	3,600.	3,600.		
	Professional Services	2,830.	2,264.	283.	283
-	All other expenses				
	Total functional expenses. Add lines 1 through 24e	150,331.	139,970.	8,639.	1,722
26 . t j	Joint costs. Complete this line only if he organization reported in column (B) oint costs from a combined educational campaign and fundraising solicitation. Check here ► ☐ if following			-,	
:	SOP 98-2 (ASC 958-720)				

# Form 990 (2021) Operation Blue Shield Part X Balance Sheet

4	7	-4	8	9	6	4	0	4	
---	---	----	---	---	---	---	---	---	--

				<b>(A)</b> Beginning of year		<b>(B)</b> End of year		
1	Cash – non-interest-bearing			133,799.	1	118,92		
2	2 Savings and temporary cash investments				2			
3	B Pledges and grants receivable, net		3					
4	Accounts receivable, net				4			
ţ	5 Loans and other receivables from any current or forme trustee, key employee, creator or founder, substantial controlled entity or family member of any of these per-	er officer contribu sons	r, director, itor, or 35%		5			
6	Loans and other receivables from other disqualified pe	ersons (a	as defined under					
	section 4958(f)(1)), and persons described in section 4	1958(c)(	3)(B)		6			
	Notes and loans receivable, net				7			
8	Inventories for sale or use				8			
9	Prepaid expenses and deferred charges			300.	9			
10	<b>)a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10 a	19,331.					
	<b>b</b> Less: accumulated depreciation	10b	4,165.	12,259.	10 c	15,16		
1				,	11			
12	2 Investments – other securities. See Part IV, line 11				12			
13	Investments – program-related. See Part IV, line 11				13			
14	1 Intangible assets.			14				
1	-			15				
16			146,358.	16	134,08			
1	7 Accounts payable and accrued expenses			794.	17			
18				194.	18			
19		Deferred revenue						
20	Tax-exempt bond liabilities				20			
					21			
2	2 Loans and other payables to any current or former offi key employee, creator or founder, substantial contribution	cer, dire tor. or 3	ector, trustee, 5%					
	controlled entity or family member of any of these per				22			
23		•			23			
24	1 3	•		2,180.	24			
2	5 Other liabilities (including federal income tax, payables and other liabilities not included on lines 17-24). Comp	s to rela plete Pa	ted third parties, rt X of Schedule D.	1.	25			
20	<b>5 Total liabilities.</b> Add lines 17 through 25			2,975.	26			
	Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.	•	X					
2	7 Net assets without donor restrictions			143,383.	27	134,08		
28	3 Net assets with donor restrictions			·	28			
2 2 2 3 3 3 3 3 3 3 3	Organizations that do not follow FASB ASC 958, chec and complete lines 29 through 33.							
29				29				
3		Paid in or capital surplus, or land, building, or equipment fund						
1 2		Retained earnings, endowment, accumulated income, or other funds						
5			143,383.	31 32	104 00			
3	2 Total net assets or fund balances				52	134,08		

Form	1 990	(2021)	Operation Blue Shield 47-	4896404		Pa	age <b>12</b>
Par	t XI	Reco	nciliation of Net Assets				
		Check	if Schedule O contains a response or note to any line in this Part XI				. Х
1	Tota	l revenue	e (must equal Part VIII, column (A), line 12)	1	1	41,0	033.
2	Tota	l expens	es (must equal Part IX, column (A), line 25)	2			331.
3	Reve	enue less	s expenses. Subtract line 2 from line 1	3		-9,2	298.
4	Net	assets or	r fund balances at beginning of year (must equal Part X, line 32, column (A))	4			383.
5	Net	unrealize	ed gains (losses) on investments	5			
6	Dona	ated serv	rices and use of facilities	6			
7	Inve	stment e	xpenses	7			
8	Prio	r period a	adjustments	8			
9	Othe	er change	es in net assets or fund balances (explain on Schedule O). See Schedule O	9			3.
10	Net a	assets or	fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,	10	1	34.0	088.
Par			ncial Statements and Reporting	Į		/	
			if Schedule O contains a response or note to any line in this Part XII				· 🗌
						Yes	No
1	Acco	ounting n	nethod used to prepare the Form 990: Cash X Accrual Other				
	lf the on S	e organiz Schedule	ation changed its method of accounting from a prior year or checked 'Other,' explain O.				
2 a	Were	e the org	anization's financial statements compiled or reviewed by an independent accountant?		2 a		Х
		arate bas	k a box below to indicate whether the financial statements for the year were compiled or reviewe is, consolidated basis, or both: te basis Consolidated basis Both consolidated and separate basis	ed on a			
ł	Were	e the ora	anization's financial statements audited by an independent accountant?		2 b	Х	
_	lf 'Ye	es,' chec s, consol	k a box below to indicate whether the financial statements for the year were audited on a separa idated basis, or both: te basis Consolidated basis Both consolidated and separate basis	te			
C	lf 'Ye revie	es' to line ew, or co	2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, mpilation of its financial statements and selection of an independent accountant?		2 c	Х	
	on S	Schedule					
3a			a federal award, was the organization required to undergo an audit or audits as set forth in the Single d OMB Circular A-133?		3 a		Х
ŀ			e organization undergo the required audit or audits? If the organization did not undergo the required aud olain why on Schedule O and describe any steps taken to undergo such audits		3 b		
BAA			TEEA0112L 09/22/21		Form	990	(2021)

SCHEDULE A (Form 990) Department of the Treasury Internal Revenue Service		Public Chari pplete if the organizat 4947(a ► Atta Go to www.irs.gov/Fo	OMB No. 1545-0047						
	peration 1	Blue Shield				Employer identification	ation number		
		nmunity USA	·			47-489640			
Part I Reason fo The organization is not			rganizations must				ctions.		
1       A church, conv         2       A school desc         3       A hospital or         4       A medical res         name, city, and	rention of church cribed in <b>sectio</b> a cooperative h earch organiza nd state:	es, or association of ch n 170(b)(1)(A)(ii). (Att ospital service organ tion operated in conju	nurches described in sec ach Schedule E (Form ization described in sec unction with a hospital	tion 170( 990).) ction 17( describe	b)(1)(A)( D(b)(1)(A d in sec	i). )(iii). :tion 170(b)(1)(A)(iii). E			
An urganizau	on operated for •)(1)(A)(iv). (Co	mplete Part II.)	ge or university owned	or oper	ated by	a governmental unit de	escribed in		
7 An organizatio	n that normally r <b>)(b)(1)(A)(vi).</b> (	eceives a substantial p Complete Part II.)	part of its support from a	governm	ental uni	t or from the general pu	blic described		
			A)(vi). (Complete Part	II.)					
9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:									
10 X An organization that normally receives (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)									
	-	•	ly to test for public saf	-					
or more publi lines 12a thro a Type I. A supp organization(s)	cly supported o ugh 12d that de	rganizations describe escribes the type of so on operated, supervise gularly appoint or elect	ely for the benefit of, to d in <b>section 509(a)(1)</b> of upporting organization d, or controlled by its sup a majority of the directo	or section and com	n <b>509(a</b> ) plete lir	<b>)(2).</b> See <b>section 509(a</b> nes 12e, 12f, and 12g.	)(3). Check the box on		
management of must comple	of the supporting te Part IV, Sect	organization vested in ons A and C.	ontrolled in connection the same persons that c	ontrol or	manage	the supported organizat	ion(s). You		
C Type III function organization(s	nally integrated (see instructi	. A supporting organizat ons). <b>You must com</b>	ion operated in connectio plete Part IV, Sections	n with, ai <b>A, D, an</b>	nd functio <b>d E.</b>	onally integrated with, its	supported		
d Type III non-fu functionally ir	nctionally integ itegrated. The c	r <b>ated.</b> A supporting org organization generally	anization operated in co must satisfy a distribu <b>s A and D, and Part V.</b>	nnection Ition req	with its s	supported organization(s	) that is not		
e Check this bo	x if the organiz Type III non-fu	ation received a written nctionally integrated	en determination from supporting organizatior	the IRS	that it is	а Туре I, Туре II, Тур	e III functionally		
f Enter the numbe	r of supported	organizations							
(i) Name of supported o	-	n about the supported (ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))		s the ion listed overning	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)		
				docur Yes	nent?				
				Tes	NO				
(A)									
(B)									
(C)									
<u>(D)</u>									
<u>(E)</u>									
Total									

Page 2

Part II	Support Schedule fo	Organizations Describe	d in Sections	170(b)(1)(A)(iv) and	170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

# Section A. Public Support

000	don All ublic ouppoit						
Cale begi	ndar year (or fiscal year nning in) ►	<b>(a)</b> 2017	<b>(b)</b> 2018	<b>(c)</b> 2019	<b>(d)</b> 2020	<b>(e)</b> 2021	<b>(f)</b> Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						
Sec	tion B. Total Support						
	ndar year (or fiscal year nning in) ►	<b>(a)</b> 2017	<b>(b)</b> 2018	<b>(c)</b> 2019	( <b>d)</b> 2020	<b>(e)</b> 2021	<b>(f)</b> Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. Add lines 7 through 10						
12	Gross receipts from related activ	vities, etc. (see in	structions)			12	
13	First 5 years. If the Form 990 is organization, check this box and						····· ►
	tion C. Computation of Pu						
14	Public support percentage for 20	021 (line 6, colum	n (f), divided by li	ine 11, column (f)	)	14	%
	Public support percentage from						%
16a	<b>33-1/3% support test–2021.</b> If t and <b>stop here.</b> The organization	he organization d qualifies as a pu	id not check the t blicly supported o	oox on line 13, an organization	d line 14 is 33-1/3	3% or more, check	< this box
b	<b>33-1/3% support test–2020.</b> If th and <b>stop here.</b> The organization	ne organization di n qualifies as a pu	d not check a box blicly supported o	on line 13 or 16a	a, and line 15 is 3	3-1/3% or more, o	check this box ·····►
17a	<b>10%-facts-and-circumstances te</b> or more, and if the organization the organization meets the facts	meets the facts-a	ind-circumstances	s test, check this	box and stop here	. Explain in Part	VI how
	<b>10%-facts-and-circumstances te</b> or more, and if the organization organization meets the facts-and	meets the facts-a d-circumstances t	nd-circumstances est. The organiza	s test, check this tion qualifies as a	box and <b>stop here</b> publicly supporte	e. Explain in Part d organization	VI how the►
18	Private foundation. If the organi	zation did not che	eck a box on line	13, 16a, 16b, 17a	, or 17b, check th	is box and see ins	structions 🕨 🗌

#### Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

#### Section A. Public Support (c) 2019 Calendar year (or fiscal year beginning in) > (a) 2017 (b) 2018 (d) 2020 (e) 2021 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.') ... 290,000 500,255 525,521 564,134 141,033 2,020,943. 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose... 0. 3 Gross receipts from activities that are not an unrelated trade or business under section 513. 0. Tax revenues levied for the organization's benefit and either paid to or expended on 0. its behalf.... The value of services or facilities furnished by a governmental unit to the organization without charge ... Ω Total. Add lines 1 through 5... 290,000 500,255 525,521 564,134 141,033 2. 020 943 Amounts included on lines 1, 7a 2, and 3 received from disqualified persons.... 0 0 91,946 128,643 32,160 252,749. **b** Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year..... 0 0 0 0 n Ω c Add lines 7a and 7b.... 0 0 91,946 128,643 32,160 252 749. 8 Public support. (Subtract line 7c from line 6.). 768,194 Section B. Total Support (c) 2019 (e) 2021 (f) Total (a) 2017 (b) 2018 (d) 2020 Calendar year (or fiscal year beginning in) > 9 Amounts from line 6..... 290,000 500,255 525,521 564,134 141,033. 2,020,943. 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . 0. **b** Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975... c Add lines 10a and 10b ..... 0 0 0. 0. 0 0. Net income from unrelated business 11 activities not included on line 10b. whether or not the business is regularly carried on . . . . . 0. 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in 0. Part VI.)... 13 Total support. (Add lines 9, 500,255. 564,134. 10c, 11, and 12.)..... 290,000. 525,521 2,020,943. 141,033. First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 14 ► organization, check this box and stop here..... Section C. Computation of Public Support Percentage **15** Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f))..... ° 15 87.49 16 Public support percentage from 2020 Schedule A, Part III, line 15. 16 ÷ 89.31 Section D. Computation of Investment Income Percentage 0.00 % 17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f))..... 17 18 Investment income percentage from 2020 Schedule A, Part III, line 17..... 18 0.00 % 19a 33-1/3% support tests-2021. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 Х is not more than 33-1/3%, check this box and stop here. The organization gualifies as a publicly supported organization .... **b** 33-1/3% support tests - 2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization gualifies as a publicly supported organization. Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ..... 20

#### Page 4

# Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

# Section A. All Supporting Organizations

Yes No Are all of the organization's supported organizations listed by name in the organization's governing documents? 1 If 'No,' describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain. 1 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If 'Yes,' explain in Part VI how the organization determined that the supported organization was 2 described in section 509(a)(1) or (2). 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer lines 3b and 3c below. 3a **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If 'Yes,' describe in **Part VI** when and how the organization made the determination. 3b c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in **Part VI** what controls the organization put in place to ensure such use. 3c 4a Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below. 4a **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations. Δh **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes. 4c 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document). 5a b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? 5b c Substitutions only. Was the substitution the result of an event beyond the organization's control? 5c Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one 6 or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of 6 the filing organization's supported organizations? If 'Yes,' provide detail in Part VI. 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990). 7 8 Did the organization make a loan to a disgualified person (as defined in section 4958) not described on line 7? If 'Yes,' complete Part I of Schedule L (Form 990). 8 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If 'Yes,' provide detail in Part VI. 9a **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in **Part VI**. 9b c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If 'Yes,' provide detail in Part VI. 9c 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If 'Yes,' answer line 10b below. 10a **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.) 10b

TEEA0404L 08/31/21

Part IV	Supporting Organizations (continued)			
			Yes	No
<b>11</b> Has	the organization accepted a gift or contribution from any of the following persons?			
<b>a</b> A pe	rson who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below,			
the g	joverning body of a supported organization?	11a		
<b>b</b> A fai	nily member of a person described on line 11a above?	11b		
<b>c</b> A 35%	6 controlled entity of a person described on line 11a or 11b above? If 'Yes' to line 11a, 11b, or 11c, provide detail in Part VI.	11c		

### Section B. Type I Supporting Organizations

Schedule A (Form 990) 2021

Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If 'No,' describe in **Part VI** how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.

Operation Blue Shield

2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If 'Yes,' explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

# Section C. Type II Supporting Organizations

Yes 1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If No, ' describe in Part VI how control or management of the 1 supporting organization was vested in the same persons that controlled or managed the supported organization(s).

#### Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If 'No,' explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).</i>			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If 'Yes,' describe in <b>Part VI</b> the role the organization's supported organizations played</i>			
	in this regard.	3		

### Section E. Type III Functionally Integrated Supporting Organizations

- Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
  - The organization satisfied the Activities Test. Complete line 2 below. а
  - The organization is the parent of each of its supported organizations. Complete line 3 below. h
  - The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions). С

#### 2 Activities Test. Answer lines 2a and 2b below.

- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If 'Yes' or 'No,' provide details in Part VI.
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If 'Yes,' describe in Part VI the role played by the organization in this regard.

2a

2b

3a

Yes

No

No

No

Yes

1

2

Page 5

47-4896404

Part V

Page 6

Check here if the organization satisfied the Integral Part Test as a qualifying trus instructions. All other Type III non-functionally integrated supporting organizatio	t on No ns mus	ov. 20, 1970 (explain ir st complete Sections A	n Part VI). <b>See</b> through E.
tion A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
Net short-term capital gain	1		
Recoveries of prior-year distributions	2		
Other gross income (see instructions)	3		
Add lines 1 through 3.	4		
Depreciation and depletion	5		
Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
Other expenses (see instructions)	7		
Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
tion B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
Average monthly value of securities	1a		
Average monthly cash balances	1b		
: Fair market value of other non-exempt-use assets	1c		
I Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
Acquisition indebtedness applicable to non-exempt-use assets	2		
Subtract line 2 from line 1d.	3		
Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
Multiply line 5 by 0.035.	6		
Recoveries of prior-year distributions			
Minimum Asset Amount (add line 7 to line 6)	8		
tion C – Distributable Amount			Current Year
Adjusted net income for prior year (from Section A, line 8, column A)	1		
Enter 0.85 of line 1.	2		
Minimum asset amount for prior year (from Section B, line 8, column A)	-		
Enter greater of line 2 or line 3.	· ·		
Income tax imposed in prior year	5		
<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
	Ition A – Adjusted Net Income         Net short-term capital gain         Recoveries of prior-year distributions         Other gross income (see instructions)         Add lines 1 through 3.         Depreciation and depletion         Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)         Other expenses (see instructions)         Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)         ttion B – Minimum Asset Amount         Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):         a Average monthly value of securities         Deverage monthly cash balances         Fair market value of other non-exempt-use assets         Poiscount claimed for blockage or other factors (explain in detail in Part VI):         Acquisition indebtedness applicable to non-exempt-use assets         Subtract line 2 from line 1d.         Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).         Net value of non-exempt-use assets (subtract line 4 from line 3)         Multiply line 5 by 0.035.         Recoveries of prior-year distributions         Minimum Asset Amount         Adjusted net income for prior year (from Section A, line 8, column A) <tr< td=""><td>Net short-term capital gain       1         Recoveries of prior-year distributions       2         Other gross income (see instructions)       3         Add lines 1 through 3.       4         Depreciation and depletion       5         Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)       7         Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)       8         etion B - Minimum Asset Amount       7         Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):       1a         a Average monthly value of securities       1a         b Average monthly cash balances       1b         c Fair market value of other non-exempt-use assets       1c         d Total (add lines 1a, 1b, and 1c)       1d         e Discount claimed for blockage or other factors (explain in detail in Part V);       2         Acquisition indebtedness applicable to non-exempt-use assets       2         Subtract line 2 from line 1d.       3         Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions)       5         Muttiply line 5 by 0.035.       6         Recoveries of prior-year distributions       7     </td></tr<> <td>Net short-term capital gain       1         Recoveries of prior-year distributions       2         Other gross income (see instructions)       3         Add lines 1 through 3.       4         Depreciation and depletion       5         Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)       6         Other expenses (see instructions)       7         Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)       8         tion B - Minimum Asset Amount       (A) Prior Year         Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):       1         Average monthly value of securities       1a         Deverage monthly cash balances       1b         Fair market value of other non-exempt-use assets       1c         I total (add lines 1a, 1b, and 1c)       1d         Descont claimed for blockage or other factors (explain in detail in Part VI):       3         Acquisition indebtedness applicable to non-exempt-use assets       2         Subtract line 2 from line 1d.       3         Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).       4         Net value of non-exempt-use assets (subtract line 4 from</td>	Net short-term capital gain       1         Recoveries of prior-year distributions       2         Other gross income (see instructions)       3         Add lines 1 through 3.       4         Depreciation and depletion       5         Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)       7         Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)       8         etion B - Minimum Asset Amount       7         Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):       1a         a Average monthly value of securities       1a         b Average monthly cash balances       1b         c Fair market value of other non-exempt-use assets       1c         d Total (add lines 1a, 1b, and 1c)       1d         e Discount claimed for blockage or other factors (explain in detail in Part V);       2         Acquisition indebtedness applicable to non-exempt-use assets       2         Subtract line 2 from line 1d.       3         Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions)       5         Muttiply line 5 by 0.035.       6         Recoveries of prior-year distributions       7	Net short-term capital gain       1         Recoveries of prior-year distributions       2         Other gross income (see instructions)       3         Add lines 1 through 3.       4         Depreciation and depletion       5         Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)       6         Other expenses (see instructions)       7         Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)       8         tion B - Minimum Asset Amount       (A) Prior Year         Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):       1         Average monthly value of securities       1a         Deverage monthly cash balances       1b         Fair market value of other non-exempt-use assets       1c         I total (add lines 1a, 1b, and 1c)       1d         Descont claimed for blockage or other factors (explain in detail in Part VI):       3         Acquisition indebtedness applicable to non-exempt-use assets       2         Subtract line 2 from line 1d.       3         Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).       4         Net value of non-exempt-use assets (subtract line 4 from

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions). 7

Schedule A (Form 990) 2021

Par	t V Type III Non-Functionally Integrated 509(a)(3) Su	upporting Organiza	tions (continued	d)		
Sec	tion D – Distributions				Current Year	
1	1 Amounts paid to supported organizations to accomplish exempt purposes       1					
2	Amounts paid to perform activity that directly furthers exempt purposes of in excess of income from activity	S,	2			
3	Administrative expenses paid to accomplish exempt purposes of su		3			
4	Amounts paid to acquire exempt-use assets			4		
5	Qualified set-aside amounts (prior IRS approval required - provide	e details in <b>Part VI</b> )		5		
6	Other distributions (describe in Part VI). See instructions.			6		
7	Total annual distributions. Add lines 1 through 6.			7		
8	Distributions to attentive supported organizations to which the organization in <b>Part VI</b> ). See instructions.	on is responsive (provide	details	8		
9	Distributable amount for 2021 from Section C, line 6			9		
10	Line 8 amount divided by line 9 amount			10		
Sec	tion E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributio Pre-2021	ns	(iii) Distributable Amount for 2021	
	Distributable amount for 2021 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2021 (reasonable cause required – <i>explain in Part VI</i> ). See instructions.					
3	Excess distributions carryover, if any, to 2021					
	a From 2016					
-	<b>b</b> From 2017					
-	<b>c</b> From 2018					
	From 2019					
e	From 2020					
1	Total of lines 3a through 3e					
g	Applied to underdistributions of prior years					
	Applied to 2021 distributable amount					
i	Carryover from 2016 not applied (see instructions)					
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2021 from Section D, line 7: \$					
а	Applied to underdistributions of prior years					
	Applied to 2021 distributable amount					
	Remainder. Subtract lines 4a and 4b from line 4.					
5	Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in <b>Part VI</b></i> . See instructions.					
6	Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.					
7	Excess distributions carryover to 2022. Add lines 3j and 4c.					
	Breakdown of line 7:					
а	Excess from 2017					
-	Excess from 2018					
С	Excess from 2019					
d	Excess from 2020					
e	Excess from 2021					

BAA

Schedule A (Form 990) 2021

Schedule A (Form 990)	2021 Operation Blue Shield	47-4896404	Page 8
B, liı 3a, a	pplemental Information. Provide the explanations required by Part ne 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 1 nes 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Pa nd 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 2, 5, and 6. Also complete this part for any additional information. (See in	11b, and 11c; Part IV, Section art IV, Section E, lines 1c, 2a, 2b, 6, and 8; and Part V, Section E,	

Schee	dule	В
(Form	990)	

# PUBLIC DISCLOSURE COPY Schedule of Contributors

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service
--------------------------------------------------------

# ► Attach to Form 990 or Form 990-PF.

Go	to www.i	rs.gov/F	orm990 fe	or the l	latest in	formation.

Name of the organization Oper	ation Blue Shield	Employer identification number
DBA	One Community USA	47-4896404
Organization type (check	one):	
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization	
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a pr	rivate foundation
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private	e 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 property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

#### **Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering 'N/A' in column (b) instead of the contributor name and address), II, and III.

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

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

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

Schedule B (Form 990) (2021)	1 1	Pa	age <b>2</b>
Name of organization	Employer identification number		
Operation Blue Shield	47-4896404		
Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.			

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1		\$84,600.	Person     X       Payroll        Noncash        (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
2		\$32,160.	Person     X       Payroll     Image: Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person

Schedule B (Form 990) (2021)	1	1	Page <b>3</b>
Name of organization		ridentification n	umber
Operation Blue Shield	47-48	396404	

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional	space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	N/A		
		  \$\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		  s	
(a) No. from	(b) Description of noncash property given	(c) FMV (or estimate)	(d) Date received
Part I		(See instructions.)	Bale received
		\$\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
AA	TEEA0703L 10/06/21	Schedule	 B (Form 990) (202

	B (Form 990) (2021)		1 1 Page <b>4</b>
Name of orga	anization ion Blue Shield		Employer identification number $47 - 4896404$
Part III		the year from any one contributor completing Part III, enter the total of (Enter this information once. See in	ations described in section 501(c)(7), (8), or. Complete columns (a) through (e) and <i>exclusively</i> religious, charitable, etc.,
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	<u>N/A</u>		
	Transferee's name, addres	(e) Transfer of gift ss, and ZIP + 4	Relationship of transferor to transferee
(a) No. from	(h) Puumaaa of sift		(d) Decomination of how with its hold
`from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, addres	(e) Transfer of gift ss, and ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I		(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
			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
	Transferee's name, addres	(e) Transfer of gift ss, and ZIP + 4	Relationship of transferor to transferee
BAA		TEEA0704L 10/06/21	

60	HEDULE D	Sup	plemental Financial S	tatomonte		l	OMB No.	1545-0047	
	rm 990)	► Complet	te if the organization answered ' 5, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 1	Yes' on Form 99	0, 12b.		20	21	
Depa	rtment of the Treasury		► Attach to Form 990. .gov/Form990 for instructions a				Open t	o Public	
	e of the organization					Employer ic	Inspec lentification n		
	eration Blue								
	A One Commun	-				47-489	6404		
Pa	Complete	if the organization ans	or Advised Funds or Other wered 'Yes' on Form 990,	Part IV, line 6	is or Acc	ounts.			
	•		(a) Donor advised fur	nds	<b>(b)</b> F	unds and o	other acco	unts	
1		end of year							
2		ntributions to (during year).							
3 4	3 Aggregate value of grants from (during year)       4         4 Aggregate value at end of year       6								
5	Did the organizati are the organizati	ion inform all donors and dor ion's property, subject to the	nor advisors in writing that the as organization's exclusive legal co	ssets held in don	or advised	funds	Yes	No	
6	Did the organizati for charitable pur	ion inform all grantees, dono poses and not for the benefit	rs, and donor advisors in writing t of the donor or donor advisor, o	that grant funds or for any other p	can be us ourpose cor	ed only	]Yes		
Pa		tion Easements.					103		
i ui	Complete	if the organization ans	wered 'Yes' on Form 990,		7.				
1			y the organization (check all that						
		of land for public use (for exam natural habitat	ple, recreation or education)	Preservation Preservation		5 1			
		of open space		Freservation			L Structure		
2	Complete lines 2a	through 2d if the organization I	held a qualified conservation contril	oution in the form	of a conser	vation ease	ment on the	е	
	last day of the tax	x year.				laid at the	End of the		
	<b>a</b> Total number of c	conservation easements				ielu at the		rax rear	
			ments		-				
	c Number of conse	rvation easements on a certi	fied historic structure included in	(a)	2 c				
	structure listed in	the National Register	n (c) acquired after 7/25/06, and		. 2 d				
3	Number of conserv tax year ►	vation easements modified, tran	nsferred, released, extinguished, or	terminated by the	e organizatio	on during th	e		
4		where property subject to conse							
5			garding the periodic monitoring, nts it holds?				Yes	No	
6			inspecting, handling of violations, a				iring the yea	ar	
7	Amount of expense ►\$	es incurred in monitoring, inspe	ecting, handling of violations, and e	nforcing conserva	tion easeme	ents during	the year		
8	and section 170(h	ı)(4)(B)(ii)?	n line 2(d) above satisfy the requ				Yes	No	
9	In Part XIII, descuinclude, if application conservation ease	able, the text of the footnote	oorts conservation easements in to the organization's financial sta	its revenue and a tements that de	expense st scribes the	atement ar organizati	nd balance on's accou	sheet, and inting for	
Pa	rt III Organizat Complete	tions Maintaining Colle if the organization ans	ctions of Art, Historical Tr wered 'Yes' on Form 990,	r <b>easures, or C</b> Part IV, line 8	<b>Other Sin</b> 3.	nilar Ass	ets.		
1:	historical treasure	es, or other similar assets he	r FASB ASC 958, not to report in Id for public exhibition, education al statements that describes thes	1. or research in	tement and furtherance	balance s e of public	heet works service, pi	s of art, rovide in	
l	historical treasures following amounts	s, or other similar assets held for s relating to these items:	r FASB ASC 958, to report in its or public exhibition, education, or re	esearch in furthera	ance of publ	ic service,	t works of provide the	art,	
			line 1			-			
2	.,		nistorical treasures or other similar			····· · ·	owina		
			historical treasures, or other similar ASC 958 relating to these items				Smill		
			· • • • • • • • • • • • • • • • • • • •						
BAA	For Paperwork R	eduction Act Notice, see the	e Instructions for Form 990.	TEEA3301L 0	08/30/21	Sched	ule D (For	m 990) 2021	

Schedule D (Form 990) 2021 Opera					47-489	
Part III Organizations Mainta	ining Colle	ctions of	Art, Histor	ical Treasures, or	Other Similar Ass	ets (continued)
3 Using the organization's acquisition items (check all that apply):	, accession, ar	nd other reco	rds, check an <u>y</u>	y of the following that m	ake significant use of its	collection
a Public exhibition		(	d Loan or	exchange program		
<b>b</b> Scholarly research		(	e Other			
c Preservation for future gener						
4 Provide a description of the organiz Part XIII.			-	-		
5 During the year, did the organiza to be sold to raise funds rather the	tion solicit or	receive don	ations of art,	historical treasures, o	r other similar assets	Yes No
Part IV Escrow and Custodia						
line 9, or reported an	amount on	Form 990	, Part X, li	ne 21.		ini 550, i arciv,
1 a Is the organization an agent, trus on Form 990, Part X?	stee, custodia	n or other in	termediary fo	or contributions or othe	er assets not included	Yes No
<b>b</b> If 'Yes,' explain the arrangement						
						Amount
<b>c</b> Beginning balance						
d Additions during the year						
e Distributions during the year						
f Ending balance						
<b>2 a</b> Did the organization include an a					-	Yes No
<b>b</b> If 'Yes,' explain the arrangement	in Part XIII. (	Sheck here i	t the explana	ition has been provide	d on Part XIII	
Part V Endowment Funds. C	omplete if	the organi	zation ans	wered 'Yes' on Fo	rm 990 Part IV lir	ne 10
	(a) Current		(b) Prior year	(c) Two years back		(e) Four years back
<b>1 a</b> Beginning of year balance	(4) 6411611	, ou.	(1) 1101 Jour		(4) 11100 Jouro Auon	
<b>b</b> Contributions						
c Net investment earnings, gains, and losses						
<b>d</b> Grants or scholarships						
e Other expenditures for facilities						
and programs						
f Administrative expenses						
<b>g</b> End of year balance						
2 Provide the estimated percentage	e of the curre	nt year end	balance (line	1g, column (a)) held	as:	
<b>a</b> Board designated or quasi-endowm	ent 🕨		0			
<b>b</b> Permanent endowment	00					
c Term endowment ►	010					
The percentages on lines 2a, 2b, ar	nd 2c should e	qual 100%.				
3a Are there endowment funds not in t	he possession	of the organi	zation that ar	e held and administered	for the	
organization by:						Yes No
(i) Unrelated organizations						3a(i)
(ii) Related organizations						3a(ii)
<ul><li>b If 'Yes' on line 3a(ii), are the rela</li><li>4 Describe in Part XIII the intended</li></ul>	-					. 3b
Part VI Land, Buildings, and		-	S Elluowillei	it lullus.		
Complete if the organi			s' on Form	990 Part IV line	11a See Form 99	0 Part X line 10
Description of property		(a) Cost or c		(b) Cost or other	(c) Accumulated	(d) Book value
		(investr	ment)	basis (other)	depreciation	
<b>1 a</b> Land						
<b>b</b> Buildings						
c Leasehold improvements						
<b>d</b> Equipment				19,331.	4,165.	15,166.
e Other						
Total. Add lines 1a through 1e. (Column	n (d) must eq	ual Form 99	90, Part X, co	olumn (B), line 10c.)		15,166.
BAA					Sched	ule D (Form 990) 2021

Schedule D (Form 990) 2021	Schedule	D(	Form	990)	) 2021
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Schedule D	) (Form 990) 2021	Operation Blue Shi	eld		47-4896404	Page 3
Part VII		- Other Securities.		N/A		V Ene 10
		e organization answered gory (including name of security)	(b) Book value		ion: Cost or end-of-year market	
						value
		.ts				
(3) Other						
(A)						
(B)						
(C)						
(D)						
(E)						
<u>(F)</u>						
$\frac{(G)}{(I)}$						
$\frac{(H)}{(H)} = $						
(I) Total (Colum	n (h) must squal Form (	90, Part X, column (B) line 12.) ►				
				N/A		
raitviii	Complete if the	<ul> <li>Program Related.</li> <li>organization answered</li> </ul>	'Yes' on Form 990	), Part IV, line 11c. S	See Form 990, Part	X, line 13.
	(a) Description of		(b) Book value	(c) Method of valuation	n: Cost or end-of-year ma	arket value
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8) (9)						
(10)						
	n (b) must equal Form 9	90, Part X, column (B) line 13.) 🕨				
Part IX	Other Assets.		N/A			
	Complete if the	e organization answered		), Part IV, line 11d. S		
(1)		(a) Des	scription		(b) Boo	ok value
(2)						
(3)						
(4)						
(5)						
(6)						
(7) (8)						
(9)						
(10)						
Total. (Col	lumn (b) must equa	al Form 990, Part X, column (E	3) line 15.)			
Part X	Other Liabilitie	es.				
_	Complete if the org	ganization answered 'Yes' on F		le or 11f. See Form 990, F		<u> </u>
1. (1) Feder	ral income taxes	(a) Descri	ption of liability		<b>(b)</b> Boo	k value
(1) 1 eder (2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8) (9)						
(9)						
(10)						
	n (b) must equal Form 9	90, Part X, column (B) line 25.)			▶	
		In Part XIII provide the text of the for				rertain

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII.

Schedule D (Form 990) 2021 Operation Blue Shield	47-4896404 Page 4
Part XI Reconciliation of Revenue per Audited Financial Statements With Reven	ue per Return. N/A
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12	
1 Total revenue, gains, and other support per audited financial statements	
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
a Net unrealized gains (losses) on investments 2a	
b Donated services and use of facilities	
c Recoveries of prior year grants	
d Other (Describe in Part XIII.)	
e Add lines 2a through 2d	
3 Subtract line 2e from line 1	
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:	
a Investment expenses not included on Form 990, Part VIII, line 7b 4a	
b Other (Describe in Part XIII.)	
c Add lines 4a and 4b	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	
Part XII Reconciliation of Expenses per Audited Financial Statements With Expe	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12	
1 Total expenses and losses per audited financial statements	
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:	
a Donated services and use of facilities	
b Prior year adjustments	
c Other losses.	
d Other (Describe in Part XIII.)	
e Add lines <b>2a</b> through <b>2d</b>	
3 Subtract line 2e from line 1.	
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	
a Investment expenses not included on Form 990, Part VIII, line 7b	
b Other (Describe in Part XIII.)	
c Add lines 4a and 4b.	
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	
Part XIII Supplemental Information.	· ·

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

SCHEDULE I		G	rants and Ot	her Assistance	to Organization	ıs,	Ļ	OMB No. 1545-0047	
(Form 990)	Governments, and Individuals in the United States								
Department of the Treasury Internal Revenue Service	Complete if the organization answered 'Yes' on Form 990, Part IV, line 21 or 22. ► Attach to Form 990. ► Go to <i>www.irs.gov/Form990</i> for the latest information.								
Name of the organization Operation Blue Shield DBA One Community USA Employer identificat									
Part I General Information on Grants and Assistance									
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?									
				nds in the United States.					
	Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered 'Yes' on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.								
<b>1 (a)</b> Name and addr or gove	ress of organization prnment	<b>(b)</b> EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance	
(1) Texas Christian TCU Box 297044 Fort Worth, TX				5,600.	0.			Pathway to Hope Reentry & Diversion	
(2)									
<u>(3)</u>									
<u>(4)</u>									
<u>(5)</u>									
<u>(6)</u>									
<u>(7)</u>									
<u>(8)</u>									
	er of other organizat	tions listed in the line	1 table	in the line 1 table				1 0 1 1 1 1 1 0 1 1 0 1 0 1 0 1 0 1 0 1	

Page 2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered 'Yes' on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1					
2					
3					
4					
5					
6					
7					
Part IV Supplemental Information. Pr	ovide the informatio	n required in Part I	, line 2; Part III, co	lumn (b); and any othe	er additional information.

Department of the Treasury

Internal Revenue Service

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

► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Name of the organization Operation Blue Shield	Employer identification number
DBA One Community USA	47-4896404

#### Form 990, Part III, Line 4a - Program Service Accomplishments

Safe, secure and thriving 'Cities of Opportunities' for all through 21st Century Community Building and Neighborhood Engagement programs.

To create, promote and fund programs designed to bring about the progressive change, trust and unity between first responders and citizens they serve and protect.

Please Note: Operation Blue Shield d/b/a One Community USA has changed its fiscal year end of September 30 to a calendar year end of December 31. This change is effective December 31, 2021. The financial audit report that is the basis of this Form 990 covers the 15 month period starting October 1, 2020 and ending on December 31, 2021.

Because a Form 990 cannot cover a 15 month period, the activity of these 15 months is reported on two Form 990s. The first 990 is the 2020 Form 990 covering the period October 1, 2020 to September 30, 2021. It reports 12/15 of the 15 months of activity. The second 990 is the 2021 Form 990 covering the period October 1, 2021 to December 31, 2021. It reports 3/15 of the 15 months of activity.

During this 15 month period, One Community also provided in-kind services in the amount of \$582,826 (\$116,565 for 3/15 corresponding to activity reported on this 990) and had in-kind rent in the amount of \$62,078 (\$12,416 for 3/15 corresponding to activity reported on this 990). These in-kind amounts included as in-kind revenue and in-kind expense on the financial statements of the organization.

Schedule O (Form 990) 2021	Page <b>2</b>
Name of the organization Operation Blue Shield	Employer identification number
DBA One Community USA	47-4896404

#### Form 990, Part III, Line 4a - Program Service Accomplishments

administration. The Organization estimates the volunteer hours during the fiscal year ending December 31, 2021 to be approximately 520 (104 for 3/15 corresponding to activity reported on this 990) for board members. Using the Independent Sector's value of a volunteer hour, these contributed services are valued at \$14,841 (\$2,986 for 3/15 corresponding to activity reported on this 990). The Organization also estimates the volunteer hours for the Executive Director to be approximately 3,125 hours (2,500 for 12/15 corresponding to activity reported on this 990) with an estimated value of \$156,250 (\$31,250 for 3/15 corresponding to activity reported on this 990).

Other than in this Schedule O of the Form 990, the value of the in-kind donations and volunteer time are not reflected in this Form 990.

# Form 990, Part VI, Line 11b - Form 990 Review Process

Form 990 is prepared by a CPA firm and provided to the Board of Directors for review and approval prior to filing.

# Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available

Form 990 is located at their office for the public to view upon request.

# Form 990, Part XI, Line 9 Other Changes In Net Assets Or Fund Balances

Rounding	\$ 3.
Total	\$ 3.

2021

# Federal Supplemental Information Operation Blue Shield DBA One Community USA

Page 1

47-4896404

Operation Blue Shield d/b/a One Community USA has changed its fiscal year end of September 30 to a calendar year end of December 31. This change is effective December 31, 2021. The financial audit report that is the basis of this Form 990 covers the 15 month period starting October 1, 2020 and ending on December 31, 2021.

Because a Form 990 cannot cover a 15 month period, the activity of these 15 months is reported on two Form 990s. The first 990 is the 2020 Form 990 covering the period October 1, 2020 to September 30, 2021. It reports 12/15 of the 15 months of activity. The second 990 is the 2021 Form 990 covering the period October 1, 2021 to December 31, 2021 reports 3/15 of the 15 months of activity.