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## Form 990-PF

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

Department of the Treasury Internal Revenue Service

Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0052

2012

Open to Public Inspection

For	calen	dar year 2012 or tax year beginning	, 2	012, and			, 20
		undation			A Employer	identification number	
BlueCross BlueShield of South Carolina Foundation					22-3847	7938	
Number and street (or P O box number if mail is not delivered to street address)  Room/suite						number (see instruction	ns)
I-20 at Alpine Road 803/						3-0222	
		n, state, and ZIP code	h =			ion application is pendi	ng check here▶ □
CO.	lumbi	a SC 29219				.orr approadorr to portor	ing, and an indicar
_			of a former pul	olic charity	D. 1. Foreigi	n organizations, check l	nere ▶ 🗌
_	0,,00.	☐ Final return ☐ Amended r	•				
		☐ Address change ☐ Name char				n organizations meeting here and attach compu	
H	Check	type of organization: X Section 501(c)(3) exempt p	<u> </u>	on .	E If private	foundation status was t	
		in 4947(a)(1) nonexempt charitable trust			section 5	07(b)(1)(A), check here	▶□
_		narket value of all assets at J Accounting method					
		f year (from Part II, col. (c), Other (specify)			F If the four	ndation is in a 60-montl ction 507(b)(1)(B), check	termination here
	line 16		on cash basis.)				_
	art I		-	.	<u> </u>		(d) Disbursements
		amounts in columns (b), (c), and (d) may not necessarily equal	(a) Revenue and expenses per	(D) Ne	investment ncome	(c) Adjusted net	for chantable purposes
		the amounts in column (a) (see instructions) )	books	"	icome	income	(cash basis only)
	1	Contributions, gifts, grants, etc., received (attach schedule)	10,500,0	00			
	2	Check ► ☐ if the foundation is <b>not</b> required to attach Sch. B					
	3	Interest on savings and temporary cash investments	18,9	26	18,906		
	4	Dividends and interest from securities	2,741,4		741,412		
	5a	Gross rents	, , , , , ,				
	ь	Net rental income or (loss)		<u> </u>	-		
Φ	6a	Net gain or (loss) from sale of assets not on line 10	9,112,9	54			
Ę	ь	Gross sales price for all assets on line 6a	,,,,				
Revenue	7	Capital gain net income (from Part IV, line 2)	-	8,	547,025		
æ	8	Net short-term capital gain		1	,		
	9	Income modifications	<u></u>				
	10a	Gross sales less returns and allowances					
	ь	Less: Cost of goods sold					
	С	Gross profit or (loss) (attach schedule)		0			
	11	Other income (attach schedule)					
	12	Total. Add lines 1 through 11	^_^22 <b>,</b> 373,2	72 11,	307,343	0	
<b>'</b> 0	13	Compensation of officers, directors, trustees, etc.					
enses	14	Other employee salaries and wages					
G	15	Pension plans, employee benefits,	13				
	16a	Legal fees (attach schedule)					
Ш	ь	Accounting fees (attach schedule)	د سم				
Ę.	C	Other professional fees (attach schedule)	======================================				
Ţa	17	Interest					
ist	18	Taxes (attach schedule) (see instructions)	111,4	68			
Ē	19	Depreciation (attach schedule) and depletion					
Þ	20	Occupancy					
βÞ	21	Travel, conferences, and meetings					
Operating and Administrative Exp	22	<b>光光的机构或和战场的机构的数据的</b> Investment.expenses	160,5		160,541		
ğ	23	Other expenses (attach schedule) Admin expense	48,7	76	- <u> </u>		
Œ	24	Total operating and administrative expenses.					
er		Add lines 13 through 23	320,7		160,541	0	0
o	25	Contributions, gifts, grants paid	6,553,2	_			6,553,244
	26	Total expenses and disbursements. Add lines 24 and 25	6,874,0	29	160,541	0	6,553,244
	27	Subtract line 26 from line 12:					
	а	Excess of revenue over expenses and disbursements	15,499,2				
	b	Net investment income (if negative, enter -0-) .		11,	146,802		
	C	Adjusted net income (if negative, enter -0-)				0	

_		Balance Shoots Attach	ned schedules and amounts in the description column	Beginning of year	t	:nd 01	year
18	rt II	balance Sheets should	be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Value		(c) Fair Market Value
	1	Cash-non-interest-bearing	ng	3,976,118	3,893,9	964	3,893,964
	2	Savings and temporary ca	ash investments	388,769	10,973,5	64	10,973,564
	3	Accounts receivable ▶	Accrued investment income				
		Less: allowance for doubt	ful accounts ▶	275,877	255,4	138	255,438
	4	Pledges receivable ►					
		Less. allowance for doubt	ful accounts ▶				
	5	Grants receivable					
1	6		ficers, directors, trustees, and other				
		disqualified persons (attac	ch schedule) (see instructions)				
	7	Other notes and loans receival	ble (attach schedule) ▶				
		Less: allowance for doubtful	accounts ▶				
ts	8						
Assets	9	Prepaid expenses and def	ferred charges				
As	10a	Investments-US and state	government obligations (attach schedule)	4,452,141	6,341,5	576	6,341,576
	ь		tock (attach schedule)	72,637,555	76,763,	105	76,763,105
	С		oonds (attach schedule)	13,920,859	12,935,	173	12,935,173
	11		and equipment. basis ►				
		Less accumulated depreciation	n (attach schedule) ►			Ī	
	12	Investments-mortgage lo	pans			Î	
	13		h schedule)				
	14	Land, buildings, and equipme	ent: basis ▶			Ì	
		Less: accumulated depreciati	on (attach schedule) ►			Ī	
	15	Other assets (describe ▶					
	16	Total assets (to be	completed by all filers-see the				
		instructions. Also, see pag	ge 1, item I)	95,651,319	111,162,8	320	111,162,820
	17		crued expenses	11,044	23,3	302	
	18	• •					
ies	19						
Liabilities	20		s, trustees, and other disqualified persons				
ab	21		es payable (attach schedule)				
	22	Other liabilities (describe	, ,				
	23		17 through 22)	11,044	23,	302	
			SFAS 117, check here ▶ □	•	<u> </u>		
es			rough 26 and lines 30 and 31.				
Ē	24	Unrestricted		95,640,275	111,139,	518	
aga	25	Temporarily restricted .					
ã	26	Permanently restricted .			•		
Net Assets or Fund Balances	-	•	follow SFAS 117, check here ▶ □				
ᇁ		and complete lines 27 th					
ō	27		pal, or current funds				
ţ	28		or land, bldg , and equipment fund				-
šše	29		ated income, endowment, or other funds				
Ä	30	Total net assets or fund	balances (see instructions)	95,640,275	111,139,	518	
et	31		net assets/fund balances (see		•		
Z		instructions)		95,651,319	111,162,8	320	
Pa	rt III	Analysis of Changes	in Net Assets or Fund Balances		_		
1	Tota		ces at beginning of year-Part II, colu				
	end-	-of-year figure reported on	prior year's return)		[	1	95,640,275
2	? Ente	er amount from Part I, line 2	?7a		[	2	15,499,243
3		er increases not included in			<u>[</u>	3	
4						4	111,139,518
5	Dec	reases not included in line 2	2 (ıtemıze) ►			5	
6	Tota	al net assets or fund balanc	2 (itemize) ► es at end of year (line 4 minus line 5)—I	Part II, column (b), lin	e 30 [	6	111,139,518

Part	(a) List and describe the	kind(s) of property sold (e.g., real estate, e, or common stock, 200 shs MLC Co.)	<del> </del>	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr )
1a	Various stocks and	bonds		P	Various	2012
b	Various stocks			D	Various	2012
С						
d				<u> </u>	<del> </del>	
<u>e</u>				<u> </u>		
	(e) Gross sales price	(f) Depreciation allowed (or allowable)		or other basis ense of sale	• • •	n or (loss) f) minus (g)
_a	44,039,534	0		40,124,576		3,914,95
b	17,587,016	0		12,954,949		4,632,06
C						
<u>d</u>						
<u>e</u>				10/04/00		
	Complete only for assets show	ving gain in column (h) and owned b				(h) gain minus
	(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69		ess of col (i) ol (i), if any		t less than -0-) <b>or</b> rom col (h))
		as 01 12/31/03		77 (), ii diriy	·	
<u>a</u>				<u>-</u>		
<u>b</u>						
<u> </u>		· · ·	<del></del>		···-·	
d				· · · · · · · · · · · · · · · · · · ·		
е		( If coin s	also enter in P	ort Line 7		
2	Capital gain net income or		enter -0- in Pa		2	0 647 02
_	New all and Assess asserted against			1.		8,547,02
3		or (loss) as defined in sections, line 8, column (c) (see instruc				
					<u>.</u>	
<b>.</b>		er Section 4940(e) for Redu			3	
Part		ate foundations subject to the s				
		ection 4942 tax on the distribut qualify under section 4940(e). De			pase period?	☐ Yes 🏻 No
1		unt in each column for each yea			aking any entries.	
•	(a)	(b)		(c)		(d)
Cale	Base period years endar year (or tax year beginning in)	Adjusted qualifying distributions	Net value	of nonchantable-use as		tribution ratio divided by col (c))
- Our	2011	2,666,	795	89,041,		0.030
	2010	4,936,2		76,273,		
	2009	7,502,0				0.064
	2008	4,845,		01,102,	1071	
	2007			67,702, 76,292,		0.110
		2,893,		76,292,	805	0.110 0.063
		2,893,			805	0.110 0.063
2	Total of line 1. column (d)		115	76,292, 85,889,	805 839	0.110 0.063 0.033
2 3	<b>Total</b> of line 1, column (d) Average distribution ratio for		115	76,292, 85,889,	805 839 . <b>2</b>	0.110 0.063 0.033
	Average distribution ratio for		115 de the total on	76, 292, 85, 889, 	805 839 . <b>2</b> the	0.110 0.063 0.033 0.302
	Average distribution ratio for		115 de the total on	76, 292, 85, 889, 	805 839 . <b>2</b> the	0.110 0.063 0.033 0.302
	Average distribution ratio for number of years the foundation		115 de the total on ss than 5 year	76, 292, 85, 889, 	805 839 . 2 the . 3	0.110 0.063 0.033 0.302 0.060
3	Average distribution ratio for number of years the foundation	or the 5-year base period—dividation has been in existence if lea	115 de the total on ss than 5 year	76, 292, 85, 889, 	805 839 . 2 the . 3	0.110 0.063 0.033 0.302 0.060
3	Average distribution ratio for number of years the foundation.  Enter the net value of noncomments of the second s	or the 5-year base period—dividation has been in existence if lea	de the total on ss than 5 year	76, 292, 85, 889, 	805 839 . 2 the . 3	0.110 0.063 0.033 0.302 0.060 98,972,22
3	Average distribution ratio for number of years the foundation.  Enter the net value of noncomments of the second s	or the 5-year base period—dividation has been in existence if leshantable-use assets for 2012 fr	de the total on ss than 5 year	76, 292, 85, 889, 	805 839 . 2 the . 3	0.110 0.063 0.033 0.302 0.060 98,972,22
3	Average distribution ratio for number of years the foundation.  Enter the net value of noncommutation of the second secon	or the 5-year base period—dividation has been in existence if lesharitable-use assets for 2012 fr	115	76, 292, 85, 889, 	805 839 . 2 the . 3 . 4	0.110 0.063 0.033 0.302 0.060 98,972,22 5,987,82
3 4 5	Average distribution ratio for number of years the foundation.  Enter the net value of noncommutation of the second secon	or the 5-year base period—dividation has been in existence if leshantable-use assets for 2012 fr	115	76, 292, 85, 889, 	805 839 . 2 the . 3 . 4	0.110 0.063 0.033 0.302 0.060 98,972,22 5,987,82
3 4 5	Average distribution ratio for number of years the found:  Enter the net value of noncomplete Multiply line 4 by line 3.  Enter 1% of net investment	or the 5-year base period—dividation has been in existence if lesharitable-use assets for 2012 fr	de the total on ss than 5 year	76, 292, 85, 889, 	805 839 . 2 the . 3 . 4 . 5	0.110 0.063 0.033 0.302 0.060 98,972,22 5,987,82
3 4 5 6	Average distribution ratio for number of years the found:  Enter the net value of noncomplete Multiply line 4 by line 3.  Enter 1% of net investment	or the 5-year base period—dividation has been in existence if leading that the control of the co	de the total on ss than 5 year	76, 292, 85, 889, 	805 839 . 2 the . 3 . 4 . 5	0.110 0.063 0.033 0.302 0.060 98,972,22 5,987,82
3 4 5 6	Average distribution ratio for number of years the foundation of t	or the 5-year base period—dividation has been in existence if leshantable-use assets for 2012 fr	115	76, 292, 85, 889, 	805 839 . 2 the . 3 . 4 . 5 . 6	0.064 0.110 0.063 0.033 0.302 0.060 98,972,22 5,987,82 111,46 6,099,28 6,553,24
3 4 5 6 7	Average distribution ratio for number of years the found:  Enter the net value of noncomplete the net v	or the 5-year base period—dividation has been in existence if leading that the control of the co	115	76, 292, 85, 889, 	805 839 . 2 the . 3 . 4 . 5 . 6	0.110 0.063 0.033 0.302 0.060 98,972,22 5,987,82 111,46 6,099,28

Part '		nstru	ICTIO	1S)		
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1  Date of ruling or determination letter: (attach copy of letter if necessary—see instructions)					
ь						
	here ▶ X and enter 1% of Part I, line 27b					
С	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).					
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)					
3	Add lines 1 and 2		111,	468		
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)					
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0		111,	468		
6	Credits/Payments:					
a	2012 estimated tax payments and 2011 overpayment credited to 2012 <b>6a</b> 107, 545  Exempt foreign organizations—tax withheld at source <b>6b</b>					
b	Exempt foreign organizations—tax withheld at source					
c d	Backup withholding erroneously withheld					
7	Total credits and payments. Add lines 6a through 6d		107	545		
8	Enter any <b>penalty</b> for underpayment of estimated tax. Check here 🗵 if Form 2220 is attached	-		0		
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed 9		3,	923		
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			0		
11	Enter the amount of line 10 to be: Credited to 2013 estimated tax ▶ Refunded ▶ 11			0		
Part '	VII-A Statements Regarding Activities					
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		Yes			
	participate or intervene in any political campaign?	1a		<u> </u>		
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for the definition)?	1b		Х		
	If the answer is "Yes" to <b>1a</b> or <b>1b</b> , attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.					
С	Did the foundation file Form 1120-POL for this year?	1c		Х		
d						
	(1) On the foundation ►\$ 0 (2) On foundation managers. ►\$					
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ▶ \$ 0					
2	Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities.	2		Х		
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of					
_	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		X		
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a 4b				
ь 5	If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year?	5		X		
3	If "Yes," attach the statement required by General Instruction T.					
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:					
	By language in the governing instrument, or					
	• By state legislation that effectively amends the governing instrument so that no mandatory directions that					
	conflict with the state law remain in the governing instrument?	6	Х			
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV	7	Х			
8a	Enter the states to which the foundation reports or with which it is registered (see instructions) ▶					
	South Carolina					
þ	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General	C:	,.			
	(or designate) of each state as required by General Instruction G? If "No," attach explanation	8b	Χ			
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or					
	4942(j)(5) for calendar year 2012 or the taxable year beginning in 2012 (see instructions for Part XIV)? If "Yes," complete Part XIV	9		Х		
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their	<del> </del>	-			
10	names and addresses					

_				•
٢	a	œ	е	₹

	VII-A Statements Regarding Activities (continued)				
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		Х	
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement (see instructions)				
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Х		
	Website address ► www.bcbsscfoundation.org				
14	The books are in care of ▶ Michael J. Mizeur Telephone no. ▶ 803/78	8-02	22		
4-	Located at ▶ I-20 at Alpine Road, Columbia, SC ZIP+4 ▶ 29219				
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the year	· ·			
16	At any time during calendar year 2012, did the foundation have an interest in or a signature or other authority	1	Yes		
	over a bank, securities, or other financial account in a foreign country?	16		X	
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1. If "Yes," enter the name of the foreign country ▶				
Dord					
Part	VII-B Statements Regarding Activities for Which Form 4720 May Be Required  File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No	
1a			100		
Ia	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?   Yes  No  (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a				
	disqualified person?				
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?				
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?				
	the benefit or use of a disqualified person)?				
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.)				
b	If any answer is "Yes" to 1a(1)–(6), did <b>any</b> of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	4 h			
	Organizations relying on a current notice regarding disaster assistance check here	1b			
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that				
Ū	were not corrected before the first day of the tax year beginning in 2012?	1c		X	
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):				
а	At the end of tax year 2012, did the foundation have any undistributed income (lines 6d and				
	6e, Part XIII) for tax year(s) beginning before 2012?				
	If "Yes," list the years ▶ 20 , 20 , 20 , 20				
b	Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2)				
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to	01		.,,	
_	all years listed, answer "No" and attach statement—see instructions.)	2b		Х	
С	If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here 20 , 20 , 20 , 20, 20				
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?				
ь	If "Yes," did it have excess business holdings in 2012 as a result of (1) any purchase by the foundation or				
_	disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the				
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of				
	the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the				
	foundation had excess business holdings in 2012.)	3b			
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		Χ	
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2012?	AL		v	
	chantable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2012?	4b		X	

Par	VIES Statements Regarding Activities	TOF W	vnich Form	4/20	may be H	equire	<b>a</b> (contir	iuea)		
5a	During the year did the foundation pay or incur a	•					-			
	<ul><li>(1) Carry on propaganda, or otherwise attempt to</li><li>(2) Influence the outcome of any specific public</li></ul>	electi	on (see sect	ion 495	5); or to ca	irry on,	☐ Yes	X No		
	directly or indirectly, any voter registration dri	ıve?		•			☐ Yes	X No		
	(3) Provide a grant to an individual for travel, stu-						_	X No		
	(4) Provide a grant to an organization other than section 509(a)(1), (2), or (3), or section 4940(d							X No		
	(5) Provide for any purpose other than religious, purposes, or for the prevention of cruelty to compare the prevention of cruelty the cruelty the cruelty the prevention of cruelty the							X No		
b	If any answer is "Yes" to 5a(1)-(5), did <b>any</b> of the Regulations section 53.4945 or in a current notice									- 1
	Organizations relying on a current notice regarding	-	-					▶ 🗆		
С	If the answer is "Yes" to question 5a(4), does to because it maintained expenditure responsibility	he four	ndation clain	n exem <sub>l</sub>	ption from	the tax		□No		
	If "Yes," attach the statement required by Regula									
6a	Did the foundation, during the year, receive any					emiums				
	on a personal benefit contract?						Yes Yes	X No		
b	Did the foundation, during the year, pay premium	ns, dire	ctly or indire	ctly, on	a personal	benefit	t contract	?.	6b	X
_	If "Yes" to 6b, file Form 8870.							_		
	At any time during the tax year, was the foundation a If "Yes," did the foundation receive any proceeds						∐ Yes	X No	7b	
b Pala	VIII Information About Officers, Direct									 es
	and Contractors	, .	, .			.go.o,				,
1	List all officers, directors, trustees, foundation	n mana	agers and th			(see i	nstruction	ns).		
	(a) Name and address	hou	e, and average rs per week ed to position	(lf r	mpensation ot paid, ter -0-)	emplo	Contributions byee benefit perred compe	plans		se account, lowances
See	Statement 1									
					•					
2	Compensation of five highest-paid employee "NONE."	es (oth	er than tho	se incli	uded on li	ne 1—	see instri	uctions	s). If no	ne, enter
	(a) Name and address of each employee paid more than \$50,00	0	(b) Title, and a hours per v devoted to p	veek	(c) Comper	sation	(d) Contribution of the complex of t	benefit leferred		se account, lowances
None										
										<del> </del>
									<del></del>	
•										
Total	number of other employees paid over \$50,000 .							. ▶		

3	and Contractors (continued)  Five highest-paid independent contractors for professional services (see instructions). If none, enter "NON	E."
	(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
Non		
		<del></del>
Tota	number of others receiving over \$50,000 for professional services	
Par	t IX-A Summary of Direct Charitable Activities	
Lis	t the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of parizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1	None	
2		
3		
4		
Par	t IX-B Summary of Program-Related Investments (see instructions)	
De	scribe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1	None	
2		
All	other program-related investments. See instructions	
3		
Tota	I. Add lines 1 through 3	(
		Earm 000-DE (201)

Part	X Minimum Investment Return (All domestic foundations must complete this part. Forei	ign fou	ndations,
	see instructions.)		
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes:		
а	Average monthly fair market value of securities	1a	97,247,290
þ	Average of monthly cash balances	1b	3,232,129
С	Fair market value of all other assets (see instructions)	1c	
d	<b>Total</b> (add lines 1a, b, and c)	1d	<u>100,479,419</u>
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	100,479,419
4	Cash deemed held for charitable activities. Enter 1 1/2 % of line 3 (for greater amount, see		
	instructions)	4	1,507,191
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	98,972,228
_6	Minimum investment return. Enter 5% of line 5.	6	4,948,611
Part			
	foundations and certain foreign organizations check here ▶ □ and do not complete this part.)	<del>, , .</del>	
1	Minimum investment return from Part X, line 6	1	4,948,611
2a	Tax on investment income for 2012 from Part VI, line 5		
b	Income tax for 2012. (This does not include the tax from Part VI.)		
С	Add lines 2a and 2b	2c	111,468
3	Distributable amount before adjustments. Subtract line 2c from line 1 . ·	3	4,837,143
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	4,837,143
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII,		
	line 1	7	4,837,143
Part	XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
а	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26	1a	6,553,244
b	Program-related investments – total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes	2	·
3	Amounts set aside for specific charitable projects that satisfy the.		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	6,553,244
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income.		
	Enter 1% of Part I, line 27b (see instructions)	5	111,468
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	6,441,776
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating qualifies for the section 4940(e) reduction of tax in those years.	g whet	her the foundation

Part	Unaistributed income (see instruction	) (15) <u> </u>		<del></del>	
1	Distributable amount for 2012 from Part XI,	(a) Corpus	(b) Years pnor to 2011	(c) 2011	(d) 2012
	1				4,837,143
2	Undistributed income, if any, as of the end of 2012:			0	
а	Enter amount for 2011 only			U	
Ь	Total for prior years: 20,20,20		0		
3	Excess distributions carryover, if any, to 2012				
а	From 2007				
b	From 2008				
C.	From 2009 1,392,225				(
d	From 2010 1,240,257				
e	From 2011				İ
f	Total of lines 3a through e	2,632,482			
4	Qualifying distributions for 2012 from Part XII,				
	line 4: ▶ \$ 6,553,244				
а	Applied to 2011, but not more than line 2a .			0	
	Applied to undistributed income of prior years	······································			
	(Election required—see instructions)		o		
С					
·	required—see instructions)		1		
فد	Applied to 2012 distributable amount .				4,837,143
	, ,	1 716 101			4,037,143
_е 	Remaining amount distributed out of corpus	1,716,101	<del></del>		
5	Excess distributions carryover applied to 2012	0			<u> </u>
	(If an amount appears in column (d), the same			<b> </b>	
_	amount must be shown in column (a).)				
6	Enter the net total of each column as indicated below:				
а	Corpus Add lines 3f, 4c, and 4e Subtract line 5	4,348,583			
b	Prior years' undistributed income. Subtract line 4b from line 2b		0		
С	Enter the amount of prior years' undistributed				
_	income for which a notice of deficiency has				
	been issued, or on which the section 4942(a)				
	tax has been previously assessed				
А	Subtract line 6c from line 6b. Taxable				
_	amount—see instructions		0		
•	Undistributed income for 2011, Subtract line				
-	4a from line 2a Taxable amount—see				
	instructions			o	
				U	
f	Undistributed income for 2012. Subtract lines 4d and 5 from line 1. This amount must be				
					0
_					0
7	Amounts treated as distributions out of corpus				
	to satisfy requirements imposed by section				
	170(b)(1)(F) or 4942(g)(3) (see instructions) .				
8	Excess distributions carryover from 2007 not			1	
	applied on line 5 or line 7 (see instructions).				_
9	Excess distributions carryover to 2013.				
	Subtract lines 7 and 8 from line 6a	4,348,583			
10	Analysis of line 9:				
а	Excess from 2008				
b	Excess from 2009 1,392,225				
c	Excess from 2010 1,240,257			•	
d	Excess from 2011			1	
e	Excess from 2012 1,716,101				

Page	1	(
ago		

Form	990-PF	(2012)

Part 2	XIV Private Operating Founda	<b>tions</b> (see instru	ctions and Part	VII-A, question 9	) N/A	
1a .	If the foundation has received a ruling foundation, and the ruling is effective for					
b	Check box to indicate whether the four				ction  4942(i)	(3) or 4942(j)(5)
2a	Enter the lesser of the adjusted net	Tax year	_ <del></del>	Prior 3 years		
	income from Part I or the minimum	(a) 2012	<b>(b)</b> 2011	(c) 2010	(d) 2009	(e) Total
	investment return from Part X for each year listed					0
b	85% of line 2a	0	0	0	0	0
c	Qualifying distributions from Part XII,	<del></del>				
	line 4 for each year listed					0
d	Amounts included in line 2c not used directly for active conduct of exempt activities .					0
e	Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c	0	0	0	0	0
3	Complete 3a, b, or c for the alternative test relied upon:					
а	"Assets" alternative test-enter:					
	(1) Value of all assets					0
	(2) Value of assets qualifying under					
	section 4942(j)(3)(B)(i)					0
b	"Endowment" alternative test—enter 2/3 of minimum investment return shown in					
	Part X, line 6 for each year listed					0
С	"Support" alternative test—enter:					
	(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					0
	(2) Support from general public					
	and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					0
	(3) Largest amount of support from an exempt organization					0
	(4) Gross investment income					0
Part	XV Supplementary Information	on (Complete th	is part only if the	he foundation h	ad \$5,000 or m	ore in assets at
	any time during the year-		1s.)			
1	Information Regarding Foundation	_				
а	List any managers of the foundation before the close of any tax year (but of					by the foundation
None				<del> </del>	<del></del>	
ь	List any managers of the foundation					irge portion of the
	ownership of a partnership or other e	nuty) of which the	Touridation rias a	10% or greater into	erest.	
None		0 1000	- Ocholosekia a	A- D		
2	Information Regarding Contribution Check here ► 🖾 If the foundation unsolicited requests for funds. If the foundations, complete items 2a,	only makes conti foundation makes	ributions to prese	lected charitable		
а	The name, address, and telephone no	umber or e-mail of	the person to who	om applications sh	ould be addresse	q.
b	The form in which applications should	d be submitted and	d information and	materials they sho	uld include:	
C	Any submission deadlines:				<del> </del>	
	Any restrictions or limitations on av	wards such as h	v deodraphical ar	reas charitable fu	elds kinds of ins	titutions or other
d	factors:	waius, sucii as D	y geograpilical at	eas, chantable III	olos, kilius oi ilis	andions, or other

Part XV Supplementary Information (con	ntinued)	ad for Eur	turo Daymont	
3 Grants and Contributions Paid During	If recipient is an individual.	ed for Fu	ture Payment	T
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or	Amount
Name and address (home or business)	or substantial contributor	recipient	contribution	
a Paid during the year				
See Statement 2				
See Statement 2				
				6,553,244
			-	0,333,244
(				
Total			▶ 3a	6,553,244
<b>b</b> Approved for future payment				
			•	
				1 .

	rt XVI-A	Analysis of Income-Producing Acmounts unless otherwise indicated.	<del></del>	siness income	Excluded by sect	on 512, 513, or 514	
		n service revenue:	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	(e) Related or exempt function income (See instructions)
•	a b c d e						
2 3 4 5	Member Interest of Dividend Net rent a Debt	and contracts from government agencies ship dues and assessments			14	18,906 2,741,412	<del></del>
6 7 8 9 10 11	Net rent Other in Gain or ( Net inco Gross p Other re b	al income or (loss) from personal property vestment income			18	3,877,765	
<b>13</b> See	Total. A	et in line 13 instructions to verify calculation	ns.)	0  ent of Exemp		6,638,083 <b>13</b>	6,638,083
Lin	e No. ▼	Explain below how each activity for which accomplishment of the foundation's exempt pu	income is repo rposes (other that	orted in column n by providing fur	(e) of Part XVI ids for such purp	-A contributed ii oses) (See instruc	mportantly to the
-							

Part 2	XVII	Information	n Regarding Tran	sfers To	and Trai	nsactio	ns and I	Relationships	With Noncha	ritable	
,			ganizations								
	ın se		directly or indirectly e e Code (other than s							Y	es No
а	Trans	sfers from the rep	porting foundation to	a noncha	aritable exe	empt org	janization	of:			
	(1) C	ash								1a(1)	Х
	(2) 0	ther assets .								1a(2)	Х
b	Othe	r transactions:									
	(1) S	ales of assets to	a noncharitable exe	mpt orgai	nization					1b(1)	X
	<b>(2)</b> P	urchases of asse	ets from a noncharita	able exem	pt organiza	ation .				1b(2)	X
	( <b>3</b> ) R	ental of facilities,	, equipment, or othe	r assets						1b(3)	X
	(4) R	eimbursement a	rrangements							1b(4)	X
		_	rantees							1b(5)	X
			ervices or membersh	-	_					1b(6)	X
			quipment, mailing lis							1c	X
			of the above is "Yes								
			ther assets, or servi								
			on or sharing arrang								
(a) Line	no (	(b) Amount involved	(c) Name of nonch	antable exe	mpt organizat	tion	(d) Desc	ription of transfers, tr	ansactions, and sha	aring arrang	gements
	-						<u></u>				
								<del>.</del>			
									<del></del>	<del></del> .	
		<u>-</u>									
						_					
	<del></del>		<u> </u>			<del></del>		<del></del>			
	desc	ribed in section 5	ectly or indirectly aff 501(c) of the Code (c following schedule						organizations · · · · [	] Yes [	X No
		(a) Name of organ			(b) Type of or	ganization		(c) [	escription of relatio	nship	
					,			-	· · · · · · -		
											_
	-					-					
			declare that I have examine aration of preparer (other that							ge and bel	ief, it is true
Sign	Corre	ect, and complete Deci	aration of preparer (other tha	an taxpayer) i	s based on an i	mormation	or which brep	darer has any knowled	May the I	RS discuss	
Here		101	~` ~		<u>5 13 13</u>	Tre	easurer	·		oreparer shorteness	
	Sigr	nature of officer or true	stee		Date	Title					
Paid Prepa	rer	Print/Type preparer	's name	Preparer's	s signature			Date	Check if self-employed	PTIN	
Use C		Firm's name ▶						Firm	n's EIN ▶		
JJ6 (	, y	Firm's address						Pho	one no		

#### Schedule B

(Form 990, 990-EZ, or 990-PF)

### **Schedule of Contributors**

OMB No 1545-0047

2012

Department of the Treasury Internal Revenue Service ▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.

Name of	the organization			Employer identification number				
BlueC:	ross BlueShiel	d of South C	Carolina Foundation	22-3847938				
	zation type (check or							
Filers o	f:	Section:						
Form 99	90 or 990-EZ	☐ 501(c)(	) (enter number) organization					
		4947(a)(1) n	onexempt charitable trust <b>not</b> treated as a pr	vate foundation				
		☐ 527 political	lorganization					
Form 99	90-PF		empt private foundation					
		☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation						
		☐ 501(c)(3) taxable private foundation						
	only a section 501(c)(7	-	ieneral Rule or a Special Rule.  anization can check boxes for both the Genera	al Rule and a Special Rule. See				
X	For an organization		990-EZ, or 990-PF that received, during the ye Complete Parts I and II.	ear, \$5,000 or more (in money or				
Special	Rules							
	under sections 509	(a)(1) and 170(b)(1 5,000 or <b>(2)</b> 2% of	ling Form 990 or 990-EZ that met the 33½ %)(A)(vi) and received from any one contributor the amount on (i) Form 990, Part VIII, line 1h,	, during the year, a contribution of				
For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.								
	during the year, cor not total to more the year for an exclusive applies to this organ	ntributions for use an \$1,000. If this I ely religious, char nization because	ganization filing Form 990 or 990-EZ that rece exclusively for religious, charitable, etc., purp box is checked, enter here the total contributi itable, etc., purpose. Do not complete any of it received nonexclusively religious, charitable	poses, but these contributions did ons that were received during the the parts unless the <b>General Rule</b> e, etc., contributions of \$5,000 or				

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not 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 Part I, line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization
BlueCross BlueShield of South Carolina Foundation

Employer identification number

22-3847938

30.41	Contributore (ego instructions)	Use duplicate copies of Part I if additional space is needed.
Part I	<b>Contributors</b> (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	PGBA, LLC  I-20 AT ALPINE ROAD  COLUMBIA, SC 29219	\$10,500,000	Person 🗵 Payroll □ Noncash 🗵 (Complete Part II if there is a noncash contribution)
(a)	(b)	(c)	(d) Type of contribution
No.	Name, address, and ZIP + 4	Total contributions	
		\$	Person
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a)	(b)	(c)	(d) Type of contribution
No.	Name, address, and ZIP + 4	Total contributions	
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(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

Name of organization

Employer identification number

22-3847938

BlueCross BlueShield of South Carolina Foundation Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. Part II

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_1	Various equity securities	\$ 9,924,404	12/21/2012
(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
		\$	

Employer	identification	number

e duplicate copies of Part III if add			ee instructions.) ► \$
pp or i ait iii ii aaa	itional space is needed	i.	
(b) Purpose of gift	(c) Use of g	yift 	(d) Description of how gift is held
	(e) Transfer	of gift	
Transferee's name, address, an	nd ZIP + 4	Relation	nship of transferor to transferee
(b) Purpose of gift	(c) Use of g	 	(d) Description of how gift is held
	(e) Transfer	of gift	
Transferee's name, address, an	nd ZIP + 4	Relation	nship of transferor to transferee
(b) Purpose of gift	(c) Use of g	gift	(d) Description of how gift is held
	(e) Transfer	of gift	
Transferee's name, address, an	nd ZIP + 4	Relation	nship of transferor to transferee
(b) Purpose of gift	(c) Use of (	jift 	(d) Description of how gift is held
	(a) Transfer	of aift	
Transferee's name, address, an		_	nship of transferor to transferee
	Transferee's name, address, and (b) Purpose of gift  (b) Purpose of gift  Transferee's name, address, and (b) Purpose of gift  (b) Purpose of gift	(e) Transfer (for the property of t	(e) Transfer of gift  Transferee's name, address, and ZIP + 4  (b) Purpose of gift  (c) Use of gift  Transferee's name, address, and ZIP + 4  Relation  (b) Purpose of gift  (c) Use of gift  (e) Transfer of gift  Transferee's name, address, and ZIP + 4  Relation  (e) Transfer of gift  Transferee's name, address, and ZIP + 4  Relation  (e) Transfer of gift  (c) Use of gift  (d) Purpose of gift  (e) Transfer of gift

## Schedule A Adjusted Seasonal Installment Method and Annualized Income Installment Method (see instructions)

Form 1120S filers: For lines 1, 2, 3, and 21, below, "taxable income" refers to excess net passive income or the amount on which tax is imposed under section 1374(a), whichever applies

Part I Adjusted Seasonal Installment Method (Caution: Use this method only if the base period percentage for any 6 consecutive months is at least 70%. See instructions.)

			(a)	(b)	(c)	(d)
1	Enter taxable income for the following periods:		First 3 months	First 5 months	First 8 months	First 11 months
а	Tax year beginning in 2009	1a				
b	Tax year beginning in 2010	1b				
С	Tax year beginning in 2011	1c				
2	Enter taxable income for each period for the tax year beginning in					
	2012 (see instructions for the treatment of extraordinary items).	2				
3	Enter taxable income for the following periods:		First 4 months	First 6 months	First 9 months	Entire year
а	Tax year beginning in 2009.	3a				
b	Tax year beginning in 2010	3b			-	
С	Tax year beginning in 2011	3c	· · ·			
4	Duride the empiret in each column on line to by the amount in					
4	Divide the amount in each column on line 1a by the amount in column (d) on line 3a	4				
5	Divide the amount in each column on line 1b by the amount in	4				
3	column (d) on line 3b	5				
6	Divide the amount in each column on line 1c by the amount in	<u> </u>				
	column (d) on line 3c	6				
7	Add lines 4 through 6	7				
8	Divide line 7 by 3.0	8				
9a	Divide line 2 by line 8	9a				
b	Extraordinary items (see instructions)	9b				
C	Add lines 9a and 9b	9с				
						ı
10	Figure the tax on the amount on line 9c using the instructions					
	for Form 1120, Schedule J, line 2 (or comparable line of					
	corporation's return)	10				
11a	Divide the amount in columns (a) through (c) on line 3a by the amount in column (d) on line 3a	11a				
b	Divide the amount in columns (a) through (c) on line 3b by the	11a				
	amount in column (d) on line 3b	11b				
С	Divide the amount in columns (a) through (c) on line 3c by the					
	amount in column (d) on line 3c	11c				
12	Add lines 11a through 11c	12				
13	Divide line 12 by 3.0	13				
14	Multiply the amount in columns (a) through (c) of line 10 by					
	columns (a) through (c) of line 13. In column (d), enter the					
	amount from line 10, column (d)	14	<u> </u>			
15	Enter any alternative minimum toy for each neumont period (each					
15	Enter any alternative minimum tax for each payment period (see instructions)	15				
16	Enter any other taxes for each payment period (see instructions)	16				
17	Add lines 14 through 16	17				
18	For each period, enter the same type of credits as allowed on					. —
	Form 2220, lines 1 and 2c (see instructions)	18				
19	Total tax after credits. Subtract line 18 from line 17. If zero or	<u> </u>			-	
	less, enter -0	19				

Part	II Annualized Income Installment Method					
,			(a)	(b)	(c)	(d)
			First 3	First 3	First 6	First 9
20	Annualization periods (see instructions)	20	months	months	months	months
	, and a second coordinate of the second coordi			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
21	Enter taxable income for each annualization period (see					
	instructions for the treatment of extraordinary items)	21	1,151,535	1,151,535	2,543,533	4,017,799
			· · · · · · · · · · · · · · · · · · ·		,	
22	Annualization amounts (see instructions)	22	4	4	2	1.333333
	,		_		<u> </u>	
23a	Annualized taxable income. Multiply line 21 by line 22	23a	4,606,140	4,606,140	5,087,066	5,357,064
b	Extraordinary items (see instructions)	23b				
С	Add lines 23a and 23b	23c	4,606,140	4,606,140	5,087,066	5,357,064
		_				
24	Figure the tax on the amount on line 23c using the instructions					
	for Form 1120, Schedule J, line 2 (or comparable line of					
	corporation's return)	24	92,123	92,123	101,741	107,141
25	Enter any alternative minimum tax for each payment period (see					
	instructions)	25				
26	Enter any other taxes for each payment period (see instructions)	26				
27	Total tax. Add lines 24 through 26	27	92,123	92,123	101,741	107,141
28	For each period, enter the same type of credits as allowed on					
	Form 2220, lines 1 and 2c (see instructions)	28				
29	Total tax after credits. Subtract line 28 from line 27. If zero or					
	less, enter -0-	29	92,123	92,123	101,741	107,141
			0.5	5.0	-	100
30	Applicable percentage	30	25	50	75	100
24	Muldimbulima 20 burlina 20	24	22 021	46,062	76,306	107 141
31 Post	Multiply line 29 by line 30	31	23,031	46,062	76,306	107,141
rait	Note: Complete lines 32 through 38 of one column before		1st	2nd	3rd	4th
	completing the next column		ınstallment	ınstallment	ınstallment	ınstallment
22	If only Part I or Part II is completed, enter the amount in each column					
32	from line 19 or line 31 If both parts are completed, enter the					
	smaller of the amounts in each column from line 19 or line 31	32	23,031	46,062	76,306	107,141
		<u> </u>				
33	Add the amounts in all preceding columns of line 38 (see					
	instructions)	33		11,114	46,062	76,306
				·	·	
34	Adjusted seasonal or annualized income installments.					
	Subtract line 33 from line 32. If zero or less, enter -0	34	23,031	34,948	30,244	30,835
35	Enter 25% of line 5 on page 1 of Form 2220 in each column.					
	Note: "Large corporations," see the instructions for line 10					
	for the amounts to enter	35	11,114	44,620	27,867	27,867
						<del></del>
36	Subtract line 38 of the preceding column from line 37 of the					
	preceding column	36		0	9,672	7,295
						<del></del>
37	Add lines 35 and 36	37	11,114	44,620	37,539	35,162
38	Required installments. Enter the smaller of line 34 or line 37					
	here and on page 1 of Form 2220, line 10 (see instructions) .	38	11,114	34,948	30,244	30,835
				<del>'</del>		orm <b>2220</b> (2012)

#### FORM 990-PF STATEMENT 1 FEI# 22-3847938

# BLUECROSS BLUESHIELD OF SOUTH CAROLINA FOUNDATION COLUMBIA, SC 29219 TAX YEAR ENDED DECEMBER 31, 2012

PART VIII, SECTION 1

## INFORMATION ABOUT OFFICERS, DIRECTORS, TRUSTEES, FOUNDATION MANAGERS AND THEIR COMPENSATION

			(d) Contributions to	(-) <b>5</b>
(a) Name and address	(b) Title	(c) Compensation	empl benefit plans and def comp	(e) Expense account, other allowances
M. Edward Sellers	Chairman/Pres/Director	- 0 -	- 0 -	- 0 -
I-20 at Alpine Road Columbia, SC 29219				
Harvey L. Galloway Jr.	Executive Director/Director	- 0 -	- 0 -	- 0 -
I-20 at Alpine Road		-		
Columbia, SC 29219		_	_	_
Michael J. Mizeur	Treasurer/Director	- 0 -	- 0 -	- 0 -
I-20 at Alpine Road Columbia, SC 29219				
Judith M. Davis	Secretary/Director	- 0 -	- 0 -	- 0 -
I-20 at Alpine Road	•			
Columbia, SC 29219		•	•	0
David A. Cote I-20 at Alpine Road	Assistant Treasurer	- 0 -	- 0 -	- 0 -
Columbia, SC 29219				
Jamie I. Early	<b>Assistant Secretary</b>	- 0 -	- 0 -	- 0 -
I-20 at Alpine Road				
Columbia, SC 29219	Director	- 0 -	- 0 -	- 0 -
Joseph F. Sullivan I-20 at Alpine Road	Director	- 0 -	- 0 -	- 0 -
Columbia, SC 29219				
Minor M. Shaw	Director	- 0 -	- 0 -	- 0 -
I-20 at Alpine Road				
Columbia, SC 29219 Billy L. Amick	Director	- 0 -	- 0 -	- 0 -
I-20 at Alpine Road	<b>5</b> 110010.	•	-	-
Columbia, SC 29219				

# BLUECROSS BLUESHIELD OF SOUTH CAROLINA FOUNDATION COLUMBIA, SC 29219 TAX YEAR ENDED DECEMBER 31, 2012

FORM 990-PF STATEMENT 2 FEI# 22-3847938

### PART XV, SECTION 3 GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

Name and address	Recipient Relationship, if any	Purpose of grant or contribution	<u>Amount</u>
Anderson University School of 316 Boulevard, Anderso	n/a nn SC 29621	Nursing Issues	50,000
American Heart Association-l 4201 Park Place Court,	n/a	Community health	50,000
Association for the Blind 1071 Morrison Drive, St	n/a uite A, Charleston, SC 2940	Childhood health	10,000
Carolina Youth Development 5055 Lackawanna Blvd,	n/a North Charleston, SC 2940	Childhood health	26,650
Charleston Promise neighbor 975 Morrison Drive, Sui	n/a te C-1, Charleston, SC 2940	Childhood health	50,000
Charleston Southern Univers 9200 University BLVD, I	n/a North Charleston, SC 29406	Nursing Issues	88,000
Children in Crisis 303 East Richardson Av	n/a ve., Summerville, SC 29483	Mental Health	84,700
Children's Chance P O Box 7453, Columbi	n/a	Childhood Health	500
Children's Trust Fund of SC P O Box 11644, Columb	n/a	Childhood health	232,592
Classy Smiles, Inc.	n/a te B2, Pawleys Island, SC 2	Free Dental Clinic 9585	50,000
Clemson University 101 Edwards Hall, Clem	n/a	Free medical clinic	(718)
Clover Area Assistance Cent		Community health	3,000
Columbia Oral Health Clinic	n/a reet, Columbia, SC 29203	Free medical clinic	50,000
Communities in Schools of C		Childhood health 9405	51,422
East Cooper Community Out		Free Dental Clinic	50,000
Family Service Center of SC P O Box 7876, Columbi	n/a	Community health	48,717
Florence Crittenton Programs		Childhood health	15,000
Foothills Family Resources PO Box 246, Slater, SO	n/a	Community health	12,500
Greenville County EMS	n/a uite 1100, Greenville, SC 29	Community Health	100,000
Greenville County Schools For 100 Blassingame Road	n/a	Obesity	100,000
Health Sciences South Carol		Research& Other	1,666,666
Healthy Learners	n/a	Childhood Health	100,000

# BLUECROSS BLUESHIELD OF SOUTH CAROLINA FOUNDATION COLUMBIA, SC 29219 TAX YEAR ENDED DECEMBER 31, 2012

FORM 990-PF STATEMENT 2 FEI# 22-3847938

		RIBUTIONS PAID DURING THE	YEAR			
2749 Laurel Street, Columbia, S	C 29204					
Healthy Smiles of Spartanbui	n/a	Free Dental Clinic	25,000			
PO Box 1441, Spartanburg, SC	29304					
Helping Hands of Georgetow	n/a	Free Dental Clinic	32,012			
1813 Highmarket Street, George	etown, SC 2944					
Mercy Medical Clinic	n/a	Free medical clinic	56,250			
514-E Dargan Street, Florence,	SC 29506					
MUSC College of Nursing	n/a	Nursing Issues	250,000			
99 JonRHn LucA ar., msc 160, (	Charleston, SC	29425-1600				
The Nurturing Center	n/a	Childhood Health	50,000			
1332 Pickens Street, Columbia,	SC 29201					
Our Lady of Mercy Communi	n/a	Community Health	50,000			
PO Box 607, Johns Island, SC 2	29457					
Ronald McDonald House	n/a	Free Dental Clinics	25,000			
4710 Waters Avenue,						
Savannah, GA 31404						
Save the Children	n/a	Obesity	47,336			
3032 Leaphart Road, Suite B, West Columbia, SC 29169						
SC Eat Smart Move More Cc	n/a	Obesity prevention	219,300			
PO Box 3007, Irmo, SC 29063						
SC Free Clinic Association	n/a	Free Medical Clinics	1,456,897			
PO Box 333, Clinton, SC 29325	5					
SC Office of Rural Health	n/a	Community Health	1,136,487			
107 Saluda Pointe Drive, Lexing	oton, SC 29072					
Sistercare	n/a	Mental Health	100,000			
PO Box 1029, Columbia, SC 29	202-1029					
Surgeons for Sight	n/a	Community Health	15,000			
113 Doctors Drive, Greenville, S	SC 29605					
Tricounty Family Ministries	n/a	Community Health	15,000			
3349 Rivers Ave, North Charles	ton, SC 29405					
United Ministries	n/a	Community Health	5,000			
606 Pendleton Street, Greenville	e, SC 29601					
United Way of the Midlands	n/a	Community Health	100,000			
1800 Main Street, Columbia, SC	29201					
Saluda County School Distric	n/a	Mental Health	47,586			
Kershaw County School Disti	n/a	Obesity	33,347			
Williamsburg County School	n/a	Childhood Health	50,000			
			6,553,244			
			-,,-,-			