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Return of Private Foundation

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

OMB No 1545-0052

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public. ▶ Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf. 2016

Open to Public Inspection

		ndar year 2016 or tax year beginning	,	2016, a	nd ending		, 20
Nar	me of fo	oundation			A Employe	r identification number	er
Blue	Cross	BlueShield of South Carolina Foundation			22-3847938	3	
Nur	mber ar	nd street (or P O box number if mail is not delivered to street address)	F	Room/suit	e B Telephon	e number (see instructi	ons)
1-20	at Alpı	ne Road	A	X-200	(803)788-02	222	
City	y or tow	n, state or province, country, and ZIP or foreign postal code			C If exempt	ion application is pend	ing, check here ▶
Colu	ımbıa.	SC 29219					_
			of a former pu	ublic cha	irity D 1. Foreigi	n organizations, check	here ►
		☐ Final return ☐ Amended r	return		2 Foreign	o organizatione meeting	_
		Address change Name char	nge			า organizations meeting here and attach compt	
H	Check	k type of organization 🛛 Section 501(c)(3) exempt p	rıvate foundatı	ion		foundation status was	terminated under
		on 4947(a)(1) nonexempt charitable trust			n section 5	07(b)(1)(A), check here	▶[
		narket value of all assets at J Accounting method			ıal	-dation in in a 60 mont	h t
		f year (from Part II, col (c), Other (specify)			underse	ndation is in a 60-mont ction 507(b)(1)(B), chec	
		6) ► \$ 187,471,422 (Part I, column (d) must be	on cash basis)				_
_		Analysis of Revenue and Expenses (The total of			<u> </u>		(d) Disbursements
		amounts in columns (b), (c), and (d) may not necessarily equal	(a) Revenue an expenses per		Net investment	(c) Adjusted net	for charitable
		the amounts in column (a) (see instructions))	books		income	income	purposes (cash basis only)
	1	Contributions, gifts, grants, etc., received (attach schedule)	15,001,	997		-	
	2	Check ► ☐ if the foundation is not required to attach Sch B	15,001,	331			
	3	Interest on savings and temporary cash investments	16	,087	16,087		
	4	Dividends and interest from securities	4,728,		4,728,861		
	5a	Gross rents	4,720,	,001	4,720,001		
	b	Net rental income or (loss)					
a	6a	Net gain or (loss) from sale of assets not on line 10	4,823,	002			
Revenue	b		4,823,	,003		ļ	
ē		Gross sales price for all assets on line 6a 211,281,801 Capital gain net income (from Part IV, line 2)			10.017.010		
è	7	· · · · · · · · · · · · · · · · · · ·			19,947,619		
_	8	Net short-term capital gain					
	9	Income modifications					
	10a	Gross sales less returns and allowances					
	b	Less Cost of goods sold	<u> </u>				
	C	Gross profit or (loss) (attach schedule)		0			
į	11	Other income (attach schedule)					
	12	Total. Add lines 1 through 11	24,570,	,828	24,692,567	0	
S	13	Compensation of officers, directors, trustees, etc Other employee salaries and wages					
enses	14	Pension plans, employee benefits		+_			
pe	15	Legal fees (attach) schedule					
Exp	16a	Destruction of the second of t	ļ				
è	b						
1	C	Other professional fees (attach schedule)					
itra	17	Interest MAY 1 7 2017 Taxes (attach schedule) (see instructions) Fed excise					
njs	18		246,	,679			
Έ	19	Depreciation (attaches had we) and depleyon					
Ad	20	Occupancy			· · · · · ·		
פַ	21	Travel, conferences, and meetings		100			
ā	22	RANKING AND		,126	204,126		
Operating and Administrative	23 24	Other expenses (attach schedule) Admin Expense Total operating and administrative expenses.	293,	,849			
ati		Add lines 13 through 23		654	204 400	_	,
e l	25	-	744,		204,126	0	0.774.001
ō	25	Contributions, gifts, grants paid Total expenses and dishumements. Add lines 24 and 25	9,774,	$-\tau$	004.400		9,774,901
	26	Total expenses and disbursements. Add lines 24 and 25	10,519,	,555	204,126	0	9,774,901
	27	Subtract line 26 from line 12					
	a	Excess of revenue over expenses and disbursements	14,051,	,273			
	b	Net investment income (if negative, enter -0-)			24,488,441		
	l c	Adjusted net income (if negative, enter -0-)	į.	i		l o	I

For Paperwork Reduction Act Notice, see instructions.

Р	art II	Balance Sheets Attached schedules and amounts in the description column	Beginning of year		End of	f year
		Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Va	lue	(c) Fair Market Value
	1	Cash—non-interest-bearing	1,675,561	9	15,737	915,737
	2	Savings and temporary cash investments	88,701	2,9	51,684	2,951,684
	3	Accounts receivable ▶				
	1	Less allowance for doubtful accounts ▶	593,340	. 7	93,109	793,109
	4	Pledges receivable ▶		_		
		Less allowance for doubtful accounts ▶				
	5	Grants receivable .				
	6	Receivables due from officers, directors, trustees, and other				_
		disqualified persons (attach schedule) (see instructions)				
	7	Other notes and loans receivable (attach schedule) ▶				
		Less allowance for doubtful accounts ▶	1			
ts	8	Inventories for sale or use	**********			
Assets	9	Prepaid expenses and deferred charges				
As	10a	Investments—U S and state government obligations (attach schedule)	16,341,017	12.2	31,070	12 221 070
	b	Investments—corporate stock (attach schedule)	120,617,309		09,345	13,231,070
	С	Investments—corporate bonds (attach schedule)	34,117,400			125,509,345
	11	Investments—land, buildings, and equipment basis ▶		44,0	70,477	44,070,477
		Long programulated degree of the characteristics by			1	
	12	Investments—mortgage loans				
	13	Investments—other (attach schedule)				· · · · · · · · · · · · · · · · · · ·
	14	Land buildings and a set by				
	'-					
	15	Less accumulated depreciation (attach schedule) ▶				
	16	Other assets (describe >) Total assets (to be completed by all filers—see the	-	···		***
	10	instructions Also, see page 1, item i)			ł	
_	47		173,433,328	187,4	71,422	187,471,422
	17	Accounts payable and accrued expenses	49,298		36,119	
S	18	Grants payable				
Liabilities	19	Deferred revenue				
Ē	20	Loans from officers, directors, trustees, and other disqualified persons				
<u>E</u> .	21	Mortgages and other notes payable (attach schedule) .				
	22	Other liabilities (describe ►)				
	23	Total liabilities (add lines 17 through 22)	49,298	3	36,119	
alances		Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31.				ļ
Ē	24	Unrestricted	173,384,030	187,43	5 202	
aga	25	Temporarily restricted	173,304,030		55,303	
<u>m</u>	26	Permanently restricted				; ;
Net Assets or Fund B		Foundations that do not follow SFAS 117, check here ▶ □		·		
Ē		and complete lines 27 through 31.				ļ
0	27	Capital stock, trust principal, or current funds				ļ
ē	28	Paid-in or capital surplus, or land, bldg , and equipment fund				
SS	29	Retained earnings, accumulated income, endowment, or other funds				
t A	30	Total net assets or fund balances (see instructions)	173,384,030	187,43	5,303	
Ze	31	Total liabilities and net assets/fund balances (see				
		instructions)	173,433,328	187,47	1.422	
	rt III	Analysis of Changes in Net Assets or Fund Balances				<u>-</u> -
1	Total	net assets or fund balances at beginning of year-Part II, colum	nn (a), line 30 (must	agree with		
	end-	of-year figure reported on prior year's return)	•	-	1	173,384,030
2	Enter	r amount from Part I, line 27a			2	14,051,273
3	Othe	r increases not included in line 2 (itemize) ▶			3	74,007,270
4		lines 1, 2, and 3			4	187,435,303
5		eases not included in line 2 (itemize) ▶	•	•	5	107,430,303
6		net assets or fund balances at end of year (line 4 minus line 5)-F	Part II, column (b). line	30	6	187 435 202
		Thinks into 0)—	S. II, COMMITTED, IIIIE		ן ס	187,435,303

Part	IV Capital Gains and	Losses for Tax on Investment	Income			· · · · · · · · · · · · · · · · · ·
		kind(s) of property sold (e.g., real estate, e, or common stock, 200 shs MLC Co)		(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1a	various stocks and bonds			D	Various	2016
b	various stocks and bonds			Р	Various	2016
<u> </u>						
<u>d</u>						
<u>е</u>		400				
	(e) Gross sales price	(f) Depreciation allowed (or allowable)		other basis nse of sale		Gain or (loss) us (f) minus (g)
<u>a</u>	14,768,717			9,801,528		4,967,189
<u>b</u>	196,513,084			181,532,654		14,980,430
<u> </u>						
<u>d</u>						
<u>е</u>	Complete ask for exacts show		- fd-b	40/24/CO		
	Complete only for assets snow	ving gain in column (h) and owned by th		-		Col (h) gain minus not less than -0-) or
	(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69		s of col (i) (j), if any		es (from col (h))
a						
<u>b</u>						
d			· , .			
— <u>-</u> е	+					
2	Capital gain net income or	(net capital loss) { If gain, also If (loss), enti-				
_		, , ,			2	19,947,619
3		or (loss) as defined in sections 122 , line 8, column (c) (see instruction			3	
Part		er Section 4940(e) for Reduced	I Tay on M			
-	•	rate foundations subject to the secti	on 4940(a)	tax on net invest	ment income)	
Was t		section 4942 tax on the distributable qualify under section 4940(e). Do no			pase period?	☐ Yes 🗓 No
1	Enter the appropriate amo	unt in each column for each year, se	e the instru	uctions before ma	aking any entrie	es
Cal	(a) Base penod years endar year (or tax year beginning in)	(b) Adjusted qualifying distributions	Net value of	(c) f noncharitable-use as		(d) Distribution ratio (b) divided by col (c))
	2015	8,717,302		160,496	<u> </u>	0 0543
	2014	5,110,560		147,308		0 0347
	2013	3,966,372		122,074		0 0325
	2012	6,441,776		98,972		0 0651
	2011	2,666,795	1	89,04		0 0300
2	Total of line 1, column (d)				2	0 2166
3		or the 5-year base period—divide th	ne total on I	ine 2 by 5, or by		
	number of years the found	ation has been in existence if less th	nan 5 years		3	0433
4	Enter the net value of nonc	charitable-use assets for 2016 from	Part X, line	5	4	174,035,312
5	Multiply line 4 by line 3				5	7,535,729
6	Enter 1% of net investmen	t income (1% of Part I, line 27b)			6	244,884
7	Add lines 5 and 6				7	7,780,613
8		ns from Part XII, line 4			. 8	9,774,901
	If line 8 is equal to or great Part VI instructions	ter than line 7, check the box in Par	τ VI, line 1b	o, and complete t	nat part using	a 1% tax rate See the

Part ·	VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 494	<u>8—s</u>	<u>ee</u> ins	stru	ction	ıs)
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)					
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check	1		244	004]
b	here > X and enter 1% of Part I, line 27b	•		244	,884	
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-)	2				
3	Add lines 1 and 2	3		244	,884	
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	4				
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-	5		244	,884	 -
6	Credits/Payments	1			1	
a b	2016 estimated tax payments and 2015 overpayment credited to 2016 Exempt foreign organizations—tax withheld at source 6a 516,000 6b				1	
C	Tax paid with application for extension of time to file (Form 8868) 6c					į
d	Backup withholding erroneously withheld 6d	l			1	Ì
7	Total credits and payments Add lines 6a through 6d	7		516	,000	J
8	Enter any penalty for underpayment of estimated tax. Check here 🗵 if Form 2220 is attached	8			.,	
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9			0	
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid .	10		271	,116	
11	Enter the amount of line 10 to be. Credited to 2017 estimated tax ▶ 271,116 Refunded ▶	11			0	
	VII-A Statements Regarding Activities					
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation participate or intervene in any political campaign?	or did	_ ⊢	1a	Yes	No X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purpos Instructions for the definition)?	ses (s	- 1	1b		 _x
	If the answer is "Yes" to 1a or 1b , attach a detailed description of the activities and copies of any number published or distributed by the foundation in connection with the activities	naten	als			
С	Did the foundation file Form 1120-POL for this year?			1c		Χ_
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation ▶ \$(2) On foundation managers ▶ \$		_			
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax im on foundation managers ▶ \$	pose	d			
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		X
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, a incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	rticles	s of	3		
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		-	4a		<u>x</u> _
b	If "Yes," has it filed a tax return on Form 990-T for this year?			4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?			5		X
_	If "Yes," attach the statement required by General Instruction T					1
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either • By language in the governing instrument, or					ļ
	 By language in the governing instrument, or By state legislation that effectively amends the governing instrument so that no mandatory directively conflict with the state law remain in the governing instrument? 	ons t	hat _	6	X]
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} ト	7	x	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)				-	
b	SOUTH CAROLINA If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney	Gene	ral			-
D	(or designate) of each state as required by General Instruction G? If "No," attach explanation	Jent	\ - -	8b]
9	Is the foundation claiming status as a private operating foundation within the meaning of section 494	2 <i>(</i> 1)(マ	⊢	20	^	
•	4942(j)(5) for calendar year 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)?					}
	complete Part XIV			9	Ì	x
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule list	ıng th	neir			
	names and addresses			10		<u> </u>

Part	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		Yes	No
••	meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		x
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified			<u> </u>
	person had advisory privileges? If "Yes," attach statement (see instructions)	12		_ x
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Х	
	Website address ▶ www bcbsscfoundation org			
14	The books are in care of ► Michael J Mizeur Telephone no ► (803)788-	0222		
	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 15			▶⊔
16	At any time during calendar year 2016, did the foundation have an interest in or a signature or other authority	,	Yes	No
10	over a bank, securities, or other financial account in a foreign country?	16		x
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of			
	the foreign country ▶	<u> </u>		<u> </u>
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.	<u> </u>	Yes	No
1a	During the year did the foundation (either directly or indirectly)		1	
	(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	ŀ		
	disqualified person? Yes X No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	j		
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?		Ì `	
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?			
	(6) Agree to pay money or property to a government official? (Exception. Check "No" 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 any of the acts fail to qualify under the exceptions described in Regulations section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?		ļ	
	Organizations relying on a current notice regarding disaster assistance check here	1b	<u> </u>	
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that			
Ŭ	were not corrected before the first day of the tax year beginning in 2016?	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 2016, did the foundation have any undistributed income (lines 6d and			
	6e, Part XIII) for tax year(s) beginning before 2016?			
	If "Yes," list the years ▶ 20, 20, 20, 20			
þ	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)		_	
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement—see instructions)	25	ļ	l
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here	2b		X
·	► 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?			
b	If "Yes," did it have excess business holdings in 2016 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 2016.)			
4-	- <i>,</i>	3b		 , -
4a b	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its	4a		X
~	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2016?	4b	<u> </u>	! x

Par	VII-B	Statements Regarding Activities	for V	Vhich Form	4720	May Be R	equire	d (conti	nued)			
5a	_	ne year did the foundation pay or incur a	-									
		on propaganda, or otherwise attempt t		_	•	•	• •	☐ Yes	X No			
		ence the outcome of any specific public		on (see sect	ion 495	5), or to ca	arry on,	_	_			1
		itly or indirectly, any voter registration dri		. 11 1		0		∐ Yes	⊠ No			İ
		ide a grant to an individual for travel, stu ide a grant to an organization other thar					ribad in	☐ Yes	⊠ No			
		on 4945(d)(4)(A)? (see instructions).	i a Ciia	illable, elc ,	organiz	alion desc	inea in		VINa	,		
		ide for any purpose other than religious,	charit	able scientif	ic litera	arv or edu	rational	∐ Yes	X No			
		oses, or for the prevention of cruelty to c					Juli 011u	☐Yes	X No			
b		swer is "Yes" to 5a(1)-(5), did any of the				under the	excepti					
		ons section 53 4945 or in a current notice								5b		
	Organiza	ations relying on a current notice regardii	ng disa	ister assistan	ce che	ck here			▶ □			
С		swer is "Yes" to question 5a(4), does to			n exem	ption from	the tax					
		it maintained expenditure responsibility		-				Yes Yes	☐ No			
6-		attach the statement required by Regula										
6a		oundation, during the year, receive any sonal benefit contract?	iunus,	arrectly of in	airectly	, to pay pre	emiums	_	∇ Na			
b	•	oundation, during the year, pay premium	ne dire	ctly or indire	ctly on	a nerconal	henefil	∐ Yes contract	X No	6b		
~		to 6b, file Form 8870	.o, unc	ony or mano	otiy, oii	a persona	Denem	Contract	•	05		_ <u>X</u>
7a		ne during the tax year, was the foundation a	a party	to a prohibite	d tax sh	elter transac	tion?	☐ Yes	X No			
		did the foundation receive any proceeds								7b		
Par	VIII	Information About Officers, Direct	tors, 1	Trustees, F	ounda	tion Man	agers,	Highly F	Paid Er	mploy	ees,	
		and Contractors										
	List all c	officers, directors, trustees, foundation		agers and the e, and average		npensation	, ` 		-			
		(a) Name and address	hou	rs per week ed to position	(If r	not paid, iter -0-)	emplo	Contribution yee benefit	plans	(e) Expe	nse aco allowan	
See St	atement 1		devot	ed to position		1101 -0-/	and den	erred compe	insation			
<u> </u>	atomont 1				•							
									1			
2	Comper	nsation of five highest-paid employee	s (oth	er than tho	se incl	uded on li	ne 1—	see instr	uctions	s) If n	one i	enter
_	"NONE.		((()							-,	J.1.0,	0
				(b) Title, and a	average -			(d) Contribi				
	(a) Name an	d address of each employee paid more than \$50,00	0	hours per v	veek -	(c) Compe	nsation	employee	benefit deferred	(e) Expe	nse aco allowan	
				devoted to p	USILIUII			compens	sation			
NONE									ĺ			
Total	number o	f other employees paid over \$50,000							▶			

3 Five hi	and Contractors (continued) ghest-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
IONE		
otal number	of others receiving over \$50,000 for professional services	
Part IX-A	Summary of Direct Charitable Activities	
List the found organizations	ation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1 NONE		
	······································	
2		
3		
4		
Part IX-B	Summary of Program-Related Investments (see instructions)	
	wo largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1 NONE		
2		
••••		
All other progr	am-related investments See instructions	
3		
Total Add line	es 1 through 3	-
Stan Add IIII		Form 990-PF (201

Part	see instructions)	gn toundat	ions,
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	172,728,693
b	Average of monthly cash balances	1b	3,956,903
C	Fair market value of all other assets (see instructions)	1c	
d	Total (add lines 1a, b, and c)	1d	176,685,596
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	176,685,596
4	Cash deemed held for charitable activities Enter 11/2% of line 3 (for greater amount, see		
	instructions)	4	2,650,284
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	174,035,312
6	Minimum investment return. Enter 5% of line 5	6	8,701,766
Part	XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating f and certain foreign organizations check here ► ☐ and do not complete this part)	oundations	
1	Minimum investment return from Part X, line 6 .	1	8,701,766
2a	Tax on investment income for 2016 from Part VI, line 5 2a 244,884		
b	Income tax for 2016 (This does not include the tax from Part VI) . 2b		
С	Add lines 2a and 2b	2c	244,884
3	Distributable amount before adjustments Subtract line 2c from line 1.	3	8,456,882
4	Recoveries of amounts treated as qualifying distributions .	4	
5	Add lines 3 and 4	5	8,456,882
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	8,456,882
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	9,774,901
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	9,774,901
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	244,884
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	9,530,017
	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	whether th	e foundation

art	XIII Undistributed Incom	1e (see instructio	ons)		_	
1	Distributable amount for 201	6 from Part XI,	(a) Corpus	(b) Years prior to 2015	(c) 2015	(d) 2016
	line 7		可能的主義。自	學,是對,是	重常語的類	8 456,882
2	Undistributed income, if any, as of	f the end of 2016	医型性		置。4章5-198	[三] 是是是
а	Enter amount for 2015 only					人。"王便是了一点。
þ	Total for prior years 20,2		第二十二			
3	Excess distributions carryover,	If any to 2016	為達力	医型心态	雪个福安营	
а	From 2011					
b	From 2012	827 917	新疆 想			- 2 - 3
С	From 2013		2000年11	是一个"是一个"	医主义员工	12000
d	From 2014					
е	From 2015	825 691	(美麗麗麗)		是中国大学生	
f	Total of lines 3a through e	10.6	1 653 608	第二、诗 正 海	多有工程。	
4	Qualifying distributions for 201	16 from Part XII,			高、電影、電	
	line 4 ▶ \$ 9 774 901		是一个生活。			
a	Applied to 2015, but not more				(
þ	Applied to undistributed incom		计算数量的			THE RESERVE
_	(Election required—see instruc		2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
С	Treated as distributions out of	corpus (Election		建立意义		
	required—see instructions)		51 - 11 - 12 - 12 - 12 - 12 - 12 - 12 -			1.1500 正型流步克
d	Applied to 2016 distributable a		19-52 位于国人	是一位的主义。	28114-21 5 G	8 456,882
e	Remaining amount distributed	•	1,318,019	PERTY SET TO USE		12."民籍的国籍的
5	Excess distributions carryover	• •	AS ALEREN WARTER			TOTE TO DAMESTER LO
	(If an amount appears in colun amount must be shown in colu		空中心			1.4 1. 图 1. 1.
6	Enter the net total of each				塞子语 温	
0	indicated below	cii column as	第二章 電影		是一定學	
_		Subtract line 5		是"强强"。	是	
a b	Corpus Add lines 3f 4c, and 4e Prior years undistributed inc		2,971,627		医医气体 植乳性 YEST	THE TRANSPORT
D	line 4b from line 2b	come oubtract				は、江道室
_		ra' undistributed	西京 1000 1000 1000 1000 1000 1000 1000 10	 		
C	Enter the amount of prior year income for which a notice of		40 法国际证明		是"是"	泛过疆流
	been issued or on which the		从 在1999年中		是 在學之是	17. 沙里里的种
	tax has been previously assess					
d	Subtract line 6c from line		CALL OF THE STREET	-		
	amount—see instructions		* ***	_		
е	Undistributed income for 201	5 Subtract line		三里上海, 远路是	<u> </u>	· 图(图)
_		amount—see		是一个是一种		
	instructions		张 豐 的 是 诗		n	
f	Undistributed income for 2016	Subtract lines		医医神经 等。		
	4d and 5 from line 1. This a		从上写真	三 对 三轴	是"毒"是	
	distributed in 2017					C
7	Amounts treated as distribution	ns out of corpus		注意/全国现 为	是式:"然軍及法學	F. M. 1980 F.
	to satisfy requirements impo				国家中央	一点是一
	170(b)(1)(F) or 4942(g)(3) (El	ection may be			層":量	
	required—see instructions)			重"。"是"。全	量於電影。這	() · · · · · · · · · · · · · · · · · ·
8	Excess distributions carryover			一块一块	图77年77.四	7-7-7
	applied on line 5 or line 7 (see			1.2	Etalvania .	上一片。看着
9	Excess distributions carry			是北海南、安昌	是一个海上,等的	
	Subtract lines 7 and 8 from line	e 6a	2,971 <u>627</u>	等。在第三人	喜欢 藏 色彩	一点"小",美国流
10	Analysis of line 9	i	1. 建工造型	通過	墨拉尼河震	THE STATE OF THE S
а	Excess from 2012	827 917		第二章	国,这里的	さん 一下 神経に
b	Excess from 2013		计图象型 计	李明	臺灣學	HE LEED TO SERVE THE SERVE
С	Excess from 2014			全国共享	The Market Andrews	五: 过差频
ď	Excess from 2015	825 691	《三三》	自由的意思的	是是"是"。"是"	
е	Excess from 2016	1 318 019	LA PROPERTY OF	Fee # 5 を超手でついた	·考如:《春韵·文字等	

Part					N/A	
1a	If the foundation has received a ruling			private operating		
	foundation, and the ruling is effective fo	r 2016, enter the da	ate of the ruling	>	N/A	
b	Check box to indicate whether the four	ndation is a private	operating foundat	ion described in se		(3) or 4942(j)(5)
2a	Enter the lesser of the adjusted net	Tax year		Prior 3 years		<u> </u>
	income from Part I or the minimum investment return from Part X for	(a) 2016	(b) 2015	(c) 2014	(d) 2013	(e) Total
	each year listed					0
b	85% of line 2a	0	0	0	0	0
С	Qualifying distributions from Part XII,				<u>~</u>	<u>~</u>
	line 4 for each year listed					0
d	Amounts included in line 2c not used directly for active conduct of exempt activities					0
е	Qualifying distributions made directly					
	for active conduct of exempt activities Subtract line 2d from line 2c	0	0	0	o	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					o
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)					
	(3) Largest amount of support from					0
	an exempt organization		1			
	(4) Gross investment income					0
Part		n (Complete th	is part only if th	ne foundation h	ad \$5,000 or m	
	any time during the year—			ie iouiluation n	au \$5,000 01 111	ore in assets at
1	Information Regarding Foundation		9./			
-	List any managers of the foundation v		ted more than 2%	of the total conti	ibutions received	by the foundation
_	before the close of any tax year (but o	nly if they have co	ntributed more tha	an \$5 000) (See s	ection 507(d)(2)	by the loundation
None	, ,	,,		u \$0,000) (000 0	σσιτοτή σση (α ₁ (Δ))	
	List any managers of the foundation	who own 10% or	more of the stoc	k of a corporation	or an equally la	rge portion of the
_	ownership of a partnership or other er					ige portion of the
None	or a parameter of our or	,	, our action made a	o /o or groater with	51001	
None 2	Information Regarding Contribution	Grant Cift Loo	n Cabalarabin of	to Drograma:		
2						
	Check here ► 🗓 If the foundation unsolicited requests for funds If the foundation	only makes contin	aufte grants etc.	ecteu chantable (organizations and	does not accept
	other conditions, complete items 2a, I	outiliation makes t	giils, grants, etc (see mstructions) t	o individuais of of	ganizations under
			draga af the name		-4:	44
а	The name, address, and telephone nu	mper or e-mail ad	aress of the perso	n to wnom applic	ations should be a	ddressed
	The form in which confidence at a stand	bo outhwitted ===	I information and	motomals the second	ما ما المارات	
b	The form in which applications should	be submitted and	i initormation and r	naterials they sho	uia incluae	
	Any outmington doublings		-	- · 		
С	Any submission deadlines					
d	Any restrictions or limitations on aw	rarde euch oo h	, goographical and	an charitable for	ldo kunda af :==:	hitritiana
	factors	aius, sucii as Dy	geographical are	eas, chantable fie	aus, kinas ot inst	illutions, or other

Par 3	Supplementary Information (cont Grants and Contributions Paid During t	nued)	ed for Fu	ture Payment	
		If recipient is an individual.	I		<u> </u>
	Recipient	show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
<u> </u>	Name and address (home or business) Paid duning the year	or substantial contributor	recipient		
а	Paid during the year				
See S	tatement 2				
					9,774,901
			! 		
			ĺ		
			! 		
			[
				•	
<u> </u>	Total Approved for future payment	<u> </u>	 _	<u>▶</u> 3a	9,774,901
D	Approved for factore payment		!		
					!
					[
	Total	L	<u> </u>	▶ 3h	

Pa	rt XV	I-A Analysis of Income-Producing Ac	tivities			-	
Ente	er gros	ss amounts unless otherwise indicated	Unrelated bu	siness income	Excluded by section	on 512, 513, or 514	(e)
			(a)	(b)	(c)	(d)	Related or exemp
			Business code	Amount	Exclusion code	Amount	function income (See instructions)
1	Prog	gram service revenue					(COO MONOCIONO
	a _						
	b _						
	c _						
	d						
	е -	P					
	f						
	g F	ees and contracts from government agencies					
2		nbership dues and assessments			1		
3		est on savings and temporary cash investments			14	16,087	
4		dends and interest from securities			14	4,728,861	
5		rental income or (loss) from real estate			-	4,720,001	
_		Debt-financed property			1		
		Not debt-financed property			 		
6		rental income or (loss) from personal property			 		
7		er investment income		<u> </u>	 		
_							
8		or (loss) from sales of assets other than inventory					
9		ncome or (loss) from special events			18	4,823,883	
10		ss profit or (loss) from sales of inventory					
11		er revenue a					
	b _						
	C _						
	d _		_				
	е						
	_						
		otal Add columns (b), (d), and (e)	1 1	0	l	9,568,831	
13	Tota	I. Add line 12, columns (b), (d), and (e)	<u> </u>	0	1	9,568,831 13	9,568,83
13 (See	Tota work	I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation	s.)				9,568,83
13 (See Pa	Tota work rt XV	I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation	s.)				9,568,83
13 (See Pa	Tota work rt XV e No.	I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation Relationship of Activities to the A	s.) ccomplishm	ent of Exemp	t Purposes	13	
13 (See Pa	Tota work rt XV	I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation	s.) ccomplishm	ent of Exemp	t Purposes	13	
13 (See Pa	Tota work rt XV e No.	I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation Relationship of Activities to the A	s.) ccomplishm	ent of Exemp	t Purposes	13	
13 (See Pa	Tota work rt XV e No.	I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation Relationship of Activities to the A	s.) ccomplishm	ent of Exemp	t Purposes	13	
13 (See Pa	Tota work rt XV e No.	I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation Relationship of Activities to the A	s.) ccomplishm	ent of Exemp	t Purposes	13	
13 (See Pa	Tota work rt XV e No.	I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation Relationship of Activities to the A	s.) ccomplishm	ent of Exemp	t Purposes	13	
13 (See Pa	Tota work rt XV e No.	I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation Relationship of Activities to the A	s.) ccomplishm	ent of Exemp	t Purposes	13	
13 (See Pa	Tota work rt XV e No.	I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation Relationship of Activities to the A	s.) ccomplishm	ent of Exemp	t Purposes	13	
13 (See Pa	Tota work rt XV e No.	I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation Relationship of Activities to the A	s.) ccomplishm	ent of Exemp	t Purposes	13	
13 (See Pa	Tota work rt XV e No.	I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation Relationship of Activities to the A	s.) ccomplishm	ent of Exemp	t Purposes	13	
13 (See Pa	Tota work rt XV e No.	I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation Relationship of Activities to the A	s.) ccomplishm	ent of Exemp	t Purposes	13	
13 (See Pa	Tota work rt XV e No.	I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation Relationship of Activities to the A	s.) ccomplishm	ent of Exemp	t Purposes	13	
13 (See Pa	Tota work rt XV e No.	I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation Relationship of Activities to the A	s.) ccomplishm	ent of Exemp	t Purposes	13	
13 (See Pa	Tota work rt XV e No.	I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation Relationship of Activities to the A	s.) ccomplishm	ent of Exemp	t Purposes	13	
13 (See Pa	Tota work rt XV e No.	I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation Relationship of Activities to the A	s.) ccomplishm	ent of Exemp	t Purposes	13	
13 (See Pa	Tota work rt XV e No.	I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation Relationship of Activities to the A	s.) ccomplishm	ent of Exemp	t Purposes	13	
13 (See Pa	Tota work rt XV e No.	I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation Relationship of Activities to the A	s.) ccomplishm	ent of Exemp	t Purposes	13	
13 (See Pa	Tota work rt XV e No.	I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation Relationship of Activities to the A	s.) ccomplishm	ent of Exemp	t Purposes	13	
13 (See Pa	Tota work rt XV e No.	I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation Relationship of Activities to the A	s.) ccomplishm	ent of Exemp	t Purposes	13	
13 (See Pa	Tota work rt XV e No.	I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation Relationship of Activities to the A	s.) ccomplishm	ent of Exemp	t Purposes	13	
13 (See Pa	Tota work rt XV e No.	I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation Relationship of Activities to the A	s.) ccomplishm	ent of Exemp	t Purposes	13	
13 (See Pa	Tota work rt XV e No.	I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation Relationship of Activities to the A	s.) ccomplishm	ent of Exemp	t Purposes	13	
13 (See Pa	Tota work rt XV e No.	I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation Relationship of Activities to the A	s.) ccomplishm	ent of Exemp	t Purposes	13	
13 (See Pa	Tota work rt XV e No.	I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation Relationship of Activities to the A	s.) ccomplishm	ent of Exemp	t Purposes	13	
13 (See Pa	Tota work rt XV e No.	I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation Relationship of Activities to the A	s.) ccomplishm	ent of Exemp	t Purposes	13	
13 (See Pa	Tota work rt XV e No.	I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation Relationship of Activities to the A	s.) ccomplishm	ent of Exemp	t Purposes	13	

Part	XVII		n Regarding Trar rganizations	nsfers To and Tra	nsactio	ns and	Relationsh	nips \	Vith Noncha	ritab		.gc ••
1	Did 1	he organization o	directly or indirectly	engage in any of the	followin	g with an	y other orga	anızatı	on described		Yes	No
	in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political							2 -				
	_	nizations?								2.5%	1 1 3	١.
а	The state of the s											
	(1) (1a(1)	_	_X_
		Other assets								1a(2)	ļ	Х
b		r transactions.										
			a noncharitable exe	_	•	•	•			1b(1)		Х
				able exempt organiz	ation		•			1b(2)	+	X
			, equipment, or other	er assets .		•				1b(3)		х
		Reimbursement a	-			•				1b(4)		Х
		oans or loan gua								1b(5)	_	X
				nip or fundraising sol						1b(6)	<u> </u>	Х
C.				sts, other assets, or						1c		X
d	If the	answer to any	of the above is "Ye	s," complete the foll	lowing s	chedule	Column (b)	shoul	d always sho	w the	fair m	arket
	value	e of the goods, o	ther assets, or servi	ces given by the rep	orting to	undation	If the foun	dation	received less	than	fair m	arket
(a) Lunc		(b) Amount involved		ement, show in colu								
(a) Line	110	(b) Amount involved	(c) Name of nonci	naritable exempt organizat	ion	(a) Desc	ription of transf	ers, tra	nsactions, and sha	aring arr	angeme	ents
												
	+			<u> </u>					 ·			
								-				
		· · · · · · · · · · · · · · · · · · ·										
	-				_				·			
												
	_											
												
							······································					
	_			- · · · · · · · · · · · · · · · · · · ·					• • • • • • • • • • • • • • • • • • • •	-	<u>-</u>	
				-								
												
2a				iliated with, or relate				pt or	_	☐ Yes	· 🗓	No.
b	If "Ye	es," complete the	following schedule						_		, IZ	
		(a) Name of organ	ization	(b) Type of org	ganization			(c) De	scription of relatio	nship		
										· · · · · · · · · · · · · · · · · · ·		
							_			-		
												-
												_
	Unde	er penalties of perjury, I	declare that I have examine	d this return, including accor	mpanying s	chedules and	statements, and	d to the	best of my knowled	lge and	belief, it	is true,
Sign Here	corre		ugaration of preparer (other that	an taxpayer) is based on all in		surer 5	arer has any kno	wiedge	May the fl with the p	reparer	shown	below
	Sign	ature of officer or trus	stee	Date	Title	/			(see instru	-uons)/	1 es [_\no
Paid Prepa	rer	Print/Type preparer	's name	Preparer's signature			Date		Check if self-employed	PTIN		
Use (Firm's name ▶					· ,,	Firm's	EIN ▶			
	y	Firm's address ▶						Phone	-			
										00	<u> </u>	

Schedule B

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

Schedule of Contributors

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

Name of	the organization				Employer identification number		
BlueCross BlueShield of South Carolina Foundation					22-3847938		
Organiz	Organization type (check one)						
	_						
Filers o	f:	Section:					
Form 99	0 or 990-EZ	☐ 501(c)() (enter number) organization				
		☐ 4947(a)(1) nor	nexempt charitable trust not treated as a pr	rıvate fou	ndation		
		☐ 527 political of	organization				
Form 99	0-PF	∑ 501(c)(3) exer	npt private foundation				
		4947(a)(1) nor	nexempt charitable trust treated as a privat	e foundat	tion		
		☐ 501(c)(3) taxa	ble private foundation				
Check if	your organization is	covered by the Ge	neral Rule or a Special Rule.				
Note: O	•), (8), or (10) organ	zation can check boxes for both the Gener	ral Rule a	nd a Special Rule See		
Genera	Rule						
X		r property) from an	0-EZ, or 990-PF that received, during the y by one contributor Complete Parts I and II				
Special	Rules						
	For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 331/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II						
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals Complete Parts I, II, and III						
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year.						
Caution	: An organization that	t isn't covered by t	he General Rule and/or the Special Rules o	loesn't fil			

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)

BlueCross BlueShield of South Carolina Foundation

Name of organization

Employer identification number

22-3847938

Part I	Contributors (See instructions) Use duplicate copies of Part I if additional space is needed					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
1	BlueCross BlueShield of South Carolina I-20 at Alpine Road Columbia, SC 29219	\$ 15,000,000	Person X Payroll Complete Part II for noncash contributions)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
J		\$	Person			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person			

Name of organization

Employer identification number

BlueCross BlueShield of South Carolina	Foundation	\ 22-3847938
Part II Noncash Property	(See instructions) Use duplicate c	opies of Part II if additional space is needed

Part II	Noncash Property (See instructions) Use duplicate co	opies of Part II if additional space	e is needed
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
1 -	Various equity securities	\$ 14,853,090	07/15/2016
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
	· · · · · · · · · · · · · · · · · · ·	\$	
n) 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

Name of organization

	BlueShield of South Carolina Foundation			22-3847938					
Part III		the year from any o	ne contributor.	Complete columns (a) through (e) and					
	the following line entry. For organization contributions of \$1,000 or less for the	ons completing Part	III, enter the tota	al of exclusively religious, charitable, etc.					
	Use duplicate copies of Part III if add								
(a) No. from									
from Part I	(b) Purpose of gift	(c) Use of	f gift	(d) Description of how gift is held					
, ait		·							
		(e) Transfe	r of gift						
	T	4 700 · 4	5.1.0						
-	Transferee's name, address, an	0 ZIP + 4	Relatio	nship of transferor to transferee					
	•••••								
(a) No. from	41.5			T					
from Part I	(b) Purpose of gift	(c) Use of	gift	(d) Description of how gift is held					
-									
		(e) Transfe	r of gift						
	Transferoe's name address an	Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee							
-	Transferee's fiame, address, an	u ZIF + 4	Relatio	nship of transferor to transferee					
	•••••								
(a) No.	4) 5			(1) 5					
from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held					
L									
	(e) Transfer of gift								
	Transferee's name, address, an	nship of transferor to transferee							
-	Transieree's name, address, an	- Kelatio	namp of transferor to transferee						
i									
Ì									
				·					
(a) No.	(h) Durnoss of sift	(a) Llas et		(d) Description of how gift is hold					
from Part I	(b) Purpose of gift	(c) Use of	girt	(d) Description of how gift is held					
-	(a) Transfer of sift								
	(e) Transfer of gift								
	Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee						
	riansieree s name, audiess, an	w mil · T	i\ciatio	nomp of Gansieror to Gansieree					
			- -						

BLUECROSS BLUESHIELD OF SOUTH CAROLINA FOUNDATION COLUMBIA, SC 29219 Year Ended December 31, 2016

PART VIII, SECTION 1

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

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

PART XV, SECTION 3

GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

TART AT OLD TO THE CONTROL OF THE CO	CHINDOHONS PAID L	JORING THE TEAR	
Name and address	Recipient Relationship if any	Purpose of grant or contribution	Amount
Abbeville County EMS	n/a	Access to Care	25 000
901 W Greenwood Street STE 2700 Abbeville SC 29620 Association for the Blind Inc	n/a	Access to Care	15 000
1071 Morrison Drive Suite A Charleston, SC 29403 Baton Rouge Area Foundation	n/a	Disaster Relief	20 000
100 North Street STE 900 Baton Rouge LA 70802 Carolinas Center for Hospice & End of Life Care	n/a	Research & Special Projects	25 750
1230 SE Maynard STE 203, Cary, NC 27511 Central Carolina Community Foundation			
2711 Middleburg Dr STE 213 Columbia SC 29204-2486	n/a	Disaster Relief	5 000
Charleston Southern University 9200 University Blvd North Charleston SC 29406	n/a	Building a Stronger Health Care Workforce	335 203
Closing the Gap Healthcare Inc	n/a	Research & Special Projects	75,000
3951 W Montague Avenue North Charleston SC 29418 Columbia Oral Health Clinic	n/a	Access to Care	25 000
PO Box 3206, Columbia SC 29230 Dee Norton Lowcountry Children's Center	n/a	Access to Care	25 250
1061 King Street Charleston SC 29403 East Cooper Community Outreach	n/a	Access to Care	85 000
1145 Six Mile Road Mount Pleasant SC 29403 Eat Smart Move More South Carolina	n/a	Investing in SC Children and Families	500 062
2711 Middleburg Drive STE 301 Columbia, SC 29204 Greenville County EMS	n/a	Access to Care	168 000
301 University Ridge Suite 1100 Greenville SC 29601 Greenwood Genetic Center	n/a	Research & Special Projects	300 000
106 Gregor Mendel Circle Greenwood SC 29646 Harvest Hope Food Bank	n/a	Investing in SC Children and Families	1,000
2220 Shop Road Columbia SC 29202 Health Sciences South Carolina	n/a	Investing in SC Children and Families	1,276 000
1320 Main Street Suite 625, Columbia, SC 29201 Healthy Learners	n/a	Access to Care	100 000
2749 Laurel Street Columbia SC 29204			
Healthy Smiles of Spartanburg, Inc PO Box 1441 Spartanburg SC 29304	n/a	Access to Care	42,028
Impact America - SC 225 S Pleasantburg Drive, STE E6 Greenville SC 29607	n/a	Access to Care	127 950
Institute for Child Success 102 Edinburgh Ct Greenville SC 29607	n/a	Research & Special Projects	187,500
Lighthouse Ministries 201 E Elm Street Florence SC 29506	n/a	Disaster Relief	20 000
Little River Medical Center	n/a	Access to Care	234 850
4303 Live Oak Drive Little River SC 29566 Midlands Housing Alliance	n/a	Access to Care	147 087
2025 Main Street Columbia SC 29201 MUSC	n/a	Access to Care	128 000
99 Jonathan Lucas St MSC 613 Charleston, SC 29425-1600 MUSC College of Nursing	n/a	Building a Stronger Health Care Workforce	155 000
99 Jonathan Lucas St MSC 160, Charleston SC 29425-1600 Operation Home Inc			
2120 Noisette Blvd STE 124 North Charleston SC 29405	n/a	Disaster Relief	10 000
Our Lady of Mercy Community Outreach PO Box 607 Johns Island SC 29457	n/a	Access to Care	75,000
Pee Dee Community Action Partnership 2685 S Irby Street Florence, SC 29505-3440	n/a	Disaster Relief	(1 000)
Richland County Emergency Services Dept 1410 Laurens Street Columbia SC 29204	n/a	Access to Care	300 000
SC Advocates for Agriculture PO Box 754 Columbia SC 29202	n/a	Disaster Relief	100 000
SC Campaign to Prevent Teen Pregnancy	n/a	Improving Health Care Quality & Value	190 000
1331 Elmwood Avenue, Set 140 Columbia SC 29201 SC Community Loan Fund	n/a	Investing in SC Children and Families	175 000
1535 Hobby Street Unit 209 Charleston SC 29405 SC Department of Health and Environmental Control	n/a	Investing in SC Children and Families	860 342
2600 Bull Street Columbia SC 29201		-	
SC DMH 2414 Bull Street, Columbia SC 29201-1906	n/a	Investing in SC Children and Families	138,319
SC Free Clinic Association PO Box 333 Clinton SC 29325	n/a	Access to Care	1 323 793
SC Office of Rural Health 107 Saluda Pointe Drive, Lexington, SC 29072	n/a	Investing in SC Children and Families	175 000
SC Pharmacy Foundation Inc 1350 Browning Road Columbia, SC 29210	n/a	Improving Health Care Quality & Value	125 000
SC Research Foundation / USC PASOs Program	n/a	Investing in SC Children and Families	96 500
901 Sumter St 5th Floor Columbia SC 29208 SC Thrive (TBB SC)	n/a	Investing in SC Children and Families	532 216
PO Box 23503 Columbia SC 29224 SCANPO (name changed to Together SC 1/2017)	n/a	Investing in SC Children and Families	50 000
400 Arbor Lake Dr STE B500, Columbia SC 29223 Sistercare			
PO Box 1029 Columbia SC 29202	n/a	Access to Care	50,000
St Bernard Project Inc (Name change to SBP) 8324 Parc Place Chalmette LA 70043	n/a	Disaster Relief	100 000
The Children's Trust SC 1330 Lady Street STE 310 Columbia SC 29201	n/a	Investing in SC Children and Families	198 200
The Children's Trust SC	n/a	Access to Care	875 000
1330 Lady Street STE 310 Columbia SC 29201 The Family Effect	n/a	Investing in SC Children and Families	60,000
1400 Cleveland St. Greenville SC 29607		•	
Tricounty Family Ministries 3349 Rivers Avenue North Charleston SC 29405	n/a	Disaster Relief	10 000
United Way of the Midlands 1800 Main Street Columbia SC 29201	n/a	Disaster Relief	29 906
USC Center for Colon Cancer Research	n/a	Access to Care	129 850
712 Main Street Room 614 Jones PSC Building Columbia SC 29208 USC Salkehatchie Rural Nursing Initiative Clinical Simulation Lab	n/a	Building a Stronger Health Care Workforce	100,000
PO Box 617 Allendale SC 29810			
YMCA of Greater Spartanburg (fiscal agent for SC Alliance of YMCAs) 151 Ribault St., Spartanburg SC 29302	n/a	Investing in SC Children and Families	48,115
			9,774,901