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

Return of Private Foundation

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

▶ **Do not enter social security numbers on this form as it may be made public.**
▶ **Go to *www.irs.gov/Form990PF* for instructions and the latest information.**

OMB No 1545-0052

2018

Open to Public Inspection

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

Name of foundation
Blue Cross Blue Shield of North Dakota C

A Employer identification number
36-3606394

Number and street (or P O box number if mail is not delivered to street address)
4510 13th Ave South

Room/suite

B Telephone number (see instructions)
(701) 282-1100

City or town, state or province, country, and ZIP or foreign postal code
Fargo, ND 58121

C If exemption application is pending, check here ▶ ☐

G Check all that apply ☐ Initial return ☐ Initial return of a former public charity ☐ Final return ☐ Amended return ☐ Address change ☐ Name change

D 1. Foreign organizations, check here ▶ ☐
2 Foreign organizations meeting the 85% test, check here and attach computation ▶ ☐

H Check type of organization ☑ Section 501(c)(3) exempt private foundation ☐ Section 4947(a)(1) nonexempt charitable trust ☐ Other taxable private foundation

E If private foundation status was terminated under section 507(b)(1)(A), check here ▶ ☐

I Fair market value of all assets at end of year (from Part II, col (c), *line 16)* ▶$ 9,643,169

J Accounting method ☐ Cash ☑ Accrual ☐ Other (specify) _____
(Part I, column (d) must be on cash basis)

F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ▶ ☐

Part I **Analysis of Revenue and Expenses** *(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))*

			(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1	Contributions, gifts, grants, etc , received (attach schedule)	5,275,553			
	2	Check ▶ ☐ if the foundation is **not** required to attach Sch B				
	3	Interest on savings and temporary cash investments				
	4	Dividends and interest from securities	197,071	197,071		
	5a	Gross rents				
	b	Net rental income or (loss)				
	6a	Net gain or (loss) from sale of assets not on line 10	77,997			
	b	Gross sales price for all assets on line 6a 450,000				
	7	Capital gain net income (from Part IV, line 2)		77,997		
	8	Net short-term capital gain				
	9	Income modifications				
	10a	Gross sales less returns and allowances				
	b	Less Cost of goods sold				
	c	Gross profit or (loss) (attach schedule)				
	11	Other income (attach schedule)				
	12	**Total.** Add lines 1 through 11	5,550,621	275,068		
Operating and Administrative Expenses	13	Compensation of officers, directors, trustees, etc	0	0		0
	14	Other employee salaries and wages				
	15	Pension plans, employee benefits				
	16a	Legal fees (attach schedule)				
	b	Accounting fees (attach schedule)				
	c	Other professional fees (attach schedule)	2,572	2,572		0
	17	Interest				
	18	Taxes (attach schedule) (see instructions)	5,737	0		0
	19	Depreciation (attach schedule) and depletion				
	20	Occupancy				
	21	Travel, conferences, and meetings				
	22	Printing and publications				
	23	Other expenses (attach schedule)	321,438	0		52,622
	24	**Total operating and administrative expenses.** Add lines 13 through 23	329,747	2,572		52,622
	25	Contributions, gifts, grants paid	441,008			441,008
	26	**Total expenses and disbursements.** Add lines 24 and 25	770,755	2,572		493,630
	27	Subtract line 26 from line 12				
	a	**Excess of revenue over expenses and disbursements**	4,779,866			
	b	**Net investment income** (if negative, enter -0-)		272,496		
	c	**Adjusted net income** (if negative, enter -0-)				

Part II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)

		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash—non-interest-bearing			
	2 Savings and temporary cash investments	59,502	14,180	14,180
	3 Accounts receivable ▶			
	Less allowance for doubtful accounts ▶			
	4 Pledges receivable ▶			
	Less allowance for doubtful accounts ▶			
	5 Grants receivable			
	6 Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)			
	7 Other notes and loans receivable (attach schedule) ▶			
	Less allowance for doubtful accounts ▶			
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges			
	10a Investments—U S and state government obligations (attach schedule)			
	b Investments—corporate stock (attach schedule)			
	c Investments—corporate bonds (attach schedule)			
	11 Investments—land, buildings, and equipment basis ▶			
	Less accumulated depreciation (attach schedule) ▶			
	12 Investments—mortgage loans			
	13 Investments—other (attach schedule)	5,487,451	9,628,982	9,628,982
	14 Land, buildings, and equipment basis ▶			
	Less accumulated depreciation (attach schedule) ▶			
	15 Other assets (describe ▶)	5,577	7	7
	16 **Total assets** (to be completed by all filers—see the instructions Also, see page 1, item I)	5,552,530	9,643,169	9,643,169
Liabilities	17 Accounts payable and accrued expenses	3,382	2,823	
	18 Grants payable			
	19 Deferred revenue			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable (attach schedule)			
	22 Other liabilities (describe ▶)			
	23 **Total liabilities**(add lines 17 through 22)	3,382	2,823	
Net Assets or Fund Balances	**Foundations that follow SFAS 117, check here ▶ ☑ and complete lines 24 through 26 and lines 30 and 31.**			
	24 Unrestricted	5,549,148	9,640,346	
	25 Temporarily restricted			
	26 Permanently restricted			
	Foundations that do not follow SFAS 117, check here ▶ ☐ and complete lines 27 through 31.			
	27 Capital stock, trust principal, or current funds			
	28 Paid-in or capital surplus, or land, bldg , and equipment fund			
	29 Retained earnings, accumulated income, endowment, or other funds			
	30 **Total net assets or fund balances** (see instructions)	5,549,148	9,640,346	
	31 **Total liabilities and net assets/fund balances** (see instructions)	5,552,530	9,643,169	

Part III Analysis of Changes in Net Assets or Fund Balances

1	Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	5,549,148
2	Enter amount from Part I, line 27a	2	4,779,866
3	Other increases not included in line 2 (itemize) ▶	3	0
4	Add lines 1, 2, and 3	4	10,329,014
5	Decreases not included in line 2 (itemize) ▶	5	688,668
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30	6	9,640,346

Part IV Capital Gains and Losses for Tax on Investment Income

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

	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a	450,000		372,003	77,997
b				
c				
d				
e				

	Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col (h) gain minus col (k), but not less than -0-) **or** Losses (from col (h))
	(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	
a				77,997
b				
c				
d				
e				

2	Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 / If (loss), enter -0- in Part I, line 7 }	2	77,997
3	Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8	3	

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

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

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

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? ☐ Yes ☑ No

If "Yes," the foundation does not qualify under section 4940(e) Do not complete this part

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

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2017	272,283	5,267,275	0 051693
2016			
2015			
2014			
2013			

2	**Total** of line 1, column (d)	2	0 051693
3	Average distribution ratio for the 5-year base period—divide the total on line 2 by 5 0, or by the number of years the foundation has been in existence if less than 5 years	3	0 051693
4	Enter the net value of noncharitable-use assets for 2018 from Part X, line 5	4	8,863,884
5	Multiply line 4 by line 3	5	458,201
6	Enter 1% of net investment income (1% of Part I, line 27b)	6	2,725
7	Add lines 5 and 6	7	460,926
8	Enter qualifying distributions from Part XII, line 4	8	493,630

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

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

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 here ▶ ☑ and enter 1% of Part I, line 27b	1	2,725
c	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	0
3	Add lines 1 and 2	3	2,725
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	4	0
5	**Tax based on investment income.** Subtract line 4 from line 3 If zero or less, enter -0-	5	2,725
6	Credits/Payments		
a	2018 estimated tax payments and 2017 overpayment credited to 2018 — 6a: 2,823		
b	Exempt foreign organizations—tax withheld at source — 6b:		
c	Tax paid with application for extension of time to file (Form 8868) — 6c: 0		
d	Backup withholding erroneously withheld — 6d: 0		
7	Total credits and payments Add lines 6a through 6d	7	2,823
8	Enter any **penalty** for underpayment of estimated tax Check here ☐ if Form 2220 is attached	8	16
9	**Tax due.** If the total of lines 5 and 8 is more than line 7, enter **amount owed** ▶	9	
10	**Overpayment.** If line 7 is more than the total of lines 5 and 8, enter the **amount overpaid** ▶	10	82
11	Enter the amount of line 10 to be **Credited to 2019 estimated tax** ▶ 82 **Refunded** ▶	11	0

Part VII-A **Statements Regarding Activities**

			Yes	No
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?	1a		No
b	Did it spend more than $100 during the year (either directly or indirectly) for political purposes? (see Instructions for definition)	1b		No
	*If the answer is "Yes" to **1a** or **1b**, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities*			
c	Did the foundation file **Form 1120-POL** for this year?	1c		No
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year **(1)** On the foundation ▶ $ 0 **(2)** On foundation managers ▶ $ 0			
e	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		No
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		No
4a	Did the foundation have unrelated business gross income of $1,000 or more during the year?	4a		No
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? *If "Yes," attach the statement required by General Instruction T*	5		No
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	Yes	
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	Yes	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions) ▶ ND			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? *If "No," attach explanation* .	8b	Yes	
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 2018 or the taxable year beginning in 2018? See the instructions for Part XIV If "Yes," complete Part XIV	9		No
10	Did any persons become substantial contributors during the tax year? *If "Yes," attach a schedule listing their names and addresses*	10		No

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 meaning of section 512(b)(13)? If "Yes," attach schedule See instructions.	11		No
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	12		No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Yes	

Website address ▶ www bcbsnd com/caring-foundation/about-us

14 The books are in care of ▶ Blue Cross Blue Shield of North Dak Telephone no ▶ (701) 282-1100

Located at ▶ 4510 13th Ave South Fargo ND ZIP+4 ▶ 58121

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 2018, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?		Yes	No
		16		No
	See the instructions for exceptions and filing requirements for FinCEN Form 114 If "Yes", enter the name of the foreign country ▶			

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

			Yes	No
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.			
1a	During the year did the foundation (either directly or indirectly)			
	(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? ☐ Yes ☑ No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? ☐ Yes ☑ No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? ☐ Yes ☑ No			
	(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)? ☐ Yes ☑ No			
	(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). ☐ Yes ☑ No			
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	1b		
	Organizations relying on a current notice regarding disaster assistance check here ▶ ☐			
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2018?	1c		No
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))			
a	At the end of tax year 2018, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2018? ☐ Yes ☑ No			
	If "Yes," list the years ▶ 20____ , 20____ , 20____ , 20____			
b	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)	2b		
c	If the provisions of section 4942(a)(2) are being applied to **any** of the years listed in 2a, list the years here ▶ 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? ☐ Yes ☑ No			
b	If "Yes," did it have excess business holdings in 2018 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 2018).*	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		No
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 2018?	4b		No

Part VII-B **Statements Regarding Activities for Which Form 4720 May Be Required** *(continued)*

			Yes	No
5a	During the year did the foundation pay or incur any amount to			
	(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?	☐ Yes ☑ No		
	(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?	☐ Yes ☑ No		
	(3) Provide a grant to an individual for travel, study, or other similar purposes?	☑ Yes ☐ No		
	(4) Provide a grant to an organization other than a charitable, etc , organization described in section 4945(d)(4)(A)? See instructions	☐ Yes ☑ No		
	(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?	☐ Yes ☑ No		
b	If any answer is "Yes" to 5a(1)–(5), did **any** of the transactions fail to qualify under the exceptions described in Regulations section 53 4945 or in a current notice regarding disaster assistance? See instructions	5b		No
	Organizations relying on a current notice regarding disaster assistance check here ▶	☐		
c	If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?	☐ Yes ☐ No		
	If "Yes," attach the statement required by Regulations section 53 4945–5(d)			
6a	Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	☐ Yes ☑ No		
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	6b		No
	If "Yes" to 6b, file Form 8870			
7a	At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?	☐ Yes ☑ No		
b	If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?	7b		
8	Is the foundation subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment during the year?	☐ Yes ☑ No		

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

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

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

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

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

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

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

3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".

(a) Name and address of each person paid more than $50,000	(b) Type of service	(c) Compensation
NONE		

Total number of others receiving over $50,000 for professional services. ▶ 0

Part IX-A **Summary of Direct Charitable Activities**

List the foundation's four largest direct charitable activities during the tax year Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc	Expenses
1 CaringForKidsSupport evidenced based initiatives aimed at preventing childhood obesity and supporting healthy minds and bodies at an early age	37,447
2 Colorectal Cancer AwarenessColorectal cancer can be detected and detected at an early stage when it is most treatable BCBSND Caring Foundation produced two videos featuring North Dakota colorectal cancer survivors through a collaboration with the KAT Marketing, the American Cancer Society North Dakota chapter and the North Dakota Colorectal Cancer Roundtable The videos were created with a few goals in mind - To educate North Dakotans about colorectal cancer prevention, detection and treatment- To encourage them to discuss colorectal cancer screening with their providers- To reduce fear and instill hope for recoveryIn the videos Elliott Rhodes of Fort Yates, N D , and Amanda Houston of Fargo share their personal colorectal cancer stories in the videos and urge you to talk to your doctor about your screening options	9,900
3 Opioid EventsMisuse and overdose of opioids have become a serious public health problem in North Dakota and throughout the United States Blue Cross Blue Shield of North Dakota Caring Foundation has partnered with Prairie Public Broadcast, Bell Banks and Dakota Medical Foundation to produce a 30-minute North Dakota state-based documentary The documentary spotlights some of the most important things North Dakota opioid users, affected families, health care professionals, educators, businesses and community members need to know upfront about the opioid epidemic but most importantly how they can drive action in helping to solve the problem Our vision of hope identifies solutions from multiple facets with focuses on promotion and prevention, early intervention, and treatment and recovery We all have a role Together we will make a difference	4,184
4 Suicide PreventionIn an effort to prevent suicide and help those struggling with depression and other mental illnesses, the BCBSND Caring Foundation supports various initiatives across the state to reduce the stigma and provide important resources and assistance	977

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

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

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

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc , purposes		
a	Average monthly fair market value of securities	1a	8,941,406
b	Average of monthly cash balances	1b	57,461
c	Fair market value of all other assets (see instructions)	1c	0
d	**Total** (add lines 1a, b, and c)	1d	8,998,867
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation) — 1e: 0		
2	Acquisition indebtedness applicable to line 1 assets	2	0
3	Subtract line 2 from line 1d	3	8,998,867
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	134,983
5	**Net value of noncharitable-use assets.** Subtract line 4 from line 3 Enter here and on Part V, line 4	5	8,863,884
6	**Minimum investment return.** Enter 5% of line 5	6	443,194

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

1	Minimum investment return from Part X, line 6			1	443,194
2a	Tax on investment income for 2018 from Part VI, line 5	2a	2,725		
b	Income tax for 2018 (This does not include the tax from Part VI)	2b			
c	Add lines 2a and 2b			2c	2,725
3	Distributable amount before adjustments Subtract line 2c from line 1			3	440,469
4	Recoveries of amounts treated as qualifying distributions			4	0
5	Add lines 3 and 4			5	440,469
6	Deduction from distributable amount (see instructions)			6	0
7	**Distributable amount** as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1			7	440,469

Part XII Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc , purposes		
a	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26	1a	493,630
b	Program-related investments—total from Part IX-B	1b	0
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc , purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	**Qualifying distributions.** Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	493,630
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	2,725
6	**Adjusted qualifying distributions.** Subtract line 5 from line 4	6	490,905

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

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2017	(c) 2017	(d) 2018
1 Distributable amount for 2018 from Part XI, line 7				440,469
2 Undistributed income, if any, as of the end of 2018				
a Enter amount for 2017 only.			0	
b Total for prior years 20___, 20___, 20___		0		
3 Excess distributions carryover, if any, to 2018				
a From 2013.				
b From 2014.				
c From 2015.				
d From 2016.				
e From 2017. 11,746				
f Total of lines 3a through e.	11,746			
4 Qualifying distributions for 2018 from Part XII, line 4 ▶ $ 493,630				
a Applied to 2017, but not more than line 2a			0	
b Applied to undistributed income of prior years (Election required—see instructions).		0		
c Treated as distributions out of corpus (Election required—see instructions).	0			
d Applied to 2018 distributable amount.				440,469
e Remaining amount distributed out of corpus	53,161			
5 Excess distributions carryover applied to 2018	0			0
(If an amount appears in column (d), the same amount must be shown in column (a))				
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	64,907			
b Prior years' undistributed income Subtract line 4b from line 2b		0		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed.		0		
d Subtract line 6c from line 6b Taxable amount —see instructions		0		
e Undistributed income for 2017 Subtract line 4a from line 2a Taxable amount—see instructions			0	
f Undistributed income for 2018 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2019				0
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions)	0			
8 Excess distributions carryover from 2013 not applied on line 5 or line 7 (see instructions) . . .	0			
9 Excess distributions carryover to 2019. Subtract lines 7 and 8 from line 6a	64,907			
10 Analysis of line 9				
a Excess from 2014. . . .				
b Excess from 2015. . . .				
c Excess from 2016. . . .				
d Excess from 2017. . . . 11,746				
e Excess from 2018. . . . 53,161				

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

1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2018, enter the date of the ruling. . . . . ▶

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

	Tax year	Prior 3 years			(e) Total
	(a) 2018	(b) 2017	(c) 2016	(d) 2015	
2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed					
b 85% of line 2a					
c Qualifying distributions from Part XII, line 4 for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
e Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the alternative test relied upon					
a "Assets" alternative test—enter					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed. . .					
c "Support" alternative test—enter					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii). . . .					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income					

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

1 Information Regarding Foundation Managers:

a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than $5,000) (See section 507(d)(2))

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest

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

Check here ▶ ☐ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds If the foundation makes gifts, grants, etc to individuals or organizations under other conditions, complete items 2a, b, c, and d See instructions

a The name, address, and telephone number or e-mail address of the person to whom applications should be addressed

Caring Foundation
4510 13th Ave S
Fargo, ND 58121
(701) 282-1100
caringfoundation@bcbsnd com

b The form in which applications should be submitted and information and materials they should include

Caring Foundation applications located on our website

c Any submission deadlines

Varies based on grant type

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

In general must impact North Dakotans and tie back to our mission of bettering health and well-being

Part XV Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment

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

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated	Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income (See instructions)
	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	
1 Program service revenue					
a					
b					
c					
d					
e					
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments. . . .					
3 Interest on savings and temporary cash investments					
4 Dividends and interest from securities. . . .			14	197,071	
5 Net rental income or (loss) from real estate					
a Debt-financed property.					
b Not debt-financed property.					
6 Net rental income or (loss) from personal property					
7 Other investment income.					
8 Gain or (loss) from sales of assets other than inventory			18	77,997	
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue a					
b					
c					
d					
e					
12 Subtotal Add columns (b), (d), and (e). .		0		275,068	0
13 **Total.** Add line 12, columns (b), (d), and (e).				13	275,068

(See worksheet in line 13 instructions to verify calculations)

Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

Line No. ▼	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes) (See instructions)

Part XVII **Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations**

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

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

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

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

b If "Yes," complete the following schedule

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

Sign Here

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

******	2019-04-09	******
Signature of officer or trustee	Date	Title

May the IRS discuss this return with the preparer shown below (see instr)? ☑ Yes ☐ No

Paid Preparer Use Only

Print/Type preparer's name	Preparer's Signature	Date	Check if self-employed ▶ ☐	PTIN
Kim Hunwardsen CPA		2019-04-09		P00484560

Firm's name ▶ Eide Bailly LLP — Firm's EIN ▶45-0250958

Firm's address ▶ 800 Nicollet Mall Ste 1300 Minneapolis, MN 554027033 — Phone no (612) 253-6500

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

(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
Timothy J Huckle 4510 13th Ave South Fargo, ND 58121	Chair 0 50	0	0	0
Dave J Breuer 4510 13th Ave South Fargo, ND 58121	Treasurer 0 50	0	0	0
Daniel R Conrad 4510 13th Ave South Fargo, ND 58121	Director 0 50	0	0	0
Elizabeth A Faust 4510 13th Ave South Fargo, ND 58121	Director 0 50	0	0	0
Jodi L Atkinson 4510 13th Ave South Fargo, ND 58121	Director 0 50	0	0	0
Dave A Sprynczynatyk 4510 13th Ave South Fargo, ND 58121	Director 0 50	0	0	0
Greg C Glasner MD 4510 13th Ave South Fargo, ND 58121	Director 0 50	0	0	0
Pam Gulleson 4510 13th Ave South Fargo, ND 58121	Executive Director 15 00	0	0	0

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
Altru Health Foundation 2501 Demers Avenue Grand Forks, ND 58201	None	PC	Support disease prevention screenings	4,000
Altru Health Foundation-TEARS Program PO Box 6002 Grand Forks, ND 58201	None	PC	mental health first aid for adults trainer certification	10,000
Anne Carlson CenterPO Box 8000 Jamestown, ND 58402	None	PC	Bike camp sponsor	2,700
Total . . . . . ▶ **3a**				441,008

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
Anne Carlson CenterPO Box 168 Bottineau, ND 58318	None	PC	Annie's House Adaptive Recreation program scholarships	6,000
Ashley Swimming PoolPO Box 382 Ashley, ND 58413	None	GOV	Funds for community to put on a 5k/ pool night event for families in partnership with their Park District	1,500
Alzheimer's Association of MN-ND 7900 West 78th Street Minneapolis, MN 55439	None	PC	Casual Day Dollars Donation	480
Total . . . . . ▶ **3a**				441,008

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
Fraser2902 S University Drive Fargo, ND 58103	None	PC	Purchased baby blankets for low income families & decorations for festival of trees to benefit Fraser, Ltd	417
American Diabetes Association 8000 W 78th Street Suite 175 Edina, MN 55439	None	PC	Camp Sioux fundraiser	1,200
American Foundation of Suicide Prevention ND Chapter PO Box 11295 Fargo, ND 58106	None	PC	Casual Day Dollars donation	417
Total . . . . . ▶ **3a**				441,008

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
American Gold Gymnastics 2001 17th Ave S Fargo, ND 58103	None	PC	scholarship program	2,500
American Red Cross ND Chapter 2602 12th Street N Fargo, ND 58102	None	PC	Casual Day Dollars Donation	740
Bakken BBQ CharitiesPO Box 122 Dickinson, ND 58602	None	PC	Listed as Unincorporated Association, Proceeds from this charitable event benefitted North Dakota Make-A-Wish	500
Total . . . . . ▶ **3a**				441,008

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
Barnes County North School District 2192 101 Ave SE Wimbledon, ND 58492	None	GOV	fitness equipment	2,500
Ben Franklin Middle School 1420 8th Street N Fargo, ND 58102	None	GOV	pedometers for students	560
Bethany Auxiliary4255 30th Ave S Fargo, ND 58104	None	PC	Dollars for Doers/Charitable Giving	400
Total . . . . . ▶ **3a**				441,008

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
Big 987 Christmas Wish2720 7th Ave S Fargo, ND 58103	None	PC	Dollars for Doers/Charitable Giving	200
Bismarck Cancer Center 500 N 8th Street Bismarck, ND 58501	None	PC	matching BCBSND employee funds	180
Boys and Girls Club of the Red River Valley 2500 18th St S Fargo, ND 58103	None	PC	Triple Play project	10,000
Total . . . . . ▶ **3a**				441,008

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
Brave the Shave1950 Far West Drive Bismarck, ND 58504	None	PC	Fundraiser and Casual Day Dollars Donation	6,487
Camp Courage5001 Amber Valley Pkwy Fargo, ND 58104	None	PC	Dollars for Doers/Charitable Giving	200
Cats Cradle Shelter9 9th St S Fargo, ND 58103	None	PC	Dollars for Doers/Charitable Giving	600
Total . . . . . ▶ **3a**				441,008

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
Central Cass Public School District 802 5th Street N Casselton, ND 58102	None	GOV	STEM	10,000
Century High School Sources of Strength 1000 East Century Avenue Bismarck, ND 58103	None	GOV	Sources of Strength Program	350
Children's Miracle NetworkPO Box 2010 Fargo, ND 58122	None	PC	Fundraiser and Dollars for Doers/Charitable Giving	1,444
Total . . . . . ▶ **3a**				441,008

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
Christian Adoption ServicesPO Box 850 West Fargo, ND 58078	None	PC	Dollars for Doers/Charitable Giving	200
Circle of Friends Humane Society 4375 N Washington St Grand Forks, ND 58203	None	PC	Dollars for Doers/Charitable Giving	200
Clara Barton Hawthorne 1417 6th Street S Fargo, ND 58103	None	GOV	walkathon support	500
Total . . . . . ▶ **3a**				441,008

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
Crohns and Colitis Foundation of America 22865 Hunters Ridge Rd Lakeville, MN 55044	None	PC	Dollars for Doers/Charitable Giving	200
Cullen Childrens FoundationPO Box 594 West Fargo, ND 58078	None	PC	Dollars for Doers/Charitable Giving	400
Dreams in Motion IncPO Box 625 Mandan ND, ND 58554	None	PC	Dollars for Doers/Charitable Giving	200
Total . . . . . ▶ **3a**				441,008

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
Elgin New Leipzig Public Schools PO Box 70 Elgin, ND 58533	None	GOV	Sources of Strength Program	5,000
Elks Camp Grassick833 Grassick Ln Dawson, ND 58428	None	PC	Dollars for Doers/Charitable Giving	200
Emergency Food PantryPO Box 2821 Fargo, ND 58108	None	PC	Dollars for Doers/Charitable Giving	800
Total . . . . . ▶ **3a**				441,008

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
Essentia Health Regional Foundation 3000 32nd Avenue South Fargo, ND 58103	None	PC	NICU family resource support	2,500
Eventide Foundation801 Main Avenue Moorhead, MN 58560	None	PC	Dollars for Doers/Charitable Giving	200
Family HealthCare301 NP Avenue Fargo, ND 58102	None	PC	FHCs preventive in school dental services, yr 2 of 3, and Dollars for Doers	8,533
Total . . . . . ▶ **3a**				441,008

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
Fargo Park District Foundation 701 Main Avenue Fargo, ND 58103	None	PC	fitness equipment	22,750
FirstLink4357 13th Ave S Fargo, ND 58103	None	PC	Text 211 program, and Dollars for Doers	6,485
Fraser2902 S University Drive Fargo, ND 58103	None	PC	festival of trees sponsorship, help fund services, and Casual Day Dollars	953
Total . . . . . ▶ **3a**				441,008

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
Furry Friends Rockin Rescue 2500 14th Ave SE Mandan, ND 58554	None	PC	Dollars for Doers/Charitable Giving	600
Gateway to Science Center Inc 1810 Schafer St Bismarck, ND 58501	None	PC	support Stem programs	4,000
Gigi's Playhouse3224 20th Street S Fargo, ND 58104	None	PC	support programming	500
Total . . . . . ▶ **3a**				441,008

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
Grand Forks Senior Center 620 4th Ave S Grand Forks, ND 58201	None	PC	Dollars for Doers/Charitable Giving	200
Great North Pole675 13th Avenue E West Fargo, ND 58078	None	PC	Dollars for Doers/Charitable Giving	800
Lincoln Elementary2120 9th St S Fargo, ND 58103	None	GOV	Bikes for kids in need Lincoln Elementary	3,220
Total . . . . . ▶ **3a**				441,008

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
Great Plains Food Bank 1720 3rd Avenue N Fargo, ND 58102	None	PC	Casual Day Dollars	997
Greater FM Economic Development Center (STEM Alliance) 51 Broadway N Fargo, ND 58102	None	PC	Dollars for Doers/Charitable Giving	200
HERO5012 53rd St S Fargo, ND 58104	None	PC	Medical equipment cleaning	5,000
Total . . . . . ▶ **3a**				441,008

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
Higher Power Automotive Ministries Inc 5302 River Dr Fargo, ND 58102	None	PC	Dollars for Doers/Charitable Giving	200
Hillsboro Backpack ProgramPO Box 44 Hillsboro, ND 58045	None	GOV	backpack program	5,000
HIPP Kids Therapy 2497 Mustang Drive South Mandan, ND 58554	None	PC	Occupational Services for children	300
Total . . . . . ▶ **3a**				441,008

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
Homeward Animal Shelter 1201 28th Ave N Fargo, ND 58102	None	PC	Dollars for Doers/Charitable Giving	800
Hope Center313 3rd Street NE Devils Lake, ND 58301	None	PC	Dollars for Doers/Charitable Giving	400
Hopes Landing WEMBox 3645 Dickinson, ND 58601	None	PC	support sober living	2,500
Total . . . . . ▶ **3a**				441,008

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
Hospice of the Red River Valley 1701 38th Street S Fargo, ND 58103	None	PC	Dollars for Doers/Charitable Giving	200
Humane Society of Richland Wilkin County 1809 79 1/2 St SE Wahpeton, ND 58075	None	PC	Dollars for Doers/Charitable Giving	200
Independence Inc 2000 E Burdick Expressway Minot, ND 58701	None	PC	chili bowl sponsorship	750
Total . . . . . ▶ **3a**				441,008

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
Jamestown United WayPO Box 85 Jamestown, ND 58402	None	PC	Fundraiser Donations	73
JDRF Dakotas 1305 W 18th St Route 5192 Sioux Falls, SD 57117	None	PC	support type 1 diabetes research	2,500
Jeremiah Project3104 Fiechtner Dr S Fargo, ND 58103	None	PC	Dollars for Doers/Charitable Giving	200
Total . . . . . ▶ **3a**				441,008

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
Kamp KacePO Box 6462 Fargo, ND 58109	None	PC	Dollars for Doers/Charitable Giving	200
Lake Agassiz Habitat for Humanity PO Box 1022 Moorhead, MN 56561	None	PC	Dollars for Doers/Charitable Giving	200
Langdon Area High School 715 14th Avenue Langdon, ND 58249	None	GOV	Sources of Strength Program	5,000
Total . . . . . ▶ **3a**				441,008

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
Lend a Hand Dakota Medical Foundation 4141 28th Ave S Fargo, ND 58104	None	PC	Dollars for Doers/Charitable Giving	400
Little Missouri Arc403 2nd Ave SE Bowman, ND 58623	None	PC	Casual Day Dollars	179
Lutheran Social Services 3911 20th Avenue S Fargo, ND 58103	None	PC	support companion program	10,000
Total . . . . . ▶ **3a**				441,008

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
Make-A-Wish ND Chapter 4143 26th Ave S Fargo, ND 58104	None	PC	Casual Day Dollars	301
March of Dimes Foundation PO Box 673667 Marietta, GA 30006	None	PC	Dollars for Doers/Charitable Giving	2,973
Memory Cafe of the RRVPO Box 883 Fargo, ND 58107	None	PC	Dollars for Doers/Charitable Giving	200
Total . . . . . ▶ **3a**				441,008

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
Mental Health America of ND PO Box 4106 Bismarck, ND 58502	None	PC	Support mental illness	750
Midkota Public SchoolPO Box 98 Glenfield, ND 58421	None	GOV	Sources of Strength Program	5,000
Minot Family YMCAPO Box 69 Minot, ND 58702	None	PC	Family Fun night sponsor	2,000
Total . . . . . ▶ **3a**				441,008

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
Minot Head Start2815 Burdick Expy E Minot, ND 58701	None	PC	Dollars for Doers/Charitable Giving	200
Missouri Slope Areawide United Way PO Box 2111 Bismarck, ND 58502	None	PC	Emergency homeless shelter	8,500
Missouri Valley Family YMCA 1608 North Washington Street Bismarck, ND 58501	None	PC	Safety around water program funding	9,500
Total . . . . . ▶ **3a**				441,008

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
National Kidney Foundation 2601 S Minnesota Ave St 105-196 Sioux Falls, SD 57105	None	PC	Dollars for Doers/Charitable Giving	200
Native American Development Center 205 North 24th Street Bismarck, ND 58501	None	PC	transportation services and peer support program	7,500
ND Autism Center647 13th Ave E West Fargo, ND 58078	None	PC	support for walk for autism event	700
Total . . . . . ▶ **3a**				441,008

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ND Center for Nursing 3523 45th Street South Fargo, ND 58103	None	PC	Workplace culture	5,000
ND Child Care Providers Inc 2731 10th Ave SE Mandan, ND 58554	None	PC	support for first aid, CPR, and SIDS trainers	500
ND Dental Foundation Mission of Mercy 4141 28th Ave S Fargo, ND 58104	None	PC	free dental care	8,000
Total . . . . . ▶ **3a**				441,008

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ND Federation of Families for Children's Mental Health PO Box 3061 Bismarck, ND 58502	None	PC	youth mental health	1,000
NDANOPO Box 1091 Bismarck, ND 58502	None	PC	Nonprofit Leadership conference sponsor	500
NDSU School of Pharmacy 1401 Albrecht Blvd Fargo, ND 58102	None	GOV	Funding used to develop an Opioid Misuse Risk Prevention Toolkit for community pharmacists	9,500
Total . . . . . ▶ **3a**				441,008

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
New American Consortium for Wellness & Empowerment 15 21st Street S Fargo, ND 58103	None	PC	Dollars for Doers/Charitable Giving	200
Gladys Ray Shelter1519 1st Ave S Fargo, ND 58103	None	GOV	Purchased backpacks for homeless female veterans at the Gladys Ray Shelter	183
Northern Lights Youth Services Inc 502 West Caledonia Ave Hillsboro, ND 58045	None	PC	Dollars for Doers/Charitable Giving	200
Total . . . . . ▶ **3a**				441,008

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
Northern Prairie Performing Arts - FMCT 333 4th St S Fargo, ND 58103	None	PC	Dollars for Doers/Charitable Giving	200
Parkside Lutheran Home 501 3rd Avenue W Lisbon, ND 58054	None	PC	recumbent bike	1,000
Rape and Abuse Crisis Center PO Box 2984 Fargo, ND 58108	None	PC	Dollars for Doers/Charitable Giving	200
Total . . . . . ▶ **3a**				441,008

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
Red River Valley FOP Lodge #1 21 18th Street S Fargo, ND 58103	None	PC	support local children with new shoes, clothing, and backpacks	1,000
Richland Wilkin Emergency Food Pantry Inc 699 8th Ave S Wahpeton, ND 58075	None	PC	Dollars for Doers/Charitable Giving	200
Robert Asp Elementary 910 11th Street N Moorhead, MN 56560	None	GOV	walkathon support	500
Total . . . . . ▶ **3a**				441,008

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
Ronald McDonald House of RRV 1330 18th Avenue S Fargo, ND 58103	None	PC	Casual Day Dollars	1,016
Ronald McDonald House Charities of Bismarck PO Box 7323 Bismarck, ND 58103	None	PC	Casual Day Dollars	216
Safe Kids Grand ForksPO Box 6002 Grand Forks, ND 58206	None	PC	Safe Kids Day	100
Total . . . . . ▶ **3a**				441,008

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
Salvation ArmyPO Box 2124 Fargo, ND 58107	None	PC	Dollars for Doers/Charitable Giving	200
Souris Valley United Way 1941 4th Street SW Minot, ND 58701	None	PC	backpack buddies program to fight childhood hunger	7,000
Southern Valley Figure Skating Club PO Box 1412 Wahpeton, ND 58074	None	PC	promote and encourage skaters of all ages	200
Total . . . . . ▶ **3a**				441,008

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
Southwestern District Health Unit 227 16th Street West Dickinson, ND 58601	None	PC	Kids Health and Safety Fair	100
Special Olympics North Dakota 2616 S 26th St Grand Forks, ND 58201	None	PC	Dollars for Doers/Charitable Giving	200
Star Legacy Foundation 7820 Terrey Pine Ct 80 Eden Prairie, MN 55347	None	PC	Dollars for Doers/Charitable Giving	200
Total . . . . . ▶ **3a**				441,008

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
The Arc Cass County 215 North University Drive Fargo, ND 58102	None	PC	Casual Day Dollars	178
The Arc of Barnes County 141 2nd Street NE Valley City, ND 58072	None	PC	Casual Day Dollars	178
The Arc of Bismarck1500 E Capitol Bismarck, ND 58501	None	PC	Casual Day Dollars	178
Total . . . . . ▶ **3a**				441,008

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
The Arc of Dickinson653 19th Street W Dickinson, ND 58601	None	PC	Casual Day Dollars	178
The Arc Upper Valley Inc 2500 Demers Ave Grand Forks, ND 58201	None	PC	Casual Day Dollars	178
The Village Family Service Center PO Box 9859 Fargo, ND 58106	None	PC	Support for addiction, awareness and destigmatization	2,900
Total . . . . . ▶ **3a**				441,008

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
Theatre B215 10th Street N Moorhead, MN 58560	None	PC	Dollars for Doers/Charitable Giving	200
Theodore Roosevelt Medora Foundation PO Box 198 Medora, ND 58645	None	PC	Dollars for Doers/Charitable Giving	400
Tobacco Free NDPO Box 3237 Bismarck, ND 58502	None	PC	educational material to educate tobacco dangers, reduce youth initiation	5,000
Total . . . . . ▶ **3a**				441,008

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
Turtle Lake Community Hospital Association PO Box 280 Turtle Lake, ND 58575	None	PC	support 'crash-cart' equip upgrade	1,000
UND Dakota Conference 1301 N Columbia Road Stop 9037 Grand Forks, ND 58202	None	GOV	Opioid Work	2,000
Underwood Public Schools District #8 123 Summit Street Underwood, ND 58576	None	GOV	Sources of Strength Program	5,000
Total . . . . . ▶ **3a**				441,008

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
United Way of Cass Clay 219 7th Street S Fargo, ND 58103	None	PC	Annual Corporate Donation, and Casual Day Dollars	50,959
United Way of Barnes CountyPO Box 29 Valley City, ND 58072	None	PC	Fundraiser Donations	73
United Way of DickinsonPO Box 501 Dickinson, ND 58602	None	PC	Fundraiser Donations	73
Total . . . . . ▶ **3a**				441,008

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
United Way of Grand Forks East Grand Forks & Area 1407 24th Avenue South Grand Forks, ND 58201	None	PC	Fundraiser Donations	73
United Way of Richland-Wilkin PO Box 746 Wahpeton, ND 58074	None	PC	Fundraiser Donations	73
Basin United Way of Williston PO Box 176 Williston, ND 58802	None	PC	Fundraiser Donations	73
Total . . . . . ▶ **3a**				441,008

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
Valley Community Health Center 212 4th Street 200 Grand Forks, ND 58201	None	PC	School Dental Sealant Program	18,000
Valley Memorial Foundation 2900 14th Avenue S Grand Forks, ND 58201	None	PC	Headstart	100
Wish Fast8037 116th Avenue S Crete, ND 58040	None	PC	Benefit for Make a Wish ND	500
Total . . . . . ▶ **3a**				441,008

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
Wishek Public SchoolPO Box 247 Wishek, ND 58495	None	GOV	Sources of Strength Program	5,000
YWCA of Cass and Clay Counties 3100 12th Avenue N Fargo, ND 58102	None	PC	Dollars for Doers/Charitable Giving	1,200
University of North Dakota 264 Centennial Dr Mail Stop 7306 Grand Forks, ND 58202	None	GOV	Rural Health Providers Partnership Grants	50,140
Total . . . . . ▶ **3a**				441,008

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
Bismarck State College 1500 Edwards Ave PO Box 5587 Bismarck, ND 58506	None	GOV	Health Profession Scholarships	2,500
Cankdeska Cikana Community College PO Box 269 Fort Totten, ND 58335	None	GOV	Health Profession Scholarships	2,500
Dakota College at Bottineau 105 Simrall Blvd Bottineau, ND 58318	None	GOV	Health Profession Scholarships	2,500
Total . . . . . ▶ **3a**				441,008

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
Mayville State University 330 3rd Street NE Mayville, ND 58257	None	GOV	Health Profession Scholarships	2,500
Minot State University 500 University Ave W Minot, ND 58707	None	GOV	Health Profession Scholarships	2,500
NDSCS Financial Aid800 6th Street N Wahpeton, ND 58076	None	GOV	Health Profession Scholarships	2,500
Total . . . . . ▶ **3a**				441,008

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NDSU One StopPO Box 6050 Dept 2836 Fargo ND, ND 58108	None	GOV	Health Profession Scholarships	17,500
School of Medicine & Health Sciences 1301 N Columbia Road Stop 9037 Grand Forks, ND 58202	None	GOV	Health Profession Scholarships	17,500
United Tribes Technical College 3315 University Drive Bismarck, ND 58504	None	GOV	Health Profession Scholarships	2,500
Total . . . . . ▶ **3a**				441,008

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
University of Mary Financial Aid 7500 University Drive Bismarck, ND 58504	None	GOV	Health Profession Scholarships	2,500
University of North Dakota 264 Centennial Drive Stop 8371 Grand Forks, ND 58202	None	GOV	Health Profession Scholarships	5,000
Williston State College 1410 University Avenue Williston, ND 58801	None	GOV	Health Profession Scholarships	5,000
Total . . . . . ▶ **3a**				441,008

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491107008169

TY 2018 Investments - Other Schedule

Name: Blue Cross Blue Shield of North Dakota C

EIN: 36-3606394

Investments Other Schedule 2

Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value
Baird Aggregate Bond Fund	FMV	3,813,994	3,813,994
Transamerica International Equty Fund	FMV	876,470	876,470
Vanguard Total Stock Market	FMV	4,938,518	4,938,518

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TY 2018 Other Assets Schedule

Name: Blue Cross Blue Shield of North Dakota C

EIN: 36-3606394

Other Assets Schedule

Description	Beginning of Year - Book Value	End of Year - Book Value	End of Year - Fair Market Value
Investment Income Receivable	5,577	7	7

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TY 2018 Other Decreases Schedule

Name: Blue Cross Blue Shield of North Dakota C

EIN: 36-3606394

Description	Amount
Unrealized Loss	688,668

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TY 2018 Other Expenses Schedule

Name: Blue Cross Blue Shield of North Dakota C

EIN: 36-3606394

Other Expenses Schedule

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
Miscellaneous Expenses	114	0		114
Administrative Expenses	268,816	0		0
CaringForKids	37,447	0		37,447
Opioid Events	4,184	0		4,184
Suicide Prevention	977	0		977
Colorectal Cancer Awareness	9,900	0		9,900

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TY 2018 Other Professional Fees Schedule

Name: Blue Cross Blue Shield of North Dakota C

EIN: 36-3606394

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
Investment Management Fees	2,572	2,572		0

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491107008169

TY 2018 Taxes Schedule

Name: Blue Cross Blue Shield of North Dakota C

EIN: 36-3606394

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
Excise Taxes	5,737	0		0

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93491107008169

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

Schedule of Contributors

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

OMB No 1545-0047

2018

Name of the organization
Blue Cross Blue Shield of North Dakota C

Employer identification number
36-3606394

Organization type (check one)

Filers of:	Section:
Form 990 or 990-EZ	☐ 501(c)( ) (enter number) organization
	☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
	☐ 527 political organization
Form 990-PF	☑ 501(c)(3) exempt private foundation
	☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation
	☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule.**
Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions

General Rule

☑ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling $5,000 or more (in money or other property) from any one contributor Complete Parts I and II See instructions for determining a contributor's total contributions

Special Rules

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

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

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

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

Name of organization	Employer identification number
Blue Cross Blue Shield of North Dakota C	36-3606394

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	Noridian Mutual Insurance Company 4510 13th Ave S Fargo, ND 58121	$ 5,268,816	☑ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions)
-		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions)
-		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions)
-		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions)
-		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions)
-		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions)

Name of organization	Employer identification number
Blue Cross Blue Shield of North Dakota C	36-3606394

Part II Noncash Property

(See instructions) Use duplicate copies of Part II if additional space is needed

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		$	
(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
		$	

Name of organization	**Employer identification number**
Blue Cross Blue Shield of North Dakota C	36-3606394

Part III *Exclusively* **religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than $1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of** *exclusively* **religious, charitable, etc., contributions of $1,000 or less for the year. (Enter this information once. See instructions.) ▶ $** ____________

Use duplicate copies of Part III if additional space is needed

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

(e) Transfer of gift

Transferee's name, address, and ZIP 4	Relationship of transferor to transferee

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

(e) Transfer of gift

Transferee's name, address, and ZIP 4	Relationship of transferor to transferee

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

(e) Transfer of gift

Transferee's name, address, and ZIP 4	Relationship of transferor to transferee

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

(e) Transfer of gift

Transferee's name, address, and ZIP 4	Relationship of transferor to transferee