

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.  
 ▶ Information about Form 990-PF and its instructions is at [www.irs.gov/form990pf](http://www.irs.gov/form990pf).

OMB No 1545-0052  
**2016**  
**Open to Public Inspection**

**For calendar year 2016, or tax year beginning 01-01-2016, and ending 12-31-2016**

Name of foundation BLUE CROSS & BLUE SHIELD OF MISSISSIPPI FOUNDATION		<b>A Employer identification number</b> 20-0471034	
Number and street (or P O box number if mail is not delivered to street address) 3545 LAKELAND DRIVE	Room/suite	<b>B Telephone number (see instructions)</b> (601) 664-4473	
City or town, state or province, country, and ZIP or foreign postal code FLOWOOD, MS 39232		<b>C</b> If exemption application is pending, check here <input type="checkbox"/>	
<b>G</b> Check all that apply: <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Address change <input type="checkbox"/> Name change		<b>D 1.</b> Foreign organizations, check here <input type="checkbox"/> <b>2.</b> Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>	
<b>H</b> Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		<b>E</b> If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>	
<b>I</b> Fair market value of all assets at end of year (from Part II, col (c), line 16) ▶ \$ 97,636,028		<b>F</b> If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>	
<b>J</b> Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d) must be on cash basis)			

<b>Part I Analysis of Revenue and Expenses</b> <i>(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions) )</i>		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
<b>Revenue</b>	<b>1</b> Contributions, gifts, grants, etc., received (attach schedule)				
	<b>2</b> Check <input checked="" type="checkbox"/> if the foundation is <b>not</b> required to attach Sch B				
	<b>3</b> Interest on savings and temporary cash investments	9,964	9,964		
	<b>4</b> Dividends and interest from securities	2,338,716	2,338,716		
	<b>5a</b> Gross rents				
	<b>b</b> Net rental income or (loss)				
	<b>6a</b> Net gain or (loss) from sale of assets not on line 10	-154,242			
	<b>b</b> Gross sales price for all assets on line 6a	40,521,255			
	<b>7</b> Capital gain net income (from Part IV, line 2)		0		
	<b>8</b> Net short-term capital gain				
	<b>9</b> Income modifications				
	<b>10a</b> Gross sales less returns and allowances				
<b>b</b> Less Cost of goods sold					
<b>c</b> Gross profit or (loss) (attach schedule)					
<b>11</b> Other income (attach schedule)	69,257	0	0		
<b>12 Total.</b> Add lines 1 through 11	2,263,695	2,348,680	0		
<b>Operating and Administrative Expenses</b>	<b>13</b> Compensation of officers, directors, trustees, etc	95,639	0	0	96,797
	<b>14</b> Other employee salaries and wages	115,103	0	0	116,605
	<b>15</b> Pension plans, employee benefits	28,835	0	0	29,175
	<b>16a</b> Legal fees (attach schedule)				
	<b>b</b> Accounting fees (attach schedule)	25,000	0	0	8,300
	<b>c</b> Other professional fees (attach schedule)	56,960	0	0	56,960
	<b>17</b> Interest				
	<b>18</b> Taxes (attach schedule) (see instructions)	51,892	0	0	12,184
	<b>19</b> Depreciation (attach schedule) and depletion	1,870	0	0	
	<b>20</b> Occupancy				
	<b>21</b> Travel, conferences, and meetings	18,804	0	0	19,873
	<b>22</b> Printing and publications				
	<b>23</b> Other expenses (attach schedule)	372,924	351,592	0	21,374
	<b>24 Total operating and administrative expenses.</b> Add lines 13 through 23	767,027	351,592	0	361,268
	<b>25</b> Contributions, gifts, grants paid	4,178,474			4,178,474
<b>26 Total expenses and disbursements.</b> Add lines 24 and 25	4,945,501	351,592	0	4,539,742	
<b>27</b> Subtract line 26 from line 12					
<b>a Excess of revenue over expenses and disbursements</b>	-2,681,806				
<b>b Net investment income</b> (if negative, enter -0-)		1,997,088			
<b>c Adjusted net income</b> (if negative, enter -0-)			0		

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

		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .			
	<b>2</b> Savings and temporary cash investments . . . . .	4,483,470	1,553,573	1,553,573
	<b>3</b> Accounts receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	<b>4</b> Pledges receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	<b>5</b> Grants receivable . . . . .	17,000,000		
	<b>6</b> Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions) . . . . .			
	<b>7</b> Other notes and loans receivable (attach schedule) ▶ _____ Less allowance for doubtful accounts ▶ _____			
	<b>8</b> Inventories for sale or use . . . . .			
	<b>9</b> Prepaid expenses and deferred charges . . . . .			
	<b>10a</b> Investments—U S and state government obligations (attach schedule)	25,070,691	16,696,139	16,696,139
	<b>b</b> Investments—corporate stock (attach schedule) . . . . .			
	<b>c</b> Investments—corporate bonds (attach schedule) . . . . .			
	<b>11</b> Investments—land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
	<b>12</b> Investments—mortgage loans . . . . .			
	<b>13</b> Investments—other (attach schedule) . . . . .	49,784,145	79,237,720	79,237,720
	<b>14</b> Land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
<b>15</b> Other assets (describe ▶ _____)	125,420	148,596	148,596	
<b>16 Total assets</b> (to be completed by all filers—see the instructions Also, see page 1, item I)	96,463,726	97,636,028	97,636,028	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	20,103	47,122	
	<b>18</b> Grants payable . . . . .			
	<b>19</b> Deferred revenue . . . . .			
	<b>20</b> Loans from officers, directors, trustees, and other disqualified persons			
	<b>21</b> Mortgages and other notes payable (attach schedule) . . . . .			
	<b>22</b> Other liabilities (describe ▶ _____)	95,753	71,352	
	<b>23 Total liabilities</b> (add lines 17 through 22) . . . . .	115,856	118,474	
<b>Net Assets or Fund Balances</b>	<b>Foundations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 24 through 26 and lines 30 and 31.</b>			
	<b>24</b> Unrestricted . . . . .	79,347,870	97,517,554	
	<b>25</b> Temporarily restricted . . . . .	17,000,000	0	
	<b>26</b> Permanently restricted . . . . .			
	<b>Foundations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 27 through 31.</b>			
	<b>27</b> Capital stock, trust principal, or current funds . . . . .			
	<b>28</b> Paid-in or capital surplus, or land, bldg , and equipment fund			
	<b>29</b> Retained earnings, accumulated income, endowment, or other funds			
<b>30 Total net assets or fund balances</b> (see instructions) . . . . .	96,347,870	97,517,554		
<b>31 Total liabilities and net assets/fund balances</b> (see instructions) .	96,463,726	97,636,028		

**Part III Analysis of Changes in Net Assets or Fund Balances**

<b>1</b> 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)	<b>1</b>	96,347,870
<b>2</b> Enter amount from Part I, line 27a . . . . .	<b>2</b>	-2,681,806
<b>3</b> Other increases not included in line 2 (itemize) ▶ _____	<b>3</b>	3,851,490
<b>4</b> Add lines 1, 2, and 3 . . . . .	<b>4</b>	97,517,554
<b>5</b> Decreases not included in line 2 (itemize) ▶ _____	<b>5</b>	0
<b>6</b> Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 .	<b>6</b>	97,517,554

**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)
<b>1 a</b> US TREASURY & GOVERNMENT OBLIGATIONS			2014-01-01	2016-12-31
<b>b</b> EQUITY SECURITIES			2014-01-01	2016-12-31
<b>c</b> MUTUAL FUNDS			2014-01-01	2016-12-31
<b>d</b>				
<b>e</b>				
(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)	
<b>a</b> 24,057,133		24,067,938	-10,805	
<b>b</b> 5,654,264		5,495,707	158,557	
<b>c</b> 10,809,858		11,111,852	-301,994	
<b>d</b>				
<b>e</b>				
(i) F M V as of 12/31/69			(j) Adjusted basis as of 12/31/69	
(k) Excess of col (i) over col (j), if any			(l) Gain or (loss) col (k), but not less than -0- or Losses (from col (h))	
<b>a</b>			-10,805	
<b>b</b>			158,557	
<b>c</b>			-301,994	
<b>d</b>				
<b>e</b>				
<b>2</b> Capital gain net income or (net capital loss)			<b>2</b>	-154,242
<b>3</b> 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			<b>3</b>	

**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))
2015	3,448,944	78,223,713	0 044091
2014	3,124,563	65,611,005	0 047623
2013	3,037,542	57,366,395	0 052950
2012	3,266,657	58,859,167	0 055500
2011	2,837,319	51,274,099	0 055336
<b>2</b> Total of line 1, column (d)			<b>2</b> 0 255500
<b>3</b> Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years			<b>3</b> 0 051100
<b>4</b> Enter the net value of noncharitable-use assets for 2016 from Part X, line 5			<b>4</b> 93,544,981
<b>5</b> Multiply line 4 by line 3			<b>5</b> 4,780,149
<b>6</b> Enter 1% of net investment income (1% of Part I, line 27b)			<b>6</b> 19,971
<b>7</b> Add lines 5 and 6			<b>7</b> 4,800,120
<b>8</b> Enter qualifying distributions from Part XII, line 4			<b>8</b> 4,539,742

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)

Table with 11 rows for excise tax calculations. Includes sub-rows 6a-6d for 2016 estimated tax payments. Total amount owed is 22,944, with 22,944 refunded.

Part VII-A Statements Regarding Activities

Table with 10 rows for activity statements. Columns include question number, 'Yes', and 'No' checkboxes. Questions cover political influence, political spending, Form 1120-POL filing, unrelated business income, and substantial contributors.

Part VII-A Statements Regarding Activities (continued)

Table with 3 columns: Question, Yes, No. Rows 11-13 regarding controlled entities, donor advised funds, and public inspection requirements.

14 The books are in care of LESLIE H SORRELL CPA Telephone no (601) 664-4634

Located at 3545 LAKELAND DRIVE FLOWOOD MS ZIP+4 39232

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 over a bank, securities, or other financial account in a foreign country? Includes instructions for exceptions and filing requirements for FinCEN Form 114.

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.

Main table for Part VII-B with 3 columns: Question, Yes, No. Rows 1a-1c, 2a-2c, 3a-3b, 4a-4b regarding Form 4720 exceptions and requirements.

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

**5a** During the year did the foundation pay or incur any amount to

**(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)?  Yes  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?  Yes  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?  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	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
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	Title, and average hours per week (b) devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) 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)**

<b>3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".</b>		
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
<b>Total number of others receiving over \$50,000 for professional services.</b>		<b>0</b>

**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
<b>1</b>	
<b>2</b>	
<b>3</b>	
<b>4</b>	

**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
<b>1</b>	
<b>2</b>	
All other program-related investments. See instructions.	
<b>3</b>	
<b>Total.</b> Add lines 1 through 3	<b>0</b>

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

<b>1</b>	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
<b>a</b>	Average monthly fair market value of securities.	<b>1a</b>	90,388,570
<b>b</b>	Average of monthly cash balances.	<b>1b</b>	4,445,364
<b>c</b>	Fair market value of all other assets (see instructions).	<b>1c</b>	135,590
<b>d</b>	<b>Total</b> (add lines 1a, b, and c).	<b>1d</b>	94,969,524
<b>e</b>	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation).	<b>1e</b>	0
<b>2</b>	Acquisition indebtedness applicable to line 1 assets.	<b>2</b>	0
<b>3</b>	Subtract line 2 from line 1d.	<b>3</b>	94,969,524
<b>4</b>	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions).	<b>4</b>	1,424,543
<b>5</b>	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3. Enter here and on Part V, line 4.	<b>5</b>	93,544,981
<b>6</b>	<b>Minimum investment return.</b> Enter 5% of line 5.	<b>6</b>	4,677,249

**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.)

<b>1</b>	Minimum investment return from Part X, line 6.	<b>1</b>	4,677,249
<b>2a</b>	Tax on investment income for 2016 from Part VI, line 5.	<b>2a</b>	39,942
<b>b</b>	Income tax for 2016 (This does not include the tax from Part VI).	<b>2b</b>	
<b>c</b>	Add lines 2a and 2b.	<b>2c</b>	39,942
<b>3</b>	Distributable amount before adjustments. Subtract line 2c from line 1.	<b>3</b>	4,637,307
<b>4</b>	Recoveries of amounts treated as qualifying distributions.	<b>4</b>	69,257
<b>5</b>	Add lines 3 and 4.	<b>5</b>	4,706,564
<b>6</b>	Deduction from distributable amount (see instructions).	<b>6</b>	0
<b>7</b>	<b>Distributable amount</b> as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1.	<b>7</b>	4,706,564

**Part XII Qualifying Distributions** (see instructions)

<b>1</b>	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
<b>a</b>	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26.	<b>1a</b>	4,539,742
<b>b</b>	Program-related investments—total from Part IX-B.	<b>1b</b>	0
<b>2</b>	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes.	<b>2</b>	
<b>3</b>	Amounts set aside for specific charitable projects that satisfy the		
<b>a</b>	Suitability test (prior IRS approval required).	<b>3a</b>	
<b>b</b>	Cash distribution test (attach the required schedule).	<b>3b</b>	
<b>4</b>	<b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4.	<b>4</b>	4,539,742
<b>5</b>	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).	<b>5</b>	0
<b>6</b>	<b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4.	<b>6</b>	4,539,742

**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 2015	(c) 2015	(d) 2016
<b>1</b> Distributable amount for 2016 from Part XI, line 7				4,706,564
<b>2</b> Undistributed income, if any, as of the end of 2016				
<b>a</b> Enter amount for 2015 only. . . . .			0	
<b>b</b> Total for prior years 20___, 20___, 20___		0		
<b>3</b> Excess distributions carryover, if any, to 2016				
<b>a</b> From 2011. . . . .				
<b>b</b> From 2012. . . . .				47,445
<b>c</b> From 2013. . . . .				183,332
<b>d</b> From 2014. . . . .				
<b>e</b> From 2015. . . . .				
<b>f</b> Total of lines 3a through e. . . . .	230,777			
<b>4</b> Qualifying distributions for 2016 from Part XII, line 4 ▶ \$ <u>4,539,742</u>				
<b>a</b> Applied to 2015, but not more than line 2a			0	
<b>b</b> Applied to undistributed income of prior years (Election required—see instructions). . . . .		0		
<b>c</b> Treated as distributions out of corpus (Election required—see instructions). . . . .	0			
<b>d</b> Applied to 2016 distributable amount. . . . .				4,539,742
<b>e</b> Remaining amount distributed out of corpus				0
<b>5</b> Excess distributions carryover applied to 2016 (If an amount appears in column (d), the same amount must be shown in column (a) )	166,822			166,822
<b>6</b> Enter the net total of each column as indicated below:				
<b>a</b> Corpus Add lines 3f, 4c, and 4e Subtract line 5	63,955			
<b>b</b> Prior years' undistributed income Subtract line 4b from line 2b . . . . .		0		
<b>c</b> 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		
<b>d</b> Subtract line 6c from line 6b Taxable amount—see instructions . . . . .		0		
<b>e</b> Undistributed income for 2015 Subtract line 4a from line 2a Taxable amount—see instructions . . . . .			0	
<b>f</b> Undistributed income for 2016 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2017 . . . . .				0
<b>7</b> 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			
<b>8</b> Excess distributions carryover from 2011 not applied on line 5 or line 7 (see instructions). . . . .	0			
<b>9</b> Excess distributions carryover to 2017. Subtract lines 7 and 8 from line 6a . . . . .	63,955			
<b>10</b> Analysis of line 9				
<b>a</b> Excess from 2012. . . . .				
<b>b</b> Excess from 2013. . . . .				63,955
<b>c</b> Excess from 2014. . . . .				
<b>d</b> Excess from 2015. . . . .				
<b>e</b> Excess from 2016. . . . .				

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 2016, 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)
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 organization 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 (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d

a The name, address, and telephone number or e-mail address of the person to whom applications should be addressed
SHEILA GROGAN
PO BOX 1043
JACKSON, MS 392151043
(601) 664-4473

b The form in which applications should be submitted and information and materials they should include
ALL APPLICANTS MUST INITIATE THE PROCESS OF APPLYING FOR A GRANT BY SUBMITTING A BRIEF LETTER OF INQUIRY THE LETTER OF INQUIRY SHOULD PROVIDE A CLEAR AND CONCISE DESCRIPTION OF THE ORGANIZATION'S PROJECT AN ELECTRONIC SUBMISSION CAN BE MADE BY COMPLETING THE LETTER OF INQUIRY QUESTIONS AT WWW.HEALTHIERMISSISSIPPI.ORG ONCE THE LETTER OF INQUIRY HAS BEEN REVIEWED, THE APPLICANT THEN WILL RECEIVE ONE OF THE FOLLOWING 1) A REQUEST FOR MORE INFORMATION, 2) A REQUEST FOR A FULL GRANT APPLICATION, OR 3) A LETTER INFORMING YOU THAT THE FOUNDATION CANNOT FUND YOUR PROJECT

c Any submission deadlines
N/A

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors
TO BE ELIGIBLE FOR FUNDING CONSIDERATION FROM THE TAXPAYER, AN ORGANIZATION MUST MEET THE FOLLOWING GUIDELINES 1)BE LOCATED IN MS,2)BENEFIT THE CITIZENS OF MS,3)SERVE THE COMMUNITY WITH NO DISCRIMINATION BY AGE, RACE, GENDER, RELIGION, SEXUAL ORIENTATION, OR DISABILITY,4)NOT DUPLICATE OR SIGNIFICANTLY OVERLAP THE WORK OF PUBLIC AGENCIES,5)BE A 501(C)(3) CHARITABLE ORGANIZATION (BUT NOT A PRIVATE FNDTN) AND PROVIDE PROOF OF SUCH CURRENT DESIGNATION IN THE FORM OF AN IRS DETERM LETTER, OR GOV'TL ENTITY OR PUBLIC CHARITY THE TAXPAYER DOES NOT PROVIDE FUNDING FOR THE FOLLOWING 1) INDIVIDUALS,2)PROJECTS THAT ARE NOT DIRECTLY FOCUSED ON ADDRESSING THE HEALTH AND WELLNESS OF CITIZENS OF MS,3) DENOMINATIONAL OR RELIGIOUS ORGANIZATIONS,4)POLITICAL CAUCUSES, CANDIDATES, OR CAMPAIGNS,5)SPECIAL OCCASION OR COMMEMORATIVE ADVERTISING,6)HOSPITALS OR HOSPITAL BUILDING FUNDS, UNLESS PART OF A 501(C)(3) CHARITABLE BRANCH OF A HOSPITAL,7)COLLEGE ALUMNI GROUPS OR HIGH SCHOOL/COLLEGE SPORTS TEAMS/EVENTS

**Part XV** **Supplementary Information** (continued)**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i> See Additional Data Table				
<b>Total . . . . .</b> ▶ <b>3a</b>				4,178,474
<b>b</b> <i>Approved for future payment</i>				
<b>Total . . . . .</b> ▶ <b>3b</b>				0

**Part XVI-A Analysis of Income-Producing Activities**

Enter gross amounts unless otherwise indicated

	Unrelated business income		Excluded by section 512, 513, or 514		<b>(e)</b> Related or exempt function income (See instructions )
	<b>(a)</b> Business code	<b>(b)</b> Amount	<b>(c)</b> Exclusion code	<b>(d)</b> Amount	
<b>1</b> Program service revenue					
<b>a</b> _____					
<b>b</b> _____					
<b>c</b> _____					
<b>d</b> _____					
<b>e</b> _____					
<b>f</b> _____					
<b>g</b> Fees and contracts from government agencies					
<b>2</b> Membership dues and assessments . . . . .					
<b>3</b> Interest on savings and temporary cash investments . . . . .			14	9,964	
<b>4</b> Dividends and interest from securities . . . . .			14	2,338,716	
<b>5</b> Net rental income or (loss) from real estate					
<b>a</b> Debt-financed property . . . . .					
<b>b</b> Not debt-financed property . . . . .					
<b>6</b> Net rental income or (loss) from personal property					
<b>7</b> Other investment income . . . . .					
<b>8</b> Gain or (loss) from sales of assets other than inventory . . . . .			18	-154,242	
<b>9</b> Net income or (loss) from special events					
<b>10</b> Gross profit or (loss) from sales of inventory					
<b>11</b> Other revenue					
<b>a</b> GRANT RECOVERIES					69,257
<b>b</b> _____					
<b>c</b> _____					
<b>d</b> _____					
<b>e</b> _____					
<b>12</b> Subtotal Add columns (b), (d), and (e).		0		2,194,438	69,257
<b>13</b> <b>Total.</b> Add line 12, columns (b), (d), and (e). (See worksheet in line 13 instructions to verify calculations)			<b>13</b>	<u>2,263,695</u>	<u>2,263,695</u>

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

<b>Line No.</b> ▼	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 )
11	RECOVERIES OF GRANTS INCLUDED IN CHARITABLE DISBURSEMENTS IN THE PRIOR YEAR ALSO SEE PART XI, LINE 4

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

**1** Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (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)**  **Yes**  **No**
- (2)** Other assets. . . . . **1a(2)**  **Yes**  **No**

**b** Other transactions

- (1)** Sales of assets to a noncharitable exempt organization. . . . . **1b(1)**  **Yes**  **No**
- (2)** Purchases of assets from a noncharitable exempt organization. . . . . **1b(2)**  **Yes**  **No**
- (3)** Rental of facilities, equipment, or other assets. . . . . **1b(3)**  **Yes**  **No**
- (4)** Reimbursement arrangements. . . . . **1b(4)**  **Yes**  **No**
- (5)** Loans or loan guarantees. . . . . **1b(5)**  **Yes**  **No**
- (6)** Performance of services or membership or fundraising solicitations. . . . . **1b(6)**  **Yes**  **No**

**c** Sharing of facilities, equipment, mailing lists, other assets, or paid employees. . . . . **1c**  **Yes**  **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) of the Code (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.

\*\*\*\*\*      2017-11-09      \*\*\*\*\*

Signature of officer or trustee      Date      Title

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

<b>Paid Preparer Use Only</b>	Print/Type preparer's name TED B EDWARDS CPA	Preparer's Signature	Date 2017-10-20	Check if self-employed <input type="checkbox"/>	PTIN P00957105
	Firm's name ▶ HADDOX REID EUBANK BETTS PLLC				Firm's EIN ▶ 64-0414329
	Firm's address ▶ 188 EAST CAPITOL STREET STE 500 JACKSON, MS 39201				Phone no (601) 948-2924

**Form 990FP 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
THOMAS C FENTER MD 3545 LAKELAND DRIVE FLOWOOD, MS 39232	CHAIRMAN, DIRECTOR 1 00	0	0	0
HARRY M WALKER 3545 LAKELAND DRIVE FLOWOOD, MS 39232	VICE CHAIRMAN, DIRECTOR 1 00	6,000	0	0
JEFFERY T LEBER 3545 LAKELAND DRIVE FLOWOOD, ME 39232	PRESIDENT, DIRECTOR 1 00	0	0	0
SCOTT T WILLIAMSON 3545 LAKELAND DRIVE FLOWOOD, MS 39232	SECRETARY, DIRECTOR 1 00	0	0	0
DOUGLAS R GARRETT 3545 LAKELAND DRIVE FLOWOOD, MS 39232	TREASURER, DIRECTOR 1 00	0	0	0
J EDWARD HILL MD 3545 LAKELAND DRIVE FLOWOOD, MS 39232	DIRECTOR 1 00	4,500	0	0
REGINALD LEE 3545 LAKELAND DRIVE FLOWOOD, MS 39232	DIRECTOR 1 00	0	0	0
LAQUANTA M NELSON PHD 3545 LAKELAND DRIVE FLOWOOD, MS 39232	DIRECTOR 1 00	4,500	0	0
CHRISTINA C THOMAS 3545 LAKELAND DRIVE FLOWOOD, MS 39232	DIRECTOR 1 00	0	0	0
SHEILA GROGAN 3545 LAKELAND DRIVE FLOWOOD, MS 39232	EXECUTIVE DIRECTOR 23 00	69,264	11,375	0

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


Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
ALCORN STATE UNIVERSITY 1000 ASU DRIVE 569 LORMAN, MS 39096		PC	HEALTH & WELLNESS - BRAVES FOR FITNESS INITIATIVE	233,383
BELL ACADEMY 305 MERRITT DRIVE CLEVELAND, MS 38732		PC	HEALTH & WELLNESS - 2016 BUILDING HEALTHY SCHOOLS	5,000
CITY OF HERNANDO 475 WEST COMMERCE ST HERNANDO, MS 38632		GOV	HEALTH & WELLNESS - HEALTHY HEROES INITIATIVE	42,965
CITY OF MAGEE 123 MAIN STREET MAGEE, MS 39111		GOV	HEALTH & WELLNESS - HEALTHY HOMETOWN	25,000
CITY OF MORTON PO BOX 555 MORTON, MS 39117		GOV	HEALTH & WELLNESS - HEALTHIEST HOMETOWN	50,000
<b>Total . . . . .</b> ▶				4,178,474
<b>3a</b>				

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
CITY OF MOSS POINT 4320 MCINNIS AVENUE MOSS POINT, MS 39563		GOV	HEALTH & WELLNESS - HEALTHY HEROES INITIATIVE	25,618
CITY OF OXFORD 107 COURTHOUSE SQUARE OXFORD, MS 38656		GOV	HEALTH & WELLNESS - HEALTHY HEROES INITIATIVE	14,018
CITY OF PASCAGOULA PO DRAWER 908 PASCAGOULA, MS 39568		GOV	HEALTH & WELLNESS - HEALTHY HEROES INITIATIVE	41,910
CITY OF RIDGELAND PO BOX 217 RIDGELAND, MS 39158		GOV	HEALTH & WELLNESS - HEALTHY HEROES INITIATIVE	15,019
CITY OF STARKVILLE 110 WEST MAIN STREET STARKVILLE, MS 39759		GOV	HEALTH & WELLNESS - HEALTHY HEROES INITIATIVE	35,956
<b>Total . . . . .</b> ▶ <b>3a</b>				4,178,474



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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
COAHOMA COMMUNITY COLLEGE 3240 FRIARS POINT ROAD CLARKSDALE, MS 38614		PC	HEALTH & WELLNESS - FIT FOR LIFE INITIATIVE	299,854
EAST CENTRAL COMMUNITY COLLEGE PO BOX 129 DECATUR, MS 39327		PC	HEALTH & WELLNESS - THE WARRIORS WELLNESS INITIATIVE	127,500
EAST MISSISSIPPI COMMUNITY COLLEGE PO BOX 158 SCOOBA, MS 39358		PC	HEALTH & WELLNESS - MAKING STRIDES INITIATIVE	211,086
HINDS COUNTY SHERIFF'S DEPARTMENT 407 EAST PASCAGOULA STREET JACKSON, MS 39201		GOV	HEALTH & WELLNESS - HEALTHY HEROES INITIATIVE	59,557
MANTACHIE ELEMENTARY SCHOOL 311 MUSTANG DRIVE MANTACHIE, MS 38855		PC	HEALTH & WELLNESS - OPERATION JUMP START INITIATIVE	17,200
<b>Total</b> . . . . . 				4,178,474
<b>3a</b>				

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
MISSISSIPPI COLLEGE 200 SOUTH CAPITOL ST CLINTON, MS 39056		PC	HEALTH & WELLNESS - WELLNESS FOR LIFE INITIATIVE	148,157
MISSISSIPPI DELTA COMMUNITY COLLEGE PO BOX 668 MOORHEAD, MS 38761		PC	HEALTH & WELLNESS - DELTA FIT INITIATIVE	458,150
MISSISSIPPI STATE UNIVERSITY PO BOX 6156 MISSISSIPPI STATE, MS 39762		PC	HEALTH & WELLNESS - ON THE MOVE INITIATIVE	256,649
MISSISSIPPI UNIVERSITY FOR WOMEN 1100 COLLEGE ST MUW-5800 COLUMBUS, MS 39701		PC	HEALTH & WELLNESS - PASSPORT TO WELLNESS INITIATIVE	244,255
NORTHEAST MISSISSIPPI COMMUNITY COLLEGE 101 CUNNINGHAM BLVD BOONEVILLE, MS 38829		PC	HEALTH & WELLNESS - FITNESS INITIATIVE	313,915
<b>Total</b> . . . . . <b>3a</b>				4,178,474


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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
OCEAN SPRINGS ELEMENTARY SCHOOL PO BOX 7002 OCEAN SPRINGS, MS 39564		PC	HEALTH & WELLNESS - HEALTHIEST SCHOOL AWARD	50,000
OCEAN SPRINGS HIGH SCHOOL PO BOX 7002 OCEAN SPRINGS, MS 39564		PC	HEALTH & WELLNESS - HEALTHIEST SCHOOL AWARD	25,000
PEARL RIVER COMMUNITY COLLEGE PO BOX 5090 POPLARVILLE, MS 39470		PC	HEALTH & WELLNESS - WILDCAT WELLNESS INITIATIVE	147,493
PONTOTOC MIDDLE SCHOOL 140 EDUCATION DRIVE PONTOTOC, MS 38863		PC	HEALTH & WELLNESS - SPRINGING INTO MOTION INITIATIVE	62,425
PROJECT FIT AMERICA PO BOX 308 BOYES HOT SPRINGS, CA 95416		PC	HEALTH & WELLNESS - P E EQUIPMENT	6,750
<b>Total . . . . . ▶</b> <b>3a</b>				4,178,474

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
PROJECT FIT AMERICA PO BOX 308 BOYES HOT SPRINGS, CA 95416		PC	HEALTH & WELLNESS - P E CURRICULUM FOR PFA REGIONAL TRAININGS	650
PROJECT FIT AMERICA PO BOX 308 BOYES HOT SPRINGS, CA 95416		PC	HEALTH & WELLNESS - P E EQUIPMENT FOR P E CONFERENCE	35,193
THE UNIVERSITY OF SOUTHERN MISSISSIPPI - GULF PARK CAMPUS 730 EAST BEACH BLVD LONG BEACH, MS 39560		PC	HEALTH & WELLNESS - HEALTH IS GOLDEN AT GULF PARK INITIATIVE	290,953
THE UNIVERSITY OF SOUTHERN MISSISSIPPI 118 COLLEGE DRIVE 5071 HATTIESBURG, MS 39406		PC	HEALTH & WELLNESS - HEALTH IS GOLDEN INITIATIVE	246,700
TOWN OF WALNUT PO BOX 540 WALNUT, MS 38683		GOV	HEALTH & WELLNESS - HEALTHY HEROES INITIATIVE	75,618
<b>Total . . . . . ▶</b> <b>3a</b>				4,178,474

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
TWENTY-EIGHTH STREET ELEMENTARY SCHOOL PO BOX 220 GULFPORT, MS 39502		GOV	HEALTH & WELLNESS - HEALTHIEST SCHOOL AWARD	25,000
UNIVERSITY OF MISSISSIPPI PO BOX 1848 UNIVERSITY, MS 38677		PC	HEALTH & WELLNESS - REBELWELL INITIATIVE	587,500
<b>Total . . . . .</b> 				<b>3a</b> 4,178,474

**TY 2016 Accounting Fees Schedule**

**Name:** BLUE CROSS & BLUE SHIELD OF  
MISSISSIPPI FOUNDATION

**EIN:** 20-0471034

<b>Category</b>	<b>Amount</b>	<b>Net Investment Income</b>	<b>Adjusted Net Income</b>	<b>Disbursements for Charitable Purposes</b>
ACCOUNTING FEES	25,000	0	0	8,300

**TY 2016 General Explanation Attachment**

**Name:** BLUE CROSS & BLUE SHIELD OF  
MISSISSIPPI FOUNDATION

**EIN:** 20-0471034

**General Explanation Attachment**

Identifier	Return Reference	Explanation	
1		990-PF PART VII-B, LINES 1A (3) AND 1A(4)	THE FOUNDATION RECEIVED THE FOLLOWING ITEMS AT NO COST FROM BLUE CROSS & BLUE SHIELD OF MISSISSIPPI 1) OFFICE AND OTHER INCIDENTAL SUPPLIES 2) NON-PROFESSIONAL SERVICES AND 3) THE USE OF BLUE CROSS & BLUE SHIELD OF MISSISSIPPI FACILITIES FOR OFFICE SPACE AS ALLOWED UNDER REGULATIONS 53 4941(D)-3, THE FOUNDATION REIMBURSED BLUE CROSS & BLUE SHIELD OF MISSISSIPPI FOR COMPENSATION AND EXPENSES DIRECTLY RELATED TO THE PERFORMANCE OF PERSONAL SERVICES WHICH WERE REASONABLE AND NECESSARY TO CARRY OUT THE EXEMPT PURPOSE OF THE FOUNDATION

**TY 2016 Investments Government Obligations Schedule**

**Name:** BLUE CROSS & BLUE SHIELD OF  
MISSISSIPPI FOUNDATION

**EIN:** 20-0471034

**US Government Securities - End  
of Year Book Value:**

16,696,139

**US Government Securities - End  
of Year Fair Market Value:**

16,696,139

**State & Local Government  
Securities - End of Year Book  
Value:**

0

**State & Local Government  
Securities - End of Year Fair  
Market Value:**

0



**TY 2016 Investments - Other Schedule**

**Name:** BLUE CROSS & BLUE SHIELD OF  
MISSISSIPPI FOUNDATION

**EIN:** 20-0471034

<b>Category/ Item</b>	<b>Listed at Cost or FMV</b>	<b>Book Value</b>	<b>End of Year Fair Market Value</b>
MUTUAL FUNDS	FMV	50,161,121	50,161,121
EQUITY SECURITIES	FMV	29,076,599	29,076,599

**TY 2016 Other Assets Schedule**

**Name:** BLUE CROSS & BLUE SHIELD OF  
MISSISSIPPI FOUNDATION

**EIN:** 20-0471034

**Other Assets Schedule**

Description	Beginning of Year - Book Value	End of Year - Book Value	End of Year - Fair Market Value
ACCRUED INTEREST	125,420	148,596	148,596

**TY 2016 Other Expenses Schedule**

**Name:** BLUE CROSS & BLUE SHIELD OF  
MISSISSIPPI FOUNDATION

**EIN:** 20-0471034

**Other Expenses Schedule**

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
CUSTODY FEES	58,695	58,695	0	0
INVESTMENT MANAGER FEES	292,897	292,897	0	0
DUES & ASSESSMENTS	1,608	0	0	1,608
SOFTWARE RENTALS & LEASES	3,025	0	0	3,025
PRINTING & SUPPLIES	8,238	0	0	8,238
BANKING FEES	180	0	0	180
MISCELLANEOUS EXPENSES	8,281	0	0	8,323

**TY 2016 Other Income Schedule**

**Name:** BLUE CROSS & BLUE SHIELD OF  
MISSISSIPPI FOUNDATION

**EIN:** 20-0471034

**Other Income Schedule**

Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
GRANT RECOVERIES	69,257		69,257

**TY 2016 Other Increases Schedule**

**Name:** BLUE CROSS & BLUE SHIELD OF  
MISSISSIPPI FOUNDATION

**EIN:** 20-0471034

<b>Description</b>	<b>Amount</b>
UNREALIZED GAINS & LOSSES	3,851,490

**TY 2016 Other Liabilities Schedule**

**Name:** BLUE CROSS & BLUE SHIELD OF  
MISSISSIPPI FOUNDATION

**EIN:** 20-0471034

<b>Description</b>	<b>Beginning of Year - Book Value</b>	<b>End of Year - Book Value</b>
ACCRUED EXCISE TAX PAYABLE	28,511	8,453
PAYABLE TO BLUE CROSS & BLUE SHIELD OF MISSISSIPPI	67,242	62,899

**TY 2016 Other Professional Fees Schedule**

**Name:** BLUE CROSS & BLUE SHIELD OF  
MISSISSIPPI FOUNDATION

**EIN:** 20-0471034

<b>Category</b>	<b>Amount</b>	<b>Net Investment Income</b>	<b>Adjusted Net Income</b>	<b>Disbursements for Charitable Purposes</b>
CONSULTING & PROFESSIONAL	56,960	0	0	56,960

**TY 2016 Taxes Schedule**

**Name:** BLUE CROSS & BLUE SHIELD OF  
MISSISSIPPI FOUNDATION

**EIN:** 20-0471034

<b>Category</b>	<b>Amount</b>	<b>Net Investment Income</b>	<b>Adjusted Net Income</b>	<b>Disbursements for Charitable Purposes</b>
PAYROLL TAX	11,950	0	0	12,184
EXCISE TAX	39,942	0	0	0