

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 MISSISSIPPI FOUNDATION		A Employer identification number 20-0471034
Number and street (or P O box number if mail is not delivered to street address) 3545 LAKELAND DRIVE	Room/suite	B Telephone number (see instructions) (601) 664-4473
City or town, state or province, country, and ZIP or foreign postal code FLOWOOD, MS 39232		C If exemption application is pending, check here <input type="checkbox"/>
G 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		D 1. Foreign organizations, check here <input type="checkbox"/> 2 Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>
H 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		E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>
I Fair market value of all assets at end of year (from Part II, col (c), line 16) ▶ \$ <u>97,459,935</u>	J Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ <i>(Part I, column (d) must be on cash basis)</i>	F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>

Part I Analysis of Revenue and Expenses <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)
Revenue	1 Contributions, gifts, grants, etc., received (attach schedule)				
	2 Check <input checked="" type="checkbox"/> if the foundation is not required to attach Sch B				
	3 Interest on savings and temporary cash investments	28,215	28,215		
	4 Dividends and interest from securities	3,156,572	3,156,572		
	5a Gross rents				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10	3,489,558			
	b Gross sales price for all assets on line 6a	43,276,012			
	7 Capital gain net income (from Part IV, line 2)		3,489,558		
	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)	309,625	0	0		
12 Total. Add lines 1 through 11	6,983,970	6,674,345	0		
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc	112,912	0	0	110,316
	14 Other employee salaries and wages	124,049	0	0	122,802
	15 Pension plans, employee benefits	30,855	0	0	28,485
	16a Legal fees (attach schedule)				
	b Accounting fees (attach schedule)	19,000	0	0	19,000
	c Other professional fees (attach schedule)	42,613	0	0	44,838
	17 Interest				
	18 Taxes (attach schedule) (see instructions)	130,550	0	0	12,610
	19 Depreciation (attach schedule) and depletion				
	20 Occupancy				
	21 Travel, conferences, and meetings	12,370	0	0	13,960
	22 Printing and publications				
	23 Other expenses (attach schedule)	291,832	265,365	0	31,345
	24 Total operating and administrative expenses. Add lines 13 through 23	764,181	265,365	0	383,356
	25 Contributions, gifts, grants paid	3,345,400			3,345,400
26 Total expenses and disbursements. Add lines 24 and 25	4,109,581	265,365	0	3,728,756	
27 Subtract line 26 from line 12					
a Excess of revenue over expenses and disbursements	2,874,389				
b Net investment income (if negative, enter -0-)		6,408,980			
c Adjusted net income (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
Assets	1 Cash—non-interest-bearing			
	2 Savings and temporary cash investments	1,621,648	1,527,246	1,527,246
	3 Accounts receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	4 Pledges receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	5 Grants receivable	5,000,000		
	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)	16,745,980	16,328,479	16,328,479
	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)	85,561,254	79,483,079	79,483,079
	14 Land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
15 Other assets (describe ▶ _____)	164,815	121,131	121,131	
16 Total assets (to be completed by all filers—see the instructions Also, see page 1, item I)	109,093,697	97,459,935	97,459,935	
Liabilities	17 Accounts payable and accrued expenses	31,211	34,315	
	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 ▶ _____)	76,841	73,689	
	23 Total liabilities (add lines 17 through 22)	108,052	108,004	
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 24 through 26 and lines 30 and 31.			
	24 Unrestricted	103,985,645	97,351,931	
	25 Temporarily restricted	5,000,000	0	
	26 Permanently restricted			
	Foundations that do not follow SFAS 117, check here <input type="checkbox"/> 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)	108,985,645	97,351,931		
31 Total liabilities and net assets/fund balances (see instructions) .	109,093,697	97,459,935		

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	108,985,645
2 Enter amount from Part I, line 27a	2	2,874,389
3 Other increases not included in line 2 (itemize) ▶ _____	3	0
4 Add lines 1, 2, and 3	4	111,860,034
5 Decreases not included in line 2 (itemize) ▶ _____	5	14,508,103
6 Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 .	6	97,351,931

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 EQUITY SECURITIES	P	2014-01-01	2018-12-31
b MUTUAL FUNDS	P	2014-01-01	2018-12-31
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 4,590,263		4,179,247	411,016
b 38,685,749		35,607,207	3,078,542
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			411,016
b			3,078,542
c			
d			
e			

2 Capital gain net income or (net capital loss)	2	3,489,558
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	5,340,067	100,158,457	0.053316
2016	4,539,742	93,544,981	0.048530
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

2 Total of line 1, column (d)	2	0.246510
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	0.049302
4 Enter the net value of noncharitable-use assets for 2018 from Part X, line 5	4	104,685,123
5 Multiply line 4 by line 3	5	5,161,186
6 Enter 1% of net investment income (1% of Part I, line 27b)	6	64,090
7 Add lines 5 and 6	7	5,225,276
8 Enter qualifying distributions from Part XII, line 4	8	3,728,756

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 categories like 'Exempt operating foundations', 'Domestic foundations', 'Tax under section 511', and 'Tax based on investment income'. Total amount owed is 38.

Part VII-A Statements Regarding Activities

Table with 10 rows for activity statements. Includes questions about political campaigns, political expenditures, and state reporting. Includes 'Yes' and 'No' columns for responses.

Part VII-A Statements Regarding Activities (continued)

Table with 3 columns: Question, Yes, No. Rows 11-14 regarding controlled entities, distribution to donor advised funds, public inspection requirements, and books in care.

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.

Table with 3 columns: Question, Yes, No. Row 16 regarding interest in or authority over a bank, securities, or other financial account in a foreign country.

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 with 3 columns: Question, Yes, No. Rows 1a-4b regarding Form 4720 exceptions and requirements.

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
TRUSTMARK NATIONAL BANK - WEALTH MANAGEMENT 248 EAST CAPITOL STREET SUITE 1000 JACKSON, MS 39201	INVESTMENT MANAGEMENT & CONSULTING	154,266
HARDY REED LLC 101 SOUTH FRONT STREET TUPELO, MS 38804	INVESTMENT MANAGEMENT & CONSULTING	100,982
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 _____ _____	
2 _____ _____	
3 _____ _____	
4 _____ _____	

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	104,375,667
b	Average of monthly cash balances.	1b	1,790,004
c	Fair market value of all other assets (see instructions).	1c	113,642
d	Total (add lines 1a, b, and c).	1d	106,279,313
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	106,279,313
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions).	4	1,594,190
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	104,685,123
6	Minimum investment return. Enter 5% of line 5.	6	5,234,256

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	5,234,256
2a	Tax on investment income for 2018 from Part VI, line 5.	2a	128,180
b	Income tax for 2018 (This does not include the tax from Part VI).	2b	
c	Add lines 2a and 2b.	2c	128,180
3	Distributable amount before adjustments. Subtract line 2c from line 1.	3	5,106,076
4	Recoveries of amounts treated as qualifying distributions.	4	309,625
5	Add lines 3 and 4.	5	5,415,701
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	5,415,701

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	3,728,756
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	3,728,756
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	0
6	Adjusted qualifying distributions. Subtract line 5 from line 4.	6	3,728,756

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				5,415,701
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. 63,955				
b From 2014.				
c From 2015.				
d From 2016.				
e From 2017. 323,069				
f Total of lines 3a through e.	387,024			
4 Qualifying distributions for 2018 from Part XII, line 4 ▶ \$ 3,728,756				
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.				3,728,756
e Remaining amount distributed out of corpus				0
5 Excess distributions carryover applied to 2018 (If an amount appears in column (d), the same amount must be shown in column (a))	387,024			387,024
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	0			
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				1,299,921
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	0			
10 Analysis of line 9				
a Excess from 2014.				
b Excess from 2015.				
c Excess from 2016.				
d Excess from 2017.				
e Excess from 2018.				

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

Table with 5 main rows (2a-e) and 5 columns (a-e). Row 2a: Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed. Row 2b: 85% of line 2a. Row 2c: Qualifying distributions from Part XII, line 4 for each year listed. Row 2d: Amounts included in line 2c not used directly for active conduct of exempt activities. Row 2e: Qualifying distributions made directly for active conduct of exempt activities. Subtractions for 2d are listed in rows 3a-c.

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
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)				
a <i>Paid during the year</i> See Additional Data Table				
Total ▶ 3a				
b <i>Approved for future payment</i>				
Total ▶ 3b				

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
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	8,000	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	8,000	0	0
J EDWARD HILL MD 3545 LAKELAND DRIVE FLOWOOD, MS 39232	DIRECTOR 1 00	6,000	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	8,000	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	69,124	13,788	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)				
a <i>Paid during the year</i>				
2018 HEALTHY HEROES PROGRAM MATERIALS VARIOUS VARIOUS, MS 39232				
BELL ACADEMY1016 TAYLOR ROAD BOYLE, MS 38730				
BLUE MOUNTAIN COLLEGE 201 W MAIN STREET BLUE MOUNTAIN, MS 38610				
Total	▶ 3a			3,345,400

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)				
a <i>Paid during the year</i>				
BYHALIA ELEMENTARY SCHOOL 172 HWY 309 NORTH BYHALIA, MS 38611		PC	HEALTH & WELLNESS - PROJECT FIT AMERICA PROGRAM	1,000
CITY OF AMORYPO BOX 457 AMORY, MS 38821		GOV	HEALTH & WELLNESS - HEALTHY HEROES PROGRAM PERIOD TWO	116,000
CITY OF DURANTPO BOX 272 DURANT, MS 39063		GOV	HEALTH & WELLNESS - HEALTHY HEROES PROGRAM	24,790
Total ▶ 3a				3,345,400

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)				
a <i>Paid during the year</i>				
CITY OF FORESTPO BOX 298 FOREST, MS 39074		GOV	HEALTH & WELLNESS - HEALTHY HEROES PROGRAM	20,000
CITY OF FORESTPO BOX 298 FOREST, MS 39074		GOV	HEALTH & WELLNESS - HEALTHY HOMETOWN AWARD	25,000
CITY OF GULFPORT2309 15TH STREET GULFPORT, MS 39501		GOV	HEALTH & WELLNESS - HEALTHY HEROES PROGRAM	29,360
Total ▶ 3a				3,345,400

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)				
a <i>Paid during the year</i>				
CITY OF HAZLEHURSTPO BOX 549 HAZLEHURST, MS 39083		GOV	HEALTH & WELLNESS - HEALTHY HEROES PROGRAM	80,000
CITY OF HERNANDO 475 WEST COMMERCE ST HERNANDO, MS 38632		GOV	HEALTH & WELLNESS - HEALTHY HEROES PROGRAM PERIOD TWO	100,000
CITY OF HOLLY SPRINGS 160 SOUTH MEMPHIS STREET HOLLY SPRINGS, MS 38635		GOV	HEALTH & WELLNESS - HEALTHY HEROES PROGRAM	48,500
Total				3,345,400

▶ **3a**

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)				
a <i>Paid during the year</i>				
CITY OF MARKS 340 PECAN STREET MARKS, MS 38646		GOV	HEALTH & WELLNESS - HEALTHY HEROES PROGRAM	19,500
CITY OF MOSS POINT 4320 MCINNIS AVENUE MOSS POINT, MS 39563		GOV	HEALTH & WELLNESS - HEALTHY HEROES PROGRAM	62,200
CITY OF OXFORD 107 COURTHOUSE SQUARE OXFORD, MS 38655		GOV	HEALTH & WELLNESS - HEALTHY HEROES PROGRAM PERIOD TWO	23,790
Total				3,345,400

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)				
a <i>Paid during the year</i>				
CITY OF POPLARVILLE 200 HWY 26 EAST POLARVILLE, MS 39470		GOV	HEALTH & WELLNESS - HEALTHY HEROES PROGRAM	54,316
CITY OF RIDGELAND 304 HWY 51 RIDGELAND, MS 39157		GOV	HEALTH & WELLNESS - HEALTHY HEROES PROGRAM PERIOD TWO	91,710
CITY OF RIDGELAND 304 HWY 51 RIDGELAND, MS 39157		GOV	HEALTH & WELLNESS - HEALTHIEST HOMETOWN AWARD	50,000
Total ▶ 3a				3,345,400

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)				
a <i>Paid during the year</i>				
CITY OF STARKVILLE 110 WEST MAIN STREET STARKVILLE, MS 39759		GOV	HEALTH & WELLNESS - HEALTHY HEROES PROGRAM PERIOD TWO	44,647
CITY OF WEST POINT PO BOX 1117 WEST POINT, MS 39773		GOV	HEALTH & WELLNESS - HEALTHY HEROES PROGRAM	105,780
CLEVELAND CENTRAL HIGH SCHOOL 300 WEST SUNFLOWER ROAD CLEVELAND, MS 38732		PC	HEALTH & WELLNESS - SCHOOL HEALTH AND WELLNESS	11,743
Total				3,345,400

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)				
a <i>Paid during the year</i>				
COAHOMA COMMUNITY COLLEGE 3240 FRIARS POINT CLARKSDALE, MS 38614		PC	HEALTH & WELLNESS - FIT FOR LIFE PERIOD THREE	144,152
EAST MISSISSIPPI COMMUNITY COLLEGE PO BOX 158 SCOOBA, MS 39358		PC	HEALTH & WELLNESS - OUR PRIDE MAKING STRIDES TOWARD OPTIMAL HEALTH PERIOD THREE	115,865
HAZLEHURST ELEMENTARY SCHOOL 119 ROBERT MCDANIEL DRIVE HAZLEHURST, MS 39083		PC	HEALTH & WELLNESS - SCHOOL GARDEN PROGRAM	70,184
Total				3,345,400

▶ **3a**

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)				
a <i>Paid during the year</i>				
HILLS CHAPEL SCHOOL8 CR 2371 BOONEVILLE, MS 38829		PC	HEALTH & WELLNESS - SCHOOL HEALTH AND WELLNESS	170,000
HILLS CHAPEL SCHOOL8 CR 2371 BOONEVILLE, MS 38829		PC	HEALTH & WELLNESS - SCHOOL GARDEN PROGRAM	48,924
LONGLYAF ELEMENTARY SCHOOL 5279 W 4TH STREET HATTIESBURG, MS 39402		PC	HEALTH & WELLNESS - SCHOOL GARDEN PROGRAM	19,003
Total ▶ 3a				3,345,400

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)				
a <i>Paid during the year</i>				
MADISON STATION ELEMENTARY SCHOOL 459 REUNION PARKWAY MADISON, MS 39110		PC	HEALTH & WELLNESS - BUILDING HEALTHY SCHOOLS GRANT	5,000
MISSISSIPPI CHILDREN'S MUSEUM PO BOX 55409 JACKSON, MS 392365409		PC	HEALTH & WELLNESS - COMMUNITY HEALTH AND WELLNESS	500,000
MISSISSIPPI STATE UNIVERSITY 945 STONE BOULEVARD BOX 9805 MISSISSIPPI STATE, MS 39762		PC	HEALTH & WELLNESS - WELLNESS COACH INTERNSHIP PILOT PROGRAM	233,050
Total				3,345,400

▶ **3a**

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)				
a <i>Paid during the year</i>				
MISSISSIPPI STATE UNIVERSITY 945 STONE BOULEVARD BOX 9805 MISSISSIPPI STATE, MS 39762		PC	HEALTH & WELLNESS - WELLNESS COACH INTERNSHIP PROGRAM	191,566
MISSISSIPPI UNIVERSITY FOR WOMEN 1100 COLLEGE ST MUW-1603 COLUMBUS, MS 39701		PC	HEALTH & WELLNESS - PASSPORT TO WELLNESS INITIATIVE PERIOD FIVE	122,855
MISSISSIPPI VALLEY STATE UNIVERSITY BOX 7272 HWY 82 WEST ITTA BENA, MS 38941		PC	HEALTH & WELLNESS - VALLEY IN MOTION INITIATIVE PERIOD THREE	208,423
Total ▶ 3a				3,345,400

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)				
a <i>Paid during the year</i>				
NEW ALBANY ELEMENTARY SCHOOL 301 HWY 15 NORTH NEW ALBANY, MS 38652		PC	HEALTH & WELLNESS - SCHOOL GARDEN PROGRAM	120,000
OCEAN SPRINGS HIGH SCHOOL 2300 GOVERNMENT STREET OCEAN SPRINGS, MS 39564		PC	HEALTH & WELLNESS - HEALTHIEST SCHOOL AWARD	50,000
OXFORD INTERMEDIATE SCHOOL 224 BRAMLETT BOULEVARD OXFORD, MS 38655		PC	HEALTH & WELLNESS - HEALTHY SCHOOL AWARD	25,000
Total ▶ 3a				3,345,400

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 <i>Paid during the year</i>				
POPLARVILLE LOWER ELEMENTARY SCHOOL 302 SOUTH JULIA STREET POPLARVILLE, MS 39470		PC	HEALTH & WELLNESS - HEALTHY SCHOOL AWARD	25,000
PROJECT FIT AMERICAPO BOX 308 BOYES HOT SPRINGS, CA 95416		PC	HEALTH & WELLNESS - P E EQUIPMENT FOR P E CONFERENCE	45,641
TOWN OF BLUE MOUNTAINPO BOX 188 BLUE MOUNTAIN, MS 38610		GOV	HEALTH & WELLNESS - HEALTHY HEROES PROGRAM	50,000
Total				3,345,400



3a

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)				
a <i>Paid during the year</i>				
TOWN OF NETTLETON 124 SHORT AVENUE NETTLETON, MS 38858		GOV	HEALTH & WELLNESS - HEALTHY HEROES PROGRAM	49,885
TOWN OF WALNUTPO BOX 540 WALNUT, MS 38683		GOV	HEALTH & WELLNESS - HEALTHY HEROES PROGRAM PERIOD TWO	67,940
TOWN OF WESSONPO BOX 297 WESSON, MS 39191		GOV	HEALTH & WELLNESS - HEALTHY HEROES PROGRAM PERIOD TWO	28,100
Total ▶ 3a				3,345,400

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)				
a <i>Paid during the year</i>				
WEST CLAY ELEMENTARY SCHOOL PO BOX 656 WEST POINT, MS 39773		PC	HEALTH & WELLNESS - SCHOOL GARDEN PROGRAM	15,055
Total ▶ 3a				3,345,400

TY 2018 Accounting Fees Schedule

Name: BLUE CROSS & BLUE SHIELD OF
MISSISSIPPI FOUNDATION

EIN: 20-0471034

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ACCOUNTING FEES	19,000	0	0	19,000

TY 2018 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 2018 Investments Government Obligations Schedule

Name: BLUE CROSS & BLUE SHIELD OF
MISSISSIPPI FOUNDATION

EIN: 20-0471034

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

16,328,479

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

16,328,479

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

0

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

0

TY 2018 Investments - Other Schedule

Name: BLUE CROSS & BLUE SHIELD OF
MISSISSIPPI FOUNDATION

EIN: 20-0471034

Investments Other Schedule 2

Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value
MUTUAL FUNDS	FMV	37,386,181	37,386,181
EQUITY SECURITIES	FMV	42,096,898	42,096,898

TY 2018 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	159,387	98,499	98,499
PREPAID FEDERAL EXCISE TAX	5,428	22,632	22,632

TY 2018 Other Decreases Schedule

Name: BLUE CROSS & BLUE SHIELD OF
MISSISSIPPI FOUNDATION

EIN: 20-0471034

Description	Amount
UNREALIZED GAINS & LOSSES	14,508,103

TY 2018 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	59,323	59,323	0	0
INVESTMENT MANAGER FEES	206,042	206,042	0	0
DUES & ASSESSMENTS	2,774	0	0	2,929
SOFTWARE RENTALS & LEASES	3,846	0	0	3,846
PRINTING & SUPPLIES	8,867	0	0	10,396
BANKING FEES	405	0	0	405
MISCELLANEOUS EXPENSES	9,113	0	0	12,307
TELEPHONE EXPENSE	1,462	0	0	1,462

TY 2018 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	309,625		0

TY 2018 Other Liabilities Schedule

Name: BLUE CROSS & BLUE SHIELD OF
MISSISSIPPI FOUNDATION

EIN: 20-0471034

Description	Beginning of Year - Book Value	End of Year - Book Value
PAYABLE TO BLUE CROSS & BLUE SHIELD OF MISSISSIPPI	76,841	73,689

TY 2018 Other Professional Fees Schedule

Name: BLUE CROSS & BLUE SHIELD OF
MISSISSIPPI FOUNDATION

EIN: 20-0471034

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
CONSULTING & PROFESSIONAL	42,613	0	0	44,838

TY 2018 Taxes Schedule

Name: BLUE CROSS & BLUE SHIELD OF
MISSISSIPPI FOUNDATION

EIN: 20-0471034

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
PAYROLL TAX	12,754	0	0	12,610
EXCISE TAX	117,796	0	0	0

Beginning of Restricted Zone