

Form **8879-EO**

# IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-0047

For calendar year 2020, or fiscal year beginning JUL 1, 2020, and ending JUN 30, 2021

# 2020

Department of the Treasury  
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**  
▶ **Go to [www.irs.gov/Form8879EO](http://www.irs.gov/Form8879EO) for the latest information.**

Name of exempt organization or person subject to tax <b>BLUE CROSS AND BLUE SHIELD OF NORTH CAROLINA FOUNDATION</b>	Taxpayer identification number <b>56-2226009</b>
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Name and title of officer or person subject to tax  
**TERESITA MAZ  
VP OPERATIONS**

### Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a, 2a, 3a, 4a, 5a, 6a, or 7a** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, 5b, 6b, or 7b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

<b>1a</b> Form 990 check here ▶	<b>b</b> Total revenue, if any (Form 990, Part VIII, column (A), line 12) .....	<b>1b</b> _____
<b>2a</b> Form 990-EZ check here ▶	<b>b</b> Total revenue, if any (Form 990-EZ, line 9) .....	<b>2b</b> _____
<b>3a</b> Form 1120-POL check here ▶	<b>b</b> Total tax (Form 1120-POL, line 22) .....	<b>3b</b> _____
<b>4a</b> Form 990-PF check here ▶ <input checked="" type="checkbox"/>	<b>b</b> Tax based on investment income (Form 990-PF, Part VI, line 5) .....	<b>4b</b> <u>240,127.</u>
<b>5a</b> Form 8868 check here ▶	<b>b</b> Balance due (Form 8868, line 3c) .....	<b>5b</b> _____
<b>6a</b> Form 990-T check here ▶	<b>b</b> Total tax (Form 990-T, Part III, line 4) .....	<b>6b</b> _____
<b>7a</b> Form 4720 check here ▶	<b>b</b> Total tax (Form 4720, Part III, line 1) .....	<b>7b</b> _____

### Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that  I am an officer of the above organization or I am a person subject to tax with respect to (name of organization) \_\_\_\_\_, (EIN) \_\_\_\_\_ and that I have examined a copy of the 2020 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

**PIN: check one box only**

I authorize BATCHELOR, TILLERY & ROBERTS, LLP to enter my PIN 27224  
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the organization, I will enter my PIN as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax  Date ▶ May 16, 2022

### Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

69791077863  
Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶  Date ▶ 05/16/22

**ERO Must Retain This Form - See Instructions**  
**Do Not Submit This Form to the IRS Unless Requested To Do So**

LHA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2020)

# Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**  
▶ **Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits](http://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits).

**Automatic 6-Month Extension of Time.** Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

<b>Type or print</b>	Name of exempt organization or other filer, see instructions. <b>BLUE CROSS AND BLUE SHIELD OF NORTH CAROLINA FOUNDATION</b>	Taxpayer identification number (TIN) <b>56-2226009</b>
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. <b>PO BOX 2291</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>DURHAM, NC 27702</b>	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 4

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**JOHN LUMPKIN**

- The books are in the care of ▶ **P.O. BOX 2291 - DURHAM, NC 27702**  
Telephone No. ▶ **984-777-6137** Fax No. ▶ \_\_\_\_\_
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and TINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until **MAY 16, 2022**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
 ▶  calendar year \_\_\_\_\_ or  
 ▶  tax year beginning **JUL 1, 2020**, and ending **JUN 30, 2021**.

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

<b>3a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$ <b>240,127.</b>
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$ <b>178,460.</b>
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$ <b>61,667.</b>

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

**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](http://www.irs.gov/Form990PF) for instructions and the latest information.

For calendar year 2020 or tax year beginning **JUL 1, 2020**, and ending **JUN 30, 2021**

Name of foundation <b>BLUE CROSS AND BLUE SHIELD OF NORTH CAROLINA FOUNDATION</b>		<b>A Employer identification number</b> 56-2226009
Number and street (or P.O. box number if mail is not delivered to street address) <b>PO BOX 2291</b>	Room/suite	<b>B Telephone number</b> 984-777-6137
City or town, state or province, country, and ZIP or foreign postal code <b>DURHAM, NC 27702</b>		<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) ▶ \$ <b>253,862,813.</b>	<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>F</b> If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ... <input type="checkbox"/>

<b>Part I Analysis of Revenue and Expenses</b> <small>(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a).)</small>		(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 .....	10,125,000.		N/A	
	<b>2</b> Check <input type="checkbox"/> if the foundation is not required to attach Sch. B				
	<b>3</b> Interest on savings and temporary cash investments .....				
	<b>4</b> Dividends and interest from securities .....	5,596,451.	5,596,451.		
	<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 .....	11,836,837.			
	<b>b</b> Gross sales price for all assets on line 6a .....	75,476,513.			
	<b>7</b> Capital gain net income (from Part IV, line 2) .....		11,836,837.		
	<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) .....					
<b>11</b> Other income .....					
<b>12 Total.</b> Add lines 1 through 11 .....	27,558,288.	17,433,288.			
<b>Operating and Administrative Expenses</b>	<b>13</b> Compensation of officers, directors, trustees, etc. ....	0.	0.		0.
	<b>14</b> Other employee salaries and wages .....				
	<b>15</b> Pension plans, employee benefits .....				
	<b>16a</b> Legal fees .....				
	<b>b</b> Accounting fees .....				
	<b>c</b> Other professional fees .....				
	<b>17</b> Interest .....				
	<b>18</b> Taxes ..... <b>STMT 1</b>	240,204.	0.		0.
	<b>19</b> Depreciation and depletion .....				
	<b>20</b> Occupancy .....				
	<b>21</b> Travel, conferences, and meetings .....				
	<b>22</b> Printing and publications .....				
	<b>23</b> Other expenses ..... <b>STMT 2</b>	3,423,297.	157,982.		3,109,346.
	<b>24 Total operating and administrative expenses.</b> Add lines 13 through 23 .....	3,663,501.	157,982.		3,109,346.
	<b>25</b> Contributions, gifts, grants paid .....	20,862,249.			16,635,500.
<b>26 Total expenses and disbursements.</b> Add lines 24 and 25 .....	24,525,750.	157,982.		19,744,846.	
<b>27</b> Subtract line 26 from line 12:					
<b>a</b> Excess of revenue over expenses and disbursements ...	3,032,538.				
<b>b Net investment income</b> (if negative, enter -0-) .....		17,275,306.			
<b>c Adjusted net income</b> (if negative, enter -0-) .....			N/A		

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CAROLINA FOUNDATION**

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<b>Part II Balance Sheets</b> Attached schedules and amounts in the description column should be for end-of-year amounts only.		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
<b>Assets</b>	1 Cash - non-interest-bearing .....	2,251,236.	2,882,105.	2,882,105.
	2 Savings and temporary cash investments .....			
	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 .....			
	7 Other notes and loans receivable ▶ .....			
	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 <b>STMT 5</b> .....	2,801,800.	2,680,675.	2,680,675.
	b Investments - corporate stock <b>STMT 6</b> .....	171,359,267.	228,516,136.	228,516,136.
	c Investments - corporate bonds <b>STMT 7</b> .....	28,536,905.	19,628,110.	19,628,110.
	11 Investments - land, buildings, and equipment: basis ▶ .....			
Less: accumulated depreciation ▶ .....				
12 Investments - mortgage loans .....				
13 Investments - other .....				
14 Land, buildings, and equipment: basis ▶ .....				
Less: accumulated depreciation ▶ .....				
15 Other assets (describe ▶ <b>STATEMENT 8</b> ) .....	279,446.	155,787.	155,787.	
16 <b>Total assets</b> (to be completed by all filers - see the instructions. Also, see page 1, item I) .....	205,228,654.	253,862,813.	253,862,813.	
<b>Liabilities</b>	17 Accounts payable and accrued expenses .....			
	18 Grants payable .....	9,728,393.	13,955,142.	
	19 Deferred revenue .....			
	20 Loans from officers, directors, trustees, and other disqualified persons .....			
	21 Mortgages and other notes payable .....			
	22 Other liabilities (describe ▶ .....	359,164.	1,122,683.	
23 <b>Total liabilities</b> (add lines 17 through 22) .....	10,087,557.	15,077,825.		
<b>Net Assets or Fund Balances</b>	<b>Foundations that follow FASB ASC 958, check here</b> ▶ <input checked="" type="checkbox"/> <b>and complete lines 24, 25, 29, and 30.</b>			
	24 Net assets without donor restrictions .....	187,429,459.	238,725,988.	
	25 Net assets with donor restrictions .....	7,711,638.	59,000.	
	<b>Foundations that do not follow FASB ASC 958, check here</b> ▶ <input type="checkbox"/> <b>and complete lines 26 through 30.</b>			
	26 Capital stock, trust principal, or current funds .....			
	27 Paid-in or capital surplus, or land, bldg., and equipment fund .....			
	28 Retained earnings, accumulated income, endowment, or other funds .....			
	29 <b>Total net assets or fund balances</b> .....	195,141,097.	238,784,988.	
30 <b>Total liabilities and net assets/fund balances</b> .....	205,228,654.	253,862,813.		

**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 29 (must agree with end-of-year figure reported on prior year's return) .....	1	195,141,097.
2 Enter amount from Part I, line 27a .....	2	3,032,538.
3 Other increases not included in line 2 (itemize) ▶ <b>SEE STATEMENT 3</b> .....	3	41,276,600.
4 Add lines 1, 2, and 3 .....	4	239,450,235.
5 Decreases not included in line 2 (itemize) ▶ <b>SEE STATEMENT 4</b> .....	5	665,247.
6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 29 .....	6	238,784,988.

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**Part IV Capital Gains and Losses for Tax on Investment Income** **SEE ATTACHED STATEMENT**

(a) List and describe the kind(s) of property sold (for example, 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.)
1a			
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			
b			
c			
d			
e	75,476,513.	64,154,721.	11,836,837.

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69.

(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))
a			
b			
c			
d			
e			11,836,837.

2 Capital gain net income or (net capital loss) <span style="font-size: 2em; vertical-align: middle;">}</span> <span style="font-size: 0.8em; vertical-align: middle;">{ If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 .....</span>	2	11,836,837.
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	N/A

**Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income**  
**SECTION 4940(e) REPEALED ON DECEMBER 20, 2019 - DO NOT COMPLETE.**

1 Reserved

(a) Reserved	(b) Reserved	(c) Reserved	(d) Reserved
Reserved			
Reserved			
Reserved			
Reserved			
Reserved			

2 Reserved .....	2	
3 Reserved .....	3	
4 Reserved .....	4	
5 Reserved .....	5	
6 Reserved .....	6	
7 Reserved .....	7	
8 Reserved .....	8	

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

1a Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1. Date of ruling or determination letter: _____ (attach copy of letter if necessary-see instructions)			
b Reserved		1	240,127.
c All other domestic foundations enter 1.39% 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	240,127.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)		4	0.
5 <b>Tax based on investment income.</b> Subtract line 4 from line 3. If zero or less, enter -0-		5	240,127.
6 Credits/Payments:			
a 2020 estimated tax payments and 2019 overpayment credited to 2020	6a	178,460.	
b Exempt foreign organizations - tax withheld at source	6b	0.	
c Tax paid with application for extension of time to file (Form 8868)	6c	61,667.	
d Backup withholding erroneously withheld	6d	0.	
7 Total credits and payments. Add lines 6a through 6d		7	240,127.
8 Enter any <b>penalty</b> for underpayment of estimated tax. Check here <input checked="" type="checkbox"/> if Form 2220 is attached		8	0.
9 <b>Tax due.</b> If the total of lines 5 and 8 is more than line 7, enter <b>amount owed</b>		9	0.
10 <b>Overpayment.</b> If line 7 is more than the total of lines 5 and 8, enter the <b>amount overpaid</b>		10	
11 Enter the amount of line 10 to be: <b>Credited to 2021 estimated tax</b> <input type="checkbox"/> <b>Refunded</b> <input type="checkbox"/>		11	

**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?		X
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition 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.		X
c Did the foundation file <b>Form 1120-POL</b> for this year?		X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. <input type="checkbox"/> \$ 0. (2) On foundation managers. <input type="checkbox"/> \$ 0.		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. <input type="checkbox"/> \$ 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.		X
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	X	
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?		X
b If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? <span style="float:right">N/A</span>		
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by <i>General Instruction T</i> .		X
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?	X	
7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV	X	
8a Enter the states to which the foundation reports or with which it is registered. See instructions. <input type="checkbox"/> <u>NC</u>		
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 <i>General Instruction G</i> ? If "No," attach explanation	X	
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 2020 or the tax year beginning in 2020? See the instructions for Part XIV. If "Yes," complete Part XIV		X
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses		X

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**Part VII-A Statements Regarding Activities** (continued)

	Yes	No
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		<b>X</b>
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		<b>X</b>
13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ► <b>WWW.BCBSNCFUNDATION.ORG</b>	<b>X</b>	
14 The books are in care of ► <b>JOHN LUMPKIN</b> Telephone no. ► <b>984-777-6137</b> Located at ► <b>P.O. BOX 2291, DURHAM, NC</b> ZIP+4 ► <b>27702</b>		
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	N/A
16 At any time during calendar year 2020, 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? See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country ►		<b>X</b>

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

**File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.**

	Yes	No
1a 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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	<b>X</b>
Organizations relying on a current notice regarding disaster assistance, check here ► <input type="checkbox"/>		
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 2020?	1c	<b>X</b>
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 2020, did the foundation have any undistributed income (Part XIII, lines 6d and 6e) for tax year(s) beginning before 2020? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," list the years: _____, _____, _____, _____		
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	N/A
c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. ► _____, _____, _____, _____		
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b If "Yes," did it have excess business holdings in 2020 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 Form 4720, Schedule C, to determine if the foundation had excess business holdings in 2020.)	3b	N/A
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	<b>X</b>
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 2020?	4b	<b>X</b>

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

		Yes	No
<b>5a</b> 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))?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(2)	Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(3)	Provide a grant to an individual for travel, study, or other similar purposes?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(4)	Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> 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?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<b>b</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		<input checked="" type="checkbox"/>
Organizations relying on a current notice regarding disaster assistance, check here <input type="checkbox"/>			
<b>c</b>	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? <b>SEE STATEMENT 11</b>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
If "Yes," attach the statement required by Regulations section 53.4945-5(d).			
<b>6a</b>	Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<b>b</b>	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If "Yes" to 6b, file Form 8870.		<input checked="" type="checkbox"/>
<b>7a</b>	At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<b>b</b>	If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?	N/A	
<b>8</b>	Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

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

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

(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 STATEMENT 10		0.	0.	0.

**2 Compensation of five highest-paid employees (other than those included on line 1). 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



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

**3** Five highest-paid independent contractors for professional services. If none, enter "NONE."

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
BLUE CROSS AND BLUE SHIELD OF NORTH CAROLINA P.O. BOX 2291, DURHAM, NC 27702	PROFESSIONAL SERVICES	1989760.

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 SEE STATEMENT 12	231,678.
2 SEE STATEMENT 13	128,500.
3 SEE STATEMENT 14	176,623.
4 SEE STATEMENT 15	410,288.

**Part IX-B** Summary of Program-Related Investments

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
1 N/A	
2	
All other program-related investments. See instructions.	
3	

Total. Add lines 1 through 3 ▶ 0.

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**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>	233,938,609.
<b>b</b>	Average of monthly cash balances .....	<b>1b</b>	4,567,956.
<b>c</b>	Fair market value of all other assets .....	<b>1c</b>	155,787.
<b>d</b>	<b>Total</b> (add lines 1a, b, and c) .....	<b>1d</b>	238,662,352.
<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>	238,662,352.
<b>4</b>	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) .....	<b>4</b>	3,579,935.
<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>	235,082,417.
<b>6</b>	<b>Minimum investment return.</b> Enter 5% of line 5 .....	<b>6</b>	11,754,121.

**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>	11,754,121.
<b>2a</b>	Tax on investment income for 2020 from Part VI, line 5 .....	<b>2a</b>	240,127.
<b>b</b>	Income tax for 2020. (This does not include the tax from Part VI.) .....	<b>2b</b>	
<b>c</b>	Add lines 2a and 2b .....	<b>2c</b>	240,127.
<b>3</b>	Distributable amount before adjustments. Subtract line 2c from line 1 .....	<b>3</b>	11,513,994.
<b>4</b>	Recoveries of amounts treated as qualifying distributions .....	<b>4</b>	0.
<b>5</b>	Add lines 3 and 4 .....	<b>5</b>	11,513,994.
<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>	11,513,994.

**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>	19,744,846.
<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>	19,744,846.
<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 .....	<b>5</b>	0.
<b>6</b>	<b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4 .....	<b>6</b>	19,744,846.

**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.

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**Part XIII Undistributed Income** (see instructions)

	(a) Corpus	(b) Years prior to 2019	(c) 2019	(d) 2020
<b>1</b> Distributable amount for 2020 from Part XI, line 7 .....				11,513,994.
<b>2</b> Undistributed income, if any, as of the end of 2020:				
<b>a</b> Enter amount for 2019 only .....			0.	
<b>b</b> Total for prior years:		0.		
<b>3</b> Excess distributions carryover, if any, to 2020:				
<b>a</b> From 2015 .....	3,820,135.			
<b>b</b> From 2016 .....	2,368,820.			
<b>c</b> From 2017 .....	4,849,156.			
<b>d</b> From 2018 .....	5,783,564.			
<b>e</b> From 2019 .....	5,284,231.			
<b>f</b> Total of lines 3a through e .....	22,105,906.			
<b>4</b> Qualifying distributions for 2020 from Part XII, line 4: ▶ \$ 19,744,846.				
<b>a</b> Applied to 2019, 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 2020 distributable amount .....				11,513,994.
<b>e</b> Remaining amount distributed out of corpus .....	8,230,852.			
<b>5</b> Excess distributions carryover applied to 2020 (If an amount appears in column (d), the same amount must be shown in column (a).) .....	0.			0.
<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 .....	30,336,758.			
<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 2019. Subtract line 4a from line 2a. Taxable amount - see instr. ...			0.	
<b>f</b> Undistributed income for 2020. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2021 .....				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 2015 not applied on line 5 or line 7 .....	3,820,135.			
<b>9</b> Excess distributions carryover to 2021. Subtract lines 7 and 8 from line 6a .....	26,516,623.			
<b>10</b> Analysis of line 9:				
<b>a</b> Excess from 2016 .....	2,368,820.			
<b>b</b> Excess from 2017 .....	4,849,156.			
<b>c</b> Excess from 2018 .....	5,783,564.			
<b>d</b> Excess from 2019 .....	5,284,231.			
<b>e</b> Excess from 2020 .....	8,230,852.			

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

**1 a** If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2020, enter the date of the ruling ▶ \_\_\_\_\_

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

	Tax year				(e) Total
	(a) 2020	(b) 2019	(c) 2018	(d) 2017	
<b>2 a</b> Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed					
<b>b</b> 85% of line 2a					
<b>c</b> Qualifying distributions from Part XII, line 4, for each year listed					
<b>d</b> Amounts included in line 2c not used directly for active conduct of exempt activities					
<b>e</b> Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c					
<b>3</b> Complete 3a, b, or c for the alternative test relied upon:					
<b>a</b> "Assets" alternative test - enter:					
<b>(1)</b> Value of all assets					
<b>(2)</b> Value of assets qualifying under section 4942(j)(3)(B)(i)					
<b>b</b> "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6, for each year listed					
<b>c</b> "Support" alternative test - enter:					
<b>(1)</b> Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
<b>(2)</b> Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					
<b>(3)</b> Largest amount of support from an exempt organization					
<b>(4)</b> 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).)  
**NONE**

**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.  
**NONE**

**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.

**a** The name, address, and telephone number or email address of the person to whom applications should be addressed:

**SEE STATEMENT 16**

**b** The form in which applications should be submitted and information and materials they should include:  
**SEE STATEMENT 16**

**c** Any submission deadlines:  
**SEE STATEMENT 16**

**d** Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:  
**SEE STATEMENT 16**

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**Part XV** **Supplementary Information** *(continued)*

<b>3 Grants and Contributions Paid During the Year or Approved for Future Payment</b>				
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 <b>**</b>	Amount
Name and address (home or business)				
<b>a Paid during the year</b>				
ADVANCE COMMUNITY HEALTH, INC 1001 ROCK QUARRY ROAD RALEIGH, NC 27610-3825	NONE	PC	PLANNING GRANT TO DEVELOP ORAL HEALTH PROGRAMS IN SCHOOL-BASED SETTINGS.	65,000.
ALEXANDER COUNTY HEALTH DEPARTMENT 338 1ST AVE SW TAYLORSVILLE, NC 28681	NONE	PC	PLANNING GRANT TO DEVELOP ORAL HEALTH PROGRAMS IN SCHOOL-BASED SETTINGS.	65,000.
APPALACHIAN SUSTAINABLE AGRICULTURE PROJECT 306 WEST HAYWOOD STREET, SUITE 200 ASHEVILLE, NC 28801	NONE	PC	INCREASE DISTRIBUTION OF LOCALLY GROWN FOOD THROUGH ASAPS APPALACHIAN FARMS FEEDING FAMILIES	500,000.
ASOCIACION DE MEXICANOS EN CAROLINA DEL NORTE AMEXCAN PO BOX 2744 GREENVILLE, NC 27836	NONE	PC	ADDRESS THE IMMEDIATE BASIC NEEDS OF THE LATINO COMMUNITIES IN DUPLIN, EDGECOMBE, GREENE, LENOIR, NASH,	50,000.
ASOCIACION DE MEXICANOS EN CAROLINA DEL NORTE AMEXCAN PO BOX 2744 GREENVILLE, NC 27836	NONE	PC	ADDRESS EMERGENCY FOOD AND OTHER COVID-RELATED RELIEF NEEDS OF THE LATINO COMMUNITY IN	50,000.
<b>Total</b>	<b>SEE CONTINUATION SHEET(S)</b>			<b>16,635,500.</b>
<b>b Approved for future payment</b>				
BLACK CHILD DEVELOPMENT INSTITUTE - CHARLOTTE 7209 EAST WT HARRIS BLVD SUITE J # 276 CHARLOTTE, NC 28227		PC	DEVELOP AND ADVANCE PROGRAMMATIC AND POLICY-BASED APPROACHES TO ADDRESS THE RISING RATES OF	196,852.
CASWELL FAMILY MEDICAL CENTER, INC. PO BOX 1448 YANCEYVILLE, NC 27320		PC	AMENDMENT - DEPLOY COMMUNITY WEALTH BUILDING STRATEGIES TO ENSURE EQUITABLE ACCESS TO OPPORTUNITY	251,971.
CHARLOTTE BILINGUAL PRESCHOOL, INC. 6300 HIGHLAND AVE CHARLOTTE, NC 28215		PC	DEVELOP A PIPELINE OF EARLY EDUCATORS FROM THE LATINO COMMUNITY AND AN ADVOCACY AGENDA TO PROMOTE POLICIES	196,852.
<b>Total</b>	<b>SEE CONTINUATION SHEET(S)</b>			<b>13,955,142.</b>

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023611 12-02-20

**\*\* SEE PURPOSE OF GRANT CONTINUATIONS**

**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
	(a) Business code	(b) Amount	(c) Exclu- sion 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	5,596,451.	
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	11,836,837.	
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.		17,433,288.	0.
13 Total. Add line 12, columns (b), (d), and (e) .....			13	17,433,288.	

(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).

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

		Yes	No
<b>1</b>	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?		
<b>a</b>	Transfers from the reporting foundation to a noncharitable exempt organization of:		
<b>(1)</b>	Cash		X
<b>(2)</b>	Other assets		X
<b>b</b>	Other transactions:		
<b>(1)</b>	Sales of assets to a noncharitable exempt organization		X
<b>(2)</b>	Purchases of assets from a noncharitable exempt organization		X
<b>(3)</b>	Rental of facilities, equipment, or other assets		X
<b>(4)</b>	Reimbursement arrangements		X
<b>(5)</b>	Loans or loan guarantees		X
<b>(6)</b>	Performance of services or membership or fundraising solicitations		X
<b>c</b>	Sharing of facilities, equipment, mailing lists, other assets, or paid employees		X
<b>d</b>	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
		N/A	

**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
N/A		

**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.

Signature of officer or trustee: VP OPERATIONS 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 <input type="checkbox"/> if self-employed	PTIN
Firm's name	Firm's EIN		Phone no.	
Firm's address				

**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.)
1a BAIRD AGGREGATE BD INST 255,393 SHARES			
b CAUSEWAY:EMER MKT INST 158,779 SHARES			
c DODGE & COX INTL STOCK 840,434 SHARES			
d LINDE INC 1,000,000 SHARES			
e VANGUARD INSTL INDX INSP 35,983 SHARES		07/02/20	07/02/20
f VANGUARD INSTL INDX INST 35,254 SHARES			
g VANGUARD MD-CP I INST 139,025 SHARES			
h VANGUARD SC V I ETF 47,866 SHARES			
i CAPITAL GAIN DISTRIBUTIONS			
j			
k			
l			
m			
n			
o			

(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 3,000,000.		3,031,015.	-31,015.
b 2,544,000.		2,126,132.	417,868.
c 30,966,328.		32,887,281.	-1,920,953.
d 1,000,000.		999,866.	134.
e 10,000,000.		3,417,134.	6,582,866.
f 11,966,000.		9,209,184.	2,756,816.
g 8,000,000.		6,135,730.	1,864,270.
h 8,000,185.		6,348,379.	1,651,806.
i			515,045.
j			
k			
l			
m			
n			
o			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Losses (from col. (h)) Gains (excess of col. (h) gain over col. (k), but not less than "-0-")
(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			-31,015.
b			417,868.
c			-1,920,953.
d			134.
e			6,582,866.
f			2,756,816.
g			1,864,270.
h			1,651,806.
i			515,045.
j			
k			
l			
m			
n			
o			

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	11,836,837.
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). If (loss), enter "-0-" in Part I, line 8 .....	3	N/A



BLUE CROSS AND BLUE SHIELD OF NORTH  
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**Part XV** Supplementary Information

**3 Grants and Contributions Paid During the Year (Continuation)**

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
BAKERSVILLE COMMUNITY MEDICAL CLINIC INCORPORATED (DBA: MOUNTAIN COMMUNITY HEALTH PARTNERSHI PO BOX 27 BAKERSVILLE, NC 28705	NONE	PC	PLANNING GRANT TO DEVELOP ORAL HEALTH PROGRAMS IN SCHOOL-BASED SETTINGS.	65,000.
BLACK CHILD DEVELOPMENT INSTITUTE - CHARLOTTE 7209 EAST WT HARRIS BLVD SUITE J # 276 CHARLOTTE, NC 28227	NONE	PC	ADDRESS EMERGING ORGANIZATIONAL NEEDS AS A RESULT OF THE COVID-19 PANDEMIC.	10,000.
BLACK CHILD DEVELOPMENT INSTITUTE - CHARLOTTE 7210 EAST WT HARRIS BLVD SUITE J # 276 CHARLOTTE, NC 28228	NONE	PC	DEVELOP AND ADVANCE PROGRAMMATIC AND POLICY-BASED APPROACHES TO ADDRESS THE RISING RATES OF	100,000.
BLUE RIDGE PARKWAY FOUNDATION, INC. 717 S. MARSHALL ST. SUITE 105B WINSTON-SALEM, NC 27101	NONE	PC	IMPLEMENT PROGRAM ENHANCEMENTS AND DIVERSIFY FUNDING SOURCES TO ENSURE LASTING IMPACT OF	175,000.
CABARRUS ROWAN COMMUNITY HEALTH CENTERS INC 202 D MCGILL AVENUE NW CONCORD, NC 28025	NONE	PC	EQUIP A NEW SAFETY NET DENTAL CLINIC TO PROVIDE PREVENTIVE AND RESTORATIVE CARE IN SALISBURY, NC.	60,000.
CARE SHARE HEALTH ALLIANCE PO BOX 32014 RALEIGH, NC 27622	NONE	PC	HIRE A CONSULTANT TO COORDINATE AN OPEN AND EQUITABLE SEARCH PROCESS FOR A NEW EXECUTIVE DIRECTOR.	25,000.
CARE SHARE HEALTH ALLIANCE PO BOX 32014 RALEIGH, NC 27622	NONE	PC	CREATION OF A STATEWIDE MEDICAID INFORMATION COLLABORATIVE NETWORK TO FACILITATE THE	100,000.
CAROLINA COMMON ENTERPRISE PO BOX 12408 DURHAM, NC 27709	NONE	PC	ADDRESS EMERGENCY FOOD NEEDS, SOURCING PRIMARILY FROM LOCAL PRODUCERS OF COLOR, AND SERVING	50,000.
CASWELL FAMILY MEDICAL CENTER, INC. PO BOX 1448 YANCEYVILLE, NC 27320	NONE	PC	ADDRESS EMERGENCY FOOD AND OTHER COVID-RELATED RELIEF NEEDS OF COMMUNITIES IN CASWELL COUNTY.	50,000.
CASWELL FAMILY MEDICAL CENTER, INC. PO BOX 1448 YANCEYVILLE, NC 27320	NONE	PC	AMENDMENT - DEPLOY COMMUNITY WEALTH BUILDING STRATEGIES TO ENSURE EQUITABLE ACCESS TO OPPORTUNITY	153,000.
<b>Total from continuation sheets</b>				<b>15,905,500.</b>

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**3 Grants and Contributions Paid During the Year (Continuation)**

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CHARLOTTE BILINGUAL PRESCHOOL, INC. 6300 HIGHLAND AVE CHARLOTTE, NC 28215	NONE	PC	DEVELOP A PIPELINE OF EARLY EDUCATORS FROM THE LATINO COMMUNITY AND AN ADVOCACY AGENDA TO PROMOTE POLICIES	100,000.
CHILD CARE RESOURCES INC. 200B REGENCY EXECUTIVE PARK DRIVE, SUITE 240 CHARLOTTE, NC 28217	NONE	PC	CONDUCT TWO SURVEYS LICENSED OF CHILD CARE PROVIDERS STATEWIDE TO UNDERSTAND THEIR NEEDS AND VIABILITY IN THE	40,000.
CHILD CARE SERVICES ASSOCIATION--CHAPEL HILL PO BOX 901 CHAPEL HILL, NC 27514	NONE	PC	WORK TOWARDS A SUCCESSFUL ROLLOUT OF A NEW EARLY CARE AND EDUCATION (ECE) WORKFORCE REGISTRY	25,000.
CHILDREN FIRST COMMUNITIES IN SCHOOLS OF BUNCOMBE COUNTY, INC. PO BOX 16695 ASHEVILLE, NC 28816	NONE	PC	ADDRESS EMERGING ORGANIZATIONAL NEEDS AS A RESULT OF THE COVID-19 PANDEMIC.	10,000.
CHILDREN FIRST COMMUNITIES IN SCHOOLS OF BUNCOMBE COUNTY, INC. PO BOX 16695 ASHEVILLE, NC 28816	NONE	PC	LEVERAGE THE COLLECTIVE POWER, WISDOM, AND EXPERIENCES OF THE REGIONS PARENTS,	75,000.
COHARIE INTRA TRIBAL, INC 7531 N US-421 CLINTON, NC 28328	NONE	PC	ADDRESS EMERGENCY FOOD AND OTHER COVID-RELATED RELIEF NEEDS OF THE COHARIE INTRA TRIBE IN HARNETT	20,000.
COLABORATIVA LA MILPA 528 EMMA ROAD ASHEVILLE, NC 28806	NONE	PC	ADDRESS EMERGENCY FOOD AND OTHER COVID-RELATED RELIEF NEEDS OF THE LATINO COMMUNITY IN BUNCOMBE	25,000.
COLABORATIVA LA MILPA 528 EMMA ROAD ASHEVILLE, NC 28806	NONE	PC	ADDRESS THE IMMEDIATE BASIC NEEDS OF THE LATINO COMMUNITIES IN BUNCOMBE COUNTY IN RESPONSE TO COVID-19.	25,000.
COLABORATIVA LA MILPA (FISCAL SPONSOR FOR PODER EMMA ECE COOPERATIVE NETWORK) 528 EMMA ROAD ASHEVILLE, NC 28806	NONE	PC	EXPAND ITS NETWORK LATINO OF FAMILY CHILD CARE PROVIDERS IN BUNCOMBE COUNTY AND ENGAGE IN LOCAL AND	100,000.
COMMUNITIES IN PARTNERSHIP PO BOX 11247 DURHAM, NC 27703	NONE	PC	ADDRESS EMERGENCY FOOD NEEDS, SOURCING PRIMARILY FROM LOCAL PRODUCERS OF COLOR, AND SERVING	50,000.
<b>Total from continuation sheets</b> .....				

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**Part XV** Supplementary Information

**3 Grants and Contributions Paid During the Year (Continuation)**

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COMMUNITY FOUNDATION OF GREATER GREENSBORO, INC. 330 S. GREENE ST., STE. 100 GREENSBORO, NC 27401	NONE	PC	AMENDMENT - SUPPORT LATINX-LED, LATINX-SERVING COMMUNITY ORGANIZATIONS TO	200,000.
DE BEAUMONT FOUNDATION INC 7501 WISCONSIN AVE., SUITE 1310E BETHESDA, MD 20814	NONE	PF	SUPPORT UP TO TWO NORTH CAROLINA COMMUNITIES TO PARTICIPATE IN THE THIRD FUNDING ROUND OF	200,000.
EDUCATIONAL EQUITY INSTITUTE, INC. 7619 TREYFLORD LANE CHARLOTTE, NC 28270	NONE	PC	DEVELOP A COMMUNITY-INFORMED RACIAL AND ETHNIC EQUITY ANALYSIS OF THE POLICY LANDSCAPE IN	152,500.
EL CENTRO HISPANO, INC. 2000 CHAPEL HILL ROAD, SUITE 26A DURHAM, NC 27707	NONE	PC	EXPAND OUTREACH IN DURHAM, ORANGE, AND WAKE COUNTIES AND IMPLEMENT STATEWIDE COMMUNICATIONS	80,000.
EL CENTRO HISPANO, INC. 2000 CHAPEL HILL ROAD, SUITE 26A DURHAM, NC 27707	NONE	PC	PROVIDE EMERGENCY FOOD ASSISTANCE TO IMMIGRANT FAMILIES NOT ELIGIBLE FOR SNAP IN DURHAM, ORANGE, WAKE,	80,000.
EL CENTRO HISPANO, INC. 2000 CHAPEL HILL ROAD, SUITE 26A DURHAM, NC 27707	NONE	PC	ENGAGE LATINO PARENTS ON EARLY CARE AND EDUCATION POLICY DEVELOPMENT AND ADVOCACY IN DURHAM,	100,000.
EL PUEBLO, INC. 2321 CRABTREE BOULEVARD RALEIGH, NC 27604	NONE	PC	ADDRESS THE IMMEDIATE BASIC NEEDS OF LATINO COMMUNITIES IN WAKE COUNTY IN RESPONSE TO COVID-19.	25,000.
EL PUEBLO, INC. 2321 CRABTREE BOULEVARD RALEIGH, NC 27604	NONE	PC	INCREASE LEADERSHIP CAPACITY TO SERVE THE LATINO COMMUNITY NEEDS IN WAKE COUNTY.	25,000.
EL PUEBLO, INC. 2321 CRABTREE BOULEVARD RALEIGH, NC 27604	NONE	PC	ADDRESS EMERGENCY FOOD AND OTHER COVID-RELATED RELIEF NEEDS OF THE LATINO COMMUNITY IN WAKE	25,000.
EMPOWERED PARENTS IN COMMUNITY 1908 CEDAR ST. DURHAM, NC 27707	NONE	PC	WORK TO ADDRESS RACIAL INEQUITIES IN THE EARLY CARE AND EDUCATION SYSTEM BY ENGAGING BLACK AND	100,000.
<b>Total from continuation sheets</b>				

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**Part XV** Supplementary Information

**3 Grants and Contributions Paid During the Year (Continuation)**

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
EQUITY BEFORE BIRTH 610 CANAL ST DURHAM, NC 27701	NONE	PC	ENGAGE BLACK PARENTS OF YOUNG CHILDREN (0-18 MONTHS) TO ADVOCATE FOR THE SUPPORTS THEY NEED TO	100,000.
FAITHACTION INTERNATIONAL HOUSE 705 N. GREENE STREET GREENSBORO, NC 27401	NONE	PC	ADDRESS THE IMMEDIATE BASIC NEEDS OF THE LATINO COMMUNITIES IN GUILFORD, DAVIDSON, DAVIE, FORSYTH,	15,000.
FAITHACTION INTERNATIONAL HOUSE 705 N. GREENE STREET GREENSBORO, NC 27401	NONE	PC	ADDRESS EMERGENCY FOOD AND OTHER COVID-RELATED RELIEF NEEDS OF THE LATINO COMMUNITY IN ALAMANCE,	25,000.
FEEDING THE CAROLINAS 6255 TOWNCENTER DRIVE CLEMMONS, NC 27012	NONE	PC	INCREASE DISTRIBUTION OF LOCALLY GROWN AND CULTURALLY APPROPRIATE FOOD THROUGH FEEDING THE CAROLINAS SEVEN	1,000,000.
FOUNDATION FOR HEALTH LEADERSHIP AND INNOVATION 2401 WESTON PARKWAY, SUITE 203 CARY, NC 27513	NONE	PC	NORTH CAROLINA INCLUSIVE DISASTER RECOVERY NETWORK (NCIDR) WILL SUPPORT THE FACILITATION OF A	85,000.
FOUNDATION FOR HEALTH LEADERSHIP AND INNOVATION 2401 WESTON PARKWAY, SUITE 203 CARY, NC 27513	NONE	PC	THE NCOHCS IMPACT IS CENTERED THROUGH ADVOCACY, COMMUNITY PARTNERSHIPS, AND EDUCATION TO EMPOWER	360,000.
GREENSBORO HOUSING COALITION, INC. 1031 SUMMIT AVE, SUITE 1E GREENSBORO, NC 27405	NONE	PC	ADDRESS EMERGENCY FOOD AND OTHER COVID-RELATED RELIEF NEEDS OF COMMUNITIES IN GUILFORD COUNTY.	50,000.
GREENSBORO HOUSING COALITION, INC. 1031 SUMMIT AVE, SUITE 1E GREENSBORO, NC 27405	NONE	PC	AMENDMENT - IMPROVE SOCIO-ECONOMIC AND ENVIRONMENTAL CONDITIONS TO IMPROVE HEALTH AND QUALITY OF	150,000.
GUILFORD CHILD DEVELOPMENT 1200 ARLINGTON ST GREENSBORO, NC 27406-1421	NONE	PC	BUILD A TEAM OF BLACK, LATINO, AND OTHER PARENTS OF COLOR IN GUILFORD AND ROCKINGHAM COUNTIES	100,000.
HALIWA-SAPONI INDIAN TRIBE 39021 HWY 561 HOLLISTER, NC 27844	NONE	PC	ADDRESS EMERGENCY FOOD AND OTHER COVID-RELATED RELIEF NEEDS OF THE HALIWA-SAPONI TRIBE IN	20,000.
<b>Total from continuation sheets</b>				

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**3 Grants and Contributions Paid During the Year (Continuation)**

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HANDSON NORTHWEST NORTH CAROLINA 751 WEST FOURTH STREET, SUITE 200 WINSTON-SALEM, NC 27101	NONE	PC	STRENGTHEN REGIONAL CAPACITY BUILDING PROGRAMMING WITH A FOCUS ON INCREASING DIVERSITY AND EQUITY.	35,000.
HIGH COUNTRY COMMUNITY HEALTH 504 PINEOLA ST NEWLAND, NC 28657	NONE	PC	PLANNING GRANT TO DEVELOP ORAL HEALTH PROGRAMS IN SCHOOL-BASED SETTINGS.	65,000.
HIGH PLAINS INDIANS, INC. POST OFFICE BOX 3265 ROXBORO, NC 27573	NONE	PC	ADDRESS EMERGENCY FOOD AND OTHER COVID-RELATED RELIEF NEEDS OF THE HIGH PLAINS INDIAN TRIBE IN	20,000.
HISPANIC LEAGUE 418 N MARSHALL ST WINSTON SALEM, NC 27101-2932	NONE	PC	ADDRESS THE IMMEDIATE BASIC NEEDS OF LATINO COMMUNITIES IN FORSYTH COUNTY IN RESPONSE TO COVID-19.	15,000.
HISPANIC LEAGUE 418 N MARSHALL ST WINSTON SALEM, NC 27101-2932	NONE	PC	ADDRESS EMERGENCY FOOD AND OTHER COVID-RELATED RELIEF NEEDS OF THE LATINO COMMUNITY IN FORSYTH	25,000.
HISPANIC LIAISON OF CHATHAM COUNTY / EL VINCULO 200 N. CHATHAM AVE. SILER CITY, NC 27344	NONE	PC	ADDRESS THE IMMEDIATE BASIC NEEDS OF THE LATINO COMMUNITIES IN CHATHAM AND LEE COUNTIES IN RESPONSE	50,000.
HISPANIC LIAISON OF CHATHAM COUNTY / EL VINCULO 200 N. CHATHAM AVE. SILER CITY, NC 27344	NONE	PC	ADDRESS EMERGENCY FOOD AND OTHER COVID-RELATED RELIEF NEEDS OF THE LATINO COMMUNITY IN CHATHAM,	50,000.
HUNGER AND HEALTH COALITION PO BOX 1837 BOONE, NC 28607	NONE	PC	ADDRESS EMERGENCY FOOD AND OTHER COVID-RELATED RELIEF NEEDS OF COMMUNITIES IN AVERY, ASHE, AND	50,000.
HUNGER AND HEALTH COALITION PO BOX 1837 BOONE, NC 28607	NONE	PC	AMENDMENT - IMPROVE OVERALL HEALTH AND WELLNESS IN WATAUGA COUNTY THROUGH IMPROVED FOOD	153,000.
IMMERSION FOR SPANISH LANGUAGE ACQUISITION P.O BOX 16278 CHAPEL HILL, NC 27516	NONE	PC	ENGAGE AND TRAIN LATINO PARENTS TO PROMOTE EARLY CARE AND EDUCATION POLICY CHANGE IN ORANGE,	100,000.
<b>Total from continuation sheets</b>				

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**3 Grants and Contributions Paid During the Year (Continuation)**

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KINTEGRA HEALTH 200 E 2ND AVENUE GASTONIA, NC 28052	NONE	PC	PROVIDE COVID-19 EMERGENCY FOOD ASSISTANCE IN THE GASTON COUNTY.	50,000.
KINTEGRA HEALTH 200 E 2ND AVENUE GASTONIA, NC 28052	NONE	PC	AMENDMENT - REDUCE OBESITY IN GASTONIA'S HIGHLAND NEIGHBORHOOD BY ENGAGING RESIDENTS AND IMPROVING	150,000.
LATIN AMERICAN COALITION 4938 CENTRAL AVE STE. 101 CHARLOTTE, NC 28205	NONE	PC	TO SUPPORT EARLY CHILDHOOD WORK IN MECKLENBURG, GASTON, CABARRUS, LINCOLN, UNION, ROWAN, AND	10,000.
LATIN AMERICAN COALITION 4938 CENTRAL AVE STE. 101 CHARLOTTE, NC 28205	NONE	PC	EXPAND A COVID-19 OUTREACH & EDUCATION PROGRAM FOR LATINOS & IMMIGRANTS IN THE MECKLENBURG COUNTY	25,000.
LATIN AMERICAN COALITION 4938 CENTRAL AVE STE. 101 CHARLOTTE, NC 28205	NONE	PC	ADDRESS EMERGENCY FOOD AND OTHER COVID-RELATED RELIEF NEEDS OF THE LATINO COMMUNITY IN CABARRUS,	25,000.
LEGAL AID OF NORTH CAROLINA, INC. 224 SOUTH DAWSON STREET RALEIGH, NC 27601	NONE	PC	PREVENT EVICTIONS AND HOMELESSNESS IN NASH AND EDGECOMBE IN THE WAKE OF COVID-19.	150,000.
LENOIR-GREENE COUNTY PARTNERSHIP FOR CHILDREN 1465 HWY 258 N KINSTON, NC 28504	NONE	PC	TO SUPPORT EARLY CHILDHOOD WORK IN LENOIR AND GREENE COUNTIES.	10,000.
LUMBEE TRIBE OF NORTH CAROLINA 6984 NC HWY 711 W PEMBROKE, NC 28372	NONE	PC	ADDRESS EMERGENCY FOOD AND OTHER COVID-RELATED RELIEF NEEDS OF THE LUMBEE TRIBE IN ROBESON,	20,000.
MEDSERVE 1212 LOUISE AVENUE CHARLOTTE, NC 28205	NONE	PC	GENERAL OPERATING SUPPORT FOR HEALTH CARE WORKFORCE PIPELINE PROGRAM WITH A FOCUS ON IMPROVING	100,000.
MEHERRIN INDIAN TRIBE PO BOX 274 AHOSKIE, NC 27910	NONE	PC	ADDRESS EMERGENCY FOOD AND OTHER COVID-RELATED RELIEF NEEDS OF THE MEHERRIN INDIAN TRIBE IN	20,000.
<b>Total from continuation sheets</b>				

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MONTGOMERY COUNTY PARTNERSHIP FOR CHILDREN, INC. 404-A NORTH MAIN ST TROY, NC 27371	NONE	PC	AMENDMENT - LEAD SYSTEM LEVEL CHANGES THAT WILL INCREASE OPPORTUNITIES FOR ACCESS TO HEALTHIER	28,000.
MOUNTAIN AREA HEALTH EDUCATION CENTER, INC. 121 HENDERSONVILLE ROAD ASHEVILLE, NC 28803	NONE	PC	PLANNING GRANT TO DEVELOP ORAL HEALTH PROGRAMS IN SCHOOL-BASED SETTINGS.	65,000.
MOUNTAIN AREA HEALTH EDUCATION CENTER, INC. 121 HENDERSONVILLE ROAD ASHEVILLE, NC 28803	NONE	PC	REDUCE INFANT MORTALITY RATES AND INCREASE ACCESS TO DOULA SERVICES FOR BETTER BIRTH OUTCOMES.	150,000.
MOUNTAIN AREA HEALTH EDUCATION CENTER, INC. 121 HENDERSONVILLE ROAD ASHEVILLE, NC 28803	NONE	PC	AMENDMENT - REDUCE INFANT MORTALITY RATES AND INCREASE ACCESS TO DOULA SERVICES FOR BETTER BIRTH OUTCOMES.	150,000.
NC CHILD 3101 POPLARWOOD COURT, SUITE 300 RALEIGH, NC 27604	NONE	PC	ADDRESS PERSISTENT DISPARITIES IN CHILDREN'S ORAL HEALTH AND LACK OF ACCESS TO CARE THROUGH ADVOCACY,	150,000.
NC CHILD 3101 POPLARWOOD COURT, SUITE 300 RALEIGH, NC 27604	NONE	PC	CENTER THE VOICES AND EXPERIENCES OF FAMILIES TO DEVELOP AND ADVANCE POLICY SOLUTIONS THAT	150,000.
NC CHILD 3101 POPLARWOOD COURT, SUITE 300 RALEIGH, NC 27604	NONE	PC	TRANSFORM NORTH CAROLINAS EARLY EDUCATION SYSTEM STATEWIDE BY ENGAGING DIVERSE STAKEHOLDERS	200,000.
NC FIELD, INC. 327 N. QUEEN ST. SUITE #306 KINSTON, NC 28501	NONE	PC	ADDRESS THE IMMEDIATE BASIC NEEDS OF THE LATINO COMMUNITIES IN LENOIR COUNTY IN RESPONSE TO COVID-19.	20,000.
NC FIELD, INC. 327 N. QUEEN ST. SUITE #306 KINSTON, NC 28501	NONE	PC	ADDRESS EMERGENCY FOOD AND OTHER COVID-RELATED RELIEF NEEDS OF THE LATINO COMMUNITY IN CRAVEN,	25,000.
NC RURAL ECONOMIC DEVELOPMENT CENTER 4021 CARYA DRIVE RALEIGH, NC 27610	NONE	PC	EXPAND STATEWIDE LEADERSHIP AND ADVOCACY PROGRAMMING, MOBILIZING A NETWORK OF RURAL, GRASSROOTS	290,000.
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NORTH CAROLINA AGRICULTURAL & TECHNICAL STATE UNIVERSITY 1601 E. MARKET STREET, DOWDY ADMINISTRATION BUILDING, SUITE 400 GREENSBORO, NC 27411	NONE	PC	STRENGTHEN THE STATEWIDE COMMUNITY GARDEN NETWORK IN NORTH CAROLINA AND CONTRIBUTE TO THE	72,000.
NORTH CAROLINA ALLIANCE FOR HEALTH 5001 MIAMI BLVD, SUITE 300 DURHAM, NC 27703	NONE	PC	CONVENE THE NORTH CAROLINA HEALTHY FOOD ACCESS TASK FORCE TO BUILD CONSENSUS WITH AND MOBILIZE	181,000.
NORTH CAROLINA BLACK ALLIANCE, INC. PO BOX 27886 RALEIGH, NC 27611	NONE	PC	SUPPORT THE EDUCATION AND ENGAGEMENT OF BLACK ELECTED OFFICIALS, POLICYMAKERS,	150,000.
NORTH CAROLINA CENTER FOR NONPROFIT ORGANIZATIONS, INC. 5800 FARINGDON PLACE RALEIGH, NC 27609	NONE	PC	BUILD A DYNAMIC CAPACITY BUILDING APPROACH WITH AN EQUITY LENS THAT INCREASES NONPROFIT	350,000.
NORTH CAROLINA COMMUNITY HEALTH CENTER ASSOCIATION 4917 WATERS EDGE DRIVE, SUITE 165 RALEIGH, NC 27606	NONE	PC	GENERAL OPERATING SUPPORT TO INCREASE ACCESS TO PATIENT-CENTERED, PATIENT-GOVERNED,	50,000.
NORTH CAROLINA COMMUNITY HEALTH CENTER ASSOCIATION 4917 WATERS EDGE DRIVE, SUITE 165 RALEIGH, NC 27606	NONE	PC	PROVIDE EMERGENCY FOOD ASSISTANCE TO MIGRANT AND SEASONAL AGRICULTURAL WORKERS IN CASWELL COUNTY.	50,000.
NORTH CAROLINA COMMUNITY HEALTH CENTER ASSOCIATION 4917 WATERS EDGE DRIVE, SUITE 165 RALEIGH, NC 27606	NONE	PC	BUILD ON EXISTING DATA ANALYSIS INFRASTRUCTURE TO DRIVE IMPROVED PATIENT CARE AND DEVELOP	150,000.
NORTH CAROLINA COMMUNITY HEALTH CENTER ASSOCIATION 4917 WATERS EDGE DRIVE, SUITE 165 RALEIGH, NC 27606	NONE	PC	AMENDMENT - ADDRESS INEQUITIES DRIVEN BY OCCUPATIONAL CONDITIONS AND INADEQUATE COMMUNITY	153,000.
NORTH CAROLINA EARLY CHILDHOOD FOUNDATION, INC. 514 DANIELS STREET #173 RALEIGH, NC 27605	NONE	PC	SUPPORT A FOUR-YEAR COLLABORATIVE EFFORT TO ALIGN AND ENHANCE EXISTING SERVICES AND FUNDING STREAMS FOR	40,000.
NORTH CAROLINA EARLY CHILDHOOD FOUNDATION, INC. 514 DANIELS STREET #173 RALEIGH, NC 27605	NONE	PC	CONDUCT POLLING TO UNDERSTAND PARENT NEEDS AND TO DEVELOP EFFECTIVE MESSAGING TO TRANSFORM THE STATES	50,000.
<b>Total from continuation sheets</b>				



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NORTH CAROLINA EARLY CHILDHOOD FOUNDATION, INC. 514 DANIELS STREET #173 RALEIGH, NC 27605	NONE	PC	PROVIDE BACKBONE COMMUNICATIONS, POLICY, AND FACILITATION SUPPORT TO THE NETWORKS	200,000.
NORTH CAROLINA FARMWORKERS PROJECT, INC. PO BOX 352 BENSON, NC 27504	NONE	PC	CONVERT A WEB-BASED FARMWORKER LABOR CAMP DATABASE INTO A SECURE MOBILE APP TO ASSIST FARMWORKER ADVOCATES	50,000.
NORTH CAROLINA INSTITUTE OF MEDICINE 630 DAVIS DR. MORRISVILLE, NC 27560-0347	NONE	PC	STRENGTHENING ORGANIZATIONAL CULTURE AND INCREASING COMMITMENT TO INTENTIONAL EQUITY	25,000.
NORTH CAROLINA INSTITUTE OF MEDICINE 630 DAVIS DR. MORRISVILLE, NC 27560-0347	NONE	PC	IMPLEMENT A LEGISLATIVE HEALTH POLICY FELLOWS PROGRAM TO PROVIDE LEGISLATORS AND THEIR STAFF WITH	50,000.
NORTH CAROLINA INSTITUTE OF MEDICINE 630 DAVIS DR. MORRISVILLE, NC 27560-0347	NONE	PC	WORK IN PARTNERSHIP WITH THE NC ASSOCIATION OF COUNTY COMMISSIONERS (NCACC) TO DEVELOP A LEARNING	123,000.
NORTH CAROLINA INSTITUTE OF MEDICINE 630 DAVIS DR. MORRISVILLE, NC 27560-0347	NONE	PC	IMPROVE THE HEALTH AND WELL-BEING OF ALL NORTH CAROLINIANS BY PROVIDING NON-PARTISAN RESEARCH AND ANALYSIS,	150,000.
NORTH CAROLINA PARTNERSHIP FOR CHILDREN, INC. 1100 WAKE FOREST RD. RALEIGH, NC 27604	NONE	PC	BUILD THE STAFF AND SYSTEM CAPACITY NEEDED TO EMBED COMMUNITY-CENTERED SYSTEMS CHANGE AND	1,000,000.
NORTH CAROLINA RECREATION AND PARK ASSOCIATION, INC. 883 WASHINGTON ST RALEIGH, NC 27605	NONE	PC	SUPPORT NORTH CAROLINAS PARK AND RECREATION PROFESSIONALS AND THEIR CITIZEN BOARD	125,000.
NORTH CAROLINA STATE UNIVERSITY 2601 WOLF VILLAGE WAY, SUITE 240 RALEIGH, NC 27695-7514	NONE	PC	EXPAND LOCAL MEAT PROCESSING CAPACITY, RESILIENCE, AND VIABILITY FOR NC FARMERS, PROCESSORS,	30,000.
NORTH CAROLINA STATE UNIVERSITY 2601 WOLF VILLAGE WAY, SUITE 240 RALEIGH, NC 27695-7514	NONE	PC	AMENDMENT - GROW AND STRENGTHEN THE NETWORK OF LOCAL FOOD COUNCILS ACROSS NORTH CAROLINA TO SHOW MEASURABLE	89,000.
<b>Total from continuation sheets</b>				

BLUE CROSS AND BLUE SHIELD OF NORTH  
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**Part XV** Supplementary Information

**3 Grants and Contributions Paid During the Year (Continuation)**

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
NORTH CAROLINA STATE UNIVERSITY 2601 WOLF VILLAGE WAY, SUITE 240 RALEIGH, NC 27695-7514	NONE	PC	SUPPORT THE DEVELOPMENT OF TOOLS AND POLICIES TO SPREAD AND SCALE THE INSTALLATION OF	175,000.
NORTH CAROLINA STATE UNIVERSITY 2601 WOLF VILLAGE WAY, SUITE 240 RALEIGH, NC 27695-7514	NONE	PC	GROW AND STRENGTHEN THE NETWORK OF LOCAL FOOD COUNCILS ACROSS NORTH CAROLINA TO SHOW MEASURABLE PLACE-BASED	751,000.
OCCANEECHI BAND OF THE SAPONI NATION PO BOX 356 MEBANE, NC 27302	NONE	PC	ADDRESS EMERGENCY FOOD AND OTHER COVID-RELATED RELIEF NEEDS OF THE OCCANEECHI BAND OF THE	20,000.
OPPORTUNITIES INDUSTRIALIZATION CENTER, INC. 402 E. VIRGINIA STREET ROCKY MOUNT, NC 27801	NONE	PC	ADDRESS EMERGENCY FOOD AND OTHER COVID-RELATED RELIEF NEEDS OF THE COMMUNITIES IN	50,000.
OPPORTUNITIES INDUSTRIALIZATION CENTER, INC. 402 E. VIRGINIA STREET ROCKY MOUNT, NC 27801	NONE	PC	AMENDMENT - IMPLEMENT SYSTEMSFOCUSED SOLUTIONS TO REDUCE STRESSORS IN RESIDENTS PHYSICAL AND SOCIAL	153,000.
PELETAH MINISTRIES POST OFFICE BOX 14253 NEW BERN, NC 28561	NONE	PC	BUILD A FAMILY CHILD CARE NETWORK SUPPORTING PRIMARILY BLACK PROVIDERS IN CRAVEN COUNTY.	100,000.
PIEDMONT TRIAD REGIONAL DEVELOPMENT CORPORATION 1398 CARROLLTON CROSSING DRIVE KERNERSVILLE, NC 27284	NONE	PC	CREATE A MODEL REGIONAL NETWORK FOR ENGAGING COMMUNITY MEMBERS, LOCAL GOVERNMENTS,	129,000.
PREVENT CHILD ABUSE NORTH CAROLINA 3000 AERIAL CENTER PARKWAY, SUITE 180 MORRISVILLE, NC 27560	NONE	PC	PRIORITIZE WORK TO PREVENT CHILD ABUSE AND NEGLECT BY BUILDING CAPACITY TO ENGAGE IN PUBLIC	124,000.
RANDOLPH COUNTY HEALTH DEPARTMENT 2222-B SOUTH FAYETTEVILLE STREET ASHEBORO, NC 27205	NONE	PC	PLANNING GRANT TO DEVELOP ORAL HEALTH PROGRAMS IN SCHOOL-BASED SETTINGS.	65,000.
REINVESTMENT PARTNERS 110 E. GEER ST. DURHAM, NC 27701	NONE	PC	EXPAND THE BULL CITY BUCKS HEALTHY FOOD INCENTIVE PROGRAM (NOW CALLED SUPERSNAP) TO TWENTY COUNTIES AND	200,000.
<b>Total from continuation sheets</b>				

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**Part XV** Supplementary Information

**3 Grants and Contributions Paid During the Year (Continuation)**

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
ROANOKE CHOWAN COMMUNITY HEALTH CENTER, INC. 120 HEALTH CENTER DRIVE AHOSSKIE, NC 27910	NONE	PC	BUILD AND EQUIP A SAFETY NET CLINIC TO PROVIDE PREVENTIVE AND RESTORATIVE DENTAL CARE IN BERTIE COUNTY.	60,000.
RURAL HEALTH GROUP, INC. PO BOX 640 ROANOKE RAPIDS, NC 27870-0640	NONE	PC	PLANNING GRANT TO DEVELOP ORAL HEALTH PROGRAMS IN SCHOOL-BASED SETTINGS.	65,000.
S.G. ATKINS COMMUNITY DEVELOPMENT CORPORATION 1922 S. MARTIN LUTHER KING JR. DRIVE WINSTON-SALEM, NC 27107	NONE	PC	ADDRESS EMERGENCY FOOD NEEDS, SOURCING PRIMARILY FROM LOCAL PRODUCERS OF COLOR, AND SERVING	50,000.
SHARE-WS, INC. 603 PETERS CREEK PARKWAY WINSTON SALEM, NC 27103	NONE	PC	ADDRESS EMERGENCY FOOD NEEDS, SOURCING PRIMARILY FROM LOCAL PRODUCERS OF COLOR, AND SERVING	50,000.
SOUTHERN COALITION FOR SOCIAL JUSTICE (FISCAL SPONSOR FOR EDUCATION JUSTICE ALLIANCE) 1415 W NC HWY 54 STE 101 DURHAM, NC 27610	NONE	PC	TO SUPPORT EARLY CHILDHOOD WORK THROUGHOUT THE STATE OF NC.	10,000.
SUPERLATIVE ACADEMY 3339 BARFIELD DRIVE CHARLOTTE, NC 28217	NONE	PC	PROVIDE TECHNICAL ASSISTANCE TO DEVELOP CAPACITY OF THE WESTSIDE NETWORK AND THREE OTHER FAMILY	100,000.
THE CENTER FOR CHILD AND FAMILY HEALTH, INC. 1121 W. CHAPEL HILL STREET DURHAM, NC 27701	NONE	PC	REDUCE THE IMPACT OF CHILD TRAUMATIC STRESS ON CHILDREN AND FAMILIES BY EMBEDDING TRAUMA-INFORMED	11,000.
THE COMMUNITY FOUNDATION OF WESTERN NORTH CAROLINA, INC. 4 VANDERBILT PARK DR., SUITE 300 ASHEVILLE, NC 28803	NONE	PC	PROVIDE CAPACITY BUILDING PROGRAMS AND CULTIVATE NETWORKS SUPPORTING NONPROFIT LEADERS AND	100,000.
THE CONSERVATION FUND A NONPROFIT CORPORATION 77 VILCOM CENTER DRIVE, SUITE 340 CHAPEL HILL, NC 27514	NONE	PC	AMENDMENT - DISTRIBUTE POOLED FUNDING FOR RE-GRANTING TO RURAL, GRASSROOTS COMMUNITY ORGANIZATIONS THAT ARE	100,000.
THE CONSERVATION FUND A NONPROFIT CORPORATION 77 VILCOM CENTER DRIVE, SUITE 340 CHAPEL HILL, NC 27514	NONE	PC	STRENGTHEN RURAL COMMUNITY ORGANIZATIONS FOCUSED ON IMPROVING HEALTH THROUGH COACHING,	125,000.
<b>Total from continuation sheets</b>				

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**Part XV** Supplementary Information

**3 Grants and Contributions Paid During the Year (Continuation)**

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
THE CONSERVATION FUND A NONPROFIT CORPORATION 77 VILCOM CENTER DRIVE, SUITE 340 CHAPEL HILL, NC 27514	NONE	PC	FACILITATE A STATEWIDE FOOD HUB-DRIVEN CAPACITY BUILDING AND COLLABORATION EFFORT AIMED AT BUILDING A	380,000.
THE CONSERVATION FUND A NONPROFIT CORPORATION 77 VILCOM CENTER DRIVE, SUITE 340 CHAPEL HILL, NC 27514	NONE	PC	INCREASE CAPACITY FOR COVID-RELIEF WITH A FOCUS ON EMERGENCY FOOD RESPONSE USING LOCALLY GROWN FOOD IN	1,975,000.
THE HUNT INSTITUTE 4000 CENTREGREEN WAY SUITE 301 CARY, NC 27513	NONE	PC	DEVELOP A COHORT OF NORTH CAROLINA LEGISLATORS AND STATE OFFICIALS WITH KNOWLEDGE AND	100,000.
THE NORTH CAROLINA ALBERT SCHWEITZER FELLOWSHIP, INC. PO BOX 1636 DAVIDSON, NC 28036	NONE	PC	PROVIDE FELLOWSHIP OPPORTUNITIES IN ORAL HEALTH TO GRADUATE LEVEL STUDENTS ACROSS THE STATE AND TO	44,000.
TRIANGLE NATIVE AMERICAN SOCIETY PO BOX 26841 RALEIGH, NC 27611	NONE	PC	ADDRESS EMERGENCY FOOD AND OTHER COVID-RELATED RELIEF NEEDS OF THE NATIVE AMERICANS IN WAKE,	10,000.
TUSCARORA NATION OF NORTH CAROLINA, INC PO BOX 364 MAXTON, NC 28364	NONE	PC	ADDRESS THE IMMEDIATE BASIC NEEDS OF THE TUSCARORA NATION COMMUNITY IN RESPONSE TO COVID-19.	10,000.
TUSCARORA NATION OF NORTH CAROLINA, INC PO BOX 364 MAXTON, NC 28364	NONE	PC	ADDRESS EMERGENCY FOOD AND OTHER COVID-RELATED RELIEF NEEDS OF THE TUSCARORA NATION OF NORTH	20,000.
UNITED WAY OF THE GREATER TRIANGLE PO BOX 110583 DURHAM, NC 27709	NONE	PC	INCREASE ACCESS AND PROVIDE TRANSPORTATION TO COVID-19 VACCINATION SITES FOR NORTH CAROLINA	250,000.
UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL 590 MANNING DRIVE CHAPEL HILL, NC 27599	NONE	PC	AMENDMENT - SCALE-UP AND DISSEMINATION OF GO NAP SACC (NUTRITION AND PHYSICAL ACTIVITY SELF-ASSESSMENT FOR	20,000.
UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL 590 MANNING DRIVE CHAPEL HILL, NC 27599	NONE	PC	STRENGTHEN FISCAL AND ADMINISTRATIVE MANAGEMENT SKILLS IN NORTH CAROLINAS STATE AND LOCAL PUBLIC	71,000.
<b>Total from continuation sheets</b>				

BLUE CROSS AND BLUE SHIELD OF NORTH  
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**Part XV** Supplementary Information

**3 Grants and Contributions Paid During the Year (Continuation)**

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
UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL 590 MANNING DRIVE CHAPEL HILL, NC 27599	NONE	PC	INTEGRATE BE ACTIVE KIDS, A PROJECT DESIGNED TO PROMOTE PHYSICAL ACTIVITY AMONG YOUNG CHILDREN,	300,000.
UNIVERSITY OF NORTH CAROLINA WILMINGTON 601 S. COLLEGE RD WILMINGTON, NC 28403	NONE	PC	STRENGTHEN SOUTHEASTERN NC NONPROFIT ORGANIZATIONS THROUGH CAPACITY BUILDING	70,000.
WACCAMAW SIOUAN INDIAN TRIBE, INC. PO BOX 69 BOLTON, NC 28423	NONE	PC	ADDRESS EMERGENCY FOOD AND OTHER COVID-RELATED RELIEF NEEDS OF THE WACCAMAW SIOUAN INDIAN TRIBE IN	20,000.
WAKE COUNTY SMARTSTART 4901 WATERS EDGE DRIVE RALEIGH, NC 27606	NONE	PC	CONDUCT PARENT SURVEYS IN FIVE COUNTIES WAKE, MECKLENBURG, BURKE, JONES, AND ONE TBD TO GAIN	155,000.
WEST BOULEVARD NEIGHBORHOOD COALITION PO BOX 669755 CHARLOTTE, NC 28266-9755	NONE	PC	ADDRESS EMERGENCY FOOD NEEDS, SOURCING PRIMARILY FROM LOCAL PRODUCERS OF COLOR, AND SERVING	50,000.
WEST MARION COMMUNITY FORUM 220 WEST GRAYSON STREET MARION, NC 28752	NONE	PC	ADDRESS EMERGENCY FOOD AND OTHER COVID-RELATED RELIEF NEEDS OF THE COMMUNITIES IN	50,000.
WEST MARION COMMUNITY FORUM 220 WEST GRAYSON STREET MARION, NC 28752	NONE	PC	AMENDMENT - ADDRESS CHILDHOOD OBESITY WITH A FOCUS ON THE FAMILY UNIT IN MCDOWELL COUNTY BY MAKING	153,000.
WESTERN NORTH CAROLINA WORKERS CENTER PO BOX 3 HICKORY, NC 28603	NONE	PC	ADDRESS THE IMMEDIATE BASIC NEEDS OF THE LATINO COMMUNITIES IN BUNCOMBE, BURKE, HENDERSON, AND MACON	25,000.
WESTERN NORTH CAROLINA WORKERS CENTER PO BOX 3 HICKORY, NC 28603	NONE	PC	ADDRESS EMERGENCY FOOD AND OTHER COVID-RELATED RELIEF NEEDS OF THE LATINO COMMUNITY IN BURKE,	25,000.
WORKING LANDSCAPES 108C SOUTH MAIN ST WARRENTON, NC 27589	NONE	PC	SUPPORT THE EXPANSION OF BYWAY FOODS, A LINE OF READY-TO-EAT, LOCALLY-SOURCED, FRESH-CUT PRODUCE LINE	150,000.
<b>Total from continuation sheets</b>				

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**Part XV** Supplementary Information

**3 Grants and Contributions Approved for Future Payment (Continuation)**

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
CHILDREN FIRST COMMUNITIES IN SCHOOLS OF BUNCOMBE COUNTY, INC. PO BOX 16695 ASHEVILLE, NC 28816		PC	LEVERAGE THE COLLECTIVE POWER, WISDOM, AND EXPERIENCES OF THE REGIONS PARENTS,	75,000.
COLABORATIVA LA MILPA (FISCAL SPONSOR FOR PODER EMMA ECE COOPERATIVE NETWORK) 528 EMMA ROAD ASHEVILLE, NC 28806		PC	EXPAND ITS NETWORK LATINO OF FAMILY CHILD CARE PROVIDERS IN BUNCOMBE COUNTY AND ENGAGE IN LOCAL AND	196,852.
COMMUNITY FOUNDATION OF GREATER GREENSBORO, INC. 330 S. GREENE ST., STE. 100 GREENSBORO, NC 27401		PC	SUPPORT LATINX-LED, LATINX-SERVING COMMUNITY ORGANIZATIONS TO ENGAGE IN COMMUNITY	150,000.
EDUCATIONAL EQUITY INSTITUTE, INC. 7619 TREYFLORD LANE CHARLOTTE, NC 28270		PC	DEVELOP A COMMUNITY-INFORMED RACIAL AND ETHNIC EQUITY ANALYSIS OF THE POLICY LANDSCAPE IN	47,500.
EL CENTRO HISPANO, INC. 2000 CHAPEL HILL ROAD, SUITE 26A DURHAM, NC 27707		PC	ENGAGE LATINO PARENTS ON EARLY CARE AND EDUCATION POLICY DEVELOPMENT AND ADVOCACY IN DURHAM,	196,852.
EMPOWERED PARENTS IN COMMUNITY 1908 CEDAR ST. DURHAM, NC 27707		PC	WORK TO ADDRESS RACIAL INEQUITIES IN THE EARLY CARE AND EDUCATION SYSTEM BY ENGAGING BLACK AND	196,852.
EQUITY BEFORE BIRTH 610 CANAL ST DURHAM, NC 27701		PC	ENGAGE BLACK PARENTS OF YOUNG CHILDREN (0-18 MONTHS) TO ADVOCATE FOR THE SUPPORTS THEY NEED TO	196,852.
FOUNDATION FOR HEALTH LEADERSHIP AND INNOVATION 2401 WESTON PARKWAY, SUITE 203 CARY, NC 27513		PC	NORTH CAROLINA INCLUSIVE DISASTER RECOVERY NETWORK (NCIDR) WILL SUPPORT THE FACILITATION OF A	85,000.
FOUNDATION FOR HEALTH LEADERSHIP AND INNOVATION 2401 WESTON PARKWAY, SUITE 203 CARY, NC 27513		PC	THE NCOHCS IMPACT IS CENTERED THROUGH ADVOCACY, COMMUNITY PARTNERSHIPS, AND EDUCATION TO EMPOWER	375,000.
GREENSBORO HOUSING COALITION, INC 1031 SUMMIT AVE, SUITE 1E GREENSBORO, NC 27405		PC	AMENDMENT - IMPROVE SOCIO-ECONOMIC AND ENVIRONMENTAL CONDITIONS TO IMPROVE HEALTH AND QUALITY OF	150,000.
<b>Total from continuation sheets</b>				<b>13,309,467.</b>

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**Part XV** Supplementary Information

**3 Grants and Contributions Approved for Future Payment (Continuation)**

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
GUILFORD CHILD DEVELOPMENT 1200 ARLINGTON ST GREENSBORO, NC 27406-1421		PC	BUILD A TEAM OF BLACK, LATINO, AND OTHER PARENTS OF COLOR IN GUILFORD AND ROCKINGHAM COUNTIES	196,852.
HUNGER AND HEALTH COALITION PO BOX 1837 BOONE, NC 28607		PC	AMENDMENT - IMPROVE OVERALL HEALTH AND WELLNESS IN WATAUGA COUNTY THROUGH IMPROVED FOOD	251,971.
IMMERSION FOR SPANISH LANGUAGE ACQUISITION P.O BOX 16278 CHAPEL HILL, NC 27516		PC	ENGAGE AND TRAIN LATINO PARENTS TO PROMOTE EARLY CARE AND EDUCATION POLICY CHANGE IN ORANGE,	196,852.
KINTEGRA HEALTH 200 E 2ND AVENUE GASTONIA, NC 28052		PC	AMENDMENT - REDUCE OBESITY IN GASTONIA'S HIGHLAND NEIGHBORHOOD BY ENGAGING RESIDENTS AND IMPROVING	150,000.
LEGAL AID OF NORTH CAROLINA, INC. 224 SOUTH DAWSON STREET RALEIGH, NC 27601		PC	PREVENT EVICTIONS AND HOMELESSNESS IN NASH AND EDGECOMBE IN THE WAKE OF COVID-19.	600,000.
MONTGOMERY COUNTY PARTNERSHIP FOR CHILDREN, INC. 404-A NORTH MAIN ST TROY, NC 27371		PC	AMENDMENT - LEAD SYSTEM LEVEL CHANGES THAT WILL INCREASE OPPORTUNITIES FOR ACCESS TO HEALTHIER	376,971.
MOUNTAIN AREA HEALTH EDUCATION CENTER, INC. 121 HENDERSONVILLE ROAD ASHEVILLE, NC 28803		PC	AMENDMENT - REDUCE INFANT MORTALITY RATES AND INCREASE ACCESS TO DOULA SERVICES FOR BETTER BIRTH OUTCOMES.	150,000.
NC CHILD 3101 POPLARWOOD COURT, SUITE 300 RALEIGH, NC 27604		PC	TRANSFORM NORTH CAROLINAS EARLY EDUCATION SYSTEM STATEWIDE BY ENGAGING DIVERSE STAKEHOLDERS	200,000.
NC CHILD 3101 POPLARWOOD COURT, SUITE 300 RALEIGH, NC 27604		PC	CENTER THE VOICES AND EXPERIENCES OF FAMILIES TO DEVELOP AND ADVANCE POLICY SOLUTIONS THAT	295,279.
NORTH CAROLINA AGRICULTURAL & TECHNICAL STATE UNIVERSITY 1601 E. MARKET STREET, DOWDY ADMINISTRATION BUILDING, SUITE 400 GREENSBORO, NC 27411		PC	STRENGTHEN THE STATEWIDE COMMUNITY GARDEN NETWORK IN NORTH CAROLINA AND CONTRIBUTE TO THE	131,891.
<b>Total from continuation sheets</b> .....				

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**3 Grants and Contributions Approved for Future Payment (Continuation)**

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
THE NORTH CAROLINA ALBERT SCHWEITZER FELLOWSHIP, INC. PO BOX 1636 DAVIDSON, NC 28036		PC	PROVIDE FELLOWSHIP OPPORTUNITIES IN ORAL HEALTH TO GRADUATE LEVEL STUDENTS ACROSS THE STATE AND TO	44,000.
NORTH CAROLINA ALLIANCE FOR HEALTH 5001 MIAMI BLVD, SUITE 300 DURHAM, NC 27703		PC	CONVENE THE NORTH CAROLINA HEALTHY FOOD ACCESS TASK FORCE TO BUILD CONSENSUS WITH AND MOBILIZE	181,000.
NORTH CAROLINA BLACK ALLIANCE, INC. PO BOX 27886 RALEIGH, NC 27611		PC	SUPPORT THE EDUCATION AND ENGAGEMENT OF BLACK ELECTED OFFICIALS, POLICYMAKERS,	345,279.
NORTH CAROLINA CENTER FOR NONPROFIT ORGANIZATIONS, INC. 5800 FARINGDON PLACE RALEIGH, NC 27609		PC	BUILD A DYNAMIC CAPACITY BUILDING APPROACH WITH AN EQUITY LENS THAT INCREASES NONPROFIT	300,000.
NORTH CAROLINA COMMUNITY HEALTH CENTER ASSOCIATION 4917 WATERS EDGE DRIVE - SUITE 165 RALEIGH, NC 27606		PC	GENERAL OPERATING SUPPORT TO INCREASE ACCESS TO PATIENT-CENTERED, PATIENT-GOVERNED,	50,000.
NORTH CAROLINA COMMUNITY HEALTH CENTER ASSOCIATION 4917 WATERS EDGE DRIVE - SUITE 165 RALEIGH, NC 27606		PC	AMENDMENT - ADDRESS INEQUITIES DRIVEN BY OCCUPATIONAL CONDITIONS AND INADEQUATE COMMUNITY	251,971.
NORTH CAROLINA EARLY CHILDHOOD FOUNDATION, INC. 514 DANIELS STREET #173 RALEIGH, NC 27605		PC	SUPPORT A FOUR-YEAR COLLABORATIVE EFFORT TO ALIGN AND ENHANCE EXISTING SERVICES AND FUNDING STREAMS FOR	78,741.
NORTH CAROLINA EARLY CHILDHOOD FOUNDATION, INC. 514 DANIELS STREET #173 RALEIGH, NC 27605		PC	PROVIDE BACKBONE COMMUNICATIONS, POLICY, AND FACILITATION SUPPORT TO THE NETWORKS	393,705.
NORTH CAROLINA FARMWORKERS PROJECT, INC. PO BOX 352 BENSON, NC 27504		PC	ADDRESS EMERGENCY COVID-RELATED RELIEF NEEDS IN RURAL NORTH CAROLINA LATINO AND IMMIGRANT FARMWORKER	220,000.
NORTH CAROLINA INSTITUTE OF MEDICINE 630 DAVIS DR. MORRISVILLE, NC 27560-0347		PC	IMPLEMENT A LEGISLATIVE HEALTH POLICY FELLOWS PROGRAM TO PROVIDE LEGISLATORS AND THEIR STAFF WITH	98,426.
<b>Total from continuation sheets</b> .....				



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**3 Grants and Contributions Approved for Future Payment (Continuation)**

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
NORTH CAROLINA INSTITUTE OF MEDICINE 630 DAVIS DR. MORRISVILLE, NC 27560-0347		PC	IMPROVE THE HEALTH AND WELL-BEING OF ALL NORTH CAROLINIANS BY PROVIDING NON-PARTISAN RESEARCH AND ANALYSIS,	150,000.
NORTH CAROLINA PARTNERSHIP FOR CHILDREN, INC. 1100 WAKE FOREST RD. RALEIGH, NC 27604		PC	BUILD THE STAFF AND SYSTEM CAPACITY NEEDED TO EMBED COMMUNITY-CENTERED SYSTEMS CHANGE AND	1,968,523.
NORTH CAROLINA RECREATION AND PARK ASSOCIATION, INC. 883 WASHINGTON ST RALEIGH, NC 27605		PC	SUPPORT NORTH CAROLINAS PARK AND RECREATION PROFESSIONALS AND THEIR CITIZEN BOARD	125,000.
NORTH CAROLINA RURAL ECONOMIC DEVELOPMENT CENTER 4021 CARYA DRIVE RALEIGH, NC 27610		PC	EXPAND STATEWIDE LEADERSHIP AND ADVOCACY PROGRAMMING, MOBILIZING A NETWORK OF RURAL, GRASSROOTS	330,000.
NORTH CAROLINA STATE UNIVERSITY 2601 WOLF VILLAGE WAY, SUITE 240 RALEIGH, NC 27695-7514		PC	SUPPORT THE DEVELOPMENT OF TOOLS AND POLICIES TO SPREAD AND SCALE THE INSTALLATION OF	135,000.
NORTH CAROLINA STATE UNIVERSITY 2601 WOLF VILLAGE WAY, SUITE 240 RALEIGH, NC 27695-7514		PC	GROW AND STRENGTHEN THE NETWORK OF LOCAL FOOD COUNCILS ACROSS NORTH CAROLINA TO SHOW MEASURABLE PLACE-BASED	1,685,894.
OPPORTUNITIES INDUSTRIALIZATION CENTER, INC. 402 E. VIRGINIA STREET ROCKY MOUNT, NC 27801		PC	AMENDMENT - IMPLEMENT SYSTEMSFOCUSED SOLUTIONS TO REDUCE STRESSORS IN RESIDENTS PHYSICAL AND SOCIAL	251,971.
PELETAH MINISTRIES POST OFFICE BOX 14253 NEW BERN, NC 28561		PC	BUILD A FAMILY CHILD CARE NETWORK SUPPORTING PRIMARILY BLACK PROVIDERS IN CRAVEN COUNTY.	196,853.
PIEDMONT TRIAD REGIONAL DEVELOPMENT CORPORATION 1398 CARROLLTON CROSSING DRIVE KERNERSVILLE, NC 27284		PC	CREATE A MODEL REGIONAL NETWORK FOR ENGAGING COMMUNITY MEMBERS, LOCAL GOVERNMENTS,	128,000.
PREVENT CHILD ABUSE NORTH CAROLINA 3000 AERIAL CENTER PARKWAY, SUITE 180 MORRISVILLE, NC 27560		PC	PRIORITIZE WORK TO PREVENT CHILD ABUSE AND NEGLECT BY BUILDING CAPACITY TO ENGAGE IN PUBLIC	176,000.
<b>Total from continuation sheets</b> .....				

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**3 Grants and Contributions Approved for Future Payment (Continuation)**

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
REINVESTMENT PARTNERS 110 E. GEER ST. DURHAM, NC 27701		PC	EXPAND THE BULL CITY BUCKS HEALTHY FOOD INCENTIVE PROGRAM (NOW CALLED SUPERSNAP) TO TWENTY COUNTIES AND	200,000.
SUPERLATIVE ACADEMY 3339 BARFIELD DRIVE CHARLOTTE, NC 28217		PC	PROVIDE TECHNICAL ASSISTANCE TO DEVELOP CAPACITY OF THE WESTSIDE NETWORK AND THREE OTHER FAMILY	196,852.
THE CONSERVATION FUND A NONPROFIT CORPORATION 77 VILCOM CENTER DRIVE, SUITE 340 CHAPEL, NC 27514		PC	FACILITATE A STATEWIDE FOOD HUB-DRIVEN CAPACITY BUILDING AND COLLABORATION EFFORT AIMED AT BUILDING A	340,000.
UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL 590 MANNING DRIVE CHAPEL, NC 27599		PC	DEVELOP A COMMUNITY-INFORMED EQUITY ANALYSIS OF THE POLICY LANDSCAPE IN NORTH CAROLINAS EARLY	400,000.
UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL 590 MANNING DRIVE CHAPEL, NC 27599		PC	INTEGRATE BE ACTIVE KIDS, A PROJECT DESIGNED TO PROMOTE PHYSICAL ACTIVITY AMONG YOUNG CHILDREN,	590,557.
WEST MARION COMMUNITY FORUM 220 WEST GRAYSON STREET MARION, NC 28752		PC	AMENDMENT - ADDRESS CHILDHOOD OBESITY WITH A FOCUS ON THE FAMILY UNIT IN MCDOWELL COUNTY BY MAKING	251,971.
<b>Total from continuation sheets</b> .....				

**Part XV** | **Supplementary Information**

3a Grants and Contributions Paid During the Year Continuation of Purpose of Grant or Contribution

NAME OF RECIPIENT - APPALACHIAN SUSTAINABLE AGRICULTURE PROJECT  
INCREASE DISTRIBUTION OF LOCALLY GROWN FOOD THROUGH ASAPS APPALACHIAN  
FARMS FEEDING FAMILIES PROGRAM WHICH PAIRS RURAL FOOD RELIEF SITES AND  
CHILD CARE CENTERS WITH LOCAL FARMS TO MEET EMERGENCY FOOD NEEDS IN 23  
WESTERN NORTH CAROLINA COUNTIES AND SUPPORT LOCAL GROWERS.

NAME OF RECIPIENT - ASOCIACION DE MEXICANOS EN CAROLINA DEL NORTE AMEXCAN  
ADDRESS THE IMMEDIATE BASIC NEEDS OF THE LATINO COMMUNITIES IN DUPLIN,  
EDGECOMBE, GREENE, LENOIR, NASH, PITT, SAMPSON, AND WILSON COUNTIES IN  
RESPONSE TO COVID-19.

NAME OF RECIPIENT - ASOCIACION DE MEXICANOS EN CAROLINA DEL NORTE AMEXCAN  
ADDRESS EMERGENCY FOOD AND OTHER COVID-RELATED RELIEF NEEDS OF THE  
LATINO COMMUNITY IN BEAUFORT, CRAVEN, DUPLIN, EDGECOMBE, GREENE, HYDE,  
LENOIR, PITT, NASH, WILSON, AND SAMPSON COUNTIES.

NAME OF RECIPIENT - BLACK CHILD DEVELOPMENT INSTITUTE - CHARLOTTE  
DEVELOP AND ADVANCE PROGRAMMATIC AND POLICY-BASED APPROACHES TO ADDRESS  
THE RISING RATES OF SUSPENSIONS AND EXPULSIONS IN EARLY CHILDHOOD  
EDUCATION THAT DISPROPORTIONATELY AFFECT BLACK CHILDREN IN NORTH  
CAROLINA.

NAME OF RECIPIENT - BLUE RIDGE PARKWAY FOUNDATION, INC.  
IMPLEMENT PROGRAM ENHANCEMENTS AND DIVERSIFY FUNDING SOURCES TO ENSURE  
LASTING IMPACT OF STATEWIDE INFRASTRUCTURE FOR TRACK TRAILS.

NAME OF RECIPIENT - CARE SHARE HEALTH ALLIANCE  
CREATION OF A STATEWIDE MEDICAID INFORMATION COLLABORATIVE NETWORK TO

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FACILITATE THE IMPLEMENTATION OF MEDICAID TRANSFORMATION AND NORTH  
CAROLINAS MOVEMENT TOWARDS VALUE-BASED PURCHASING WITH A FOCUS ON  
ELEVATING CONSUMER AND COMMUNITY VOICE.

NAME OF RECIPIENT - CAROLINA COMMON ENTERPRISE

ADDRESS EMERGENCY FOOD NEEDS, SOURCING PRIMARILY FROM LOCAL PRODUCERS  
OF COLOR, AND SERVING PREDOMINATELY BLACK AND OTHER PEOPLE OF COLOR IN  
SOUTHEAST RALEIGH.

NAME OF RECIPIENT - CASWELL FAMILY MEDICAL CENTER, INC.

AMENDMENT - DEPLOY COMMUNITY WEALTH BUILDING STRATEGIES TO ENSURE  
EQUITABLE ACCESS TO OPPORTUNITY AND CREATE A HEALTHY, ACTIVE, ENGAGED,  
AND EDUCATED COMMUNITY WHERE EVERYONE LIVES IN AN ENVIRONMENT WHERE  
THEY CAN THRIVE BY USING A COMMUNITY-CENTERED HEALTH APPROACH.

NAME OF RECIPIENT - CHARLOTTE BILINGUAL PRESCHOOL, INC.

DEVELOP A PIPELINE OF EARLY EDUCATORS FROM THE LATINO COMMUNITY AND AN  
ADVOCACY AGENDA TO PROMOTE POLICIES THAT SUPPORT DUAL LANGUAGE LEARNERS  
IN MECKLENBURG COUNTY.

NAME OF RECIPIENT - CHILD CARE RESOURCES INC.

CONDUCT TWO SURVEYS LICENSED OF CHILD CARE PROVIDERS STATEWIDE TO  
UNDERSTAND THEIR NEEDS AND VIABILITY IN THE WAKE OF COVID-19.

NAME OF RECIPIENT - CHILD CARE SERVICES ASSOCIATION--CHAPEL HILL

WORK TOWARDS A SUCCESSFUL ROLLOUT OF A NEW EARLY CARE AND EDUCATION  
(ECE) WORKFORCE REGISTRY CRITICAL DATA INFRASTRUCTURE FOR IMPROVING  
RESOURCE ALLOCATION, PROGRAM, AND POLICY RELATED TO WORKFORCE AND EARLY

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CHILDHOOD OUTCOMES.

NAME OF RECIPIENT - CHILDREN FIRST COMMUNITIES IN SCHOOLS OF BUNCOMBE  
COUNTY, INC.

LEVERAGE THE COLLECTIVE POWER, WISDOM, AND EXPERIENCES OF THE REGIONS  
PARENTS, PROVIDERS, AND ADVOCATES TO EFFECTIVELY CONTRIBUTE TO A  
STATEWIDE NETWORK OF EARLY CHILDHOOD ADVOCATES TO ENSURE THAT STATE  
POLICY MEETS THE NEEDS OF WESTERN NORTH CAROLINA.

NAME OF RECIPIENT - COHARIE INTRA TRIBAL, INC

ADDRESS EMERGENCY FOOD AND OTHER COVID-RELATED RELIEF NEEDS OF THE  
COHARIE INTRA TRIBE IN HARNETT COUNTY.

NAME OF RECIPIENT - COLABORATIVA LA MILPA

ADDRESS EMERGENCY FOOD AND OTHER COVID-RELATED RELIEF NEEDS OF THE  
LATINO COMMUNITY IN BUNCOMBE COUNTY.

NAME OF RECIPIENT - COLABORATIVA LA MILPA (FISCAL SPONSOR FOR PODER EMMA  
ECE COOPERATIVE NETWORK

EXPAND ITS NETWORK LATINO OF FAMILY CHILD CARE PROVIDERS IN BUNCOMBE  
COUNTY AND ENGAGE IN LOCAL AND STATE ADVOCACY TO SUPPORT ITS MEMBERS.

NAME OF RECIPIENT - COMMUNITIES IN PARTNERSHIP

ADDRESS EMERGENCY FOOD NEEDS, SOURCING PRIMARILY FROM LOCAL PRODUCERS  
OF COLOR, AND SERVING PREDOMINATELY BLACK AND OTHER PEOPLE OF COLOR IN  
EAST DURHAM.

NAME OF RECIPIENT - COMMUNITY FOUNDATION OF GREATER GREENSBORO, INC.

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AMENDMENT - SUPPORT LATINX-LED, LATINX-SERVING COMMUNITY ORGANIZATIONS TO ENGAGE IN COMMUNITY ORGANIZING, DEEPEN CROSS-SECTOR RELATIONSHIPS, AND STRENGTHEN COLLABORATIONS AND NETWORKS ACROSS THE STATE TO ADDRESS HEALTH INEQUITIES.

NAME OF RECIPIENT - DE BEAUMONT FOUNDATION INC

SUPPORT UP TO TWO NORTH CAROLINA COMMUNITIES TO PARTICIPATE IN THE THIRD FUNDING ROUND OF THE BUILD HEALTH CHALLENGE A BOLD, UPSTREAM, INTEGRATED, LOCAL, AND DATA-DRIVEN INITIATIVE WORKING TO CATALYZE MULTI-SECTOR, COMMUNITY-DRIVEN PARTNERSHIPS, AND MOVE RESOURCES, ATTENTION, AND ACTION UPSTREAM AND TRANSFORM HEALTH.

NAME OF RECIPIENT - EDUCATIONAL EQUITY INSTITUTE, INC.

DEVELOP A COMMUNITY-INFORMED RACIAL AND ETHNIC EQUITY ANALYSIS OF THE POLICY LANDSCAPE IN NORTH CAROLINAS EARLY EDUCATION SYSTEM AND A FRAMEWORK FOR ANALYZING THE EQUITY IMPACT OF FUTURE POLICIES.

NAME OF RECIPIENT - EL CENTRO HISPANO, INC.

EXPAND OUTREACH IN DURHAM, ORANGE, AND WAKE COUNTIES AND IMPLEMENT STATEWIDE COMMUNICATIONS STRATEGIES TO THE LATINO COMMUNITY.

NAME OF RECIPIENT - EL CENTRO HISPANO, INC.

PROVIDE EMERGENCY FOOD ASSISTANCE TO IMMIGRANT FAMILIES NOT ELIGIBLE FOR SNAP IN DURHAM, ORANGE, WAKE, AND HARNETT COUNTIES.

NAME OF RECIPIENT - EL CENTRO HISPANO, INC.

ENGAGE LATINO PARENTS ON EARLY CARE AND EDUCATION POLICY DEVELOPMENT AND ADVOCACY IN DURHAM, WAKE, ORANGE, CHATHAM, HARNETT, FRANKLIN, LEE,

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JOHNSTON, PERSON, AND VANCE COUNTIES.

NAME OF RECIPIENT - EL PUEBLO, INC.

ADDRESS EMERGENCY FOOD AND OTHER COVID-RELATED RELIEF NEEDS OF THE  
LATINO COMMUNITY IN WAKE COUNTY.

NAME OF RECIPIENT - EMPOWERED PARENTS IN COMMUNITY

WORK TO ADDRESS RACIAL INEQUITIES IN THE EARLY CARE AND EDUCATION  
SYSTEM BY ENGAGING BLACK AND OTHER HISTORICALLY MARGINALIZED PARENTS IN  
DURHAM, CHATHAM, ORANGE, GRANVILLE, AND VANCE COUNTIES.

NAME OF RECIPIENT - EQUITY BEFORE BIRTH

ENGAGE BLACK PARENTS OF YOUNG CHILDREN (0-18 MONTHS) TO ADVOCATE FOR  
THE SUPPORTS THEY NEED TO THRIVE.

NAME OF RECIPIENT - FAITHACTION INTERNATIONAL HOUSE

ADDRESS THE IMMEDIATE BASIC NEEDS OF THE LATINO COMMUNITIES IN  
GUILFORD, DAVIDSON, DAVIE, FORSYTH, RANDOLPH, ROCKINGHAM, YADKIN, SURRY  
AND STOKES COUNTIES IN RESPONSE TO COVID-19.

NAME OF RECIPIENT - FAITHACTION INTERNATIONAL HOUSE

ADDRESS EMERGENCY FOOD AND OTHER COVID-RELATED RELIEF NEEDS OF THE  
LATINO COMMUNITY IN ALAMANCE, DAVIDSON, DAVIE, GUILFORD, RANDOLPH,  
ROCKINGHAM, STOKES, SURRY, AND YADKIN COUNTIES.

NAME OF RECIPIENT - FEEDING THE CAROLINAS

INCREASE DISTRIBUTION OF LOCALLY GROWN AND CULTURALLY APPROPRIATE FOOD  
THROUGH FEEDING THE CAROLINAS SEVEN MEMBER FOOD BANKS TO HELP MEET

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EMERGENCY FOOD NEEDS IN EVERY NORTH CAROLINA COUNTY AND SUPPORT LOCAL  
GROWERS.

NAME OF RECIPIENT - FOUNDATION FOR HEALTH LEADERSHIP AND INNOVATION  
NORTH CAROLINA INCLUSIVE DISASTER RECOVERY NETWORK (NCIDR) WILL SUPPORT  
THE FACILITATION OF A MULTI-SECTOR COALITION THAT CREATES MORE  
EQUITABLE OUTCOMES IN THE DISASTER RECOVERY SYSTEM WITH A FOCUS ON  
RURAL AREAS.

NAME OF RECIPIENT - FOUNDATION FOR HEALTH LEADERSHIP AND INNOVATION  
THE NCOHCS IMPACT IS CENTERED THROUGH ADVOCACY, COMMUNITY PARTNERSHIPS,  
AND EDUCATION TO EMPOWER PROVIDERS, POLICYMAKERS, AND THE PUBLIC MAKING  
NORTH CAROLINA A MODEL FOR ACCESSIBLE AND SUSTAINABLE ORAL HEALTH CARE  
FOR THE STATES VULNERABLE POPULATIONS.

NAME OF RECIPIENT - GREENSBORO HOUSING COALITION, INC.  
AMENDMENT - IMPROVE SOCIO-ECONOMIC AND ENVIRONMENTAL CONDITIONS TO  
IMPROVE HEALTH AND QUALITY OF LIFE THROUGH A COMMUNITY-CENTERED,  
RESIDENT-LED PARTNERSHIP IN GREENSBORO.

NAME OF RECIPIENT - GUILFORD CHILD DEVELOPMENT  
BUILD A TEAM OF BLACK, LATINO, AND OTHER PARENTS OF COLOR IN GUILFORD  
AND ROCKINGHAM COUNTIES WHO WILL ADVOCATE FOR KEY EARLY CHILDHOOD  
ISSUES.

NAME OF RECIPIENT - HALIWA-SAPONI INDIAN TRIBE  
ADDRESS EMERGENCY FOOD AND OTHER COVID-RELATED RELIEF NEEDS OF THE  
HALIWA-SAPONI TRIBE IN HALIFAX COUNTY.



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NAME OF RECIPIENT - HIGH PLAINS INDIANS, INC.

ADDRESS EMERGENCY FOOD AND OTHER COVID-RELATED RELIEF NEEDS OF THE HIGH  
PLAINS INDIAN TRIBE IN PERSON COUNTY.

NAME OF RECIPIENT - HISPANIC LEAGUE

ADDRESS EMERGENCY FOOD AND OTHER COVID-RELATED RELIEF NEEDS OF THE  
LATINO COMMUNITY IN FORSYTH COUNTY.

NAME OF RECIPIENT - HISPANIC LIAISON OF CHATHAM COUNTY / EL VINCULO

ADDRESS THE IMMEDIATE BASIC NEEDS OF THE LATINO COMMUNITIES IN CHATHAM  
AND LEE COUNTIES IN RESPONSE TO COVID-19.

NAME OF RECIPIENT - HISPANIC LIAISON OF CHATHAM COUNTY / EL VINCULO

ADDRESS EMERGENCY FOOD AND OTHER COVID-RELATED RELIEF NEEDS OF THE  
LATINO COMMUNITY IN CHATHAM, LEE, ALAMANCE, AND RANDOLPH COUNTIES.

NAME OF RECIPIENT - HUNGER AND HEALTH COALITION

ADDRESS EMERGENCY FOOD AND OTHER COVID-RELATED RELIEF NEEDS OF  
COMMUNITIES IN AVERY, ASHE, AND WATAUGA COUNTIES.

NAME OF RECIPIENT - HUNGER AND HEALTH COALITION

AMENDMENT - IMPROVE OVERALL HEALTH AND WELLNESS IN WATAUGA COUNTY  
THROUGH IMPROVED FOOD SECURITY, HEALTHY EATING BEHAVIORS, MANAGEMENT OF  
CHRONIC DISEASE, AND IMPROVED HOUSING CONDITIONS BY USING A  
COMMUNITY-CENTERED HEALTH APPROACH.

NAME OF RECIPIENT - IMMERSION FOR SPANISH LANGUAGE ACQUISITION

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ENGAGE AND TRAIN LATINO PARENTS TO PROMOTE EARLY CARE AND EDUCATION  
POLICY CHANGE IN ORANGE, GUILFORD, ALAMANCE, WAKE, DURHAM, JOHNSTON,  
GRANVILLE, AND CHATHAM COUNTIES.

NAME OF RECIPIENT - KINTEGRA HEALTH  
AMENDMENT - REDUCE OBESITY IN GASTONIA'S HIGHLAND NEIGHBORHOOD BY  
ENGAGING RESIDENTS AND IMPROVING COMMUNITY CONDITIONS.

NAME OF RECIPIENT - LATIN AMERICAN COALITION  
TO SUPPORT EARLY CHILDHOOD WORK IN MECKLENBURG, GASTON, CABARRUS,  
LINCOLN, UNION, ROWAN, AND CATAWBA COUNTIES.

NAME OF RECIPIENT - LATIN AMERICAN COALITION  
EXPAND A COVID-19 OUTREACH & EDUCATION PROGRAM FOR LATINOS & IMMIGRANTS  
IN THE MECKLENBURG COUNTY METROPOLITAN AREA THROUGH ESTABLISHED  
SERVICES & A NEW OUTREACH BUS.

NAME OF RECIPIENT - LATIN AMERICAN COALITION  
ADDRESS EMERGENCY FOOD AND OTHER COVID-RELATED RELIEF NEEDS OF THE  
LATINO COMMUNITY IN CABARRUS, GASTON, MECKLENBURG, AND UNION COUNTIES.

NAME OF RECIPIENT - LUMBEE TRIBE OF NORTH CAROLINA  
ADDRESS EMERGENCY FOOD AND OTHER COVID-RELATED RELIEF NEEDS OF THE  
LUMBEE TRIBE IN ROBESON, CUMBERLAND, HOKE, AND SCOTLAND COUNTIES.

NAME OF RECIPIENT - MEDSERVE  
GENERAL OPERATING SUPPORT FOR HEALTH CARE WORKFORCE PIPELINE PROGRAM  
WITH A FOCUS ON IMPROVING FELLOWS' SUCCESSFUL TRANSITION TO HEALTH

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PROFESSIONS SCHOOL.

NAME OF RECIPIENT - MEHERRIN INDIAN TRIBE

ADDRESS EMERGENCY FOOD AND OTHER COVID-RELATED RELIEF NEEDS OF THE  
MEHERRIN INDIAN TRIBE IN BERTIE, GATES, HERTFORD, AND NORTHAMPTON  
COUNTIES.

NAME OF RECIPIENT - MONTGOMERY COUNTY PARTNERSHIP FOR CHILDREN, INC.

AMENDMENT - LEAD SYSTEM LEVEL CHANGES THAT WILL INCREASE OPPORTUNITIES  
FOR ACCESS TO HEALTHIER FOOD, PHYSICAL ACTIVITY, ECONOMIC DEVELOPMENT,  
AND EMPOWERMENT THROUGH EDUCATION, OUTREACH, AND COLLABORATION TO  
DECREASE THE PREVALENCE OF OBESITY AND CHRONIC ILLNESS IN MONTGOMERY  
COUNTY.

NAME OF RECIPIENT - NC CHILD

ADDRESS PERSISTENT DISPARITIES IN CHILDREN'S ORAL HEALTH AND LACK OF  
ACCESS TO CARE THROUGH ADVOCACY, SYSTEMS CHANGE, AND COLLABORATIVE  
PARTNERSHIP.

NAME OF RECIPIENT - NC CHILD

CENTER THE VOICES AND EXPERIENCES OF FAMILIES TO DEVELOP AND ADVANCE  
POLICY SOLUTIONS THAT INCREASE ORAL HEALTH EQUITY STATEWIDE.

NAME OF RECIPIENT - NC CHILD

TRANSFORM NORTH CAROLINAS EARLY EDUCATION SYSTEM STATEWIDE BY ENGAGING  
DIVERSE STAKEHOLDERS WITH LIVED EXPERIENCE IN STRATEGY DEVELOPMENT AND  
IMPLEMENTATION.

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NAME OF RECIPIENT - NC FIELD, INC.

ADDRESS EMERGENCY FOOD AND OTHER COVID-RELATED RELIEF NEEDS OF THE  
LATINO COMMUNITY IN CRAVEN, DUPLIN, GREENE, JONES, LENOIR, AND WAYNE  
COUNTIES.

NAME OF RECIPIENT - NC RURAL ECONOMIC DEVELOPMENT CENTER

EXPAND STATEWIDE LEADERSHIP AND ADVOCACY PROGRAMMING, MOBILIZING A  
NETWORK OF RURAL, GRASSROOTS LEADERS ACROSS SECTORS THROUGH A PROCESS  
ROOTED IN EQUITY, COLLABORATION, AND INCLUSIVITY TO INCREASE CIVIC  
ENGAGEMENT AND SUPPORT COMMUNITY HEALTH.

NAME OF RECIPIENT - NORTH CAROLINA AGRICULTURAL & TECHNICAL STATE  
UNIVERSITY

STRENGTHEN THE STATEWIDE COMMUNITY GARDEN NETWORK IN NORTH CAROLINA AND  
CONTRIBUTE TO THE DEVELOPMENT OF A MORE DIVERSE AND INCLUSIVE NETWORK  
OF FOOD SYSTEM ADVOCATES.

NAME OF RECIPIENT - NORTH CAROLINA ALLIANCE FOR HEALTH

CONVENE THE NORTH CAROLINA HEALTHY FOOD ACCESS TASK FORCE TO BUILD  
CONSENSUS WITH AND MOBILIZE STAKEHOLDERS TO ADDRESS FOOD INSECURITY  
THROUGH POLICY CHANGE.

NAME OF RECIPIENT - NORTH CAROLINA BLACK ALLIANCE, INC.

SUPPORT THE EDUCATION AND ENGAGEMENT OF BLACK ELECTED OFFICIALS,  
POLICYMAKERS, PARTNERS, AND COMMUNITY STAKEHOLDERS STATEWIDE, AS  
ADVOCATES FOR SYSTEMS CHANGES THAT ADVANCE HEALTH EQUITY.

NAME OF RECIPIENT - NORTH CAROLINA CENTER FOR NONPROFIT ORGANIZATIONS,

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INC.

BUILD A DYNAMIC CAPACITY BUILDING APPROACH WITH AN EQUITY LENS THAT  
INCREASES NONPROFIT LEARNING AND FOSTERS COLLABORATION TO STRENGTHEN  
THE INFRASTRUCTURE OF NONPROFITS.

NAME OF RECIPIENT - NORTH CAROLINA COMMUNITY HEALTH CENTER ASSOCIATION  
GENERAL OPERATING SUPPORT TO INCREASE ACCESS TO PATIENT-CENTERED,  
PATIENT-GOVERNED, INTEGRATED, CULTURALLY COMPETENT HEALTH CARE THROUGH  
THE 42 MEMBERS ACROSS THE STATE.

NAME OF RECIPIENT - NORTH CAROLINA COMMUNITY HEALTH CENTER ASSOCIATION  
BUILD ON EXISTING DATA ANALYSIS INFRASTRUCTURE TO DRIVE IMPROVED  
PATIENT CARE AND DEVELOP REVENUE-GENERATING SERVICES THAT SUPPORT  
COMMUNITY HEALTH CENTER PATIENTS STATEWIDE.

NAME OF RECIPIENT - NORTH CAROLINA COMMUNITY HEALTH CENTER ASSOCIATION  
AMENDMENT - ADDRESS INEQUITIES DRIVEN BY OCCUPATIONAL CONDITIONS AND  
INADEQUATE COMMUNITY ACCESS WITH THE FARMWORKERS OF CASWELL COUNTY BY  
USING A COMMUNITY-CENTERED HEALTH APPROACH.

NAME OF RECIPIENT - NORTH CAROLINA EARLY CHILDHOOD FOUNDATION, INC.  
SUPPORT A FOUR-YEAR COLLABORATIVE EFFORT TO ALIGN AND ENHANCE EXISTING  
SERVICES AND FUNDING STREAMS FOR YOUNG CHILDRENS SOCIAL-EMOTIONAL  
HEALTH.

NAME OF RECIPIENT - NORTH CAROLINA EARLY CHILDHOOD FOUNDATION, INC.  
CONDUCT POLLING TO UNDERSTAND PARENT NEEDS AND TO DEVELOP EFFECTIVE  
MESSAGING TO TRANSFORM THE STATES CHILD CARE SECTOR IN THE WAKE OF

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COVID-19 AS PART OF A LARGER, SECTOR-WIDE STRATEGY.

NAME OF RECIPIENT - NORTH CAROLINA EARLY CHILDHOOD FOUNDATION, INC.

PROVIDE BACKBONE COMMUNICATIONS, POLICY, AND FACILITATION SUPPORT TO THE NETWORKS ADVANCING POLICY AND SYSTEM GOALS IN THE EARLY CARE AND EDUCATION SYSTEM ACROSS THE STATE.

NAME OF RECIPIENT - NORTH CAROLINA FARMWORKERS PROJECT, INC.

CONVERT A WEB-BASED FARMWORKER LABOR CAMP DATABASE INTO A SECURE MOBILE APP TO ASSIST FARMWORKER ADVOCATES AND SERVICE PROVIDERS IN SHARING INFORMATION AND COORDINATING SERVICES, COVID-19 RESPONSE, AND DISASTER RESPONSE AND PREPAREDNESS.

NAME OF RECIPIENT - NORTH CAROLINA INSTITUTE OF MEDICINE

STRENGTHENING ORGANIZATIONAL CULTURE AND INCREASING COMMITMENT TO INTENTIONAL EQUITY PRACTICES IN STAFFING AND STRUCTURE THROUGH STRATEGIC PLANNING AND EXECUTIVE LEADERSHIP TRANSITION.

NAME OF RECIPIENT - NORTH CAROLINA INSTITUTE OF MEDICINE

IMPLEMENT A LEGISLATIVE HEALTH POLICY FELLOWS PROGRAM TO PROVIDE LEGISLATORS AND THEIR STAFF WITH DATA, TOOLS, AND AN INCREASED UNDERSTANDING OF CHALLENGES AND OPPORTUNITIES IN SUPPORT OF LONG-TERM, BIPARTISAN EFFORTS TO IMPROVE HEALTH FOR ALL NORTH CAROLINIANS.

NAME OF RECIPIENT - NORTH CAROLINA INSTITUTE OF MEDICINE

WORK IN PARTNERSHIP WITH THE NC ASSOCIATION OF COUNTY COMMISSIONERS (NCACC) TO DEVELOP A LEARNING COLLABORATIVE TO SUPPORT THE STRATEGIC ALLOCATION OF LOCAL RESOURCES THROUGH COMMUNITY-ENGAGED PROCESSES AT

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THE COUNTY LEVEL.

NAME OF RECIPIENT - NORTH CAROLINA INSTITUTE OF MEDICINE

IMPROVE THE HEALTH AND WELL-BEING OF ALL NORTH CAROLINIANS BY PROVIDING  
NON-PARTISAN RESEARCH AND ANALYSIS, CONVENING AND EDUCATING  
POLICYMAKERS, AND BUILDING CONSENSUS TOWARD EVIDENCE-BASED SOLUTIONS TO  
THE HEALTH ISSUES FACING OUR STATE.

NAME OF RECIPIENT - NORTH CAROLINA PARTNERSHIP FOR CHILDREN, INC.

BUILD THE STAFF AND SYSTEM CAPACITY NEEDED TO EMBED COMMUNITY-CENTERED  
SYSTEMS CHANGE AND ADVOCACY STRATEGIES IN THE LEADERSHIP DEVELOPMENT  
AND EXECUTIVE SUPPORT FOR LOCAL SMART START AGENCIES STATEWIDE.

NAME OF RECIPIENT - NORTH CAROLINA RECREATION AND PARK ASSOCIATION, INC.

SUPPORT NORTH CAROLINAS PARK AND RECREATION PROFESSIONALS AND THEIR  
CITIZEN BOARD MEMBERS WITH DIVERSITY, EQUITY AND INCLUSION TRAINING AND  
LEARNING OPPORTUNITIES AS WELL AS MINI-GRANTS TO EXPAND EQUITABLE  
ACCESS TO PARK AND RECREATION PROGRAMS, FACILITIES, AND OPPORTUNITIES  
ACROSS THE STATE.

NAME OF RECIPIENT - NORTH CAROLINA STATE UNIVERSITY

EXPAND LOCAL MEAT PROCESSING CAPACITY, RESILIENCE, AND VIABILITY FOR NC  
FARMERS, PROCESSORS, AND STAFF THROUGH TARGETED TECHNICAL ASSISTANCE.

NAME OF RECIPIENT - NORTH CAROLINA STATE UNIVERSITY

AMENDMENT - GROW AND STRENGTHEN THE NETWORK OF LOCAL FOOD COUNCILS  
ACROSS NORTH CAROLINA TO SHOW MEASURABLE PLACE-BASED IMPACTS SHIFTING  
POLICY, SYSTEMS AND ENVIRONMENTS LOCALLY AND STATEWIDE TOWARDS A

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HEALTHIER FOOD SYSTEM AND IMPROVED HEALTH OUTCOMES.

NAME OF RECIPIENT - NORTH CAROLINA STATE UNIVERSITY

SUPPORT THE DEVELOPMENT OF TOOLS AND POLICIES TO SPREAD AND SCALE THE  
INSTALLATION OF HEALTH-PROMOTING OUTDOOR LEARNING ENVIRONMENTS IN  
CHILDCARE CENTERS THAT SERVE FAMILIES, PARTICULARLY IN LOW-RESOURCE  
COMMUNITIES.

NAME OF RECIPIENT - NORTH CAROLINA STATE UNIVERSITY

GROW AND STRENGTHEN THE NETWORK OF LOCAL FOOD COUNCILS ACROSS NORTH  
CAROLINA TO SHOW MEASURABLE PLACE-BASED IMPACTS SHIFTING POLICY,  
SYSTEMS AND ENVIRONMENTS LOCALLY AND STATEWIDE TOWARDS A HEALTHIER FOOD  
SYSTEM AND IMPROVED HEALTH OUTCOMES.

NAME OF RECIPIENT - OCCANEECHI BAND OF THE SAPONI NATION

ADDRESS EMERGENCY FOOD AND OTHER COVID-RELATED RELIEF NEEDS OF THE  
OCCANEECHI BAND OF THE SAPONI NATION IN ALAMANCE, CASWELL, AND ORANGE  
COUNTIES.

NAME OF RECIPIENT - OPPORTUNITIES INDUSTRIALIZATION CENTER, INC.

ADDRESS EMERGENCY FOOD AND OTHER COVID-RELATED RELIEF NEEDS OF THE  
COMMUNITIES IN EDGECOMBE AND NASH COUNTIES.

NAME OF RECIPIENT - OPPORTUNITIES INDUSTRIALIZATION CENTER, INC.

AMENDMENT - IMPLEMENT SYSTEMSFOCUSED SOLUTIONS TO REDUCE STRESSORS IN  
RESIDENTS PHYSICAL AND SOCIAL ENVIRONMENTS THAT HAVE CONTRIBUTED TO A  
HIGH PREVALENCE OF TYPE 2 DIABETES AND DEPRESSION FOCUSED ON LOWINCOME  
AFRICANAMERICAN COMMUNITIES IN EDGECOMBE AND NASH COUNTIES BY USING A



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COMMUNITY-CENTERED HEALTH APPROACH

NAME OF RECIPIENT - PIEDMONT TRIAD REGIONAL DEVELOPMENT CORPORATION  
CREATE A MODEL REGIONAL NETWORK FOR ENGAGING COMMUNITY MEMBERS, LOCAL  
GOVERNMENTS, NON-PROFIT ORGANIZATIONS, AND BUSINESSES IN CREATING AN  
INCLUSIVE, HEALTHY, AND RESILIENT LOCAL FOOD ECONOMY IN THE 12-COUNTY  
PIEDMONT TRIAD REGION SERVING 1.6 MILLION PEOPLE.

NAME OF RECIPIENT - PREVENT CHILD ABUSE NORTH CAROLINA  
PRIORITIZE WORK TO PREVENT CHILD ABUSE AND NEGLECT BY BUILDING CAPACITY  
TO ENGAGE IN PUBLIC POLICY ADVOCACY.

NAME OF RECIPIENT - REINVESTMENT PARTNERS  
EXPAND THE BULL CITY BUCKS HEALTHY FOOD INCENTIVE PROGRAM (NOW CALLED  
SUPERSNAP) TO TWENTY COUNTIES AND EIGHT NEW COMMUNITY HEALTH CENTERS TO  
PROVIDE PATIENTS FINANCIAL INCENTIVES FOR PURCHASING HEALTHY FOOD AND  
WRAP-AROUND NUTRITION EDUCATION FOR INCREASED FOOD SECURITY AND BETTER  
HEALTH OUTCOMES.

NAME OF RECIPIENT - S.G. ATKINS COMMUNITY DEVELOPMENT CORPORATION  
ADDRESS EMERGENCY FOOD NEEDS, SOURCING PRIMARILY FROM LOCAL PRODUCERS  
OF COLOR, AND SERVING PREDOMINATELY BLACK AND OTHER PEOPLE OF COLOR IN  
WINSTON-SALEM.

NAME OF RECIPIENT - SHARE-WS, INC.  
ADDRESS EMERGENCY FOOD NEEDS, SOURCING PRIMARILY FROM LOCAL PRODUCERS  
OF COLOR, AND SERVING PREDOMINATELY BLACK AND OTHER PEOPLE OF COLOR IN  
WINSTON-SALEM.

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NAME OF RECIPIENT - SUPERLATIVE ACADEMY

PROVIDE TECHNICAL ASSISTANCE TO DEVELOP CAPACITY OF THE WESTSIDE NETWORK AND THREE OTHER FAMILY CHILD CARE NETWORKS IN MECKLENBURG COUNTY.

NAME OF RECIPIENT - THE CENTER FOR CHILD AND FAMILY HEALTH, INC.

REDUCE THE IMPACT OF CHILD TRAUMATIC STRESS ON CHILDREN AND FAMILIES BY EMBEDDING TRAUMA-INFORMED CONTENT IN EARLY CHILDHOOD EDUCATION CURRICULA OFFERED AT NORTH CAROLINA COMMUNITY COLLEGES.

NAME OF RECIPIENT - THE COMMUNITY FOUNDATION OF WESTERN NORTH CAROLINA, INC.

PROVIDE CAPACITY BUILDING PROGRAMS AND CULTIVATE NETWORKS SUPPORTING NONPROFIT LEADERS AND ORGANIZATIONS IN AN 18-COUNTY REGION.

NAME OF RECIPIENT - THE CONSERVATION FUND A NONPROFIT CORPORATION

AMENDMENT - DISTRIBUTE POOLED FUNDING FOR RE-GRANTING TO RURAL, GRASSROOTS COMMUNITY ORGANIZATIONS THAT ARE ADDRESSING THE IMMEDIATE NEEDS OF THE COMMUNITY IN RESPONSE TO COVID-19.

NAME OF RECIPIENT - THE CONSERVATION FUND A NONPROFIT CORPORATION

STRENGTHEN RURAL COMMUNITY ORGANIZATIONS FOCUSED ON IMPROVING HEALTH THROUGH COACHING, TECHNICAL ASSISTANCE, TRAINING, AND PEER SUPPORT ACTIVITIES WITH AN ADDITIONAL FOCUS IN THE FIRST YEAR ON COMMUNITY RESILIENCY SUPPORT SYSTEMS FOR OCRACoke FOLLOWING HURRICANE DORIAN.

NAME OF RECIPIENT - THE CONSERVATION FUND A NONPROFIT CORPORATION

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3a Grants and Contributions Paid During the Year Continuation of Purpose of Grant or Contribution

FACILITATE A STATEWIDE FOOD HUB-DRIVEN CAPACITY BUILDING AND  
COLLABORATION EFFORT AIMED AT BUILDING A MORE EQUITABLE AND RESILIENT  
NC FOOD SYSTEM THAT WILL ULTIMATELY IMPROVE FOOD ACCESS, HEALTH AND  
ECONOMIC OPPORTUNITIES.

NAME OF RECIPIENT - THE CONSERVATION FUND A NONPROFIT CORPORATION  
INCREASE CAPACITY FOR COVID-RELIEF WITH A FOCUS ON EMERGENCY FOOD  
RESPONSE USING LOCALLY GROWN FOOD IN RURAL COMMUNITIES STATEWIDE AND  
PRIMARILY SERVING ORGANIZATIONS LED BY PEOPLE OF COLOR THROUGH THE  
ADMINISTRATION OF EMERGENCY RESPONSE GRANTS TO RURAL, GRASSROOTS GROUPS  
AND 7 REGIONAL NC FOOD HUBS.

NAME OF RECIPIENT - THE HUNT INSTITUTE  
DEVELOP A COHORT OF NORTH CAROLINA LEGISLATORS AND STATE OFFICIALS WITH  
KNOWLEDGE AND EXPERTISE IN ISSUES RELATED TO EARLY EDUCATION.

NAME OF RECIPIENT - THE NORTH CAROLINA ALBERT SCHWEITZER FELLOWSHIP, INC.  
PROVIDE FELLOWSHIP OPPORTUNITIES IN ORAL HEALTH TO GRADUATE LEVEL  
STUDENTS ACROSS THE STATE AND TO INTEGRATE A FOCUS ON SOCIAL  
DETERMINANTS INTO THE FELLOWSHIP PROGRAM.

NAME OF RECIPIENT - TRIANGLE NATIVE AMERICAN SOCIETY  
ADDRESS EMERGENCY FOOD AND OTHER COVID-RELATED RELIEF NEEDS OF THE  
NATIVE AMERICANS IN WAKE, DURHAM, JOHNSTON, ORANGE, AND CHATHAM  
COUNTIES.

NAME OF RECIPIENT - TUSCARORA NATION OF NORTH CAROLINA, INC  
ADDRESS EMERGENCY FOOD AND OTHER COVID-RELATED RELIEF NEEDS OF THE

**Part XV** | **Supplementary Information**

3a Grants and Contributions Paid During the Year Continuation of Purpose of Grant or Contribution

TUSCARORA NATION OF NORTH CAROLINA IN ROBESON COUNTY.

NAME OF RECIPIENT - UNITED WAY OF THE GREATER TRIANGLE

INCREASE ACCESS AND PROVIDE TRANSPORTATION TO COVID-19 VACCINATION

SITES FOR NORTH CAROLINA COMMUNITIES OF COLOR, SENIORS, AND THE

UNINSURED IN ALL 100 NORTH CAROLINA COUNTIES

NAME OF RECIPIENT - UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL

AMENDMENT - SCALE-UP AND DISSEMINATION OF GO NAP SACC (NUTRITION AND

PHYSICAL ACTIVITY SELF-ASSESSMENT FOR CHILD CARE) ULTIMATELY INCREASING

THE NUMBER OF EARLY CARE AND EDUCATION PROGRAMS USING THE TOOLS AND

INCREASING SELF-SUSTAINABILITY.

NAME OF RECIPIENT - UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL

STRENGTHEN FISCAL AND ADMINISTRATIVE MANAGEMENT SKILLS IN NORTH

CAROLINAS STATE AND LOCAL PUBLIC HEALTH WORKFORCE.

NAME OF RECIPIENT - UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL

INTEGRATE BE ACTIVE KIDS, A PROJECT DESIGNED TO PROMOTE PHYSICAL

ACTIVITY AMONG YOUNG CHILDREN, INTO ITS CORE PROGRAMMING, WHILE

DEEPENING ITS FOCUS ON BOTH SUSTAINABILITY AND RACIAL EQUITY.

NAME OF RECIPIENT - UNIVERSITY OF NORTH CAROLINA WILMINGTON

STRENGTHEN SOUTHEASTERN NC NONPROFIT ORGANIZATIONS THROUGH CAPACITY

BUILDING PROGRAMMING AND PARTNERSHIPS.

NAME OF RECIPIENT - WACCAMAW SIOUAN INDIAN TRIBE, INC.

ADDRESS EMERGENCY FOOD AND OTHER COVID-RELATED RELIEF NEEDS OF THE

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3a Grants and Contributions Paid During the Year Continuation of Purpose of Grant or Contribution

WACCAMAW SIOUAN INDIAN TRIBE IN BLADEN AND COLUMBUS COUNTIES.

NAME OF RECIPIENT - WAKE COUNTY SMARTSTART

CONDUCT PARENT SURVEYS IN FIVE COUNTIES WAKE, MECKLENBURG, BURKE,  
JONES, AND ONE TBD TO GAIN UNDERSTANDING OF HOW AND WHY PRESCHOOL  
SUSPENSIONS HAPPEN AND WHAT IMPACT THEY HAVE ON CHILDREN AND FAMILIES.

NAME OF RECIPIENT - WEST BOULEVARD NEIGHBORHOOD COALITION

ADDRESS EMERGENCY FOOD NEEDS, SOURCING PRIMARILY FROM LOCAL PRODUCERS  
OF COLOR, AND SERVING PREDOMINATELY BLACK AND OTHER PEOPLE OF COLOR IN  
CHARLOTTE WEST BOULEVARD.

NAME OF RECIPIENT - WEST MARION COMMUNITY FORUM

ADDRESS EMERGENCY FOOD AND OTHER COVID-RELATED RELIEF NEEDS OF THE  
COMMUNITIES IN MCDOWELL COUNTY.

NAME OF RECIPIENT - WEST MARION COMMUNITY FORUM

AMENDMENT - ADDRESS CHILDHOOD OBESITY WITH A FOCUS ON THE FAMILY UNIT  
IN MCDOWELL COUNTY BY MAKING INSTITUTIONAL CHANGES AND CREATING POLICY,  
SYSTEMS, AND ENVIRONMENTAL SHIFTS WITH AN EQUITY LENS BY USING A  
COMMUNITY-CENTERED HEALTH APPROACH.

NAME OF RECIPIENT - WESTERN NORTH CAROLINA WORKERS CENTER

ADDRESS THE IMMEDIATE BASIC NEEDS OF THE LATINO COMMUNITIES IN  
BUNCOMBE, BURKE, HENDERSON, AND MACON COUNTIES IN RESPONSE TO COVID-19.

NAME OF RECIPIENT - WESTERN NORTH CAROLINA WORKERS CENTER

ADDRESS EMERGENCY FOOD AND OTHER COVID-RELATED RELIEF NEEDS OF THE

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3a Grants and Contributions Paid During the Year Continuation of Purpose of Grant or Contribution

LATINO COMMUNITY IN BURKE, BUNCOMBE, HENDERSON, AND MACON COUNTIES.

NAME OF RECIPIENT - WORKING LANDSCAPES

SUPPORT THE EXPANSION OF BYWAY FOODS, A LINE OF READY-TO-EAT,  
LOCALLY-SOURCED, FRESH-CUT PRODUCE LINE FOR INSTITUTIONS THROUGH THE  
DEVELOPMENT OF NEW VALUE CHAINS; AND DEEPEN PEER-TO-PEER LEARNING AMONG  
FOOD HUBS IN THE STATE.

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3b Grants and Contributions Approved for Future Payment Continuation of Purpose of Grant or Contribution

NAME OF RECIPIENT - BLACK CHILD DEVELOPMENT INSTITUTE - CHARLOTTE  
DEVELOP AND ADVANCE PROGRAMMATIC AND POLICY-BASED APPROACHES TO ADDRESS  
THE RISING RATES OF SUSPENSIONS AND EXPULSIONS IN EARLY CHILDHOOD  
EDUCATION THAT DISPROPORTIONATELY AFFECT BLACK CHILDREN IN NORTH  
CAROLINA.

NAME OF RECIPIENT - CASWELL FAMILY MEDICAL CENTER, INC.  
AMENDMENT - DEPLOY COMMUNITY WEALTH BUILDING STRATEGIES TO ENSURE  
EQUITABLE ACCESS TO OPPORTUNITY AND CREATE A HEALTHY, ACTIVE, ENGAGED,  
AND EDUCATED COMMUNITY WHERE EVERYONE LIVES IN AN ENVIRONMENT WHERE  
THEY CAN THRIVE BY USING A COMMUNITY-CENTERED HEALTH APPROACH.

NAME OF RECIPIENT - CHARLOTTE BILINGUAL PRESCHOOL, INC.  
DEVELOP A PIPELINE OF EARLY EDUCATORS FROM THE LATINO COMMUNITY AND AN  
ADVOCACY AGENDA TO PROMOTE POLICIES THAT SUPPORT DUAL LANGUAGE LEARNERS  
IN MECKLENBURG COUNTY.

NAME OF RECIPIENT - CHILDREN FIRST COMMUNITIES IN SCHOOLS OF BUNCOMBE  
COUNTY, INC.  
LEVERAGE THE COLLECTIVE POWER, WISDOM, AND EXPERIENCES OF THE REGIONS  
PARENTS, PROVIDERS, AND ADVOCATES TO EFFECTIVELY CONTRIBUTE TO A  
STATEWIDE NETWORK OF EARLY CHILDHOOD ADVOCATES TO ENSURE THAT STATE  
POLICY MEETS THE NEEDS OF WESTERN NORTH CAROLINA.

NAME OF RECIPIENT - COLABORATIVA LA MILPA (FISCAL SPONSOR FOR PODER EMMA  
ECE COOPERATIVE NETWORK  
EXPAND ITS NETWORK LATINO OF FAMILY CHILD CARE PROVIDERS IN BUNCOMBE  
COUNTY AND ENGAGE IN LOCAL AND STATE ADVOCACY TO SUPPORT ITS MEMBERS.

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3b Grants and Contributions Approved for Future Payment Continuation of Purpose of Grant or Contribution

NAME OF RECIPIENT - COMMUNITY FOUNDATION OF GREATER GREENSBORO, INC.  
SUPPORT LATINX-LED, LATINX-SERVING COMMUNITY ORGANIZATIONS TO ENGAGE IN  
COMMUNITY ORGANIZING, DEEPEN CROSS-SECTOR RELATIONSHIPS, AND STRENGTHEN  
COLLABORATIONS AND NETWORKS ACROSS THE STATE TO ADDRESS HEALTH  
INEQUITIES.

NAME OF RECIPIENT - EDUCATIONAL EQUITY INSTITUTE, INC.  
DEVELOP A COMMUNITY-INFORMED RACIAL AND ETHNIC EQUITY ANALYSIS OF THE  
POLICY LANDSCAPE IN NORTH CAROLINAS EARLY EDUCATION SYSTEM AND A  
FRAMEWORK FOR ANALYZING THE EQUITY IMPACT OF FUTURE POLICIES.

NAME OF RECIPIENT - EL CENTRO HISPANO, INC.  
ENGAGE LATINO PARENTS ON EARLY CARE AND EDUCATION POLICY DEVELOPMENT  
AND ADVOCACY IN DURHAM, WAKE, ORANGE, CHATHAM, HARNETT, FRANKLIN, LEE,  
JOHNSTON, PERSON, AND VANCE COUNTIES.

NAME OF RECIPIENT - EMPOWERED PARENTS IN COMMUNITY  
WORK TO ADDRESS RACIAL INEQUITIES IN THE EARLY CARE AND EDUCATION  
SYSTEM BY ENGAGING BLACK AND OTHER HISTORICALLY MARGINALIZED PARENTS IN  
DURHAM, CHATHAM, ORANGE, GRANVILLE, AND VANCE COUNTIES.

NAME OF RECIPIENT - EQUITY BEFORE BIRTH  
ENGAGE BLACK PARENTS OF YOUNG CHILDREN (0-18 MONTHS) TO ADVOCATE FOR  
THE SUPPORTS THEY NEED TO THRIVE.

NAME OF RECIPIENT - FOUNDATION FOR HEALTH LEADERSHIP AND INNOVATION  
NORTH CAROLINA INCLUSIVE DISASTER RECOVERY NETWORK (NCIDR) WILL SUPPORT



**Part XV** | **Supplementary Information**

3b Grants and Contributions Approved for Future Payment Continuation of Purpose of Grant or Contribution

THE FACILITATION OF A MULTI-SECTOR COALITION THAT CREATES MORE  
EQUITABLE OUTCOMES IN THE DISASTER RECOVERY SYSTEM WITH A FOCUS ON  
RURAL AREAS.

NAME OF RECIPIENT - FOUNDATION FOR HEALTH LEADERSHIP AND INNOVATION  
THE NCOHCS IMPACT IS CENTERED THROUGH ADVOCACY, COMMUNITY PARTNERSHIPS,  
AND EDUCATION TO EMPOWER PROVIDERS, POLICYMAKERS, AND THE PUBLIC MAKING  
NORTH CAROLINA A MODEL FOR ACCESSIBLE AND SUSTAINABLE ORAL HEALTH CARE  
FOR THE STATES VULNERABLE POPULATIONS.

NAME OF RECIPIENT - GREENSBORO HOUSING COALITION, INC  
AMENDMENT - IMPROVE SOCIO-ECONOMIC AND ENVIRONMENTAL CONDITIONS TO  
IMPROVE HEALTH AND QUALITY OF LIFE THROUGH A COMMUNITY-CENTERED,  
RESIDENT-LED PARTNERSHIP IN GREENSBORO.

NAME OF RECIPIENT - GUILFORD CHILD DEVELOPMENT  
BUILD A TEAM OF BLACK, LATINO, AND OTHER PARENTS OF COLOR IN GUILFORD  
AND ROCKINGHAM COUNTIES WHO WILL ADVOCATE FOR KEY EARLY CHILDHOOD  
ISSUES.

NAME OF RECIPIENT - HUNGER AND HEALTH COALITION  
AMENDMENT - IMPROVE OVERALL HEALTH AND WELLNESS IN WATAUGA COUNTY  
THROUGH IMPROVED FOOD SECURITY, HEALTHY EATING BEHAVIORS, MANAGEMENT OF  
CHRONIC DISEASE, AND IMPROVED HOUSING CONDITIONS BY USING A  
COMMUNITY-CENTERED HEALTH APPROACH.

NAME OF RECIPIENT - IMMERSION FOR SPANISH LANGUAGE ACQUISITION  
ENGAGE AND TRAIN LATINO PARENTS TO PROMOTE EARLY CARE AND EDUCATION

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3b Grants and Contributions Approved for Future Payment Continuation of Purpose of Grant or Contribution

POLICY CHANGE IN ORANGE, GUILFORD, ALAMANCE, WAKE, DURHAM, JOHNSTON,  
GRANVILLE, AND CHATHAM COUNTIES.

NAME OF RECIPIENT - KINTEGRA HEALTH

AMENDMENT - REDUCE OBESITY IN GASTONIA'S HIGHLAND NEIGHBORHOOD BY  
ENGAGING RESIDENTS AND IMPROVING COMMUNITY CONDITIONS.

NAME OF RECIPIENT - MONTGOMERY COUNTY PARTNERSHIP FOR CHILDREN, INC.

AMENDMENT - LEAD SYSTEM LEVEL CHANGES THAT WILL INCREASE OPPORTUNITIES  
FOR ACCESS TO HEALTHIER FOOD, PHYSICAL ACTIVITY, ECONOMIC DEVELOPMENT,  
AND EMPOWERMENT THROUGH EDUCATION, OUTREACH, AND COLLABORATION TO  
DECREASE THE PREVALENCE OF OBESITY AND CHRONIC ILLNESS IN MONTGOMERY  
COUNTY.

NAME OF RECIPIENT - NC CHILD

TRANSFORM NORTH CAROLINAS EARLY EDUCATION SYSTEM STATEWIDE BY ENGAGING  
DIVERSE STAKEHOLDERS WITH LIVED EXPERIENCE IN STRATEGY DEVELOPMENT AND  
IMPLEMENTATION.

NAME OF RECIPIENT - NC CHILD

CENTER THE VOICES AND EXPERIENCES OF FAMILIES TO DEVELOP AND ADVANCE  
POLICY SOLUTIONS THAT INCREASE ORAL  
HEALTH EQUITY STATEWIDE.

NAME OF RECIPIENT - NORTH CAROLINA AGRICULTURAL & TECHNICAL STATE  
UNIVERSITY

STRENGTHEN THE STATEWIDE COMMUNITY GARDEN NETWORK IN NORTH CAROLINA AND  
CONTRIBUTE TO THE DEVELOPMENT OF A MORE DIVERSE AND INCLUSIVE NETWORK

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3b Grants and Contributions Approved for Future Payment Continuation of Purpose of Grant or Contribution

OF FOOD SYSTEM ADVOCATES.

NAME OF RECIPIENT - THE NORTH CAROLINA ALBERT SCHWEITZER FELLOWSHIP, INC.

PROVIDE FELLOWSHIP OPPORTUNITIES IN ORAL HEALTH TO GRADUATE LEVEL

STUDENTS ACROSS THE STATE AND TO INTEGRATE A FOCUS ON SOCIAL

DETERMINANTS INTO THE FELLOWSHIP PROGRAM.

NAME OF RECIPIENT - NORTH CAROLINA ALLIANCE FOR HEALTH

CONVENE THE NORTH CAROLINA HEALTHY FOOD ACCESS TASK FORCE TO BUILD

CONSENSUS WITH AND MOBILIZE STAKEHOLDERS TO ADDRESS FOOD INSECURITY

THROUGH POLICY CHANGE.

NAME OF RECIPIENT - NORTH CAROLINA BLACK ALLIANCE, INC.

SUPPORT THE EDUCATION AND ENGAGEMENT OF BLACK ELECTED OFFICIALS,

POLICYMAKERS, PARTNERS, AND COMMUNITY STAKEHOLDERS STATEWIDE, AS

ADVOCATES FOR SYSTEMS CHANGES THAT ADVANCE HEALTH EQUITY.

NAME OF RECIPIENT - NORTH CAROLINA CENTER FOR NONPROFIT ORGANIZATIONS,

INC.

BUILD A DYNAMIC CAPACITY BUILDING APPROACH WITH AN EQUITY LENS THAT

INCREASES NONPROFIT LEARNING AND FOSTERS COLLABORATION TO STRENGTHEN

THE INFRASTRUCTURE OF NONPROFITS.

NAME OF RECIPIENT - NORTH CAROLINA COMMUNITY HEALTH CENTER ASSOCIATION

GENERAL OPERATING SUPPORT TO INCREASE ACCESS TO PATIENT-CENTERED,

PATIENT-GOVERNED, INTEGRATED, CULTURALLY COMPETENT HEALTH CARE THROUGH

THE 42 MEMBERS ACROSS THE STATE.

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3b Grants and Contributions Approved for Future Payment Continuation of Purpose of Grant or Contribution

NAME OF RECIPIENT - NORTH CAROLINA COMMUNITY HEALTH CENTER ASSOCIATION  
AMENDMENT - ADDRESS INEQUITIES DRIVEN BY OCCUPATIONAL CONDITIONS AND  
INADEQUATE COMMUNITY ACCESS WITH THE FARMWORKERS OF CASWELL COUNTY BY  
USING A COMMUNITY-CENTERED HEALTH APPROACH.

NAME OF RECIPIENT - NORTH CAROLINA EARLY CHILDHOOD FOUNDATION, INC.  
SUPPORT A FOUR-YEAR COLLABORATIVE EFFORT TO ALIGN AND ENHANCE EXISTING  
SERVICES AND FUNDING STREAMS FOR YOUNG CHILDRENS SOCIAL-EMOTIONAL  
HEALTH.

NAME OF RECIPIENT - NORTH CAROLINA EARLY CHILDHOOD FOUNDATION, INC.  
PROVIDE BACKBONE COMMUNICATIONS, POLICY, AND FACILITATION SUPPORT TO  
THE NETWORKS ADVANCING POLICY AND SYSTEM GOALS IN THE EARLY CARE AND  
EDUCATION SYSTEM ACROSS THE STATE.

NAME OF RECIPIENT - NORTH CAROLINA FARMWORKERS PROJECT, INC.  
ADDRESS EMERGENCY COVID-RELATED RELIEF NEEDS IN RURAL NORTH CAROLINA  
LATINO AND IMMIGRANT FARMWORKER COMMUNITIES.

NAME OF RECIPIENT - NORTH CAROLINA INSTITUTE OF MEDICINE  
IMPLEMENT A LEGISLATIVE HEALTH POLICY FELLOWS PROGRAM TO PROVIDE  
LEGISLATORS AND THEIR STAFF WITH DATA, TOOLS, AND AN INCREASED  
UNDERSTANDING OF CHALLENGES AND OPPORTUNITIES IN SUPPORT OF LONG-TERM,  
BIPARTISAN EFFORTS TO IMPROVE HEALTH FOR ALL NORTH CAROLINIANS.

NAME OF RECIPIENT - NORTH CAROLINA INSTITUTE OF MEDICINE  
IMPROVE THE HEALTH AND WELL-BEING OF ALL NORTH CAROLINIANS BY PROVIDING  
NON-PARTISAN RESEARCH AND ANALYSIS, CONVENING AND EDUCATING

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3b Grants and Contributions Approved for Future Payment Continuation of Purpose of Grant or Contribution

POLICYMAKERS, AND BUILDING CONSENSUS TOWARD EVIDENCE-BASED SOLUTIONS TO  
THE HEALTH ISSUES FACING OUR STATE.

NAME OF RECIPIENT - NORTH CAROLINA PARTNERSHIP FOR CHILDREN, INC.

BUILD THE STAFF AND SYSTEM CAPACITY NEEDED TO EMBED COMMUNITY-CENTERED  
SYSTEMS CHANGE AND ADVOCACY STRATEGIES IN THE LEADERSHIP DEVELOPMENT  
AND EXECUTIVE SUPPORT FOR LOCAL SMART START AGENCIES STATEWIDE.

NAME OF RECIPIENT - NORTH CAROLINA RECREATION AND PARK ASSOCIATION, INC.

SUPPORT NORTH CAROLINAS PARK AND RECREATION PROFESSIONALS AND THEIR  
CITIZEN BOARD MEMBERS WITH DIVERSITY, EQUITY AND INCLUSION TRAINING AND  
LEARNING OPPORTUNITIES AS WELL AS MINI-GRANTS TO EXPAND EQUITABLE  
ACCESS TO PARK AND RECREATION PROGRAMS, FACILITIES, AND OPPORTUNITIES  
ACROSS THE STATE.

NAME OF RECIPIENT - NORTH CAROLINA RURAL ECONOMIC DEVELOPMENT CENTER

EXPAND STATEWIDE LEADERSHIP AND ADVOCACY PROGRAMMING, MOBILIZING A  
NETWORK OF RURAL, GRASSROOTS LEADERS ACROSS SECTORS THROUGH A PROCESS  
ROOTED IN EQUITY, COLLABORATION, AND INCLUSIVITY TO INCREASE CIVIC  
ENGAGEMENT AND SUPPORT COMMUNITY HEALTH.

NAME OF RECIPIENT - NORTH CAROLINA STATE UNIVERSITY

SUPPORT THE DEVELOPMENT OF TOOLS AND POLICIES TO SPREAD AND SCALE THE  
INSTALLATION OF HEALTH-PROMOTING OUTDOOR LEARNING ENVIRONMENTS IN  
CHILDCARE CENTERS THAT SERVE FAMILIES, PARTICULARLY IN LOW-RESOURCE  
COMMUNITIES.

NAME OF RECIPIENT - NORTH CAROLINA STATE UNIVERSITY

**Part XV** | **Supplementary Information**

3b Grants and Contributions Approved for Future Payment Continuation of Purpose of Grant or Contribution

GROW AND STRENGTHEN THE NETWORK OF LOCAL FOOD COUNCILS ACROSS NORTH CAROLINA TO SHOW MEASURABLE PLACE-BASED IMPACTS SHIFTING POLICY, SYSTEMS AND ENVIRONMENTS LOCALLY AND STATEWIDE TOWARDS A HEALTHIER FOOD SYSTEM AND IMPROVED HEALTH OUTCOMES.

NAME OF RECIPIENT - OPPORTUNITIES INDUSTRIALIZATION CENTER, INC.  
AMENDMENT - IMPLEMENT SYSTEMSFOCUSED SOLUTIONS TO REDUCE STRESSORS IN RESIDENTS PHYSICAL AND SOCIAL ENVIRONMENTS THAT HAVE CONTRIBUTED TO A HIGH PREVALENCE OF TYPE 2 DIABETES AND DEPRESSION FOCUSED ON LOWINCOME AFRICANAMERICAN COMMUNITIES IN EDGECOMBE AND NASH COUNTIES BY USING A COMMUNITY-CENTERED HEALTH APPROACH

NAME OF RECIPIENT - PIEDMONT TRIAD REGIONAL DEVELOPMENT CORPORATION  
CREATE A MODEL REGIONAL NETWORK FOR ENGAGING COMMUNITY MEMBERS, LOCAL GOVERNMENTS, NON-PROFIT ORGANIZATIONS, AND BUSINESSES IN CREATING AN INCLUSIVE, HEALTHY, AND RESILIENT LOCAL FOOD ECONOMY IN THE 12-COUNTY PIEDMONT TRIAD REGION SERVING 1.6 MILLION PEOPLE.

NAME OF RECIPIENT - PREVENT CHILD ABUSE NORTH CAROLINA  
PRIORITIZE WORK TO PREVENT CHILD ABUSE AND NEGLECT BY BUILDING CAPACITY TO ENGAGE IN PUBLIC POLICY ADVOCACY.

NAME OF RECIPIENT - REINVESTMENT PARTNERS  
EXPAND THE BULL CITY BUCKS HEALTHY FOOD INCENTIVE PROGRAM (NOW CALLED SUPERSNAP) TO TWENTY COUNTIES AND EIGHT NEW COMMUNITY HEALTH CENTERS TO PROVIDE PATIENTS FINANCIAL INCENTIVES FOR PURCHASING HEALTHY FOOD AND WRAP-AROUND NUTRITION EDUCATION FOR INCREASED FOOD SECURITY AND BETTER HEALTH OUTCOMES.

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3b Grants and Contributions Approved for Future Payment Continuation of Purpose of Grant or Contribution

NAME OF RECIPIENT - SUPERLATIVE ACADEMY

PROVIDE TECHNICAL ASSISTANCE TO DEVELOP CAPACITY OF THE WESTSIDE NETWORK AND THREE OTHER FAMILY CHILD CARE NETWORKS IN MECKLENBURG COUNTY.

NAME OF RECIPIENT - THE CONSERVATION FUND A NONPROFIT CORPORATION

FACILITATE A STATEWIDE FOOD HUB-DRIVEN CAPACITY BUILDING AND COLLABORATION EFFORT AIMED AT BUILDING A MORE EQUITABLE AND RESILIENT NC FOOD SYSTEM THAT WILL ULTIMATELY IMPROVE FOOD ACCESS, HEALTH AND ECONOMIC OPPORTUNITIES.

NAME OF RECIPIENT - UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL

DEVELOP A COMMUNITY-INFORMED EQUITY ANALYSIS OF THE POLICY LANDSCAPE IN NORTH CAROLINAS EARLY EDUCATION SYSTEM AND A FRAMEWORK FOR ANALYZING THE EQUITY IMPACT OF FUTURE POLICIES.

NAME OF RECIPIENT - UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL

INTEGRATE BE ACTIVE KIDS, A PROJECT DESIGNED TO PROMOTE PHYSICAL ACTIVITY AMONG YOUNG CHILDREN, INTO ITS CORE PROGRAMMING, WHILE DEEPENING ITS FOCUS ON BOTH SUSTAINABILITY AND RACIAL EQUITY.

NAME OF RECIPIENT - WEST MARION COMMUNITY FORUM

AMENDMENT - ADDRESS CHILDHOOD OBESITY WITH A FOCUS ON THE FAMILY UNIT IN MCDOWELL COUNTY BY MAKING INSTITUTIONAL CHANGES AND CREATING POLICY, SYSTEMS, AND ENVIRONMENTAL SHIFTS WITH AN EQUITY LENS BY USING A COMMUNITY-CENTERED HEALTH APPROACH.

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3b Grants and Contributions Approved for Future Payment Continuation of Purpose of Grant or Contribution

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**Schedule B**

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

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2020**

Name of the organization

**BLUE CROSS AND BLUE SHIELD OF NORTH  
CAROLINA FOUNDATION**

Employer identification number

**56-2226009**

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 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 (entering "N/A" in column (b) instead of the contributor name and address), 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 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization <b>BLUE CROSS AND BLUE SHIELD OF NORTH CAROLINA FOUNDATION</b>	Employer identification number <b>56-2226009</b>
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**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	BLUE CROSS AND BLUE SHIELD OF NORTH CAROLINA  P.O. BOX 2291  DURHAM, NC 27702	\$ 10,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2	ROBERT WOOD JOHNSON FOUNDATION  50 COLLEGE ROAD EAST  PRINCETON , NJ 08540-6614	\$ 125,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____  _____  _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____  _____  _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____  _____  _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____  _____  _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>BLUE CROSS AND BLUE SHIELD OF NORTH CAROLINA FOUNDATION</b>	Employer identification number <b>56-2226009</b>
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**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
1	35,983 SHARES VANGUARD INSTITUTIONAL INDEX FUND	\$ 10,000,000.	07/01/20

Name of organization <b>BLUE CROSS AND BLUE SHIELD OF NORTH CAROLINA FOUNDATION</b>	Employer identification number <b>56-2226009</b>
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**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 info. once.) ▶ \$ \_\_\_\_\_  
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
<b>(e) Transfer of gift</b>			
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
<b>(e) Transfer of gift</b>			
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
<b>(e) Transfer of gift</b>			
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
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

# Underpayment of Estimated Tax by Corporations

▶ Attach to the corporation's tax return. **FORM 990-PF**

**2020**

▶ Go to [www.irs.gov/Form2220](http://www.irs.gov/Form2220) for instructions and the latest information.

<b>Name</b> BLUE CROSS AND BLUE SHIELD OF NORTH CAROLINA FOUNDATION	<b>Employer identification number</b> 56-2226009
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**Note:** Generally, the corporation is not required to file Form 2220 (see Part II below for exceptions) because the IRS will figure any penalty owed and bill the corporation. However, the corporation may still use Form 2220 to figure the penalty. If so, enter the amount from page 2, line 38, on the estimated tax penalty line of the corporation's income tax return, but **do not** attach Form 2220.

**Part I Required Annual Payment**

1 Total tax (see instructions) .....		<b>1</b>	240,127.
2 a Personal holding company tax (Schedule PH (Form 1120), line 26) included on line 1 .....	<b>2a</b>		
b Look-back interest included on line 1 under section 460(b)(2) for completed long-term contracts or section 167(g) for depreciation under the income forecast method .....	<b>2b</b>		
c Credit for federal tax paid on fuels (see instructions) .....	<b>2c</b>		
d Total. Add lines 2a through 2c .....		<b>2d</b>	
3 Subtract line 2d from line 1. If the result is less than \$500, <b>do not</b> complete or file this form. The corporation does not owe the penalty .....		<b>3</b>	240,127.
4 Enter the tax shown on the corporation's 2019 income tax return. See instructions. <b>Caution:</b> If the tax is zero or the tax year was for less than 12 months, skip this line and enter the amount from line 3 on line 5 .....		<b>4</b>	276,098.
5 <b>Required annual payment.</b> Enter the <b>smaller</b> of line 3 or line 4. If the corporation is required to skip line 4, enter the amount from line 3 .....		<b>5</b>	240,127.

**Part II Reasons for Filing** - Check the boxes below that apply. If any boxes are checked, the corporation **must** file Form 2220 even if it does not owe a penalty. See instructions.

- 6  The corporation is using the adjusted seasonal installment method.
- 7  The corporation is using the annualized income installment method.
- 8  The corporation is a "large corporation" figuring its first required installment based on the prior year's tax.

**Part III Figuring the Underpayment**

		(a)	(b)	(c)	(d)
9 <b>Installment due dates.</b> Enter in columns (a) through (d) the 15th day of the 4th (Form 990-PF filers: Use 5th month), 6th, 9th, and 12th months of the corporation's tax year. <b>Filers with installments due on or after April 1, 2020, and before July 15, 2020, see instructions</b> .....	<b>9</b>	11/15/20	12/15/20	03/15/21	06/15/21
10 <b>Required installments.</b> If the box on line 6 and/or line 7 above is checked, enter the amounts from Sch A, line 38. If the box on line 8 (but not 6 or 7) is checked, see instructions for the amounts to enter. If none of these boxes are checked, enter 25% (0.25) of line 5 above in each column .....	<b>10</b>	29,048.	25,807.	76,509.	47,039.
11 Estimated tax paid or credited for each period. For column (a) only, enter the amount from line 11 on line 15. See instructions .....	<b>11</b>	29,460.	26,000.	76,000.	47,000.
<b>Complete lines 12 through 18 of one column before going to the next column.</b>					
12 Enter amount, if any, from line 18 of the preceding column .....	<b>12</b>		412.	605.	96.
13 Add lines 11 and 12 .....	<b>13</b>		26,412.	76,605.	47,096.
14 Add amounts on lines 16 and 17 of the preceding column .....	<b>14</b>				
15 Subtract line 14 from line 13. If zero or less, enter -0- .....	<b>15</b>	29,460.	26,412.	76,605.	47,096.
16 If the amount on line 15 is zero, subtract line 13 from line 14. Otherwise, enter -0- .....	<b>16</b>		0.	0.	
17 <b>Underpayment.</b> If line 15 is less than or equal to line 10, subtract line 15 from line 10. Then go to line 12 of the next column. Otherwise, go to line 18 .....	<b>17</b>				
18 <b>Overpayment.</b> If line 10 is less than line 15, subtract line 10 from line 15. Then go to line 12 of the next column .....	<b>18</b>	412.	605.	96.	

Go to Part IV on page 2 to figure the penalty. Do not go to Part IV if there are no entries on line 17 - no penalty is owed.

**Part IV Figuring the Penalty**

	(a)	(b)	(c)	(d)
<b>19</b> Enter the date of payment or the 15th day of the 4th month after the close of the tax year, whichever is earlier. <b>(C corporations with tax years ending June 30 and S corporations:</b> Use 3rd month instead of 4th month. <b>Form 990-PF and Form 990-T filers:</b> Use 5th month instead of 4th month.) See instructions .....	<b>19</b>			
<b>20</b> Number of days from due date of installment on line 9 to the date shown on line 19 .....	<b>20</b>			
<b>21</b> Number of days on line 20 after 4/15/2020 and before 7/1/2020 .....	<b>21</b>			
<b>22</b> Underpayment on line 17 x $\frac{\text{Number of days on line 21} \times 5\% (0.05)}{366}$ ...	<b>22</b> \$	\$	\$	\$
<b>23</b> Number of days on line 20 after 6/30/2020 and before 10/1/2020 .....	<b>23</b>			
<b>24</b> Underpayment on line 17 x $\frac{\text{Number of days on line 23} \times 3\% (0.03)}{366}$ ...	<b>24</b> \$	\$	\$	\$
<b>25</b> Number of days on line 20 after 9/30/2020 and before 1/1/2021 .....	<b>25</b>			
<b>26</b> Underpayment on line 17 x $\frac{\text{Number of days on line 25} \times 3\% (0.03)}{366}$ ...	<b>26</b> \$	\$	\$	\$
<b>27</b> Number of days on line 20 after 12/31/2020 and before 4/1/2021 .....	<b>27</b>			
<b>28</b> Underpayment on line 17 x $\frac{\text{Number of days on line 27} \times 3\% (0.03)}{365}$ ...	<b>28</b> \$	\$	\$	\$
<b>29</b> Number of days on line 20 after 3/31/2021 and before 7/1/2021 .....	<b>29</b>			
<b>30</b> Underpayment on line 17 x $\frac{\text{Number of days on line 29} \times \%}{365}$ .....	<b>30</b> \$	\$	\$	\$
<b>31</b> Number of days on line 20 after 6/30/2021 and before 10/1/2021 .....	<b>31</b>			
<b>32</b> Underpayment on line 17 x $\frac{\text{Number of days on line 31} \times \%}{365}$ .....	<b>32</b> \$	\$	\$	\$
<b>33</b> Number of days on line 20 after 9/30/2021 and before 1/1/2022 .....	<b>33</b>			
<b>34</b> Underpayment on line 17 x $\frac{\text{Number of days on line 33} \times \%}{365}$ .....	<b>34</b> \$	\$	\$	\$
<b>35</b> Number of days on line 20 after 12/31/2021 and before 3/16/2022 .....	<b>35</b>			
<b>36</b> Underpayment on line 17 x $\frac{\text{Number of days on line 35} \times \%}{365}$ .....	<b>36</b> \$	\$	\$	\$
<b>37</b> Add lines 22, 24, 26, 28, 30, 32, 34, and 36 .....	<b>37</b> \$	\$	\$	\$
<b>38 Penalty.</b> Add columns (a) through (d) of line 37. Enter the total here and on Form 1120, line 34; or the comparable line for other income tax returns .....	<b>38</b> \$			0.

\* Use the penalty interest rate for each calendar quarter, which the IRS will determine during the first month in the preceding quarter. These rates are published quarterly in an IRS News Release and in a revenue ruling in the Internal Revenue Bulletin. To obtain this information on the Internet, access the IRS website at [www.irs.gov](http://www.irs.gov). You can also call 1-800-829-4933 to get interest rate information.

**Schedule A Adjusted Seasonal Installment Method and Annualized Income Installment Method**

See instructions.

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

**Part I Adjusted Seasonal Installment Method**

**Caution:** Use this method only if the base period percentage for any 6 consecutive months is at least 70%.  
 See instructions.

		(a)	(b)	(c)	(d)
		First 3 months	First 5 months	First 8 months	First 11 months
<b>1</b> Enter taxable income for the following periods.					
<b>a</b> Tax year beginning in 2017 .....	<b>1a</b>				
<b>b</b> Tax year beginning in 2018 .....	<b>1b</b>				
<b>c</b> Tax year beginning in 2019 .....	<b>1c</b>				
<b>2</b> Enter taxable income for each period for the tax year beginning in 2020. See the instructions for the treatment of extraordinary items	<b>2</b>				
<b>3</b> Enter taxable income for the following periods.		First 4 months	First 6 months	First 9 months	Entire year
<b>a</b> Tax year beginning in 2017 .....	<b>3a</b>				
<b>b</b> Tax year beginning in 2018 .....	<b>3b</b>				
<b>c</b> Tax year beginning in 2019 .....	<b>3c</b>				
<b>4</b> Divide the amount in each column on line 1a by the amount in column (d) on line 3a .....	<b>4</b>				
<b>5</b> Divide the amount in each column on line 1b by the amount in column (d) on line 3b .....	<b>5</b>				
<b>6</b> Divide the amount in each column on line 1c by the amount in column (d) on line 3c .....	<b>6</b>				
<b>7</b> Add lines 4 through 6 .....	<b>7</b>				
<b>8</b> Divide line 7 by 3.0 .....	<b>8</b>				
<b>9a</b> Divide line 2 by line 8 .....	<b>9a</b>				
<b>b</b> Extraordinary items (see instructions) .....	<b>9b</b>				
<b>c</b> Add lines 9a and 9b .....	<b>9c</b>				
<b>10</b> Figure the tax on the amt on ln 9c using the instr for Form 1120, Sch J, line 2, or comparable line of corp's return ...	<b>10</b>				
<b>11a</b> Divide the amount in columns (a) through (c) on line 3a by the amount in column (d) on line 3a .....	<b>11a</b>				
<b>b</b> Divide the amount in columns (a) through (c) on line 3b by the amount in column (d) on line 3b .....	<b>11b</b>				
<b>c</b> Divide the amount in columns (a) through (c) on line 3c by the amount in column (d) on line 3c .....	<b>11c</b>				
<b>12</b> Add lines 11a through 11c .....	<b>12</b>				
<b>13</b> Divide line 12 by 3.0 .....	<b>13</b>				
<b>14</b> Multiply the amount in columns (a) through (c) of line 10 by columns (a) through (c) of line 13. In column (d), enter the amount from line 10, column (d) .....	<b>14</b>				
<b>15</b> Enter any alternative minimum tax (trusts only) for each payment period. See instructions .....	<b>15</b>				
<b>16</b> Enter any other taxes for each payment period. See instr.	<b>16</b>				
<b>17</b> Add lines 14 through 16 .....	<b>17</b>				
<b>18</b> For each period, enter the same type of credits as allowed on Form 2220, lines 1 and 2c. See instructions .....	<b>18</b>				
<b>19</b> Total tax after credits. Subtract line 18 from line 17. If zero or less, enter -0- .....	<b>19</b>				

**Part II** <sup>\*\*</sup> Annualized Income Installment Method

		(a)	(b)	(c)	(d)
		First <u>2</u> months	First <u>4</u> months	First <u>7</u> months	First <u>10</u> months
20	Annualization periods (see instructions)				
21	Enter taxable income for each annualization period. See instructions for the treatment of extraordinary items	295,984.	993,205.	3,024,490.	4,515,460.
22	Annualization amounts (see instructions)	6.000000	3.000000	1.714290	1.200000
23a	Annualized taxable income. Multiply line 21 by line 22	1,775,904.	2,979,615.	5,184,853.	5,418,552.
23b	Extraordinary items (see instructions)	6,583,092.	4,913,197.	7,416,040.	7,416,184.
23c	Add lines 23a and 23b	8,358,996.	7,892,812.	12,600,893.	12,834,736.
24	Figure the tax on the amount on line 23c using the instructions for Form 1120, Schedule J, line 2, or comparable line of corporation's return	116,190.	109,710.	175,152.	178,403.
25	Enter any alternative minimum tax (trusts only) for each payment period (see instructions)				
26	Enter any other taxes for each payment period. See instr.				
27	Total tax. Add lines 24 through 26	116,190.	109,710.	175,152.	178,403.
28	For each period, enter the same type of credits as allowed on Form 2220, lines 1 and 2c. See instructions				
29	Total tax after credits. Subtract line 28 from line 27. If zero or less, enter -0-	116,190.	109,710.	175,152.	178,403.
30	Applicable percentage	25%	50%	75%	100%
31	Multiply line 29 by line 30	29,048.	54,855.	131,364.	178,403.

**Part III** Required Installments

		1st	2nd	3rd	4th
		installment	installment	installment	installment
	<b>Note:</b> Complete lines 32 through 38 of one column before completing the next column.				
32	If only Part I or Part II is completed, enter the amount in each column from line 19 or line 31. If both parts are completed, enter the <b>smaller</b> of the amounts in each column from line 19 or line 31	29,048.	54,855.	131,364.	178,403.
33	Add the amounts in all preceding columns of line 32. See instructions		29,048.	54,855.	131,364.
34	<b>Adjusted seasonal or annualized income installments.</b> Subtract line 33 from line 32. If zero or less, enter -0-	29,048.	25,807.	76,509.	47,039.
35	Enter 25% (0.25) of line 5 on page 1 of Form 2220 in each column. <b>Note:</b> "Large corporations," see the instructions for line 10 for the amounts to enter	60,032.	60,032.	60,031.	60,032.
36	Subtract line 38 of the preceding column from line 37 of the preceding column		30,984.	65,209.	48,731.
37	Add lines 35 and 36	60,032.	91,016.	125,240.	108,763.
38	<b>Required installments.</b> Enter the <b>smaller</b> of line 34 or line 37 here and on page 1 of Form 2220, line 10. See instructions	29,048.	25,807.	76,509.	47,039.

Form 2220 (2020)

**\*\* ANNUALIZED INCOME INSTALLMENT METHOD USING OPTION 1**



FORM 990-PF	TAXES			STATEMENT 1
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
2020 EXCISE TAX EXPENSE	240,204.	0.		0.
TO FORM 990-PF, PG 1, LN 18	240,204.	0.		0.

FORM 990-PF	OTHER EXPENSES			STATEMENT 2
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
PROGRAM EXPENSES	422,989.	0.		404,175.
EDUCATION & TECHNICAL ASSISTANCE	610,910.	0.		586,910.
OTHER CHARITABLE DISBURSEMENTS	128,500.	0.		128,500.
INVESTMENT CHARGES	36,616.	36,616.		0.
DONATED SERVICES	0.	121,366.		0.
PROFESSIONAL SERVICES	1,989,761.	0.		1,989,761.
OTHER EXPENSES	234,521.	0.		0.
TO FORM 990-PF, PG 1, LN 23	3,423,297.	157,982.		3,109,346.

FORM 990-PF	OTHER INCREASES IN NET ASSETS OR FUND BALANCES	STATEMENT 3
DESCRIPTION		AMOUNT
UNREALIZED GAINS ON INVESTMENTS		41,276,598.
ROUNDING		2.
TOTAL TO FORM 990-PF, PART III, LINE 3		41,276,600.

FORM 990-PF OTHER DECREASES IN NET ASSETS OR FUND BALANCES STATEMENT 4

DESCRIPTION	AMOUNT
CHANGES IN DEFERRED TAXES ON INVESTMENTS	665,247.
TOTAL TO FORM 990-PF, PART III, LINE 5	665,247.

FORM 990-PF U.S. AND STATE/CITY GOVERNMENT OBLIGATIONS STATEMENT 5

DESCRIPTION	U.S. GOV'T	OTHER GOV'T	BOOK VALUE	FAIR MARKET VALUE
FEDERAL HOME LOAN BANKS	X		2,680,675.	2,680,675.
TOTAL U.S. GOVERNMENT OBLIGATIONS			2,680,675.	2,680,675.
TOTAL STATE AND MUNICIPAL GOVERNMENT OBLIGATIONS				
TOTAL TO FORM 990-PF, PART II, LINE 10A			2,680,675.	2,680,675.

FORM 990-PF CORPORATE STOCK STATEMENT 6

DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE
BAIRD AGGREGATE BD INST	58,195,708.	58,195,708.
BAIRD ULTRA SH BD INST	5,360,104.	5,360,104.
CAUSEWAY:EMER MKT INST	25,323,062.	25,323,062.
JPMORGAN CHASE BANK NA	10.	10.
VANGUARD DEV MKT ETF	37,347,930.	37,347,930.
VANGUARD INSTL INDX INST	51,886,991.	51,886,991.
VANGUARD MD-CP I INST	25,780,295.	25,780,295.
VANGUARD SC V I ETF	24,622,036.	24,622,036.
TOTAL TO FORM 990-PF, PART II, LINE 10B	228,516,136.	228,516,136.

FORM 990-PF

CORPORATE BONDS

STATEMENT 7

DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE
AFLAC INC	1,080,570.	1,080,570.
BANK OF NEW YORK MELLON CORP	1,115,330.	1,115,330.
CHILDRENS HOSPITAL MEDICAL CENTER	1,061,160.	1,061,160.
COMCAST CORP	1,099,990.	1,099,990.
GE CAPITAL INTERNATIONAL FUNDING COMPANY UNLIMITED	1,091,560.	1,091,560.
JPMORGAN CHASE & CO	1,110,990.	1,110,990.
LOEWS CORP	1,112,610.	1,112,610.
METLIFE INC	1,105,650.	1,105,650.
NATIONAL RURAL UTILITIES COOPERATIVE FINANCE CORP	1,100,910.	1,100,910.
PNC BANK NA	1,095,340.	1,095,340.
PREMIER HEALTH PARTNERS	1,044,450.	1,044,450.
SIMON PROPERTY GROUP LP	1,093,000.	1,093,000.
TRUIST BANK	1,101,080.	1,101,080.
TRUIST FINANCIAL CORP	2,192,000.	2,192,000.
WAKE FOREST UNIVERSITY BAPTIST MEDICAL CENTER	1,067,840.	1,067,840.
WELLS FARGO & CO	1,099,520.	1,099,520.
FLORENCE S C SPL OBLIG	524,320.	524,320.
FLORENCE S C SPL OBLIG	531,790.	531,790.
<b>TOTAL TO FORM 990-PF, PART II, LINE 10C</b>	<b>19,628,110.</b>	<b>19,628,110.</b>

FORM 990-PF

OTHER ASSETS

STATEMENT 8

DESCRIPTION	BEGINNING OF YR BOOK VALUE	END OF YEAR BOOK VALUE	FAIR MARKET VALUE
EXCISE TAXES RECEIVABLE	3,536.	0.	0.
INTEREST RECEIVABLE	229,764.	155,730.	155,730.
DIVIDENDS RECEIVABLE	64.	57.	57.
PREPAID EXPENSES	0.	0.	0.
SALES TAX REFUND RECEIVABLE	46,082.	0.	0.
<b>TO FORM 990-PF, PART II, LINE 15</b>	<b>279,446.</b>	<b>155,787.</b>	<b>155,787.</b>

FORM 990-PF

OTHER LIABILITIES

STATEMENT 9

<u>DESCRIPTION</u>	<u>BOY AMOUNT</u>	<u>EOY AMOUNT</u>
DEFERRED TAX LIABILITY	340,241.	1,005,488.
EXCISE TAXES PAYABLE	0.	61,667.
ACCRUED EXPENSES	18,923.	55,528.
TOTAL TO FORM 990-PF, PART II, LINE 22	359,164.	1,122,683.

FORM 990-PF

PART VIII - LIST OF OFFICERS, DIRECTORS  
TRUSTEES AND FOUNDATION MANAGERS

STATEMENT 10

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
TUNDE SOTUNDE, MD P.O. BOX 2291 DURHAM, NC 27702	DIRECTOR 1.00	0.	0.	0.
ANITA BROWN-GRAHAM P.O. BOX 2291 DURHAM, NC 27702	DIRECTOR 0.50	0.	0.	0.
JACK KENLEY P.O. BOX 2291 DURHAM, NC 27702	DIRECTOR 0.50	0.	0.	0.
JOHN KIMBERLY P.O. BOX 2291 DURHAM, NC 27702	DIRECTOR 0.50	0.	0.	0.
FRANCESCA GARY P.O. BOX 2291 DURHAM, NC 27702	DIRECTOR 0.50	0.	0.	0.
JOHN LUMPKIN, MD P.O. BOX 2291 DURHAM, NC 27702	PRESIDENT 20.00	0.	0.	0.
DANIELLE GRAY P.O. BOX 2291 DURHAM, NC 27702	DIRECTOR 0.50	0.	0.	0.
NICK CHIARELLO P.O. BOX 2291 DURHAM, NC 27702	TREASURER 1.50	0.	0.	0.
STRAN SUMMERS P.O. BOX 2291 DURHAM, NC 27702	VP, FINANCE 1.50	0.	0.	0.
DANIELLE BRESLIN P.O. BOX 2291 DURHAM, NC 27702	VP, OPERATIONS 40.00	0.	0.	0.

BLUE CROSS AND BLUE SHIELD OF NORTH CAR

56-2226009

KATIE EYES P.O. BOX 2291 DURHAM, NC 27702	VP, STRATEGY 40.00	0.	0.	0.
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SANTIAGO ESTRADA P.O. BOX 2291 DURHAM, NC 27702	SECRETARY 1.50	0.	0.	0.
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DAVID LAMB P.O. BOX 2291 DURHAM, NC 27702	ASSISTANT SECRETARY 1.50	0.	0.	0.
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HAROLD MARTIN, PH.D P.O. BOX 2291 DURHAM, NC 27702	DIRECTOR 0.50	0.	0.	0.
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VUONG NGUYEN, MD P.O. BOX 2291 DURHAM, NC 27702	DIRECTOR 0.50	0.	0.	0.
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MITCH PERRY P.O. BOX 2291 DURHAM, NC 27702	DIRECTOR 0.50	0.	0.	0.
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TOTALS INCLUDED ON 990-PF, PAGE 6, PART VIII

0.	0.	0.
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FORM 990-PF

EXPENDITURE RESPONSIBILITY STATEMENT  
PART VII-B, LINE 5C

STATEMENT 11

GRANTEE'S NAME

DE BEAUMONT FOUNDATION

GRANTEE'S ADDRESS7501 WISCONSIN AVENUE #1310E  
BETHESDA, MD 20814

<u>GRANT AMOUNT</u>	<u>DATE OF GRANT</u>	<u>AMOUNT EXPENDED</u>	<u>VERIFICATION DATE</u>
200,000.	02/09/21	200,000.	01/29/21

PURPOSE OF GRANT

THE BUILD HEALTH CHALLENGE CONTRIBUTES TO THE DEVELOPMENT OF A NEW NORM IN THE U.S., ONE THAT PUTS MULTI-SECTOR, COMMUNITY-DRIVEN PARTNERSHIPS AT THE CENTER OF HEALTH IN ORDER TO REDUCE HEALTH DISPARITIES CAUSED BY SYSTEMIC OR SOCIAL INEQUITY. THE PROJECT SUPPORTS "BOLD, UPSTREAM, INTEGRATED, LOCAL, AND DATA-DRIVEN" (BUILD) COMMUNITY HEALTH INTERVENTIONS IN NORTH CAROLINA.

DATES OF REPORTS BY GRANTEE

01/29/2021

ANY DIVERSION BY GRANTEE

NONE

RESULTS OF VERIFICATION

BASED UPON THE FINANCIAL AND NARRATIVE REPORTS RECEIVED IN (IV) ABOVE, SUFFICIENT INFORMATION WAS RECEIVED FROM DE BEAUMONT FOUNDATION DISCLOSING THAT THE ORGANIZATION HAD COMPLIED WITH THE TERMS OF THE GRANT AGREEMENT.

FORM 990-PF

SUMMARY OF DIRECT CHARITABLE ACTIVITIES

STATEMENT 12

ACTIVITY ONE

PART IX-A, LINE 1 - DIRECT CHARITABLE ACTIVITIES

BE ACTIVE KIDS TEACHES PRESCHOOL CHILDREN ABOUT THE IMPORTANCE OF PHYSICAL ACTIVITY. DAY CARE PROVIDERS ARE GIVEN HANDS-ON TRAINING, ALONG WITH A FREE KIT CONTAINING TEACHING MATERIALS AND CURRICULUM GUIDES. THE PROGRAM IS AVAILABLE IN ALL 100 COUNTIES IN NORTH CAROLINA.

EXPENSES

TO FORM 990-PF, PART IX-A, LINE 1

231,678.

FORM 990-PF

SUMMARY OF DIRECT CHARITABLE ACTIVITIES

STATEMENT 13

ACTIVITY TWO

PART IX-A, LINE 2 - DIRECT CHARITABLE ACTIVITIES

THE BLUE CROSS AND BLUE SHIELD OF NORTH CAROLINA FOUNDATION SPONSORS PROGRAMS, EVENTS, AND ACTIVITIES THAT ALIGN WITH ITS MISSION AND SUPPORT WORK IN AND ACROSS DIFFERENT FOCUS AREAS, THAT ARE CRITICAL TO IMPROVING HEALTH IN NORTH CAROLINA.

EXPENSES

TO FORM 990-PF, PART IX-A, LINE 2

128,500.



FORM 990-PF

SUMMARY OF DIRECT CHARITABLE ACTIVITIES

STATEMENT 14

ACTIVITY THREE

PART IX-A, LINE 3 - DIRECT CHARITABLE ACTIVITIES

THE BLUE CROSS AND BLUE SHIELD OF NORTH CAROLINA FOUNDATION PROVIDES EDUCATION AND TECHNICAL ASSISTANCE TO GRANTEEES AND OTHER CHARITABLE ORGANIZATIONS. THIS WOULD INCLUDE, BUT IS NOT LIMITED TO, EDUCATIONAL CONFERENCES AND SEMINARS, AND PROVIDING EXPERT ADVICE AND RELATED ASSISTANCE TO ENHANCE THE GRANTEEES' ABILITY TO ACHIEVE DESIRED OUTCOMES.

EXPENSES

TO FORM 990-PF, PART IX-A, LINE 3

176,623.

FORM 990-PF

SUMMARY OF DIRECT CHARITABLE ACTIVITIES

STATEMENT 15

ACTIVITY FOUR

PART IX-A, LINE 4 - DIRECT CHARITABLE ACTIVITIES

THE BLUE CROSS AND BLUE SHIELD OF NORTH CAROLINA FOUNDATION PROVIDES EDUCATION AND TECHNICAL ASSISTANCE TO GRANTEEES AND OTHER CHARITABLE ORGANIZATIONS. THIS WOULD INCLUDE, BUT IS NOT LIMITED TO, EDUCATIONAL CONFERENCES AND SEMINARS, AND PROVIDING EXPERT ADVICE AND RELATED ASSISTANCE TO ENHANCE THE GRANTEEES' ABILITY TO ACHIEVE DESIRED OUTCOMES. A SIGNIFICANT PORTION OF EXPENSES THIS FISCAL YEAR SUPPORTED THE FOUNDATION'S COMMUNITY-CENTERED HEALTH INITIATIVE.

EXPENSES

TO FORM 990-PF, PART IX-A, LINE 4

410,288.

FORM 990-PF

GRANT APPLICATION SUBMISSION INFORMATION  
PART XV, LINES 2A THROUGH 2D

STATEMENT 16

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

BLUE CROSS AND BLUE SHIELD OF NORTH CAROLINA FOUNDATION  
P.O. BOX 2291  
DURHAM, NC 27702

TELEPHONE NUMBER

984-777-6137

FORM AND CONTENT OF APPLICATIONS

PART XV, LINE 2B

THE FOUNDATION HAS DIFFERENT FUNDING CATEGORIES, EACH WITH ITS OWN SET OF APPLICATION REQUIREMENTS, REVIEW PROCESSES, AND DEADLINES. ALL OF THE INFORMATION RELATED TO THE VARIOUS FUNDING OPPORTUNITIES IS POSTED ON THE WEBSITE AT WWW.BCBSNCFUNDATION.ORG. THE WEBSITE IS FREQUENTLY UPDATED WITH THE CURRENT INFORMATION.

ANY SUBMISSION DEADLINES

SEE RESPONSE TO PART XV, LINE 2B

RESTRICTIONS AND LIMITATIONS ON AWARDS

FOR THE HEALTH AND WELL-BEING OF EVERYONE IN NORTH CAROLINA