

Department of the Treasury  
Internal Revenue Service

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**Open to Public Inspection**

For calendar year **2014** or tax year beginning , **2014**, and ending , **20**

Name of foundation <b>BLUE CROSS AND BLUE SHIELD OF MASSACHUSETTS FOUNDATION FOR EXPANDING HEALTHCARE ACCESS</b>		<b>A Employer identification number</b> 04-3148824
Number and street (or P.O. box number if mail is not delivered to street address)  101 HUNTINGTON AVENUE SUITE	Room/suite	<b>B Telephone number (see instructions)</b>  ( 617 ) 246-5000
City or town, state or province, country, and ZIP or foreign postal code  BOSTON, MA 02199-7611		<b>C</b> If exemption application is pending, check here . . . . . <input type="checkbox"/>
<b>G</b> Check all that apply:		<b>D</b> 1. Foreign organizations, check here . . . <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation . . . . . <input type="checkbox"/>
<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 checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change		<b>E</b> If private foundation status was terminated under section 507(b)(1)(A), check here . <input type="checkbox"/>
<b>H</b> Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation		<b>F</b> If the foundation is in a 60-month termination under section 507(b)(1)(B), check here . <input type="checkbox"/>
<input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		
<b>I</b> Fair market value of all assets at end of year (from Part II, col. (c), line 16) ▶ \$ 111,326,578.	<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.)	

	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
<b>Part I Analysis of Revenue and Expenses</b> (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions).)				
<b>Revenue</b>				
1 Contributions, gifts, grants, etc., received (attach schedule) . . . . .	1,798,830.			
2 Check <input type="checkbox"/> if the foundation is <b>not</b> required to attach Sch. B . . . . .				
3 Interest on savings and temporary cash investments . . . . .	8.	8.		ATCH 1
4 Dividends and interest from securities . . . . .	3,191,636.	3,191,636.		ATCH 2
5a Gross rents . . . . .				
b Net rental income or (loss) _____				
6a Net gain or (loss) from sale of assets not on line 10	3,079,962.			
b Gross sales price for all assets on line 6a 7,102,206.				
7 Capital gain net income (from Part IV, line 2) . . . . .		3,079,962.		
8 Net short-term capital gain . . . . .				
9 Income modifications . . . . .				
10a Gross sales less returns and allowances . . . . .				
b Less: Cost of goods sold . . . . .				
c Gross profit or (loss) (attach schedule) . . . . .				
11 Other income (attach schedule) <u>ATCH 3</u> . . . . .	-1,497,909.			
12 <b>Total.</b> Add lines 1 through 11 . . . . .	6,572,527.	6,271,606.		
<b>Operating and Administrative Expenses</b>				
13 Compensation of officers, directors, trustees, etc. . . . .	0			
14 Other employee salaries and wages . . . . .				
15 Pension plans, employee benefits . . . . .				
16a Legal fees (attach schedule) . . . . .				
b Accounting fees (attach schedule) . . . . .				
c Other professional fees (attach schedule) . . . . .				
17 Interest . . . . .				
18 Taxes (attach schedule) (see instructions) [ 4 ] . . . . .	96,455.			
19 Depreciation (attach schedule) and depletion . . . . .				
20 Occupancy . . . . .	170,127.			170,127.
21 Travel, conferences, and meetings . . . . .	281,458.			281,458.
22 Printing and publications . . . . .	25,255.			25,255.
23 Other expenses (attach schedule) <u>ATCH 5</u> . . . . .	3,974,563.			3,974,563.
24 <b>Total operating and administrative expenses.</b> Add lines 13 through 23. . . . .	4,547,858.			4,451,403.
25 Contributions, gifts, grants paid . . . . .	3,472,512.			3,472,512.
26 <b>Total expenses and disbursements.</b> Add lines 24 and 25 . . . . .	8,020,370.			7,923,915.
27 Subtract line 26 from line 12:				
a Excess of revenue over expenses and disbursements . . . . .	-1,447,843.			
b <b>Net investment income</b> (if negative, enter -0-) . . . . .		6,271,606.		
c <b>Adjusted net income</b> (if negative, enter -0-) . . . . .				

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only. (See instructions.)		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value		
Assets	1	Cash - non-interest-bearing		995,574.	1,212,267.	1,212,267.
	2	Savings and temporary cash investments				
	3	Accounts receivable	32,578.			
		Less: allowance for doubtful accounts		17,143.	32,578.	32,578.
	4	Pledges receivable				
		Less: allowance for doubtful accounts				
	5	Grants receivable		272,854.	56,000.	56,000.
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)				
	7	Other notes and loans receivable (attach schedule)	*		*	ATCH 6
		Less: allowance for doubtful accounts				
	8	Inventories for sale or use				
	9	Prepaid expenses and deferred charges				
	10 a	Investments - U.S. and state government obligations (attach schedule)				
	b	Investments - corporate stock (attach schedule)				
	c	Investments - corporate bonds (attach schedule)				
	11	Investments - land, buildings, and equipment: basis				
	Less: accumulated depreciation (attach schedule)					
12	Investments - mortgage loans					
13	Investments - other (attach schedule)	ATCH 7	111,501,138.	110,025,733.	110,025,733.	
14	Land, buildings, and equipment: basis					
	Less: accumulated depreciation (attach schedule)					
15	Other assets (describe )					
16	<b>Total assets</b> (to be completed by all filers - see the instructions. Also, see page 1, item I)		112,786,709.	111,326,578.	111,326,578.	
Liabilities	17	Accounts payable and accrued expenses		34,340.	196,495.	
	18	Grants payable		488,770.	95,694.	
	19	Deferred revenue				
	20	Loans from officers, directors, trustees, and other disqualified persons				
	21	Mortgages and other notes payable (attach schedule)				
	22	Other liabilities (describe )	ATCH 8	872,284.	1,090,917.	
	23	<b>Total liabilities</b> (add lines 17 through 22)		1,395,394.	1,383,106.	
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 24 through 26 and lines 30 and 31.					
	24	Unrestricted		111,391,315.	109,943,472.	
	25	Temporarily restricted				
	26	Permanently restricted				
	Foundations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 27 through 31.					
	27	Capital stock, trust principal, or current funds				
	28	Paid-in or capital surplus, or land, bldg., and equipment fund				
	29	Retained earnings, accumulated income, endowment, or other funds				
	30	<b>Total net assets or fund balances</b> (see instructions)		111,391,315.	109,943,472.	
31	<b>Total liabilities and net assets/fund balances</b> (see instructions)		112,786,709.	111,326,578.		

Part III Analysis of Changes in Net Assets or Fund Balances		
1	Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	111,391,315.
2	Enter amount from Part I, line 27a	-1,447,843.
3	Other increases not included in line 2 (itemize)	
4	Add lines 1, 2, and 3	109,943,472.
5	Decreases not included in line 2 (itemize)	
6	Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	109,943,472.

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

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)			(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
<b>1a</b> SEE PART IV SCHEDULE					
<b>b</b>					
<b>c</b>					
<b>d</b>					
<b>e</b>					
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)		
<b>a</b>					
<b>b</b>					
<b>c</b>					
<b>d</b>					
<b>e</b>					
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69					
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))		
<b>a</b>					
<b>b</b>					
<b>c</b>					
<b>d</b>					
<b>e</b>					
<b>2</b> 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 }	<b>2</b>	3,079,962.	
<b>3</b> Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c) (see instructions). If (loss), enter -0- in Part I, line 8			<b>3</b>	0	

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

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

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

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?  Yes  No  
 If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part.

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

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col. (b) divided by col. (c))
2013	7,096,584.	82,465,714.	0.086055
2012	7,615,780.	82,960,289.	0.091800
2011	6,813,177.	84,687,954.	0.080450
2010	7,969,954.	84,771,751.	0.094017
2009	8,350,894.	75,104,933.	0.111190
<b>2</b> Total of line 1, column (d)			<b>2</b> 0.463512
<b>3</b> Average distribution ratio for the 5-year base period - divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years			<b>3</b> 0.092702
<b>4</b> Enter the net value of noncharitable-use assets for 2014 from Part X, line 5			<b>4</b> 85,504,402.
<b>5</b> Multiply line 4 by line 3			<b>5</b> 7,926,429.
<b>6</b> Enter 1% of net investment income (1% of Part I, line 27b)			<b>6</b> 62,716.
<b>7</b> Add lines 5 and 6			<b>7</b> 7,989,145.
<b>8</b> Enter qualifying distributions from Part XII, line 4 If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions.			<b>8</b> 7,923,915.

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

Table with 11 rows and 2 columns. Rows include: 1a Exempt operating foundations, b Domestic foundations, c All other domestic foundations, 2 Tax under section 511, 3 Add lines 1 and 2, 4 Subtitle A (income) tax, 5 Tax based on investment income, 6 Credits/Payments (6a-6d), 7 Total credits and payments, 8 Enter any penalty, 9 Tax due, 10 Overpayment, 11 Enter the amount of line 10 to be: Credited to 2015 estimated tax.

Part VII-A Statements Regarding Activities

Table with 10 rows and 3 columns. Rows include: 1a During the tax year, did the foundation attempt to influence any national, state, or local legislation...; 1b Did it spend more than \$100 during the year...; 1c Did the foundation file Form 1120-POL for this year?; 2 Has the foundation engaged in any activities that have not previously been reported to the IRS?; 3 Has the foundation made any changes, not previously reported to the IRS...; 4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?; 4b If "Yes," has it filed a tax return on Form 990-T for this year?; 5 Was there a liquidation, termination, dissolution, or substantial contraction during the year?; 6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either...; 7 Did the foundation have at least \$5,000 in assets at any time during the year?; 8a Enter the states to which the foundation reports or with which it is registered...; 8b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General...; 9 Is the foundation claiming status as a private operating foundation...; 10 Did any persons become substantial contributors during the tax year?

Part VII-A Statements Regarding Activities (continued)

11 At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions). . . . . 11 X
12 Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement (see instructions) . . . . . 12 X
13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address BCBSMAFOUNDATION.ORG 13 X
14 The books are in care of MICHAEL CARDER Telephone no. 617-246-5000 Located at 101 HUNTINGTON AVENUE SUITE 1300 BOSTON, MA ZIP+4 02199-7611
15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here . . . . . 15
16 At any time during calendar year 2014, 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? . . . . . 16 Yes No X
See the instructions for exceptions and filing requirements for FinCEN Form 114, (formerly TD F 90-22.1). If "Yes," enter the name of the foreign country

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

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

1a During the year did the foundation (either directly or indirectly):
(1) Engage in the sale or exchange, or leasing of property with a disqualified person? . . . . . Yes X No
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? . . . . . Yes X No
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? . . . . . Yes X No
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? . . . . . X Yes No
(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? . . . . . Yes X No
(6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.) . . . . . Yes X 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 X
Organizations relying on a current notice regarding disaster assistance check here . . . . .
c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2014? . . . . . 1c X
2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):
a At the end of tax year 2014, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2014? . . . . . Yes X 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 X
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? . . . . . Yes X No
b If "Yes," did it have excess business holdings in 2014 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2014.) . . . . . 3b
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? . . . . . 4a X
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 2014? . . . . . 4b X

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

5a During the year did the foundation pay or incur any amount to:
(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?. . . . . Yes No
(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?. . . . . Yes No
(3) Provide a grant to an individual for travel, study, or other similar purposes? . . . . . Yes No
(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? (see instructions). . . . . Yes No
(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? . . . . . Yes No
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)? . . . . . 5b
Organizations relying on a current notice regarding disaster assistance check here . . . . .
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? . . . . . Yes No
If "Yes," attach the statement required by Regulations section 53.4945-5(d).
6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . . Yes No
b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . . 6b X
If "Yes" to 6b, file Form 8870.
7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? . . . . . Yes No
b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction? . . . . . 7b

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

1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).

Table with 5 columns: (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. Row 1: SEE ATTACHMENT 15, 0, 0, 0.

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

Table with 5 columns: (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. Row 1: NONE, 0, 0, 0.

Total number of other employees paid over \$50,000. . . . .

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

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

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
ATTC 9		654,167.
<b>Total number of others receiving over \$50,000 for professional services</b>		▶

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

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1 THE MISSION (PURPOSE) OF THE BLUE CROSS AND BLUE SHIELD OF MASSACHUSETTS FOUNDATION INC. IS TO EXPAND ACCESS TO HEALTH CARE THROUGH GRANTS & POLICY INITIATIVES, THE FOUNDATION	
2 WORKS WITH PUBLIC AND PRIVATE ORGANIZATIONS TO BROADEN HEALTHCARE THROUGH GRANTS AND POLICY INITIATIVES. THE FOUNDATION WILL FOCUS ON DEVELOPING SOLUTIONS THAT BENEFIT	
3 UNINSURED, VULNERABLE AND LOW INCOME INDIVIDUALS AND FAMILIES IN THE COMMONWEALTH. THROUGH CATALYST GRANTS, THE FOUNDATION IS A RESOURCE FOR	
4 MINI GRANTS OF UP TO \$5,000 TO ORGANIZATIONS SERVING THE HEALTH NEEDS OF LOW INCOME AND UNINSURED RESIDENTS OF MA.	

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

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
1 NONE	
2	
All other program-related investments. See instructions.	
3 NONE	
<b>Total.</b> Add lines 1 through 3	▶

**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>	86,806,500.
<b>b</b>	Average of monthly cash balances . . . . .	<b>1b</b>	
<b>c</b>	Fair market value of all other assets (see instructions). . . . .	<b>1c</b>	
<b>d</b>	<b>Total</b> (add lines 1a, b, and c) . . . . .	<b>1d</b>	86,806,500.
<b>e</b>	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation) . . . . .	<b>1e</b>	
<b>2</b>	Acquisition indebtedness applicable to line 1 assets . . . . .	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1d . . . . .	<b>3</b>	86,806,500.
<b>4</b>	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions). . . . .	<b>4</b>	1,302,098.
<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>	85,504,402.
<b>6</b>	<b>Minimum investment return.</b> Enter 5% of line 5 . . . . .	<b>6</b>	4,275,220.

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

<b>1</b>	Minimum investment return from Part X, line 6 . . . . .	<b>1</b>	4,275,220.
<b>2a</b>	Tax on investment income for 2014 from Part VI, line 5 . . . . .	<b>2a</b>	125,432.
<b>b</b>	Income tax for 2014. (This does not include the tax from Part VI.) . . . . .	<b>2b</b>	
<b>c</b>	Add lines 2a and 2b . . . . .	<b>2c</b>	125,432.
<b>3</b>	Distributable amount before adjustments. Subtract line 2c from line 1 . . . . .	<b>3</b>	4,149,788.
<b>4</b>	Recoveries of amounts treated as qualifying distributions . . . . .	<b>4</b>	
<b>5</b>	Add lines 3 and 4 . . . . .	<b>5</b>	4,149,788.
<b>6</b>	Deduction from distributable amount (see instructions). . . . .	<b>6</b>	
<b>7</b>	<b>Distributable amount</b> as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1 . . . . .	<b>7</b>	4,149,788.

**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>	7,923,915.
<b>b</b>	Program-related investments - total from Part IX-B . . . . .	<b>1b</b>	
<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>	7,923,915.
<b>5</b>	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b (see instructions) . . . . .	<b>5</b>	0
<b>6</b>	<b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4 . . . . .	<b>6</b>	7,923,915.

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



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

	(a) Corpus	(b) Years prior to 2013	(c) 2013	(d) 2014
<b>1</b> Distributable amount for 2014 from Part XI, line 7 . . . . .				4,149,788.
<b>2</b> Undistributed income, if any, as of the end of 2014:				
<b>a</b> Enter amount for 2013 only . . . . .				
<b>b</b> Total for prior years: 20 <u>12</u> , 20 <u>11</u> , 20 <u>10</u> . . . . .				
<b>3</b> Excess distributions carryover, if any, to 2014:				
<b>a</b> From 2009 . . . . .	4,642,291.			
<b>b</b> From 2010 . . . . .	3,784,861.			
<b>c</b> From 2011 . . . . .	2,618,173.			
<b>d</b> From 2012 . . . . .	3,545,075.			
<b>e</b> From 2013 . . . . .	3,046,038.			
<b>f</b> <b>Total</b> of lines 3a through e . . . . .	17,636,438.			
<b>4</b> Qualifying distributions for 2014 from Part XII, line 4: ► \$ <u>7,923,915.</u>				
<b>a</b> Applied to 2013, but not more than line 2a . . . . .				
<b>b</b> Applied to undistributed income of prior years (Election required - see instructions) . . . . .				
<b>c</b> Treated as distributions out of corpus (Election required - see instructions) . . . . .				
<b>d</b> Applied to 2014 distributable amount . . . . .				4,149,788.
<b>e</b> Remaining amount distributed out of corpus . . . . .	3,774,127.			
<b>5</b> Excess distributions carryover applied to 2014 . . . . . <i>(If an amount appears in column (d), the same amount must be shown in column (a).)</i>				
<b>6</b> <b>Enter the net total of each column as indicated below:</b>				
<b>a</b> Corpus. Add lines 3f, 4c, and 4e. Subtract line 5 . . . . .	21,410,565.			
<b>b</b> Prior years' undistributed income. Subtract line 4b from line 2b . . . . .				
<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 . . . . .				
<b>d</b> Subtract line 6c from line 6b. Taxable amount - see instructions . . . . .				
<b>e</b> Undistributed income for 2013. Subtract line 4a from line 2a. Taxable amount - see instructions . . . . .				
<b>f</b> Undistributed income for 2014. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2015 . . . . .				
<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) . . . . .				
<b>8</b> Excess distributions carryover from 2009 not applied on line 5 or line 7 (see instructions) . . . . .	4,642,291.			
<b>9</b> <b>Excess distributions carryover to 2015.</b> Subtract lines 7 and 8 from line 6a . . . . .	16,768,274.			
<b>10</b> Analysis of line 9:				
<b>a</b> Excess from 2010 . . . . .	3,784,861.			
<b>b</b> Excess from 2011 . . . . .	2,618,173.			
<b>c</b> Excess from 2012 . . . . .	3,545,075.			
<b>d</b> Excess from 2013 . . . . .	3,046,038.			
<b>e</b> Excess from 2014 . . . . .	3,774,127.			

Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9) NOT APPLICABLE

1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2014, 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)

Table with 5 columns: (a) 2014, (b) 2013, (c) 2012, (d) 2011, (e) Total. Rows include 2a (Adjusted net income), 2b (85% of line 2a), 2c (Qualifying distributions from Part XII), 2d (Amounts included in line 2c), 2e (Qualifying distributions made directly), 3 (Alternative tests: Assets, Endowment, Support).

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).

NOT APPLICABLE

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.

NOT APPLICABLE

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.

a The name, address, and telephone number or e-mail address of the person to whom applications should be addressed: ATCH 10

b The form in which applications should be submitted and information and materials they should include: TWO PAGE LETTER OF INQUIRY

c Any submission deadlines: N/A

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

**Part XV** Supplementary Information (continued)

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
<b>a</b> Paid during the year SEE ATTACHMENT 14			SEE ATTACHMENT 14	3,472,512.
<b>Total</b> .....				<b>3a</b> 3,472,512.
<b>b</b> Approved for future payment				
<b>Total</b> .....				<b>3b</b>



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

- 1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code... a Transfers from the reporting foundation to a noncharitable exempt organization of: (1) Cash, (2) Other assets, b Other transactions: (1) Sales of assets to a noncharitable exempt organization, (2) Purchases of assets from a noncharitable exempt organization, (3) Rental of facilities, equipment, or other assets, (4) Reimbursement arrangements, (5) Loans or loan guarantees, (6) Performance of services or membership or fundraising solicitations, c Sharing of facilities, equipment, mailing lists, other assets, or paid employees, d If the answer to any of the above is "Yes," complete the following schedule.

Table with 4 columns: (a) Line no., (b) Amount involved, (c) Name of noncharitable exempt organization, (d) Description of transfers, transactions, and sharing arrangements.

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

b If "Yes," complete the following schedule.

Table with 3 columns: (a) Name of organization, (b) Type of organization, (c) Description of relationship. Row 1: ATCH 12

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.

Sign Here

Signature of officer or trustee, Date, Title

May the IRS discuss this return with the preparer shown below (see instructions)? [ ] Yes [X] No

Table with 4 columns: Print/Type preparer's name, Preparer's signature, Date, Check [ ] if self-employed PTIN. Firm's name, Firm's address, Firm's EIN, Phone no.

**FORM 990-PF - PART IV  
CAPITAL GAINS AND LOSSES FOR TAX ON INVESTMENT INCOME**

Kind of Property		Description				P or D	Date acquired	Date sold
Gross sale price less expenses of sale	Depreciation allowed/ allowable	Cost or other basis	FMV as of 12/31/69	Adj. basis as of 12/31/69	Excess of FMV over adj basis		Gain or (loss)	
7,102,206.		REALIZED GAIN OR LOSS FROM SALE OF ASSET 4,022,244.					3,079,962.	
TOTAL GAIN(LOSS) .....							<u>3,079,962.</u>	

**Schedule of Contributors**

**2014**

▶ **Attach to Form 990, Form 990-EZ, or Form 990-PF.**  
 ▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

<b>Name of the organization</b> BLUE CROSS AND BLUE SHIELD OF MASSACHUSETTS FOUNDATION FOR EXPANDING HEALTHCARE ACCESS	<b>Employer identification number</b> 04-3148824
--	---

**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 the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not 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 is not covered by the General Rule and/or the Special Rules does not 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 does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

<b>Name of organization</b> BLUE CROSS AND BLUE SHIELD OF MASSACHUSETTS FOUNDATION FOR EXPANDING HEALTHCARE ACCESS	<b>Employer identification number</b> 04-3148824
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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	CT HEALTH FOUNDATION SPONSORSHIP 100 PEARL ST HARTFORD, CT 06103	\$ 9,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	HENRY J KAISER - 2015 HC FELLOWSHIP 2400 SAND HILL RD MENLO PARK, CA 94125	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	BOWER FOUNDATION GRANT - HC FELLOWSHIP 578 HIGHLAND COLONY PARKWAY SUITE 120 RIGELAND, MS 39157	\$ 33,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	2014 HEALTH COVERAGE FELLOWSHIP - MAINE 150 CAPITOL ST SUITE 4 AUGUSTA, ME 04330	\$ 18,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	UNIVERSAL HEALTHCARE FOUNDATION OF CT 290 PRATT STREET MERIDEN, CT 06450	\$ 19,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	ROBERT WOOD JOHNSON FOUNDATION ROUTE 1 & COLLEGE ROAD EAST, PO BOX 2316 PRINCETON, NJ 08543-2316	\$ 200,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



<b>Name of organization</b> BLUE CROSS AND BLUE SHIELD OF MASSACHUSETTS FOUNDATION FOR EXPANDING HEALTHCARE ACCESS	<b>Employer identification number</b> 04-3148824
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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
7	EMPLOYEES OF BLUE CROSS BLUE SHIELD OF M 101 HUNTINGTON AVENUE SUITE 1300 BOSTON, MA 02199-7611	\$ 57,145.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	NATIONAL INSTITUTE FOR HEALTHCARE MGT 1225 19TH STREET NW STE 710 WASHINGTON, DC 20036	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	BCBS OF CA FOUNDATION 2015 HC FELLOWSHIP 50 BEALE STREET 14TH FLOOR SAN FRANCISCO, CA 94105	\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	BLUE CROSS BLUE SHIELD OF MASACHUSETTS 101 HUNTINGTON AVENUE SUITE 1300 BOSTON, MA 02199-7611	\$ 1,384,535.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	ENDOWMENT FOR HEALTH ONE PILLSBURY STREET SUITE 301 CONCORD, NH 03301	\$ 18,000.	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.)

<b>Name of organization</b> BLUE CROSS AND BLUE SHIELD OF MASSACHUSETTS FOUNDATION FOR EXPANDING HEALTHCARE ACCESS	<b>Employer identification number</b> 04-3148824
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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
-----	----- ----- -----	\$ -----	-----
-----	----- ----- -----	\$ -----	-----
-----	----- ----- -----	\$ -----	-----
-----	----- ----- -----	\$ -----	-----
-----	----- ----- -----	\$ -----	-----
-----	----- ----- -----	\$ -----	-----
-----	----- ----- -----	\$ -----	-----

<b>Name of organization</b> BLUE CROSS AND BLUE SHIELD OF MASSACHUSETTS FOUNDATION FOR EXPANDING HEALTHCARE ACCESS	<b>Employer identification number</b> 04-3148824
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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 information once. See instructions.) ▶ \$ \_\_\_\_\_  
 Use duplicate copies of Part III if additional space is needed.

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

ATTACHMENT 1

FORM 990PF, PART I - INTEREST ON TEMPORARY CASH INVESTMENTS

<u>DESCRIPTION</u>	<u>REVENUE AND EXPENSES PER BOOKS</u>	<u>NET INVESTMENT INCOME</u>
INTEREST ON CASH INVESTMENTS	8.	8.
TOTAL	<u>8.</u>	<u>8.</u>

ATTACHMENT 2

FORM 990PF, PART I - DIVIDENDS AND INTEREST FROM SECURITIES

<u>DESCRIPTION</u>	<u>REVENUE AND EXPENSES PER BOOKS</u>	<u>NET INVESTMENT INCOME</u>
TOTAL INVESTMENT INCOME	3,191,636.	3,191,636.
TOTAL	<u>3,191,636.</u>	<u>3,191,636.</u>

ATTACHMENT 3

FORM 990PF, PART I - OTHER INCOME

<u>DESCRIPTION</u>	<u>REVENUE AND EXPENSES PER BOOKS</u>
UNREALIZED LOSS ON INVESTMENTS	-1,497,909.
TOTALS	<u>-1,497,909.</u>

ATTACHMENT 4FORM 990PF, PART I - TAXES

<u>DESCRIPTION</u>	<u>REVENUE AND EXPENSES PER BOOKS</u>
TAX ON INVESTMENT INCOME	96,455.
TOTALS	<u>96,455.</u>

ATTACHMENT 5

FORM 990PF, PART I - OTHER EXPENSES

<u>DESCRIPTION</u>	<u>REVENUE AND EXPENSES PER BOOKS</u>	<u>CHARITABLE PURPOSES</u>
POSTAGE AND TELEPHONE	19,928.	19,928.
EXTERNAL PROFESSIONAL SERVICES	2,022,335.	2,022,335.
PURCHASED SERVICES FROM BCBS	1,863,132.	1,863,132.
MISCELLANEOUS EXPENSES	69,168.	69,168.
TOTALS	<u>3,974,563.</u>	<u>3,974,563.</u>



ATTACHMENT 6

FORM 990PF, PART II - OTHER NOTES AND LOANS RECEIVABLE

BORROWER: DUE FROM AFFILIATE

BEGINNING BALANCE DUE .....

ENDING BALANCE DUE ..... \_\_\_\_\_

ENDING FAIR MARKET VALUE ..... \_\_\_\_\_

TOTAL BEGINNING OTHER NOTES AND LOANS RECEIVABLE \_\_\_\_\_

TOTAL ENDING BOOK - OTHER NOTES AND LOANS RECEIVABLE \_\_\_\_\_

TOTAL ENDING FMV - OTHER NOTES AND LOANS RECEIVABLE \_\_\_\_\_

ATTACHMENT 7FORM 990PF, PART II - OTHER INVESTMENTS

<u>DESCRIPTION</u>	<u>ENDING BOOK VALUE</u>	<u>ENDING FMV</u>
ACCESS CAPITAL COMM INV FUND	5,594,174.	5,594,174.
PUTNAM TOTAL RETURN FUND	8,965,743.	8,965,743.
PIMCO ALL ASSET FUND	9,486,698.	9,486,698.
MELLON GLOBAL ALPHA FUND	8,591,998.	8,591,998.
SSGA S&P 500 TOBACCO FREE FUND	26,798,153.	26,798,153.
SANDERSON TOBACCO FREE IN FUND	20,786,031.	20,786,031.
PIMCO TOTAL RETURN FUND	16,021,757.	16,021,757.
IRONBRIDGE SM CAP LIFE CY FUND	9,180,542.	9,180,542.
STANDISH EMERGING MARKET DEBT	4,600,637.	4,600,637.
TOTALS	<u>110,025,733.</u>	<u>110,025,733.</u>

ATTACHMENT 8

FORM 990PF, PART II - OTHER LIABILITIES

<u>DESCRIPTION</u>	<u>ENDING BOOK VALUE</u>
DUE TO AFFILIATE BLUE CROSS AN	539,933.
FEDERAL INCOME TAXES ON INVEST	550,984.
TOTALS	<u>1,090,917.</u>

990PF, PART VIII- COMPENSATION OF THE FIVE HIGHEST PAID PROFESSIONALSATTACHMENT 9

<u>NAME AND ADDRESS</u>	<u>TYPE OF SERVICE</u>	<u>COMPENSATION</u>
BAILIT HEALTH PURCHASING LLC 56 PICKERING STREET NEEDHAM, MA 02492		143,058.
URBAN INSTITUTE 2100 M STREET NW WASHINGTON, DC 20037		155,000.
YALE UNIVERSITY PO BOX 208234 NEW HAVEN, CT 06520-8234		120,748.
LAWRENCE TYE 139A FAYERWEATHER ST CAMBRIDGE, MA 02138		123,336.
UNIVERSITY OF MASSACHUSETTS MEDICAL SCHO 55 LAKE AVENUE NORTH WORCESTER, MA 01655		112,025.
	TOTAL COMPENSATION	<u>654,167.</u>

FORM 990PF, PART XV - NAME, ADDRESS AND PHONE FOR APPLICATIONS

AUDREY SHELTO  
101 HUNTINGTON AVENUE SUITE 1300  
BOSTON, MA 02199-7611  
617-246-5000

FORM 990-PF, PART XVI-A - ANALYSIS OF OTHER REVENUE

ATTACHMENT 11

<u>DESCRIPTION</u>	<u>BUSINESS CODE</u>	<u>AMOUNT</u>	<u>EXCLUSION CODE</u>	<u>AMOUNT</u>	<u>RELATED OR EXEMPT FUNCTION INCOME</u>
UNREALIZED GAIN OR LOSS ON INVESTMENTS			14	-1,497,909.	
TOTALS				<u>-1,497,909.</u>	

FORM 990PF, PART XVII, LINE 2B - INFORMATION REGARDING TRANSFERS

<u>NAME OF ORGANIZATION</u>	<u>TYPE OF ORGANIZATION</u>	<u>DESCRIPTION OF RELATIONSHIP</u>
BLUE CROSS AND BLUE SHIELD OF MA HMO BLUE, INC.	CORPORATION	AFFILIATE
HEALTHCARE ASSISTANCE FOUNDATION	CORPORATION	INACTIVE AFFILIATE

Blue Cross and Blue Shield of Massachusetts Foundation for Expanding Healthcare Access  
 EIN 04-10458518  
 Grants and Contributions Paid During the Year 1/1/2014 through 12/31/2014

Recipient Name	Address	City	State	Zip/Postal Code	Purpose of the Grant or Contribution	Amount Awarded
Asian Women for Health	83 Wallace St	Somerville	MA	02144	Funding to hire a fundraising consultant and support leadership development opportunities for board members and staff.	\$5,000.00
Boston ASAP	29 Winter Street, 2nd Floor	Boston	MA	02108	Funding to fund research & application of best practices for reaching & treating individuals affected by opiate addiction, production of marketing materials on available suboxone services, & developing a referral network w/prescribing doctors & substance abuse treatment providers.	\$4,350.00
Boston Center for Independent Living	60 Temple Place, 5th Floor	Boston	MA	02111	Second year of funding for Strengthening the Voice for Access grant	\$40,000.00
Boston Health Care for the Homeless Program	780 Albany Street	Boston	MA	02118	Funding to continue the work of integrating primary care and behavioral health services through the Patient-Centered Medical Home model at the Boston Medical Center Campus Clinic; improving the quality of care delivered by the integrated teams .	\$150,000.00
Boston Public Health Commission	1010 Massachusetts Avenue 2nd Floor	Boston	MA	02118	Second year of funding for Connecting Consumers w/Care grant	\$40,000.00
Bread and Roses, Inc.	58 Newbury Street	Lawrence	MA	01840	Funding to develop a new and updated brochure advertising the availability of health care services.	\$5,000.00
Brockton Neighborhood Health Center	63 Main Street	Brockton	MA	02301	Second year of funding for Connecting Consumers w/Care grant	\$40,000.00
Brookline Community Mental Health Center	41 Garrison Road	Brookline	MA	02445	Funding to continue to refine the Healthy Lives integrated care model and to scale it in primary care settings for replication throughout the health care community	\$125,000.00
Cambridge Health Alliance	1493 Cambridge St.	Cambridge	MA	02138	Funding to expand the Collaborative Practice Model; an integrated care model, at the Windsor Clinic beyond, CHA sites and ultimately become the standard of care throughout the hospital, system and community.	\$125,000.00
Center for Human Development	332 Birnie Ave	Springfield	MA	01107	Funding to build upon existing work with Community-Based Flexible Supports program linked with integration efforts for the high utilizer population. This includes maintaining partnerships with Holyoke Health Center and Caring Health Center and supporting patients with substance abuse and behavioral health conditions.	\$125,000.00
Codman Square Health Center	637 Washington Street	Dorchester	MA	02124	Second year of funding for Connecting Consumers w/Care grant	\$40,000.00
Community Action Committee of Cape Cod & Islands	372 North St.	Hyannis	MA	02601	Second year of funding for Connecting Consumers w/Care grant	\$40,000.00
Community Action of Franklin, Hampshire and North Quabbin Regions	393 Main Street	Greenfield	MA	01301	Second year of funding for Connecting Consumers w/Care grant	\$40,000.00
Community Health Center of Cape Cod, Inc.	107 Commercial Street	Mashpee	MA	02649	Funding to expand the Collaborative Practice Model; an integrated care model, at the Windsor Clinic beyond, CHA sites and ultimately become the standard of care throughout the hospital, system and community.	\$125,000.00
Community Health Center of Franklin County	489 Bernardston Road	Greenfield	MA	01301	Second year of funding for Connecting Consumers w/Care grant	\$40,000.00
Community Health Connections Inc.	326 Nichols Road	Fitchburg	MA	01420	Second year of funding for Connecting Consumers w/Care grant	\$40,000.00
Community Health Programs, Inc.	444 Stockbridge Road	Great Barrington	MA	01230	Second year of funding for Connecting Consumers w/Care grant	\$40,000.00
Community Healthlink, Inc.	72 Jaques Avenue	Worcester	MA	01610	Funding to continue the Primary and Behavioral Health Care Integration (PBHCI) program that serves more than 400 adults with substance abuse and behavioral health needs. Funds will help to maintain critical staffing levels that support such activities as care management and wellness counseling.	\$150,000.00



Blue Cross and Blue Shield of Massachusetts Foundation for Expanding Healthcare Access  
 EIN 04-10458518  
 Grants and Contributions Paid During the Year 1/1/2014 through 12/31/2014

Community Servings	18 Marbury Terrace	Jamaica Plain	MA	02130	Funding to conduct a research and return on investment analysis, with the goal of demonstrating that enrolling food-insecure diabetes patients at MGH in the Community Servings home-delivered MTM program is feasible, and leads to dietary improvements that would be expected to offer clinical benefits in larger scale studies over longer timeframes.	\$50,000.00
County of Dukes County	114 New York Avenue, Oak Bluffs, P.O. Box 1298	West Tisbury	MA	02575	Second year of funding for Connecting Consumers w/Care grant	\$40,000.00
Dimock Community Health Center	55 Dimock Street	Roxbury	MA	02119	Funding to integrate behavioral health and primary care in pediatrics, adult medicine, and OB/GYN areas of the health center. In addition, to support development of the EHR system and data collection and analysis on patients throughout the center.	\$150,000.00
Disability Policy Consortium	89 South Street, Suite 203	Boston	MA	01211	Second year of funding for Strengthening the Voice for Access grant	\$75,000.00
Ecu-Health Care, Inc.	99 Hospital Avenue, Suite 208	North Adams	MA	01247	Second year of funding for Connecting Consumers w/Care grant	\$40,000.00
Edward M. Kennedy Community Health Center	650 Lincoln Street	Worcester	MA	01605	Funding requested to purchase an autoclave for its dental clinic in Worcester.	\$5,000.00
Exceptional Lives Inc.	77 Heath Street	Brookline	MA	02445	Funding requested to hire a grantwriter.	\$5,000.00
Family & Children's Service of Nantucket County, Inc	20 Vesper Lane, L-1 Gouin, PO Box 3369	Nantucket	MA	02554	Funding to review and assess all services found within the community, included but not limited to; Family & Children's Service on Nantucket County, Inc. (FCSN), Nantucket Cottage Hospital (NCH), A Safe Place, Access Nantucket, Autism Speaks, and public and private schools (The New School, Lighthouse School, Nantucket Public Schools).	\$25,000.00
Family Health Center of Worcester, Inc.	26 Queen Street	Worcester	MA	01610	Second year of funding for Connecting Consumers w/Care grant	\$40,000.00
Fenway Community Health Center	1340 Boylston Street	Boston	MA	02215	Funding requested to purchase equipment for education and training purposes for the Breast Pride Project.	\$4,000.00
Fenway Community Health Center	1340 Boylston Street	Boston	MA	02215	Funding to launch a pilot program for LGBT elders, particularly people of color, to promote prevention and wellness in a non-threatening, affirming environment consisting of a six-part Health and Wellness Series for LGBT adults over 50 called <i>Your Life, Your Health</i> .	\$49,766.00
Fishing Partnership Health Plan	30 Chestnut Ave., Suite #2	Burlington	MA	01803	Second year of funding for Connecting Consumers w/Care grant	\$40,000.00
Goddard House Assisted Living	165 Chestnut Street	Brookline	MA	02130	Funding requested to purchase 16 iPad minis for case managers to record health records.	\$4,485.00
Greater Boston Interfaith Organization	594 Columbia Road, Suite 203	Dorchester	MA	02125	Second year of funding for Strengthening the Voice for Access grant	\$75,000.00
Health Care For All	One Federal Street, 5th Flr.	Boston	MA	02110	Second year of funding for Connecting Consumers w/Care grant	\$40,000.00
Health Care For All	One Federal Street, 5th Flr.	Boston	MA	02110	Second year of funding for Strengthening the Voice for Access grant	\$75,000.00
Health Imperatives, Inc.	942 West Chestnut Street	Brockton	MA	02301	Funding requested to purchase a colposcope and related instrumentation for its Martha's Vineyard Family Planning clinic.	\$5,000.00
Health Law Advocates	One Federal Street	Boston	MA	02110	Second year of funding for Strengthening the Voice for Access grant	\$75,000.00
Hilltown Community Health Centers, Inc.	58 Old North Road	Worthington	MA	01098	Second year of funding for Connecting Consumers w/Care grant	\$40,000.00
Holyoke Health Center	230 Maple Street	Holyoke	MA	01040	Funding for Holyoke Health Center's (HHC's) Integrated Medication Management (IMM) program with the possibility of replication, and if applicable, ensure that it is well-positioned to spread to other sites.	\$150,000.00
International Institute of New England	1 Milk Street	Boston	MA	02109	Funding requested to purchase three computers and a projector for medical case managers and group facilitators supporting refugee clients.	\$4,350.00

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John Snow Research and Training Institute, Inc.	44 Farnsworth Street	Boston	MA	02210	Funding for the research team aims to assess the current status and readiness of Community Health Centers (CHCs) to implement payment and delivery system reforms as well as to identify the primary barriers and facilitators to implementing these reforms. Relying on qualitative data collected through key informant interviews among staff at 18-20 CHCs and quantitative data available through the Uniform Data Set (UDS) from the Health Resources and Service Administration (HRSA), the research team plans to: identify the financial incentives and structural requirements being placed on CHCs based on the key components of their contracts for Medicaid's Primary Care Payment Reform Initiative (PCPRI) and with Medicaid Managed Care Organization (MCO) plans; document the current status of CHCs in implementing components of payment and delivery system reforms; highlight and elucidate the primary barriers and facilitators to implementing reforms; and analyze the extent to which risk-based contracting and alternative payment reforms are associated with changes in CHCs' costs and revenues.	\$134,834.00
Joint Committee for Children's Health Care in Everett	484 Broadway, Room 27	Everett	MA	02149	Second year of funding for Connecting Consumers w/Care grant	\$40,000.00
Lynn Community Health Center	269 Union Street	Lynn	MA	01901	Second year of funding for Connecting Consumers w/Care grant	\$40,000.00
Lynn Community Health Center	269 Union Street	Lynn	MA	01901	Funding to support a thorough analysis and evaluation of the integrated primary care and behavioral health program which was first developed in 2011; to promote continuous improvements across the five integrated health teams, and to continue to demonstrate clear outcomes and cost effectiveness.	\$125,000.00
Massachusetts Immigrant and Refugee Advocacy Coalition	105 Chauncy Street, Suite 901	Boston	MA	02111	Second year of funding for Strengthening the Voice for Access grant	\$75,000.00
Massachusetts Law Reform Institute, Inc.	99 Chauncy Street, 5th Fl.	Boston	MA	02111	Second year of funding for Strengthening the Voice for Access grant	\$75,000.00
Massachusetts League of Community Health Centers	40 Court Street, 10th Fl.	Boston	MA	02108	Second year of funding for Strengthening the Voice for Access grant	\$60,000.00
Massachusetts Public Health Association, Inc.	14 Beacon St., Suite 706	Boston	MA	02108	Second year of funding for Strengthening the Voice for Access grant	\$60,000.00
Massachusetts Senior Action Council	150 Mount Vernon St - 2nd Floor	Dorchester	MA	02125	Second year of funding for Strengthening the Voice for Access grant	\$60,000.00
Mercy Medical Center	271 Carew Street	Springfield	MA	01102	Funding to support the travel accommodations for Dr. Sheila Mammen of UMass Amherst to attend the 2014 National Health Care for the Homeless Conference & Policy Symposium. Dr. Mammen has been selected to co-present a workshop with Mercy Medical Center on their collaboration in responding to overuse of emergency rooms in Western Massachusetts hospitals.	\$1,350.00
National Alliance on Mental Illness of Massachusetts	The Schrafft's Center, 529 Main Street, Suite1M17	Boston	MA	02129	Funding to hire a designated staff person with lived experience to manage the Resource Helpline full-time, implement ongoing updates, provide real-time maintenance of the resource database and outreach to NAMI's partners, members and organizations and individuals who would access the Helpline; train all of the NAMI staff to be well-equipped to access the database and effectively manage incoming calls; and establish a coordinating committee of NAMI individuals with lived experience to ensure efficacy and quality of the database and the call-in experience.	\$40,000.00
National Alliance on Mental Illness of Massachusetts	The Schrafft's Center, 529 Main Street, Suite1M17	Boston	MA	02129	Funding requested to hire a strategic planning consulting firm, Cambridge Concord Associates.	\$5,000.00
North Quabbin Community Coalition	251 Exchange Street	Athol	MA	01331	Funding requested to provide a gatekeeper training on a suicide prevention model.	\$1,500.00
RCS Learning Center	6 Strathmore Road	Natick	MA	07160	Funding requested to purchase an electronic health records system, medical equipment, and nursing supplies.	\$2,166.00

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Respond Inc.	P.O. Box 555	Somerville	MA	02143	Funding requested to hire a consultant to revamp and update the Greater Boston Training Collaborative (GBTC) curriculum.	\$3,950.00
Saint Vincent's Home Corporation	2425 Highland Avenue	Fall River	MA	02720	Funding requested to hire a strategic planning consultant.	\$5,000.00
ServiceNet	129 King Street	Northampton	MA	01060	Funding requested to purchase 36 laptops and tablet computers to assist early intervention and autism clinicians to access medical records and facilitate treatment information and education.	\$5,000.00
Shriver Clinical Services	591 North Ave, Door #2	Wakefield	MA	01880	Funding requested to purchase portable vision equipment.	\$5,000.00
Spina Bifida Association of Greater New England	219 E Main Street	Milford	MA	01757	Funding requested to hire a development consultant who will expand their capacity to provide programs that address the health of those affected by this condition.	\$3,000.00
Springwell, Inc.	307 Waverley Oaks Rd., Suite 205	Waltham	MA	02452	Funding requested to hire a design firm to revamp its website.	\$5,000.00
The Arc of Bristol County	141 Park Street	Attleboro	MA	02703	Funding requested to purchase a Liko Golvo 7007 ES Lift.	\$5,000.00
The Edinburg Center	1040 Waltham Street	Lexington	MA	02421	Funding requested to hire a consultant to provide staff training on trauma.	\$5,000.00
The Family Van	1542 Tremont Street	Roxbury	MA	02120	Funding requested to purchase new computers and upgrade a software and data collection system.	\$5,000.00
The Foundation for Art & Healing	77 Stearns Road	Brookline	MA	02446	Funding requested to support the costs of creating a toolkit to replicate a model of arts-based group therapy sessions.	\$5,000.00
The Good Shepherd's Maria Droste Services	1354 Hancock St., Room 203	Quincy	MA	02169	Funding requested to purchase new computers, upgrade its telephone systems, create staff email addresses, and install back-up and antivirus systems.	\$4,881.00
UMass Memorial Health Care, Inc.	72 Jacques Avenue	Worcester	MA	01610	Funding to support the model of integrated care in two of the three family practice residency sites; Hahnemann Family Health Center in Worcester and Barre Family Health Center in the East Quabbin region, and the efforts to use data to assess and improve the role of behavioral health in these practices.	\$125,000.00
University of Massachusetts Medical School	333 South St	Shrewsbury	MA	01545	Funding to analyze community-based approaches for coordinating care for patients with substance use disorders (SUD) and identify those models that appear most effective in accomplishing care coordination. Through their work, which will be based on assessing different care coordination models employed at three sites serving the Worcester area, the team will provide insight into the relative efficacy of different community-based approaches for engaging and coordinating services for patients with SUDs. Efficacy will be measured based on a comparison of selected cost and quality metrics as well as self-reported patient experience.	\$148,880.00
Veteran's Acupuncture Care Metrowest	64 Lexington Street	Framingham	MA	01702	Funding requested to hire a consultant to provide professional marketing and outreach to veteran clients.	\$5,000.00
Vinfen Corporation	950 Cambridge Street	Cambridge	MA	02141	Funding to support the implementation of the Community-Based Health Homes (CHBH) for individuals with serious mental illness to integrate their primary care and behavioral health and address the disparities experienced by the population. In addition, to enhance capacity for data collection, analysis and overall program evaluation including evaluating health metrics that will be pulled from medical records contained in PCP system for patient population.	\$150,000.00
Visiting Nurses Association of New England	65 Boston Post Road West, Suite 350	Marlborough	MA	01752	Funding requested to hire a consultant nurse educator to train members' agencies in standard clinical protocols and outcome evaluation practices.	\$5,000.00
Wheelock College	200 The Riverway	Boston	MA	02215	Funding to launch an integrated behavioral health program known as the Mattapan Integrated Care Partnership (MICP) has been developed between Wheelock College, Mattapan Community Health Center (MCHC), Mattahunt Elementary School (MES) and Mattahunt Community Center (MCC) to help alleviate barriers to mental health services for residents of one of Boston's highest need communities.	\$50,000.00
Whittier Street Health Center	1290 Tremont Street	Roxbury	MA	02120	Second year of funding for Connecting Consumers w/Care grant	\$40,000.00

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Women of Means, Inc.	148 Linden Street, Suite 208	Wellesley	MA	02482	Funding requested to hire a consultant to upgrade its IT central server and exchange.	\$5,000.00
YWCA of Greater Lawrence	38 Lawrence Street	Lawrence	MA	01840	Funding requested to hire a grantwriting coach.	\$5,000.00
<b>Grand Total</b>						<b>\$3,472,512.00</b>

Page 6 Part VIII	Titles of officers and directors:	Address & Telephone of all Officers and Directors:
Philip W. Johnston	Board Chairman	101 Huntington Avenue Boston, MA 02199-7611 617 246-5000
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Audrey Shelto	President	
Keith Renaldi	Treasurer	
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Dr. Dana Gelb Safran, ScD	Director	
Henry M. Thomas III, J.D.	Director	
Patricia Washington	Director	
Charlotte S. Yeh, M.D.	Director	

The Officers and Directors listed on this attachment are not compensated by Blue Cross and Blue Shield Foundation Inc, For Expanding Healthcare Access.