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## 990-PF

Department of the Treasury

Internal Revenue Service

## **Return of Private Foundation**

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

Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0052

2009

For	cale	ndar y	ear 2009, or tax y	year begi	nning		, aı	nd ending				
G	Chec	k all th	at apply	Initial	return [	Initial r	eturn of a for	mer public charity		Final ref	turn	
				Amen	ded return	Add	ress change	Name of the last of t	hang	e		
U	se the	IRS	Name of foundation	-					A E	mployer identification nur	mber	
	labe	ı.	Blue Cross and Blue	Shield of I	Massachusetts Fo	oundation	for Expanding	Healthcare Access		04-31488	824	
С	therv	vise,	Number and street (or					Room/suite	Вт	elephone number (see page		ions)
	prin		401 Park Drive,	Landm	ark Center					617-246-5		
	or typ ю Spe	. ·	City or town, state, and		<u> </u>				C If	exemption application is per		▶
	•		Boston			MA		02215-3326		Foreign organizations, che	=	•
Н	Chec			Section	on 501(c)(3) exe				7	Foreign organizations meet		
			l7(a)(1) nonexem				kable private i			check here and attach con	nputation	▶ _
1	Fairi	market	value of all assets	at end	J Accounting	method	Cash	X Accrual		private foundation status wa ider section 507(b)(1)(A), ch		▶ [
	of ye		Part II. col. (c).		Other (s	pecify)		_	Fif	the foundation is in a 60-monder section 507(b)(1)(B), ch	onth termination	▶ [
	rt I	-	sis of Revenue a			1			·!		(d) Disbursem	ents
			s in columns (b), (c), an			, , ,	Revenue and penses per	(b) Net investmen	t	(c) Adjusted net	for chantabl	le
			unts in column (a) (see				books	ıncome		income	purposes (cash basis or	
	1	Contrib	itions, gifts, grants, etc	received (a	ttach schedule)	1	1,710,958				(525/1 525/3 61	***
	2		► if the foundation				.,,		<del></del>			
	3		t on savings and ten				19		19			
	4		nds and interest from				2,332,182	2.33	2,182	-		
	5 a	Gross	rents					_,	0	<del>                                     </del>		
			ital income or (loss)		0				-			
ĭ	6 a	Net ga	n or (loss) from sale	e of assets	not on line 10		-70,537					
2	b	Gross s	ales price for all assets	on line 6a	2,539,711							
Kevenue	7	Capital	gain net income (fro	om Part IV,	line 2)				0			
-	8	Net sh	ort-term capital gain							0		
	9	Income	modifications				,~ <u>\$</u>	_				
	10 a	Gross s	ales less returns and al	llowances		) .			•			
	b	Less.	Cost of goods sold		(							
	C	Gross	profit or (loss) (attac	ch schedule	<del>:</del> )	ļ	0					<u></u>
	11	Other i	ncome (attach sche	dule)		<b>-</b>	16,324,905		0	0	·····	
	12	Total.	Add lines 1 through	11KEC	FIVED	11	20,297,527	2,33	2,201	0		
ũ	13	Compe	nsation of officers,	directors, tr	ustees, etc C	1	0					
3	14	Other 6	employee salaresa	nd wages	1 5 2010 6							
Expenses	15	Pensio	n plans, employee	enefits	S. C.	4						
ና	16 a	Legal f	ees (attach scheduli	e)		<b>I</b>	0		0			0
	b	Accour	nting fees (attach sc	hedule)	en hi	<u> </u>	0	<u> </u>	0			<u>C</u>
			professional fees (at	tach sched	ule)	·   '	0		0	0		C
Ş	17	Interes										
	18		ittach schedule) (see pa			ļ	46,665		0	<del>                                     </del>	<del> </del>	C
Ē	19		ciation (attach sched	fule) and de	epletion	ļ	100.017		0	0		00.04
֓֞֞֓֓֓֓֓֓֓֓֓֟֟֓֓֓֟֟֓֓֓֟֟֓֓֓֟֟֓֓֓֟֟֓֓֓֟	20	Occup	-			-	126,017					26,017
5	21		conferences, and n	neetings		-	212,909					12,909
ᄪ	22		and publications	L _ J . J _ X			76,641					76,641
٥	23		expenses (attach sc	-	OVBORGO		3,839,742			0	3,00	39,742
킃	24		pperating and admi	เกเรเรสเเงย	expenses.		4,301,974		C	o	4.01	55,309
Operating and Administrative	25		es 13 through 23 outlons, gifts, grants	naid		<del></del>	4,063,655			, , ,	<del></del>	95,585
å	26		rutions, gitts, grants openses and disburse		lines 24 and 25							
_			<u> </u>		mes 24 and 23		8,365,629		<u> </u>	0	8,3	50,894
	27		ct line 26 from line 1		ahumame-t-		11,931,898					
			of revenue over expe estment income (I			-	11,331,030		2,201		<del> </del>	
			ed net income (if n	-	•			2,00	_,,	1		
	, ·	. Aujusi		ogunro, cil	,	1		I		1 0	'I	

For Privacy Act and Paperwork Reduction Act Notice, see page 30 of the instructions.

Form 990-PF (2009)

9

Form 990-PF (2009) Blue Cross and Blue Shield of Massachusetts Foundation for Expanding Healthcare Access 04-3148					
Pa	ırt II	Balance Sheets Attached schedules and amounts in the description column	Beginning of year	End o	f year
	<u> </u>	should be for end-of-year amounts only (See instructions )	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash—non-interest-bearing	9,051,197	813,962	813,962
	2	Savings and temporary cash investments			
	3	Accounts receivable 30,198			is a second of the second of t
		Less allowance for doubtful accounts	34,943	30,198	30,198
	4	Pledges receivable   □ 0	•	,	_
	۱ ـ	Less allowance for doubtful accounts	0	0	0
	5	Grants receivable Receivables due from officers, directors, trustees, and other	181,637	68,437	68,437
	٥	disqualified persons (attach schedule) (see page 15 of the			
		instructions)	0	o	0
	7	Other notes and loans receivable (attach schedule)			
Ø	`	Less allowance for doubtful accounts	o	o	0
šet	8	Inventories for sale or use	-		
Assets	9	Prepaid expenses and deferred charges	· ·	•	
•	10 a	Investments—U.S. and state government obligations (attach schedule)	0	o	0
	Ι.	Investments—corporate stock (attach schedule)	0	0	0
	1	Investments—corporate bonds (attach schedule)	0	0	0
	11	Investments—land, buildings, and equipment basis			
		Less accumulated depreciation (attach schedule)	o	0	Ō
	12	Investments—mortgage loans			
	13	Investments—other (attach schedule)	66,527,718	85,969,608	85,969,608
	14	Land, buildings, and equipment basis			
		Less accumulated depreciation (attach schedule)	0	0	0
	15	Other assets (describe Due from Blue Cross and Blue Shield of Massachusetts, Inc. )	2,092,568	0	0
	16	Total assets (to be completed by all filers—see the			
	L	instructions. Also, see page 1, item I)	77,888,063	86,882,205	86,882,205
	17	Accounts payable and accrued expenses	570,094	299,973	
ç	18	Grants payable	2,666,330	44,140	
Liabilities	19	Deferred revenue		_	
Ē	20	Loans from officers, directors, trustees, and other disqualified persons	0	0	*
Ë	21	Mortgages and other notes payable (attach schedule)	0	000.040	•
_	22	Other liabilities (describe See Attached Statement )  Total liabilities (add lines 17 through 23)	345,388	299,943	
_	23	Total liabilities (add lines 17 through 22)	3,581,812	644,056	
۰,	1	Foundations that follow SFAS 117, check here			
ĕ		and complete lines 24 through 26 and lines 30 and 31.			
ä	24	Unrestricted	74,306,251	86,238,149	
gal	25	Temporanly restricted			
und Balances	26	Permanently restricted			
		Foundations that do not follow SFAS 117, check here and complete lines 27 through 31.			ė
or F	27	Capital stock, trust principal, or current funds			
0		Paid-in or capital surplus, or land, bldg , and equipment fund			
Net Assets	29	Retained earnings, accumulated income, endowment, or other funds			
58	30	Total net assets or fund balances (see page 17 of the			
it A		instructions)	74,306,251	86,238,149	
ž	31	Total liabilities and net assets/fund balances (see page 17			
		of the instructions)	77,888,063	86,882,205	
Pa	rt III	Analysis of Changes in Net Assets or Fund Balances			
		net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with			
	end-o	f-year figure reported on prior year's return)		1	74,306,251
2	Enter	amount from Part I, line 27a		2	11,931,898
3	Other	increases not included in line 2 (itemize)		3	0
4	Add lı	nes 1, 2, and 3		4	86,238,149
		ases not included in line 2 (itemize)			0
6	Total	net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30		6	86,238,149

		(s) of property sold (e g , real est common stock, 200 shs MLC C		(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr )	d (d) Date sold (mo , day, yr )
1a Acadia International Equ	uity			Р	Various	2/13/2009
b Acadia International Equ				Р	Various	5/20/2009
c Acadia International Equ	uity			Р	Various	8/31/2009
d Acadia International Equ	uity			Р	Various	11/30/2009
e Mellon Global Alpha			·	P	Various	12/24/2009
(e) Gross sales price		(f) Depreciation allowed (or allowable)	·•,	st or other basis expense of sale		Gain or (loss) lus (f) minus (g)
a 9,8	351	0		17,757		-7,906
b 8,7	795	0		14,125		-5,330
	771	0		13,966		-4,195
d 11,2		0		14,805		-3,511
e 2,500,0		0		2,549,595		<u>-49,595</u>
Complete only for assets s	showing g	ain in column (h) and owner	d by the found	lation on 12/31/69	(I) Gains	(Col (h) gain minus
(i) F M V as of 12/31/69		(j) Adjusted basis as of 12/31/69		xcess of col (i) r col (j), if any	1	t not less than -0-) <b>or</b> es (from col (h))
а	0	0		0		-7,906
b	0	0		0		-5,330
C	_이	0		0		-4,195
d	0	0	·	0		-3,51 <u>1</u>
<u>e</u>	0	0		0		-49,595
2 Capital gain net income	or (net		also enter in enter -0- in l		2	-70,537
3 Net short-term capital g	•		` '	, ,		
<del>-</del>		8, column (c) (see pages	13 and 17 d	or the		•
Part V Qualification				N	3	0
If section 4940(d)(2) applie	s, leave					
Was the foundation liable f If "Yes," the foundation doe	or the se es not qu	ection 4942 tax on the distalling under section 4940	(e). Do not c	omplete this part		
If "Yes," the foundation doe	or the se es not qu	ection 4942 tax on the dis	(e). Do not c	omplete this part		
If "Yes," the foundation doe  1 Enter the appropriate (a)	or the se es not qu	ection 4942 tax on the dis ialify under section 4940 in each column for each	(e). Do not c	omplete this part age 18 of the instruc		king any entries
If "Yes," the foundation doe  1 Enter the appropriate (a)  Base period years	or the se es not qu amount	ection 4942 tax on the distalling under section 4940	(e). Do not co	omplete this part	ctions before ma	king any entries (d) Distribution ratio
If "Yes," the foundation doe  1 Enter the appropriate (a)  Base period years Calendar year (or tax year beginn	or the se es not qu amount	ection 4942 tax on the distalify under section 4940 in each column for each  (b)  Adjusted qualifying distribution	year, see pa	omplete this part age 18 of the instruc (c) lue of nonchantable-use a	ctions before ma	king any entries (d) Distribution ratio (b) divided by col (c))
If "Yes," the foundation doe  1 Enter the appropriate (a)  Base period years Calendar year (or tax year begins 2008	or the se es not qu amount	ection 4942 tax on the distalify under section 4940 in each column for each  (b)  Adjusted qualifying distribution	(e). Do not co	omplete this part age 18 of the instruc	ctions before ma	king any entries (d) Distribution ratio
If "Yes," the foundation doe  1 Enter the appropriate (a)  Base period years Calendar year (or tax year beginn	or the se es not qu amount	ection 4942 tax on the distalify under section 4940 in each column for each  (b)  Adjusted qualifying distribution	year, see pa	omplete this part age 18 of the instruc (c) lue of nonchantable-use a	ctions before ma	(d) Distribution ratio (b) divided by col (c)) 0 109837
If "Yes," the foundation doe  1 Enter the appropriate  (a)  Base period years  Calendar year (or tax year begins  2008  2007	or the se es not qu amount	ection 4942 tax on the distalify under section 4940 in each column for each  (b)  Adjusted qualifying distribution	year, see pa	omplete this part age 18 of the instruc (c) lue of nonchantable-use a	ctions before ma	king any entries  (d) Distribution ratio (b) divided by col (c))  0 109837 0 000000
If "Yes," the foundation doe  1 Enter the appropriate  (a)  Base period years  Calendar year (or tax year begins  2008  2007  2006	or the se es not qu amount	ection 4942 tax on the distalify under section 4940 in each column for each  (b)  Adjusted qualifying distribution	year, see pa	omplete this part age 18 of the instruc (c) lue of nonchantable-use a	ctions before ma	(d) Distribution ratio (b) divided by col (c))  0 109837  0 000000  0 0000000
If "Yes," the foundation doe  1 Enter the appropriate  (a)  Base period years  Calendar year (or tax year begins 2008 2007 2006 2005 2004  2 Total of line 1, column	or the sees not quamount	ection 4942 tax on the distalify under section 4940 in each column for each  (b)  Adjusted qualifying distribution 9,000	year, see pa	omplete this part age 18 of the instruc- (c) lue of nonchantable-use a 82,000	ctions before ma	(d) Distribution ratio (b) divided by col (c))  0 109837  0 000000  0 000000  0 000000
If "Yes," the foundation doe  1 Enter the appropriate  (a)  Base period years  Calendar year (or tax year beging 2008 2007 2006 2005 2004  2 Total of line 1, column 3 Average distribution rate	amount amount amount (d)	ection 4942 tax on the distalify under section 4940 in each column for each  (b)  Adjusted qualifying distribution 9,000	year, see pa	omplete this part age 18 of the instruc- (c) lue of noncharitable-use a 82,000	ctions before ma	(d) Distribution ratio (b) divided by col (c))  0 109837  0 000000  0 000000  0 000000  0 000000
If "Yes," the foundation doe  1 Enter the appropriate  (a)  Base period years  Calendar year (or tax year beging 2008 2007 2006 2005 2004  2 Total of line 1, column 3 Average distribution rate	amount amount (d) (io for the	ection 4942 tax on the distribution and the distribution are column for each  (b)  Adjusted qualifying distribution 9,000  e. 5-year base period—distribution has been in existence.	year, see pa	omplete this part age 18 of the instruc- (c) lue of noncharitable-use a 82,000	ctions before ma	(d) Distribution ratio (b) divided by col (c))  0 109837  0 000000  0 000000  0 000000  0 109837
If "Yes," the foundation doe  1 Enter the appropriate  (a)  Base period years  Calendar year (or tax year beginn 2008 2007 2006 2005 2004  2 Total of line 1, column 3 Average distribution ratithe number of years the	or the sees not quamount amount (d) tio for the efoundationcharit	ection 4942 tax on the distribution and the distribution and the distribution and the distribution are set of the distribution are set of the distribution and the distribution are set of the distribution are set of the distribution and the distribution are set of the distribution are set	year, see pa	omplete this part age 18 of the instruc- (c) lue of noncharitable-use a 82,000	ctions before ma	(d) Distribution ratio (b) divided by col (c))  0 109837  0 000000  0 000000  0 000000  0 109837  0 109837
If "Yes," the foundation doe  1 Enter the appropriate  (a)  Base period years  Calendar year (or tax year begins 2008 2007 2006 2005 2004  2 Total of line 1, column 3 Average distribution ratithe number of years the	(d) tio for the foundationcharit	ection 4942 tax on the distalify under section 4940 in each column for each  (b)  Adjusted qualifying distribution 9,000 in each column for each (b)  Adjusted qualifying distribution (b)  9,000 in each (c)  e 5-year base period—distribution has been in existence (c)  each (c)	year, see pa  Net val 6,694  vide the total ce if less than	omplete this part age 18 of the instruc- (c) lue of noncharitable-use a 82,000	ctions before manussets (col D,706)	king any entries  (d) Distribution ratio (b) divided by col (c))  0 109837  0 000000  0 000000  0 000000  0 109837  0 109837
If "Yes," the foundation doe  1 Enter the appropriate  (a)  Base period years  Calendar year (or tax year begins 2008 2007 2006 2005 2004  2 Total of line 1, column 3 Average distribution rate the number of years the 4 Enter the net value of r  5 Multiply line 4 by line 3	(d) tio for the foundationcharit	ection 4942 tax on the distalify under section 4940 in each column for each  (b)  Adjusted qualifying distribution 9,000 in each column for each (b)  Adjusted qualifying distribution (b)  9,000 in each (c)  e 5-year base period—distribution has been in existence (c)  each (c)	year, see pa  Net val 6,694  vide the total ce if less than	omplete this part age 18 of the instruc- (c) lue of noncharitable-use a 82,000	ctions before manuscript (col ),706	(d) Distribution ratio (b) divided by col (c))  0 109837  0 000000  0 000000  0 000000  0 109837  0 109837  0 109837

	Blue Cross and Blue Shield of Massachusetts Foundation for Expanding Healthcare Ac	<del>6655</del>	1-314	10024		ye <del>T</del>
Рa	rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see pa	ige 1	8 of th	e inst	ructio	ons)
1 a	Exempt operating foundations described in section 4940(d)(2), check here  and enter "N/A" on line 1					
	Date of ruling or determination letter (attach copy of letter if necessary—see instructions)		*.			
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check	1		46	,644	•
	here ▶ ☐ and enter 1% of Part I, line 27b				,	
C	: All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4%				,	
	of Part I, line 12, col (b)					
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2			0	
3	Add lines 1 and 2	3		46	,644	
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	4				
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-	_5_		46	,644	
6	Credits/Payments					
	2009 estimated tax payments and 2008 overpayment credited to 2009  6a 38,829					•
	Exempt foreign organizations—tax withheld at source 6b	,	. , .	,		1
	Tax paid with application for extension of time to file (Form 8868)  6c 30,000					1
_	Backup withholding erroneously withheld 6d 6d					1
7	Total credits and payments Add lines 6a through 6d	<u>7</u> 8		68	,829 698	
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	9			090	
9 10	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed  Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10		21	,487	
10 11	Enter the amount of line 10 to be Credited to 2010 estimated tax  Page 10 to be Credited to 2010 estimated tax  Page 10 to be Credited to 2010 estimated tax	11			0	
	rt VII-A Statements Regarding Activities				∸	
				1	Yes	No
1 8	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it			1a		X
	participate or intervene in any political campaign?  Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19 of the			14		
	instructions for definition)?			1b		Х
	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					l
	Did the foundation file Form 1120-POL for this year?			1c		Х
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year					1
	(1) On the foundation  \$ (2) On foundation managers  \$				Ąξ.	,
•	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed					
	on foundation managers   \$				*^	
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?			2		_X_
	If "Yes," attach a detailed description of the activities			1,		, ;
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles					
	of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes			3_		<u>X</u>
4 8	Did the foundation have unrelated business gross income of \$1,000 or more during the year?			4a		_X_
t	o If "Yes," has it filed a tax return on Form 990-T for this year?			4b	N/A	
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?			5	-	X.,
_	If "Yes," attach the statement required by General Instruction T				, ''	
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either			1 3		)
	By language in the governing instrument, or					
	By state legislation that effectively amends the governing instrument so that no mandatory directions  Output  Description:  Ou			6	X	:
-	that conflict with the state law remain in the governing instrument?  Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), a	nd D	art VI/	7	x	<u> </u>
7	a Enter the states to which the foundation reports or with which it is registered (see page 19 of the	iiiu r	ail A V	<b> </b>		<u> </u>
0 8	instructions) MA					
	o If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney					١ ،
	General (or designate) of each state as required by General Instruction G? If "No," attach explanation			8b	X	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3)				<u> </u>	
•	or 4942(j)(5) for calendar year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV on page 27	)?		-		l '
	If "Yes," complete Part XIV	•		9		X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing					
	their names and addresses			10		X

enterprise at any time during the year?

if the foundation had excess business holdings in 2009)

If "Yes," did it have excess business holdings in 2009 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

Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

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 2009?

N/A

Х

3b

4a

4b

Yes X No

Blue Cross and Blue Shield o				4-3148824	Page
ments Regarding Activition	es for Which Form	14720 May Be Re	equired (continued)	1 .	
d the foundation pay or incur any	amount to			,	, ,
paganda, or otherwise attempt to	o influence legislation (s	section 4945(e))?	Yes X	No P	
e outcome of any specific public of	•	955), or to carry			
or indirectly, any voter registration	n drive?		Yes X	No O	
ant to an individual for travel, stu	dy, or other similar pur	ooses?	Yes X	No	-
ant to an organization other than	a charitable, etc , orga	nization described			
9(a)(1), (2), or (3), or section 494			Yes X	No	
any purpose other than religious,	charitable, scientific, lit	erary, or		_	
purposes, or for the prevention o		•	Yes X	No	
es" to 5a(1)-(5), did any of the t	ransactions fail to qual	fy under the exception	ns described in	·   .	, ,
on 53 4945 or in a current notice				5b	N/A
ing on a current notice regarding			• □	] [	
es" to question 5a(4), does the fe			<del></del>	-   <u>;</u>	
intained expenditure responsibilit	•		Yes	No	.
statement required by Regulation	•	'd)		<b>-</b>	
, during the year, receive any fur	nds, directly or indirectly	y, to pay			
rsonal benefit contract?			Yes X	No	
i, during the year, pay premiums,	directly or indirectly, o	n a personal benefit o	contract?	6b	
Form 8870	•	•		_	
the tax year, was the foundation	a party to a prohibited	tax shelter transaction	n? ☐ Yes 🗓	No .	
ndation receive any proceeds or I	have any net income at	tributable to the trans	action? .	7b	
ormation About Officers,	Directors, Truste	es, Foundation	Managers, Highly Pa	id Employ	ees,
d Contractors	·	, , , , , , , , , , , , , , , , , , ,			
, directors, trustees, found	ation managers and	their compensat	ion (see page 22 of the	instruction	າຣ).
	(b) Title, and average	(c) Compensation	(d) Contributions to	(e) Expen	se account,
ne and address	hours per week devoted to position	(If not paid, enter -0-)	employee benefit plans and deferred compensation	other al	lowances
	.00	0		ol	
	00	0		)	
	00	0	(	)	
	I			1	
				1	

Pa	rt VII-B Statements Regarding Activitie	es for	Which Form	4720 May Be R	equired (	continued,	)			
$\overline{}$	During the year did the foundation pay or incur any								,	
	(1) Carry on propaganda, or otherwise attempt to	ınfluen	ce legislation (s	section 4945(e))?		Yes	XN	lo 🎠 🖁	\$ 200	<b>\$</b>
	(2) Influence the outcome of any specific public e	election	(see section 49	955), or to carry		_		2.0	<b>33</b>	1
	on, directly or indirectly, any voter registration	drive?				Yes	XN	lo 🌅		1
	(3) Provide a grant to an individual for travel, stud	dy, or ot	her sımılar pur	ooses?		Yes	XN	lo		-
	(4) Provide a grant to an organization other than a charitable, etc., organization described							1		
	in section 509(a)(1), (2), or (3), or section 494	40(d)(2)	? (see page 22	of the instructions)		Yes	ΧN	lo	:	
	(5) Provide for any purpose other than religious, educational purposes, or for the prevention of	f cruelty	to children or a	animals?		Yes	X	lo		
b	If any answer is "Yes" to 5a(1)–(5), did any of the t	ransacti	ons fail to qual	fy under the exception	ons describ	ed in				,
	Regulations section 53 4945 or in a current notice regarding disaster assistance (see page 22 of the instructions)?									
	Organizations relying on a current notice regarding	disaste	r assistance ch	eck here .		•	·			,
C	If the answer is "Yes" to question 5a(4), does the fo	oundatio	n claım exemp	tion from the				,		
	tax because it maintained expenditure responsibility if "Yes," attach the statement required by Regulation	-	-	 ′d)		Yes	<u></u>	lo	•	
6a	Did the foundation, during the year, receive any fur	nds, dire	ctly or indirectly	y, to pay			_			
	premiums on a personal benefit contract?					Yes	X	lo		
b	Did the foundation, during the year, pay premiums,	directly	or indirectly, o	n a personal benefit	contract?			6b		
	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 transacti	on?	Yes	X	lo		
b	If yes, did the foundation receive any proceeds or h	have any	y net income at	tributable to the tran	saction?			7b		
P	art VIII Information About Officers,	Direc	tors, Truste	es, Foundation	Manage	rs, Highly	Paid	Employ	ees,	
	and Contractors		· · · · · · · · · · · · · · · · · · ·							
1	List all officers, directors, trustees, founda	ation n	nanagers and	their compensa	tion (see	page 22 of	the in	structio	ns).	
	(a) Name and address	hou	e, and average irs per week led to position	(c) Compensation (If not paid, enter -0-)	employ	ontributions to ee benefit plan red compensat		(e) Exper	ise acco	
NC	NE			<u>.</u>						
			.00	0			0			0
			00	0			0	**-		0
					1		l			
			00	0			0			0
			00	C	1		0			0
2	Compensation of five highest-paid employ If none, enter "NONE."	yees (c	ther than the	ose included on I	ine 1—se	e page 23 (	of the	instruct	ions).	
		1	b) Title, and avera	ige		Contributions		(a) F		
(8	) Name and address of each employee paid more than \$50,0	000	hours per week devoted to position	(c) Compensat	on pla	mployee benef ans and deferre compensation		(e) Expe other a	illowance	
No	ne									
_							+			
						·				
			· · · · · · · · · · · · · · · · · · ·							
			<del></del>							
		· • • · <u> </u>								

Form 99Q-PF (2009)

Form 990-PF (2009) Blue Cross and Blue Shield of Massachusetts Fou	indation for Expanding Healthcare Access	04-3148824	Page <b>7</b>
	es, Foundation Managers, Highly Paid Employees,		
3 Five highest-paid independent contractors for professional services (	see page 23 of the instructions). If none, enter "NONE."		
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compen	sation
AUS Marketing Research Systems, Inc			
5581 Route 42, Blackwood, NJ 08012	Professional Consulting Services		456,814
Lewin Group, Inc			
3130 Fairview Park Drive Suite 800, Falls Church, VA 22042	Professional Consulting Services		175,210
Lawrence S. Tye 26 Grant Street, Lexington, MA 02420	Professional Consulting Services		108,006
University of Massachusetts Medical School			
55 Lake Avenue North, Worcester, MA 01655	Professional Consulting Services		68,683
Jean Rose Weinberg			
124 Staniford Street, Auburndale, MA 02466	Professional Consulting Services		63,000
Total number of others receiving over \$50,000 for professional service:	s	<b>•</b>	2
Part IX-A Summary of Direct Charitable Activities			
List the foundation's four largest direct chantable activities during the tax year. Include relevithe number of organizations and other beneficianes served, conferences convened, research		Expens	ies
1 The mission (purpose) of the Blue Cross and Blue Shield of Massac through grants and policy initiatives, the Foundation works with public	lic and private organizations to broaden		
health coverage and reduce barriers to care. The Foundation will for			
2 vulnerable and low income individuals and families in the Commonw	realth		
3 Catalyst Fund Grants			
The Foundation through the Catalyst Fund is a resource for mini gra	ants of up to \$3,500 to organizations serving		
the health needs of low income and uninsured residents of Massach	husetts		
4			
Part IX-B Summary of Program-Related Investments (see	page 24 of the instructions)		
Describe the two largest program-related investments made by the foundation during the tax	x year on lines 1 and 2	Amou	nt
1			
2			

All other program-related investments. See page 24 of the instructions

3

Total. Add lines 1 through 3

0

Form 9	990-PF (2009) Blue Cross and Blue Shield of Massachusetts Foundation for Expanding Healthcare Access	04-3	1488 <u>24</u> Page <b>8</b>
Par	Minimum Investment Return (All domestic foundations must complete this part. Foreign f	ounda	tions,
	see page 24 of the instructions )		
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,	N. C.	
	purposes	- C-	
а	Average monthly fair market value of securities	1a	76,248,663
b	Average of monthly cash balances	1b	
С	Fair market value of all other assets (see page 24 of the instructions)	1c	
d	Total (add lines 1a, b, and c)	<u>1</u> d	76,248,663
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d .	3	76,248,663
4	Cash deemed held for charitable activities Enter 1½ % of line 3 (for greater amount, see page 25		
	of the instructions)	4	1,143,730
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	75,104,933
6	Minimum investment return. Enter 5% of line 5	6	3,755,247
Part	Distributable Amount (see page 25 of the instructions) (Section 4942(j)(3) and (j)(5) private o	peratın	g
	foundations and certain foreign organizations check here   and do not complete this part.)		
1	Minimum investment return from Part X, line 6	1	3,755,247
2a	Tax on investment income for 2009 from Part VI, line 5	S Y	
b	Income tax for 2009 (This does not include the tax from Part VI )	·".	
С	Add lines 2a and 2b	2c	46,644
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	3,708,603
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	3,708,603
6	Deduction from distributable amount (see page 25 of the instructions)	6	
7	Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII,		
	line 1	7	3,708,603
Part	XII Qualifying Distributions (see page 25 of the instructions)		
r au u	Qualifying Distributions (see page 25 of the instructions)	r	
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
а	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26	1a	8,350,894
b	Program-related investments—total from Part IX-B	1b	0
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the.	]	
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	0
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	8,350,894
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment	_	
	income Enter 1% of Part I, line 27b (see page 26 of the instructions)	5	0
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	8,350,894
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the found	dation	
	qualifies for the section 4940(e) reduction of tax in those years		

1	Distributable amount for 2009 fr	rom Part XI	(a) Corpus	(b) Years prior to 2008	(c) 2008	<b>(d)</b> 2009
•	line 7					3,708,603
2	Undistributed income, if any, as	of the end of 2009				
а	Enter amount for 2008 only				0	
b	Total for prior years. 20,	20, 20		0		
3	Excess distributions carryover,	if any, to 2009		j		
а	From 2004	<u> </u>				
b	From 2005	0	1			
С	From 2006	4,810,140				
d	From 2007	3,236,374				
е	From 2008	4,965,830	<b></b>			
f	Total of lines 3a through e		13,012,344			<del> </del>
4	Qualifying distributions for 2009	L				
	•	350,894			-	
	Applied to 2008, but not more the				0	
b	Applied to undistributed income	· · · · · · · · · · · · · · · · · · ·				
	(Election required—see page 20	·		0		<u> </u>
С	Treated as distributions out of c	' '				
_	required—see page 26 of the in		0			2 700 602
	Applied to 2009 distributable an	T T	4 642 201			3,708,603
	Remaining amount distributed of Excess distributions carryover a	· .	<u>4,642,291</u> 0			0
5	•					
	(If an amount appears in colum same amount must be shown in	1 1				
6	Enter the net total of each col	. , ,				
•	indicated below:	iaiiii uo		,		
а	Corpus Add lines 3f, 4c, and 4c	e Subtract line 5	17,654,635			
	Prior years' undistributed incom					
	line 4b from line 2b			o		
С	Enter the amount of prior years	' undistributed				
	income for which a notice of de	ficiency has				
	been issued, or on which the se					
	tax has been previously assess	ed				
d	Subtract line 6c from line 6b Ta	axable				
	amount—see page 27 of the in:	structions		0		
е	Undistributed income for 2008	Subtract line				
	4a from line 2a Taxable amour	nt—see page 27 of the				
	instructions				0	
f	Undistributed income for 2009	Subtract				
	lines 4d and 5 from line 1 This	amount must				_
	be distributed in 2010					
7	Amounts treated as distribution					
	corpus to satisfy requirements					
	section 170(b)(1)(F) or 4942(g)	(3) (see page 27 of				
0	the instructions)	from 2004				
8	Excess distributions carryover f					
	not applied on line 5 or line 7 (s	see page 27 of the	0			
9	instructions) Excess distributions carryove	er to 2010	<u> </u>			
3	Subtract lines 7 and 8 from line		17,654 <u>,635</u>			
0	Analysis of line 9	· Ua	17,004,000	-		
υ a		ام				
a b		4,810,140				
c	Excess from 2007	3,236,374				
d		4,965,830				
e		4,642,291				

	n 990-PF (2009) Blue Cross and Blue Shield					
Pa	t XIV Private Operating Foundations (s	see page 27 of th	e instructions a	nd Part VII-A, qu	uestion 9)	N/A
1 a	If the foundation has received a ruling or determin- foundation, and the ruling is effective for 2009, ent			•		
	Check box to indicate whether the foundation is a	private operating fou	ındatıon described i	4942(j)(3) or	4942(j)(5)	
2 a	Enter the lesser of the adjusted net	Tax year		Prior 3 years		
	income from Part I or the minimum investment return from Part X for each	(a) 2009	(b) 2008	(c) 2007	(d) 2006	(e) Total
	year listed	0	0			0
b	85% of line 2a	0	0	. 0	0	0
С	Qualifying distributions from Part XII, line 4 for each year listed	0	0			0
d	Amounts included in line 2c not used directly for active conduct of exempt activities		·			0
е	Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c	0	0	0	0	0
3 a	Complete 3a, b, or c for the alternative test relied upon "Assets" alternative test—enter					
_	(1) Value of all assets					0
	(2) Value of assets qualifying under section 4942(j)(3)(B)(i)		-		Not Applicable	0
b	"Endowment" alternative test—enter 2/3				, tot / tpplicable	<u> </u>
	of minimum investment return shown in Part X, line 6 for each year listed	ا	0			0
С	"Support" alternative test—enter					0
	(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					•
	(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					0
	(3) Largest amount of support from an exempt organization		· · ·			0
	(4) Gross investment income					0
Pa	rt XV Supplementary Information (Co	mplete this part	only if the fou	ndation had \$5	,000 or more in	<u>-</u>
	assets at any time during the ye	ar—see page 28	B of the instruc	tions.)		
1	Information Regarding Foundation Manag					
а	List any managers of the foundation who have conbefore the close of any tax year (but only if they have				the foundation	
	Applicable					
	List any managers of the foundation who own 10% ownership of a partnership or other entity) of which	or more of the stoc the foundation has	k of a corporation (c a 10% or greater in	or an equally large potential terest	ortion of the	
Not 2	Applicable	4 Ciff Loon Col	-lambia sta D			
2	Information Regarding Contribution, Gran Check here ▶ ☐ If the foundation only makes unsolicited requests for funds. If the foundation may under other conditions, complete items 2a, b, c, are	contributions to preakes gifts, grants, etc	selected charitable	organizations and de		ions
а	The name, address, and telephone number of the	person to whom app	lications should be	addressed	······	
<u>An</u> y	ra Rader Wallack 401 Park Drive Boston MA N	Massachusetts 022	215 617-246-5000	)		
b	The form in which applications should be submitte	d and information an	d materials they sh	ould include		
<u> 2 P</u>	age Letter of Inquiry	<u></u>				
С	Any submission deadlines					
d	Any restrictions or limitations on awards, such as la factors	by geographical area	es, charitable fields,	kinds of institutions	, or other	

3 (	Grants and Contributions Paid During the	Year or Approved fo If recipient is an individual,	r Future Pay	ment	
	Recipient	show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
	Name and address (home or business)	or substantial contributor	recipient		
a	Paid during the year				
	Total			. <b>▶</b> 3a	0
b	Approved for future payment				
	Total			▶ 3b	(

Part XVI-A Analysis of Income-Producing Activit		<u></u>				
Enter gross amounts unless otherwise indicated.	Unrelated but	Unrelated business income		Excluded by section 512, 513, or 514		
1 Program service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exemp function income (See page 28 of the instructions)	
a Contributions, gifts and grants		0		1,710,958		
b		0		0		
c		0		0	. (	
d		0		0	. (	
e		0		0		
f		0		0		
g Fees and contracts from government agencies						
2 Membership dues and assessments						
3 Interest on savings and temporary cash investments			14	19	·	
4 Dividends and interest from securities			14	2,332,182		
5 Net rental income or (loss) from real estate						
a Debt-financed property						
<b>b</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				-70,537		
9 Net income or (loss) from special events						
10 Gross profit or (loss) from sales of inventory						
11 Other revenue a Unrealized gains on investments		0	14	16,324,905		
b		0		0		
C		0		0	1	
d		0		0	1	
e		0	<u> </u>	0	1	
12 Subtotal Add columns (b), (d), and (e)		0		20,297,527		
13 Total. Add line 12, columns (b), (d), and (e)				13	20,297,52	
(See worksheet in line 13 instructions on page 28 to verify calcular						
Part XVI-B Relationship of Activities to the Acco	•	•	•			
Line No. Explain below how each activity for which income is the accomplishment of the foundation's exempt pur page 28 of the instructions )					•	
3 Interest provides income for future grant making	and mission acti	vities				
4 Dividends provide income for future grant making	and mission ac	tivities				
11 The unrealized gain/(loss) reflects the annual inc		se in the Found	ation's invested	assets which a	re	
11 utilized to provide for future grant making and mi	ssion activities					
		•				
		<u>.</u> .	<del></del>	<del></del>	<del></del>	
			<del></del> -			
		<u> </u>				
			<del></del>			
-	<del></del>					
		<del></del>				
					-	
					~	

## Form 990-PF (2009) Blue Cross and Blue Shield of Massachusetts Foundation for Expanding Healthcare Access (148824 Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable **Exempt Organizations**

1	in sect	e organization directly or ion 501(c) of the Code (c zations?								Yes	No
а	Transf	ers from the reporting for	undation to a	a noncharitable e	xempt organiz	ation of.				36.0	6.35
	(1) Ca				•				1a(1)		_X_
		her assets	•						1a(2)		_X_
þ	Other t	transactions							1,79		
		iles of assets to a noncha		. •			•		1b(1)		_X_
	(2) Pu	irchases of assets from a	noncharita	ble exempt organ	ızation				1b(2)		_X_
	(3) Re	ental of facilities, equipme	ent, or other	assets					1b(3)		_X_
	(4) Re	eimbursement arrangeme	ents						1b(4)		X
	(5) Lo	ans or loan guarantees							1b(5)		X
	(6) Pe	erformance of services or	membershi	ip or fundraising s	olicitations				1b(6)		X
С	Sharın	g of facilities, equipment	, mailing list	s, other assets, o	r paid employe	ees			1c	X	
d	value o	answer to any of the abou of the goods, other asset in any transaction or shai	s, or service	es given by the re	porting founda	tion. If th	ne foundation rec	eived less that	an fair m	narket	: <b>b</b>
(a)	Line no	(b) Amount involved	(c) Name of	f nonchantable exempt	organization	(d) Des	cription of transfers, tr	ansactions, and	sharing arr	angem	ents
		0				See Att	tachment				
		0				<u> </u>					
		0				ļ					
		0									
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		0									
		0					<u>-</u>				
		0									
	descri	foundation directly or ind bed in section 501(c) of t s," complete the following	he Code (ot						Yes [	No No	
		(a) Name of organization		(b) Type	of organization		(c) Desc	ription of relation	ship		
				<del> </del>		<del></del>					
	Ι.		L	<del></del>			I	A- M- 1 - 7 - 7	les a color		
ø.	Unde belie	er penalties of perjury, I declare to fi, it is true, correct, and complete	Declaration o	nined this return, including preparer (other than the	axpayer or fiducial	y schedules ry) is based	on all information of v	to the best of my which preparer ha	as any kno	e and wledge	,
Here	Sig	nature of officer or trustee			D	ate	Title	•			
Sign H	Paid Preparer's Use Only	Preparer's signature			Date		Check if self-employed ►[	Preparer's number (s page 30 o	ee Signat	ure on	
	Pre Use	Firm's name (or yours if	<del></del> _		.,		·	EIN ▶			
	-	seit-employed), address,		<del></del>				Phone no			
	1	and ZIP code						T HOLLS HO			

## Schedule B

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

Department of the Treasury Internal Revenue Service

## **Schedule of Contributors**

Attach to Form 990, 990-EZ, or 990-PF.

OMB No 1545-0047

2009

Employer identification number Name of the organization Blue Cross and Blue Shield of Massachusetts Foundation for Expanding Healthcare Access 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 X 501(c)(3) exempt private foundation Form 990-PF 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 X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. **Special Rules** For a section 501(c)(3) organization 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), and received from any one contributor, during the year, a contribution 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 For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use 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 a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to 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 of \$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 line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

Page	1	of	2	of Part

Name of organization

Employer identification number

Blue Cross and Blue Shield of Massachusetts Foundation for Expanding Healthcare Access

04-3148824

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	Blue Cross and Blue Shield of Massachusetts, Inc  401 Park Drive  Boston MA 02215  Foreign State or Province Foreign Country	\$2,092,568	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
2	Robert Wood Johnson Foundation  Route 1& College Road East  Princeton NJ 08543-2316  Foreign State or Province Foreign Country	\$ 293,750	Person X Payroll Noncash (Complete Part II if there is a noncash contribution )
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
3	Employees of Blue Cross and Blue Shield Of Massac  401 Park Drive  Boston MA 02215  Foreign State or Province Foreign Country	\$ 99,713	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
4	W. K. Kellogg Foundation  One Michigan Avenue East  Battle Creek MI 49017  Foreign State or Province  Foreign Country	\$ 40,000	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
5	Northwest Health Foundation  221 Northwest 2nd Avenue Ste 300  Portland OR 97209  Foreign State or Province  Foreign Country	\$15,000	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
. 6	Foreign State or Province Foreign Country	\$0	Person Payroll Oncash (Complete Part II if there is a noncash contribution )

ge	2	of	2	of Part I

Name of organization

Employer identification number

04-3148824

Dide City	ss and blue official of Massachusetts Foundation for Ex	pariding realificate Access	04-3 140024
Part I	Contributors (see instructions)		
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
7	Maine Health Access Foundation , Inc.  150 Capitol Street  Augusta ME 04330  Foreign State or Province Foreign Country	\$9,000_	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
. 8	Tufts Medical Center  750 Washington Street  Boston MA 02111  Foreign State or Province Foreign Country	\$6,000	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
9	Foreign State or Province Foreign Country	\$0	Person Payroll Oncash (Complete Part II if there is a noncash contribution )
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
		, ,	
No.	Name, address, and ZIP + 4  Foreign State or Province	Aggregate contributions	Type of contribution  Person  Payroll  Noncash  (Complete Part II if there is
No. 10 (a)	Name, address, and ZIP + 4  Foreign State or Province Foreign Country  (b)  Name, address, and ZIP + 4  Foreign State or Province	Aggregate contributions  \$ 0 (c)	Type of contribution  Person Payroll Noncash (Complete Part II if there is a noncash contribution)
No. 10 (a) No.	Name, address, and ZIP + 4  Foreign State or Province Foreign Country  (b)  Name, address, and ZIP + 4	\$ 0 Aggregate contributions	Type of contribution  Person Payroll Noncash (Complete Part II if there is a noncash contribution)  (d) Type of contribution  Person Payroll Noncash (Complete Part II if there is

Blue Cross and Blue Shield of Massachusetts Foundation for Expanding Healthcare Access

# Line 6 (990-PF) - Gain/Loss from Sale of Assets Other Than Inventory

Net Gain or Loss	70,537	0				Depreciation										
Net			Expense of Sale and	Cost of	Improve-	ments										
Cost, Other Basis and Expenses	2,610,248	0			Valuation	Method										
Cost, Other Basis and Exper		:			Cost or	Other Basis	17,757	14,125	13,966	14,805	2,549,595					
SS.	2,539,711	0			Gross Sales	Price	9,851	8,795	9,771	11,294	2,500,000					
Gross					Date	Sold	2/13/2009	5/20/2009	8/31/2009	11/30/2009	12/24/2009					
Totals	Securities	Other sales			Acquisition	Method	Д	۵	Ь	Д	Ъ					
					Date	Acquired	Various	Various	Various	Various	Vanous					
			Check "X" If	Purchaser	ısa	Business	×	×	×	×	×					
						Purchaser	Acadia	Acadia	Acadia	Acadia	Mellon					
Amount						CUSIP#										
	Long Term CG Distributions	Short Term CG Distributions				Description	Acadia International Equity	Acadia International Equity	Acadia International Equity	Acadia International Equity	Mellon Global Alpha					
				Check "X"	if Sale of		×	×	×	×	×					
			1			ndex	-	7	က	4	S	မ	7	æ	6	45

## Line 11 (990-PF) - Other Income

		16,324,905	0		ol
	Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	
-	Unrealized gains on investments	16,324,905	0		
7			0		
8			0		
4			0		
2			0		
ဖ			0		-
^			0		- 1
80			0		i
6			0		i
10			0		

## Line 18 (990-PF) - Taxes

		46,665	0	0	0
		Revenue	Net lovestment	Admeted	Disbursements for Charitable
	Description	per Books	Income	Net Income	Purposes
7	Tax on investment income	46,665			
2					
3					
4					
2					
9					
7					
æ					
6					
9					

## Line 23 (990-PF) - Other Expenses

		3,839,742	0	0	3,839,742
		Revenue and			Disbursements
		Expenses	Net Investment	Adjusted Net	for Charitable
	Description	per Books	Income	Income	Purposes
-	Amortization See attached statement	0	0	0	0
2	Postage and telephone	16,941			16,941
က	External professional services	2,265,839			2,265,839
4	Purchased services from Blue Cross and Blue Shield of Massachusetts, Inc	1,644,984			1,644,984
5	Miscellaneous expenses	-88,022			-88,022
9					
7					
8					
6					
10					
	,				

## Part II, Line 13 (990-PF) - Investments - Other

			66,527,718	82,969,608	85,969,608
		Basis of	Book Value	Book Value	FMV
		Valuation	Beg. of Year	End of Year	End of Year
-	Wellington CTF Value Yield Fund		15,436,837	20,187,074	20,187,074
2	Western Assets Fund Core Plus Fund		14,797,290	16,129,670	16,129,670
8	Morgan Stanley Inst Fund Int'l Equity		5,263,453	6,398,491	6,398,491
4	CFROI Small Cap Life Cycle Fund		7,089,549	8,752,246	8,752,246
5	Credos High Yield Bond Fund		4,245,152	5,672,202	5,672,202
9	Putnam Total Return		8,327,000	10,967,000	10,967,000
7	Pimco All Asset fund		0	4,334,866	4,334,866
æ	Acadian International All Cap Fund		5,284,062	6,488,850	6,488,850
6	Mellon Global Alpha Fund		6,084,375	7,039,209	7,039,209
10					

## Part II, Line 15 (990-PF) - Other Assets

		2,092,568	0	)
		Beginning	Ending	Fair Market
	Description	Balance		Value
-	Due from Blue Cross and Blue Shield of Massachusetts, Inc	2,092,568		
2				
3				
4				
5				
9				
7				
8				
9				
10				

# Blue Cross and Blue Shield of Massachusetts Foundation for Expanding Healthcare Access

## Part II, Line 22 (990-PF) - Other Liabilities

		345,388	299,943
		Beginning	Ending
	Description	Balance	Balance
_	Due to affiliate Blue Cross and Blue S	286,238	292,128
2	Federal income taxes on investment income	59,150	7,815
3			
4			
2			
9			
7			
8			
6			
10		:	

# Part IV (990-PF) - Capital Gains and Losses for Tax on Investment Income

		-70,537	Gains Minus Excess	of FMV Over Adjusted	Basis or Losses	-7,906	-5,330	-4,195	-3,511	-49,595	0	0	0	0	0
		0		Excess of FMV c	Over Adj Basis	0	0	0	0	0	0	0	0	0	0
		0	Adjusted Basis	as of	12/31/69										
		0	FMV	as of	12/31/69										
		-70,537		Gain or	Loss	906'2-	-5,330	-4,195	-3,511	-49,595	0	0	0	٥	0
		2,610,248	Cost or Other	Basis Plus	Expense of Sale	17,757	14,125	13,966	14,805	2,549,595	0	0	0	0	0
		0		Depreciation	Allowed	0	0	0	0	0	0	0	0	0	0
		2,539,711	Gross	Sales	Price	9,851	8,795	9,771	11,294	2,500,000	0	0	0	0	0
		Totals		Date		2/13/2009	5/20/2009	8/31/2009	11/30/2009	12/24/2009					
				Date	Acquired	Various	Various	Various	Various	Various					
	ত	0		How	Acquired	а	۵	۵	<u>a</u>	۵					
Amount					CUSIP #										
	Long Term CG Distributions	Short Term CG Distributions			Kind(s) of Property Sold	Acadia International Equity	Acadia International Equity	Acadia International Equity	Acadia International Equity	Mellon Global Alpha					
			L			-	7	6	4	9	9	1	8	6	۲

Part XVI-A, Lines 11a-11e (990-PF) - Other Revenue

•	TO THE THE TO THE THE TO THE		usiness Income	Exclude	ed by Section 512, 5	13, or 514
	Program Service Revenue	Business Code	Amount	Exclusion Code	Amount	Related or Exempt Function Income
1	Unrealized gains on investments			14	16,324,905	
2						
3				<del>                                     </del>		
<b>4</b> 5				<del> </del>		
6			<del></del>			
7						
8						
9						
10						
11						
12 13						
14						
15						
16						
17						
18						
19				<u> </u>		
20						

Part XVI-B (990-PF) - Relationship of Activities

PartA	VI-B (990-PF) - Relationship of Activities
Line	
Number	
3	Interest provides income for future grant making and mission activities
4	Dividends provide income for future grant making and mission activities
11	The unrealized gain/(loss) reflects the annual increase or decrease in the Foundation's invested assets which are
11	utilized to provide for future grant making and mission activities
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## Blue Cross and Blue Shield of Massachusetts Foundation for Expanding Healthcare Access Form 990PF , Part XV

Recipient	Individual or Organization	Program Area	<u>Amount</u>
Beaverbrook STEP	Organization	Catalyst Fund	\$3,500
Birth to Three Family Center	Organization	Catalyst Fund	\$3,500
Boston Health Care for the Homeless Program	Organization	Catalyst Fund	\$3,000
Boys & Girls Club of Marshfield	Organization	Catalyst Fund	\$2,250
Brookline Community Mental Health Center	Organization	Catalyst Fund	\$3,200
Community Care Services, Inc	Organization	Catalyst Fund	\$3,500
Community Connections, Inc	Organization	Catalyst Fund	\$2,830
Comprehensive School-Age Parenting Program, Inc	Organization	Catalyst Fund	\$3,500
Cooperative for Human Services	Organization	Catalyst Fund	\$3,500
Eastern Massachusetts Abortion Fund	Organization	Catalyst Fund	\$3,500
Father Bill's & MainSpring	Organization	Catalyst Fund	\$3,500
Food for the World	Organization	Catalyst Fund	\$3,500
Gavin Foundation	Organization	Catalyst Fund	\$3,500
Gay Men's Domestic Violence Project	Organization	Catalyst Fund	\$2,500
Geiger Gibson Community Health Center	Organization	Catalyst Fund	\$1,700
HealthFirst Family Care Center	Organization	Catalyst Fund	\$2,890
Hearth	Organization	Catalyst Fund	\$2,740
Helping Communities in Crisis	Organization	Catalyst Fund	\$3,500
Inflammatory Breast Cancer New England Region	Organization	Catalyst Fund	\$3,500
Interfarth Social Services, Inc	Organization	Catalyst Fund	\$2,250
Joint Committee for Children's Health Care in Everett	Organization	Catalyst Fund	\$3,500
Jordan Boys & Girls Club	Organization	Catalyst Fund	\$2,250
Manet Community Health Center	Organization	Catalyst Fund	\$3,500
Massachusetts Association for Mental Health, Inc	Organization	Catalyst Fund	\$1,500
Massachusetts Immigrant and Refugee Advocacy Coalition	Organization	Catalyst Fund	\$3,500
Open Door Free Medical Program	Organization	Catalyst Fund	\$3,500
People Acting in Community Endeavors	Organization	Catalyst Fund	\$2,620
RESPOND	Organization	Catalyst Fund	\$3,500
Samantans	Organization	Catalyst Fund	\$3,500
South Shore Mental Health	Organization	Catalyst Fund	\$3,500
Spina Bifida Association of Massachusetts	Organization	Catalyst Fund	\$1,750
Steppingstone	Organization	Catalyst Fund	\$3,500
The Arc of Northern Bristol County	Organization	Catalyst Fund	\$3,500
Urban Medical Group	Organization	Catalyst Fund	\$3,330
VNA Care Network & Hospice	Organization	Catalyst Fund	\$2,275
Volunteers in Medicine Berkshires	Organization	Catalyst Fund	\$3,500
WEATOC	Organization	Catalyst Fund	\$3,500
Youth and Family Enrichment Services	Organization	Catalyst Fund	\$3,500
African Community Health Initiatives	Organization	Connecting Consumers with Care	\$25,000
Berkshire Health Systems	Organization	Connecting Consumers with Care	\$20,000
Boston Public Health Commission	Organization	Connecting Consumers with Care	\$25,000
Brockton Neighborhood Health Center	Organization	Connecting Consumers with Care	\$25,000
Child Care Resource Center	Organization	Connecting Consumers with Care	\$20,000
Community Action Committee of Cape Cod & Islands	Organization	Connecting Consumers with Care	\$25,000
Community Action of Franklin, Hampshire and North Quabbin Regions	Organization	Connecting Consumers with Care	\$20,000
Community Health Center of Franklin County	Organization	Connecting Consumers with Care	\$20,000
Community Health Programs	Organization	Connecting Consumers with Care	\$20,000
Cooley Dickinson Hospital	Organization	Connecting Consumers with Care	\$20,000
County of Dukes County	Organization	Connecting Consumers with Care	\$20,000
Ecu-Health Care	Organization	Connecting Consumers with Care	\$25,000
Joint Committee for Children's Health Care in Everett	Organization	Connecting Consumers with Care	\$25,000
Latin American Health Institute	Organization	Connecting Consumers with Care	\$20,000
Manet Community Health Center	Organization	Connecting Consumers with Care	\$20,000
Massachusetts Alliance of Portuguese Speakers	Organization	Connecting Consumers with Care	\$20,000
Mercy Hospital	Organization	Connecting Consumers with Care	\$20,000
MetroWest Legal Services	Organization	Connecting Consumers with Care	\$25,000
Outer Cape Health Services	Organization	Connecting Consumers with Care	\$20,000
People Acting in Community Endeavors	Organization	Connecting Consumers with Care	\$20,000
Roxbury Comprehensive Community Health Center	Organization	Connecting Consumers with Care	\$20,000
Stanley Street Treatment & Resource	Organization	Connecting Consumers with Care	\$25,000
	Organization	Connecting Consumers with Care	\$20,000
Tapestry Health	O'Baritzadoli	Tooling Constitues with Cate	φευ, <del>υ</del> ου

	<del>_</del>	<del>-</del> -	
AIDS Action Committee of Massachusetts	Organization	Health Care Disparities	\$113,636
Cambridge Cares About AIDS	Organization	Health Care Disparities	\$113,636
Casa Latina	Organization	Health Care Disparities	\$113,636
Central-Massachusetts AHEC	Organization	Health Care Disparities	\$113,636
Community Health Center of Cape Cod	Organization	Health Care Disparities	\$113,636
Lowell Community Health Center	Organization	Health Care Disparities	\$113,636
Mount Auburn Hospital	Organization	Health Care Disparities	\$113,636
Partners for a Healthier Community	Organization	Health Care Disparities	\$113,636
ServiceNet	Organization	Health Care Disparities	\$113,640
Tapestry Health	Organization	Health Care Disparities	\$113,636
YWCA of Central Massachusetts	Organization	Health Care Disparities	\$113,636
Behavioral Health Network	Organization	Innovation Fund for the Uninsured	\$75,000
Boston Health Care for the Homeless Program	Organization	Innovation Fund for the Uninsured	\$65,000
Brookline Community Mental Health Center	Organization	Innovation Fund for the Uninsured	\$70,000
Dimock Community Health Center	Organization	Innovation Fund for the Uninsured	\$65,000
Family Health Center of Worcester		Innovation Fund for the Uninsured	
Great Brook Valley Health Center	Organization		\$75,000
	Organization	Innovation Fund for the Uninsured	\$72,500
Greater New Bedford Community Health Center	Organization	Innovation Fund for the Uninsured	\$65,000
HealthFirst Family Care Center	Organization	Innovation Fund for the Uninsured	\$65,000
Hilltown Community Health Centers	Organization	Innovation Fund for the Uninsured	\$65,000
Holyoke Health Center	Organization	Innovation Fund for the Uninsured	\$72,500
Joseph M Smith Community Health Center	Organization	Innovation Fund for the Uninsured	\$70,000
Justice Resource Institute	Organization	Innovation Fund for the Uninsured	\$60,000
Lowell Community Health Center	Organization	Innovation Fund for the Uninsured	\$75,000
Shattuck Partners	Organization	Innovation Fund for the Uninsured	\$65,000
South End Community Health Center	Organization	Innovation Fund for the Uninsured	\$55,000
Volunteers in Medicine Berkshires	Organization	Innovation Fund for the Uninsured	\$60,000
Women of Means	Organization	Innovation Fund for the Uninsured	\$50,000
Children's Hospital Boston	Organization	Policy	\$75,000
Greater Boston Legal Services	Organization	Policy	\$18,000
Massachusetts Department of Public Health	Organization	Policy	\$50,000
Massachusetts Law Reform Institute	Organization	Policy	\$50,000
Boston Foundation for Sight	Organization	Responsive	\$25,000
Center for Community Health Education Research & Service	Organization	Responsive	\$10,000
Health Care For All	Organization	Responsive	\$25,000
Massachusetts Advocates for Children	Organization	Responsive	\$30,000
Massachusetts Breast Cancer Coalition	Organization	Responsive	\$25,000
Massachusetts Department of Public Health	Organization	Responsive	\$25,000
Massachusetts Immigrant and Refugee Advocacy Coalition	Organization	Responsive	\$25,000
Massachusetts League of Community Health Centers	Organization	Responsive	\$25,000
Massachusetts Office of Dispute Resolution	Organization	Responsive	\$25,000
Massachusetts Public Health Association	Organization	Responsive	\$25,000
Mount Aubum Hospital	Organization	Responsive	\$20,000
National Alliance on Mental Illness of Berkshire County	Organization	Responsive	\$25,000
The Boston Foundation	Organization	Responsive	\$25,000
Disability Policy Consortium	Organization	Strengthening the Voice for Access	\$30,000
Greater Boston Interfaith Organization	Organization	Strengthening the Voice for Access	\$50,000
Health Care For All	Organization	Strengthening the Voice for Access	\$50,000
Health Law Advocates	Organization	Strengthening the Voice for Access	\$40,000
Massachusetts Association of Community Health Workers	Organization	Strengthening the Voice for Access	\$40,000
Massachusetts Budget and Policy Center  Massachusetts Coalition of School-Based Health Centers	Organization	Strengthening the Voice for Access	\$25,000
	Organization	Strengthening the Voice for Access	\$25,000
Massachusetts Correctional Legal Services	Organization	Strengthening the Voice for Access	\$35,000
Massachusetts Housing and Shelter Alliance	Organization	Strengthening the Voice for Access	\$30,000
Massachusetts Immigrant and Refugee Advocacy Coalition	Organization	Strengthening the Voice for Access	\$50,000
Massachusetts Law Reform Institute	Organization	Strengthening the Voice for Access	\$45,000
Massachusetts League of Community Health Centers	Organization	Strengthening the Voice for Access	\$45,000
Massachusetts Senior Action Council	Organization	Strengthening the Voice for Access	\$40,000
Neighbor to Neighbor Massachusetts Education Fund	Organization	Strengthening the Voice for Access	\$35,000
Pro-Choice Massachusetts Foundation	Organization	Strengthening the Voice for Access	\$25,000
Voice and Future Fund	Organization	Strengthening the Voice for Access	\$35,000

Blue Cross and Blue Shield of Massachusetts Foundation, Inc. for Expanding Healthcare Access

04-3148824

Page 13, Part XVII, 1(b)(6) and (c)

The Foundation received in-kind contributions in the amount of \$1,399,000 from related organizations, Blue Cross and Blue Shield of Massachusetts, Inc. and Blue Cross and Blue Shield of Massachusetts HMO Blue, Inc. The in-kind contributions represent a significant amount of the Foundation's operating costs and include salaries and benefits, facility costs and other operating expenses. Salaries and benefits are related to financial support services provided by Blue Cross and Blue Shield of Massachusetts, Inc. employees. The total operating costs charged by Blue Cross and Blue Shield of Massachusetts, Inc. to the Foundation were \$3,317,000 for the year ended December 31, 2009, and included salaries and leased employees.

## \*Attachment Form 990-PF, Part VIII (List of Officers and Directors

## Names, titles and addresses of officers and directors

Philip W Johnston Board Chairman Robert Meenan, M D. Vice-Chair Anya Rader Wallack President - Interim Keith Renaldi Treasurer Fredi Shonkoff Clerk Assistant Clerk Angela Shennette Cleve Killingsworth Director Helen Caulton-Harris Director Matt Fishman Director Milton L Glass Director James W Hunt, Jr Director Barbara Ferrer Director Nick Littlefield Director Richard C Lord Director John G O'Brien Director Rob Restuccia Director Regina Villa Director Randy Wertheimer, M D Director

Director

Director

Charlotte S Yeh, M D

Rachel Kaprielian

Address & telephone

For all Officers and Directors

401 Park Drive

Boston, MA 02215-3326

617 246-5000

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

for Expanding Healthcare Access

## Form 8868

(Rev April 2009)

Department of the Treasury Internal Revenue Service

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

File a separate application for each return.

OMB No 1545-1709

<ul> <li>If you are Do not com</li> </ul>	filing for an Automatic 3-Month Extension, complete only Part I and check this bo filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II plete Part II unless you have already been granted an automatic 3-month extension on a	on page 2 previously fi	of this fo	▶ ☐ orm). n 8868.
Part I	Automatic 3-Month Extension of Time. Only submit original (no copies need	ded).		
A corporation Part I only	on required to file Form 990-T and requesting an automatic 6-month extension—check	k this box a	ind comi	plete ▶ []
All other co	rporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form ncome tax returns.	7004 to rec	juest an	extension o
one of the electronical returns, or a	Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month au returns noted below (6 months for a corporation required to file Form 990-T). Howe y if (1) you want the additional (not automatic) 3-month extension or (2) you file Form composite or consolidated Form 990-T Instead, you must submit the fully completed are ore details on the electronic filing of this form, visit www irs gov/efile and click on e-file:	ver, you ca s 990-BL, 6 id signed ba	innot file 3069, or age 2 (Pa	Form 8868 8870, group art II) of Form
Type or	Name of Exempt Organization  Blue Cross Blue Shield of Massachusetts Foundation, Inc. for Expanding Healthcare Access	Employer 04		tion number
File by the	Number, street, and room or suite no. If a P.O. box, see instructions		<u></u>	
due date for filing your	401 Park Drive, Landmark Center MS 01/07			
return See instructions	City, town or post office, state, and ZIP code. For a foreign address, see instructions.  Boston, MA 02215			
Check type	of return to be filed (file a separate application for each return):			
☐ Form 99	0 Form 990-T (corporation)	$\Box$	Form 47	720
☐ Form 99	0-BL		Form 52	227
☐ Form 99	0-EZ		Form 60	069
☑ Form 99	0-PF		Form 88	370
Telephone  If the orga  If this is for the whole	s are in the care of ▶ Michael D. Carder  No ▶ ( 617 ) 246-5313 FAX No. ▶ ( 617 ) 246  Inization does not have an office or place of business in the United States, check this or a Group Return, enter the organization's four digit Group Exemption Number (GEN) e group, check this box ▶ □ . If it is for part of the group, check this box . e names and EINs of all members the extension will cover.	box .	 If	► ☐ this is attach
1 I requuntil for the	est an automatic 3-month (6 months for a corporation required to file For August 16 , 20 10 , to file the exempt organization return for the organization organization's return for: calendar year 20 09 or tax year beginning , 20 , and ending	named abo	ve The	extension is
▶ ⊔	tax year beginning, 20, and ending	•••••		20
2 If this t	ax year is for less than 12 months, check reason:   Initial return   Final return	Change	n accou	nting period
-	application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax y nonrefundable credits. See instructions.	, 3a	\$	
	application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax ats made. Include any prior year overpayment allowed as a credit.	3b	\$	
deposit	e Due. Subtract line 3b from line 3a Include your payment with this form, or, if required with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Paymen) See instructions		\$	None
	ou are going to make an electronic fund withdrawal with this Form 8868, see Form 845			
for payment				<del>_</del>

Form 8868	(Rev 4-2009)			Page 2
Note, O	are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and ally complete Part II if you have already been granted an automatic 3-month extension on a previous are filing for an Automatic 3-Month Extension, complete only Part I (on page 1)	d check to ously filed	ns box Form 88	. <b>▶ \</b> Z) 68.
Part II		o copie	neede	ed).
Type or				tion number
print	Blue Cross and Blue Shield of Massachusetts Foundation for Expan	04	314	8824
File by the	Number, street, and room or suite no. If a P.O. box, see instructions.	or IRS use	only	
extended due date f	401 Park Drive, Landmark Center			
filing the return Sec	City, town or post office, state, and ZIP code. For a foreign address, see instructions			
instruction				
Check t	ype of return to be filed (File a separate application for each return):			
☐ Form	990 🗹 Form 990-PF 🔲 Form 1041-A		Form 60	)69
☐ Form	990-BL Form 990-T (sec. 401(a) or 408(a) trust) Form 4720		Form 88	370
☐ Forn	1 990-EZ Form 990-T (trust other than above) Form 5227			
STOP! D	o not complete Part II if you were not already granted an automatic 3-month extension on	previou	ly filed	Form 8868.
Teleph If the c If this for the v Ist with I re For the v Ist with The co	calendar year 2009, or other tax year beginning, 20, and ending his tax year is for less than 12 months, check reason: Initial return Final return to the in detail why you need the extension Additional time is requested to acquire all of the implete and file an accurate return.	0.10	and at	, 20 ntlna period
les	nis application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, any nonrefundable credits. See instructions.	8a	\$	68,000
est	nis application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and imated tax payments made include any prior year overpayment allowed as a credit and any ount paid previously with Form 8868.	8b	\$	38,000
	ance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit in FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$	30,000
	Signature and Verification alties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the complete and that I am authorized to prepare this form	ne best of m	y knowled	ige and belief,
Signature	Scitt for Dewilling & Treasurer	Date ▶	8/1	1/2010
	,, <u> </u>	For	т <b>8868</b>	(Rev 4-2009)

AUDITED COMBINED FINANCIAL STATEMENTS

Blue Cross Blue Shield of Massachusetts Foundation, Inc. for Expanding Healthcare Access
Years Ended December 31, 2009 and 2008
With Report of Independent Auditors

## Blue Cross Blue Shield of Massachusetts Foundation, Inc. for Expanding Healthcare Access

## **Audited Combined Financial Statements**

Years Ended December 31, 2009 and 2008

## Contents

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## Report of Independent Auditors

The Board of Directors
Blue Cross Blue Shield of Massachusetts Foundation, Inc.
for Expanding Healthcare Access

We have audited the accompanying combined statements of financial position of Blue Cross Blue Shield of Massachusetts Foundation, Inc. for Expanding Healthcare Access (the Foundation) as of December 31, 2009 and 2008, and the related combined statements of activities and changes in net assets, and cash flows for the years then ended. These financial statements are the responsibility of the Foundation's management. Our responsibility is to express an opinion on these financial statements based on our audits.

We conducted our audits in accordance with auditing standards generally accepted in the United States. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. We were not engaged to perform an audit of the Foundation's internal control over financial reporting. Our audits included consideration of internal control over financial reporting as a basis for designing audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Foundation's internal control over financial reporting. Accordingly, we express no such opinion. An audit also includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements, assessing the accounting principles used and significant estimates made by management, and evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

In our opinion, the financial statements referred to above present fairly, in all material respects, the combined financial position of Blue Cross Blue Shield of Massachusetts Foundation, Inc. for Expanding Healthcare Access at December 31, 2009 and 2008, and its combined activities and changes in its net assets, and its cash flows for the years then ended in conformity with U.S. generally accepted accounting principles.

Ernet + Young LLP

March 19, 2010

### Combined Statements of Financial Position

### (Dollars in thousands)

	December 31				
		2009		2008	
Assets	<del></del>				
Cash, cash equivalents and investments	\$	87,295	\$	76,225	
Pledges and investments receivable		98		216	
Contributions due from affiliates		_		2,093	
Total assets	<u>\$</u>	87,393	\$	78,534	
Liabilities and net assets					
Grants payable	\$	44	\$	2,666	
Accounts payable and accrued expenses		327		594	
Due to Blue Cross and Blue Shield of					
Massachusetts, Inc.		319		304	
Federal excise tax liability		8		59	
Total liabilities		698		3,623	
Net assets – unrestricted		86,695		74,911	
Total liabilities and net assets	\$	87,393	\$	78,534	

See accompanying notes.

## Combined Statements of Activities and Changes in Net Assets

### (Dollars in thousands)

	7	Years Ended December 3			
		2009		2008	
Revenues and other support:					
Contributions	\$	437	\$	2,433	
Contributions in-kind		1,399		1,438	
Contract service fee		50		_	
Investment income		2,333		2,959	
Net unrealized and realized gains (losses) on investments		16,254		(31,454)	
Total revenues (losses) and other support		20,473		(24,624)	
Expenses:					
Grants		4,064		4,615	
Professional services		2,398		2,233	
Salaries and benefits		1,778		1,553	
Conferences, conventions, and meetings		220		271	
Occupancy and equipment maintenance		163		132	
Federal excise tax expense		46		59	
Other administrative expenses		20		8	
Total expenses		8,689		8,871	
F (1-f.: ) - f					
Excess (deficiency) of revenues and other support		11 504		(22.405)	
over expenses and change in net assets		11,784		(33,495)	
Net assets at the beginning of year	_	74,911		108,406	
Net assets at the end of year	<u>\$</u>	86,695	\$	74,911	

See accompanying notes.

### Combined Statements of Cash Flows

(Dollars in thousands)

	Y	ears Ended 2009	l Dec	ember 31 2008	
Operating activity					
Excess (deficiency) of revenues and other support over					
expenses and change in net assets	\$	11,784	\$	(33,495)	
Changes in net assets and liabilities:					
Pledges and investments receivable		118		(152)	
Contributions due from affiliates		2,093		8,343	
Due to Blue Cross and Blue Shield of Massachusetts, Inc.		15		(314)	
Grants payable		(2,622)		137	
Accounts payable		(267)		219	
Federal excise tax liability		(51)		(58)	
Net unrealized and realized (gains) losses on investments		(16,254)		31,454	
Net cash (used in) provided by operating activities		(5,184)		6,134	
Investing activities					
Proceeds from sales of long-term investment securities		2,540		15,812	
Purchases of long-term investment securities		(5,728)		(13,823)	
Net cash (used in) provided by investing activities		(3,188)		1,989	
Net change in cash and cash equivalents		(8,372)		8,123	
Cash and cash equivalents at the beginning of year		9,697		1,574	
Cash and cash equivalents at the end of year	\$	1,325	\$	9,697	

See accompanying notes.

#### Notes to Combined Financial Statements

December 31, 2009

(Dollars in thousands)

#### 1. Organization

The accompanying combined financial statements of Blue Cross Blue Shield of Massachusetts Foundation, Inc. for Expanding Healthcare Access (BCBSF) and Massachusetts Medicaid Policy Institute, Inc. (MMPI) present the combined financial position and results of activities and changes in net assets and cash flows of BCBSF and MMPI (collectively referred to as the Foundation).

BCBSF was incorporated in March 1992, and is a not-for-profit, charitable organization. BCBSF's mission is to provide and support education and research, foster health care innovation and reform, and develop, promote, and support programs to improve the quality of health care access.

Blue Cross and Blue Shield of Massachusetts, Inc. (BCBSMA) is the sole member of BCBSF. Several board members of BCBSMA are board members of BCBSF will achieve its goals through support for a combination of grants, social research, demonstration projects, and advocacy, rather than financing the direct purchase of coverage.

In July 2003, BCBSF formed MMPI to provide and support education and research, to promote programs to improve the quality of health care access and delivery, and to foster health care innovation reform and development including, but not limited to, research and distribution of information seeking to enhance the development of effective Medicaid policy approaches and solutions. BCBSF is the sole corporate member of MMPI, and as such, has a variety of powers, including appointment and approval of board members.

#### 2. Summary of Significant Accounting Policies

#### **Use of Estimates**

The preparation of financial statements in conformity with accounting principles generally accepted in the United States requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities, and disclosures of contingent assets and liabilities, at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

### Notes to Combined Financial Statements (continued)

(Dollars in thousands)

#### 2. Summary of Significant Accounting Policies (continued)

#### Cash and Investments

The Foundation considers all highly liquid debt instruments purchased with a maturity date of three months or less to be cash equivalents.

Included in the financial statements are certain financial instruments carried at fair value. Fair values are based on quoted market prices when available. When market prices are not available, fair value is generally estimated by incorporating current market inputs for similar financial instruments. In instances where there is little or no market activity for the same or similar instruments, BCBSF estimates fair value using methods, models and assumptions that management believes market participants would use to determine a current transaction price.

BCBSF's financial assets carried at fair value have been classified, for disclosure purposes, based on a hierarchy defined by Financial Accounting Standard Board (FASB) Accounting Standards Codification No. 820, Fair Value Measurements, (ASC 820, formerly FAS 157). The levels of the fair value hierarchy are as follows:

- Level 1 Values are unadjusted quoted prices for identical assets and liabilities in active markets accessible at the measurement date.
- Level 2 Inputs include quoted prices for similar assets or liabilities in active markets, quoted prices from those willing to trade in markets that are not active, or other inputs that are observable or can be corroborated by market data for the term of the instrument. Such inputs include market interest rates and volatilities, spreads and yield curves.
- Level 3 Certain inputs are unobservable (supported by little or no market activity) and significant to the fair value measurement. Unobservable inputs reflect BCBSF's best estimate of what hypothetical market participants would use to determine a transaction price for the asset or liability at the reporting date.

### Notes to Combined Financial Statements (continued)

(Dollars in thousands)

#### 2. Summary of Significant Accounting Policies (continued)

Investments in partnerships and similar investments are recorded using the equity method of accounting and are recorded in the statements of financial position with the changes in the fair value of the investments included in net unrealized and realized (losses) gains on investments. These investments are not included under the scope for presentation required under ASC 820.

Investments in mutual funds are carried at estimated fair value based on quoted market prices and are recorded in the statements of financial position as common stocks with unrealized gains or losses included in net unrealized and realized (losses) gains on investments. These investments are included within the scope of ASC 820 and a summary is included below:

Level 1 financial assets – \$26,863 and \$20,061 as of December 31, 2009 and 2008, respectively. These assets include actively-traded exchange-listed mutual funds identified as common stocks. Unadjusted quoted prices for these securities are provided to BCBSF by independent pricing services.

Level 2 financial assets - None.

Level 3 financial assets – None.

The amortized cost, gross unrealized gains (losses), and estimated fair value of cash, cash equivalents and investments as of December 31, 2009 and 2008 are as follows:

	December 31, 2009									
	A	mortized	-	Gross U	Fair					
		Cost		Gains	Losses	Value				
Cash and cash equivalents	\$	1,325	\$	_	<b>s</b> –	\$ 1,325				
Other invested assets		60,187		3,021	(4,101)	59,107				
Common stocks		29,175		794	(3,106)	26,863				
Total cash, cash equivalents and investments	<u>\$</u>	90,687	\$	3,815	\$ (7,207)	\$ 87,295				

### Notes to Combined Financial Statements (continued)

(Dollars in thousands)

#### 2. Summary of Significant Accounting Policies (continued)

	ecembe	er 31, 20	08					
	Amortized Gross Unrealized						Fair	
		Cost		Gains	Loss	ses	 Value	
Cash and cash equivalents	\$	9,697	\$	_	\$	-	\$ 9,697	
Other invested assets		59,818		156	(13,	507)	46,467	
Common stocks		26,428		28	(6,	395)	20,061	
Total cash, cash equivalents and investments	<u> </u>	95,943	\$	184	\$ (19,	902)	\$ 76,225	

Realized gains or losses on dispositions on investments are determined on the basis of specific identification of the investment sold. Investment income is recognized as revenue when earned.

Gross realized losses included in net unrealized and realized gains (losses) on investments for 2009 and 2008 are as follows:

	<del></del>	2009	2008
Gross gains	\$	_	\$ -
Gross losses		(72)	(1,783)
Net realized investment losses	\$	(72)	\$ (1,783)

#### **Income Taxes**

BCBSF and MMPI are not-for-profit organizations established under Internal Revenue Code Section 501(c)(3). BCBSF is classified as a private foundation under Section 509(a) of the Internal Revenue Code and is subject to federal excise taxes. BCBSF files as a private foundation subject to a 2% tax on net investment income.

MMPI is exempt on related income from both federal and state income taxes.

### Notes to Combined Financial Statements (continued)

(Dollars in thousands)

#### 2. Summary of Significant Accounting Policies (continued)

In June 2006, the FASB issued ASC 740 (formerly FIN 48), Accounting for Uncertainty in Income Taxes, which is effective, for nonpublic entities, for fiscal years beginning after December 15, 2008. ASC 740 provides guidance to all enterprises for how uncertain tax provisions should be recognized, measured, presented and disclosed in the financial statements. The adoption of ASC 740 did not materially impact the organization's financial statements.

As of December 31, 2009, there were no positions for which management believes it is reasonably possible that the total amounts of tax contingencies will significantly increase or decrease within 12 months of the reporting date.

As of December 31, 2009, the Foundation's filings with the Internal Revenue Service for the calendar tax years of 2006, 2007 and 2008 remain subject to examination.

#### **Contributions In-Kind**

The Foundation recognizes contribution revenue and related expenses for certain services received at the fair value of those services.

#### **Contributions**

A contribution in the form of an unconditional promise to give is recognized as revenue by the Foundation in the period in which the promise is received. Contributions are comprised of cash received from various sources, including affiliates (BCBSMA and Blue Cross and Blue Shield of Massachusetts HMO Blue, Inc.), individuals, businesses, and civic and service organizations.

#### **Grants Payable**

The grants payable amount represents approved community grants which were awaiting final grant agreements from recipients.

#### **Contract Service Fees**

Contract service revenues are exchanges between the Foundation and another party, in which the nonprofit provides a service in exchange for a transfer of cash or another asset.

### Notes to Combined Financial Statements (continued)

(Dollars in thousands)

#### 2. Summary of Significant Accounting Policies (continued)

In 2009, MMPI recognized contract service fee revenue of \$50 for services requested and paid for by BCBSMA. The contract services MMPI performed included a proposal for implementing BCBSMA's Alternative Quality Contract (AQC) model within the Massachusetts Medicaid program.

#### 3. Related-Party Transactions

In 2009, BCBSMA provided the Foundation funding of \$1,399 in form of contributions in-kind. In 2008, this Foundation funding was \$3,531, comprised of \$2,093 of contributions in-cash and \$1,438 of contributions in-kind. BCBSMA contributions in-kind represent salaries and benefits, facility costs, and other operating expenses. Total operating costs charged by BCBSMA to the Foundation were \$3,317 and \$2,884 for the years ended December 31, 2009 and 2008, respectively.

BCBSF did not make any donations to MMPI in 2009 and donated \$300 in cash in 2008.

#### 4. Functional Expenses

Expenses were incurred for the following in the years ended December 31:

		2009	2008
Program services	\$	8,439	\$ 8,653
General and administrative		250	218
Total Expenses	<u>s</u>	8,689	\$ 8,871

Other Financial Information



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### Report of Independent Auditors on Other Financial Information

The Board of Directors
Blue Cross Blue Shield of Massachusetts Foundation, Inc.
for Expanding Healthcare Access

Our audit was conducted for the purpose of forming an opinion on the combined financial statements taken as a whole. The details of combination appearing in conjunction with the combined financial statements are presented for purposes of additional analysis and are not a required part of the combined financial statements. Such information has been subjected to the auditing procedures applied in our audit of the financial statements and, in our opinion, is fairly stated in all material respects in relation to the combined financial statements taken as a whole.

Ernet + Young LLP

March 19, 2010

## Combining Statement of Financial Position

December 31, 2009

(Dollars in thousands)

-	BCBSF		N	MMPI		<u> Fotal</u>
Assets Cash, cash equivalents and investments Pledges and investments receivable Contributions due from affiliates	\$	86,784 98 -	\$	511 _ _	\$	87,295 98 –
Total assets	\$	86,882	\$	511	\$	87,393
Liabilities and net assets Grants payable Accounts payable and accrued expenses Due to Blue Cross Blue Shield	\$	44 300	\$	_ 27	\$	44 327
of Massachusetts, Inc. Federal excise tax liability		292 8		27 -		319 8
Total liabilities		644		54		698
Total net assets – unrestricted Total liabilities and net assets	\$	86,238 86,882	\$	457 511	\$	86,695 87,393

## Combining Statement of Activities and Changes in Net Assets

### For the Year Ended December 31, 2009

(Dollars in thousands)

	 BCBSF	MMPI		 Total
Revenues and other support				
Contributions	\$ 362	\$	75	\$ 437
Contributions in-kind	1,349		50	1,399
Contract service fee			50	50
Investment income	2,332		1	2,333
Net unrealized and realized gains on				-
investments	16,254		_	16,254
Total revenues and other support	 20,297		176	20,473
Expenses				
Grants	4,064		_	4,064
Professional services	2,233		165	2,398
Salaries and benefits	1,645		133	1,778
Conferences, conventions, and				,
meetings	213		7	220
Occupancy and equipment				
maintenance	158		5	163
Federal excise tax expense	46			46
Other administrative expenses	6		14	20
Total expenses	 8,365		324	 8,689
Excess (deficiency) of revenues and other support over expenses and				·
change in net assets	11,932		(148)	11,784
Net assets at the beginning of year	74,306		605	74,911
Net assets at the end of year	\$ 86,238	\$	457	\$ 86,695