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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

2010

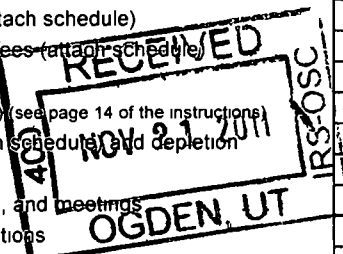
For calendar year 2010, or tax year beginning , and ending

G Check all that apply ☐ Initial return ☐ Initial return of a former public charity ☐ Final return
☐ Amended return ☐ Address change ☐ Name change

Name of foundation Blue Cross and Blue Shield of Massachusetts Foundation for Expanding Healthcare Access		A Employer identification number 04-3148824
Number and street (or P O box number if mail is not delivered to street address) Room/suite 401 Park Drive, Landmark Center		B Telephone number (see page 10 of the instructions) 617-246-5000
City or town, state, and ZIP code Boston MA 02215-3326		C If exemption application is pending, check here ☐
H Check type of organization ☒ Section 501(c)(3) exempt private foundation ☐ Section 4947(a)(1) nonexempt charitable trust ☐ Other taxable private foundation		D 1. Foreign organizations, check here ☐ 2. Foreign organizations meeting the 85% test, check here and attach computation ☐
I Fair market value of all assets at end of year (from Part II, col (c), line 16) \$ 96,172,038	J Accounting method ☐ Cash ☒ Accrual ☐ Other (specify) _____ (Part I, column (d) must be on cash basis)	E If private foundation status was terminated under section 507(b)(1)(A), check here ☐ F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ☐

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see page 11 of the instructions))

	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue				
1 Contributions, gifts, grants, etc., received (attach schedule)	1,315,891			
2 Check ☐ if the foundation is not required to attach Sch B				
3 Interest on savings and temporary cash investments	15	15		
4 Dividends and interest from securities	2,674,710	2,674,710		
5 a Gross rents		0		
b Net rental income or (loss)	0			
6 a Net gain or (loss) from sale of assets not on line 10	-3,018,936			
b Gross sales price for all assets on line 6a	73,057,027			
7 Capital gain net income (from Part IV, line 2)		0		
8 Net short-term capital gain			0	
9 Income modifications				
10 a Gross sales less returns and allowances	0			
b Less Cost of goods sold	0			
c Gross profit or (loss) (attach schedule)	0			
11 Other income (attach schedule)	13,086,762	0	0	
12 Total. Add lines 1 through 11	14,058,442	2,674,725	0	
Operating and Administrative Expenses				
13 Compensation of officers, directors, trustees, etc	0			
14 Other employee salaries and wages				
15 Pension plans, employee benefits				
16 a Legal fees (attach schedule)	0	0	0	0
b Accounting fees (attach schedule)	0	0	0	0
c Other professional fees (attach schedule)	0	0	0	0
17 Interest				
18 Taxes (attach schedule) (see page 14 of the instructions)	55,209	0	0	0
19 Depreciation (attach schedule) and depletion	0	0	0	
20 Occupancy	171,432			171,432
21 Travel, conferences, and meetings	211,045			211,045
22 Printing and publications	16,941			16,941
23 Other expenses (attach schedule)	3,922,192	0	0	3,922,192
24 Total operating and administrative expenses. Add lines 13 through 23	4,376,819	0	0	4,321,610
25 Contributions, gifts, grants paid	3,648,344			3,648,344
26 Total expenses and disbursements. Add lines 24 and 25	8,025,163	0	0	7,969,954
27 Subtract line 26 from line 12				
a Excess of revenue over expenses and disbursements	6,033,279			
b Net investment income (if negative, enter -0-)		2,674,725		
c Adjusted net income (if negative, enter -0-)			0	



6

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		813,962	3,203,976	3,203,976
	2 Savings and temporary cash investments				
	3 Accounts receivable ▶ 6,719,713				
	Less allowance for doubtful accounts ▶ 0		30,198	6,719,713	6,719,713
	4 Pledges receivable ▶ 0				
	Less allowance for doubtful accounts ▶ 0		0	0	0
	5 Grants receivable		68,437	92,576	92,576
	6 Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see page 15 of the instructions)		0	0	0
	7 Other notes and loans receivable (attach schedule) ▶ 0				
	Less allowance for doubtful accounts ▶ 0		0	0	0
	8 Inventories for sale or use				
	9 Prepaid expenses and deferred charges				
	10 a Investments—U S. and state government obligations (attach schedule)		0	0	0
	b Investments—corporate stock (attach schedule)		0	0	0
	c Investments—corporate bonds (attach schedule)		0	0	0
	11 Investments—land, buildings, and equipment basis ▶ 0				
Liabilities	Less accumulated depreciation (attach schedule) ▶ 0		0	0	0
	12 Investments—mortgage loans				
	13 Investments—other (attach schedule)		85,969,608	86,165,773	86,155,773
	14 Land, buildings, and equipment basis ▶ 0				
	Less accumulated depreciation (attach schedule) ▶ 0		0	0	0
	15 Other assets (describe ▶)		0	0	0
	16 Total assets (to be completed by all filers—see the instructions. Also, see page 1, item I)		86,882,205	96,182,038	96,172,038
	17 Accounts payable and accrued expenses		299,973	342,447	
	18 Grants payable		44,140	2,138,772	
	19 Deferred revenue				
	20 Loans from officers, directors, trustees, and other disqualified persons		0	0	
	21 Mortgages and other notes payable (attach schedule)		0	0	
	22 Other liabilities (describe ▶ See Attached Statement)		299,943	1,000,001	
	23 Total liabilities (add lines 17 through 22)		644,056	3,481,220	
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31. ▶ ☒				
	24 Unrestricted		86,238,149	92,690,818	
	25 Temporarily restricted				
	26 Permanently restricted				
	Foundations that do not follow SFAS 117, check here and complete lines 27 through 31. ▶ ☐				
	27 Capital stock, trust principal, or current funds			0	
	28 Paid-in or capital surplus, or land, bldg, and equipment fund				
	29 Retained earnings, accumulated income, endowment, or other funds				
Net Assets or Fund Balances	30 Total net assets or fund balances (see page 17 of the instructions)		86,238,149	92,690,818	
	31 Total liabilities and net assets/fund balances (see page 17 of the instructions)		86,882,205	96,172,038	

Part III Analysis of Changes in Net Assets or Fund Balances

1 Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	86,238,149
2 Enter amount from Part I, line 27a	2	6,033,279
3 Other increases not included in line 2 (itemize) ▶	3	419,390
4 Add lines 1, 2, and 3	4	92,690,818
5 Decreases not included in line 2 (itemize) ▶	5	0
6 Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30	6	92,690,818

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co.)	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a See Attached Statement			
b			
c			
d			
e			

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a 0	0	0	0
b 0	0	0	0
c 0	0	0	0
d 0	0	0	0
e 0	0	0	0

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(i) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))
(l) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	
a 0	0	0	0
b 0	0	0	0
c 0	0	0	0
d 0	0	0	0
e 0	0	0	0

2 Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 }	2	-3,018,936
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) (see pages 13 and 17 of the instructions) If (loss), enter -0- in Part I, line 8 }	3	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 page 18 of 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))
2009	8,350,894	75,104,933	0.111190
2008	9,006,694	82,000,706	0.109837
2007			0.000000
2006			0.000000
2005			0.000000

2 Total of line 1, column (d)	2	0.221027
3 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	3	0.110514
4 Enter the net value of noncharitable-use assets for 2010 from Part X, line 5	4	0
5 Multiply line 4 by line 3	5	0
6 Enter 1% of net investment income (1% of Part I, line 27b)	6	0
7 Add lines 5 and 6	7	0
8 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 on page 18.	8	0

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page 18 of the instructions)

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)		1	53,495
b Domestic foundations that meet the section 4940(e) requirements in Part V, check 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	53,495
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	53,495
6 Credits/Payments			
a 2010 estimated tax payments and 2009 overpayment credited to 2010	6a 21,487		
b Exempt foreign organizations—tax withheld at source	6b		
c Tax paid with application for extension of time to file (Form 8868)	6c 41,000		
d Backup withholding erroneously withheld	6d		
7 Total credits and payments Add lines 6a through 6d		7	62,487
8 Enter any penalty for underpayment of estimated tax Check here ☐ if Form 2220 is attached		8	384
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		9	0
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		10	8,608
11 Enter the amount of line 10 to be Credited to 2011 estimated tax 0 Refunded		11	8,608

Part VII-A Statements Regarding Activities

	Yes	No
1 a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?		X
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19 of the instructions for definition)? <i>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</i>		X
c Did the foundation file Form 1120-POL for this year?		X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation \$ (2) On foundation managers \$		
e 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? <i>If "Yes," attach a detailed description of the activities</i>		X
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? <i>If "Yes," attach a conformed copy of the changes</i>		X
4 a Did the foundation have unrelated business gross income of \$1,000 or more during the year?		X
b If "Yes," has it filed a tax return on Form 990-T for this year?	N/A	
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? <i>If "Yes," attach the statement required by General Instruction T</i>		X
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	X	
7 Did the foundation have at least \$5,000 in assets at any time during the year? <i>If "Yes," complete Part II, col (c), and Part XV</i>	X	
8 a Enter the states to which the foundation reports or with which it is registered (see page 19 of the instructions) MA		
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? <i>If "No," attach explanation</i>	X	
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2010 or the taxable year beginning in 2010 (see instructions for Part XIV on page 27)? <i>If "Yes," complete Part XIV</i>		X
10 Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses</i>		X

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 page 20 of the instructions)	11		X
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before August 17, 2008?	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
Website address bcbsmafoundation.org				
14	The books are in care of Michael Carder	Telephone no 617-246-5000		
Located at 401 Park Drive Boston MA		ZIP+4 02215-3326		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the year	15 N/A		
16	At any time during calendar year 2010, 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
See page 20 of the instructions for exceptions and filing requirements for Form TD F 90-22.1 If "Yes," enter the name of the foreign country				X

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

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

		Yes	No
1a	During the year did the foundation (either directly or indirectly)		
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	☐ Yes	☒ No
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?	☐ Yes	☒ No
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	☐ Yes	☒ No
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	☒ 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	☒ 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	☒ 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 page 22 of the instructions)? Organizations relying on a current notice regarding disaster assistance check here	1b	X
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 2010?	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 2010, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2010?	☐ Yes	☐ No
	If "Yes," list the years 20 , 20 , 20 , 20		
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 page 22 of the instructions)	2b	
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here 20 , 20 , 20 , 20		
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?	☐ Yes	☒ No
b	If "Yes," did it have excess business holdings in 2010 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 2010)	3b	N/A
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 2010?	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 509(a)(1), (2), or (3), or section 4940(d)(2)? (see page 22 of the 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 page 22 of the instructions)?**5b** N/A

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**

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 page 22 of the instructions).

(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
NONE	00	0	0	0
	00	0	0	0
	00	0	0	0
	00	0	0	0
	00	0	0	0

2 Compensation of five highest-paid employees (other than those included on line 1—see page 23 of the instructions). If none, enter "NONE."

(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				

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

▶

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 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) Compensation
AUS Marketing Research Systems, Inc 5581 Route 42, Blackwood, NJ 08012	Professional Consulting Services	628,750
Urban Institute 2100 M Street, Washington, DC 20037	Professional Consulting Services	280,416
Bridgespan Group LLC 535 Boylston Street, Boston, MA 02116	Professional Consulting Services	166,339
George Washington University 2021 K Street NW, Washington, DC 20006	Professional Consulting Services	145,984
Lawrence S. Tye 26 Grant Street, Lexington, MA 02420	Professional Consulting Services	126,689
Total number of others receiving over \$50,000 for professional services		3

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 and policy initiatives, the Foundation works with public and private organizations to broaden health coverage and reduce barriers to care. The Foundation will focus on developing solutions that benefit uninsured, vulnerable and low income individuals and families in the Commonwealth.	
2 Catalyst Fund Grants The Foundation through the Catalyst Fund is a resource for mini grants of up to \$3,500 to organizations serving the health needs of low income and uninsured residents of Massachusetts.	
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 year on lines 1 and 2.

	Amount
1	
2	
All other program-related investments. See page 24 of the instructions.	
3	
Total. Add lines 1 through 3	0

Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see page 24 of the instructions.)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
a	Average monthly fair market value of securities	1a	86,062,691
b	Average of monthly cash balances	1b	
c	Fair market value of all other assets (see page 25 of the instructions)	1c	
d	Total (add lines 1a, b, and c)	1d	86,062,691
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	1e	
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	86,062,691
4	Cash deemed held for charitable activities. Enter 1½ % of line 3 (for greater amount, see page 25 of the instructions)	4	1,290,940
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	84,771,751
6	Minimum investment return. Enter 5% of line 5	6	4,238,588

Part XI Distributable Amount (see page 25 of the instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ☐ and do not complete this part.)

1	Minimum investment return from Part X, line 6	1	4,238,588
2a	Tax on investment income for 2010 from Part VI, line 5	2a	53,495
b	Income tax for 2010 (This does not include the tax from Part VI.)	2b	
c	Add lines 2a and 2b	2c	53,495
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	4,185,093
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	4,185,093
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	4,185,093

Part XII Qualifying Distributions (see page 25 of the instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
a	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26	1a	7,969,954
b	Program-related investments—total from Part IX-B	1b	0
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	0
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	7,969,954
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	7,969,954

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 page 26 of the instructions)

	(a) Corpus	(b) Years prior to 2009	(c) 2009	(d) 2010
1 Distributable amount for 2010 from Part XI, line 7				4,185,093
2 Undistributed income, if any, as of the end of 2010				
a Enter amount for 2009 only			0	
b Total for prior years 20____, 20____, 20____		0		
3 Excess distributions carryover, if any, to 2010				
a From 2005				0
b From 2006				4,810,140
c From 2007				3,236,374
d From 2008				4,965,830
e From 2009				4,642,291
f Total of lines 3a through e	17,654,635			
4 Qualifying distributions for 2010 from Part XII, line 4 ▶ \$ 7,969,954				
a Applied to 2009, but not more than line 2a			0	
b Applied to undistributed income of prior years (Election required—see page 26 of the instructions)		0		
c Treated as distributions out of corpus (Election required—see page 26 of the instructions)	0			
d Applied to 2010 distributable amount				4,185,093
e Remaining amount distributed out of corpus	3,784,861			
5 Excess distributions carryover applied to 2010 (If an amount appears in column (d), the same amount must be shown in column (a))	0			0
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	21,439,496			
b Prior years' undistributed income Subtract line 4b from line 2b		0		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed				
d Subtract line 6c from line 6b Taxable amount—see page 27 of the instructions		0		
e Undistributed income for 2009 Subtract line 4a from line 2a Taxable amount—see page 27 of the instructions			0	
f Undistributed income for 2010 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2011				0
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see page 27 of the instructions)				
8 Excess distributions carryover from 2005 not applied on line 5 or line 7 (see page 27 of the instructions)	0			
9 Excess distributions carryover to 2011. Subtract lines 7 and 8 from line 6a	21,439,496			
10 Analysis of line 9				
a Excess from 2006				4,810,140
b Excess from 2007				3,236,374
c Excess from 2008				4,965,830
d Excess from 2009				4,642,291
e Excess from 2010				

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

Recipient		If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)					
a	Paid during the year				3,648,344
Total					▶ 3a 3,648,344
b	Approved for future payment				
Total					▶ 3b 0

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

2010

Name of the organization

Employer identification number

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

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 foundationCheck 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, \$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 II

- ☐
- 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)

Name of organization

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

Employer identification number

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	\$ 1,114,210	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution)
2	Employees of Blue Cross and Blue Shield of Massachusetts, Inc 401 Park Drive Boston MA 02215 Foreign State or Province Foreign Country	\$ 88,653	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution)
3	Foundation for a Healthy Kentucky 9300 Shelbyville Road, Suite 1305 Louisville KY 40222 Foreign State or Province Foreign Country	\$ 22,000	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution)
4	Endowment for Health 14 South Street Concord NH 03301 Foreign State or Province Foreign Country	\$ 32,000	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution)
5	University Of Texas at Austin PO Box 7159 Austin TX 78713-7159 Foreign State or Province Foreign Country	\$ 17,327	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution)
6	Maine Health Access Foundation, Inc 150 Capital Street, Suite 4 Augusta ME 04330 Foreign State or Province Foreign Country	\$ 17,000	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution)

Name of organization

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

Employer identification number

04-3148824

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	Thomas Love and Highmark Settlements PO Box 4218 Portland OR 97208-4218 Foreign State or Province _____ Foreign Country _____	\$ 24,701	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution)
8	_____ _____ _____ Foreign State or Province _____ Foreign Country _____	\$ 0	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution)
9	_____ _____ _____ Foreign State or Province _____ Foreign Country _____	\$ 0	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution)
10	_____ _____ _____ Foreign State or Province _____ Foreign Country _____	\$ 0	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution)
11	_____ _____ _____ Foreign State or Province _____ Foreign Country _____	\$ 0	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution)
12	_____ _____ _____ Foreign State or Province _____ Foreign Country _____	\$ 0	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution)

Name of organization

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

Employer identification number

04-3148824

Part II Noncash Property (see instructions)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-----	----- ----- -----	\$ ----- 0	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-----	----- ----- -----	\$ ----- 0	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-----	----- ----- -----	\$ ----- 0	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-----	----- ----- -----	\$ ----- 0	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-----	----- ----- -----	\$ ----- 0	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-----	----- ----- -----	\$ ----- 0	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-----	----- ----- -----	\$ ----- 0	-----

Name of organization Blue Cross and Blue Shield of Massachusetts Foundation for Expanding Healthcare Access	Employer identification number 04-3148824
--	--

Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year. 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) ▶ \$ 0

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	----- ----- ----- For Prov Country	----- ----- -----	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	----- ----- ----- For Prov Country	----- ----- -----	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	----- ----- ----- For Prov Country	----- ----- -----	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	----- ----- ----- For Prov Country	----- ----- -----	

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

		Amount		Totals										Net Gain or Loss			
Index	Check "X" if Sale of Security	Description	CUSIP #	Purchaser	Check "X" if Purchaser is a Business	Date Acquired	Acquisition Method	Date Sold	Gross Sales		Cost or Other Basis	Valuation Method	Expense of Sale and Cost of Improvements	Depreciation	Net Gain or Loss		
									Price	Sales							
		Long Term CG Distributions			Securities										73,057,027	76,075,963	-3,016,936
		Short Term CG Distributions			Other sales										0	0	0
1	X	Acadia International Equity		Acadia	X	Various	P	2/28/2010	12,100	16,761					-4,661		
2	X	Acadia International Equity		Acadia	X	Various	P	5/17/2010	11,993	16,408					-4,415		
3	X	Acadia International Equity		Acadia	X	Various	P	7/27/2010	6,277,320	8,566,262					-2,288,942		
4	X	Acadia International Equity		Acadia	X	Various	P	8/17/2010	11,765	11,765					0		
5	X	Acadia International Equity		Acadia	X	Various	P	11/3/2010	13,235	3,247					9,988		
6	X	Sanderson International Value		Sanderson	X	Various	P	8/31/2010	10,607	10,989					-382		
7	X	Sanderson International Value		Sanderson	X	Various	P	9/30/2010	11,698	10,893					805		
8	X	Sanderson International Value		Sanderson	X	Various	P	10/29/2010	12,009	10,863					1,146		
9	X	Sanderson International Value		Sanderson	X	Various	P	11/29/2010	11,776	10,870					906		
10	X	Sanderson International Value		Sanderson	X	Various	P	12/31/2010	12,697	10,802					1,895		
11	X	Putnam Total Return		Putnam	X	Various	P	7/27/2010	11,290,823	11,000,000					290,823		
12	X	Putnam Total Return		Putnam	X	Various	P	12/31/2010	3,500,000	3,294,667					205,333		
13	X	Putnam Total Return		Putnam	X	Various	P	12/31/2010	800,000	723,484					76,516		
14	X	WAMCO Core Plus		WAMCO	X	Various	P	3/31/2010	1,000,000	986,552					13,448		
15	X	WAMCO Core Plus		WAMCO	X	Various	P	7/19/2010	16,452,606	15,528,821					923,785		
16	X	Wellington Core		Wellington	X	Various	P	6/1/2010	19,745,857	19,370,086					375,771		
17	X	Shenckman High Yield		Shenckman	X	Various	P	12/31/2009	6,359,254	6,431,339					-72,085		
18	X	MS International Equity		MS	X	Various	P	7/27/2010	6,123,287	9,167,016					-3,043,729		
19	X	IronBridge Small Cap		Iron Bridge	X	Various	P	12/24/2009	1,400,000	905,138					494,862		

Line 11 (990-PF) - Other Income

		13,086,762	0	0
	Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income
1	Unrealized gains on investments	13,086,762	0	
2			0	
3			0	
4			0	
5			0	
6			0	
7			0	
8			0	
9			0	
10			0	

Line 18 (990-PF) - Taxes

		55,209	0	0	0
	Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
1	Tax on investment income	55,209			
2					
3					
4					
5					
6					
7					
8					
9					
10					

Line 23 (990-PF) - Other Expenses

		3,922,192	0	0	3,922,192
	Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
1	Amortization See attached statement	0	0	0	0
2	Postage and telephone	6,537			6,537
3	External professional services	2,504,726			2,504,726
4	Purchased services from Blue Cross and Blue Shield	1,381,894			1,381,894
5	Miscellaneous expenses	29,035			29,035
6					
7					
8					
9					
10					

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

	Item or Category	Basis of Valuation	Book Value Beg. of Year	Book Value End of Year	FMV End of Year
			85,969,608	86,165,773	86,155,773
1	Wellington CTF Value Yield Fund	FMV	20,187,074	0	0
2	Western Assets Fund Core Plus Fund	FMV	16,129,670	0	0
3	Morgan Stanley Inst Fund Int'l Equity	FMV	6,398,491	0	0
4	CFROI Small Cap Life Cycle Fund	FMV	8,752,246	9,382,354	9,382,354
5	Credos High Yield Bond Fund	FMV	5,672,202	0	0
6	Putnam Total Return	FMV	10,967,000	8,089,903	8,089,903
7	Pimco All Asset fund	FMV	4,334,866	6,776,892	6,766,892
8	Acadian International All Cap Fund	FMV	6,488,850	0	0
9	Mellon Global Alpha Fund	FMV	7,039,209	7,482,670	7,482,670
10	SSgA S&P 500 Tobacco Free Fund	FMV	0	25,735,250	25,735,250
11	Sanderson Tobacco Free Int'l Value Fund	FMV	0	15,804,991	15,804,991
12	PIMCO Total Return Fund	FMV	0	12,893,713	12,893,713

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

	Description	Beginning Balance	Ending Balance
1	Due to affiliate Blue Cross and Blue Shield of Massachusetts, Inc.	292,128	967,993
2	Federal income taxes on investment income	7,815	32,008
3			
4			
5			
6			
7			
8			
9			
10			

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

Amount																						
Long Term CG Distributions																						
Short Term CG Distributions																						
		Kind(s) of Property Sold	CUSIP #	How Acquired	Date Acquired	Date Sold	Totals		73,057,027		0		76,075,963 -3,018,936		0		0		0		-3,018,936	
									Gross Sales Price	Depreciation Allowed	Cost or Other Basis Plus Expense of Sale	Gain or Loss	F M V as of 12/31/69	Adjusted Basis as of 12/31/69	Excess of FMV Over Adj Basis	Gains Minus Excess of FMV Over Adjusted Basis or Losses						
1		Acadia International Equity		P	Various	2/28/2010			12,100	0	16,761	-4,661			0	-4,661						
2		Acadia International Equity		P	Various	5/17/2010			11,993	0	16,408	-4,415			0	-4,415						
3		Acadia International Equity		P	Various	7/27/2010			6,277,320	0	8,566,262	-2,288,942			0	-2,288,942						
4		Acadia International Equity		P	Various	8/17/2010			11,765	0	11,765	0			0	0						
5		Acadia International Equity		P	Various	11/3/2010			13,235	0	3,247	9,988			0	9,988						
6		Sanderson International Value		P	Various	8/31/2010			10,607	0	10,989	-382			0	-382						
7		Sanderson International Value		P	Various	9/30/2010			11,698	0	10,893	805			0	805						
8		Sanderson International Value		P	Various	10/29/2010			12,009	0	10,863	1,146			0	1,146						
9		Sanderson International Value		P	Various	11/29/2010			11,776	0	10,870	906			0	906						
10		Sanderson International Value		P	Various	12/31/2010			12,697	0	10,802	1,895			0	1,895						
11		Putnam Total Return		P	Various	7/27/2010			11,290,823	0	11,000,000	290,823			0	290,823						
12		Putnam Total Return		P	Various	12/31/2010			3,500,000	0	3,294,667	205,333			0	205,333						
13		Putnam Total Return		P	Various	12/31/2010			800,000	0	723,484	76,516			0	76,516						
14		WAMCO Core Plus		P	Various	3/31/2010			1,000,000	0	986,552	13,448			0	13,448						
15		WAMCO Core Plus		P	Various	7/19/2010			16,452,606	0	15,528,821	923,785			0	923,785						
16		Wellington Core		P	Various	6/1/2010			19,745,857	0	19,370,086	375,771			0	375,771						
17		Shenckman High Yield		P	Various	12/31/2009			6,359,254	0	6,431,339	-72,085			0	-72,085						
18		MS International Equity		P	Various	7/27/2010			6,123,287	0	9,167,016	-3,043,729			0	-3,043,729						
19		IronBridge Small Cap		P	Various	12/24/2009			1,400,000	0	905,138	494,862			0	494,862						

[illegible]

Attorney General # : 029171

Form 8868
(Rev. January 2011)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

► **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☐
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only ☐

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

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization	Employer identification number
	Blue Cross Blue Shield of Massachusetts Foundation, Inc. for Expanding Healthcare Access	04-3148824
	Number, street, and room or suite no. If a P.O. box, see instructions	
	401 Park Drive, Landmark Center MS 01/07	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions	
	Boston, MA 02215	

Enter the Return code for the return that this application is for (file a separate application for each return)

0 4

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

- The books are in the care of ► Michael D. Carder

Telephone No. ► 617-246-5000 FAX No. ► 617-246-7806

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until August 15, 20 11, to file the exempt organization return for the organization named above. The extension is for the organization's return for
 ► ☒ calendar year 20 10 or
 ► ☐ tax year beginning , 20 , and ending , 20

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

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit	3b	\$
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$ <u>None</u>

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.