

Form **990**
 Department of the Treasury
 Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public
 ▶ Information about Form 990 and its instructions is at www.irs.gov/form990

OMB No 1545-0047
2015
Open to Public Inspection

A For the 2015 calendar year, or tax year beginning 01-01-2015, and ending 12-31-2015

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization BLUE CROSS BLUE SHIELD ASSOCIATION % ROBERT J KOLODGY Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 225 NORTH MICHIGAN AVENUE City or town, state or province, country, and ZIP or foreign postal code CHICAGO, IL 60601	D Employer identification number 13-5656874 E Telephone number (312) 297-6000 G Gross receipts \$ 512,533,410
F Name and address of principal officer SCOTT SEROTA 225 NORTH MICHIGAN AVENUE CHICAGO, IL 60601		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number ▶
I Tax-exempt status <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c)(4) ◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		L Year of formation 1948 M State of legal domicile IL
J Website: ▶ WWW BCBS COM		
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		

Part I Summary

1	Briefly describe the organization's mission or most significant activities SEE SCHEDULE O		
2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
3	Number of voting members of the governing body (Part VI, line 1a)	3	37
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	36
5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	1,293
6	Total number of volunteers (estimate if necessary)	6	0
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	4,449,982
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	0	0
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	456,031,393	500,166,247
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,100,612	3,431,971
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	251,672	580,131
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	457,383,677	504,178,349
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	0	0
	16a Professional fundraising fees (Part IX, column (A), line 11e)	179,415,728	201,104,962
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ ⁰	0	0
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	270,219,633	308,585,154
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	449,635,361	509,690,116
19 Revenue less expenses Subtract line 18 from line 12	7,748,316	-5,511,767	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	691,620,828	650,271,510
	22 Net assets or fund balances Subtract line 21 from line 20	588,934,440	539,461,724
		102,686,388	110,809,786

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer		2016-11-10	Date	
	ROBERT J KOLODGY EVP & CFO				
	Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name ERICA R MCREYNOLDS	Preparer's signature ERICA R MCREYNOLDS	Date 2016-11-03	Check <input type="checkbox"/> if self-employed	PTIN P00977806
	Firm's name ▶ PricewaterhouseCoopers LLP	Firm's EIN ▶			
	Firm's address ▶ 2001 MARKET STREET SUITE 1800 PHILADELPHIA, PA 19103	Phone no (267) 330-3000			

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III **1** Briefly describe the organization's mission

SEE SCHEDULE O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a	(Code) (Expenses \$	167,403,232	including grants of \$	0) (Revenue \$	167,546,665)
	SEE SCHEDULE O				

4b	(Code) (Expenses \$	135,618,353	including grants of \$	0) (Revenue \$	147,874,027)
	SEE SCHEDULE O				

4c	(Code) (Expenses \$	56,189,190	including grants of \$	0) (Revenue \$	56,189,190)
	SEE SCHEDULE O				

4d	Other program services (Describe in Schedule O)				
	(Expenses \$	125,932,636	including grants of \$	0) (Revenue \$	128,556,366)

4e	Total program service expenses ▶	485,143,411			
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Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 20b regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21		No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		No
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a		No
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b	Yes	
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c	Yes	
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	Yes	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	Yes	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

Table with columns for question numbers (1a-14b), descriptions, and Yes/No columns. Includes questions about Form 1096, Form W-2G, Form W-3, and various organizational requirements.

Part VI Governance, Management, and Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O		
1b	Enter the number of voting members included in line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Did the organization have members or stockholders?	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	Yes	
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
8a	a The governing body?	Yes	
8b	b Each committee with authority to act on behalf of the governing body?	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		No

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	Yes	
10b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	Yes	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	Yes	
11b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	Yes	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	Yes	
13	Did the organization have a written whistleblower policy?	Yes	
14	Did the organization have a written document retention and destruction policy?	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	a The organization's CEO, Executive Director, or top management official	Yes	
15b	b Other officers or key employees of the organization	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	Yes	
16b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	Yes	

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed	IL
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O)	
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year	
20	State the name, address, and telephone number of the person who possesses the organization's books and records ▶ ROBERT J KOLODGY 225 NORTH MICHIGAN AVENUE CHICAGO, IL 60601 (312) 297-6462	

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							19,536,116	0	4,482,952	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶ 614**

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		No
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	Yes	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
HEALTH INTELLIGENCE CO LLC, 225 N MICHIGAN AVENUE CHICAGO, IL 60601	DATA ANALYTICS	15,172,279
HP ENTERPRISE SERVICES LLC, PO BOX 92013 CHICAGO, IL 60675	SYSTEM CONSULTING	9,761,803
KIRKLAND ELLIS, 200 E RANDOLPH DRIVE CHICAGO, IL 60601	LEGAL SERVICES	9,609,397
MEDULLAN INC, 625 MT AUBURN ST NO 201 CAMBRIDGE, MA 02138	DIGITAL HLTH CONSULT	6,440,859
AXA ASSISTANCE USA INC, 122 S MICHIGAN AVENUE CHICAGO, IL 60602	MED CLAIMS PROCESS	5,982,070

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **▶ 140**

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns 1a _____					
	b Membership dues 1b _____					
	c Fundraising events 1c _____					
	d Related organizations 1d _____					
	e Government grants (contributions) 1e _____					
	f All other contributions, gifts, grants, and similar amounts not included above 1f _____					
	g Noncash contributions included in lines 1a-1f \$ _____					
	h Total. Add lines 1a-1f ▶	0				
Program Service Revenue	2a FEDERAL EMPLOYEE PROGRAM	Business Code 900099	167,546,665	167,546,665	0	0
	b BLUECARD	900099	147,874,027	147,874,027	0	0
	c OTHER SERVICES	900099	56,189,190	55,853,141	336,049	0
	d CONSULTING & MISC SERVICES	900099	44,341,512	44,341,512	0	0
	e BRAND ENHANCEMENT & PROTECTION	900099	39,870,914	39,870,914	0	0
	f All other program service revenue		44,343,939	40,243,947	4,099,992	0
	g Total. Add lines 2a-2f ▶		500,166,247			
	Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶		3,363,453	0	0
4 Income from investment of tax-exempt bond proceeds ▶			0			
5 Royalties ▶			0			
6a Gross rents		(i) Real				
		(ii) Personal				
		b Less rental expenses				
		c Rental income or (loss)	0	0		
d Net rental income or (loss) ▶			0			
7a Gross amount from sales of assets other than inventory		(i) Securities	5,161,359			
		(ii) Other		3,262,220		
		b Less cost or other basis and sales expenses	5,030,854	3,324,207		
		c Gain or (loss)	130,505	-61,987		
d Net gain or (loss) ▶			68,518			68,518
8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18		a _____				
		b Less direct expenses b _____				
		c Net income or (loss) from fundraising events ▶		0		
9a Gross income from gaming activities See Part IV, line 19		a _____				
		b Less direct expenses b _____				
	c Net income or (loss) from gaming activities ▶		0			
10a Gross sales of inventory, less returns and allowances	a _____					
	b Less cost of goods sold b _____					
	c Net income or (loss) from sales of inventory ▶		0			
Miscellaneous Revenue		Business Code				
11a SERVICE FEE REVENUE	525990	13,941	0	13,941	0	
b PARTNERSHIP PASS THROUGH GAINS	900001	566,190	566,190	0	0	
c _____						
d All other revenue						
e Total. Add lines 11a-11d ▶		580,131				
12 Total revenue. See Instructions ▶		504,178,349	496,296,396	4,449,982	3,431,971	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	0	0		
2	Grants and other assistance to domestic individuals See Part IV, line 22	0	0		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	19,867,441	14,103,769	5,763,672	0
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	136,416,368	132,596,997	3,819,371	0
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	17,265,673	8,537,101	8,728,572	0
9	Other employee benefits	17,751,043	16,142,281	1,608,762	0
10	Payroll taxes	9,804,437	9,436,954	367,483	0
11	Fees for services (non-employees)				
a	Management	0			
b	Legal	11,105,583	10,533,066	572,517	0
c	Accounting	3,651,694	3,651,694	0	0
d	Lobbying	4,722,441	4,722,441	0	0
e	Professional fundraising services See Part IV, line 17	0			
f	Investment management fees	0			
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	171,750,339	171,078,277	672,062	0
12	Advertising and promotion	6,985,119	6,985,119	0	0
13	Office expenses	10,757,098	10,663,864	93,234	0
14	Information technology	46,508,446	45,382,752	1,125,694	0
15	Royalties	0			
16	Occupancy	12,310,644	12,402,498	-91,854	0
17	Travel	6,136,927	5,551,354	585,573	0
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	5,875,211	5,252,445	622,766	0
20	Interest	25,347	0	25,347	0
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	14,010,978	13,841,030	169,948	0
23	Insurance	5,183,340	5,129,336	54,004	0
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a	MEMBERSHIP & SPONSORSHIP	2,393,394	2,234,584	158,810	0
b	GENERAL CONTRIBUTIONS	2,503,221	2,280,221	223,000	0
c	BOOKS & PERIODICALS	1,801,332	1,777,552	23,780	0
d	MISCELLANEOUS	2,864,040	2,840,076	23,964	0
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	509,690,116	485,143,411	24,546,705	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash-non-interest-bearing	2,720,860	1	3,088,958
	2 Savings and temporary cash investments	446,581,844	2	324,567,662
	3 Pledges and grants receivable, net	0	3	0
	4 Accounts receivable, net	33,446,130	4	47,118,056
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	0	5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L	0	6	0
	7 Notes and loans receivable, net	2,928	7	8,294,710
	8 Inventories for sale or use	0	8	0
	9 Prepaid expenses and deferred charges	9,260,918	9	13,219,275
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 111,228,984		
	b Less accumulated depreciation	10b 80,509,250	23,155,959	10c 30,719,734
	11 Investments—publicly traded securities	15,000	11	15,000
	12 Investments—other securities See Part IV, line 11	166,129,773	12	207,464,718
	13 Investments—program-related See Part IV, line 11	0	13	0
	14 Intangible assets	3,532,448	14	5,174,430
	15 Other assets See Part IV, line 11	6,774,968	15	10,608,967
16 Total assets. Add lines 1 through 15 (must equal line 34)	691,620,828	16	650,271,510	
Liabilities	17 Accounts payable and accrued expenses	115,574,350	17	146,903,310
	18 Grants payable	0	18	0
	19 Deferred revenue	4,463,579	19	6,184,827
	20 Tax-exempt bond liabilities	0	20	0
	21 Escrow or custodial account liability Complete Part IV of Schedule D	391,376,227	21	324,982,703
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties	0	23	0
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	77,520,284	25	61,390,884
	26 Total liabilities. Add lines 17 through 25	588,934,440	26	539,461,724
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	102,686,388	27	110,809,786
	28 Temporarily restricted net assets	0	28	0
	29 Permanently restricted net assets	0	29	0
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	102,686,388	33	110,809,786	
34 Total liabilities and net assets/fund balances	691,620,828	34	650,271,510	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	504,178,349
2	Total expenses (must equal Part IX, column (A), line 25)	2	509,690,116
3	Revenue less expenses Subtract line 2 from line 1	3	-5,511,767
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	102,686,388
5	Net unrealized gains (losses) on investments	5	-1,231,559
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	14,866,724
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	110,809,786

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

- 1** Accounting method used to prepare the Form 990 Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
 If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
 If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		No
2b	Yes	
2c	Yes	
3a		No
3b		

Additional Data

Software ID:
Software Version:

EIN: 13-5656874

Name: BLUE CROSS BLUE SHIELD ASSOCIATION

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
David W Anderson Board Member	10 00	X						0	0	0
Peter Andruszkiewicz Board Member	10 00	X						0	0	0
Richard L Boals Board Member	30 00	X						0	0	0
Christopher Booth Board Member	10 00	X						0	0	0
Chester Burrell Board Member	10 00	X						0	0	0
Denise S Cesare Board Member	10 00	X						0	0	0
Andrew C Corbin Board Member	20 00	X						0	0	0
Andrew Dreyfus Board Member	30 00	X						0	0	0
John D Forsyth Board Member	10 00	X						0	0	0
Mark B Ganz Board Member	20 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Don C George Board Member	1 0 0 0	X						0	0	
Patrick J Geraghty Board Member	3 0 0 0	X						0	0	
Zelda Geyer-Sylvia Board Member	1 0 0 0	X						0	0	
Michael A Gold Board Member	1 0 0 0	X						0	0	
Bill Gracey Board Member	2 0 0 0	X						0	0	
Michael Guyette Board Member	3 0 0 0	X						0	0	
Patricia A Hemingway Hall Board Member	4 0 0 0	X						0	0	
JD Hickey Board Member	1 0 0 0	X						0	0	
Daniel J Hilferty Board Member	3 0 0 0	X						0	0	
David Holmberg Board Member	2 0 0 0	X						0	0	

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Tim Huckle Board Member	1 0 0 0	X						0	0	
Terry D Kellogg Board Member	3 0 0 0	X						0	0	
Scott D Kreiling Board Member	1 0 0 0	X						0	0	
Daniel J Loepp Board Member	4 0 0 0	X						0	0	
Robert A Marino Board Member	2 0 0 0	X						0	0	
Paul Markovich Board Member	3 0 0 0	X						0	0	
Steven S Martin Board Member	2 0 0 0	X						0	0	
David S Pankau Board Member	2 0 0 0	X						0	0	
M Carol Pigott Board Member	1 0 0 0	X						0	0	
Michael Reitz Board Member	1 0 0 0	X						0	0	

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Jeff Roe Board Member	1 0 0 0	X						0	0	
Ramon M Ruiz Comas Board Member	2 0 0 0	X						0	0	
Rick Schum Board Member	1 0 0 0	X						0	0	
Gary D StHilaire Board Member	1 0 0 0	X						0	0	
Joseph Swedish Board Member	3 0 0 0	X						0	0	
P Mark White Board Member	3 0 0 0	X						0	0	
Danette K Wilson Board Member	1 0 0 0	X						0	0	
J Bradley Wilson Board Member	2 0 0 0	X						0	0	
Scott P Serota President, CEO & Board Member	40 0 0 0	X		X				4,047,156	0	1,824,030
William A Breskin VP, Government Programs	40 0 0 0			X				503,597	0	135,250

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Bhaskar Bulusu VP, Enterprise Information	40 0 0 0			X				270,173	0	56,380
Maureen Cahill SVP& Chief Human Resource off	40 0 0 0			X				384,554	0	40,000
John Cersano VP, Federal Relations	40 0 0 0			X				370,715	0	104,420
Teresa Clark VP, Office of Clinical Affairs	40 0 0 0			X				304,078	0	49,650
William Colbourne SR VP, HR and Administration	40 0 0 0			X				594,104	0	10,890
Kathy Didawick VP, Congressional Comm	40 0 0 0			X				418,540	0	96,370
John T Encksen VP, Federal Relations	40 0 0 0			X				475,353	0	85,200
Jena Estes VP, Government Programs	40 0 0 0			X				395,509	0	89,590
Alissa T Fox SR VP, Policy & Representation	40 0 0 0			X				1,058,158	0	168,270
Paul Gerrard VP, Strategic Communications	40 0 0 0			X				357,068	0	33,060

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Kris O Haltmeyer VP, Health Policy & Analysis	40 0 0 0			X				372,032	0	33,080
Justine Handelman VP, Legislative & Reg Polict	40 0 0 0			X				462,429	0	63,510
Trent T Haywood SR VP, Clinical Affairs & CMO	40 0 0 0			X				570,040	0	37,960
Kan J Hedges VP, National Programs	40 0 0 0			X				459,604	0	27,840
Mitchell J Helfand VP, Finance	40 0 0 0			X				436,079	0	129,140
Kim D Holland VP, State Affairs	40 0 0 0			X				309,176	0	51,040
Nasir Khan VP & CHIEF TECHNOLOGY OFFICER	40 0 0 0			X				387,550	0	93,640
Robert J Kolodgy Jr SR VP, FSGP & CFO	40 0 0 0			X				758,142	0	50,140
Shirley S Lady VP, Transformation Services	40 0 0 0			X				400,676	0	97,690
Petar Naumovski VP & Chief Info SECURITY OFF	40 0 0 0			X				222,871	0	33,400

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
William S Nehs SR VP, Gen Counsel & Secretary	40 0 0 0			X				547,842	0	33,35
William O'Loughlin VP, Operational Readiness	40 0 0 0			X				522,263	0	130,51
Doug Porter SR VP, Operations & CIO	40 0 0 0			X				727,969	0	116,88
Cynthia Rolfe VP, Consumer Brand Strategy	40 0 0 0			X				372,977	0	22,20
Maureen E Sullivan SR VP, Strategic Svcs & CSO	40 0 0 0			X				758,025	0	128,61
Mark Talluto VP, Strategy and Analytics	40 0 0 0			X				323,448	0	31,64
Jennifer Vachon SVP,Admin srv & chief of staff	40 0 0 0			X				557,857	0	112,49
Jody A Voss VP, Strategic Bus Services	40 0 0 0			X				421,367	0	106,27
Terry Cooney Exec Dir, Nat'l Employee Benef	40 0 0 0					X		321,012	0	154,42
Daniel Engel Sr Assoc Gen Counsel	40 0 0 0					X		358,148	0	123,09

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Carole Flamm Exec Med Dir, Ctr Clinic Value	40 0 0 0					X		384,444	0	87,182
Steven Putziger Exec Dir Brand Protect&Finance	40 0 0 0					X		360,141	0	60,821
Denise Schofield EXEC DIR, STRATEGIC BUS SRVS	40 0 0 0					X		323,019	0	64,791

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527
 ▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.
 ▶ Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization BLUE CROSS BLUE SHIELD ASSOCIATION	Employer identification number 13-5656874
--	--

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV
- 2 Political expenditures ▶ \$ 864,328
- 3 Volunteer hours 0

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ 0
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ 575,000
- 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ \$ 575,000
- 4 Did the filing organization file Form 1120-POL for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
(1) DEMOCRATIC GOVERNORS ASSOCIATION	1401 K STREET NW STE 200 WASHINGTON, DC 20005	52-1304889	275,000	0
(2) REPUBLICAN GOVERNORS ASSOCIATION	1747 PENNSYLVANIA AVE NW STE 250 WASHINGTON, DC 20006	11-3655877	250,000	0
(3) DEMOCRATIC ATTORNEY GENERAL ASSOCIATION	1580 LINCOLN ST STE 1125 DENVER, CO 80203	05-0532524	25,000	0
(4) REPUBLICAN ATTORNEY GENERAL ASSOCIATION	1747 PENNSYLVANIA AVE NW WASHINGTON, DC 20006	46-4501717	25,000	0
5				
6				

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

A Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

B Check if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures
(The term "expenditures" means amounts paid or incurred.)

	(a) Filing organization's totals	(b) Affiliated group totals
--	----------------------------------	-----------------------------

1a Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b Total lobbying expenditures to influence a legislative body (direct lobbying)														
c Total lobbying expenditures (add lines 1a and 1b)														
d Other exempt purpose expenditures														
e Total exempt purpose expenditures (add lines 1c and 1d)														
f Lobbying nontaxable amount Enter the amount from the following table in both columns														
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </tbody> </table>			If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000													
Over \$17,000,000	\$1,000,000													
g Grassroots nontaxable amount (enter 25% of line 1f)														
h Subtract line 1g from line 1a If zero or less, enter -0-														
i Subtract line 1f from line 1c If zero or less, enter -0-														
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?														

Y e s **N o**

4-Year Averaging Period Under section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a)2012	(b)2013	(c)2014	(d)2015	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

SCHEDULE D
(Form 990)

Supplemental Financial Statements

OMB No 1545-0047
2015
Open to Public Inspection

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

Name of the organization BLUE CROSS BLUE SHIELD ASSOCIATION	Employer identification number 13-5656874
---	---

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.
Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

(ii) Assets included in Form 990, Part X ▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets

(continued)

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)
 - a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
 - b** If "Yes," explain the arrangement in Part XIII and complete the following table
 - c** Beginning balance
 - d** Additions during the year
 - e** Distributions during the year
 - f** Ending balance
- | | Amount |
|-----------|--------|
| 1c | |
| 1d | |
| 1e | |
| 1f | |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
 - b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
 - a** Board designated or quasi-endowment ▶
 - b** Permanent endowment ▶
 - c** Temporarily restricted endowment ▶
 The percentages on lines 2a, 2b, and 2c should equal 100%
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by

	Yes	No
(i) unrelated organizations	<input type="checkbox"/>	<input type="checkbox"/>
(ii) related organizations	<input type="checkbox"/>	<input type="checkbox"/>
3b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?	<input type="checkbox"/>	<input type="checkbox"/>
- 4** Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	0	0		0
b Buildings	0	0	0	0
c Leasehold improvements	0	29,370,344	18,991,746	10,378,598
d Equipment	0	81,858,640	61,517,504	20,341,136
e Other	0	0	0	0
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c) ▶				30,719,734

Part VII Investments—Other Securities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) NON-PUBLIC MUTUAL FUNDS	136,031,109	C
(B) WELLS FARGO MUTUAL FUNDS	28,648,630	F
(C) EXCHANGE TRADED FUNDS	22,817,752	C
(D) 1 SHARE COMMON BSBSA SRVCS INC	13,262,469	C
(E) INVEST IN AFFILIATES >5%	6,494,758	C
(F) 206,839 COMMON, BCS INSR CORP	210,000	C
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	207,464,718	

Part VIII Investments—Program Related. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)		

Part IX Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15

(a) Description	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)	

Part X Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
Federal income taxes	0
PENSION LIABILITES	37,746,729
LONG-TERM DEFERRED REVENUE	11,834,780
LEASE LIABILITY	6,765,440
OTHER BENEFITS	3,382,587
POST-RETIREMENT LIABILITY	1,661,348
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	61,390,884

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)		5	

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b		4c	
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)		5	

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference	Explanation
SCHEDULE D, PART IV, LINE 2B	THE ASSOCIATION HOLDS FUNDS AS AGENT FOR ITS MEMBER PLANS UNDER ARRANGEMENTS COVERING ITS BLUE CARD AND FEDERAL EMPLOYEE PROGRAM

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

**Schedule J
(Form 990)**

Compensation Information

OMB No 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**
 ▶ **Attach to Form 990.**

2015

Open to Public Inspection

▶ **Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.**

Department of the Treasury
Internal Revenue Service

Name of the organization
BLUE CROSS BLUE SHIELD ASSOCIATION

Employer identification number
13-5656874

Part I Questions Regarding Compensation

- 1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.
- | | |
|--|--|
| <input checked="" type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |
- b** If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain
- 2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?
- 3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.
- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |
- 4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization:
- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.
- Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**
- 5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:
- a** The organization?
- b** Any related organization?
If "Yes," on line 5a or 5b, describe in Part III.
- 6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:
- a** The organization?
- b** Any related organization?
If "Yes," on line 6a or 6b, describe in Part III.
- 7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.
- 8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.
- 9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b	Yes	
2	Yes	
4a		No
4b	Yes	
4c		No
5a		No
5b		No
6a		No
6b		No
7	Yes	
8		No
9		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column(B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
See Additional Data Table							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation
SCHEDULE J, PART I, LINE 1A	AS AN ORGANIZATION SERVING A SYSTEM OF LOCALLY BASED INDEPENDENT PLANS OFFERING HEALTH INSURANCE IN ALL 50 STATES, DC AND PUERTO RICO, THE ASSOCIATION'S OFFICERS ARE EXPECTED TO MAINTAIN AN UNUSUALLY DEMANDING TRAVEL SCHEDULE ACCORDINGLY, A COMMITTEE OF THE ASSOCIATION'S BOARD COMPRISED OF INDEPENDENT PLAN EXECUTIVES HAS ESTABLISHED CEO TRAVEL POLICIES DESIGNED TO ASSURE THE ORGANIZATION IS ABLE TO MEET HIS TRAVEL COMMITMENTS, INCLUDING TRAVEL TO UNDERSERVED REGIONAL DESTINATIONS THESE POLICIES INCLUDE THE USE OF CHARTER AIRCRAFT AND FIRST CLASS TRAVEL ON SCHEDULED COMMERCIAL FLIGHTS UNDER CERTAIN LIMITED CIRCUMSTANCES
SCHEDULE J, PART I, LINE 3	THE COMPENSATION OF THE CEO AND THE CONTINUED RETENTION OF HIS SERVICES ARE APPROVED EACH YEAR BY A COMMITTEE OF THE ASSOCIATIONS BOARD COMPRISED OF INDEPENDENT PLAN EXECUTIVES THAT COMMITTEE ACTS AFTER DELIBERATIONS BASED UPON ADVICE FROM A QUALIFIED INDEPENDENT COMPENSATION CONSULTING FIRM THE CONSULTANTS ADVICE AND THOSE DELIBERATIONS INCLUDE A REVIEW OF THE RESULTS OF THE INDEPENDENT CONSULTANTS RESEARCH REGARDING COMPENSATION PAID BY OTHER ORGANIZATIONS FOR OFFICERS SERVING IN CAPACITIES COMPARABLE TO THAT OF THE ASSOCIATIONS CEO EACH YEAR THIS COMMITTEES DECISIONS ARE REPORTED TO THE FULL BOARD DURING A REGULARLY SCHEDULED MEETING THE BOARD DELIBERATES ON BOTH MATTERS EXTENSION OF THE PERIOD OF THE CEOS SERVICE REQUIRES ACTION BY THE FULL BOARD THE COMPENSATION DETERMINATIONS OF THE COMMITTEE STAND APPROVED UNLESS THE BOARD EXERCISES ITS INHERENT PREROGATIVE TO MODIFY THE COMMITTEES COMPENSATION DECISIONS THE SAME COMMITTEE OF INDEPENDENT PLAN EXECUTIVES ANNUALLY RECEIVES THE CEOS RECOMMENDATIONS REGARDING THE COMPENSATION TO BE PAID TO THE OFFICERS AS WITH THE CEOS COMPENSATION, THE DELIBERATIONS OF THIS COMMITTEE AND ITS DECISIONS TO APPROVE OR MODIFY THE CEOS RECOMMENDATION ARE BASED UPON THE RESULTS OF AN INDEPENDENT CONSULTANTS MARKET RESEARCH REGARDING COMPARABLE OFFICER PAY AND THE INDEPENDENT CONSULTANTS ADVICE
SCHEDULE J, PART I, LINE 4	AS REQUIRED BY THE INSTRUCTIONS TO FORM 990, SCHEDULE J, PART II, A HYPOTHETICAL SERP ACCRUAL WAS CALCULATED FOR EACH REPORTABLE PERSON WHO WAS ELIGIBLE TO PARTICIPATE IN THAT PROGRAM THE ACCRUAL AMOUNTS WERE DETERMINED USING THE ASSOCIATION'S BEST ESTIMATE OF THE ACCRUAL USING THE METHODOLOGY SPECIFIED IN THE INSTRUCTIONS TO SCHEDULE J BECAUSE VESTED ACCRUALS UNDER THE SERP ARE CURRENTLY TAXED BASED ON A DIFFERENT METHODOLOGY AND THE INSTRUCTIONS TO SCHEDULE J SPECIFY THAT AMOUNTS REPORTED IN COLUMNS B(I) THROUGH B(III) SHOULD NOT BE REPORTED AGAIN IN COLUMN C OR D, THE AMOUNT OF IMPUTED SERP INCOME REPORTED IN COLUMN B(III) WAS SUBTRACTED IN EACH CASE AND THE BALANCE OF THE HYPOTHETICAL ACCRUAL WAS INCLUDED IN COLUMN C FOR THE APPLICABLE REPORTABLE PERSONS AS FOLLOWS SCOTT P SEROTA 187,792 WILLIAM A BRESKIN 39,732 JOHN CERISANO 17,081 KATHY DIDAWICK 23,266 JENA LANISE BELL ESTES 10,824 ALISSA T FOX 55,742 MITCHELL HELFAND 21,834 NASIR KHAN 14,395 SHIRLEY LADY 4,730 BILL OLOUGHLIN 35,986 DOUG PORTER 35,941 MAUREEN E SULLIVAN 45,911 JENNIFER VACHON 47,956 JODY VOSS 50,162 TERRY COONEY 26,587 DAN ENGEL 16,472 CAROLE FLAMM 10,285 STEVEN PUTZIGER 18,884 DENISE SCHOFIELD 2,183 ----- The combined total of imputed SERP included in column C \$ 665,761
SCHEDULE J, PART I, LINE 7	THE ASSOCIATION MAINTAINS AN ASSOCIATION WIDE ANNUAL PERFORMANCE BONUS PROGRAM THAT ASSURES A PORTION OF EMPLOYEES ANNUAL COMPENSATION IS CONTINGENT UPON THE ATTAINMENT OF PRE-APPROVED ORGANIZATIONAL PERFORMANCE GOALS, AS WEIGHTED BY THE PERFORMANCE MEASUREMENT PROCESS THAT EVALUATES EACH INDIVIDUAL EMPLOYEES EFFORTS OFFICERS, LIKE ALL EMPLOYEES, ARE ELIGIBLE TO PARTICIPATE IN THIS PROGRAM THE PERFORMANCE GOALS AND THE BUDGET FOR THIS BONUS PROGRAM ARE APPROVED EACH YEAR BY THE ASSOCIATIONS BOARD BASED UPON RECOMMENDATIONS FROM A BOARD COMMITTEE CONSISTING OF INDEPENDENT PLAN EXECUTIVES MOREOVER, THE PERFORMANCE ASSESSMENT JUDGMENTS AND THE APPROVAL OF ACTUAL PAYOUTS REQUIRE APPROVAL BY THAT COMMITTEE THE CEO ALSO PARTICIPATES IN A LONG TERM INCENTIVE BONUS PROGRAM AS WITH THE REGULAR PERFORMANCE BONUS PROGRAM, PAYOUTS UNDER THE LONG TERM INCENTIVE PROGRAM REFLECT THE EXTENT TO WHICH PRE-ESTABLISHED PERFORMANCE GOALS ARE REACHED HOWEVER, UNLIKE THE ANNUAL PERFORMANCE BONUS PROGRAM, THE LONG TERM INCENTIVE PROGRAM OPERATES ON A MULTI-YEAR CYCLE TO ASSURE THAT THE CEO HAS INCENTIVES THAT LOOK BEYOND THE IMMEDIATE YEAR THIS PROGRAM, THE PERFORMANCE MEASUREMENTS AND THE ASSESSMENT OF THE ACHIEVEMENT OF THOSE GOALS AND THE RESULTING PAYOUT AMOUNTS ARE ALL APPROVED BY THE SAME BOARD COMMITTEE DESCRIBED ABOVE AND REPORTED TO THE FULL BOARD THE COMMITTEES DELIBERATIONS REGARDING THE ESTABLISHMENT OF THE PROGRAM, THE SELECTION OF THE PERFORMANCE FACTORS AND ASSESSMENT OF PERFORMANCE ALL INCLUDE CONSULTATION AND RECOMMENDATION FROM A QUALIFIED INDEPENDENT COMPENSATION CONSULTANT BASED UPON A MARKET STUDY OF COMPARABLE PROGRAMS FOR COMPARABLE EXECUTIVES

Additional Data

Software ID:
Software Version:
EIN: 13-5656874
Name: BLUE CROSS BLUE SHIELD ASSOCIATION

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 Scott P Serota President, CEO & Board Member	(i)	987,665	2,702,142	357,349	1,786,049	37,985	5,871,190	1,340,307
	(ii)	0	0	0	0	0	0	0
1 William A Breskin VP, Government Programs	(i)	280,410	120,000	103,187	106,399	28,854	638,850	0
	(ii)	0	0	0	0	0	0	0
2 Bhaskar Bulusu VP, Enterprise Information	(i)	268,444	0	1,729	15,769	40,611	326,553	0
	(ii)	0	0	0	0	0	0	0
3 Maureen Cahill SVP& Chief Human Resource off	(i)	361,996	0	22,558	13,282	26,726	424,562	0
	(ii)	0	0	0	0	0	0	0
4 John Censano VP, Federal Relations	(i)	262,812	79,200	28,703	63,847	40,578	475,140	0
	(ii)	0	0	0	0	0	0	0
5 Teresa Clark VP, Office of Clinical Affairs	(i)	229,953	73,500	625	13,250	36,409	353,737	0
	(ii)	0	0	0	0	0	0	0
6 William Colbourne SR VP, HR and Administration	(i)	112,030	0	482,074	3,444	7,448	604,996	0
	(ii)	0	0	0	0	0	0	0
7 Kathy Didawick VP, Congressional Comm	(i)	247,044	120,000	51,496	73,307	23,069	514,916	0
	(ii)	0	0	0	0	0	0	0
8 John T Ericksen VP, Federal Relations	(i)	284,498	90,000	100,855	67,956	17,245	560,554	0
	(ii)	0	0	0	0	0	0	0
9 Jena Estes VP, Government Programs	(i)	275,427	76,300	43,782	63,922	25,674	485,105	0
	(ii)	0	0	0	0	0	0	0
10 Alissa T Fox SR VP, Policy & Representation	(i)	431,275	275,000	351,883	139,222	29,055	1,226,435	0
	(ii)	0	0	0	0	0	0	0
11 Paul Gerrard VP, Strategic Communications	(i)	247,196	98,100	11,772	10,838	22,222	390,128	0
	(ii)	0	0	0	0	0	0	0
12 Kns O Haltmeyer VP, Health Policy & Analysis	(i)	235,795	85,000	51,237	7,716	25,368	405,116	0
	(ii)	0	0	0	0	0	0	0
13 Justine Handelman VP, Legislative & Reg Polict	(i)	267,588	120,000	74,841	35,914	27,600	525,943	0
	(ii)	0	0	0	0	0	0	0
14 Trent T Haywood SR VP, Clinical Affairs & CMO	(i)	360,540	190,000	19,500	13,250	24,713	608,003	0
	(ii)	0	0	0	0	0	0	0
15 Kari J Hedges VP, National Programs	(i)	266,866	125,000	67,738	7,950	19,896	487,450	0
	(ii)	0	0	0	0	0	0	0
16 Mitchell J Helfand VP, Finance	(i)	228,131	90,000	117,948	108,132	21,008	565,219	0
	(ii)	0	0	0	0	0	0	0
17 Kim D Holland VP, State Affairs	(i)	209,877	80,000	19,299	15,989	35,059	360,224	0
	(ii)	0	0	0	0	0	0	0
18 Nasir Khan VP & CHIEF TECHNOLOGY OFFICER	(i)	247,983	90,000	49,567	69,322	24,326	481,198	0
	(ii)	0	0	0	0	0	0	0
19 Robert J Kolodgy Jr SR VP, FSGP & CFO	(i)	470,779	260,000	27,363	18,000	32,141	808,283	0
	(ii)	0	0	0	0	0	0	0

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees								
(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
21 Shirley S Lady VP, Transformation Services	(i)	237,599	75,000	88,077	88,291	9,408	498,375	0
	(ii)	0	0	0	0	0	0	0
1 Petar Naumovski VP & Chief Info SECURITY OFF	(i)	222,323	0	548	2,665	30,735	256,271	0
	(ii)	0	0	0	0	0	0	0
2 William S Nehs SR VP, Gen Counsel & Secretary	(i)	386,342	160,000	1,500	13,250	20,101	581,193	0
	(ii)	0	0	0	0	0	0	0
3 William O'Loughlin VP, Operational Readiness	(i)	293,866	135,000	93,397	102,721	27,793	652,777	0
	(ii)	0	0	0	0	0	0	0
4 Doug Porter SR VP, Operations & CIO	(i)	402,623	220,000	105,346	93,609	23,275	844,853	0
	(ii)	0	0	0	0	0	0	0
5 Cynthia Rolfe VP, Consumer Brand Strategy	(i)	252,916	99,600	20,461	10,910	11,290	395,177	0
	(ii)	0	0	0	0	0	0	0
6 Maureen E Sullivan SR VP, Strategic Svcs & CSO	(i)	389,637	200,000	168,388	98,821	29,797	886,643	0
	(ii)	0	0	0	0	0	0	0
7 Mark Talluto VP, Strategy and Analytics	(i)	253,483	61,000	8,965	14,516	17,133	355,097	0
	(ii)	0	0	0	0	0	0	0
8 Jennifer Vachon SVP, Admin srv & chief of staff	(i)	303,902	175,000	78,955	90,106	22,389	670,352	0
	(ii)	0	0	0	0	0	0	0
9 Jody A Voss VP, Strategic Bus Services	(i)	243,416	100,200	77,751	93,317	12,956	527,640	0
	(ii)	0	0	0	0	0	0	0
10 Terry Cooney Exec Dir, Nat'l Employee Benef	(i)	212,238	75,000	33,774	129,340	25,083	475,435	0
	(ii)	0	0	0	0	0	0	0
11 Daniel Engel Sr Assoc Gen Counsel	(i)	222,102	66,000	70,046	105,936	17,163	481,247	0
	(ii)	0	0	0	0	0	0	0
12 Carole Flamm Exec Med Dir, Ctr Clinic Value	(i)	276,556	76,200	31,688	61,281	25,903	471,628	0
	(ii)	0	0	0	0	0	0	0
13 Steven Putziger Exec Dir Brand Protect&Finance	(i)	231,055	70,000	59,086	47,251	13,574	420,966	0
	(ii)	0	0	0	0	0	0	0
14 Denise Schofield EXEC DIR, STRATEGIC BUS SRVS	(i)	236,791	69,900	16,328	52,503	12,290	387,812	0
	(ii)	0	0	0	0	0	0	0

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
See Additional Data Table					

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions)

Return Reference	Explanation

Additional Data**Software ID:****Software Version:****EIN:** 13-5656874**Name:** BLUE CROSS BLUE SHIELD ASSOCIATION**Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons**

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) F RUIZ	DIRECTOR'S FAMILY MEMBER	102,728	EMPLOYEE SALARY		No
(2) N PARKER	OFFICER'S FAMILY MEMBER	93,718	EMPLOYEE SALARY		No
(3) HEALTH INTELLIGENCE CO LLC	DIRECTOR-VENDORS DIRECTOR	15,260,772	PAYMENT FOR SERVICES		No
(4) HEALTH INTELLIGENCE CO LLC	OFFICER-CUSTOMER DIRECTOR	4,677,724	RECEIPTS-CONTRACT FEES		No
(5) NATIONAL ACCT SERVICE COMPANY LLC	OFFICER-CUSTOMER DIRECTOR	3,237,451	RECEIPTS FOR SERVICES		No
(6) BCS INSURANCE COMPANY	DIRECTOR-VENDORS DIRECTOR	1,705,270	PAYMENT FOR INSURANCE		No
(7) HIGHWAY TO HEALTH	DIRECTOR-CUSTOMER DIRECT	1,700,000	RECEIPT OF LICENSE FEE		No
(8) HEALTHSPARQ INC	DIRECTOR-VENDORS DIRECTOR	1,173,976	PAYMENT FOR SERVICES		No
(9) CONSORTIUM HEALTH PLANS INC	DIRECTOR-VENDORS DIRECTOR	755,080	PAYMENT FOR SERVICES		No
(10) BCBS VENTURE PARTNERS II LP	OFFICER-CUSTOMER DIRECTOR	315,329	RECEIPTS FOR SERVICES		No
(11) BSBS VENTURE PARTNERS LP	OFFICER-CUSTOMER DIRECTOR	220,505	RECEIPTS FOR SERVICES		No
(12) BSBS LIFE INSURANCE CO	DIRECTOR-CUSTOMER DIRECT	174,190	RECEIPTS FOR SERVICES		No
(13) PRIME THERAPEUTICS LLC	DIRECTOR-VENDORS DIRECTOR	142,245	PAYMENT FOR SERVICES		No
(14) AMERICAN BENEFIT COUNCIL	DIRECTOR-VENDORS DIRECTOR	118,000	PAYMENT FOR SERVICES		No
(15) TRAVEL AND TRANSPORT INC	DIRECTOR-VENDORS DIRECTOR	104,091	PAYMENT FOR SERVICES		No

**SCHEDULE O
(Form 990 or
990-EZ)**

Department of the
Treasury
Internal Revenue
Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at
www.irs.gov/form990.

OMB No 1545-0047

2015

**Open to Public
Inspection**

Name of the organization
BLUE CROSS BLUE SHIELD ASSOCIATION

Employer identification number

13-5656874

Return Reference	Explanation
FORM 990, PART I, LINE 1	<p>THE ORGANIZATION'S TAX EXEMPT PURPOSE IS PROMOTING THROUGH INDEPENDENT BLUE CROSS AND BLUE SHIELD MEMBER (PLANS), THE COMMON GOOD AND GENERAL WELFARE OF THE COMMUNITY BY FOSTERING BROAD-BASED HEALTH INSURANCE COVERAGE FORM 990, PART III, LINE 1 THE ASSOCIATION SERVES ITS MEMBERSHIP CONSISTING OF INDEPENDENT BLUE CROSS AND BLUE SHIELD MEMBER (PLANS) WHICH OPERATES WITHIN SPECIFIC GEOGRAPHIC SERVICE AREAS THE ASSOCIATION PROVIDES A VARIETY OF SERVICES TO MEMBER PLANS AND COORDINATES GOVERNMENT SERVICES SUCH AS THE CONTRACT UNDER THE FEDERAL EMPLOYEE HEALTH BENEFIT PROGRAM (FEP) WHICH IS THE CORE OF THE ORGANIZATION'S EXEMPT PURPOSE OF PROMOTING THE COMMON GOOD AND GENERAL WELFARE OF THE COMMUNITY BY FOSTERING BROAD-BASED HEALTH INSURANCE COVERAGE FORM 990, PART III, LINE 3 A CONTRACT BETWEEN CENTERS FOR MEDICARE & MEDICAID SERVICES AND THE BLUE CROSS AND BLUE SHIELD ASSOCIATION FOR THE MEDICARE A PROGRAM ENDED ON SEPTEMBER 30, 2015 FORM 990, PART III, LINE 4A THE BLUE CROSS AND BLUE SHIELD ASSOCIATIONS FEDERAL EMPLOYEE PROGRAM (FEP) ADMINISTERS THE BLUE CROSS AND BLUE SHIELD SERVICE BENEFIT PLAN APPROXIMATELY 64 PERCENT OF ALL FEDERAL EMPLOYEES AND RETIREES WHO RECEIVED THEIR HEALTH CARE BENEFITS THROUGH THE GOVERNMENTS FEDERAL EMPLOYEES HEALTH BENEFITS PROGRAM (FEHBP) ARE MEMBERS OF THE SERVICE BENEFIT PLAN RECEIVING HEALTH COVERAGE THROUGH MEMBER PLANS SERVICE BENEFIT PLAN HAS BEEN PART OF THE FEHBP SINCE ITS INCEPTION IN 1960 AND IS THE LARGEST PLAN IN THE PROGRAM ACCOMPLISHMENTS IN 2015 INCLUDED IMPROVING MEMBERS EXPERIENCE AND PROVIDING SUPPORT FOR A NEW OPERATING MODEL TO SUPPORT THE CURRENT SUITE OF CONSUMER TOOLS IMPROVEMENTS INCLUDE SUPPORTED REAL-TIME OR NEAR REAL-TIME PROCESSING OF INCENTIVES, PROVIDED SECURE MEMBER MESSAGING AND SUPPORTED TRAINING AND ENVIRONMENTS FOR THE DIGITAL EXPERIENCE PROGRAM RETENTION RATE WAS 99.3% FORM 990, PART III, LINE 4B THE BLUECARD PROGRAM IS A CLEARINGHOUSE SERVICE PROVIDED WHEN A MEMBER PLAN PARTICIPANT RECEIVES HEALTHCARE IN ANOTHER MEMBER PLAN GEOGRAPHIC SERVICE AREA BLUECARD GIVES BLUE MEMBERS SEAMLESS NATIONAL ACCESS TO PHYSICIANS AND HOSPITALS THAT PARTICIPATE IN BLUE NETWORKS THE PROGRAM LINKS PARTICIPATING HEALTHCARE PROVIDERS WITH THE INDEPENDENT BLUE CROSS AND BLUE SHIELD PLANS THROUGH A SINGLE ELECTRONIC NETWORK FOR CLAIMS PROCESSING AND REIMBURSEMENT DURING 2015, THE ASSOCIATION SUPPORTED ITS MEMBER PLANS IN THE DEVELOPMENT OF A NATIONAL TELEHEALTH OFFERING THROUGH THE BLUECARD PROGRAM FORM 990, PART III, LINE 4C AS THE UMBRELLA ORGANIZATION FOR THE MEMBER PLANS, THE ASSOCIATION COORDINATES ADVERTISING AND COMMUNICATION PROGRAMS, PROVIDING POLICY AND REPRESENTATION OF MEMBER INTERESTS, MONITORS AND FOSTERS THE FINANCIAL STABILITY OF ALL THE PLANS AND SUPPORTS THE ABILITY OF THE PLANS TO OPERATE EFFICIENTLY BY PROVIDING CONFERENCES, CONSULTING AND MISCELLANEOUS SERVICES TO THE PLANS FORM 990, PART III, LINE 4D OTHER PROGRAM SERVICE ACCOMPLISHMENTS THE ASSOCIATION PROVIDES OPTIONAL CONSULTING SERVICES AND OTHER MISCELLANEOUS PROJECTS EXPENSE 38,082,008 GRANTS NONE REVENUE 44,341,512 THE ASSOCIATION DEVELOPS, ENHANCES AND PROTECTS THE VALUE OF THE BLUE CROSS AND BLUE SHIELD BRAND NAMES AND SYMBOLS AND SUPPORTS THE OVERSIGHT AND MANAGEMENT OF MEMBER PLAN LICENSE AGREEMENTS EXPENSE 39,870,914 GRANTS NONE REVENUE 39,870,914 NATIONAL DATA WAREHOUSE (NDW) IS A CENTRAL DATA WAREHOUSE COMPOSED OF A GREGGATE STANDARDIZED AND DE-IDENTIFIED DATA (SUCH AS MEDICAL AND DRUG CLAIMS, MEMBERSHIP AND OTHER PROVIDER INFORMATION) OBTAINED FROM PARTICIPATING MEMBER PLANS FOR USE IN COMPLEMENTING THE ANALYTICAL SYSTEM WITHIN EACH OF THE PLANS TO IMPROVE BUSINESS INTELLIGENCE AND FOR THE BENEFIT OF UNDERSTANDING AND MANAGING HEALTH CARE COSTS AND QUALITY VIA BENCHMARKING AND TREND ANALYSIS EXPENSE 14,943,350 GRANTS NONE REVENUE 4,151,447 OPERATION OF THE NATIONAL EMPLOYEE BENEFITS ADMINISTRATION PROGRAM WHICH PROVIDES A COMPREHENSIVE GROUP PACKAGE OF EMPLOYEE BENEFITS PROGRAMS TO THE PLANS EXPENSE 13,646,831 GRANTS NONE REVENUE 13,968,019 OPERATION OF THE TELECOMMUNICATION NETWORK WHICH FACILITATES INTER-PLAN COMMUNICATION EXPENSE 11,765,734 GRANTS NONE REVENUE 18,802,690 MEDICARE & OTHER GOVERNMENT SERVICES THE ASSOCIATION PERFORMED SERVICES FOR THE MEDICARE A PROGRAM AND OTHER SERVICES AGREEMENTS WITH THE SECRETARY OF THE UNITED STATES DEPARTMENT OF HEALTH AND HUMAN SERVICES BCBSA ACTED IN A COORDINATING ROLE FOR ALL BLUE CROSS AND BLUE SHIELD PLANS TO PERFORM CERTAIN ASPECTS OF THE MEDICARE A INTERMEDIARY FUNCTIONS AND OTHER GOVERNMENT BUSINESS SERVICES PROVIDED TO THE PLANS THE ASSOCIATION PROVIDED ADDITIONAL SERVICES TO DHHS THROUGH CONTRACTS WITH THE AGENCY FOR HEALTHCARE RESEARCH AND QUALITY (AHRQ) THE CONTRACT TO PERFORM THESE SERVICES ENDED ON SEPTEMBER 30, 2015 EXPENSES 7,623,799 GRANTS NONE REVENUE 7,421,783</p>

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	VARIOUS ASSOCIATION BOARD MEMBERS (DIRECTORS) ALSO SIT ON THE BOARD OF BLUE CROSS BLUE SHIELD ASSOCIATION AFFILIATES

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	BCBSA HAS THIRTY SIX (36) INDEPENDENT HEALTH CARE PLAN LICENSEES OPERATING IN SPECIFIED DOMESTIC SERVICE AREAS ALL HEALTH CARE PLAN LICENSEES ARE ASSOCIATION MEMBERS

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	EACH PRIMARY LICENSEE MEMBER PLAN, BY THE AUTHORITY OF THEIR INDIVIDUAL GOVERNING DOCUMENTS, SELECT THE CEO OF THEIR RESPECTIVE COMPANIES TO SERVE AS A MEMBER OF THE ASSOCIATION'S BOARD

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	CERTAIN GOVERNING DECISIONS, SUCH AS BY-LAW AMENDMENTS, REQUIRE ACTION BY BOTH THE ASSOCIATION'S BOARD AND ITS MEMBER PLANS

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	IN GENERAL, FORM 990 CONTENT AND SOURCES OF INFORMATION ARE REVIEWED BY SUBJECT MATTER EXPERTS INCLUDING, BUT NOT LIMITED TO, INTERNAL AND EXTERNAL TAX (PWC) AND ACCOUNTING PROFESSIONALS AND INTERNAL LEGAL PERSONNEL FINALIZING THE RETURN DRAFT CONSISTS OF DISCUSSIONS BETWEEN FINANCE OFFICERS AND FINANCE MANAGERS REGARDING THE NUMERIC RESULTS AND WRITTEN RESPONSES TO SELECT RETURN QUESTIONS UPON INTERNAL AGREEMENT AS TO THE FORM AND CONTENT, AN ELECTRONIC DRAFT 990 IS SENT TO THE ASSOCIATIONS BOARD PRIOR TO FILING

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	BCBSA MAINTAINS A COMPREHENSIVE CODE OF CONDUCT AND COMPLIANCE PROGRAM APPLICABLE TO ALL EMPLOYEES AND OFFICERS IN ADDITION, ALL EMPLOYEES, OFFICERS, AND BOARD MEMBERS ARE REQUIRED TO COMPLETE AN ANNUAL CONFLICT OF INTEREST FORM THE BCBSA CHIEF AUDITOR AND COMPLIANCE OFFICER IS CHARGED WITH INVESTIGATING ANY ALLEGATIONS OF NON-COMPLIANCE WITH THE CODE OF CONDUCT, INCLUDING ANY COMPLAINTS REPORTED THROUGH THE ANONYMOUS HOTLINE MAINTAINED THROUGH AN INDEPENDENT ORGANIZATION THE RESULTS OF THE COMPLIANCE PROGRAMS EFFECTIVENESS ARE REPORTED TO THE FINANCIAL AND AUDIT COMMITTEE OF THE BOARD OF DIRECTORS ON AN ANNUAL BASIS FAILURE TO ADHERE TO THE CODE OF CONDUCT MAY RESULT IN DISCIPLINARY ACTION, UP TO AND INCLUDING TERMINATION OF EMPLOYMENT

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINES 15A & 15B	THE COMPENSATION OF THE CEO AND THE CONTINUED RETENTION OF HIS SERVICES ARE APPROVED EACH YEAR BY A COMMITTEE OF THE ASSOCIATIONS BOARD COMPRISED OF INDEPENDENT PLAN EXECUTIVES THAT COMMITTEE ACTS AFTER DELIBERATIONS BASED UPON ADVICE FROM A QUALIFIED INDEPENDENT COMPENSATION CONSULTING FIRM THE CONSULTANT'S ADVICE AND THOSE DELIBERATIONS INCLUDE A REVIEW OF THE RESULTS OF THE INDEPENDENT CONSULTANT'S RESEARCH REGARDING COMPENSATION PAID BY OTHER ORGANIZATIONS FOR OFFICERS SERVING IN CAPACITIES COMPARABLE TO THAT OF THE ASSOCIATION'S CEO EACH YEAR THIS COMMITTEES DECISIONS ARE REPORTED TO THE FULL BOARD DURING A REGULARLY SCHEDULED MEETING THE BOARD DELIBERATES ON BOTH MATTERS EXTENSION OF THE PERIOD OF THE CEOS SERVICE REQUIRES ACTION BY THE FULL BOARD THE COMPENSATION DETERMINATIONS OF THE COMMITTEE STAND APPROVED UNLESS THE BOARD EXERCISES ITS INHERENT PREROGATIVE TO MODIFY THE COMMITTEES COMPENSATION DECISIONS THE SAME COMMITTEE OF INDEPENDENT PLAN EXECUTIVES ANNUALLY RECEIVES THE CEOS RECOMMENDATIONS REGARDING THE COMPENSATION TO BE PAID TO THE OFFICERS AS WITH THE CEOS COMPENSATION, THE DELIBERATIONS OF THIS COMMITTEE AND ITS DECISIONS TO APPROVE OR MODIFY THE CEOS RECOMMENDATION ARE BASED UPON THE RESULTS OF AN INDEPENDENT CONSULTANTS MARKET RESEARCH REGARDING COMPARABLE OFFICER PAY AND THE INDEPENDENT CONSULTANTS ADVICE

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE ASSOCIATION COMPLIES WITH ALL APPLICABLE PUBLIC DISCLOSURE REQUIREMENTS. THUS, FOR EXAMPLE, MEMBERS OF THE PUBLIC MAY REQUEST AN OPPORTUNITY TO REVIEW THE ASSOCIATIONS FORM 990 OR TO MAKE A COPY BY SENDING A WRITTEN REQUEST OR APPEARING IN PERSON AT ITS PRINCIPAL OFFICE OR ANY OF ITS OTHER LOCATIONS. THE ASSOCIATIONS FAVORABLE DETERMINATION LETTER REGARDING ITS TAX EXEMPT STATUS AND MATERIALS COMPRISING ITS EXEMPTION APPLICATION ARE ALSO AVAILABLE IN THIS MANNER. IF THE ASSOCIATIONS GOVERNING DOCUMENTS (ARTICLES OF INCORPORATION AND BYLAWS) AND CONFLICT OF INTEREST POLICY ARE SUBJECT TO APPLICABLE FEDERAL OR STATE PUBLIC DISCLOSURE REQUIREMENTS, THOSE DOCUMENTS WILL BE MADE PUBLICLY AVAILABLE AS APPLICABLE LAW MAY REQUIRE. FOR EXAMPLE, FORM 990 FILINGS MAY INCLUDE BYLAW AMENDMENTS AND THOSE AMENDMENTS WILL BE MADE AVAILABLE AS NOTED ABOVE. OTHERWISE, THE GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY WILL BE PROVIDED TO THE PUBLIC AT THE DISCRETION OF THE ASSOCIATIONS MANAGEMENT.

Return Reference	Explanation
FORM 990, PART XI, LINE 9	OTHER CHANGES IN NET ASSETS OTHER COMPREHENSIVE INCOME-ASC 715 \$ (14,870,116) INTERCOMPANY REVENUE 13,941 SUBSIDIARY INCOME TAX (10,306) UNADJUSTED ERROR/UNRECONCILED (243) ----- TOTAL (14,866,724)

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION TEMPORARY HELP TOTAL FEES 48516920

Return Reference**Explanation**

FORM 990 PART IX LINE 11G

DESCRIPTION PRINTING & GRAPHICS TOTAL FEES 2685191

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION RECRUITING TOTAL FEES 765287

Return Reference**Explanation**

FORM 990 PART IX LINE 11G

DESCRIPTION & INFRASTRUCTURE DESIGN TOTAL FEES 119782941

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2015

**Open to Public
Inspection**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990. ▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

Name of the organization
BLUE CROSS BLUE SHIELD ASSOCIATION

Employer identification number

13-5656874

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) HEALTH SERVICES FOUNDATION 225 NORTH MICHIGAN AVENUE CHICAGO, IL 60601 23-7011867	EDUC , RSRCH	IL	501(C)(3)	9	NA		No
(2) BS AND BS FOUNDATION ON HEALTH CARE 225 NORTH MICHIGAN AVENUE CHICAGO, IL 60601 23-7164980	EDUC , RSRCH	IL	501(C)(3)	9	NA		No

Part III Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
BLUE CROSS BLUE SHIELD (1) INSTITUTE INC 225 NORTH MICHIGAN AVENUE CHICAGO, IL 60601 36-4176277	INT'L LICENSING	IL	NA	C CORP	-13,941	42,176	100 000 %	Yes	

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a** Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity
- b** Gift, grant, or capital contribution to related organization(s)
- c** Gift, grant, or capital contribution from related organization(s)
- d** Loans or loan guarantees to or for related organization(s)
- e** Loans or loan guarantees by related organization(s)
- f** Dividends from related organization(s)
- g** Sale of assets to related organization(s)
- h** Purchase of assets from related organization(s)
- i** Exchange of assets with related organization(s)
- j** Lease of facilities, equipment, or other assets to related organization(s)
- k** Lease of facilities, equipment, or other assets from related organization(s)
- l** Performance of services or membership or fundraising solicitations for related organization(s)
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- m** Performance of services or membership or fundraising solicitations by related organization(s)
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- o** Sharing of paid employees with related organization(s)
- p** Reimbursement paid to related organization(s) for expenses
- q** Reimbursement paid by related organization(s) for expenses
- r** Other transfer of cash or property to related organization(s)
- s** Other transfer of cash or property from related organization(s)

	Yes	No
1a		No
1b		No
1c		No
1d		No
1e		No
1f		No
1g		No
1h		No
1i		No
1j		No
1k		No
1l		No
1m		No
1n		No
1o		No
1p		No
1q	Yes	
1r		No
1s		No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) BLUE CROSS BLUE SHIELD INSTITUTE INC	Q	13,337	ACTUAL COST

Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation
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