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

Return of Private Foundation

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

▶ **Do not enter social security numbers on this form as it may be made public.**
▶ **Go to *www.irs.gov/Form990PF* for instructions and the latest information.**

OMB No. 1545-0047

2022

Open to Public Inspection

For calendar year 2022, or tax year beginning 01-01-2022 , and ending 12-31-2022

Name of foundation
BLUE CROSS AND BLUE SHIELD OF MASSACHUSETTS FOUNDATION FOR EXPANDING HEALTH CARE ACCESS

A Employer identification number
04-3148824

Number and street (or P.O. box number if mail is not delivered to street address)
101 HUNTINGTON AVENUE SUITE 1300

Room/suite

B Telephone number (see instructions)
(617) 246-5000

City or town, state or province, country, and ZIP or foreign postal code
BOSTON, MA 021997611

C If exemption application is pending, check here ▶ ☐

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

D 1. Foreign organizations, check here..... ▶ ☐
2. Foreign organizations meeting the 85% test, check here and attach computation ... ▶ ☐

H Check type of organization: ☑ Section 501(c)(3) exempt private foundation ☐ Section 4947(a)(1) nonexempt charitable trust ☐ Other taxable private foundation

E If private foundation status was terminated under section 507(b)(1)(A), check here ..... ▶ ☐

I Fair market value of all assets at end of year (from Part II, col. (c), *line 16)* ▶$ 98,000,596

J Accounting method: ☐ Cash ☑ Accrual ☐ Other (specify) _____
(Part I, column (d) must be on cash basis.)

F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ..... ▶ ☐

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

			(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1	Contributions, gifts, grants, etc., received (attach schedule)	1,230,171			
	2	Check ▶ ☐ if the foundation is **not** required to attach Sch. B				
	3	Interest on savings and temporary cash investments				
	4	Dividends and interest from securities	1,377,284	1,377,284		
	5a	Gross rents				
	b	Net rental income or (loss) _____				
	6a	Net gain or (loss) from sale of assets not on line 10	4,620,122			
	b	Gross sales price for all assets on line 6a 16,368,518				
	7	Capital gain net income (from Part IV, line 2)		4,620,122		
	8	Net short-term capital gain				
	9	Income modifications				
	10a	Gross sales less returns and allowances 0				
	b	Less: Cost of goods sold 0				
	c	Gross profit or (loss) (attach schedule)	0			
	11	Other income (attach schedule)	262,275	0	0	
	12	**Total.** Add lines 1 through 11	7,489,852	5,997,406	0	
Operating and Administrative Expenses	13	Compensation of officers, directors, trustees, etc.				
	14	Other employee salaries and wages				
	15	Pension plans, employee benefits				
	16a	Legal fees (attach schedule)	0	0	0	0
	b	Accounting fees (attach schedule)	0	0	0	0
	c	Other professional fees (attach schedule)	2,037,685	353,327	0	1,684,358
	17	Interest				
	18	Taxes (attach schedule) (see instructions)	0	0	0	0
	19	Depreciation (attach schedule) and depletion	0	0	0	
	20	Occupancy	72,930			72,930
	21	Travel, conferences, and meetings	73,077			73,077
	22	Printing and publications	2,375			2,375
	23	Other expenses (attach schedule)	1,879,945	0	0	1,879,945
	24	**Total operating and administrative expenses.** Add lines 13 through 23	4,066,012	353,327	0	3,712,685
	25	Contributions, gifts, grants paid	3,700,978			3,700,978
	26	**Total expenses and disbursements.** Add lines 24 and 25	7,766,990	353,327	0	7,413,663
	27	Subtract line 26 from line 12:				
	a	**Excess of revenue over expenses and disbursements**	-277,138			
	b	**Net investment income** (if negative, enter -0-)		5,644,079		
	c	**Adjusted net income** (if negative, enter -0-)			0	

Part II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only. (See instructions.)

		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash—non-interest-bearing	4,801,383	5,301,170	5,301,170
	2 Savings and temporary cash investments			
	3 Accounts receivable ▶ 44,415			
	Less: allowance for doubtful accounts ▶	32,355	44,415	44,415
	4 Pledges receivable ▶			
	Less: allowance for doubtful accounts ▶		0	0
	5 Grants receivable	160,460	262,565	262,565
	6 Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)	0	0	0
	7 Other notes and loans receivable (attach schedule) ▶ 0			
	Less: allowance for doubtful accounts ▶ 0	0	0	0
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges		37,094	37,094
	10a Investments—U.S. and state government obligations (attach schedule)	0	0	0
	b Investments—corporate stock (attach schedule)	116,289,550	92,168,672	92,168,672
	c Investments—corporate bonds (attach schedule)	0		0
	11 Investments—land, buildings, and equipment: basis ▶ 0			
	Less: accumulated depreciation (attach schedule) ▶ 0	0		0
	12 Investments—mortgage loans			
	13 Investments—other (attach schedule)	0	0	0
	14 Land, buildings, and equipment: basis ▶ 0			
	Less: accumulated depreciation (attach schedule) ▶ 0	0		0
	15 Other assets (describe ▶)	107,960	186,680	186,680
	16 **Total assets** (to be completed by all filers—see the instructions. Also, see page 1, item I)	121,391,708	98,000,596	98,000,596
Liabilities	17 Accounts payable and accrued expenses	139,773	125,472	
	18 Grants payable		1,730,779	
	19 Deferred revenue			
	20 Loans from officers, directors, trustees, and other disqualified persons	0	0	
	21 Mortgages and other notes payable (attach schedule)	0	0	
	22 Other liabilities (describe ▶)	1,024,965	749,007	
	23 **Total liabilities**(add lines 17 through 22)	1,164,738	2,605,258	
Net Assets or Fund Balances	**Foundations that follow FASB ASC 958, check here ▶ ☑ and complete lines 24, 25, 29 and 30.**			
	24 Net assets without donor restrictions	120,226,970	95,395,338	
	25 Net assets with donor restrictions			
	Foundations that do not follow FASB ASC 958, check here ▶ ☐ and complete lines 26 through 30.			
	26 Capital stock, trust principal, or current funds			
	27 Paid-in or capital surplus, or land, bldg., and equipment fund			
	28 Retained earnings, accumulated income, endowment, or other funds			
	29 **Total net assets or fund balances** (see instructions)	120,226,970	95,395,338	
	30 **Total liabilities and net assets/fund balances** (see instructions)	121,391,708	98,000,596	

Part III Analysis of Changes in Net Assets or Fund Balances

1	Total net assets or fund balances at beginning of year—Part II, column (a), line 29 (must agree with end-of-year figure reported on prior year's return)	1	120,226,970
2	Enter amount from Part I, line 27a	2	-277,138
3	Other increases not included in line 2 (itemize) ▶	3	0
4	Add lines 1, 2, and 3	4	119,949,832
5	Decreases not included in line 2 (itemize) ▶	5	24,554,494
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 29	6	95,395,338

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

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

	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a	16,368,518		11,748,396	4,620,122
b				
c				
d				
e				

	Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) **or** Losses (from col.(h))
	(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	
a			0	4,620,122
b				
c				
d				
e				

2	Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 / If (loss), enter -0- in Part I, line 7 }	2	4,620,122
3	Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c) (see instructions). If (loss), enter -0- in Part I, line 8	3	0

Part V **Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see instructions)**

1a	Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ and enter "N/A" on line 1. Date of ruling or determination letter: _____ **(attach copy of letter if necessary–see instructions)**		1	78,453
b	All other domestic foundations enter 1.39% (0.0139) of line 27b. Exempt foreign organizations enter 4% (0.04) of Part I, line 12, col. (b)			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		2	
3	Add lines 1 and 2.		3	78,453
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		4	
5	**Tax based on investment income.** Subtract line 4 from line 3. If zero or less, enter -0-		5	78,453
6	Credits/Payments:			
a	2022 estimated tax payments and 2021 overpayment credited to 2022	6a 238,543		
b	Exempt foreign organizations—tax withheld at source	6b		
c	Tax paid with application for extension of time to file (Form 8868)	6c		
d	Backup withholding erroneously withheld	6d		
7	Total credits and payments. Add lines 6a through 6d.		7	238,543
8	Enter any **penalty** for underpayment of estimated tax. Check here ☐ if Form 2221 is attached.		8	
9	**Tax due.** If the total of lines 5 and 8 is more than line 7, enter **amount owed** ▶		9	
10	**Overpayment.** If line 7 is more than the total of lines 5 and 8, enter the **amount overpaid** ▶		10	160,090
11	Enter the amount of line 10 to be: **Credited to 2023 estimated tax** ▶ 160,090 **Refunded** ▶		11	0

Part VI-A **Statements Regarding Activities**

			Yes	No
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?	1a		No
b	Did it spend more than $100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition.	1b		No
	*If the answer is "Yes" to **1a** or **1b,** attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.*			
c	Did the foundation file **Form 1120-POL** for this year?	1c		No
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: **(1)** On the foundation. ▶ $ _____ **(2)** On foundation managers. ▶ $ _____			
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ▶ $ _____			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS? *If "Yes," attach a detailed description of the activities.*	2		No
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? *If "Yes," attach a conformed copy of the changes*	3		No
4a	Did the foundation have unrelated business gross income of $1,000 or more during the year?	4a		No
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year? *If "Yes," attach the statement required by General Instruction T.*	5		No
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: ● By language in the governing instrument, or ● By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	6	Yes	
7	Did the foundation have at least $5,000 in assets at any time during the year? *If "Yes," complete Part II, col. (c), and Part XIV.*	7	Yes	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions) ▶ _____			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? *If "No," attach explanation .*	8b	Yes	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2022 or the taxable year beginning in 2022? See the instructions for Part XIII. If "Yes," complete Part XIII	9		No
10	Did any persons become substantial contributors during the tax year? *If "Yes," attach a schedule listing their names and addresses.*	10		No

Part VI-A Statements Regarding Activities (continued)

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions.	11		No
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement. See instructions	12		No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Yes	

Website address ▶ BCBSMAFOUNDATION.ORG

14 The books are in care of ▶ MICHAEL CARDER Telephone no. ▶ (617) 246-5000

Located at ▶ 101 HUNTINGTON AVENUE SUITE 1300 BOSTON MA ZIP+4 ▶ 021997611

15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of **Form 1041** —check here ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the year ▶ 15

16	At any time during calendar year 2022, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes", enter the name of the foreign country ▶	16		No

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

			Yes	No
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.			
1a	During the year did the foundation (either directly or indirectly):			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	1a(1)		No
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?	1a(2)		No
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	1a(3)		No
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	1a(4)	Yes	
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?	1a(5)		No
	(6) Agree to pay money or property to a government official? (**Exception.** Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.)	1a(6)		No
b	If any answer is "Yes" to 1a(1)–(6), did **any** of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions.	1b		No
c	Organizations relying on a current notice regarding disaster assistance check here. ▶ ☐			
d	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2022?	1d		No
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):			
a	At the end of tax year 2022, did the foundation have any undistributed income (Part XII, lines 6d and 6e) for tax year(s) beginning before 2022? If "Yes," list the years ▶ 20____, 20____, 20____, 20____	2a		No
b	Are there any years listed in 2a for which the foundation is **not** applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to **all** years listed, answer "No" and attach statement—see instructions.)	2b		
c	If the provisions of section 4942(a)(2) are being applied to **any** of the years listed in 2a, list the years here. ▶ 20____, 20____, 20____, 20____			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?	3a		No
b	If "Yes," did it have excess business holdings in 2022 as a result of **(1)** any purchase by the foundation or disqualified persons after May 26, 1969; **(2)** the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or **(3)** the lapse of the 10-, 15-, or 20-year first phase holding period? *(Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2022.)*	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		No
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2022?	4b		No

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

			Yes	No
5a	During the year did the foundation pay or incur any amount to:			
	(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?	5a(1)		No
	(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?	5a(2)		No
	(3) Provide a grant to an individual for travel, study, or other similar purposes?	5a(3)		No
	(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions	5a(4)		No
	(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?	5a(5)		No
b	If any answer is "Yes" to 5a(1)–(5), did **any** of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance? See instructions	5b		
c	Organizations relying on a current notice regarding disaster assistance check ▶ ☐			
d	If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? *If "Yes," attach the statement required by Regulations section 53.4945–5(d).*	5d		
6a	Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	6a		No
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? *If "Yes" to 6b, file Form 8870.*	6b		No
7a	At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?	7a		No
b	If "Yes", did the foundation receive any proceeds or have any net income attributable to the transaction?	7b		
8	Is the foundation subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment during the year?	8		No

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

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

(a) Name and address	**(b)** Title, and average hours per week devoted to position	**(c)** Compensation **(If not paid, enter -0-)**	**(d)** Contributions to employee benefit plans and deferred compensation	**(e)** Expense account, other allowances
See Additional Data Table				

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

(a) Name and address of each employee paid more than $50,000	**(b)** Title, and average hours per week devoted to position	**(c)** Compensation	**(d)** Contributions to employee benefit plans and deferred compensation	**(e)** Expense account, other allowances

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

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

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

(a) Name and address of each person paid more than $50,000	(b) Type of service	(c) Compensation
MANATT PHELPS & PHILLIPS LLP 7 TIMES SQUARE NEW YORK, NY 10036	CONSULTING	430,000
UNIVERSITY OF MASSACHUSETTS MEDICAL SCHO 55 LAKE AVE NORTH WORCESTER, MA 01655	CONSULTING	235,176
TYE LAWRENCE S 139A FAYERWAEATHER STREET CAMBRIDGE, MA 02138	CONSULTING	144,229
EMVISION LLC 1471 F ROAD LOXAHATCHEE LOXAHATCHEE, FL 33470	CONSULTING	107,480
CENTER FOR HEALTH CARE STRATEGIES INC 200 AMERICAN METRO BLVD SUITE 119 HAMILTON, NJ 08619	CONSULTING	85,000
Total number of others receiving over $50,000 for professional services. ▶		

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

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1 THE MISSION (PURPOSE) OF THE BLUE CROSS AND BLUE SHIELD OF MASSACHUSETTS FOUNDATION INC. IS TO EXPAND ACCESS TO HEALTH CARE THROUGH GRANTS & POLICY INITIATIVES, THE FOUNDATION WORKS WITH PUBLIC AND PRIVATE ORGANIZATIONS TO BROADEN HEALTHCARE THROUGH GRANTS AND POLICY INITIATIVES. THE FOUNDATION WILL FOCUS ON DEVELOPING SOLUTIONS THAT BENEFIT UNINSURED, VULNERABLE AND LOW INCOME INDIVIDUALS AND FAMILIES IN THE COMMONWEALTH. THROUGH CATALYST GRANTS, THE FOUNDATION IS A RESOURCE FOR MINI GRANTS OF UP TO $5,000 TO ORGANIZATIONS SERVING THE HEALTH NEEDS OF LOW INCOME AND UNINSURED RESIDENTS OF MA.	7,413,663
2	
3	
4	

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

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
1	
2	
All other program-related investments. See instructions. **3**	
Total. Add lines 1 through 3 ▶	0

Part IX Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities	1a	102,778,612
b	Average of monthly cash balances	1b	4,933,522
c	Fair market value of all other assets (see instructions)	1c	0
d	**Total** (add lines 1a, b, and c)	1d	107,712,134
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation) — 1e: 0		
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	107,712,134
4	Cash deemed held for charitable activities. Enter 1.5% (0.015) of line 3 (for greater amount, see instructions)	4	1,615,682
5	**Net value of noncharitable-use assets.** Subtract line 4 from line 3	5	106,096,452
6	**Minimum investment return.** Enter 5% (0.05) of line 5	6	5,304,823

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

1	Minimum investment return from Part IX, line 6			1	5,304,823
2a	Tax on investment income for 2022 from Part V, line 5	2a	78,453		
b	Income tax for 2022. (This does not include the tax from Part V.)	2b			
c	Add lines 2a and 2b			2c	78,453
3	Distributable amount before adjustments. Subtract line 2c from line 1			3	5,226,370
4	Recoveries of amounts treated as qualifying distributions			4	
5	Add lines 3 and 4			5	5,226,370
6	Deduction from distributable amount (see instructions)			6	
7	**Distributable amount** as adjusted. Subtract line 6 from line 5. Enter here and on Part XII, line 1			7	5,226,370

Part XI Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26	1a	7,413,663
b	Program-related investments—total from Part VIII-B	1b	0
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	0
4	**Qualifying distributions.** Add lines 1a through 3b. Enter here and on Part XII, line 4	4	7,413,663

Part XII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2021	(c) 2021	(d) 2022
1 Distributable amount for 2022 from Part X, line 7				5,226,370
2 Undistributed income, if any, as of the end of 2022:				
a Enter amount for 2021 only.				
b Total for prior years: 20___, 20___, 20___				
3 Excess distributions carryover, if any, to 2022:				
a From 2017. 3,732,685				
b From 2018. 2,441,391				
c From 2019. 2,695,308				
d From 2020. 2,712,596				
e From 2021. 1,838,046				
f **Total** of lines 3a through e	13,420,026			
4 Qualifying distributions for 2022 from Part XI, line 4: ▶ $ 7,413,663				
a Applied to 2021, but not more than line 2a			0	
b Applied to undistributed income of prior years (Election required—see instructions).		0		
c Treated as distributions out of corpus (Election required—see instructions).	0			
d Applied to 2022 distributable amount.				5,226,370
e Remaining amount distributed out of corpus	2,187,293			
5 Excess distributions carryover applied to 2022.				0
(If an amount appears in column (d), the same amount must be shown in column (a).)				
6 **Enter the net total of each column as indicated below:**				
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	15,607,319			
b Prior years' undistributed income. Subtract line 4b from line 2b		0		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed.				
d Subtract line 6c from line 6b. Taxable amount —see instructions		0		
e Undistributed income for 2021. Subtract line 4a from line 2a. Taxable amount—see instructions			0	
f Undistributed income for 2022. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2023				0
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions)	0			
8 Excess distributions carryover from 2017 not applied on line 5 or line 7 (see instructions) . . .	3,732,685			
9 **Excess distributions carryover to 2023.** Subtract lines 7 and 8 from line 6a	11,874,634			
10 Analysis of line 9:				
a Excess from 2018. . . . 2,441,391				
b Excess from 2019. . . . 2,695,308				
c Excess from 2020. . . . 2,712,596				
d Excess from 2021. . . . 1,838,046				
e Excess from 2022. . . . 2,187,293				

Part XIII Private Operating Foundations (see instructions and Part VI-A, question 9)

1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2022, enter the date of the ruling . . . . . ▶

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

	Tax year	Prior 3 years			(e) Total
	(a) 2022	(b) 2021	(c) 2020	(d) 2019	
2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part IX for each year listed					
b 85% (0.85) of line 2a					
c Qualifying distributions from Part XI, line 4 for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the alternative test relied upon:					
a "Assets" alternative test—enter:					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part IX, line 6 for each year listed . .					
c "Support" alternative test—enter:					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii). . . .					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income					

Part XIV Supplementary Information (Complete this part only if the foundation had $5,000 or more in assets at any time during the year—see instructions.)

1 Information Regarding Foundation Managers:

a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than $5,000). (See section 507(d)(2).)

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.

2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

Check here ▶ ☐ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. to individuals or organizations under other conditions, complete items 2a, b, c, and d. See instructions

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

AUDREY SHELTO
101 HUNTINGTON AVENUE SUITE 1300
BOSTON, MA 021997611
(617) 246-5000

b The form in which applications should be submitted and information and materials they should include:

A TWO PAGE LETTER OF INQUIRY CAN BE SUBMITTED TO AUDREY SHELTO

c Any submission deadlines:

N/A

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

N/A

Part XIV Supplementary Information (continued)

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year* SEE ATTACHMENT 101 HUNTINGTON AVENUE SUITE 1300 BOSTON, MA 02199		I	TOTAL GRANTS PAID	3,700,978
Total . . . . . ▶ **3a**				
b *Approved for future payment*				
Total . . . . . ▶ **3b**				0

Part XV-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.	Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income (See instructions.)
	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	
1 Program service revenue:					
a					
b					
c					
d					
e					
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash investments					
4 Dividends and interest from securities			14	1,023,957	
5 Net rental income or (loss) from real estate:					
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal property					
7 Other investment income					
8 Gain or (loss) from sales of assets other than inventory			18	4,620,122	
9 Net income or (loss) from special events:					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue: a					
b					
c					
d					
e					
12 Subtotal. Add columns (b), (d), and (e)		0		5,644,079	0
13 **Total.** Add line 12, columns (b), (d), and (e). (See worksheet in line 13 instructions to verify calculations.)				**13**	5,644,079

Part XV-B Relationship of Activities to the Accomplishment of Exempt Purposes

Line No. ▼	Explain below how each activity for which income is reported in column (e) of Part XV-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes). (See instructions.)

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

		Yes	No
1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501 (c) (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?			
a Transfers from the reporting foundation to a noncharitable exempt organization of:			
(1) Cash	1a(1)		No
(2) Other assets	1a(2)		No
b Other transactions:			
(1) Sales of assets to a noncharitable exempt organization	1b(1)		No
(2) Purchases of assets from a noncharitable exempt organization	1b(2)		No
(3) Rental of facilities, equipment, or other assets	1b(3)		No
(4) Reimbursement arrangements	1b(4)		No
(5) Loans or loan guarantees	1b(5)		No
(6) Performance of services or membership or fundraising solicitations	1b(6)		No
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees	1c		No

d If the answer to any of the above is "Yes," complete the following schedule. Column **(b)** should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column **(d)** the value of the goods, other assets, or services received.

(a) Line No.	**(b)** Amount involved	**(c)** Name of noncharitable exempt organization	**(d)** Description of transfers, transactions, and sharing arrangements

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

b If "Yes," complete the following schedule.

(a) Name of organization	**(b)** Type of organization	**(c)** Description of relationship
BCBSMA HMO BLUE INC	501(c)(4)	AFFILIATE

Sign Here

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

******	2023-11-15	******
Signature of officer or trustee	Date	Title

May the IRS discuss this return with the preparer shown below? See instructions. ☐ **Yes** ☐ **No**

Paid Preparer Use Only

Print/Type preparer's name	Preparer's Signature	Date	Check if self-employed ▶ ☐	PTIN
Katherine Kurtzman		2023-11-15		P01236691
Firm's name ▶ ERNST & YOUNG US LLP				Firm's EIN ▶34-6565596
Firm's address ▶ 155 N WACKER DRIVE CHICAGO, IL 60606				Phone no. (312) 879-2000

Form 990PF Part VII Line 1 - List all officers, directors, trustees, foundation managers and their compensation

(a) Name and address	Title, and average hours per week **(b)** devoted to position	**(c)** Compensation **(If not paid, enter -0-)**	**(d)** Contributions to employee benefit plans and deferred compensation	Expense account, **(e)** other allowances
AUDREY SHELTO 101 HUNTINGTON AVENUE SUITE 1300 BOSTON, MA 021997611	PRESIDENT & CEO 0	0	0	0
ANDREW DREYFUS 101 HUNTINGTON AVENUE SUITE 1300 BOSTON, MA 021997611	CHAIR 0	0	0	0
PATRICIA WASHINGTON 101 HUNTINGTON AVENUE SUITE 1300 BOSTON, MA 021997611	VICE CHAIR 0	0	0	0
ANTHONY CRISCUOLO 101 HUNTINGTON AVENUE SUITE 1300 BOSTON, MA 021997611	TREASURER 0	0	0	0
ANTONIA (TONI) MCGUIRE 101 HUNTINGTON AVENUE SUITE 1300 BOSTON, MA 021997611	DIRECTOR 0	0	0	0
HENRY THOMAS III 101 HUNTINGTON AVENUE SUITE 1300 BOSTON, MA 021997611	DIRECTOR 0	0	0	0
JD CHESLOFF 101 HUNTINGTON AVENUE SUITE 1300 BOSTON, MA 021997611	DIRECTOR 0	0	0	0
MARY KAY LEONARD 101 HUNTINGTON AVENUE SUITE 1300 BOSTON, MA 021997611	DIRECTOR 0	0	0	0
MICHAEL HUNTER 101 HUNTINGTON AVENUE SUITE 1300 BOSTON, MA 021997611	DIRECTOR 0	0	0	0
MICHAEL MILLER 101 HUNTINGTON AVENUE SUITE 1300 BOSTON, MA 021997611	DIRECTOR 0	0	0	0
SANDHYA RAO 101 HUNTINGTON AVENUE SUITE 1300 BOSTON, MA 021997611	DIRECTOR 0	0	0	0
SANDRO GALEA 101 HUNTINGTON AVENUE SUITE 1300 BOSTON, MA 021997611	DIRECTOR 0	0	0	0
SHELLY GREENFIELD 101 HUNTINGTON AVENUE SUITE 1300 BOSTON, MA 021997611	DIRECTOR 0	0	0	0
THEA JAMES 101 HUNTINGTON AVENUE SUITE 1300 BOSTON, MA 021997611	DIRECTOR 0	0	0	0
ZAMAWA ARENAS 101 HUNTINGTON AVENUE SUITE 1300 BOSTON, MA 021997611	DIRECTOR 0	0	0	0

Form 990PF Part VII Line 1 - List all officers, directors, trustees, foundation managers and their compensation

(a) Name and address	Title, and average hours per week **(b)** devoted to position	**(c)** Compensation **(If not paid, enter -0-)**	**(d)** Contributions to employee benefit plans and deferred compensation	Expense account, **(e)** other allowances
KIAME MANAHIAH 101 HUNTINGTON AVENUE SUITE 1300 BOSTON, MA 021997611	DIRECTOR 0	0	0	0

TY 2022 Contractor Compensation Explanation

Name: BLUE CROSS AND BLUE SHIELD OF MASSACHUSETTS FOUNDATION FOR EXPANDING HEALTH CARE ACCESS

EIN: 04-3148824

Software ID: 22016089

Software Version: 2022v5.0

Contractor	Explanation
MANATT PHELPS & PHILLIPS LLP	PROFESSIONAL LEGAL AND CONSULTING SERVICES
UNIVERSITY OF MASSACHUSETTS MEDICAL SCHO	PROFESSIONAL CONSULTING SERVICES
TYE LAWRENCE S	PROFESSIONAL CONSULTING SERVICES
EMVISION LLC	DEVELOPMENT OF A SUITE OF VIDEO STORIES TO SPOTLIGHT THE UNINSURED IN MASSACHUSETTS
CENTER FOR HEALTH CARE STRATEGIES INC	CONSULTING

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TY 2022 Investments Corporate Stock Schedule

Name: BLUE CROSS AND BLUE SHIELD OF MASSACHUSETTS FOUNDATION FOR EXPANDING HEALTH CARE ACCESS

EIN: 04-3148824

Software ID: 22016089

Software Version: 2022v5.0

Investments Corporation Stock Schedule

Name of Stock	End of Year Book Value	End of Year Fair Market Value
PIMCO ALL ASSET FUND	3,678,615	3,678,615
PUTNAM TOTAL RETURN FUND	12,820,730	12,820,730
SSGA S&P 500 TOBACCO FREE FUND	26,859,726	26,859,726
SANDERSON TOBACCO FREE INT'L V	5,821,148	5,821,148
LOOMIS SAYLES ASSET	6,390,389	6,390,389
SCHRODER EM MKT M/S BND-R6	3,691,358	3,691,358
SCHRODER EMERG MKT EQ FD-SDR	3,754,268	3,754,268
SEGALL BRYANT & HAMILL INTL SM	4,277,782	4,277,782
WILLIAM BLAIR EMERGING MARKET	3,229,017	3,229,017
HARDMAN INTL LP	5,070,073	5,070,073
BENTALLGREENOAK US CORE PLUS	6,132,030	6,132,030
BOSTON TRUST SMID CAP FUND	7,462,301	7,462,301
IR+M CREDIT FUND	2,981,235	2,981,235
CF DV DYNAMIC GROWTH FUND	0	0
IRONBRIDGE SMALL CAP LIFE CYCL	0	0
HARDMAN INTL EQ	0	0

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TY 2022 Other Assets Schedule

Name: BLUE CROSS AND BLUE SHIELD OF MASSACHUSETTS FOUNDATION FOR EXPANDING HEALTH CARE ACCESS

EIN: 04-3148824

Software ID: 22016089

Software Version: 2022v5.0

Other Assets Schedule

Description	Beginning of Year - Book Value	End of Year - Book Value	End of Year - Fair Market Value
DEFERRED TAX RECEIVABLE	107,960	186,680	186,680

TY 2022 Other Decreases Schedule

Name: BLUE CROSS AND BLUE SHIELD OF MASSACHUSETTS FOUNDATION FOR EXPANDING HEALTH CARE ACCESS

EIN: 04-3148824

Software ID: 22016089

Software Version: 2022v5.0

Description	Amount
UNREALIZED GAIN OR LOSS ON INVESTMENTS	24,554,494

TY 2022 Other Expenses Schedule

Name: BLUE CROSS AND BLUE SHIELD OF MASSACHUSETTS FOUNDATION FOR EXPANDING HEALTH CARE ACCESS

EIN: 04-3148824

Software ID: 22016089

Software Version: 2022v5.0

Other Expenses Schedule

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
POSTAGE AND TELEPHONE	3,106			3,106
PURCHASED SERVICES - SALARIES	1,405,486			1,405,486
MISCELLANEOUS EXPENSES	5,498			5,498
PURCHD SERVICES - EMPLOY BENS	209,849			209,849
PURCHD SERVICES - PAYROLL TAX	90,365			90,365
PURCHD SERVICES - CHARGEBACK	165,641			165,641

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TY 2022 Other Income Schedule

Name: BLUE CROSS AND BLUE SHIELD OF MASSACHUSETTS FOUNDATION FOR EXPANDING HEALTH CARE ACCESS

EIN: 04-3148824

Software ID: 22016089

Software Version: 2022v5.0

Other Income Schedule

Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
REFUND OF TAXES	262,275		

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TY 2022 Other Liabilities Schedule

Name: BLUE CROSS AND BLUE SHIELD OF MASSACHUSETTS FOUNDATION FOR EXPANDING HEALTH CARE ACCESS

EIN: 04-3148824

Software ID: 22016089

Software Version: 2022v5.0

Other Liabilities Schedule

Description	Beginning of Year - Book Value	End of Year - Book Value
DUE TO AFFILIATE BLUE CROSS AN	574,680	624,852
FEDERAL INCOME TAXES ON INVEST	428,903	115,348
SECURITY DEPOSITS PAYABLE	21,382	8,807

TY 2022 Other Professional Fees Schedule

Name: BLUE CROSS AND BLUE SHIELD OF MASSACHUSETTS FOUNDATION FOR EXPANDING HEALTH CARE ACCESS

EIN: 04-3148824

Software ID: 22016089

Software Version: 2022v5.0

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
EXTERNAL PROFESSIONAL FEES	1,653,507			1,653,507
INVESTMENT FEES	353,327	353,327		
OTHER PROFESSIONAL FEES	30,851			30,851

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Schedule B

(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, 990-EZ, or 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

Name of the organization
BLUE CROSS AND BLUE SHIELD OF MASSACHUSETTS FOUNDATION FOR EXPANDING HEALTH CARE ACCESS

Employer identification number
04-3148824

Organization type (check one):

Filers of:	Section:
Form 990 or 990-EZ	☐ 501(c)( ) (enter number) organization
	☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
	☐ 527 political organization
Form 990-PF	☑ 501(c)(3) exempt private foundation
	☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation
	☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule.**
Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

☑ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling $5,000 or more (in money or other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** $5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than $1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than $1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling $5,000 or more during the year . . . . . ▶ $ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization	Employer identification number
BLUE CROSS AND BLUE SHIELD OF MASSACHUSETTS FOUNDATION FOR EXPANDING HEALTH CARE ACCESS	04-3148824

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
____	See Additional Data Table	$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution.)
____		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution.)
____		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution.)
____		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution.)
____		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution.)
____		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution.)

Name of organization
BLUE CROSS AND BLUE SHIELD OF MASSACHUSETTS FOUNDATION FOR EXPANDING HEALTH CARE ACCESS

Employer identification number
04-3148824

Part II **Noncash Property**

(see instructions). Use duplicate copies of Part II if additional space is needed.

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

Name of organization
BLUE CROSS AND BLUE SHIELD OF MASSACHUSETTS FOUNDATION FOR EXPANDING HEALTH CARE ACCESS

Employer identification number
04-3148824

Part III ***Exclusively*** **religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than $1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of $1,000 or less for the year. (Enter this information once. See instructions.)** ▶ $ ____________

Use duplicate copies of Part III if additional space is needed.

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

(e) Transfer of gift

Transferee's name, address, and ZIP 4	Relationship of transferor to transferee
-	

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

(e) Transfer of gift

Transferee's name, address, and ZIP 4	Relationship of transferor to transferee
-	

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

(e) Transfer of gift

Transferee's name, address, and ZIP 4	Relationship of transferor to transferee
-	

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

(e) Transfer of gift

Transferee's name, address, and ZIP 4	Relationship of transferor to transferee
-	

Additional Data

Software ID: 22016089
Software Version: 2022v5.0
EIN: 04-3148824
Name: BLUE CROSS AND BLUE SHIELD OF MASSACHUSETTS FOUNDATION FOR EXPANDING HEALTH CARE ACCESS

Form 990 Schedule B, Part I - Contributors (see Instructions) Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	ROBERT WOOD JOHNSON FOUNDATION 50 COLLEGE ROAD EAST PRINCETON, NJ 085432316	$ 20,500	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution.)
2	EMPLOYEES OF BLUE CROSS BLUE SHIELD OF M 101 HUNTINGTON AVENUE SUITE 1300 BOSTON, MA 021997611	$ 81,528	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution.)
3	BLUE CROSS BLUE SHIELD OF MASSACHUSETTS 101 HUNTINGTON AVENUE SUITE 1300 BOSTON, MA 021997611	$ 997,143	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution.)
4	ENDOWMENT FOR HEALTH ONE PILLSBURY STREET SUITE 301 CONCORD, NH 03301	$ 20,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution.)
5	BOWER FOUNDATION GRANT - HC FELLOWSHIP 578 HIGHLAND COLONY PARKWAY SUITE 1 20 RIDGELAND, MS 39157	$ 19,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution.)
6	CT HEALTH FOUNDATION 100 PEARL STREET HARTFORD, CT 06103	$ 21,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution.)

Form 990 Schedule B, Part I - Contributors (see Instructions) Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	ST DAVID'S FOUNDATION 1303 SAN ANTONIO STREET SUITE 500 SAN ANTONIO, TX 78701	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution.)
8	EPISCOPAL HEALTH FOUNDATION 500 FANNIN ST SUITE 300 HOUSTON, TX 77002	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution.)
9	MEADOWS MENTAL HEALTH POLICY 1303 SAN ANTONIO STREET SUITE 810 SAN ANTONIO, TX 78701	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution.)
10	METHODIST HEALTHCARE MINSITRIES OF TX - 4507 MEDICAL DRIVE SAN ANTONIO, TX 78229	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution.)
11	HENRY J KAISER FOUNDATION 185 BERRY STREET SUITE 2000 SAN FRANCISCO, CA 94107	$ 10,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution.)
12	MAIN HEALTH ACCESS FOUNDATION 150 CAPITOL STREET SUITE 4 AUGUSTA, ME 04330	$ 20,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution.)

Form 990 Schedule B, Part I - Contributors (see Instructions) Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	NATIONAL INSTITUTE FOR HEALTH CARE MANAG 1225 19TH STREET NW STE 710 WASHINGTON, DC 20036	$ 20,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution.)