

029171

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Form **990**

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No. 1545-0047

2002

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2002 calendar year, or tax year beginning

and ending

B Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Final return
☐ Amended return
☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization

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

Number and street (or P.O. box if mail is not delivered to street address)

Landmark Center 401 Park Drive

City or town

Boston

State or country

MA

Room/suite

ZIP + 4

02215-3326

D Employer identification number

04-3148824

E Telephone number

(617) 246-3800

F Accounting method:

☐ Cash☒ Accrual☐ Other (specify)

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Web site: www.bcbsmafoundation.orgJ ORGANIZATION TYPE (check only one) ☒ 501(c) (3) (insert no.) ☐ 4947(a)(1) OR ☐ 527

K Check here ☐ if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization received a Form 990 Package in the mail, it should file a return without financial data. SOME STATES REQUIRE A COMPLETE RETURN.

H and I are not applicable to section 527 organizations.

H(a) Is this a group return for affiliates? ☐ Yes ☒ No

H(b) If "Yes," enter number of affiliates

H(c) Are all affiliates included? ☐ Yes ☐ No

(If "No," attach a list. See instructions.)

H(d) Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No

I Enter 4-digit GEN

M Check ☒ if the organization is NOT required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12

14,217,810

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 17 of the instructions.)

1 Contributions, gifts, grants, and similar amounts received:					
a	Direct public support	1a	917,789		
b	Indirect public support from Blue Cross and Blue Shield of Massachusetts, Inc.	1b	12,262,159		
c	Government contributions (grants)	1c			
d	TOTAL (add lines 1a through 1c) (cash \$ noncash \$)	1d	13,179,948		
2	Program service revenue including government fees and contracts (from Part VII, line 93)	2			
3	Membership dues and assessments	3			
4	Interest on savings and temporary cash investments	4	45,829		
5	Dividends and interest from securities	5	992,033		
6a	Gross rents	6a			
b	Less: rental expenses	6b			
c	Net rental income or (loss) (subtract line 6b from line 6a)	6c	0		
7	Other investment income (describe)	7			
8a	Gross amount from sales of assets other than inventory	(A) Securities		(B) Other	
b	Less: cost or other basis and sales expenses	8a		8b	
c	Gain or (loss) (attach schedule)	8c	0	8d	0
d	Net gain or (loss) (combine line 8c, columns (A) and (B))				
9	Special events and activities (attach schedule)				
a	Gross revenue (not including \$ of contributions reported on line 1a)	9a			
b	Less: direct expenses other than fundraising expenses	9b			
c	Net income or (loss) from special events (subtract line 9b from line 9a)	9c	0		
10a	Gross sales of inventory, less returns and allowances	10a			
b	Less: cost of goods sold	10b			
c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c	0		
11	Other revenue (from Part VII, line 103)	11			
12	TOTAL REVENUE (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	14,217,810		
13	Program services (from line 44, column (B))	13	4,112,399		
14	Management and general (from line 44, column (C))	14	277,031		
15	Fundraising (from line 44, column (D))	15	62,603		
16	Payments to affiliates (attach schedule)	16			
17	TOTAL EXPENSES (add lines 16 and 44, column (A))	17	4,452,033		
18	Excess or (deficit) for the year (subtract line 17 from line 12)	18	9,765,777		
19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	27,961,669		
20	Other changes in net assets or fund balances (attach explanation) -Net unrealized loss on investments carried at M.V.	20	-3,985,718		
21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	33,741,728		

Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See page 21 of the instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule) (cash \$ 3,055,204 noncash \$ 0)	22 3,055,204	3,055,204		
23	Specific assistance to individuals (attach schedule)	23 0	0		
24	Benefits paid to or for members (attach schedule)	24 0	0		
25	Compensation of officers, directors, etc.	25 375,491	187,746	150,196	37,549
26	Other salaries and wages	26 142,477	71,238	56,991	14,248
27	Pension plan contributions	27 0	0		
28	Other employee benefits	28 0	0		
29	Payroll taxes	29 28,219	14,109	11,288	2,822
30	Professional fundraising fees	30 0	0		
31	Accounting fees	31 0	0		
32	Legal fees	32 0	0		
33	Supplies	33 3,936	2,361	1,181	394
34	Telephone	34 2,667	1,600	800	267
35	Postage and shipping	35 12,849	7,709	3,855	1,285
36	Occupancy	36 0	0		
37	Equipment rental and maintenance	37 1,532	919	460	153
38	Printing and publications	38 51,995	31,197	15,598	5,200
39	Travel	39 84,807	50,884	33,923	
40	Conferences, conventions, and meetings	40 0			
41	Interest	41 0			
42	Depreciation, depletion, etc. (attach schedule)	42 0			
43	Other expenses not covered above (itemize): a Miscellaneous	43a 9,782	6,358	2,739	685
	b External professional services	43b 677,484	677,484		
	c Employee training	43c 5,590	5,590		
	d	43d 0			
	e	43e 0			
	f	43f 0			
44	TOTAL FUNCTIONAL EXPENSES (add lines 22 through 43). ORGANIZATIONS COMPLETING COLUMNS (B)-(D), CARRY THESE TOTALS TO LINES 13-15	44 4,452,033	4,112,399	277,031	62,603

JOINT COSTS. Check ☐ if you are following SOP 98-2.Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ☐ Yes ☒ No

If "Yes," enter (i) the aggregate amount of these joint costs \$; (ii) the amount allocated to Program services \$;

(iii) the amount allocated to Management and general \$; and (iv) the amount allocated to Fundraising \$

Part III Statement of Program Service Accomplishments (See page 24 of the instructions.)What is the organization's primary exempt purpose? ☒ See "a" below.

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

Program Service Expenses
 Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.

a	The mission (purpose) of the Blue Cross Blue Shield of Massachusetts Foundation is to expand access to health care. Through grants and policy initiatives, the Foundation works with public and private organizations to broaden health coverage and reduce barriers to care. The Foundation will focus on developing measurable and sustainable solutions that benefit uninsured, vulnerable (Grants and allocations \$)	1,057,195
b	and low-income individuals and families in the Commonwealth.	
	BCBSMA Foundation Grants (Pages A.1 through A.11) (Grants and allocations \$ See details attached.)	3,040,346
c		
	Catalyst Fund Grants (Page A.12) (Grants and allocations \$ See details attached.)	14,858
d		
	(Grants and allocations \$)	0
e	Other program services (attach schedule) (Grants and allocations \$)	
f	TOTAL OF PROGRAM SERVICE EXPENSES (should equal line 44, column (B), Program services)	4,112,399

Part IV Balance Sheets (See page 24 of the instructions.)**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year
Assets	45 Cash - non-interest-bearing	0	45	0
	46 Savings and temporary cash investments	2,504,528	46	-1,615,528
	47 a Accounts receivable	47a 0		
	b Less: allowance for doubtful accounts	47b 0	47c 0	0
	48 a Pledges receivable	48a 0		
	b Less: allowance for doubtful accounts	48b 0	48c 0	0
	49 Grants receivable		49	
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)	0	50	0
	51 a Other notes and loans receivable (attach schedule)	51a 0		
	b Less: allowance for doubtful accounts	51b 0	51c 0	0
	52 Inventories for sale or use	0	52	
	53 Prepaid expenses and deferred charges	0	53	
	54 Investments - securities (attach schedule) Pg 8, l. <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	25,750,100	54	35,533,158
	55 a Investments - land, buildings, and equipment: basis	55a 0		
	b Less: accumulated depreciation (attach schedule)	55b 0	55c 0	0
56 Investments - other (attach schedule)	0	56	0	
57 a Land, buildings, and equipment: basis	57a 0			
b Less: accumulated depreciation (attach schedule)	57b 0	57c 0	0	
58 Other assets (describe)	0	58	0	
59 TOTAL ASSETS (add lines 45 through 58) (must equal line 74)	28,254,628	59	33,917,630	
Liabilities	60 Accounts payable and accrued expenses	292,959	60	175,902
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees (attach schedule)	0	63	0
	64 a Tax-exempt bond liabilities (attach schedule)	0	64a	0
	b Mortgages and other notes payable (attach schedule)	0	64b	0
65 Other liabilities (describe)	0	65	0	
66 TOTAL LIABILITIES (add lines 60 through 65)	292,959	66	175,902	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted	27,961,669	67	33,741,728
	68 Temporarily restricted		68	
	69 Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
	73 TOTAL NET ASSETS OR FUND BALANCES (add lines 67 through 69 OR lines 70 through 72; column (A) MUST equal line 19; column (B) MUST equal line 21)	27,961,669	73	33,741,728
74 TOTAL LIABILITIES AND NET ASSETS / FUND BALANCES (add lines 66 and 73)	28,254,628	74	33,917,630	

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See page 26 of the instructions.)

a	Total revenue, gains, and other support per audited financial statements	a	10,232,092
b	Amounts included on line a but not on line 12, Form 990:		
(1)	Net unrealized gains on investments . . . \$ -3,985,718		
(2)	Donated services and use of facilities . . . \$		
(3)	Recoveries of prior year grants \$		
(4)	Other (specify):		
	\$		
	Add amounts on lines (1) through (4) . . .	b	-3,985,718
c	Line a minus line b	c	14,217,810
d	Amounts included on line 12, Form 990 but not on line a:		
(1)	Investment expenses not included on line 6b, Form 990 . . . \$		
(2)	Other (specify):		
	\$		
	Add amounts on lines (1) and (2) . . .	d	0
e	Total revenue per line 12, Form 990 (line c plus line d)	e	14,217,810

Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return

a	Total expenses and losses per audited financial statements	a	4,452,033
b	Amounts included on line a but not on line 17, Form 990:		
(1)	Donated services and use of facilities . . . \$		
(2)	Prior year adjustments reported on line 20, Form 990 \$		
(3)	Losses reported on line 20, Form 990 \$		
(4)	Other (specify):		
	\$		
	Add amounts on lines (1) through (4) . . .	b	0
c	Line a minus line b	c	4,452,033
d	Amounts included on line 17, Form 990 but not on line a:		
(1)	Investment expenses not included on line 6b, Form 990 \$		
(2)	Other (specify):		
	\$		
	Add amounts on lines (1) and (2) . . .	d	0
e	Total expenses per line 17, Form 990 (line c plus line d)	e	4,452,033

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated; see page 26 of the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (IF NOT PAID, ENTER -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
Philip Johnston	Board Chair			
401 Park Drive, Boston, MA 02215	Time as required	0		
Nancy Turnbull	Board Vice Chair			
401 Park Drive, Boston, MA 02215	Time as required	0		
Andrew Dreyfus	President			
401 Park Drive, Boston, MA 02215	37.5 hr./wk. base	274,198		4,520
Keith Renaldi	Treasurer			
401 Park Drive, Boston, MA 02215	Time as required	0		
Fredi Shonkoff	Clerk			
401 Park Drive, Boston, MA 02215	Time as required	0		
Celeste Reid Lee	Director of Community Partnerships			
401 Park Drive, Boston, MA 02215	37.5 hr./wk. base	96,773		

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? ☒ Yes ☐ No

If "Yes," attach schedule-see page 26 of the instructions. Blue Cross and Blue Shield of Massachusetts, Inc. Available upon request.

Part VI Other Information (See page 27 of the instructions.)		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76	X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.	77	X
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	X
b	If "Yes," has it filed a tax return on FORM 990-T for this year?	78b	N/A
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79	X
80 a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a	X
b	If "Yes," enter the name of the organization Blue Cross and Blue Shield of Massachusetts, Inc. and check whether it is <input type="checkbox"/> exempt OR <input checked="" type="checkbox"/> nonexempt.		
81 a	Enter direct or indirect political expenditures. See line 81 instructions	81a	0
b	Did the organization file FORM 1120-POL for this year?	81b	
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)	82b	
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	N/A
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	N/A
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a	N/A
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, DO NOT complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.	85b	N/A
c	Dues, assessments, and similar amounts from members	85c	
d	Section 162(e) lobbying and political expenditures	85d	
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	0
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	N/A
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/A
86	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12	86a	N/A
b	Gross receipts, included on line 12, for public use of club facilities	86b	N/A
87	501(c)(12) orgs. Enter: a Gross income from members or shareholders	87a	N/A
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	N/A
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88	X
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 <input type="checkbox"/> ; section 4912 <input type="checkbox"/> ; section 4955 <input type="checkbox"/>		
b	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b	X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		N/A
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization		N/A
90 a	List the states with which a copy of this return is filed <input checked="" type="checkbox"/> MA		
b	Number of employees employed in the pay period that includes March 12, 2002 (See instructions.)	90b	5
91	The books are in care of <input checked="" type="checkbox"/> Blue Cross and Blue Shield of Massachusetts, Inc. Telephone no. <input checked="" type="checkbox"/> (617) 246-5000 Located at <input checked="" type="checkbox"/> 401 Park Drive, Boston, MA ZIP + 4 <input checked="" type="checkbox"/> 02215-3326		
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of FORM 1041 - Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year	92	

Part VII Analysis of Income-Producing Activities (See page 31 of the instructions.)**Note:** Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a _____					
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	45,829	
96 Dividends and interest from securities			14	992,033	
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a _____					
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))		0		1,037,862	0
105 TOTAL (add line 104, columns (B), (D), and (E))					1,037,862

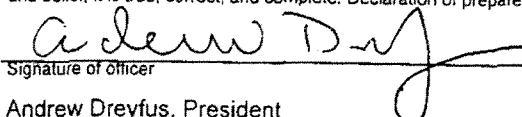


Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See page 32 of the instructions.)

Line No. ▼	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 32 of the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See page 33 of the instructions.)(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No**Note:** If "Yes" to (b), file Form 8870 AND Form 4720 (see instructions).

Please 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 officer) is based on all information of which preparer has any knowledge.			
	Signature of officer 		Date 8/4/03	
Paid Preparer's Use Only	Type or print name and title. Andrew Dreyfus, President			
	Preparer's signature 	Date 	Check if self- employed <input type="checkbox"/>	Preparer's SSN or PTIN (See Gen. Inst. W)
	Firm's name (or yours if self-employed), address, and ZIP + 4	EIN 		
				Phone no. 

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust
Supplementary Information - (See separate instructions.)

MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

OMB No. 1545-0047

2002

Name of the organization

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

Employer identification number

04-3148824

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 1 of the instructions. List each one. If there are 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 & deferred compensation	(e) Expense account and other allowances
Celeste Reid Lee 401 Park Drive Boston, MA 02215	Director of Community Partnerships 37.5 hrs./wk.	96,773		
Sarah Iselin 401 Park Drive Boston, MA 02215	Director of Policy, Research & Evaluation 37.5 hrs./wk.	50,557		
Total number of other employees paid over \$50,000				

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
Molecular Inc. P.O. Box 845422 Boston, MA 02284	Creation of Web Site for BCBSMA Foundation	255,668
Lawrence S. Tye 139A Fayerweather Street Cambridge, MA 02138	Consulting services for the implementation of journalism fellowship program	80,824
Total number of others receiving over \$50,000 for professional services		

Part III Statements About Activities (See page 2 of the instructions.)

	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities \$ <u>0</u> (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		X
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
a Sale, exchange, or leasing of property?		X
b Lending of money or other extension of credit?		X
c Furnishing of goods, services, or facilities? .Space and support services provide by BCBSMA, a substantial contributor to the Foundation, without charge.	X	
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?		X
e Transfer of any part of its income or assets?		X
3 Does the organization make grants for scholarships, fellowships, student loans, etc.? (See NOTE below.)		X
4 Do you have a section 403(b) annuity plan for your employees?		X

Note: Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs "qualify" to receive payments.

Part IV Reason for Non-Private Foundation Status (See pages 3 through 5 of the instructions.)

The organization is not a private foundation because it is: (Please check only ONE applicable box.)

5 ☐ A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).

6 ☐ A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)

7 ☐ A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).

8 ☐ A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).

9 ☐ A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). ENTER THE HOSPITAL'S NAME, CITY, AND STATE _____

10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the SUPPORT SCHEDULE in Part IV-A.)

11 a ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the SUPPORT SCHEDULE in Part IV-A.)

11 b ☐ A community trust. Section 170(b)(1)(A)(vi). (Also complete the SUPPORT SCHEDULE in Part IV-A.)

12 ☐ An organization that normally receives: (1) MORE THAN 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) NO MORE THAN 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the SUPPORT SCHEDULE in Part IV-A.)

13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: (1) lines 5 through 12 above; or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3).)

Provide the following information about the supported organizations. (See page 5 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above

14 ☐ An organization organized and operated to test for public safety. Section 509(a)(4). (See page 5 of the instructions.)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) **USE CASH METHOD OF ACCOUNTING.**

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	3,635,465	969,137	796,027	391,048	5,791,677
16 Membership fees received					0
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose					0
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975					0
19 Net income from unrelated business activities not included in line 18					0
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					0
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					0
23 Total of lines 15 through 22	3,635,465	969,137	796,027	391,048	5,791,677
24 Line 23 minus line 17	3,635,465	969,137	796,027	391,048	5,791,677
25 Enter 1% of line 23	36,355	9,691	7,960	3,910	
26 ORGANIZATIONS DESCRIBED ON LINES 10 OR 11: a Enter 2% of amount in column (e), line 24					26a 115,834
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1998 through 2001 exceeded the amount shown in line 26a. DO NOT FILE THIS LIST WITH YOUR RETURN. Enter the total of all these excess amounts					26b 5,432,905
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c 5,791,677
d Add: Amounts from column (e) for lines: 18 0 19 0					
22 0 26b 5,432,905					26d 5,432,905
e Public support (line 26c minus line 26d total)					26e 358,772
f PUBLIC SUPPORT PERCENTAGE (LINE 26E (NUMERATOR) DIVIDED BY LINE 26C (DENOMINATOR) See Pgs. C.1 & 2					26f 6.19%
27 ORGANIZATIONS DESCRIBED ON LINE 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." DO NOT FILE THIS LIST WITH YOUR RETURN. Enter the sum of such amounts for each year:					
(2001) (2000) (1999) (1998)					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the LARGER of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) DO NOT FILE THIS LIST WITH YOUR RETURN. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year:					
(2001) (2000) (1999) (1998)					
c Add: Amounts from column (e) for lines: 15 0 16 0					
17 0 20 0 21 0					27c 0
d Add: Line 27a total 0 and line 27b total 0					27d 0
e Public support (line 27c total minus line 27d total)					27e 0
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e)					27f 0
g PUBLIC SUPPORT PERCENTAGE (LINE 27E (NUMERATOR) DIVIDED BY LINE 27F (DENOMINATOR))					27g 0.00%
h INVESTMENT INCOME PERCENTAGE (LINE 18, COLUMN (E) (NUMERATOR) DIVIDED BY LINE 27F (DENOMINATOR))					27h 0.00%
28 UNUSUAL GRANTS: For an organization described in line 10, 11, or 12 that received any unusual grants during 1998 through 2001, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. DO NOT FILE THIS LIST WITH YOUR RETURN. Do not include these grants in line 15.					

Part V Private School Questionnaire (See page 7 of the instructions.)
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

NOT APPLICABLE		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)		
32	Does the organization maintain the following:		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d	
If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)			
33	Does the organization discriminate by race in any way with respect to:		
a	Students' rights or privileges?	33a	
b	Admissions policies?	33b	
c	Employment of faculty or administrative staff?	33c	
d	Scholarships or other financial assistance?	33d	
e	Educational policies?	33e	
f	Use of facilities?	33f	
g	Athletic programs?	33g	
h	Other extracurricular activities?	33h	
If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)			
34 a	Does the organization receive any financial aid or assistance from a governmental agency?	34a	
b	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement.	34b	
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35	

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions.)
(To be completed ONLY by an eligible organization that filed Form 5768)Check ☐ a if the organization belongs to an affiliated group. Check ☐ b if you checked "a" and "limited control" provisions apply.

Limits on Lobbying Expenditures		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
(The term "expenditures" means amounts paid or incurred.)			
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38	Total lobbying expenditures (add lines 36 and 37)	38	0
39	Other exempt purpose expenditures	39	
40	Total exempt purpose expenditures (add lines 38 and 39)	40	0
41	Lobbying nontaxable amount. Enter the amount from the following table - If the amount on line 40 is - The lobbying nontaxable amount is - Not over \$500,000 20% of the amount on line 40 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	41	0
42	Grassroots nontaxable amount (enter 25% of line 41)	42	0
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43	0
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44	0

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

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 instructions for lines 45 through 50 on page 11 of the instructions.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2002	(b) 2001	(c) 2000	(d) 1999	(e) Total
45	Lobbying nontaxable amount				0
46	Lobbying ceiling amount (150% of line 45(e))				0
47	Total lobbying expenditures				0
48	Grassroots nontaxable amount				0
49	Grassroots ceiling amount (150% of line 48(e))				0
50	Grassroots lobbying expenditures				0

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:

- a Volunteers
b Paid staff or management (Include compensation in expenses reported on lines c through h.)
c Media advertisements
d Mailings to members, legislators, or the public
e Publications, or published or broadcast statements
f Grants to other organizations for lobbying purposes
g Direct contact with legislators, their staffs, government officials, or a legislative body
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
i Total lobbying expenditures (Add lines c through h.)

Yes	No	Amount
	X	
	X	
	X	
	X	
	X	
	X	
	X	
	X	
		0

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 12 of the instructions.)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

a Transfers from the reporting organization to a noncharitable exempt organization of:

(i) Cash	51a(i)	X2
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(ii) Other assets	a(ii)	X
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b Other transactions:

(i) Sales or exchanges of assets with a noncharitable exempt organization	b(i)	X
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(ii) Purchases of assets from a noncharitable exempt organization	b(ii)	X
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(iii) Rental of facilities, equipment, or other assets	b(iii)		X
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(iv) Reimbursement arrangements	b(iv)		X
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(v) Loans or loan guarantees	b(v)	X
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(vi) Performance of services or membership or fundraising solicitations	b(vi)	X
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c	Sharing of facilities, equipment, mailing lists, other assets, or paid employees	C		
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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 organization. If the organization 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:

[illegible]

52 a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations

described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ☐ Yes ☒ No

b If "Yes," complete the following schedule:

[illegible]

Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

OMB No. 1545-1709

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒ **1**
 - If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).
- Note:** Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

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

Note: Form 990-T corporations requesting an automatic 6-month extension—check this box and complete Part I only ☐ **2**
All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.

Type or print File by the due date for filing your return. See instructions.	Name of Exempt Organization	Blue Cross Blue Shield of Massachusetts Foundation, Inc. For Expanding Healthcare	Employer identification number	04 3148824
	Number, street, and room or suite no. If a P.O. box, see instructions.	Access		
	401 Park Drive (Landmark Center), 7th Floor			
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.			
	Boston, MA 02215-3326			

Check type of return to be filed (file a separate application for each return):

- | | | |
|----------------------------------------------|-------------------------------------------------------------------|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

- If the organization does **not** have an office or place of business in the United States, check this box ☐ **3**
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) _____ . If this is for the **whole group**, check this box ☐ **4** . If it is for part of the group, check this box ☐ **5** and attach a list with the names and EINs of all members the extension will cover.

- 1 I request an automatic 3-month (6-month, for 990-T corporation) extension of time until August 15, 2003 to file the exempt organization return for the organization named above. The extension is for the organization's return for:
- ☒ calendar year 2002 or
- ☐ tax year beginning _____, 20____, and ending _____, 20____.

- 2 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

- 3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ _____
- b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit \$ _____
- c **Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions \$ _____

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ► William A. Senaldi Title ► Treasurer Date ► 5/7/03

For Paperwork Reduction Act Notice, see Instruction

Cat. No. 27916D

Form **8868** (12-2000)

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BCBSMA FOUNDATION 2002 GRANT AWARDS
Innovation Fund for the Uninsured – Grant Summaries

Grants in the **Innovation Fund for the Uninsured** category will help Massachusetts organizations coordinate care for uninsured patients. These are model programs for improving the organization, continuity and completeness of care for the uninsured. The 2002 grant awards range from \$25,000 to \$50,000.

**Baystate Medical Center/ Mason, Brightwood,
High Street Health Centers**

Springfield

\$50,000

Continued support for a nurse case manager project for coordinated disease management care, financial counseling and enrollment in a medical home for Springfield's uninsured.

Cooley Dickinson Hospital

Collaborator: Amherst Health Department

Northampton

\$50,000

Continued support for *Hampshire HealthConnect* (HHC) to improve coordinated care for the uninsured, including outreach, enrollment, links to 100 providers, follow-up, annual eligibility re-assessment.

Boston Health Care for the Homeless Program

Collaborators: Pine Street Inn, The Long Island Shelter

Boston

\$50,000

Support for *Collaborative Clinical Efforts*, a program to coordinate shelter-based team nursing care among three sites for the homeless, particularly for those who may lose MassHealth Basic and not qualify for other insurance.

Ecu-Health Care

Collaborators: Northern Berkshire Health Systems, Community Action of North Berkshire, REACH Community Health Foundation, North Adams Public Schools, Northern Berkshire Chamber of Commerce

North Adams

\$50,000

Support to expand outreach, enrollment and case management services for the uninsured in Northern Berkshire region. The target population served by this project is approximately 4,000 uninsured residents of North Adams and 10 surrounding towns.

Community Action Committee of Cape Cod & Islands

Collaborators: Falmouth Free Clinic; Martha's Vineyard, Cape Cod, Nantucket Cottage Hospitals; Duffy Health Center; Lighthouse Access Alliance; VNA of Cape Cod; school nurses

Hyannis

\$50,000

Renewed support for expansion of the *Harmonic Outreach Project* to connect the uninsured to health insurance and primary care providers, and to pilot test a Universal Public Health Insurance Enrollment form.

Falmouth Free Clinic

Collaborator: Vineyard Health Access Program

Falmouth

\$50,000

Funding for providing individualized case management, medication assistance and monitoring, education and counseling for 250 uninsured adult patients with chronic conditions on Cape Cod and the Islands.

Great Brook Valley Health Center

Worcester

\$50,000

Support to increase nurse case manager services in the chronic disease team for diabetes, asthma and cardiovascular disease patients, particularly for approximately 2,500 uninsured Brazilian immigrants.

Heywood Hospital/GHAP

Collaborators: Montachusett Opportunity Council, Joint Coalition on Health of Northern Worcester County, Gardner area physicians, hospitals, schools, community-based organizations.

Gardner

\$50,000

Funding for expansion, which includes supporting additional staff hours, for a program that provides comprehensive outreach and primary care for uninsured residents in greater Gardner.

Holyoke Health Center

Collaborators: Holyoke Hospital, Nueva Esperanza

Holyoke

\$50,000

Renewal funding to continue the health center's efforts to aggressively decrease Emergency Department utilization for primary care, improve the patient referral process at the ED, and continue to provide comprehensive case management, care coordination, outreach and follow-up services for low-income and uninsured Holyoke residents.

Island Health Plan

Collaborators: Island Counseling Center, Cape Cod Health Care, Falmouth Free Clinic

Falmouth

\$50,000

Funding for the *Vineyard Health Care Access Program* (VHCAP) to expand its Reduced Fee Plan to include expanding access to coordinated care at off-island facilities, provide the care coordination, system navigation, transportation and financial counseling and assistance for uninsured Islanders who do not qualify for MassHealth.

Morton Hospital and Medical Center

Collaborator: Taunton Public School System

Taunton

\$45,000

Support for the *Friedman Adult Clinic*, a project to use the hospital's newest school-based health center, located at the Friedman Middle School, as a site to deliver primary care during evening and Saturday hours to more than 2,000 uninsured adults who visit the emergency department for non-urgent care, and other uninsured Taunton area adults.

South End Community Health Center

Collaborators: (partial) AIDS Action Committee, Youth Workers Alliance, Boston Health Care for the Homeless, Casa Myrna Vasquez

Boston

\$45,000

Extended funding to support the *Medical Home* program for enrollment, coordinated care and prevention practices for uninsured South End/Lower Roxbury residents; a focus on African-American and Latino populations.

Brockton Neighborhood Health Center

Brockton

\$40,000

Funding for their *Diabetes Care Plan*, an initiative to better coordinate care between multiple providers serving the health center's diabetic population who primarily are uninsured, non-English speaking, and immigrant residents of Brockton and surrounding towns.

Dimock Community Health Center

Roxbury

\$40,000

Continued funding for *Proyecto Futuro Saludable* (Healthy Future Project), a program specifically targeted to providing outreach, assessment, coordinated care and case management for uninsured Latinos in the Roxbury-Dorchester-Mattapan (RDM) corridor and parts of Jamaica Plain.

Stanley Street Treatment & Resource, Inc.

Collaborators: (partial) Southeast VNA, Fall River Family Resource Center, Southcoast Hospital Group

Fall River

\$40,000

Continued support of *MediCall/Health Access Program*, to increase insurance enrollment and coordinated care for the uninsured, and retain the commitment of area physicians willing to provide reduced-fee specialty care.

UMass Memorial Health Care Mobile

Collaborators: Ronald McDonald House Charities, Worcester Public Schools, District Medical Society, District Dental Society, WIC, UMMHC Medical Group, Worcester Oral Health Initiative, City of Worcester

Worcester

\$40,000

Continued support for the Care Mobile, a mobile medical/dental unit providing outreach, enrollment, and coordinated care services for the uninsured in seven neighborhoods.

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Women of Means

Collaborators: (partial) Rosie's Place, Women's Lunch Place, On the Rise, Casa Myrna Vasquez, community health centers, clinics, other shelters

Boston

\$40,000

Funding to expand and help sustain a grassroots organization serving the health care needs of uninsured homeless women in Greater Boston.

Greater Lawrence Family Health Center

Collaborators: (partial) Lawrence General Hospital, Holy Family Hospital, Family Services, Inc., Greater Lawrence Community Action Council, Mayor's Office, Lawrence/Methuen Community Coalition, Insurance Partnership

Lawrence

\$35,000

Funding to enable the *Nuestro Futuro (Our Future)* project to implement a targeted "South Lawrence Care Coordination" initiative to streamline access to Free Care and improve nursing care for the uninsured.

St. Francis House

Collaborators: Citizens Energy, Boston Health Care for the Homeless, BU Center for Psychiatric Rehabilitation, Education Development Center, Harvard Medical School, Partners Healthcare

Boston

\$25,000

Funding to help support staffing a model of continuous, integrated, *Whole Health Care* for uninsured homeless adults with complex needs in Greater Boston.

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BCBSMA FOUNDATION 2002 GRANT AWARDS
Connecting Consumers with Care – Grant Summaries

Grants in the **Connecting Consumers with Care** program area support community-based efforts to ensure that low-income consumers enrolled in state-funded health insurance programs—particularly MassHealth—receive access to the health care services to which they are entitled. These are strong models for comprehensive outreach, enrollment, post-enrollment assistance and case management services. The grants range from \$10,000 to \$20,000.

The Mercy Hospital

Collaborators: Mental Health Association of Greater Springfield, Vietnamese Civic Association, Friends of the Homeless, Inc., Mass. Housing and Shelter Alliance, Springfield Dept. of Health & Human Services, Open-Pantry

Springfield

\$20,000

Support of the *Health Care for the Homeless* program to ensure that homeless and Vietnamese MassHealth members receive ongoing education, support and case management to connect them with comprehensive health services.

Lynn Health Task Force

Collaborator: Cambodian Community of Massachusetts

Lynn

\$20,000

Continued support for a multi-cultural and multi-lingual staff for the *Community Access Hotline* (CAH). The help line serves uninsured residents of Lynn, with a particular focus on the Cambodian community and people with mental health and substance abuse problems.

Boston Public Health Commission

Collaborators: Health Care for All, DMA, Boston Public Schools, Action for Boston Community Development, Boston Health Access Project, various Boston hospitals and community health centers

Boston

\$15,000

Continued support for the *Mayor's Health Line* (MHL) to conduct follow-up assessment of individuals and families assisted with the application process, and targets children, immigrants, and low-income residents of Boston.

Berkshire Health Systems

Collaborators: Community Health Network of the Berkshires (CHNA), Berkshire County House of Correction (BCHC)

Pittsfield

\$15,000

Continued funding for the *Advocacy for Access* (AFA) program that provides post-enrollment and specialized enrollment services to the uninsured in Central and Southern Berkshire County, new MassHealth enrollees, including patients leaving substance abuse, psychiatric, and correctional programs.

Child Care Resource Center

Collaborators: (partial) Boston Family Child Care Network, The Childcare Project, East Boston Ecumenical Community Council, Reaching Out to Chelsea Adolescents/Healthy Families, Cambridge Hospital, DMA

Cambridge

\$15,000

Support to expand the *Health Access Program*, which assists low-income families in Cambridge and adjacent cities and towns with enrollment and access services. Funding will increase multilingual enrollment and post-enrollment support.

Fenway Community Health Center

Collaborators: n/a

Boston

\$15,000

Support to expand efforts to ensure MassHealth eligible consumers receive post-enrollment insurance counseling and assistance with selection of appropriate providers. Focus on Fenway, Back Bay, Mission Hill, and South End.

Franklin Community Action Corporation

Collaborators: Greater Athol Area Families with Special Needs, public school systems, Valuing Our Children (family support agency), First Call for Help (resource & referral agency)

Greenfield

\$15,000

Continued support for the *Healthy Connections Program* to increase capacity for post-enrollment, case management and follow-up for the uninsured in the North Quabbin region.

Hilltown Community Health Center, Inc.

Collaborators: Community Partners, Hampshire Community Action, Hilltown Coalition for Youth and Community Needs

Worthington

\$15,000

Supports a program of outreach and education to assist MassHealth members in fully utilizing their benefits. This includes helping to overcome the significant transportation obstacles facing many poor residents of the area.

MetroWest Latin American Center

Collaborators: MetroWest Medical Center, Jewish Family Services of MetroWest, Marlborough Human Services, Resourceful, Inc. of Marlborough

Framingham

\$15,000

Funding support to maintain outreach, enrollment and post-enrollment services to Latinos and Brazilians, most of who are immigrants, refugees and low-income residents of Framingham and Marlborough.

Upham's Corner Health Center

Collaborators: N/A

Dorchester

\$15,000

Continued support for outreach, enrollment and post-enrollment case management assistance to low-income, uninsured, and non-English speaking Dorchester residents.

Saint Anne's Hospital

Collaborators: local CHNA, Fall River Housing Authority

Fall River

\$15,000

Funding to provide outreach, enrollment and post-enrollment assistance to the uninsured and underinsured of Greater Fall River. The target populations served by this project are low-income consumers and non-English speaking residents.

South Middlesex Legal Services, Inc.

Collaborators: SMOC, MetroWest Latin American Center, local schools and agencies

Framingham

\$15,000

Support for the *Health Care Access Project*, which provides enrollment and post-enrollment services to low-income consumers in the 36-town greater MetroWest area.

Outer Cape Health Services

Collaborators: The health centers are part of an extensive lower/outer Cape coalition that includes boards of health, local government officials, town administrations, local housing authorities, schools and community-based organizations

Truro

\$15,000

Funding to support *Healthy Connections*, an existing outreach, enrollment and post-enrollment service to low income residents of eight towns that comprise Lower and Outer Cape Cod.

Vietnamese-American Civic Association, Inc.

Collaborators: Dorchester House, Neponset Health Center, Carney Hospital, Boston Medical Center

Dorchester

\$15,000

Enhance the *Vietnamese Health Care Access Project* for low-income, at-risk Vietnamese immigrants and refugees living in Boston and the Greater Boston neighborhoods of Chelsea, Malden, Quincy and Everett.

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**Joint Committee For Children's Health Care
in Everett**

Collaborators: Cambridge Health Alliance,
Everett Literacy Program

Everett

\$10,000

Funds to establish a volunteer bilingual
promotoras or health educators program to
improve the outreach capability of the City of
Everett's only grassroots health advocacy
organization.

Nueva Esperanza

Collaborators: Holyoke Health Center, Holyoke
Hospital, other local health care delivery
organizations

Holyoke

\$10,000

Supports enhanced capacity to provide
enrollment and post-enrollment assistance,
including orientation to the health care system,
patients' rights, and primary care provider
selection and relationship building to low-income
Latino residents of Holyoke.

South Middlesex Opportunity Council

Collaborators: MetroWest Medical Center, local homeless
shelters

Framingham

\$10,000

Supports outreach, enrollment and post-enrollment services for
the growing homeless population in MetroWest.

70512 - 5624 - 0222

Health Care For All

Continued support for the *Health Care Policy and Consumer Leadership Network* to build policy and decision-making capacity, education and empowerment, and develop and evaluate options for health coverage expansion while defending the state's Medicaid program and other access programs through the MassHealth Defense Group.

Collaborators: Tri-City Mental Health and Retardation Center of Medford, Health Care for the Homeless/Community HealthLink of Worcester, Springfield Health Care for the Homeless/Mercy Hospital

Support to continue a statewide initiative to promote the health care interests of homeless people with disabilities, resulting in strategies and development of policy initiatives to address the unmet needs of this population for health care, income and housing to end their homelessness.

Continued support for *Community Advocacy for Change* which educates, organizes and mobilizes community health center board members and other community based advocates to respond to health policy changes that affect health center financing and patient access to community-based services.

Continued support for the Latin American Public Health Council – a collaborative effort to build the capacity of the Latin American community to participate in health policy through dissemination of informed analysis on health policy issues and preparation of community members for participation in strategic health advocacy efforts.

Collaborators: Senior Pharmacy Coalition (including AARP, Alzheimer's Association, Health Care for All, Greater Boston Legal Services among others)

Continued support for the *Campaign for Affordable Medications*, an initiative to increase civic activism and participation of seniors in efforts to lower the costs of prescription drugs.

Collaborators: Health Care For All, Direct Care Workers Initiative (Alzheimer's Assoc., Greater Boston Legal Services, Mass. Senior Action, Home and Health Care Assoc. of Mass., Mass. Extended Care Federation, SEIU – Locals 285 and 767)

Continued support for the multi-year *Health Insurance for Health Care Workers* initiative to develop and promote principles and a policy framework to expand health insurance coverage for direct care workers.

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Health Law Advocates

\$35,000

Support for HLA's *Dental Health Access Project* to increase access to dental care by instituting systemic change in the MassHealth dental program. HLA also aims to restore adult dental services for MassHealth members.

Massachusetts Community Health Worker Network

\$30,000

Funding to support their efforts to expand access to health care for the uninsured by developing the advocacy voice of community health workers and the people they serve.

Massachusetts Law Reform Institute

\$35,000

Funding will enable MLRI to bring its expertise to bear on defending MassHealth and other publicly funded access programs from further restrictions and cuts, and provide training and technical assistance to other advocates and outreach workers who serve low-income and uninsured consumers.

Community Partners, Inc. (formerly AHEC/Community Partners)

\$30,000

Support to offer targeted training, conduct issue specific forums on topics that are relevant to community health access workers, and disseminate information, best practices and practical tools for frontline workers.

Women's Educational and Industrial Union

\$35,000

Support for the development of a Health Sufficiency Standard (HSS) which will create awareness of the costs of health care and illness, especially for women, and help advocate for policies to ensure access to health care for all women and families in Massachusetts.

Mass. Immigrant & Refugee Advocacy Coalition

\$30,000

Continued support for their *Immigrant Health Care Access Project* to increase access to and utilization of preventive health care services and benefits by immigrant families and their children.

[illegible]

Brigham & Women's Hospital Boston \$40,000 Funding to establish the Boston Consortium on Cultural Competence Training with three other hospitals (Beth Israel Deaconess, Massachusetts General Hospital and Boston Medical Center), to standardize training and protocols for delivering culturally competent health care.	South Cove Community Health Center Boston \$40,000 Funding to translate into Chinese instructions more than 200 commonly used medications and medical devices in a culturally competent way that bridges traditional and Western health care.
Center for HIV/AIDS Care and Research- Boston Medical Center Boston \$40,000 Funds will strengthen the capacity of hospital-affiliated health centers to provide culturally competent HIV/AIDS health care to Latino and African American patients, in partnership with the Multicultural AIDS Coalition. The project also includes implementation of Logician, a culturally competent intake procedure.	Dorchester House Multi-Service Center Dorchester \$35,000 Funding to enhance the skills and awareness of health center staff and clinicians in delivering culturally competent primary care services to Vietnamese domestic violence victims. The partners include Center for Community Health Education, Research and Service; Little House Health Center; Harbor Health Services, and Neponset Health Center.
Lowell Community Health Center, Inc. Lowell \$40,000 Funding for a comprehensive training initiative to serve the Brazilian and African immigrant communities through interpreting and cultural competence for physicians and staff, in partnership with the African Assistance Center and the Massachusetts Association for Portuguese Speakers.	Fenway Community Health Center Boston \$35,000 Funding to continue the Gay, Lesbian, Bisexual, Transgender (GLBT) Health Access Training Project with the Justice Resource Institute that offers, training, consulting and technical assistance to health care providers and agencies serving the GLBT population.
New England Medical Center Boston \$40,000 Supports the mentoring of 100 recently trained medical interpreters serving refugee and immigrant populations, teamed with clinicians and staff at greater Boston hospitals and community health centers.	Greater Lawrence Family Health Center-AHEC Lawrence \$35,000 Funding to strengthen the cultural competency skills of certified interpreters and to strategically link interpreters and physicians to improve delivery of culturally competent care throughout Merrimack Valley. The training will be delivered in partnership with the Merrimack Valley Interpreters Task Force.

<p>Carney Hospital Dorchester \$30,000</p> <p>Supports funding to launch a multi-faceted plan for integrating culturally competent practice and programs into the hospital's delivery of care for a very culturally diverse patient population. The partners include Vietnamese Civic Association, Haitian Multi-Service Center, and Churches Organized to Save Tomorrow.</p>	<p>Joseph M. Smith Community Health Center Brighton \$15,000</p> <p>Funding for a planning grant to support an organizational diversity assessment and develop a plan for institutional transformation, in partnership with the Massachusetts Association of Portuguese Speakers.</p>
<p>Beth Israel Deaconess Medical Center Boston \$25,000</p> <p>Establishes The Latino Consult Service, to build skills of staff by teaming them with bilingual and bicultural providers and delivering culturally competent care to Latino patients and families.</p>	<p>Home Health VNA Merrimack Valley \$15,000</p> <p>Supports a planning grant to develop a culturally competent process for transitioning diverse patients from acute care to home care. Key collaborators are Lawrence General Hospital, Saints Memorial Medical Center in Lowell, Latin American Health Institute, and Cambodian Mutual Assistance Association.</p>
<p>VNA Care Network Eastern and Central Massachusetts \$25,000</p> <p>Funds strengthen interpretation, deliver cultural competence training and provide resources for clinicians serving 10 different ethnic minority patient groups. Funds also support development of a resource library. The Brazilian Community Association, Asian Resource Center, Metta Health Center, New Vision Foundation and Lynn Community Health Center are key collaborators.</p>	<p>Jewish Memorial Hospital & Rehabilitation Center Roxbury \$15,000</p> <p>Supports a planning grant to conduct a community assessment and identify potential cultural barriers to visiting the hospital, and develop a plan for training physicians and staff. Community partners: Action for Boston Community Development, National Caucus on Black Aged.</p>
<p>VNA of Cape Cod Cape Cod & Islands \$25,000</p> <p>Funding supports a centralized medical translation center, and culturally competent clinical practices for students, and increase the supply of qualified medical interpreters available to local providers.</p>	<p>Lawrence General Hospital Lawrence \$15,000</p> <p>Supports a planning grant to build a career ladder program to improve skills, wages and motivation among service employees who are primarily ethnic and linguistic minorities.</p>
<p>Caritas Good Samaritan Medical Center Brockton \$20,000</p> <p>Funds expand the supply and skills of interpreters for the medical center, Brockton Community Health Center and 50 private medical practices.</p>	<p>Lowell General Hospital Lowell \$10,000</p> <p>Funding to train bilingual/bicultural administrative and reception staff in medical interpreting and increase the supply of certified medical interpreters in the region. The Merrimack Valley AHEC will provide the appropriate cultural competence training.</p>

[illegible]



Mellon

BCV TOTAL CONSOLID - BCVG00010000

12/31/2002

Status: FINAL

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

Investment Detail

by Currency

Base Currency: USD

Report ID: HD8013

04-3148824

Shares/Par Description	Price Base	Cost Base	Market Value Base	% of Total	Unrealized Currency Gain/Loss Base	Unrealized Investment Gain/Loss Base
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U.S. DOLLAR

CASH & CASH EQUIVALENTS

2,776,742.960 JANUS INVT FD GOVT MM FD INSTL SHS SEC ID: 471023788	1.0000	2,776,742.96	2,776,742.96	7.81%	0.00	0.00
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FIXED INCOME SECURITIES

1,307,392.567 LM INSTL FD ADVISORS I INC WESTN ASSET COR PLUS PORT INST SEC ID: 502081888	10.1900	13,446,790.07	13,322,330.26	37.49%	0.00	-124,459.81
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EQUITY

556,374.755 WELLINGTON CTF VALUE YIELD SEC ID: 999578446	25.9500	17,624,117.47	14,437,924.89	40.63%	0.00	-3,186,192.58
341,968.528 MORGAN STANLEY INSTL FD INC INTL EQUITY PORTFOLIO CL A SEC ID: 61744J408	14.6100	5,120,595.10	4,996,160.19	14.06%	0.00	-124,434.91

TOTAL U.S. DOLLAR EQUITY (54.69%)

22,744,712.57	19,434,085.08	54.69%	0.00	-3,310,627.49
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TOTAL U.S. DOLLAR (100.00%)

38,968,245.60	35,533,158.30	100.00%	0.00	-3,435,087.30
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TOTAL BASE INVESTMENTS

38,968,245.60	35,533,158.30	100.00%	0.00	-3,435,087.30
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Form 990

2002

Blue Cross and Blue Shield of Massachusetts Foundation, Inc. For Expanding Healthcare Access
EIN #04-3148824

We recently discovered that, in prior year Form 990 filings, we incorrectly reported the public support for the organization due to a misunderstanding that in-kind contributions qualified as public support. We have revised this herein and this Form 990 correctly reflects the public support received by the organization and does not include in-kind contributions in the public support calculation. We have also attached, as Attachment C. 2, revised information re-calculating public support for Form 990 for the years 2000 and 1999, incorporating revised public support calculations for the years 1995 through 1999. The attachment references WellChild, The Foundation of Health for Life, which was the former name of this organization, now the Blue Cross Blue Shield of Massachusetts Foundation, Inc. For Expanding Healthcare Access.

Form 990

2002

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

EIN #04-3148824

2000 - Form 990

WellChild, The Foundation of Health for Life

	<u>1999</u>	<u>1998</u>	<u>1997</u>	<u>1996</u>	<u>Total</u>
Gifts, grants and contributions received	796,027	391,048	677,920	915,217	2,780,212
2% of Total					55,604
Total amount of Gifts for 1996 through 1999 exceeding 2%					1,836,594
Public support					943,618
PUBLIC SUPPORT PERCENTAGE					33.94%

1999 - Form 990

WellChild, The Foundation of Health for Life

	<u>1998</u>	<u>1997</u>	<u>1996</u>	<u>1995</u>	<u>Total</u>
Gifts, grants and contributions received	391,048	677,920	915,217	633,567	2,617,752
2% of Total					52,355
Total amount of Gifts for 1996 through 1999 exceeding 2%					1,625,532
Public support					992,220
PUBLIC SUPPORT PERCENTAGE					37.90%