

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

Return of Organization Exempt From Income Tax

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

Do not enter social security numbers on this form as it may be made public.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2019
Open to Public Inspection

A For the **2019** calendar year, or tax year beginning **10-01-2019**, and ending **09-30-2020**

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization
UMass Memorial Health Care Inc (Parent)

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
306 Belmont Street

City or town, state or province, country, and ZIP or foreign postal code
Worcester, MA 01604

D Employer identification number
04-3358566

E Telephone number
(508) 334-0252

F Name and address of principal officer:
Sergio Melgar
306 Belmont Street
Worcester, MA 01604

G Gross receipts \$ 410,347,483

H(a) Is this a group return for subordinates? Yes No

H(b) Are all subordinates included? Yes No
If "No," attach a list. (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status: 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527

J Website: ▶ umassmemorialhealthcare.org

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 1998

M State of legal domicile: MA

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
To support, develop and coordinate an integrated health care delivery system that includes multiple health care facilities and providers. To receive in trust, from whatever source, and administer gifts and grants, whether restricted or for a specific purpose. To promote services and programs that are charitable, scientific or educational and that address the physical and mental needs of the community at large, provided the corporation shall operate exclusively for the benefit of the Medical Center and other charitable organizations or hospitals that are under common control.

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.

3 Number of voting members of the governing body (Part VI, line 1a)	3	19
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	15
5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	1,873
6 Total number of volunteers (estimate if necessary)	6	16
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	9,934
7b Net unrelated business taxable income from Form 990-T, line 39	7b	6,434

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	1,695,136	1,681,548
9 Program service revenue (Part VIII, line 2g)	387,364,915	395,910,708
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	10,731,537	12,466,235
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-109,718	185,508
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	399,681,870	410,243,999
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2,980,887	337,953
14 Benefits paid to or for members (Part IX, column (A), line 4)		0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	179,208,006	179,224,262
16a Professional fundraising fees (Part IX, column (A), line 11e)		0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,472,205		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	213,099,853	218,924,637
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	395,288,746	398,486,852
19 Revenue less expenses. Subtract line 18 from line 12	4,393,124	11,757,147

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	885,822,460	909,920,912
21 Total liabilities (Part X, line 26)	358,156,237	654,246,254
22 Net assets or fund balances. Subtract line 21 from line 20	527,666,223	255,674,658

Part II Signature Block

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

Sign Here

Signature of officer: _____ Date: 2021-08-13

Sergio Melgar EVP/CFO/Treasurer
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN P00520729
Firm's name ▶ CROWE LLP			Firm's EIN ▶ 35-0921680	
Firm's address ▶ 9600 Brownsboro Road Suite 400 Louisville, KY 402413902			Phone no. (502) 326-3996	

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

UMASS MEMORIAL HEALTH CARE, INC. IS COMMITTED TO IMPROVING THE HEALTH OF THE PEOPLE OF CENTRAL NEW ENGLAND THROUGH EXCELLENCE IN CLINICAL CARE, SERVICES, TEACHING AND RESEARCH.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ 388,460,893 including grants of \$ 337,953) (Revenue \$ 395,910,708)
See Additional Data



4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O.)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ▶ 388,460,893

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V 	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. 	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 	Yes	
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	Yes	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 	Yes	

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 456	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 1,873			
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		2b	Yes	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year? . . .		3a	Yes	
b If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O . . .</i>		3b	Yes	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . .		4a	Yes	
b If "Yes," enter the name of the foreign country: ▶CJ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . .		5a		No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		No
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .		6a		No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b		
7 Organizations that may receive deductible contributions under section 170(c).				
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		7a	Yes	
b If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	Yes	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		No
d If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . .		7f		No
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		8		
9 Sponsoring organizations maintaining donor advised funds.				
a Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .		9b		
10 Section 501(c)(7) organizations. Enter:				
a Initiation fees and capital contributions included on Part VIII, line 12	10a			
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11 Section 501(c)(12) organizations. Enter:				
a Gross income from members or shareholders	11a			
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?				
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b			
13 Section 501(c)(29) qualified nonprofit health insurance issuers.				
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		13a		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c Enter the amount of reserves on hand	13c			
14a Did the organization receive any payments for indoor tanning services during the tax year?		14a		No
b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O . . .</i>		14b		
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? Note. See instructions and file Form 4720, Schedule N.		15	Yes	
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? . . . Note. See instructions and file Form 4720, Schedule O.		16		No

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI



Section A. Governing Body and Management

Table with 5 main rows and 3 sub-columns (1a, 1b, and Yes/No). Rows include: 1a (19), 1b (15), 2 (No), 3 (No), 4 (Yes), 5 (No), 6 (No), 7a (Yes), 7b (No), 8a (Yes), 8b (No), 9 (No).

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

Table with 16 rows and 3 sub-columns (10a, 10b, 11a, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b). Rows include: 10a (No), 10b, 11a (Yes), 12a (Yes), 12b (Yes), 12c (Yes), 13 (Yes), 14 (Yes), 15a (Yes), 15b (Yes), 16a (No), 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed MA
18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records: Brian Huggins 306 Belmont Street Worcester, MA 01604 (508) 334-0252

Part VIII Statement of Revenue

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

Table with 5 main columns: (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax under sections 512 - 514. Rows include 1a Federated campaigns, 1b Membership dues, 1c Fundraising events, 1d Related organizations, 1e Government grants, 1f All other contributions, 1g Noncash contributions, and 1h Total.

Table for Program Service Revenue with columns for Business Code, Total revenue, Related or exempt function revenue, Unrelated business revenue, and Revenue excluded from tax. Rows include 2a System allocation premium, 2b Professional liability revenue, 2c Workers compensation premium, 2d General insurance premium, 2e Other program service revenue, 2f All other program service revenue, and 2g Total.

Table for Other Revenue with columns for Total revenue, Related or exempt function revenue, Unrelated business revenue, and Revenue excluded from tax. Rows include 3 Investment income, 4 Income from investment of tax-exempt bond proceeds, 5 Royalties, 6a-6c Rental income, 7a-7c Gain or loss from sales of assets, 8a-8c Net income from fundraising events, 9a-9c Net income from gaming activities, 10a-10c Net income from sales of inventory, 11a-11d Miscellaneous Revenue, and 12 Total revenue.

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	221,698	221,698		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	116,255	116,255		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	10,151,249	10,151,249		
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	132,714,883	129,491,659	2,607,927	615,297
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	13,457,272	13,153,138	246,268	57,866
9 Other employee benefits	12,794,493	12,505,338	234,139	55,016
10 Payroll taxes	10,106,365	9,877,962	184,946	43,457
11 Fees for services (non-employees):				
a Management				
b Legal	1,800,154	1,800,154		
c Accounting	1,271,961		1,269,961	2,000
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	872,602		872,602	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	68,342,321	66,169,028	2,120,943	52,350
12 Advertising and promotion	1,758,448	1,755,553		2,895
13 Office expenses	7,652,343	6,792,185	283,377	576,781
14 Information technology	59,837,514	59,776,575		60,939
15 Royalties				
16 Occupancy	10,170,011	9,849,378	317,890	2,743
17 Travel	339,152	66,239	272,138	775
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	123,822		121,736	2,086
20 Interest	2,720,114	2,720,114		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	32,067,263	32,066,257	1,006	
23 Insurance	26,244,148	26,223,327	20,821	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a Other taxes	5,724,784	5,724,784		
b				
c				
d				
e All other expenses	0	0	0	0
25 Total functional expenses. Add lines 1 through 24e	398,486,852	388,460,893	8,553,754	1,472,205
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	347,707	1	37,314,895
	2 Savings and temporary cash investments	236,047,077	2	189,611,170
	3 Pledges and grants receivable, net	1,074,847	3	564,296
	4 Accounts receivable, net	896,026	4	2,766,700
	5 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0	5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0	6	0
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	39,124,501	9	38,789,805
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	295,293,026		
	b Less: accumulated depreciation	92,193,651		
	11 Investments—publicly traded securities	1,147,536	11	67,753,271
	12 Investments—other securities. See Part IV, line 11	319,141,138	12	302,984,396
	13 Investments—program-related. See Part IV, line 11	0	13	251,250
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	65,306,278	15	66,785,754
16 Total assets. Add lines 1 through 15 (must equal line 34)	885,822,460	16	909,920,912	
Liabilities	17 Accounts payable and accrued expenses	44,165,059	17	59,143,462
	18 Grants payable		18	
	19 Deferred revenue	109,520	19	92,452
	20 Tax-exempt bond liabilities	103,930,247	20	91,757,105
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties	174,660	23	8,721,762
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D	209,776,751	25	494,531,473
	26 Total liabilities. Add lines 17 through 25	358,156,237	26	654,246,254
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	466,184,786	27	192,417,450
	28 Net assets with donor restrictions	61,481,437	28	63,257,208
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
32 Total net assets or fund balances	527,666,223	32	255,674,658	
33 Total liabilities and net assets/fund balances	885,822,460	33	909,920,912	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	410,243,999
2	Total expenses (must equal Part IX, column (A), line 25)	2	398,486,852
3	Revenue less expenses. Subtract line 2 from line 1	3	11,757,147
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	527,666,223
5	Net unrealized gains (losses) on investments	5	3,051,959
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-286,800,671
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	255,674,658

Part XII Financial Statements and Reporting

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

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

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

Additional Data

Software ID: 19010655

Software Version: 2019v5.0

EIN: 04-3358566

Name: UMass Memorial Health Care Inc (Parent)

Form 990 (2019)

Form 990, Part III, Line 4a:

TO SUPPORT THE ADVANCEMENT OF THE KNOWLEDGE, EDUCATION, AND RESEARCH AND THE PRACTICE OF HEALTH CARE RELATED SERVICES THROUGH THE OVERSIGHT OF UMASS MEMORIAL HEALTH CARE OPERATIONS AND THE EFFICIENT DELIVERY OF SUPPORT SERVICES.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ERIC W DICKSON MD PRESIDENT, CEO, DIRECTOR, UMM HEALTH CARE, INC.	40.0 5.0	X		X				2,317,497	0	410,261
RAYMOND PAWLICKI VICE-CHAIRPERSON, DIRECTOR, UMM HEALTH CARE, INC.	1.0 1.0	X		X				0	0	0
RICHARD SIEGRIST CHAIRPERSON, DIRECTOR, UMM HEALTH CARE, INC.	1.0 1.0	X		X				0	0	0
DAVID L BENNETT DIRECTOR, UMM HEALTH CARE, INC.	1.0 1.0	X						0	0	0
EDWARD D'ALELIO DIRECTOR, UMM HEALTH CARE, INC.	1.0 1.0	X						0	0	0
ELVIRA GUARDIOLA DIRECTOR, UMM HEALTH CARE, INC.	1.0 1.0	X						0	0	0
EVAN BENJAMIN MD DIRECTOR, UMM HEALTH CARE, INC.	1.0 1.0	X						0	0	0
LESLIE BOVENZI DIRECTOR, UMM HEALTH CARE, INC.	1.0 1.0	X						0	0	0
LYNDA M YOUNG MD DIRECTOR, UMM HEALTH CARE, INC.	1.0 1.0	X						0	0	0
MARK JOHNSON MD DIRECTOR, UMM HEALTH CARE, INC.	5.0 28.0	X						0	739,969	46,356

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MICHAEL COLLINS MD DIRECTOR, UMM HEALTH CARE, INC.	1.0	X						0	0	0
NANCY KANE DIRECTOR, UMM HEALTH CARE, INC.	1.0	X						0	0	0
PAUL KANGAS DIRECTOR UNTIL FY2020, UMM HEALTH CARE, INC.	1.0	X						0	0	0
PAULETTE SEYMOUR-ROUTE PHD DIRECTOR, UMM HEALTH CARE, INC.	5.0	X						0	156,704	3,277
PETER KNOX DIRECTOR, UMM HEALTH CARE, INC.	40.0	X						0	0	0
RICHARD K BENNETT DIRECTOR, UMM HEALTH CARE, INC.	1.0	X						0	0	0
ROBERT W FINBERG MD DIRECTOR, UMM HEALTH CARE, INC.	1.0	X						0	439,902	80,930
ROSEMARY THOMSEN DIRECTOR, UMM HEALTH CARE, INC.	20.0	X						0	0	0
SUSAN MAILMAN DIRECTOR, UMM HEALTH CARE, INC.	1.0	X						0	0	0
TERENCE FLOTTE MD DIRECTOR, UMM HEALTH CARE, INC.	1.0	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DOUGLAS S BROWN SECRETARY, UMM HEALTH CARE, INC.	40.0			X				997,224	0	195,698
KATHARINE BOLLAND ESHGHI ASSISTANT SECRETARY, UMM HEALTH CARE, INC.	40.0			X				529,702	0	121,693
SERGIO MELGAR EVP/CFO/Treasurer, UMM Health Care, Inc. Officer	40.0			X				1,172,335	0	248,108
ALICE A SHAKMAN SVP, CLINICAL SVCS	5.0				X			0	465,533	93,573
ANDREW KARSON MD SVP, CMO-UMMC	40.0				X			0	581,566	87,935
BART METZGER SVP, CHIEF HR OFFICER	40.0				X			687,396	0	109,031
CHERYL LAPRIORE SVP, CHF OF STAFF &CHF MKTG OFC	40.0				X			580,439	0	131,675
DANA SWENSON SVP, CHIEF FACILITIES OFFICER UNTIL FY2020	40.0				X			337,245	0	102,606
JACK W BAILEY SVP, CLINICAL SVCS	5.0				X			0	197,225	37,822
JAMES P CYR SVP, SURGICAL & PROCEDURAL SVCS	5.0				X			0	369,164	106,644

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JOHN GREENWOOD SVP, POP HLTH & PRESIDENT, ACO	5.0 40.0				X			0	432,130	127,091
JOHN R SALZBERG SVP, SYSTEM REV CYCLE OPS & CRO	40.0 5.0				X			390,614	0	101,984
JOHN T RANDOLPH VP, CHIEF CORPORATE COMPLIANCE	40.0 5.0				X			556,377	0	97,034
JUSTIN PRECOURT SVP, PATIENT CARE SVCS & CNO	5.0 40.0				X			0	309,724	51,462
MICHAEL GUSTAFSON MD PRESIDENT, MEDICAL CENTER	5.0 40.0				X			0	1,025,075	114,006
MICHELE STREETER EXEC VP/COO UMMMG	5.0 40.0				X			0	667,713	145,781
NICOLE GAGNE PRESIDENT UNTIL FY2020, COMMUNITY HEALTHLINK, INC.	5.0 40.0				X			0	298,198	73,871
ROBERT FELDMANN SVP, FINANCE/CORPORATE CONTROLLER	40.0 5.0				X			531,538	0	115,044
STEPHEN E TOSI MD CHIEF PHYSICIAN EXECUTIVE	5.0 40.0				X			0	1,093,218	115,473
STEVEN ROACH PRESIDENT, CNEHA, Inc. & MARLBOROUGH HOSPITAL	5.0 41.0				X			0	553,160	111,164

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
UMass Memorial Health Care Inc (Parent)

Employer identification number
04-3358566

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:
- 10 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 exempt 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)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations 7

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
See Additional Data Table						
Total	7				370,924,540	0

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . .						
3	The value of services or facilities furnished by a governmental unit to the organization without charge..						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). . .						
6	Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4. . .						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . .						
9	Net income from unrelated business activities, whether or not the business is regularly carried on. . .						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . .						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc. (see instructions)					12	
13	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14	Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	
15	Public support percentage for 2018 Schedule A, Part II, line 14	15	
16a	33 1/3% support test—2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b	33 1/3% support test—2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a	10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b	10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . .						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
c	Add lines 7a and 7b.						
8	Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6.						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . .						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c	Add lines 10a and 10b.						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here.**

Section C. Computation of Public Support Percentage

15	Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2018 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2019 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2018 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2019. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support tests—2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
1		Yes	
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		No
2			No
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		No
3a			No
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
3b			
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
3c			
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		No
4a			No
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
4b			
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
4c			
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>	Yes	
5a		Yes	
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
5b			
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
5c			
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>	Yes	
6		Yes	
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		No
7			No
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		No
8			No
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		No
9a			No
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		No
9b			No
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		No
9c			No
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		No
10a			No
b	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i>		
10b			

Part IV Supporting Organizations (continued)

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b	A family member of a person described in (a) above?		
c	A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		
		11a	No
		11b	No
		11c	No

Section B. Type I Supporting Organizations

		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
		1	
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		
		2	

Section C. Type II Supporting Organizations

		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
		1	

Section D. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
		1	Yes
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
		2	Yes
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
		3	Yes

Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input checked="" type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)		
2	Activities Test. Answer (a) and (b) below.		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
		2a	
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
		2b	
3	Parent of Supported Organizations. Answer (a) and (b) below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
		3a	Yes
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
		3b	Yes

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1** Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014.			
b From 2015.			
c From 2016.			
d From 2017.			
e From 2018.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015.			
b Excess from 2016.			
c Excess from 2017.			
d Excess from 2018.			
e Excess from 2019.			

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

990 Schedule A, Supplemental Information

Return Reference	Explanation
Schedule A, Part IV, Section A, Line 5a Added, Substituted, or Removed Sup. Org.	Organizations removed during the year as a result of Articles of Amendment: UMass Memorial Behavioral Health System, Inc. 04-3374724 UMass Memorial Accountable Care Organization, Inc. 46-2871359 UMass Memorial Health Ventures, Inc. 22-2605679 UMass Memorial Behavioral Health System, Inc. 04-3374724

990 Schedule A, Supplemental Information

Return Reference	Explanation
Schedule A, Part IV, Section A, Line 6 Support to other supported orgs	See details on Schedule I. Prior to Articles of Amendment, support services provided to UMass Memorial Realty, Inc. 04-2805630, \$271,664

990 Schedule A, Supplemental Information

Return Reference	Explanation
Schedule A, Part IV, Section D, Line 3 Supp. Org. Have Significant Voice In Investment Policies	THE ORGANIZATIONS SUPPORTED HAVE A SIGNIFICANT VOICE IN THE ORGANIZATION'S INVESTMENT POLICIES, AS WELL AS IN DIRECTING THE USE OF THE ORGANIZATION'S INCOME OR ASSETS. THE SUPPORTING ORGANIZATIONS PARTICIPATE ON THE INVESTMENT COMMITTEE TO DIRECT THE INVESTMENTS OF THE UMASS MEMORIAL INVESTMENT PARTNERSHIP, IN WHICH THE SUPPORTING ORGANIZATION'S FUNDS ARE INVESTED

990 Schedule A, Supplemental Information

Return Reference	Explanation
Schedule A, Part IV, Section E, Line 3a Power To Appoint/Elect Majority of Officer/Director/Trustee	THE PARENT ORGANIZATION HAS THE POWER TO REGULARLY APPOINT OR ELECT A MAJORITY OF THE OFFI CERS, DIRECTORS, OR TRUSTEES OF EACH SUPPORTED ORGANIZATION.

990 Schedule A, Supplemental Information

Return Reference	Explanation
Schedule A, Part IV, Section E, Line 3b Substantial Direction Over Policies/Programs/Activities	THE ORGANIZATION EXERCISES A SUBSTANTIAL DEGREE OF DIRECTION OVER THE POLICIES, PROGRAMS, AND ACTIVITIES OF EACH OF ITS SUPPORTED ORGANIZATIONS THROUGH THE DIRECTION OF THE OFFICERS AND DIRECTORS OF THE SUPPORTED ORGANIZATIONS. THERE ARE RESERVED POWERS OF THE PARENT OVER ITS SUBSIDIARIES FOR SIGNIFICANT CORPORATE ACTIONS RELATED TO SUCH ITEMS AS AGREEMENTS TO SELL ASSETS, MERGERS, CAPITAL AND OPERATING BUDGETS, LOAN AGREEMENTS, ELECTION OF THE PRESIDENT, CHANGES TO ARTICLES OF ORGANIZATION/BYLAWS, ADOPTION OF STRATEGIC PLAN, ETC.

Additional Data

Software ID: 19010655

Software Version: 2019v5.0

EIN: 04-3358566

Name: UMass Memorial Health Care Inc (Parent)

Form 990, Sch A, Part I, Line 12g - Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
UMass Memorial Medical Center Inc	043358564	3	Yes		249,337,657	0
Marlborough Hospital	042104693	3	Yes		8,891,119	0
UMass Memorial HealthAlliance-Clinton Hospital Inc	042103555	3	Yes		29,459,151	0
UMass Memorial Medical Group Inc	042911067	9	Yes		82,897,058	0
Community HealthLink Inc	042626179	7	Yes		333,005	0
Central New England HealthAlliance Inc	043172496	7	Yes		6,550	0
HealthAlliance Home Health and Hospice Inc	042932308	9	Yes		0	0

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities
For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.
▶Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019
Open to Public Inspection

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

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

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

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

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

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

Name of the organization UMass Memorial Health Care Inc (Parent)	Employer identification number 04-3358566
---	--

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

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")

2 Political campaign activity expenditures (see instructions) ▶ \$ _____

3 Volunteer hours for political campaign activities (see instructions)

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

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No

4a Was a correction made? Yes No

b If "Yes," describe in Part IV.

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

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____

3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b..... ▶ \$ _____

4 Did the filing organization file **Form 1120-POL** for this year? Yes No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
1				
2				
3				
4				
5				
6				

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		No	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c Media advertisements?		No	
d Mailings to members, legislators, or the public?		No	
e Publications, or published or broadcast statements?		No	
f Grants to other organizations for lobbying purposes?		No	
g Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i Other activities?	Yes		20,718
j Total. Add lines 1c through 1i			20,718
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?	3	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information.

Return Reference	Explanation
Schedule C, Part II-B, Line 1 DETAILED DESCRIPTION OF THE LOBBYING ACTIVITY	Amounts represent percentage of lobbying expenses included in membership dues paid to the following associations: Americas Essential Hospitals \$20,497 Risk and Insurance Management Society \$114 The New England Council \$107 Total \$20,718

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

OMB No. 1545-0047
2019
Open to Public Inspection

▶ **Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Name of the organization
UMass Memorial Health Care Inc (Parent)

Employer identification number
04-3358566

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

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

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

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

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

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

Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part IV Escrow and Custodial Arrangements.

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

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

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows include: 1a Beginning of year balance, b Contributions, c Net investment earnings, gains, and losses, d Grants or scholarships, e Other expenditures for facilities and programs, f Administrative expenses, g End of year balance.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
a Board designated or quasi-endowment 0%
b Permanent endowment 55%
c Temporarily restricted endowment 45%
The percentages on lines 2a, 2b, and 2c should equal 100%.
3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
(i) unrelated organizations
(ii) related organizations
b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?
4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Table with 4 columns: (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows include: 1a Land, b Buildings, c Leasehold improvements, d Equipment, e Other, Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) 203,099,375

Part VII Investments—Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests	2,521,967	F
(3) Other _____		
(A) Investment in captive insurance company	120,000	C
(B) Units in investment partnership	300,342,429	F
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	302,984,396	

Part VIII Investments—Program Related.

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)		

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) Due from related parties	65,809,231
(2) Cash value of life insurance policies	36,932
(3) Beneficial interest	676,257
(4) Other assets	263,334
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	66,785,754

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) Due to UMass Medical School	2,292
(3) Due to related parties	13,220,937
(4) Outstanding loss and self insured reserves	58,007,243
(5) Other liabilities	17,710,324
(6) Contribution payable	
(7) Accrued pension & postretirement obligations	405,590,677
(8) Accrued incentive compensation	
(9) Purchase commitments	
(10)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	494,531,473

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

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

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

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

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

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

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

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID: 19010655

Software Version: 2019v5.0

EIN: 04-3358566

Name: UMass Memorial Health Care Inc (Parent)

Supplemental Information

Return Reference	Explanation
Schedule D, Part V, Line 4 Intended uses of endowment funds	The intended use of the organization's endowment funds are directed in accordance with the donor's intent including the preservation of the original gift and various purposes including charity care, medical education, research, health care services, buildings and equipment.

Supplemental Information

Return Reference	Explanation
Schedule D, Part X, Line 2 FIN 48 (ASC 740) footnote	<p>The System follows a two-step approach for the financial statement recognition and measurement of a tax position taken or expected to be taken on a tax return. The substantial majority of UMass Memorial and its affiliate entities are recognized by the Internal Revenue Service as tax-exempt under Section 501(c)(3) of the Internal Revenue Code. Accordingly, these entities will not incur any liability for federal income taxes except for tax on unrelated business taxable income ("UBTI"). Certain affiliates are taxable entities. The measurement of the amounts recorded as a provision for income taxes based upon the aforementioned approach was \$433,000 and \$197,000 for the years ended September 30, 2020 and 2019, respectively, and is recorded as part of supplies and other expense in the accompanying consolidated statements of operations. The Tax Cuts and Jobs Act (the "Act") was enacted on December 22, 2017. The Act impacts the System in several ways, including new excise taxes on executive compensation, increases to UBTI by the amount of certain fringe benefits for which a deduction is not allowed, changes to the net operating loss rules, repeal of the alternative minimum tax ("AMT"), and the computation of UBTI separately for each unrelated trade or business. Further, the Act reduces the U.S. federal corporate tax rate and federal corporate unrelated business income tax rate from 35% to 21%. The overall impact of the Act has not been material to the System. For the years ended September 30, 2020 and 2019, the System had approximately \$14,900,000 and \$11,520,000 of net operating loss ("NOL") carryforwards for federal income tax purposes primarily related to its previously discontinued laboratory outreach business. The NOL carryforwards have expiration dates from 2030 through 2035. In compliance with the Tax Cuts and Jobs Act of 2017, the federal components of the deferred tax assets were revalued from 35% to 21%. For the year ended September 30, 2020, the System believes the deferred tax assets of \$997,000 will be fully utilized and recognized an income tax expense of \$1,414,000 which has been recorded in supplies and other expense in the accompanying consolidated statements of operations. The System accounts for uncertainty in income tax positions by applying a recognition threshold and measurement attribute for financial statement recognition and measurement of a tax position taken or expected to be taken in a tax return. The System has determined that no material unrecognized tax benefits or liabilities exist as of September 30, 2020.</p>

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
UMass Memorial Health Care Inc (Parent)

Employer identification number
04-3358566

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

- 1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- 3** Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
See Add'l Data					
3a Sub-total	1	1			50,749,635
b Total from continuation sheets to Part I	0	0			0
c Totals (add lines 3a and 3b)	1	1			50,749,635

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)

- 2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ▶ _____
- 3 Enter total number of other organizations or entities ▶ _____

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* Yes No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)* Yes No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)* Yes No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990).* Yes No

Additional Data

Software ID: 19010655

Software Version: 2019v5.0

EIN: 04-3358566

Name: UMass Memorial Health Care Inc (Parent)

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Central America and the Caribbean	1	1	Conducting board meetings,Accounting		171,583
Central America and the Caribbean	0	0	Investments		120,000

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Central America and the Caribbean	0	0	Program Services	Reimbursement of claims paid	30,913,052
Central America and the Caribbean	0	0	Program Services	Insurance premiums paid	19,545,000

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

Revenue	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
	Winter Ball (event type)	(event type)	(total number)	(add col. (a) through col. (c))
1 Gross receipts	471,242			471,242
2 Less: Contributions	182,250			182,250
3 Gross income (line 1 minus line 2)	288,992	0	0	288,992
4 Cash prizes				
5 Noncash prizes	6,027			6,027
6 Rent/facility costs	44,269			44,269
7 Food and beverages	31,022			31,022
8 Entertainment	8,500			8,500
9 Other direct expenses	13,666			13,666
10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				103,484
11 Net income summary. Subtract line 10 from line 3, column (d) ▶				185,508

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

Revenue	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col.(a) through col.(c))
	1 Gross revenue			
2 Cash prizes				
3 Noncash prizes				
4 Rent/facility costs				
5 Other direct expenses				
6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				
8 Net gaming income summary. Subtract line 7 from line 1, column (d) ▶				

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," explain: _____

- 11** Does the organization conduct gaming activities with nonmembers? Yes No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13** Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶

Address ▶

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.

c If "Yes," enter name and address of the third party:

Name ▶

Address ▶

16 Gaming manager information:

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

- Director/officer Employee Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

Return Reference	Explanation
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Note: To capture the full content of this document as Filed, please select landscape mode (11" x 8.5") when printing.

Schedule I (Form 990)

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.

Attach to Form 990. Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization UMass Memorial Health Care Inc (Parent)

Employer identification number

04-3358566

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance...
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000.

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section (if applicable), (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation (book, FMV, appraisal, other), (g) Description of noncash assistance, (h) Purpose of grant or assistance. Rows 1-12.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 8
3 Enter total number of other organizations listed in the line 1 table 0

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) EMERGENCY ASSISTANCE SUPPORT FOR EMPLOYEES (EASE)	91	116,255		BOOK	
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Return Reference	Explanation
Schedule I, Part I, Line 2 Procedures for monitoring use of grant funds.	AT REASONABLE INTERVALS, RE-EVALUATION OF THE GRANTS WILL OCCUR TO ENSURE THAT THE ARRANGEMENTS ARE EXPECTED TO CONTINUE TO SATISFY THE STANDARD SET FORTH.

Additional Data

Software ID: 19010655
Software Version: 2019v5.0
EIN: 04-3358566
Name: UMass Memorial Health Care Inc (Parent)

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
City of Worcester 455 Main Street Worcester, MA 01608	04-6001418	City of Worcester	57,750	0	N/A	N/A	Support Worcester Division of Public Health
YWCA of Central Massachusetts One Salem Square Worcester, MA 01608	04-2105873	501(c)(3)	36,281	0	N/A	N/A	Support Coalition of a Healthy Greater Worcester

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Community Legal Aid 405 Main Street Worcester, MA 01608	04-2446242	501(c)(3)	30,000	0	N/A	N/A	Support Medical Legal Partnership bewteen Umass Memorial & Community Legal Aid
Physician health Svcs Inc 860 Winter Street Waltham, MA 02454	22-3234975	501(c)(3)	27,500	0	N/A	N/A	Support for Caring for Physicians Health Campagin. Provides confidential consultation and support to physicians, residents, and medical students- Malpractice captive's portion of the aggregate contribution.

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Community Harvest Project Inc 37 Wheeler Road North Grafton, MA 01536	04-3424018	501(c)(3)	10,000	0	N/A	N/A	Support to Community Benefits for Food Insecurity
VNA Care Network 120 Thomas Street Worcester, MA 01608	04-2794849	501(c)(3)	10,000	0	N/A	N/A	Support for Home Health and Hospice - Worcester Benefit Salute to Nurses

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Worcester Railers HC Charitable Fnd 900 Cummings Ctr Beverly, MA 01608	81-1645767	501(c)(3)	6,588	0	N/A	N/A	Hockey Sponsorship
UMM HealthAlliance-Clinton Hospital 60 Hospital Road Leominster, MA 01453	04-2103555	501(c)(3)	12,000	0	n/a	n/a	Transfer to related organization for golf tournament

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
UMass Memorial Health Care Inc (Parent)

Employer identification number
04-3358566

Part I Questions Regarding Compensation

		Yes	No		
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) </td> </tr> </table>	<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)			
<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)				
<p>b If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</p>	1b				
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?</p>	2				
<p>3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee </td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee			
<input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee				
<p>4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p> <p>a Receive a severance payment or change-of-control payment?</p> <p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	4a	Yes			
	4b	Yes			
	4c		No		
<p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p> <p>5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p>	5a		No		
	5b		No		
<p>6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p>	6a		No		
	6b		No		
<p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III</p>	7		No		
<p>8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III</p>	8		No		
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9				

Part III Supplemental Information

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

Return Reference	Explanation
Schedule J, Part II COMPENSATION TO EMPLOYEES	THE ABOVE DIRECTORS RECEIVE NO COMPENSATION FOR THEIR ROLE AS DIRECTORS. ALL COMPENSATION RECEIVED RELATES TO THEIR POSITION AS A PHYSICIAN/ADMINISTRATOR.
Schedule J, Part II Compensation to employees	Compensation to employees reported in Part VII and Schedule J is paid by UMass Memorial Health Care, Inc. and Affiliates only. Some of our physicians are also employed by the University of Massachusetts Medical School, an unrelated entity for tax purposes.
Schedule J, Part I, Line 4a Severance or change-of-control payment	The following individuals received severance in the reporting period: Included in Sch J Col Biii: Fisher, Barbara \$67,024 Weymouth, Deborah \$100,229
Schedule J, Part I, Line 4b Supplemental nonqualified retirement plan	THE FOLLOWING INDIVIDUALS RECEIVED PAYMENT FROM A SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN IN THE REPORTING PERIOD: OFFICERS, DIRECTORS, TRUSTEES: BOLLAND ESHGHI, KATHARINE \$36,098 BROWN, DOUGLAS S. \$57,832 DICKSON, ERIC W., MD \$115,656 FINBERG, ROBERT W., MD \$65,579 SUBTOTAL OFF, DIR, TRUSTEES \$275,165 KEY EMPLOYEES: CORBETT, WILLIAM, MD \$41,981 CYR, JAMES P. \$26,138 DAY, THERESE \$35,872 FELDMANN, ROBERT \$80,972 GAGNE, NICOLE \$15,974 GREENWOOD, JOHN \$31,754 LAPRIORE, CHERYL M. \$31,576 METZGER, BART \$126,539 RANDOLPH, JOHN T. \$231,682 ROACH, STEVEN \$36,356 SALZBERG, JOHN R. \$18,128 SHAKMAN, ALICE \$30,758 STREETER, MICHELE \$25,520 TARNOWSKI, TIMOTHY \$45,204 TOSI, STEPHEN E., MD \$65,094 SUBTOTAL KEY EMPLOYEES \$843,548 FORMER: FISHER, BARBARA \$230,284 WEYMOUTH, DEBORAH \$441,471 SUBTOTAL FORMER \$671,755 PARENT TOP 5 HIGHEST PAID: ALPER, MD, ERIC J \$29,583 WESTON, ALAN R. \$44,310 SODANO, ROBIN L. \$22,408 ROSSI, CATHERINE M. \$13,333 WIESMAN, TOD G. \$13,128 SUBTOTAL TOP 5 HIGHEST PAID \$122,762 TOTAL \$1,913,230 THE FOLLOWING INDIVIDUALS PARTICIPATED IN A SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN IN THE REPORTING PERIOD (no distribution received): OFFICERS, DIRECTORS, TRUSTEES: MELGAR, SERGIO KEY EMPLOYEES: BAILEY, JACK W. GUSTAFSON, MD, MICHAEL KARSON, ANDREW PRECOURT, JUSTIN SWENSON, DANA E.

Additional Data

Software ID: 19010655
Software Version: 2019v5.0
EIN: 04-3358566
Name: UMass Memorial Health Care Inc (Parent)

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1ERIC W DICKSON MD PRESIDENT, CEO, DIRECTOR, UMM HEALTH CARE, INC.	(i)	1,299,853	899,108	118,536	380,012	30,249	2,727,758	115,656
	(ii)	0	0	0	0	0	0	0
1ROBERT W FINBERG MD DIRECTOR, UMM HEALTH CARE, INC.	(i)	0	0	0	0	0	0	0
	(ii)	299,384	74,939	65,579	45,554	35,376	520,832	65,579
2MARK JOHNSON MD DIRECTOR, UMM HEALTH CARE, INC.	(i)	0	0	0	0	0	0	0
	(ii)	704,969	35,000	0	14,000	32,356	786,325	0
3 PAULETTE SEYMOUR-ROUTE PHD DIRECTOR, UMM HEALTH CARE, INC.	(i)	0	0	0	0	0	0	0
	(ii)	152,262	0	4,442	2,427	850	159,981	0
4DOUGLAS S BROWN SECRETARY, UMM HEALTH CARE, INC.	(i)	597,649	323,776	75,799	167,898	27,800	1,192,922	57,832
	(ii)	0	0	0	0	0	0	0
5 KATHARINE BOLLAND ESHGHI ASSISTANT SECRETARY, UMM HEALTH CARE, INC.	(i)	374,075	119,529	36,098	94,391	27,302	651,395	36,098
	(ii)	0	0	0	0	0	0	0
6SERGIO MELGAR EVP/CFO/Treasurer, UMM Health Care, Inc. Officer	(i)	748,352	405,127	18,856	205,839	42,269	1,420,443	0
	(ii)	0	0	0	0	0	0	0
7BARBARA FISHER FORMER KEY EE, SVP UNTIL 9/25/19, OPERATIONS (UMMMC)	(i)	0	0	0	0	0	0	0
	(ii)	188,451	87,835	312,997	71,735	23,198	684,216	230,284
8DEBORAH WEYMOUTH FORMER PRESIDENT UNTIL 9/27/19, HEALTHALLIANCE- CLINTON HOSPITAL	(i)	0	0	0	0	0	0	0
	(ii)	332,955	88,313	550,462	98,397	27,917	1,098,044	441,471
9JACK W BAILEY SVP, CLINICAL SVCS	(i)	0	0	0	0	0	0	0
	(ii)	164,172	33,053	0	22,160	15,662	235,047	0
10WILLIAM CORBETT MD SVP, COMMUNITY PRACTICES	(i)	0	0	0	0	0	0	0
	(ii)	389,029	139,376	41,981	113,127	24,893	708,406	41,981
11JAMES P CYR SVP, SURGICAL & PROCEDURAL SVCS	(i)	0	0	0	0	0	0	0
	(ii)	258,272	84,754	26,138	75,623	31,021	475,808	26,138
12THERESE DAY VP/CHIEF FINANCIAL OFFICER MED CENTER	(i)	0	0	0	0	0	0	0
	(ii)	326,904	105,118	35,872	89,115	30,146	587,155	35,872
13ROBERT FELDMANN SVP, FINANCE/CORPORATE CONTROLLER	(i)	281,251	150,315	99,972	86,498	28,546	646,582	80,972
	(ii)	0	0	0	0	0	0	0
14NICOLE GAGNE PRESIDENT UNTIL FY2020, COMMUNITY HEALTHLINK, INC.	(i)	0	0	0	0	0	0	0
	(ii)	235,367	46,857	15,974	46,497	27,374	372,069	15,974
15JOHN GREENWOOD SVP, POP HLTH & PRESIDENT, ACO	(i)	0	0	0	0	0	0	0
	(ii)	302,837	97,539	31,754	99,502	27,589	559,221	31,754
16MICHAEL GUSTAFSON MD PRESIDENT, MEDICAL CENTER	(i)	0	0	0	0	0	0	0
	(ii)	724,575	300,500	0	90,369	23,637	1,139,081	0
17ANDREW KARSON MD SVP, CMO-UMMMC	(i)	0	0	0	0	0	0	0
	(ii)	462,816	118,750	0	57,434	30,501	669,501	0
18CHERYL LAPRIORE SVP, CHF OF STAFF &CHF MKTG OFC	(i)	356,674	192,189	31,576	104,229	27,446	712,114	31,576
	(ii)	0	0	0	0	0	0	0
19BART METZGER SVP, CHIEF HR OFFICER	(i)	419,380	136,177	131,839	79,699	29,332	796,427	126,539
	(ii)	0	0	0	0	0	0	0

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees								
(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
21 JUSTIN PRECOURT	(i)	0	0	0	0	0	0	0
SVP, PATIENT CARE SVCS & CNO	(ii)	247,200	62,524	0	25,117	26,345	361,186	0
1 JOHN T RANDOLPH	(i)	245,044	79,651	231,682	62,850	34,184	653,411	231,682
VP, CHIEF CORPORATE COMPLIANCE	(ii)	0	0	0	0	0	0	0
2 STEVEN ROACH	(i)	0	0	0	0	0	0	0
PRESIDENT, CNEHA, Inc. & MARLBOROUGH HOSPITAL	(ii)	397,563	119,241	36,356	82,775	28,389	664,324	36,356
3 JOHN R SALZBERG	(i)	292,091	80,395	18,128	71,320	30,664	492,598	18,128
SVP, SYSTEM REV CYCLE OPS & CRO	(ii)	0	0	0	0	0	0	0
4 ALICE A SHAKMAN	(i)	0	0	0	0	0	0	0
SVP, CLINICAL SVCS	(ii)	273,071	161,704	30,758	76,007	17,566	559,106	30,758
5 MICHELE STREETER	(i)	0	0	0	0	0	0	0
EXEC VP/COO UMMMG	(ii)	418,542	223,651	25,520	114,809	30,972	813,494	25,520
6 DANA SWENSON	(i)	255,065	82,180	0	76,777	25,829	439,851	0
SVP, CHIEF FACILITIES OFFICER UNTIL FY2020	(ii)	0	0	0	0	0	0	0
7 TIMOTHY A TARNOWSKI	(i)	494,238	166,263	64,204	109,031	40,231	873,967	45,204
SVP, CHIEF INFO OFFICER & CTO UNTIL FY2020	(ii)	0	0	0	0	0	0	0
8 STEPHEN E TOSI MD	(i)	0	0	0	0	0	0	0
CHIEF PHYSICIAN EXECUTIVE	(ii)	656,077	353,047	84,094	91,159	24,314	1,208,691	65,094
9 ERIC J ALPER MD	(i)	413,938	110,287	48,583	84,762	31,533	689,103	29,583
VP, CHIEF CLIN INFORMATICS OFC	(ii)	0	0	0	0	0	0	0
10 ALAN R WESTON	(i)	281,829	72,956	44,310	50,495	34,347	483,937	44,310
VP, HUMAN RESOURCES	(ii)	0	0	0	0	0	0	0
11 ROBIN L SODANO	(i)	297,246	76,502	22,408	67,666	26,886	490,708	22,408
VP, INFORMATION SYSTEMS	(ii)	0	0	0	0	0	0	0
12 CATHERINE M ROSSI	(i)	272,118	70,127	13,333	57,694	28,217	441,489	13,333
VP HEALTH SYSTEM CONTRACTING	(ii)	0	0	0	0	0	0	0
13 TOD G WIESMAN	(i)	270,009	70,876	13,128	52,675	40,304	446,992	13,128
VP, OPD, CHIEF LEARNING OFFICER	(ii)	0	0	0	0	0	0	0

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule K (Form 990)

Supplemental Information on Tax-Exempt Bonds

Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization UMass Memorial Health Care Inc (Parent)

Employer identification number

04-3358566

Part I Bond Issues

Table with columns: (a) Issuer name, (b) Issuer EIN, (c) CUSIP #, (d) Date issued, (e) Issue price, (f) Description of purpose, (g) Defeased (Yes/No), (h) On behalf of issuer (Yes/No), (i) Pool financing (Yes/No). Row 1: Massachusetts Development Finance Agency, 04-3431814, 000000000, 12-07-2016, 125,000,000, Series J/Master Lease: purchase and implement new electronic medical record and billing system.

Part II Proceeds

Table with columns: 1-13 (Amount of bonds retired, Amount of bonds legally defeased, Total proceeds of issue, Gross proceeds in reserve funds, Capitalized interest from proceeds, Proceeds in refunding escrows, Issuance costs from proceeds, Credit enhancement from proceeds, Working capital expenditures from proceeds, Capital expenditures from proceeds, Other spent proceeds, Other unspent proceeds, Year of substantial completion), 14-17 (Were the bonds issued as part of a current refunding issue of tax-exempt bonds, Were the bonds issued as part of an advance refunding issue of taxable bonds, Has the final allocation of proceeds been made?, Does the organization maintain adequate books and records to support the final allocation of proceeds?).

Part III Private Business Use

Table with columns: 1-2 (Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?, Are there any lease arrangements that may result in private business use of bond-financed property?).

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?		X						
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c Are there any research agreements that may result in private business use of bond-financed property?		X						
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶		0 %						
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶		0 %						
6 Total of lines 4 and 5		0 %						
7 Does the bond issue meet the private security or payment test?		X						
8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X						
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of.								
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X							

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X						
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?	X							
b Exception to rebate?		X						
c No rebate due?		X						
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?	X							
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X						
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								

Part IV Arbitrage (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X						
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X						
7 Has the organization established written procedures to monitor the requirements of section 148?	X							

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X							

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K. (See instructions).

Return Reference	Explanation
Schedule K, Part I, Column (e)	DIFFERENCES BETWEEN THE ISSUE PRICE (PART I COLUMN (E)) AND TOTAL PROCEEDS (PART II LINE 3) ARE DUE TO INVESTMENT EARNINGS.

Schedule L (Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No. 1545-0047

2019

Open to Public Inspection

Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury Internal Revenue Service

Name of the organization UMass Memorial Health Care Inc (Parent)

Employer identification number

04-3358566

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only). Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

Table with 5 columns: (a) Name of disqualified person, (b) Relationship between disqualified person and organization, (c) Description of transaction, (d) Corrected? (Yes/No)

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958.
3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization.

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

Table with 9 columns: (a) Name of interested person, (b) Relationship with organization, (c) Purpose of loan, (d) Loan to or from the organization (To/From), (e) Original principal amount, (f) Balance due, (g) In default? (Yes/No), (h) Approved by board or committee? (Yes/No), (i) Written agreement? (Yes/No)

Total \$

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

Table with 5 columns: (a) Name of interested person, (b) Relationship between interested person and the organization, (c) Amount of assistance, (d) Type of assistance, (e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) Substantial Contributor	Substantial Contributor	132,217,540	Independent Contractor Arrangement, donation of \$15,000		No
(2) Substantial Contributor	Substantial Contributor	17,135,498	Independent Contractor Arrangement, donation of \$75,000		No
(3) Substantial Contributor	Substantial Contributor	835,460	Independent Contractor Arrangement, donation of \$10,000		No
(4) Substantial Contributor	Substantial Contributor	393,740	Independent Contractor Arrangement, donation of \$7,500		No

Part V Supplemental Information

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

Return Reference	Explanation

OMB No. 1545-0047

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Go to www.irs.gov/Form990 for the latest information.

2019

Open to Public Inspection

Department of the Treasury

Internal Revenue Service

Name of the organization
UMass Memorial Health Care Inc (Parent)

Employer identification number

04-3358566

990 Schedule O, Organizational Documents

Return Reference	Explanation
<p>Form 990, Part VI, Line 4 Significant changes to organizational documents</p>	<p>Article II: THE CORPORATION IS ORGANIZED AND SHALL BE OPERATED EXCLUSIVELY FOR CHARITABLE, SCIENTIFIC AND EDUCATIONAL PURPOSES WITHIN THE MEANING OF SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (THE "CODE"), AND IS ORGANIZED AND SHALL BE OPERATED EXCLUSIVELY FOR THE BENEFIT OF, TO PERFORM THE FUNCTIONS OF OR TO CARRY OUT THE PURPOSES OF UMASS MEMORIAL MEDICAL CENTER, INC., MARLBOROUGH HOSPITAL, UMASS MEMORIAL HEALTH ALLIANCE-CLINTON HOSPITAL, INC., UMASS MEMORIAL MEDICAL GROUP, INC., COMMUNITY HEALTHLINK, INC., CENTRAL NEW ENGLAND HEALTHALLIANCE, INC., HEALTHALLIANCE HOME HEALTH AND HOSPICE, INC. AND SUCH OTHER AFFILIATED CHARITABLE ORGANIZATIONS OR HOSPITALS THAT (I) ARE EXEMPT FROM TAXATION UNDER SECTION 501(C)(3) OF THE CODE AND (II) ARE CLASSIFIED AS OTHER THAN PRIVATE FOUNDATIONS UNDER SECTION 509(A)(1) OR 509(A)(2) OF THE CODE (COLLECTIVELY, THE "SUPPORTED ORGANIZATIONS"). IN THIS CAPACITY, THE CORPORATION WILL ENGAGE IN THE FOLLOWING ACTIVITIES: (1) TO DEVELOP AND COORDINATE AN INTEGRATED HEALTH CARE DELIVERY SYSTEM THAT INCLUDES MULTIPLE HEALTH CARE PROVIDERS AND PROVIDES OPPORTUNITIES FOR AND SUPPORTS MEDICAL EDUCATION AND TRAINING; TO SUPPORT THE ADVANCEMENT OF THE KNOWLEDGE AND PRACTICE OF, AND EDUCATION AND RESEARCH IN, MEDICINE, SURGERY, NURSING AND ALL OTHER SUBJECTS RELATING TO THE CARE, TREATMENT AND HEALING OF HUMANS AND IN THAT CONNECTION TO SUPPORT, PROMOTE AND ENHANCE THE ACADEMIC MEDICAL PROGRAMS AND ACTIVITIES OF THE UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL; TO IMPROVE THE HEALTH AND WELFARE OF ALL PERSONS; TO DEVELOP, SPONSOR AND PROMOTE SERVICES AND PROGRAMS THAT ARE CHARITABLE, SCIENTIFIC OR EDUCATIONAL AND THAT ADDRESS THE PHYSICAL AND MENTAL NEEDS OF THE COMMUNITY AT LARGE, PROVIDED THAT THE CORPORATION SHALL NOT ENGAGE IN THE PRACTICE OF MEDICINE; (2) TO RECEIVE IN TRUST OR OTHERWISE AND FROM WHATEVER SOURCE, AND ADMINISTER, GIFTS, LEGACIES AND DEVICES, GRANTS AND GRANTS-IN-AID, WHETHER UNRESTRICTED OR FOR SPECIFIC PURPOSES; TO COOPERATE WITH, CONTRIBUTE TO AND SUPPORT THE SUPPORTED ORGANIZATIONS IN PROMOTING THE PURPOSES OF THIS CORPORATION, AND TO DO ALL THINGS INCIDENTAL TO THE FOREGOING; AND (3) TO CONDUCT ANY BUSINESS THAT MAY LAWFULLY BE CARRIED ON BY A CORPORATION FORMED UNDER CHAPTER 180 OF THE GENERAL LAWS OF MASSACHUSETTS AND THAT IS NOT INCONSISTENT WITH THIS CORPORATION'S QUALIFICATION AS AN ORGANIZATION DESCRIBED IN SECTION 501(C)(3) OF THE CODE. ARTICLE IV: ARTICLE 4 OF THE CORPORATION'S ARTICLES REMAIN UNCHANGED EXCEPT ARTICLE 4.9 OF THE CORPORATION'S ARTICLES IS AMENDED AS FOLLOWS: 4.9 UPON THE LIQUIDATION OR DISSOLUTION OF THE CORPORATION, AFTER PAYMENT OF ALL OF THE LIABILITIES OF THE CORPORATION OR DUE PROVISION THEREFOR, ALL OF THE ASSETS OF THE CORPORATION SHALL BE DISPOSED OF PURSUANT TO MASSACHUSETTS GENERAL LAWS, CHAPTER 180, SECTION 11A, TO UMASS MEMORIAL MEDICAL CENTER, INC. SO LONG AS IT IS THE NEXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501(C)(3) OF THE CODE</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 4 Significant changes to organizational documents	AND OTHERWISE 50% TO THE UNIVERSITY OF MASSACHUSETTS AND 50% TO ONE OR MORE SUPPORTED ORGANIZATIONS THAT ARE THEN EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501(C)(3) OF THE CODE AND ARE SELECTED BY A MAJORITY OF THE TRUSTEES THEN IN OFFICE OR, IF NONE OF SUCH ENTITIES ARE THEN EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501(C)(3) OF THE CODE, TO SUCH ONE OR MORE OTHER ENTITIES EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501(C)(3) OF THE CODE OR AN INSTRUMENTALITY OF THE COMMONWEALTH OF MASSACHUSETTS SELECTED BY A MAJORITY OF THE TRUSTEES THEN IN OFFICE.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 7a Members or stockholders electing members of governing body	THE CHANCELLOR OF THE UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL HAS CONTROL OVER 4 TRUSTEE SEATS OF THE ORGANIZATION.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 8b Documentation of meetings held by committees of governing body	There are no committees with authority to act on behalf of the governing body, thus the "no" response for Part VI, Line 8b. THE ORGANIZATION DOCUMENTS THE BOARD AND COMMITTEE MEETINGS BY TAKING MINUTES, WHICH INCLUDE ALL MEETING DISCUSSIONS AND ACTIONS. THESE WRITTEN MINUTES ARE THEN APPROVED AT THE FOLLOWING BOARD AND COMMITTEE MEETINGS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 11b Review of form 990 by governing body	SECTIONS OF THE CORE FORM 990 AND SCHEDULE J RELATED TO EXECUTIVE COMPENSATION are REVIEWED IN DETAIL WITH THE ORGANIZATION'S BOARD COMPENSATION COMMITTEE WHICH OVERSEES ALL UMASS MEMORIAL HEALTH CARE EXECUTIVE COMPENSATION. THE ORGANIZATION'S COMPLIANCE COMMITTEE REVIEWS ALL CONTENT ASSOCIATED WITH SCHEDULE L. THE AUDIT COMMITTEE OF THE BOARD REVIEWS THE FORM 990 AND RECOMMENDS THE FORM 990 TO THE FULL BOARD FOR APPROVAL. THE FULL BOARD IS GIVEN ACCESS TO THE FORM 990. CROWE (TAX PREPARERS) PRESENTS THE FORM 990 TO THE FINANCE COMMITTEE.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 12c Conflict of interest policy	<p>THE CONFLICT OF INTEREST POLICY REQUIRES BOARD MEMBERS AND MANAGEMENT TO COMPLETE ANNUAL DISCLOSURE STATEMENTS AND, TO UPDATE THESE DISCLOSURE STATEMENTS FOR SIGNIFICANT CHANGES IN THEIR OUTSIDE GOVERNANCE AND PROFESSIONAL ACTIVITIES OR, FINANCIAL RELATIONSHIPS AS APPROPRIATE. ADDITIONALLY, ALL TRANSACTIONS INVOLVING BOARD MEMBERS OR MANAGEMENT AND THE ORGANIZATION ARE REQUIRED TO BE APPROVED BY THE COMPLIANCE COMMITTEE OF THE BOARD. The following groups of individuals are covered by this policy: a. All Trustees/Directors: all UMM entities b. UMMHC/UMMMC/UMMMG: Dept Heads and above; selected others c. Physicians: all employed physicians, members of any board committee, members of Medical Staff Executive Committees; others as determined appropriate THERE IS ACTIVE MONITORING by the UMMHC Compliance office AND COMMUNICATION TO ENSURE INDIVIDUALS WITH OUTSIDE RELATIONSHIPS DO NOT INAPPROPRIATELY PARTICIPATE IN BUSINESS DECISIONS OF THE ORGANIZATION, PURCHASING OR RESEARCH ACTIVITIES/DECISIONS. Any conflicts identified are MANAGED AND reported to the appropriate officer and/or governing body. We have an appropriate management plan with any individuals with outside relationships that require mitigation. Where it is necessary, individuals may provide subject matter expertise however they have no influence or authorization of decisions for the organization.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 15a Process to establish compensation of top management official	<p>Compensation matters involving the CEO and Senior Executives are overseen by the Compensation Committee of the Board, which was designated this authority by the Organization's Board of Trustees. The Compensation Committee approved a Compensation Philosophy and Policy which govern compensation matters. THE PHILOSOPHY INCLUDES THE OBJECTIVES OF THE PROGRAM COMPONENTS OF EXECUTIVE COMPENSATION, THE RELEVANT MARKET POSITIONING IN THE MARKET, FACTORS CONSIDERED IN SETTING EXECUTIVE COMPENSATION AND THE IMPORTANCE OF TYING SUCH COMPENSATION TO PERFORMANCE. Independent outside compensation consultants are hired by and report to the Compensation Committee of the Board and provide advice to the Committee on compensation matters. THE COMMITTEE WORKS WITH THESE CONSULTANTS AND WITH LEGAL COUNSEL TO ENSURE THAT ALL COMPENSATION PAID, AS WELL AS THE PROCESS FOLLOWED TO DETERMINE SUCH COMPENSATION IS REASONABLE, MEETS ALL REGULATORY REQUIREMENTS AND IS COMPETITIVE WITH THE RELEVANT MARKET. During the fiscal year, the Compensation Committee met to review and vote on the compensation for the CEO and key personnel. The Compensation Committee voted and approved the CEO's compensation at their annual meeting in March 2020. All other key personnel were voted on and approved at the annual meeting in December 2019.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 15b Process to establish compensation of other employees	Please refer to the above narrative for Part VI, Line 15a for a description of the compensation review process. Dates of the reviews for other officers and key employees are noted below, along with the title for reference and tier (internal management hierarchy). Tier - Title - Review date: Tier A - PRESIDENT, CEO - March 2020 Tier B - PRESIDENT MEDICAL CENTER - December 2019 Tier B - EXEC VP, CFO - December 2019 Tier B - CHIEF PHYSICIAN EXECUTIVE - December 2019 Tier B - PRESIDENT, UMMH & CAO/CLO, UMMHC - December 2019 Tier B - EXEC VP/COO UMMMG - December 2019 Tier C - SVP CMO-UMMMC - December 2019 Tier C - PRESIDENT MARLBORO HOSPITAL - December 2019 Tier C - SVP CHIEF HR OFFICER - December 2019 Tier C - SVP COMMUNITY PRACTICES - December 2019 Tier C - SVP GENERAL COUNSEL-PGL - December 2019 Tier C - SVP & CHIEF PHILANTHROPY OFC - December 2019 Tier C - SVP CHF OF STAFF&CHF MKTG OFC - December 2019 Tier C - SVP PATIENT CARE SVCS & CNO - December 2019 Tier C - VP/CHIEF FINANCIAL OFFICER - December 2019 Tier C - SVP POP HLTH & PRESIDENT, ACO - December 2019 Tier C - SVP FINANCE/CORP CONTROLLER - December 2019 Tier C - SVP SYSTEM REV CYCLE OPS & CRO - December 2019 Tier C - SVP AMBULATORY SVCS - December 2019 Tier C - SVP CLINICAL SVCS - December 2019 Tier C - SVP SURGICAL&PROCEDURAL SVCS - December 2019 Tier C - SVP CLINICAL SVCS - December 2019 Tier C - VP CHIEF CORPORATE COMPLIANCE - December 2019 Tier C - PRESIDENT COMMUNITY HLTH LINK - December 2019

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 19 Required documents available to the public	UMASS MEMORIAL MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC AS REQUIRED BY APPLICABLE STATE AND FEDERAL LAWS AND BY REQUEST ON A CASE BY-CASE BASIS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part XI, Line 9 Other changes in net assets or fund balances	Transfers (to) from related parties - -214752141; Transfers to unrestricted - revenue - 239099; Transfers to unrestricted - expenditures - -2164064; Nonoperating net pension periodic cost and other pension-related changes - -70032928; Change in Wachusett liability - -90637;

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2019

**Open to Public
Inspection**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Department of the Treasury
Internal Revenue Service

Name of the organization
UMass Memorial Health Care Inc (Parent)

Employer identification number

04-3358566

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

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

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

See Additional Data Table

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) UMASS MEMORIAL INVESTMENT PARTNERSHIP LLP 306 BELMONT STREET WORCESTER, MA 01604 04-3530755	INVESTMENT MANAGEMENT	MA	UMASS MEMORIAL HEALTH CARE INC (PARENT)	Excluded	10,460,989	300,342,427		No	9,934	Yes		56.6 %

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1) COMMONWEALTH PROFESSIONAL ASSURANCE CO LTD 98-0226143	CAPTIVE INSURANCE COMPANY	CJ	UMass Memorial Health Care Inc (Parent)	C Corporation	0	152,011,337	100 %	Yes	

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

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

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		No
b Gift, grant, or capital contribution to related organization(s)	Yes	
c Gift, grant, or capital contribution from related organization(s)		No
d Loans or loan guarantees to or for related organization(s)	Yes	
e Loans or loan guarantees by related organization(s)		No
f Dividends from related organization(s)		No
g Sale of assets to related organization(s)		No
h Purchase of assets from related organization(s)		No
i Exchange of assets with related organization(s)	Yes	
j Lease of facilities, equipment, or other assets to related organization(s)		No
k Lease of facilities, equipment, or other assets from related organization(s)	Yes	
l Performance of services or membership or fundraising solicitations for related organization(s)	Yes	
m Performance of services or membership or fundraising solicitations by related organization(s)	Yes	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		No
o Sharing of paid employees with related organization(s)		No
p Reimbursement paid to related organization(s) for expenses	Yes	
q Reimbursement paid by related organization(s) for expenses	Yes	
r Other transfer of cash or property to related organization(s)	Yes	
s Other transfer of cash or property from related organization(s)	Yes	

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

See Additional Data Table

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

Part VII **Supplemental Information**

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

Return Reference	Explanation

Additional Data

Software ID: 19010655
Software Version: 2019v5.0
EIN: 04-3358566
Name: UMass Memorial Health Care Inc (Parent)

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
60 Hospital Road Leominster, MA 01453 04-2103555	Hospital	MA	501(c)(3)	3	UMass Memorial Health Care Inc	Yes	
157 Union Street Marlborough, MA 01752 04-2104693	Hospital	MA	501(c)(3)	3	UMass Memorial Health Care Inc	Yes	
72 Jaques Avenue Worcester, MA 01610 04-2626179	Health Services	MA	501(c)(3)	7	UMass Memorial Health Care Inc	Yes	
306 Belmont Street Worcester, MA 01604 04-2911067	Health Services	MA	501(c)(3)	10	UMass Memorial Health Care Inc	Yes	
25 Tucker Road Leominster, MA 01453 04-2932308	Health Services	MA	501(c)(3)	10	UMass Memorial Health Care Inc	Yes	
60 Hospital Road Leominster, MA 01453 04-3172496	Health Services	MA	501(c)(3)	7	UMass Memorial Health Care Inc	Yes	
60 Hospital Road Leominster, MA 01453 04-3210002	Health Services	MA	501(c)(3)	10	UMass Memorial Health Care Inc	Yes	
306 Belmont Street Worcester, MA 01604 04-3296271	Health Services	MA	501(c)(3)	Type III-FI	UMass Memorial Health Care Inc	Yes	
306 Belmont Street Worcester, MA 01604 04-3358564	Hospital	MA	501(c)(3)	3	UMass Memorial Health Care Inc	Yes	
306 Belmont Street Worcester, MA 01604 22-2605679	Health Services	MA	501(c)(3)	7	UMass Memorial Health Care Inc	Yes	
306 Belmont Street Worcester, MA 01604 46-2871359	Health Services	MA	501(c)(3)	10	UMass Memorial Health Care Inc	Yes	
306 Belmont Street Worcester, MA 01604 91-2155626	Health Services	MA	501(c)(3)	3	UMass Memorial Health Care Inc	Yes	
306 Belmont Street Worcester, MA 01604 04-2805630	Real Estate	MA	501(c)(3)	Type III-FI	UMass Memorial Health Care Inc	Yes	
306 Belmont Street Worcester, MA 01604 04-3374724	Health Services	MA	501(c)(3)	10	UMass Memorial Health Care Inc	Yes	

Form 990, Schedule R, Part V - Transactions With Related Organizations

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
UMass Memorial Medical Center Inc	M	166,949	Fair Value
UMass Memorial Medical Group Inc	M	4,473,847	Fair Value
Marlborough Hospital	M	124,224	Fair Value
UMass Memorial HealthAlliance-Clinton Hospital Inc	M	169,658	Fair Value
UMass Memorial Realty Inc	K	10,157,233	Fair Value
UMass Memorial Medical Center Inc	B	1,404,668	Fair Value
UMass Memorial Medical Group Inc	B	415,255	Fair Value
Commonwealth Professional Assurance Company LTD	M	19,545,000	Fair Value
UMass Memorial Medical Center Inc	R	221,708,073	Fair Value
UMass Memorial Accountable Care Organization Inc	M	3,819,600	Fair Value
UMass Memorial Medical Center Inc	Q	260,034,019	Fair Value
UMass Memorial Medical Group Inc	Q	85,867,821	Fair Value
Marlborough Hospital	Q	9,269,393	Fair Value
UMass Memorial Accountable Care Organization Inc	Q	1,614,886	Fair Value
UMass Memorial HealthAlliance-Clinton Hospital Inc	Q	30,292,712	Fair Value
HealthAlliance Home Health and Hospice Inc	Q	65,751	Fair Value
UMass Memorial Realty Inc	Q	297,616	Fair Value
Community HealthLink Inc	Q	816,263	Fair Value
Commonwealth Professional Assurance Company LTD	P	30,913,052	Fair Value
UMass Memorial Health Ventures Inc	S	14,000,000	Fair Value
Marlborough Hospital	B	4,597,560	Fair Value
UMass Memorial Medical Group Inc	S	2,420,608	Fair Value