

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](http://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 **01-01-2019**, and ending **12-31-2019**

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

**C** Name of organization  
TUFTS HEALTH PLAN FOUNDATION INC

% UMESH KURPAD  
Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
705 MOUNT AUBURN STREET

City or town, state or province, country, and ZIP or foreign postal code  
WATERTOWN, MA 024721508

**D** Employer identification number  
26-1374263

**E** Telephone number  
(617) 972-9400

**G** Gross receipts \$ 12,282,851

**F** Name and address of principal officer:  
NORA MORENO CARGIE  
705 Mount Auburn Street  
Watertown, MA 024721508

**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: ▶ WWW.TUFTSHEALTHPLANFOUNDATION.ORG

**K** Form of organization:  Corporation  Trust  Association  Other ▶

**L** Year of formation: 2007

**M** State of legal domicile: MA

## Part I Summary

**1** Briefly describe the organization's mission or most significant activities:  
The Foundation's mission is to improve the health and wellness of the health and wellness of the diverse communities we serve. See Schedule O.

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

<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	14
<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	9
<b>5</b> Total number of individuals employed in calendar year 2019 (Part V, line 2a)	7
<b>6</b> Total number of volunteers (estimate if necessary)	0
<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	0
<b>7b</b> Net unrelated business taxable income from Form 990-T, line 39	0

	Prior Year	Current Year
<b>8</b> Contributions and grants (Part VIII, line 1h)	5,800,000	5,000,000
<b>9</b> Program service revenue (Part VIII, line 2g)	0	0
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,798,660	2,885,480
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	0
<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	7,598,660	7,885,480
<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3)	3,998,630	5,179,367
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0	0
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	871,751	922,636
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	0	0
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 0		
<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	636,822	555,551
<b>18</b> Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	5,507,203	6,657,554
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	2,091,457	1,227,926

	Beginning of Current Year	End of Year
<b>20</b> Total assets (Part X, line 16)	72,878,442	107,159,016
<b>21</b> Total liabilities (Part X, line 26)	350,145	666,748
<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	72,528,297	106,492,268

## 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 2020-11-12

ED TEXERIA VP, CONTROLLER  
Type or print name and title

**Paid Preparer Use Only**

Print/Type preparer's name \_\_\_\_\_ Preparer's signature \_\_\_\_\_ Date 2020-11-12 Check  if self-employed PTIN P01641852

Firm's name ▶ ERNST & YOUNG US LLP Firm's EIN ▶ \_\_\_\_\_

Firm's address ▶ 2100 ONE PPG PLACE Phone no. (412) 644-7800  
PITTSBURGH, PA 15222

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

**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:

SEE SCHEDULE O.

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

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

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

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

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

**4a** (Code: ) (Expenses \$ 1,833,753 including grants of \$ 1,515,345 ) (Revenue \$ )  
See Additional Data

**4b** (Code: ) (Expenses \$ 1,210,122 including grants of \$ 1,000,000 ) (Revenue \$ )  
See Additional Data

**4c** (Code: ) (Expenses \$ 1,001,215 including grants of \$ 827,367 ) (Revenue \$ )  
See Additional Data

(Code: ) (Expenses \$ 2,205,603 including grants of \$ 1,836,655 ) (Revenue \$ )  
Collaboration and community (See schedule O)

**4d** Other program services (Describe in Schedule O.)  
(Expenses \$ 2,205,603 including grants of \$ 1,836,655 ) (Revenue \$ )

**4e Total program service expenses** ▶ 6,250,693

**Part IV Checklist of Required Schedules**

		Yes	No
<b>1</b>	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	Yes	
<b>2</b>	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	Yes	
<b>3</b>	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
<b>4</b>	<b>Section 501(c)(3) organizations.</b> 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		No
<b>5</b>	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		No
<b>6</b>	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
<b>7</b>	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
<b>8</b>	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		No
<b>9</b>	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
<b>10</b>	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		No
<b>11</b>	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.		
<b>11a</b>	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI		No
<b>11b</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	
<b>11c</b>	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
<b>11d</b>	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		No
<b>11e</b>	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	Yes	
<b>11f</b>	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		No
<b>12a</b>	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	Yes	
<b>12b</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	
<b>13</b>	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		No
<b>14a</b>	Did the organization maintain an office, employees, or agents outside of the United States?		No
<b>14b</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	
<b>15</b>	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
<b>16</b>	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
<b>17</b>	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
<b>18</b>	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		No
<b>19</b>	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
<b>20a</b>	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		No
<b>20b</b>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
<b>21</b>	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)

Table with 3 main columns: Question/Description, Yes, No. Rows include questions 22 through 38 regarding grants, compensation, tax-exempt bonds, excess benefit transactions, and related party transactions.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 main columns: Question/Description, Yes, No. Rows include 1a (Form 1096), 1b (Forms W-2G), and 1c (gambling winnings).

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 0
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
3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a No
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O 3b
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: BD
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 No
b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b
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? 12a
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? If "No," provide an explanation in Schedule O 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? If "Yes," see instructions and file Form 4720, Schedule N. 15 No
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete 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 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 1b Enter the number of voting members included in line 1a, above, who are independent; 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?; 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body?; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?; 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?; 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?; 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include: 17 List the states with which a copy of this Form 990 is required to be filed; 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. Own website, Another's website, Upon request, Other (explain in Schedule O); 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.; 20 State the name, address, and telephone number of the person who possesses the organization's books and records: UMesh KURPAD 705 MOUNT AUBURN STREET WATERTOWN, MA 02472 (617) 972-9400

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

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

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(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			
(1) THOMAS CROSWELL FDN DIRECTOR/CEO TAHMO	5.0 ..... 45.0	X						0	2,439,193	245,158
(2) UMESH KURPAD CFO	0.0 ..... 50.0			X				0	1,158,318	151,182
(3) MARY MAHONEY CLERK	0.0 ..... 50.0			X				0	822,715	108,430
(4) LYDIA GREENE FDN DIR/SVP CHRO	0.0 ..... 50.0	X						0	679,226	70,833
(5) KRISTIN LEWIS FDN DRCTOR/SVP CHPAO(BEG 6/19)	0.0 ..... 50.0	X						0	575,201	166,619
(6) ROLAND PRICE TREASURER	0.0 ..... 50.0			X				0	490,166	101,405
(7) NORA MORENO CARGIE PRESIDENT/DIRECTOR	50.0 ..... 0.0	X		X				0	489,328	69,129
(8) STACEY MANN SR MANAGER, CORP CITIZENSHIP	50.0 ..... 0.0					X		0	128,429	49,766
(9) ALRIE DANIELCYK SENIOR COMMUNICATIONS OFFICER	50.0 ..... 0.0					X		0	131,904	34,663
(10) PHILLIP GONZALEZ SENIOR PROGRAM OFFICER	50.0 ..... 0.0					X		0	143,467	22,491
(11) THOMAS O'NEILL DIRECTOR	3.0 ..... 4.0	X						5,000	66,500	0
(12) CHARLOTTE GOLAR RICHIE DIRECTOR	1.0 ..... 3.0	X						4,000	63,000	0
(13) SARAH SLATER DIRECTOR	1.0 ..... 0.0	X						4,000	0	0
(14) BENJAMIN PERKINS DIRECTOR (BEG 6/19)	1.0 ..... 0.0	X						3,000	0	0
(15) JO ANN SIMONS DIRECTOR (BEG 6/19)	1.0 ..... 0.0	X						3,000	0	0
(16) MARY SKELTON ROBERTS DIRECTOR (BEG 6/19)	1.0 ..... 0.0	X						3,000	0	0
(17) VINCENT MOR DIRECTOR	1.0 ..... 0.0	X						2,500	0	0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) GEORGE A RUSSELL ..... DIRECTOR	1.0 ..... 0.0	X						2,500	0	0
(19) DAVID S GREEN ..... DIRECTOR (END 6/19)	0.5 ..... 0.0	X						1,000	0	0
(20) JACKIE JENKINS-SCOTT ..... DIRECTOR (END 6/19)	0.5 ..... 0.0	X						1,000	0	0
(21) YVONNE GOLDSBERRY ..... DIRECTOR	1.0 ..... 0.0	X						0	0	0
(22) STEVEN TOLMAN ..... DIRECTOR	1.0 ..... 0.0	X						0	0	0
<b>1b Sub-Total</b> . . . . .										
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .										
<b>d Total (add lines 1b and 1c)</b> . . . . .								29,000	7,187,447	1,019,676

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶ 0**

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **▶ 0**



**Part VIII Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>					
	<b>b</b> Membership dues . . . . .	<b>1b</b>					
	<b>c</b> Fundraising events . . . . .	<b>1c</b>					
	<b>d</b> Related organizations	<b>1d</b>	5,000,000				
	<b>e</b> Government grants (contributions)	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>					
	<b>g</b> Noncash contributions included in lines 1a - 1f:\$	<b>1g</b>					
	<b>h Total.</b> Add lines 1a-1f . . . . .			5,000,000			
<b>Program Service Revenue</b>	<b>2a</b>	Business Code					
	<b>b</b>						
	<b>c</b>						
	<b>d</b>						
	<b>e</b>						
	<b>f</b> All other program service revenue.						
	<b>g Total.</b> Add lines 2a-2f. . . . .		0				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .		289,819			289,819	
	<b>4</b> Income from investment of tax-exempt bond proceeds		0				
	<b>5</b> Royalties . . . . .		0				
	<b>6a</b> Gross rents	<b>6a</b>	(i) Real				
			(ii) Personal				
		<b>b</b> Less: rental expenses	<b>6b</b>				
		<b>c</b> Rental income or (loss)	<b>6c</b>	0	0		
	<b>d</b> Net rental income or (loss) . . . . .			0			
	<b>7a</b> Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities	6,993,032			
			(ii) Other				
		<b>b</b> Less: cost or other basis and sales expenses	<b>7b</b>	4,397,371			
		<b>c</b> Gain or (loss)	<b>7c</b>	2,595,661			
	<b>d</b> Net gain or (loss) . . . . .			2,595,661		2,595,661	
	<b>8a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 . . . . .	<b>8a</b>		0			
			<b>8b</b>	0			
		<b>c</b> Net income or (loss) from fundraising events . . . . .			0		
	<b>9a</b> Gross income from gaming activities. See Part IV, line 19 . . . . .	<b>9a</b>		0			
			<b>9b</b>	0			
<b>c</b> Net income or (loss) from gaming activities . . . . .				0			
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>10a</b>		0				
		<b>10b</b>	0				
	<b>c</b> Net income or (loss) from sales of inventory . . . . .			0			
<b>11a</b> Miscellaneous Revenue	Business Code						
<b>b</b>							
<b>c</b>							
<b>d</b> All other revenue . . . . .							
<b>e Total.</b> Add lines 11a-11d . . . . .			0				
<b>12 Total revenue.</b> See instructions . . . . .			7,885,480		2,885,480		

**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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .	5,179,367	5,179,367		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .	0			
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16. . . . .	0			
<b>4</b> Benefits paid to or for members . . . . .	0			
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .	29,000		29,000	
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	0			
<b>7</b> Other salaries and wages . . . . .	682,261	682,261		
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) . . . . .	0			
<b>9</b> Other employee benefits . . . . .	211,375	211,375		
<b>10</b> Payroll taxes . . . . .	0			
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management . . . . .	0			
<b>b</b> Legal . . . . .	0			
<b>c</b> Accounting . . . . .	34,993		34,993	
<b>d</b> Lobbying . . . . .	0			
<b>e</b> Professional fundraising services. See Part IV, line 17	0			
<b>f</b> Investment management fees . . . . .	176,723		176,723	
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	128,611	102,889	25,722	
<b>12</b> Advertising and promotion . . . . .	15,678		15,678	
<b>13</b> Office expenses . . . . .	8,283		8,283	
<b>14</b> Information technology . . . . .	12,692	12,692		
<b>15</b> Royalties . . . . .	0			
<b>16</b> Occupancy . . . . .	0			
<b>17</b> Travel . . . . .	22,327		22,327	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .	0			
<b>19</b> Conferences, conventions, and meetings . . . . .	36,185		36,185	
<b>20</b> Interest . . . . .	0			
<b>21</b> Payments to affiliates . . . . .	38,945		38,945	
<b>22</b> Depreciation, depletion, and amortization . . . . .	0			
<b>23</b> Insurance . . . . .	3,477		3,477	
<b>24</b> 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.)				
<b>a</b> LICENSING FEES	45,486	36,389	9,097	
<b>b</b> OTHER EXPENSES	32,151	25,721	6,430	
<b>c</b>				
<b>d</b>				
<b>e</b> All other expenses				
<b>25</b> Total functional expenses. Add lines 1 through 24e	6,657,554	6,250,693	406,860	0
<b>26</b> 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
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	0	<b>1</b>	0
	<b>2</b> Savings and temporary cash investments . . . . .	2,133,931	<b>2</b>	72,416
	<b>3</b> Pledges and grants receivable, net . . . . .	0	<b>3</b>	0
	<b>4</b> Accounts receivable, net . . . . .	3,152	<b>4</b>	5,602
	<b>5</b> 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	<b>5</b>	0
	<b>6</b> 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	<b>6</b>	0
	<b>7</b> Notes and loans receivable, net . . . . .	0	<b>7</b>	0
	<b>8</b> Inventories for sale or use . . . . .	0	<b>8</b>	0
	<b>9</b> Prepaid expenses and deferred charges . . . . .	0	<b>9</b>	0
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b>		
	<b>b</b> Less: accumulated depreciation	<b>10b</b>	0	<b>10c</b> 0
	<b>11</b> Investments—publicly traded securities . . . . .	9,521,910	<b>11</b>	15,043,776
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .	61,219,449	<b>12</b>	92,037,222
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .	0	<b>13</b>	0
	<b>14</b> Intangible assets . . . . .	0	<b>14</b>	0
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	0	<b>15</b>	0
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	72,878,442	<b>16</b>	107,159,016	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	266,590	<b>17</b>	583,702
	<b>18</b> Grants payable . . . . .	0	<b>18</b>	0
	<b>19</b> Deferred revenue . . . . .	0	<b>19</b>	0
	<b>20</b> Tax-exempt bond liabilities . . . . .	0	<b>20</b>	0
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D	0	<b>21</b>	0
	<b>22</b> 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	<b>22</b>	0
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	0	<b>23</b>	0
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .	0	<b>24</b>	0
	<b>25</b> 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	83,555	<b>25</b>	83,046
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	350,145	<b>26</b>	666,748
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions . . . . .	72,528,297	<b>27</b>	106,492,268
	<b>28</b> Net assets with donor restrictions . . . . .	0	<b>28</b>	0
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds . . . . .		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds		<b>31</b>	
<b>32</b> Total net assets or fund balances . . . . .	72,528,297	<b>32</b>	106,492,268	
<b>33</b> Total liabilities and net assets/fund balances . . . . .	72,878,442	<b>33</b>	107,159,016	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	7,885,480
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	6,657,554
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	1,227,926
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	72,528,297
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	12,700,334
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	20,035,711
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	106,492,268

**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
<b>2a</b>		No
<b>2b</b>	Yes	
<b>2c</b>	Yes	
<b>3a</b>		No
<b>3b</b>		

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 26-1374263

**Name:** TUFTS HEALTH PLAN FOUNDATION INC

Form 990 (2019)

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**Form 990, Part III, Line 4a:**

Systems & Best Practices Grants (See Schedule O).

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**Form 990, Part III, Line 4b:**

40 year anniversary grants (See Schedule O).

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**Form 990, Part III, Line 4c:**

Corporate Citizenship (See Schedule O).

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

**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](http://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**  
TUFTS HEALTH PLAN FOUNDATION INC

**Employer identification number**  
26-1374263

**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 . . . . . 1
  - 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		
(A) TUFTS ASSOCIATED HEALTH MAINTENANCE ORGANIZATION INC	042674079	5	Yes		0	0
<b>Total</b>	<b>1</b>				<b>0</b>	<b>0</b>



**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
<b>1</b>	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .						
<b>2</b>	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . .						
<b>3</b>	The value of services or facilities furnished by a governmental unit to the organization without charge..						
<b>4</b>	<b>Total.</b> Add lines 1 through 3						
<b>5</b>	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). . .						
<b>6</b>	<b>Public support.</b> 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
<b>7</b>	Amounts from line 4. . .						
<b>8</b>	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . .						
<b>9</b>	Net income from unrelated business activities, whether or not the business is regularly carried on. . .						
<b>10</b>	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . .						
<b>11</b>	<b>Total support.</b> Add lines 7 through 10						
<b>12</b>	Gross receipts from related activities, etc. (see instructions) . . . . .					<b>12</b>	
<b>13</b>	<b>First five years.</b> 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 <b>stop here</b> . . . . . ▶ <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>14</b>	Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	
<b>15</b>	Public support percentage for 2018 Schedule A, Part II, line 14 . . . . .	<b>15</b>	
<b>16a</b>	<b>33 1/3% support test—2019.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>		
<b>b</b>	<b>33 1/3% support test—2018.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>		
<b>17a</b>	<b>10%-facts-and-circumstances test—2019.</b> 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 <b>stop here.</b> 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>b</b>	<b>10%-facts-and-circumstances test—2018.</b> 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 <b>stop here.</b> 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>18</b>	<b>Private foundation.</b> 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
<b>1</b>	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
<b>2</b>	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						
<b>3</b>	Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						
<b>4</b>	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . .						
<b>5</b>	The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6</b>	<b>Total.</b> Add lines 1 through 5						
<b>7a</b>	Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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.						
<b>c</b>	Add lines 7a and 7b. . . . .						
<b>8</b>	<b>Public support.</b> (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
<b>9</b>	Amounts from line 6. . . . .						
<b>10a</b>	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . .						
<b>b</b>	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
<b>c</b>	Add lines 10a and 10b.						
<b>11</b>	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
<b>12</b>	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						
<b>13</b>	<b>Total support.</b> (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**

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

**Section D. Computation of Investment Income Percentage**

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

**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
<b>1</b> 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>		
<b>1</b>	Yes	
<b>2</b> 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
<b>2</b>		No
<b>3a</b> 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>	Yes	
<b>3a</b>	Yes	
<b>b</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>		
<b>3b</b>	Yes	
<b>c</b> 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>	Yes	
<b>3c</b>	Yes	
<b>4a</b> 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
<b>4a</b>		No
<b>b</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>		
<b>4b</b>		
<b>c</b> 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>		
<b>4c</b>		
<b>5a</b> 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>		No
<b>5a</b>		No
<b>b</b> <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>5b</b>		
<b>c</b> <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>5c</b>		
<b>6</b> 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	
<b>6</b>	Yes	
<b>7</b> 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
<b>7</b>		No
<b>8</b> 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
<b>8</b>		No
<b>9a</b> 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
<b>9a</b>		No
<b>b</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
<b>9b</b>		No
<b>c</b> 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
<b>9c</b>		No
<b>10a</b> 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
<b>10a</b>		No
<b>b</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>		
<b>10b</b>		

**Part IV Supporting Organizations** (continued)

		Yes	No
<b>11</b>	Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b>	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>b</b>	A family member of a person described in (a) above?		
<b>c</b>	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>		
		<b>11a</b>	No
		<b>11b</b>	No
		<b>11c</b>	No

**Section B. Type I Supporting Organizations**

		Yes	No
<b>1</b>	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>		
<b>2</b>	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>		
		<b>1</b>	Yes
		<b>2</b>	No

**Section C. Type II Supporting Organizations**

		Yes	No
<b>1</b>	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>		
		<b>1</b>	

**Section D. All Type III Supporting Organizations**

		Yes	No
<b>1</b>	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?		
<b>2</b>	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>		
<b>3</b>	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>		
		<b>1</b>	
		<b>2</b>	
		<b>3</b>	

**Section E. Type III Functionally-Integrated Supporting Organizations**

<b>1</b>	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year ( <b>see instructions</b> ):		
<b>a</b>	<input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.		
<b>b</b>	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
<b>c</b>	<input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions)		
<b>2</b>	Activities Test. <b>Answer (a) and (b) below.</b>		
<b>a</b>	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>		
<b>b</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>		
<b>3</b>	Parent of Supported Organizations. <b>Answer (a) and (b) below.</b>		
<b>a</b>	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>		
<b>b</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>		
		<b>2a</b>	
		<b>2b</b>	
		<b>3a</b>	
		<b>3b</b>	

**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.

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Net short-term capital gain	<b>1</b>	
<b>2</b>	Recoveries of prior-year distributions	<b>2</b>	
<b>3</b>	Other gross income (see instructions)	<b>3</b>	
<b>4</b>	Add lines 1 through 3	<b>4</b>	
<b>5</b>	Depreciation and depletion	<b>5</b>	
<b>6</b>	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)	<b>6</b>	
<b>7</b>	Other expenses (see instructions)	<b>7</b>	
<b>8</b>	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	<b>8</b>	
<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	<b>1</b>	
<b>a</b>	Average monthly value of securities	<b>1a</b>	
<b>b</b>	Average monthly cash balances	<b>1b</b>	
<b>c</b>	Fair market value of other non-exempt-use assets	<b>1c</b>	
<b>d</b>	<b>Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>	
<b>e</b>	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI):		
<b>2</b>	Acquisition indebtedness applicable to non-exempt use assets	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1d	<b>3</b>	
<b>4</b>	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	<b>4</b>	
<b>5</b>	Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>	
<b>6</b>	Multiply line 5 by .035	<b>6</b>	
<b>7</b>	Recoveries of prior-year distributions	<b>7</b>	
<b>8</b>	<b>Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>	
<b>Section C - Distributable Amount</b>			Current Year
<b>1</b>	Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>	
<b>2</b>	Enter 85% of line 1	<b>2</b>	
<b>3</b>	Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>	
<b>4</b>	Enter greater of line 2 or line 3	<b>4</b>	
<b>5</b>	Income tax imposed in prior year	<b>5</b>	
<b>6</b>	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	<b>6</b>	
<b>7</b>	<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)

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

<b>Section E - Distribution Allocations</b> (see instructions)	<b>(i)</b> <b>Excess Distributions</b>	<b>(ii)</b> <b>Underdistributions</b> <b>Pre-2019</b>	<b>(iii)</b> <b>Distributable</b> <b>Amount for 2019</b>
<b>1</b> Distributable amount for 2019 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2019:			
<b>a</b> From 2014. . . . .			
<b>b</b> From 2015. . . . .			
<b>c</b> From 2016. . . . .			
<b>d</b> From 2017. . . . .			
<b>e</b> From 2018. . . . .			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2019 distributable amount			
<b>i</b> Carryover from 2014 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2019 from Section D, line 7:			
\$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2019 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> 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 <b>Part VI</b> . See instructions.			
<b>6</b> Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7 Excess distributions carryover to 2020.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2015. . . . .			
<b>b</b> Excess from 2016. . . . .			
<b>c</b> Excess from 2017. . . . .			
<b>d</b> Excess from 2018. . . . .			
<b>e</b> 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
FORM 990, SCHEDULE A, PART IV, LINE 3B	<p>TUFTS ASSOCIATED HEALTH MAINTENANCE ORGANIZATION, INC. FURNISHED A COPY OF ITS DETERMINATION LETTER AND COMPLETED A PRO FORMA SCHEDULE A, PART III CALCULATION. FORM 990, SCHEDULE A, PART IV, LINE 3C TUFTS HEALTH PLAN FOUNDATION INVESTS IN COMMUNITIES THROUGH GRANT MAKING ON BEHALF OF TAHMO AND ADVANCES THE JOINT MISSION "TO IMPROVE THE HEALTH AND WELLNESS OF THE DIVERSE COMMUNITIES WE SERVE" BY MAKING GRANTS TO NONPROFIT ORGANIZATIONS. THE FOUNDATION'S PROCESS IS COMPREHENSIVE AND THOROUGH. DEPENDING ON TYPE OF GRANT, THE REVIEWS EITHER BEGIN WITH A LETTER OF INTENT AND/OR A FULL PROPOSAL. THESE SERVE AS THE BASIS OF A MUTUAL PERFORMANCE AGREEMENT AND FOR MONITORING GRANT ACTIVITY AND HOW FUNDS ARE USED. AN INDEPENDENT THIRD PARTY VERIFIES 501(C)(3) STATUS AND EVALUATES EACH ORGANIZATION'S FINANCES. GRANTS \$50,000 OR LESS ARE APPROVED BY STAFF. GRANTS MORE THAN \$50,000 ARE RECOMMENDED BY STAFF AND VOTED ON BY THE BOARD OF DIRECTORS. ONCE AWARDED, GRANTEEES ARE REQUIRED TO SUBMIT PERIODIC REPORT(S). FORM 990, SCHEDULE A, PART IV, LINE 6 NO MONETARY SUPPORT IS PROVIDED TO TAHMO. THE FOUNDATION INVESTS IN THE COMMUNITY THROUGH GRANT MAKING ON BEHALF OF TAHMO AND ADVANCES THE JOINT MISSION "TO IMPROVE THE HEALTH AND WELLNESS OF THE DIVERSE COMMUNITIES WE SERVE." THE FOUNDATION PROVIDES GRANTS TO OTHER SECTION 501(C)(3) ORGANIZATIONS IN THE COMMUNITY TO SUPPORT BOTH THE EXEMPT PURPOSE OF TAHMO AND FULFILL THE FOUNDATION'S EXEMPT PURPOSE. ADDITIONALLY, THE FOUNDATION SUPPORTS COMMUNITIES THROUGH CORPORATE CITIZENSHIP EFFORTS WHICH INCLUDE VOLUNTEERING IN COMMUNITY THROUGH STRUCTURED ACTIVITIES; A MATCH PROGRAM THAT DOUBLES CONTRIBUTIONS MADE TO ELIGIBLE NONPROFITS BY EMPLOYEES, FOUNDATION BOARD MEMBERS AND TAHMO BOARD MEMBERS; AND ENTERPRISE-WIDE WORKPLACE GIVING OPPORTUNITIES. EMPLOYEES, FOUNDATION BOARD MEMBERS AND TAHMO BOARD MEMBERS; AND ENTERPRISE-WIDE WORKPLACE GIVING OPPORTUNITIES.</p>

**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](http://www.irs.gov/Form990) for instructions and the latest information.

**Name of the organization**  
TUFTS HEALTH PLAN FOUNDATION INC

**Employer identification number**  
26-1374263

**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
<b>1</b> Total number at end of year . . . . .		
<b>2</b> Aggregate value of contributions to (during year)		
<b>3</b> Aggregate value of grants from (during year)		
<b>4</b> 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
<b>a</b> Total number of conservation easements . . . . .	<b>2a</b>
<b>b</b> Total acreage restricted by conservation easements . . . . .	<b>2b</b>
<b>c</b> Number of conservation easements on a certified historic structure included in (a) . . . . .	<b>2c</b>
<b>d</b> Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register . . . . .	<b>2d</b>

**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:
- |  | Amount    |
|--|-----------|
| <b>c</b> Beginning balance . . . . .             | <b>1c</b> |
| <b>d</b> Additions during the year . . . . .     | <b>1d</b> |
| <b>e</b> Distributions during the year . . . . . | <b>1e</b> |
| <b>f</b> Ending balance . . . . .                | <b>1f</b> |
- 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.

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

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ▶ .....
  - b** Permanent endowment ▶ .....
  - c** Temporarily restricted endowment ▶ .....
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |  | Yes           | No |
|--|---------------|----|
| <b>(i)</b> unrelated organizations . . . . .   | <b>3a(i)</b>  |    |
| <b>(ii)</b> related organizations . . . . .  | <b>3a(ii)</b> |    |
| <b>b</b> If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? . . . . . | <b>3b</b>     |    |
- 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.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land . . . . .				
<b>b</b> Buildings . . . . .				
<b>c</b> Leasehold improvements				
<b>d</b> Equipment . . . . .				
<b>e</b> Other . . . . .				

**Total.** Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶

**Part VII Investments—Other Securities.**

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives . . . . .		
(2) Closely-held equity interests . . . . .		
(3) Other _____		
(A) COMMINGLED FUNDS	92,037,222	F
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.)	92,037,222	

**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)		
<b>Total.</b> (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)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 15.)	

**Part X Other Liabilities.**

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

(a) Description of liability	(b) Book value
<b>1.</b> Federal income taxes	0
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 25.)	83,046

**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.

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .		<b>1</b>	20,409,092
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>	12,700,334	
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>		
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .		<b>2e</b>	12,700,334
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .		<b>3</b>	7,708,758
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b> :			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	176,723	
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .		<b>4c</b>	176,723
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) . . . . .		<b>5</b>	7,885,480

**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.

<b>1</b>	Total expenses and losses per audited financial statements . . . . .		<b>1</b>	6,480,831
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>		
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>		
<b>c</b>	Other losses . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .		<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .		<b>3</b>	6,480,831
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line <b>1</b> :			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	176,723	
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .		<b>4c</b>	176,723
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) . . . . .		<b>5</b>	6,657,554

**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:**

**Software Version:**

**EIN:** 26-1374263

**Name:** TUFTS HEALTH PLAN FOUNDATION INC

## Supplemental Information

Return Reference	Explanation
FORM 990, SCHEDULE D, PART X, LINE 2	ASC 740 (FKA FIN 48) FOOTNOTE IN 2019, THE AUDITED FINANCIAL STATEMENTS FOR THE FOUNDATION DID NOT DISCLOSE AN ASC 740 FOOTNOTE.

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2019**

**Open to Public Inspection**

Name of the organization  
TUFTS HEALTH PLAN FOUNDATION INC

**Employer identification number**  
26-1374263

**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
Central America and the Caribbean	0	0	Investments		11,414,021
<b>3a</b> Sub-total . . . . .	0	0			11,414,021
<b>b</b> Total from continuation sheets to Part I . . . . .					
<b>c Totals</b> (add lines 3a and 3b)	0	0			11,414,021

**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 III Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)



**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

**Part V Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

ReturnReference	Explanation

Note: To capture the full content of this document, 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 TUFTS HEALTH PLAN FOUNDATION INC

Employer identification number

26-1374263

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 149
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)					
(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
Form 990, Schedule I	DESC OF ORGANIZATION'S PROCEDURES FOR MONITORING THE USE OF GRANTS. TUFTS HEALTH PLAN FOUNDATION INVESTS IN COMMUNITIES BY MAKING GRANTS TO NONPROFIT ORGANIZATIONS. THE FOUNDATION'S PROCESS IS COMPREHENSIVE AND THOROUGH. DEPENDING ON TYPE OF GRANT, THE REVIEWS EITHER BEGIN WITH A LETTER OF INTENT AND/OR A FULL PROPOSAL. THESE SERVE AS THE BASIS OF A MUTUAL PERFORMANCE AGREEMENT AND FOR MONITORING GRANT ACTIVITY AND HOW FUNDS ARE USED. AN INDEPENDENT THIRD PARTY VERIFIES 501C3 STATUS AND EVALUATES EACH ORGANIZATION'S FINANCES. GRANTS \$50,000 OR LESS ARE APPROVED BY STAFF. GRANTS MORE THAN \$50,000 ARE RECOMMENDED BY STAFF AND VOTED ON BY THE BOARD OF DIRECTORS. ONCE AWARDED, GRANTEEES ARE REQUIRED TO SUBMIT PERIODIC REPORT(S).

## Additional Data

**Software ID:**  
**Software Version:**  
**EIN:** 26-1374263  
**Name:** TUFTS HEALTH PLAN FOUNDATION INC

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Agency on Aging of South Central CT 117 Washington Ave North Haven, CT 06473	06-0915531	501(C)(3)	10,000				One-time, general operating grant to support nonpr
Alzheimer's Disease & RLTD Disorders Assoc 245 Waterman ST Providence, RI 02906	13-3039601	501(C)(3)	302,320				RI Alzheimers Disease and Related Dementia Forums berkshires

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Arc Massachusetts Inc 217 SOUTH ST WALTHAM, MA 024532710	04-2223502	501(C)(3)	5,530				Expanding Knowledge about Intellectual and Develop
Belmont Day School Inc 55 Day School Ln Belmont, MA 024782030	04-2108347	501(C)(3)	10,000				#GivingTuesday based program

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
BLACK HERITAGE TRAIL OF NEW HAMPSHIRE INC 222 Court St PORTSMOUTH, NH 03802	81-3921917	501(C)(3)	10,000				#GivingTuesday programing
Blue Hills Community Hlth Network Alliance (CHNA) 1120 HANCOCK ST QUINCY, MA 021694313	04-2468492	501(C)(3)	54,010				Blue Hills Regional Coordinating Council (BHRCC) implementation

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Boston Foundation Inc 75 Arlington St BOSTON, MA 021163936	04-2104021	501(C)(3)	5,950				Matching Gifts walking advocates
Brigham and Women's Hospital Inc 116 Huntington AVE 5th FL BOSTON, MA 02116	04-2312909	501(C)(3)	5,410				#GivingTuesday



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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Cape Cod Foundation Inc 259 WILLOW ST YARMOUTH PORT, MA 026751762	51-0140462	501(C)(3)	41,520				Healthy Aging-Cape Cod: A 2-Year Assessment and PI nutrition
Center for Food Equity & Economic Dvlpmnt 1718 CAPITOL AVE BRIDGEPORT, CT 066041531	06-0647008	501(C)(3)	10,000				Healthy Connections: A comprehensive program bring response

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Center for Latino Progress - CPRF 95 PARK STREET HARTFORD, CT 061062520	06-1385027	501(C)(3)	25,000				One-time, general operating grant to support nonpr displacement
Center for Medicare Advocacy Inc PO Box 350 Willimantic, CT 06226	06-1172509	501(C)(3)	25,000				One-time, general operating grant to support nonpr

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Cheshire Medical Center 580 COURT ST KEENE, NH 034311718	02-0354549	501(C)(3)	40,000				Promoting Age-Friendly Communities in Southwest Ne community BUILDING
Citizens' Housing and Planning Association One Beacon St BOSTON, MA 02108	04-6138418	501(C)(3)	40,500				Great Neighborhoods Zoning Reform Implementation

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Clinica EsperanzaHope Clinic 60 Valley Street Olneyville, RI 02909	26-1714340	501(C)(3)	25,000				One-time, general operating grant to support nonpr friendly BOSTON
Coastline Elderly Services Inc 1646 PURCHASE ST NEW BEDFORD, MA 027406819	04-2622121	501(C)(3)	80,000				Age Friendly Greater New Bedford

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Community Catalyst One Federal St 5th Floor Boston, MA 02110	04-3355127	501(C)(3)	75,000				Community Catalyst's Center for Consumer Engagemen for health
COMMUNITY HEALTH CHARITIES 1199 N FAIRFAX ST ALEXANDRIA, VA 223141452	85-0258784	501(C)(3)	9,750				#GivingTuesday

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Community Servings 179 Amory St JAMAICA PLAIN, MA 021304529	22-3154028	501(C)(3)	6,180				LifeSavor at home
COMMUNITY WORKS INC 1359 Hancock St Quincy, MA 02169	04-2762623	501(C)(3)	10,396				#GivingTuesday friendly RI

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Concord Area Trust for Community Housing 105 LOUDON RD CONCORD, NH 033015601	02-0433505	501(C)(3)	25,000				One-time, general operating grant to support nonpr for aging
Concord Community Television 170 Warren Street Concord, NH 033012942	02-0503677	501(C)(3)	10,000				Let's Get Out and About

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

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Connecticut Community Care Inc 43 ENTERPRISE DRIVE BRISTOL, CT 060107457	06-1024632	501(C)(3)	25,000				One-time, general operating grant to support nonpr community
CT Community for Addiction Recovery 75 CHARTER OAK AVE HARTFORD, CT 061061903	06-1584908	501(C)(3)	25,000				One-time, general operating grant to support nonpr alumni network



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Connecticut Food Bank Inc 2 Research Parkway Wallingford, CT 06492	06-1063025	501(C)(3)	25,000				One-time, general operating grant to support nonpr project
Connecting for Children and Families 46 HOPE ST WOONSOCKET, RI 028954210	05-0475365	501(C)(3)	25,000				One-time, general operating grant to support nonpr housing

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Coop Alliance for Seacoast TransportATION 42 SUMNER DR DOVER, NH 038205451	02-0362579	501(C)(3)	18,550				Alliance for Community Transportation
Cranston Senior Services 1070 CRANSTON ST CRANSTON, RI 029207344	22-3158215	501(C)(3)	10,000				Making Cranston a Dementia Friendly Community

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Cristo Rey Boston High School Inc 100 Savin Hill Avenue Boston, MA 021251431	56-2438544	501(C)(3)	27,000				Student Internship Program 2019-2020
Crossroads Rhode Island 160 BROAD ST PROVIDENCE, RI 029034028	05-0259094	501(C)(3)	30,000				One-time, general operating grant to support nonpr conversations

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Dana-Farber Cancer Institute & Jimmy Fund 10 Brookline Pl W Brookline, MA 024457226	04-2263040	501(C)(3)	6,425				Matching Gifts Cape Cod
DIMOCK COMMUNITY FOUNDATION INC 55 Dimock Street Roxbury, MA 021191029	04-3487827	501(C)(3)	5,625				#GivingTuesday

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Dorchester Neighbors 44 PERCIVAL ST BOSTON, MA 021221736	83-1773275	501(C)(3)	10,000				Establish Communication and Outreach to Create a V in health
Eastern CT Area Agency on Aging Inc 19 OHIO AVENUE NORWICH, CT 063601594	06-0916608	501(C)(3)	10,000				One-time, general operating grant to support nonpr and transition

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Elder Services of the Merrimack Valley Inc 280 Merrimack St Lawrence, MA 01843	04-2545136	501(C)(3)	243,171				Promoting Age Friendly Communitis community
End Hunger Connecticut 65 HUNGERFORD ST HARTFORD, CT 061061425	06-1545835	501(C)(3)	25,000				One-time, general operating grant to support nonpr

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ENLACE DE FAMILIAS DE HOLYOKE 299 MAIN ST HOLYOKE, MA 010405704	04-3470427	501(C)(3)	25,000				One-time, general operating grant to support nonpr Northern, NH PTNR
Families in Transition- New Horizons 122 MARKET ST MANCHESTER, NH 031011952	02-0475414	501(C)(3)	25,000				One-time, general operating grant to support nonpr transit

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Family & Children's Service of Greater Lynn 111 North Common Street Lynn, MA 01902	04-2235959	501(C)(3)	25,000				One-time, general operating grant to support nonpr Lawrence
Family Service of Rhode Island 55 Hope Street Providence, RI 02906	05-0258858	501(C)(3)	10,000				Aging Creatively: Building Community and Fighting oral care



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Friendly House Inc 36 WALL ST WORCESTER, MA 016043740	04-2104239	501(C)(3)	25,000				One-time, general operating grant to support nonpr network
Friends Forever Inc 1 MORGAN WAY DURHAM, NH 038243310	02-0482213	501(C)(3)	10,000				Elder & Youth Collaborative Program Design access project

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Friends of 2Life Communities Inc 30 Wallingford Road Brighton, MA 021354708	04-2607197	501(C)(3)	15,370				#GivingTuesday Kick-Off 2Life Communities Network
Friends of TJ2 Robotics Inc PO Box 834 Bridgewater, MA 023240834	47-4739521	501(C)(3)	5,500				Volunteer Service Match

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FRIENDS WAY 765 West Shore Road Warwick, RI 02889	05-0504841	501(C)(3)	25,000				One-time, general operating grant to support nonpr knowledge
Gibson Center for Senior Services PO BOX 655 N CONWAY, NH 038600655	02-0351152	501(C)(3)	10,000				MWV Age-Friendly Community - Directory of Volunte Monadnock region

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Grafton County Senior Citizens Council Inc PO BOX 433 LEBANON, NH 037660433	23-7248316	501(C)(3)	10,000				Experience/Arts in Underserved Communities healthY aging
Granite State Organizing Project 383 BEECH ST MANCHESTER, NH 031035350	47-0873896	501(C)(3)	25,000				One-time, general operating grant to support nonpr Solider

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Granite United Way 22 CONCORD ST MANCHESTER, NH 031011817	02-6006033	501(C)(3)	10,000				Census efforts in NH care access
Grantmakers In Aging Inc 2001 JFFRSN DVS HWY ARLNGTN, VA 222023603	13-4014982	501(C)(3)	10,000				#GivingTuesday initiative

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GRTR Boston Chinese Golden Age CTR 75 KNEELAND ST BOSTON, MA 021111906	23-7181452	501(C)(3)	10,000				Memory Cafe for Asian Seniors PROGRAM
GreenRoots 227 MARGINAL ST FL1 CHELSEA, MA 021503538	81-2718273	501(C)(3)	65,000				A Diverse, Intergenerational Model for Equitable P implementation

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Groundwork Lawrence Inc 50 ISLAND STREET LAWRENCE, MA 018401868	04-3546770	501(C)(3)	106,082				Age-Friendly Lawrence healthy elders
Growing Places 325 LINDELL AVE LEOMINSTER, MA 014535414	10-0004885	501(C)(3)	20,639				Winchendon Community Food Project for Healthy Agin

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Health Care For All Inc One Federal ST 5th FL Boston, MA 02110	04-3071598	501(C)(3)	57,500				Together For The People assessment
Health Equity Solutions 175 MAIN ST 3RD FL HARTFORD, CT 061061818	46-5011055	501(C)(3)	25,000				One-time, general operating grant to support nonpr



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Health Imperatives Inc 942 West Chestnut Street Brockton, MA 02301	04-2609177	501(C)(3)	25,000				One-time, general operating grant to support nonpr to seniors
Healthcentric Advisors 235 PROMENADE ST PROVIDENCE, RI 029085763	05-0487616	501(C)(3)	9,993				Self-Measured Blood Pressure Monitoring Project to friendly villages

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Healthy Waltham Inc 510 MOODY ST WALTHAM, MA 024530518	46-1174988	501(C)(3)	20,000				Broadening Waltham Connections for Healthy Aging course
Hispanic Alliance of Southeastern CT PO BOX 227 NEW LONDON, CT 063206397	02-0573328	501(C)(3)	25,000				One-time, general operating grant to support nonpr model

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HomeStart Inc 105 CHAUNCY STREET BOSTON, MA 02111726	04-3311270	501(C)(3)	13,990				#GivingTuesday
Honoring Choices Massachusetts 426 North Ave Weston, MA 02493	46-2165454	501(C)(3)	25,000				Honoring Choices Growth and Sustainability Plan infrastructure

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Hope Hospice & Palliative Care Rhode Island 1085 N MAIN ST PROVIDENCE, RI 029045719	51-0192422	501(C)(3)	7,000				#GivingTuesday support fund
Hope's Harvest RI 1005 MAIN ST PAWTUCKET, RI 028607813	20-4625643	501(C)(3)	9,022				Hope's Harvest RI ? Sharing the Bounty with Aging

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Horace Mann Educational Associates 8 FORGE PARK EAST FRANKLIN, MA 020383157	04-2300014	501(C)(3)	34,991				Smart Data for Better Health Care friendly communities
JDRF - Greater CT Western MA Chapter 20 Batterson Park RD Farmington, CT 06032	23-1907729	501(C)(3)	30,000				#GivingTuesday

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Jewish Family & Children's Service 1430 MAIN ST WALTHAM, MA 024511623	04-2104356	501(C)(3)	28,814				Building Cultural/Linguistic Capacity in Dementia Workplace match
Leukemia & Lymphoma Society 3 INTERNATL Dr Ste 200 Rye Brook, NY 10573	13-5644916	501(C)(3)	9,720				#GivingTuesday

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LivableStreets Transportation Alliance 70 PACIFIC ST CAMBRIDGE, MA 021394204	30-0331222	501(C)(3)	30,000				Better Buses and Safer Streets for Older Adults on
LiveWell Alliance Inc 1261 S MAIN ST PLANTSVILLE, CT 064791750	22-3068632	501(C)(3)	10,000				Increase the number of community-based Memory Caf Workplace match- LifeSavor

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LMW Healthcare Inc 25 WELLS ST WESTERLY, RI 028912922	46-0543230	501(C)(3)	10,000				Age Friendly Westerly Action Team GIVING
Local Initiatives Support Corporation 146 Clifford Street Providence, RI 02903	13-3030229	501(C)(3)	60,000				Intergenerational Farmer's Market Project workplace match



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Lynn Shelter Association 91 Liberty Street Lynn, MA 01901	22-2603594	501(C)(3)	10,000				Art Therapy for Older Homeless Adults in Emergency program 18-19
MAB Community Services Inc 200 IVY ST BROOKLINE, MA 024463907	04-2109859	501(C)(3)	40,000				Ensuring Access for Seniors with Vision Loss and O

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Manchester Community Health Center 145 HOLLIS ST MANCHESTER, NH 031011235	02-0458174	501(C)(3)	10,000				Integrated Geriatric Care Program to Stay Healthy
Massachusetts Association for Mental Health Inc 50 Federal St 6th FL Boston, MA 02110	04-2104711	501(C)(3)	90,000				Public Education and Systems Orientation for Commu

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MA Assoc of Councils on Aging 116 PLEASANT ST EASTHAMPTON, MA 010272781	04-5665057	501(C)(3)	103,410				Dementia Friendly Massachusetts - Scale and Sustai
MA Immigrant & Refugee Advocacy CoalITION 105 Chauncy St STE 901 Boston, MA 02111	22-3115048	501(C)(3)	53,200				Give Liberty A Hand

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Massachusetts Law Reform Institute 40 COURT STREET SUITE 800 BOSTON, MA 02108	04-6004303	501(C)(3)	60,000				Older Adult Nutrition Access Project workplace match
Massachusetts Public Health Association 14 Beacon St Boston, MA 02108	04-2326503	501(C)(3)	67,500				Annual Conference

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Massachusetts Senior Action Council 108 Myrtle ST Quincy, MA 02171	04-2760902	501(C)(3)	80,000				Senior Power Up for Health and Economic Security workplace match
MA Society for the Prevention of Cruelty 3815 WSHNGTN ST JAMAICA PLN, MA 021303760	04-2103596	501(C)(3)	25,000				One-time, general operating grant to support nonpr Achievers lunch

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Meals on Wheels of Rhode Island Inc 70 BATH STREET PROVIDENCE, RI 029080000	05-0340723	501(C)(3)	10,000				Seniors Serving Seniors: Promoting volunteerism am info series
Minuteman Senior Services 26 Crosby Street Bedford, MA 018034414	04-2587212	501(C)(3)	10,000				Change of Condition Report Project evaluation

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Montachusett Enterprise Center Inc 464 ABBOTT AVE LEOMINSTER, MA 014535446	43-2020718	501(C)(3)	10,000				Becoming an Age-Friendly Montachusett Region
MWVADC Memorial Elder Health Services Memorial Ho 3073 WHITE MT HWY N CONWAY, NH 038607101	02-0222156	501(C)(3)	10,000				Dementia Destigmatized: Launching a Dementia-Frien

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

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Nashua Children's Home 87 PALM ST NASHUA, NH 030603828	02-0466392	501(C)(3)	25,000				One-time, general operating grant to support nonpr
Naugatuck Valley Project Inc 16 CHURCH ST WATERBURY, CT 067022103	22-2726260	501(C)(3)	10,000				Naugatuck Valley Intergenerational Housing Project



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New Britain ROOTS Inc PO BOX 853 NEW BRITAIN, CT 060500853	46-4350118	501(C)(3)	9,350				Food is Love Project
New Futures 10 FERRY ST STE 307 CONCORD, NH 033015081	02-0525391	501(C)(3)	25,000				One-time, general operating grant to support nonpr

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New Hampshire Catholic Charities 700 E INDUSTRIAL PARK DR MANCHESTER, NH 03109	02-0222163	501(C)(3)	25,120				One-time, general operating grant to support nonpr
New Hampshire Legal Assistance 117 N STATE ST CONCORD, NH 033014407	02-0300897	501(C)(3)	60,000				New Hampshire Alliance for Healthy Aging Advocacy

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Newtown Housing for the Elderly 3 NUNNAWUK RD NEWTON, CT 064700000	06-0937573	501(C)(3)	10,000				Gracefully Growing into the Future- Mind over Matt
North Central Area Agency on Aging 151 NEW PARK AVE HARTFORD, CT 061062172	22-3059029	501(C)(3)	10,000				One-time, general operating grant to support nonpr

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North Country Health Consortium 262 COTTAGE ST LITTLETON, NH 035614143	02-0503184	501(C)(3)	25,000				One-time, general operating grant to support nonpr
Old Colony Young Mens Christian Association 320 MAIN STREET BROCKTON, MA 023015340	04-2125014	501(C)(3)	60,000				Healthy for Life

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Operation ABLE of Greater Boston Inc 174 PORTLAND STREET BOSTON, MA 02114	04-2761871	501(C)(3)	28,500				One-time, general operating grant to support nonpr
Our Neighbors' Table PO BOX 592 AMESBURY, MA 019130013	04-3153941	501(C)(3)	10,000				Using SNAP to increase Senior Food Security

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Partners for a Healthier Community 280 CHESTNUT STREET SPRINGFIELD, MA 01101	04-3342182	501(C)(3)	99,499				LiveWell Springfield (LWS) Coalition Age Friendly
Progreso Latino Inc 626 BROAD ST CENTRAL FALLS, RI 028632835	05-0380608	501(C)(3)	10,000				Siempre Contigo- Creating a Dementia Friendly Centr

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Project Citizenship 4 FANEUILS MRKET BOSTON, MA 021090000	37-1769643	501(C)(3)	10,000				Citizenship Services for Older Clients
Rhode Island College Foundation 600 MT PLEASANT AVE PROV, RI 029081940	05-6049721	501(C)(3)	130,000				Age-Friendly Rhode Island: 2020, 2021

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Rhode Island Community Food Bank 200 Niantic Ave Providence, RI 029073150	05-0395601	501(C)(3)	37,500				One-time, general operating grant to support nonpr
Rhode Island for Community and Justice 217 N Main St Providence, RI 02903	75-3180937	501(C)(3)	25,000				One-time, general operating grant to support nonpr



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Rhode Island Free Clinic Inc 655 BROAD ST Providence, RI 029071444	05-0501276	501(C)(3)	25,400				One-time, general operating grant to support nonpr
RHODE ISLAND KIDS COUNT INC 1 UNION STATION PROVIDENCE, RI 029031758	06-1485449	501(C)(3)	25,000				One-time, general operating grant to support nonpr

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Rhode Island Parent Information Network Inc 1210 PONTIAC AVE CRANSTON, RI 029204490	05-0457336	501(C)(3)	85,000				Piloting a Sustainable Payment Model for Rhode Isl
Rhode Island Public Health Foundation 121 S MAIN ST STE 810 PROVIDENCE, RI 02912	05-0474726	501(C)(3)	95,000				Food on the Move ? Improving Sustainability

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Rosie's Place Inc 889 HARRISON AVE BOSTON, MA 021184004	04-2582187	501(C)(3)	7,800				#GivingTuesday
SAGE-RI 1 VIRGINIA AVE PROVIDENCE, RI 02905	06-1492199	501(C)(3)	9,985				Building Community with LGBT Seniors: An initiati

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Saint Elizabeth Community ONE SAINT ELIZABETH WAY E GRNWICH, RI 02874	05-0258998	501(C)(3)	50,000				Support and Services at Home (SASH)
Saint Francis House Inc 39 BOYLSTON ST BOSTON, MA 021164702	22-2519129	501(C)(3)	26,250				One-time, general operating grant to support nonpr

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Seacoast Family Promise 27 HAMPTON RD EXETER, NH 038334842	02-0529881	501(C)(3)	25,000				One-time, general operating grant to support nonpr
Seacoast Village Project PO BOX 182 NEW CASTLE, NH 038540182	83-2155780	501(C)(3)	10,000				Build an engaged and sustainable volunteer base

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SeniorCare Inc 5 BLACKBURN CTR GLOUCESTER, MA 019302259	04-5665119	501(C)(3)	61,397				Age and Dementia Friendly Cape Ann (ADFCA)
Sojourner House 386 SMITH ST PROVIDENCE, RI 029083727	05-0370419	501(C)(3)	25,000				One-time, general operating grant to support nonpr

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Southern District YMCA Camp Lincoln Inc 56 LINDEN ST EXETER, NH 03833	04-3383996	501(C)(3)	10,000				Senior Prescribe the Y
Southwest Boston Senior Services Inc 555 AMORY ST JAMAICA PLAIN, MA 021302652	23-7304163	501(C)(3)	41,450				AgeWell Equality

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Southwestern Connecticut Agency on Aging 1000 LAYFAYETTE BRDGEPRT, CT 066044715	06-0916407	501(C)(3)	10,000				One-time, general operating grant to support nonpr
Springfield Day Nursery 1095 MAIN ST SPRINGFIELD, MA 011032115	04-2103855	501(C)(3)	25,000				One-time, general operating grant to support nonpr



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Sustainable SNHPC Foundation 438 DUBUQUE ST MANCHESTER, NH 031023546	80-0449214	501(C)(3)	23,800				SNHPC Becoming Age-Friendly Communities Phase III
Transport Assistance for Seacoast Citizens 200 HIGH ST HAMPTON, NH 038422286	26-2869209	501(C)(3)	8,050				Peer Mentoring

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The Children's Community Programs of CT 446 A BLAKE ST STE 100 NEW HAVEN, CT 06515	06-1579606	501(C)(3)	10,000				Needs Assessment: Support for Grandparents and Ot
The GraniteYMCA 117 MARKET ST MANCHESTER, CT 031011933	02-0222248	501(C)(3)	10,000				Increasing Access to Critical Health and Wellness

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The Greater Boston Food Bank Inc 70 S BAY AVE BOSTON, MA 021182700	04-2717782	501(C)(3)	8,782				#GivingTuesday Greater Boston Food Bank
The Latino Health Insurance Program Inc 88 WAVERLY ST 1ST FL BOSTON, MA 021182700	30-0614874	501(C)(3)	25,000				One-time, general operating grant to support nonpr

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The Open DoorCape Ann Food Pantry Inc 28 EMERSON AVE GLOUCESTER, MA 01930	22-2513482	501(C)(3)	60,000				MTGS (Medically Tailored Groceries for Seniors Pro
The Providence Village of Rhode Island 276 ANGELL ST PROVIDENCE, RI 02906	47-3675451	501(C)(3)	10,000				Developing New Villages in Rhode Island

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The Senior Agenda Coalition of Rhode Island 70 BATH ST Providence, RI 029084849	74-3261256	501(C)(3)	60,000				Senior Voices for Aging in Community-Years 4&5
The Towers Foundation 18 TOWER LANE NEW HAVEN, CT 065191764	06-1331831	501(C)(3)	10,000				Klaatch: Reducing Loneliness by Turning Neighbors

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The Trust for Public Land 101 MONTGOMERY ST SAN FRANCISCO, CA 94104	23-7222333	501(C)(3)	6,750				#GivingTuesday Trust for Public Land
TLC Family Resource Center 109 PLEASANT ST CLAREMONT, NH 037432631	52-2439830	501(C)(3)	25,000				One-time, general operating grant to support nonpr

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Tri-County Community Action Program Inc 610 SULLIVAN ST BERLIN, NH 03570	02-0267404	501(C)(3)	10,000				Age Friendly Health and Art Classes
TRUSTEES OF THE COLLEGE OF THE HOLY CROSS 1 COLLEGE ST WORCESTER, MA 016102322	04-2103558	501(C)(3)	5,040				#GivingTuesday

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Union Chapel EdU & Cultural Institute 9 HUBBARD ROAD NEWTON, MA 024582107	83-3631791	501(C)(3)	20,000				#GivingTuesday
United Way of Massachusetts Bay Inc 51 SLEEPER STREET BOSTON, MA 02210	04-2382233	501(C)(3)	38,928				#GivingTuesday



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United Way of Western Connecticut Inc 301 MAIN ST DANBURY, CT 068105861	06-0646577	501(C)(3)	10,000				Age Well CT Ambassador Program
University of Massachusetts Foundation 225 FRANKLIN ST Boston, MA 022102804	04-6013152	501(C)(3)	299,360				Age-Friendly Boston Initiative: Continuation of Ph

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University System of NH 5 CHENELL DR STE 301 CONCORD, NH 033018522	02-6000937	501(C)(3)	75,000				Strengthening the NH Alliance for Healthy Aging Co
Urban League of Eastern Massachusetts 88 WARREN ST BOSTON, MA 021193208	23-7349132	501(C)(3)	17,750				Workforce Development Programs

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WalkBoston 45 SCHOOL ST BOSTON, MA 021083206	22-3061699	501(C)(3)	70,000				Walk with Us: A Celebration of Leadership
Watertown for All Ages 139 RUSSELL AVE WATERTOWN, MA 024723453	46-2378728	501(C)(3)	10,000				Watertown for All Ages ? Transportation Initiative

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Way Finders Inc 120 MAPLE ST SPRINGFIELD, MA 011032203	04-2518368	501(C)(3)	70,000				Flexing Civic Muscle for Equitable Infrastructure
Western Connecticut Area Agency on Aging 84 PROGRESS LANE WATERBURY, CT 067053863	06-1182488	501(C)(3)	20,000				One-time, general operating grant to support nonpr

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WestMass ElderCare 4 VALLEY MILL RD HOLYOKE, MA 01040	04-2545848	501(C)(3)	9,850				Cuidadores Unidos (Caregivers United)
YMCA of Greater Boston 316 HUNTINGTON AVE BOSTON, MA 021155019	04-2103551	501(C)(3)	6,250				#GivingTuesday

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YMCA of Martha's Vineyard 111R EDGRTWN VNYRD VNYRD HVN, MA 025685699	04-3293959	501(C)(3)	10,000				Exercise Your Heart in More Ways than One
Yoga4Change Inc 415 BROOKSVALE AVE HAMDEN, CT 065181222	47-1037229	501(C)(3)	9,880				Evidence-based Senior Yoga Curriculum Design

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YWCA Boston 140 Clarendon St Boston, MA 02116	04-2103548	501(C)(3)	5,400				Academy of Women Achiever's Awards

**Schedule J**  
(Form 990)

**Compensation Information**

OMB No. 1545-0047  
**2019**  
**Open to Public Inspection**

**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](http://www.irs.gov/Form990) for instructions and the latest information.**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
TUFTS HEALTH PLAN FOUNDATION INC

Employer identification number  
26-1374263

**Part I Questions Regarding Compensation**

	Yes	No								
<p><b>1a</b> 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 border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax idemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax idemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax idemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)									
<p><b>b</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>	<b>1b</b>									
<p><b>2</b> 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>	<b>2</b>									
<p><b>3</b> 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 border="0"> <tr> <td><input type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study	<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Approval by the board or compensation committee				
<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract									
<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study									
<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Approval by the board or compensation committee									
<p><b>4</b> 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><b>a</b> Receive a severance payment or change-of-control payment?</p> <p><b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p><b>c</b> 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>	<b>4a</b>	No								
	<b>4b</b>	Yes								
	<b>4c</b>	No								
<p><b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b></p> <p><b>5</b> 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><b>a</b> The organization?</p> <p><b>b</b> Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p>	<b>5a</b>	No								
	<b>5b</b>	No								
<p><b>6</b> 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><b>a</b> The organization?</p> <p><b>b</b> Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p>	<b>6a</b>	No								
	<b>6b</b>	Yes								
<p><b>7</b> 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>	<b>7</b>	No								
<p><b>8</b> 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>	<b>8</b>	No								
<p><b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	<b>9</b>									





**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
FORM 990, SCHEDULE J, PART I, LINE 3	SUPPLEMENTAL COMPENSATION INFORMATION THE FOUNDATION USES THE COMPENSATION POLICIES OF ITS SOLE MEMBER, TUFTS ASSOCIATED HEALTH MAINTENANCE ORGANIZATION, INC. (TAHMO). SCHEDULE J, PART I, LINE 4B THE RELATED ORGANIZATION MAINTAINS AN EXECUTIVE SAVINGS PLAN (ESP) FOR ITS SENIOR MANAGERS WITH THE TITLE DIRECTOR AND ABOVE. THE NUMBERS LISTED ON SCHEDULE J PART II COLUMN C REFLECT BOTH THE EMPLOYEE DEFERRALS AS WELL AS THE EMPLOYER CONTRIBUTIONS TO THE ESP.
form 990, schedule j, part i, line 6b	SUPPLEMENTAL COMPENSATION INFORMATION THE BELOW OFFICERS AND/OR DIRECTORS OF TUFTS HEALTH PLAN FOUNDATION, INC. ARE ELIGIBLE TO PARTICIPATE IN AN EXECUTIVE INCENTIVE PLAN BECAUSE OF THEIR ROLES AT TUFTS ASSOCIATED HEALTH MAINTENANCE ORGANIZATION, INC. THE EMPLOYEES WHO PARTICIPATE IN THIS PLAN ARE: - ROLAND PRICE - NORA MORENO CARGIE - UMESH KURPAD - MARY O'TOOLE MAHONEY - THOMAS CROSWELL - LYDIA GREENE - KRISTIN LEWIS

# Additional Data

**Software ID:**  
**Software Version:**  
**EIN:** 26-1374263  
**Name:** TUFTS HEALTH PLAN FOUNDATION INC

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 THOMAS CROSWELL FDN DIRECTOR/CEO TAHMO	(i)	0	0	0	0	0	0	
	(ii)	----- 1,113,102	----- 1,162,696	----- 163,395	----- 238,342	----- 6,816	----- 2,684,351	
1 UMESH KURPAD CFO	(i)	0	0	0	0	0	0	
	(ii)	----- 550,755	----- 528,691	----- 78,872	----- 136,853	----- 14,329	----- 1,309,500	
2 MARY MAHONEY CLERK	(i)	0	0	0	0	0	0	
	(ii)	----- 422,363	----- 343,914	----- 56,438	----- 108,315	----- 115	----- 931,145	
3 LYDIA GREENE FDN DIR/SVP CHRO	(i)	0	0	0	0	0	0	
	(ii)	----- 344,863	----- 289,667	----- 44,696	----- 63,616	----- 7,217	----- 750,059	
4 KRISTIN LEWIS FDN DRCTOR/SVP CHPAO (BEG 6/19)	(i)	0	0	0	0	0	0	
	(ii)	----- 297,341	----- 249,751	----- 28,109	----- 146,268	----- 20,351	----- 741,820	
5 ROLAND PRICE TREASURER	(i)	0	0	0	0	0	0	
	(ii)	----- 272,218	----- 179,653	----- 38,295	----- 83,715	----- 17,690	----- 591,571	
6 NORA MORENO CARGIE PRESIDENT/DIRECTOR	(i)	0	0	0	0	0	0	
	(ii)	----- 279,819	----- 184,669	----- 24,840	----- 54,849	----- 14,280	----- 558,457	
7 PHILLIP GONZALEZ SENIOR PROGRAM OFFICER	(i)	0	0	0	0	0	0	
	(ii)	----- 134,926	----- 9,869	----- -1,328	----- 21,466	----- 1,025	----- 165,958	
8 ALRIE DANIELCYK SENIOR COMMUNICATIONS OFFICER	(i)	0	0	0	0	0	0	
	(ii)	----- 122,553	----- 8,974	----- 377	----- 34,207	----- 456	----- 166,567	
9 STACEY MANN SR MANAGER, CORP CITIZENSHIP	(i)	0	0	0	0	0	0	
	(ii)	----- 131,485	----- 10,747	----- -13,803	----- 28,956	----- 20,810	----- 178,195	

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

**Supplemental Information to Form 990 or 990-EZ**

OMB No. 1545-0047  
**2019**  
**Open to Public Inspection**

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](http://www.irs.gov/Form990) for the latest information.

Department of the Treasury

Name of the Organization

TUFTS HEALTH PLAN FOUNDATION INC

Employer identification number

26-1374263

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART III, LINE 1	<p>ORGANIZATION'S MISSION TO PROVIDE COMMUNITY BENEFITS ABOVE AND BEYOND ITS REGULAR LINES OF BUSINESS, TUFTS ASSOCIATED HEALTH MAINTENANCE ORGANIZATION, INC. (TAHMO) ESTABLISHED THE TUFTS HEALTH PLAN FOUNDATION, A 501(C)(3) CHARITABLE AND SUPPORTING ORGANIZATION OF TAHMO. THE FOUNDATION LEVERAGES THE PLAN'S GREATEST ASSET-ITS PEOPLE-IN A MORE DELIBERATE WAY ON BEHALF OF COMMUNITY. ITS MISSION IS ALIGNED WITH THAT OF TUFTS HEALTH PLAN: TO IMPROVE THE HEALTH AND WELLNESS OF THE DIVERSE COMMUNITIES WE SERVE. THE FOUNDATION ACHIEVES THIS MISSION PRIMARILY THROUGH COMMUNITY INVESTMENTS, COMMUNITY ENGAGEMENT AT KEY STAKEHOLDER "TABLES/CONVENING ACTIVITIES FOCUSED ON HEALTHY LIVING WITH AN EMPHASIS ON OLDER PEOPLE, PARTICULARLY THOSE IN UNDER-RESOURCED COMMUNITIES. TUFTS HEALTH PLAN FOUNDATION COLLABORATES WITH OLDER PEOPLE, CIVIC LEADERS AND NONPROFIT ORGANIZATIONS TO SUPPORT COMMUNITIES WORKING TO BE GREAT PLACES TO GROW UP AND GROW OLD. THE FOUNDATION EMPHASIZES COLLABORATION ACROSS SECTORS, FOCUSING ON INITIATIVES THAT ARE INCLUSIVE AND HONOR THE WORK ALREADY BEING DONE IN COMMUNITY. THE FOUNDATION IS AN ADVOCATE TO ADVANCE POLICIES AND BEST PRACTICES SHAPED BY OLDER PEOPLE; A CATALYST ACCELERATING CHANGES THAT IMPROVE ACCESS AND SERVICES; AND A CONVENER CREATING OPPORTUNITIES AND SPACE FOR ORGANIZATIONS/LEADERS TO WORK TOGETHER. WHEN CONTEMPLATING AGE-FRIENDLY COMMUNITY FUNDING, THE FOUNDATION CONSIDERS ACCESS TO COMMUNITY AND HEALTH CARE, HOUSING, TRANSPORTATION, SOCIAL PARTICIPATION, OUTDOOR SPACES AND BUILDINGS, RESPECT AND SOCIAL INCLUSION, CIVIC PARTICIPATION AND EMPLOYMENT, COMMUNICATIONS AND INFORMATION. THIS APPROACH RECOGNIZES THE WIDE RANGE OF RESOURCES OLDER PEOPLE PROVIDE, AS WELL AS THEIR CAPACITY TO ADDRESS ISSUES THAT AFFECT THEM, ANTICIPATES AND RESPONDS FLEXIBLY TO AGING-RELATED NEEDS AND PREFERENCES, RESPECTS OLDER PEOPLE'S DECISIONS AND LIFESTYLE CHOICES, PROTECTS THOSE WHO ARE MOST VULNERABLE, AND PROMOTES OLDER PEOPLE'S INCLUSION IN AND CONTRIBUTION TO ALL AREAS OF COMMUNITY LIFE. TO ADVANCE COMMUNITY WORK, THE FOUNDATION STRATEGICALLY ENCOURAGES MORE COLLABORATION FOR BROADER IMPACT AND SUPPORTS ORGANIZATIONS INTO SHARING BEST PRACTICES THAT LEAD TO IMPROVED COMMUNITY OUTCOMES. IN 2019, THE FOUNDATION MADE 134 GRANTS TOTALING MORE THAN \$4.3 MILLION TO NONPROFIT ORGANIZATIONS WORKING TO IMPROVE HEALTHY LIVING WITH A FOCUS ON OLDER PEOPLE.</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART III, LINE 4A	<p>SYSTEMS &amp; BEST PRACTICES GRANTS SUPPORT BEST PRACTICES AND SYSTEMS CHANGES TO ELIMINATE BARRIERS ADVERSELY AFFECTING OLDER PEOPLE. PROGRAMS CAN EXPAND, SCALE OR REPLICATE "BEST IN CLASS" COLLABORATIONS AND IDEAS THAT ADDRESS THE NEEDS OF OLDER PEOPLE IN COMMUNITY. COMMUNITY ENGAGEMENT AND INPUT SHOULD BE PRIORITIZED. FORM 990, PART III, LINE 4B 40 YEAR ANNIVERSARY GRANTS ONE-TIME, GENERAL OPERATING GRANTS TO SUPPORT NONPROFIT ORGANIZATIONS FOCUSED ON HEALTH EQUITY AND THE SOCIAL DETERMINANTS OF HEALTH. THESE GRANTS WERE IN RECOGNITION OF TUFTS HEALTH PLAN 40TH ANNIVERSARY AND ITS LONGSTANDING COMMITMENT TO COMMUNITY. FORM 990, PART III, LINE 4C CORPORATE CITIZENSHIP (WORKPLACE GIVING/SPONSORSHIPS) IN 2019, TUFTS HEALTH PLAN CONTINUED TO GROW ITS CORPORATE CITIZENSHIP PROGRAM. FACETS OF THE PROGRAM INCLUDED FOUNDATION INVESTMENTS IN COMMUNITY THROUGH GRANTS AND SPONSORSHIPS, A MATCH PROGRAM THAT SUPPORTS INDIVIDUAL VOLUNTEERING AND/OR FINANCIAL CONTRIBUTIONS TO QUALIFIED NON-PROFIT ORGANIZATIONS UP TO \$500 ANNUALLY FOR EACH EMPLOYEE AND UP TO \$5,000 ANNUALLY FOR MEMBERS OF THE TAHMO AND FOUNDATION BOARDS OF DIRECTORS; ADDITIONALLY THE FOUNDATION MATCHES UP TO \$5,000 ANNUALLY FOR EMPLOYEES DIRECTOR-LEVEL AND ABOVE WHO SERVE ON BOARDS. ALSO, A MATCH INCENTIVE FOR TEAM-BASED VOLUNTEERING ENCOURAGES SERVICE TO COMMUNITY AND FOR EMPLOYEE PARTICIPATION IN FUNDRAISING IN THE ANNUAL WALKS TO END ALZHEIMER'S. THE CORPORATE CITIZENSHIP PROGRAM ALSO SUPPORTS A COMPANY-WIDE VOLUNTEER DAY, VOLUNTEER SERVICE OPPORTUNITIES THROUGHOUT THE YEAR, AND SCHOOL, FOOD AND CLOTHING DRIVES. FORM 990, PART III, LINE 4D COLLABORATION AND COMMUNITY ENGAGEMENT (LEADERSHIP FUND); MOMENTUM FUND MINI-GRANT PROGRAM; BUSINESS RESOURCE GROUPS (BRGs) GRANTS; POLICY &amp; ADVOCACY GRANTS COLLABORATION AND COMMUNITY ENGAGEMENT (LEADERSHIP FUND); DESIGNED TO SUPPORT MULTIPLE COMMUNITY STAKEHOLDERS AND SECTORS TOWARD COMMON GOAL, SUPPORT FOR THIS WORK CONSIDERS CURRENT OR NEW ACTIVITIES THAT DIRECTLY OR INDIRECTLY LEAD TO AGE-FRIENDLY COMMUNITIES AND ADDRESS BARRIERS IN THE MOST VULNERABLE COMMUNITIES. MOMENTUM FUND: COMMUNITIES OFTEN FIND IT CHALLENGING TO SECURE RESOURCES TO SUPPORT EARLY-STAGE INITIATIVES AND PROMISING EFFORTS. THE FOUNDATION CREATED THE MOMENTUM FUND TO ADDRESS THIS GAP. THE MOMENTUM FUND OFFERS SMALLER GRANTS THAT ENERGIZE INNOVATION TO SUPPORT COMMUNITIES PURSUING AND/OR ADVANCING AGE- OR DEMENTIA-FRIENDLY EFFORTS. BUSINESS RESOURCE GROUPS (BRGs): THE TUFTS HEALTH PLAN BRGs WERE ESTABLISHED TO CREATE OPPORTUNITIES FOR EDUCATION, MENTORING AND LEADERSHIP, TO SUPPORT DIVERSE COMMUNITIES THROUGH VOLUNTEERING, AND TO FOSTER A CULTURE OF RESPECT AND INCLUSION. THESE GRANTS ARE THE RESULT OF A COLLABORATION BETWEEN THE FOUNDATION AND THE BRGS TO STRENGTHEN COMMUNITY CONNECTIONS. POLICY &amp; ADVOCACY GRANTS THE FOUNDATION SUPPORTS POLICY AND/OR SYSTEMS-LEVEL CHANGE LEADING TO AGE-FRIENDLY COMMUNITIES. THESE ACTIVITIES ARE PURPOSEFUL AND INTENTIONAL IN EDUCATING AND INFORMING DE</p>

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A	CISION-MAKERS; AND INCLUDE OLDER PEOPLE AS ESSENTIAL STAKEHOLDERS IN POLICY AND SYSTEMS CH ANGE.

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, LINE 2	THE FOLLOWING PEOPLE SERVED AS A BOARD MEMBER AND/OR OFFICER FOR TUFTS ASSOCIATED HEALTH PLANS, INC: THOMAS CROSWELL MARY MAHONEY UMESH KURPAD ROLAND PRICE THE FOLLOWING PEOPLE SERVED AS A BOARD MEMBER AND/OR OFFICER FOR TOTAL HEALTH PLAN, INC.: THOMAS CROSWELL UMESH KURPAD MARY MAHONEY ROLAND PRICE THE FOLLOWING PEOPLE SERVED AS A BOARD MEMBER AND/OR OFFICER FOR TUFTS INSURANCE COMPANY: THOMAS CROSWELL MARY MAHONEY UMESH KURPAD ROLAND PRICE THE FOLLOWING PEOPLE SERVED AS A BOARD MEMBER AND/OR OFFICER FOR TUFTS BENEFIT ADMINISTRATORS, INC: THOMAS CROSWELL MARY MAHONEY UMESH KURPAD ROLAND PRICE THE FOLLOWING PEOPLE SERVED AS A BOARD MEMBER AND/OR OFFICER FOR TAHP BROKERAGE CORPORATION, INC: THOMAS CROSWELL MARY MAHONEY UMESH KURPAD ROLAND PRICE THE FOLLOWING PEOPLE SERVED AS A BOARD MEMBER FOR INTEGRA PARTNERS HOLDINGS, INC.: THOMAS CROSWELL UMESH KURPAD

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, LINE 3	DESCRIPTION OF MANAGEMENT ARRANGEMENT THE FOUNDATION IS A SUPPORTING ORGANIZATION OF TUFTS ASSOCIATED HEALTH MAINTENANCE ORGANIZATION, INC. (TAHMO). TAHMO AND ITS SUBSIDIARY, TUFTS ASSOCIATED HEALTH PLANS, INC. (TAHP), PROVIDE ADMINISTRATIVE AND MANAGEMENT SERVICES TO THE FOUNDATION.



**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, LINES 6A AND 7A	MEMBERS TUFTS ASSOCIATED HEALTH MAINTENANCE ORGRANIZATION, INC. (TAHMO) AS THE SOLE CORPORATE MEMBER OF THE FOUNDATION, ELECTS THE MEMBERS OF THE FOUNDATION'S GOVERNING BODY. FORM 990, PART VI, LINE 7B DESCR CLASSES OF PERSONS, DECISIONS REQUIRING APPR & TYPE OF VOTING RIGHTS TAHMO, AS THE SOLE CORPORATE MEMBER OF THE FOUNDATION, HAS THE RIGHT TO MAKE CERTAIN DECISIONS REGARDING THE FOUNDATION, AND IS REQUIRED TO APPROVE ANY CHANGES TO THE FOUNDATION'S BYLAWS.

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, LINE 11B	PROCESS USED BY GOVERNING BODY TO REVIEW THE FORM 990 THE FORM 990 IS PREPARED IN THE TUFTS ASSOCIATED HEALTH MAINTENANCE ORGANIZATION, INC.'S FINANCE DEPARTMENT, WITH ASSISTANCE FROM OUR EXTERNAL ACCOUNTANTS, ERNST & YOUNG. INFORMATION IS PROVIDED BY THE FOUNDATION STAFF, FINANCE DEPARTMENT, HUMAN RESOURCES DEPARTMENT, GOVERNANCE MANAGER, COMPLIANCE & PRIVACY OFFICER, AND INTERNAL LEGAL COUNSEL. CERTAIN SECTIONS OF THE FORM ARE REVIEWED BY A NUMBER OF SENIOR MANAGERS; OUR CHIEF FINANCIAL OFFICER REVIEWS THE FORM IN ITS ENTIRETY. ONCE THE FORM IS COMPLETE, IN NOVEMBER 2020, IT IS FORWARDED ON TO OUR BOARD OF DIRECTORS AND IT IS THEN SUBMITTED FOR FILING.

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, LINEs 12C	<p>DESCRIPTION OF PROCESS TO MONITOR TRANSACTIONS FOR CONFLICTS OF INTEREST ON AN ONGOING BASIS AND BEFORE ANY GRANTS ARE AWARDED, ALL BOARD MEMBERS AND STAFF MEMBERS ARE ASKED TO DISCLOSE ANY RELATIONSHIPS OR POTENTIAL CONFLICTS OF INTEREST WITH ANY GRANTEEES OR BUSINESS PARTNERS. ALSO, THE FOUNDATION BOARD MEMBERS SUBMIT SIGNED ANNUAL CONFLICT DISCLOSURE STATEMENTS, WHICH ARE REVIEWED WITH THE COMPLIANCE OFFICER. DURING THE GRANT REVIEW PROCESS, STAFF MEMBERS WITH AN ACTUAL OR POTENTIAL CONFLICT ARE PERMITTED TO COMMENT ON A PARTICULAR REQUEST, BUT DO NOT PARTICIPATE IN FINAL DECISIONS. BOARD CONFLICT DISCLOSURES ARE REPORTED PRIOR TO PORTFOLIO OF GRANTS BEING PRESENTED TO THE BOARD FOR VOTE, AND BOARD MEMBERS ARE AGAIN REQUESTED TO DISCLOSE ANY POTENTIAL CONFLICTS BEFORE A VOTE TAKES PLACE. ANY BOARD MEMBER WITH AN ACTUAL OR POTENTIAL CONFLICT IS PERMITTED TO COMMENT, BUT IS NOT ALLOWED TO VOTE ON THE PARTICULAR MATTER. FORM 990, PART VI, LINE 13 THE FOUNDATION HAS A WRITTEN WHISTLEBLOWER POLICY THAT WAS APPROVED BY THE BOARD OF DIRECTORS OF TUFTS ASSOCIATED HEALTH MAINTENANCE ORGANIZATION, INC., THE FOUNDATION'S SOLE MEMBER. FORM 990, PART VI, LINE 14 THE FOUNDATION HAS A WRITTEN DOCUMENT RETENTION POLICY THAT WAS APPROVED BY THE BOARD OF DIRECTORS OF TUFTS ASSOCIATED HEALTH MAINTENANCE ORGANIZATION, INC., THE FOUNDATION'S SOLE MEMBER.</p>

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINES 15A AND 15B	<p>THE FOUNDATION DOES NOT HAVE ANY EMPLOYEES. THE EMPLOYEES OF RELATED ORGANIZATIONS PROVIDE SERVICES TO THE FOUNDATION. THE PRESIDENT IS COMPENSATED SOLELY FOR HIS/HER DUTIES PERFORMED IN THE CAPACITY AS AN EXECUTIVE OF TAHMO AND TAHF. A PORTION OF HIS/HER COMPENSATION IS REMUNERATION FOR DUTIES RELATED TO THE TUFTS HEALTH PLAN FOUNDATION. THE COMPENSATION COMMITTEE (THE "COMMITTEE") OF THE BOARD OF DIRECTORS (THE "BOARD") OF TUFTS HEALTH PLAN, INC. (TUFTS HP OR THE "COMPANY") REVIEWS AND ADMINISTERS TOTAL REMUNERATION OPPORTUNITIES, POLICIES, PROGRAMS, AND MAJOR CHANGES IN TUFTS HP'S BENEFIT PLANS THAT ARE APPLICABLE TO THE OFFICERS AND EXECUTIVES OF THE COMPANY (THE "EXECUTIVES" - THESE INCLUDE THE CEO AND ALL SENIOR VICE PRESIDENTS), AS WELL AS TO THE GENERAL AUDITOR, CHIEF COMPLIANCE &amp; ETHICS OFFICER, AND ANY OTHER INDIVIDUAL OR GROUPS THE COMMITTEE DEEMS APPROPRIATE BASED ON ITS INTERPRETATION OF THE DEFINITION OF "DISQUALIFIED PERSONS" IN SECTION 4958 OF THE INTERNAL REVENUE CODE OF 1986. THE COMMITTEE IS COMPRISED OF INDEPENDENT DIRECTORS OF THE COMPANY. THE COMMITTEE REPORTS TO THE FULL BOARD OF DIRECTORS. FOR CEO COMPENSATION, THE COMMITTEE REVIEWS THE INFORMATION DESCRIBED BELOW AND RECOMMENDS THE CEO'S COMPENSATION TO THE FULL BOARD FOR ITS APPROVAL. THE COMMITTEE REVIEWS AND APPROVES COMPENSATION RECOMMENDATIONS FROM THE CEO FOR OTHER EXECUTIVES, AND PROVIDES A REPORT TO THE FULL BOARD ON THIS INFORMATION. IT IS THE BOARD'S INTENTION THAT THE COMMITTEE WILL PERFORM ITS DUTIES IN A MANNER THAT WILL ESTABLISH A PRESUMPTION THAT THE TOTAL REMUNERATION OFFERED TO EXECUTIVES AND OTHER "DISQUALIFIED PERSONS" ARE REASONABLE. COMPARABILITY DATA AND REASONABLENESS THE TOTAL REMUNERATION OPPORTUNITIES PROVIDED TO EXECUTIVES OF THE COMPANY ARE INTENDED TO BE COMPETITIVE WITH, AND IN REASONABLE COMPARISON TO, THOSE OPPORTUNITIES PROVIDED BY ORGANIZATIONS IN THOSE BUSINESS SECTORS WITH WHICH THE COMPANY COMPETES FOR EXECUTIVE TALENT. THE BOARD BELIEVES THAT SUCH COMPETITORS ARE NOT LIMITED TO OTHER HEALTHCARE INSTITUTIONS AND THAT COMPARISONS SHOULD BE MADE TO THE COMPENSATION PRACTICES OF A CROSS-SECTION OF BUSINESS SECTORS IN BOTH FOR-PROFIT AND NOT-FOR-PROFIT ORGANIZATIONS, WHEN APPROPRIATE. THE COMMITTEE RETAINS INDEPENDENT COMPENSATION CONSULTANTS TO PROVIDE DATA AS NECESSARY, AND ALSO USES AVAILABLE SOURCES OF INDEPENDENT DATA ON COMPENSATION. PEER ORGANIZATIONS AND PUBLISHED SURVEY SOURCES WILL BE APPROVED BY THE COMMITTEE BASED ON ITS REASONABLE DETERMINATION. THE COMMITTEE MAY ALSO RELY ON MEMBERS OF MANAGEMENT AND OUTSIDE ADVISORS, CONSULTANTS, AND COUNSEL TO PROVIDE MARKET DATA REPORTS, ANALYSIS, AND OPINIONS WITH RESPECT TO COMPENSATION-RELATED MATTERS. THE DATA REVIEWED CONSISTS OF COMPARABLE, RELEVANT MARKET DATA FOR THE COMPANY'S POSITIONS FROM PUBLISHED SURVEYS, AND OTHER AVAILABLE SOURCES, OF HEALTH AND MANAGED CARE INSTITUTIONS AND THE GENERAL INDUSTRY. OTHER SURVEYS OF SPECIALIZED SKILL SETS OR EMPLOYEE ATTRIBUTES CRITICAL TO THE</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART VI, LINES 15A AND 15B	<p>SUCCESS OF THE COMPANY, E.G., ACTUARIAL, LEGAL, ETC., ARE ALSO INCORPORATED AS NEEDED, ALONG WITH GEOGRAPHIC REFERENCES TO THE BOSTON AND NEW ENGLAND LABOR MARKETS. THE COMMITTEE WILL RELY ON THIS MARKET DATA TO ASSESS, DETERMINE, AND VALIDATE COMPENSATION LEVELS FOR THE COMPANY'S EXECUTIVES. THE COMMITTEE USES THIS DATA IN ITS REVIEW OF: - SETTING BASE SALARIES - IN LIGHT OF MARKET DATA AND THE INDIVIDUAL'S PERFORMANCE, BACKGROUND, EXPERIENCES, AND PERSONAL SKILLS. BASE SALARY WILL BE SET SO THAT THE TARGETED POSITIONING OF AN EXECUTIVE IS AT THE 50TH PERCENTILE FOR EACH POSITION. ACTUAL BASE SALARY MAY VARY BASED ON SKILLS, BACKGROUND, AND EXPERIENCE. - ANNUAL INCENTIVE COMPENSATION - THE COMPANY'S GOAL IS TO PROVIDE COMPETITIVE AND REASONABLE OPPORTUNITIES UNDER THE TERMS OF AN EXECUTIVE ANNUAL INCENTIVE PLAN FOR THE SELECTED POSITIONS WHICH ARE RESPONSIBLE FOR ACHIEVING PERFORMANCE GOALS THAT REFLECT THE OVERALL MISSION OF THE COMPANY, AND THE STRATEGIC DIRECTION OF THE COMPANY FOR THE PERFORMANCE YEAR. THE COMMITTEE MAKES EVERY EFFORT TO ESTABLISH A PRESUMPTION THAT THE TOTAL REMUNERATION OPPORTUNITIES PROVIDED TO EXECUTIVES ARE REASONABLE; AS SUCH PRESUMPTION IS CONTEMPLATED IN SECTION 4958 OF THE INTERNAL REVENUE CODE OF 1986, AS AMENDED FROM TIME TO TIME. IN ESTABLISHING THE PRESUMPTION OF REASONABLENESS, THE COMMITTEE MAY ENGAGE THE PROFESSIONAL SERVICES OF INDEPENDENT LEGAL COUNSEL, COMPENSATION EXPERTS, ACCOUNTANTS, AND OTHER EXPERTS AND ADVISORS. TIMING EXECUTIVE BENCHMARKING IS COMPLETED EVERY TWO YEARS FOR THOSE INDIVIDUALS UNDER THE COMPENSATION COMMITTEE'S PURVIEW BY THE EXTERNAL CONSULTANT ENGAGED BY THE COMPENSATION COMMITTEE. TO COMPLETE THE ANALYSIS, THE CONSULTANT: - COLLECTED RELEVANT INFORMATION REGARDING THE COMPANY'S OPERATIONS, COMPLEXITY, STRUCTURE, SIZE, AND SCOPE, AS WELL AS RELEVANT BACKGROUND ON THE EXECUTIVES' DUTIES AND SCOPE OF RESPONSIBILITIES; - DETERMINED THE SURVEY SOURCES TO USE IN THE ANALYSIS, BASED ON THE COMPANY'S COMPETITIVE MARKET FOR EXECUTIVE POSITIONS (AS DESCRIBED ABOVE); - MATCHED THE COMPANY'S EXECUTIVE POSITIONS IN THE SURVEYS BASED ON THE COMPANY'S SIZE COMPLEXITY, AND SCOPE, AS WELL AS ACCORDING TO SPECIFIC POSITION RESPONSIBILITIES AND REPORTING RELATIONSHIPS; - VALIDATED THE SURVEY SOURCES AND MARKET MATCHES WITH THE INTERNAL COMPENSATION TEAM TO ENSURE CONSISTENCY; - REVIEWED, COMPILED, AND SUMMARIZED THE DATA IN REPORT FORM. THE REPORT SUMMARIZING THE RESULTS OF THE ANALYSIS WAS PRESENTED TO THE COMPENSATION COMMITTEE FOR DISCUSSION AND DELIBERATION. DOCUMENTATION A SUMMARY OF THE DISCUSSIONS AND DELIBERATIONS OF THE COMMITTEE ARE DOCUMENTED IN THE MEETING MINUTES, WHICH ARE REVIEWED AND APPROVED BY THE COMMITTEE. COPIES OF ALL MEETING MATERIALS DISTRIBUTED PRIOR TO AND DURING THE MEETING ARE MAINTAINED IN THE CORPORATE RECORDS ALONG WITH MEETING MINUTES.</p>

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINE 19	AVAIL OF GOV DOCS, CONFLICT OF INTEREST POLICY, & FIN STMTS TO GEN PUBLIC THE GOVERNING DOCUMENTS, CONFLICTS OF INTEREST POLICY AND FINANCIAL STATEMENTS OF THE FOUNDATION ARE AVAILABLE AT ITS HEADQUARTERS IN WATERTOWN, MA. ALL REQUESTS CAN BE MADE TO THE CORPORATE COMMUNICATIONS OR FINANCE DEPARTMENTS.

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VII	SUPPLEMENTAL COMPENSATION INFORMATION STEVEN TOLMAN DID NOT EARN COMPENSATION IN 2019. IN LIEU OF COMPENSATION, TUFTS HEALTH PLAN FOUNDATION DONATED AN AMOUNT EQUIVALENT TO THE COMPENSATION HE WOULD HAVE OTHERWISE RECEIVED TO A DESIGNATED CHARITY.

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART XI, LINE 9	CUMMULATIVE CHANGE IN ACCOUNTING PRINCIPLE \$20,035,710



**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](http://www.irs.gov/Form990) for instructions and the latest information.**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
TUFTS HEALTH PLAN FOUNDATION INC

**Employer identification number**

26-1374263

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
<b>(1)</b> Tufts Assoc Health Maintenance Org Inc 705 Mount Auburn Street  Watertown, MA 02472 04-2674079	HMO	MA	501(c)(4)	N/A	THPI		No
<b>(2)</b> Tufts Health Public Plans Inc 705 Mount Auburn Street  Watertown, MA 02472 80-0721489	HMO	MA	501(c)(4)	N/A	THPI		No
<b>(3)</b> Tufts Health Plan Inc 705 Mount Auburn Street  Watertown, MA 02472 81-4089215	Health Plan	MA	501(c)(4)	N/A	NA		No
<b>(4)</b> Carepartners of Connecticut Inc 705 Mount Auburn Street  Watertown, MA 02472 82-2604728	HMO	CT	501(c)(4)	N/A	TAHMO		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	
<b>(1)</b> Carepartners of CT Holdings LLC  705 Auburn Street Watertown, MA 02472 82-3129930	Holding Compa	CT										

**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
<b>(1)</b> Tufts Associated Health Plans Inc  705 Auburn Street Watertown, MA 02472 04-2985923	Management SERVIC	MA	TAHMO	C Corp				Yes	
<b>(2)</b> Intergra Partners Holdings Inc  100 Wall Street Suite 502 New York, NY 10005 45-3032233	MED EQOT & SPPLS	NY	TAHMO	C Corp				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
<b>1</b> 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?		
<b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity . . . . .		No
<b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .		No
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .	Yes	
<b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .		No
<b>e</b> Loans or loan guarantees by related organization(s) . . . . .		No
<b>f</b> Dividends from related organization(s) . . . . .		
<b>g</b> Sale of assets to related organization(s) . . . . .		No
<b>h</b> Purchase of assets from related organization(s) . . . . .		No
<b>i</b> Exchange of assets with related organization(s) . . . . .		No
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .		No
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .		No
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .		No
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .		No
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .	Yes	
<b>o</b> Sharing of paid employees with related organization(s) . . . . .		No
<b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .	Yes	
<b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .	Yes	
<b>r</b> Other transfer of cash or property to related organization(s) . . . . .		No
<b>s</b> Other transfer of cash or property from related organization(s) . . . . .		No

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) Tufts Associated Health Maintenance Org	c	5,000,000	Accrual
(2) Tufts Associated Health Maintenance Org	q	832,000	Accrual



**Part VII**    **Supplemental Information**

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

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, SCHEDULE R, PART V, LINE 1P	REIMBURSEMENT PAID TO OTHER ORGANIZATION THE FOUNDATION REIMBURSES TAHMO FOR ALL PAYMENTS DIRECTLY RELATED TO THE FOUNDATION.