

Form 990
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047
2018
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 10-01-2018, and ending 09-30-2019
B Check if applicable: Address change, Name change, Initial return, Final return/terminated, Amended return, Application pending
C Name of organization: TUFTS MEDICAL CENTER PHYSICIANS ORGANIZATION INC
Doing business as: PRATT ASSOCIATES
Number and street (or P O box if mail is not delivered to street address): 800 WASHINGTON ST TMCP0 1013
Room/suite:
City or town, state or province, country, and ZIP or foreign postal code: BOSTON, MA 02111
D Employer identification number: 90-0113440
E Telephone number: (617) 636-5000
G Gross receipts \$ 271,773,033
F Name and address of principal officer: CRAIG BEST MD, 800 WASHINGTON ST TMCP0 1013, BOSTON, MA 02111
H(a) Is this a group return for subordinates? Yes
H(b) Are all subordinates included? Yes
H(c) Group exemption number: 3952
I Tax-exempt status: 501(c)(3)
J Website: WWW.TUFTSMEDICALCENTER.ORG
K Form of organization: Corporation
L Year of formation
M State of legal domicile

Part I Summary

Table with 4 columns: Description, Prior Year, Current Year, and Net Assets or Fund Balances. Rows include: 1 Briefly describe the organization's mission...; 2-7a Activities & Governance; 7b Net unrelated business taxable income; 8-12 Revenue; 13-19 Expenses; 20-22 Net Assets or Fund Balances.

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 (CRAIG BEST MD, PRESIDENT AND CEO), Date (2020-08-12)
Paid Preparer Use Only: Print/Type preparer's name, Preparer's signature, Date (2020-08-12), Check if self-employed, PTIN (P00734640), Firm's name (CBIZ MHM LLC), Firm's EIN (26-3753134), Firm's address (500 BOYLSTON STREET, BOSTON, MA 02116), Phone no (617) 761-0600

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

THE ORGANIZATION STRIVES TO COMFORT, TEACH, LEARN AND TO SEEK THE KNOWLEDGE TO PROMOTE HEALTH AND PREVENT DISEASE PATIENTS AND FAMILIES ARE THE CENTRAL FOCUS OF THE ORGANIZATION WE DEDICATE OURSELVES TO FURTHERING OUR RICH TRADITION OF HEALTH CARE INNOVATION, LEADERSHIP, CHARITY AND THE HIGHEST STANDARD OF CARE AND SERVICE TO ALL IN OUR COMMUNITY

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 \$ 267,032,942 including grants of \$) (Revenue \$ 271,664,374)
See Additional Data

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

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

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

4e Total program service expenses ▶ 267,032,942

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 22 regarding organizational requirements, such as political activities, lobbying, and financial reporting.

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	138
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes

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	776		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b		Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a			No
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i>	3b			
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			No
b	If "Yes," enter the name of the foreign country ▶ _____ 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			
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			
10 Section 501(c)(7) organizations. Enter					
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11 Section 501(c)(12) organizations. Enter					
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?					
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13 Section 501(c)(29) qualified nonprofit health insurance issuers.					
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			No
b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i>	14b			
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 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 (20); 1b Enter the number of voting members included in line 1a, above, who are independent (0); 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? (No); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? (No); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (No); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (No); 6 Did the organization have members or stockholders? (Yes); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (Yes); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (Yes); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? (Yes); 8b Each committee with authority to act on behalf of the governing body? (Yes); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (No).

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

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

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 (MA); 18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply: 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: CRAIG BEST MD PRESIDENT AND CEO 800 WASHINGTON ST TMCPO 1013 BOSTON, MA 02111 (617) 636-5000

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

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

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			
See Additional Data Table										

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

1b Sub-Total								
1c Total from continuation sheets to Part VII, Section A								
1d Total (add lines 1b and 1c)						16,155,846	1,111,509	1,083,211

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 ▶ 593

3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	Yes	
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	4	Yes	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5		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
ON SITE PSYCHIATRIC SERVICES INC 16 CONVERSE AVENUE NEWTON, MA 024582504	PHYSICIAN CONSULTING	1,112,800
NATIONWIDE ANESTHESIA SERVICES INC PO BOX 490968 LAWRENCEVILLE, GA 30049	PHYSICIAN CONSULTING	931,874
VVC HOLDING CORP PO BOX 840952 DALLAS, TX 75284	PROFESSIONAL SERVICES	629,063
ICON ANESTHESIA OF NEW ENGLAND 135 LAKE ST MIDDLETON, MA 01949	PHYSICIAN CONSULTING	512,100
STORROW COMPANY INC 777 CONCORD AVE STE 205 CAMBRIDGE, MA 02138	PROFESSIONAL SERVICES	456,467

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 ▶ 50

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns . . .	1a			
	b Membership dues . . .	1b			
	c Fundraising events . . .	1c			
	d Related organizations	1d			
	e Government grants (contributions)	1e			
	f All other contributions, gifts, grants, and similar amounts not included above	1f			
	g Noncash contributions included in lines 1a - 1f \$ _____				
h Total. Add lines 1a-1f					

Program Service Revenue			Business Code				
	2a NET PATIENT SER REV		621110	154,924,822	154,924,822		
b CLINICAL, A&T, OTHER		900099	116,129,228	116,129,228			
c _____							
d _____							
e _____							
f All other program service revenue							
g Total. Add lines 2a-2f			271,054,050				

Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		108,659			108,659	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	(i) Real	(ii) Personal				
		b Less rental expenses					
		c Rental income or (loss)					
		d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		b Less cost or other basis and sales expenses					
		c Gain or (loss)					
		d Net gain or (loss)					
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a					
		b Less direct expenses	b				
		c Net income or (loss) from fundraising events					
	9a Gross income from gaming activities See Part IV, line 19	a					
b Less direct expenses		b					
c Net income or (loss) from gaming activities							
10a Gross sales of inventory, less returns and allowances	a						
	b Less cost of goods sold	b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue	Business Code						
11a INCOME FROM JOINT VENT	621110	610,324	610,324				
b _____							
c _____							
d All other revenue							
e Total. Add lines 11a-11d		610,324					
12 Total revenue. See Instructions		271,773,033	271,664,374	0	108,659		

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.				
2 Grants and other assistance to domestic individuals. See Part IV, line 22.				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees.	13,255,269	10,604,215	2,651,054	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).				
7 Other salaries and wages.	180,511,046	180,511,046		
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	9,836,312	9,836,312		
9 Other employee benefits.	15,670,952	15,670,952		
10 Payroll taxes.	8,056,482	8,056,482		
11 Fees for services (non-employees):				
a Management.				
b Legal.	92,352		92,352	
c Accounting.	40,025	40,025		
d Lobbying.				
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees.				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).				
12 Advertising and promotion.				
13 Office expenses.	4,129,292	4,129,292		
14 Information technology.				
15 Royalties.				
16 Occupancy.	2,321,419	2,321,419		
17 Travel.	680,400	680,400		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.				
20 Interest.				
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	525,326	525,326		
23 Insurance.	5,444,158	5,444,158		
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O):				
a ADMINISTRATIVE OVERHEAD	16,175,496	12,940,397	3,235,099	
b PROFESSIONAL EXPENSES	10,270,369	10,270,369		
c SUPPORT EXPENSES	1,752,193	1,401,754	350,439	
d PRINTING AND PUBLICATIO	563,364	563,364		
e All other expenses	4,673,284	4,037,431	635,853	
25 Total functional expenses. Add lines 1 through 24e.	273,997,739	267,032,942	6,964,797	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing		1	
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	23,725,358	4	26,803,852
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	373,838	9	397,978
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 8,095,757		
	b Less accumulated depreciation	10b 5,925,358	1,994,189	10c 2,170,399
	11 Investments—publicly traded securities		11	
	12 Investments—other securities See Part IV, line 11	3,791,790	12	4,013,266
	13 Investments—program-related See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11	9,412,482	15	10,313,168
16 Total assets. Add lines 1 through 15 (must equal line 34)	39,297,657	16	43,698,663	
Liabilities	17 Accounts payable and accrued expenses	11,886,242	17	15,390,871
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24) Complete Part X of Schedule D	42,050,474	25	45,294,933
	26 Total liabilities. Add lines 17 through 25	53,936,716	26	60,685,804
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	-14,644,758	27	-16,992,840
	28 Temporarily restricted net assets	5,699	28	5,699
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	-14,639,059	33	-16,987,141	
34 Total liabilities and net assets/fund balances	39,297,657	34	43,698,663	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	271,773,033
2	Total expenses (must equal Part IX, column (A), line 25)	2	273,997,739
3	Revenue less expenses Subtract line 2 from line 1	3	-2,224,706
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	-14,639,059
5	Net unrealized gains (losses) on investments	5	-123,376
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	-16,987,141

Part XII Financial Statements and Reporting

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

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

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

Additional Data

Software ID:

Software Version:

EIN: 90-0113440

Name: TUFTS MEDICAL CENTER PHYSICIANS
ORGANIZATION INC

Form 990 (2018)

Form 990, Part III, Line 4a:

TUFTS MEDICAL CENTER PHYSICIANS ORGANIZATION, INC D/B/A/ PRATT ASSOCIATES, INC ("ASSOCIATES"), PROVIDES MEDICAL AND OTHER HEALTH CARE SERVICES PRIMARILY TO PATIENTS OF TUFTS MEDICAL CENTER, INC ("THE MEDICAL CENTER"), AN EXEMPT NON-PRIVATE ORGANIZATION UNDER SECTIONS 501(C)(3), 509(A)(1) AND 170(B)(1)(A)(III) OF THE INTERNAL REVENUE CODE THE ASSOCIATES' PHYSICIANS PROVIDED OVER 98,993 DAYS OF CARE FOR OVER 18,249 PATIENTS ADMITTED AND ALSO FOR MORE THAN 395,927 OUTPATIENT CLINIC VISITS IN CONNECTION WITH THE MEDICAL CENTER AND TUFTS UNIVERSITY SCHOOL OF MEDICINE ("THE MEDICAL SCHOOL"), THE ASSOCIATES' PHYSICIANS SERVE AS INSTRUCTORS OF THE MEDICAL SCHOOL'S STUDENTS AND THE INTERNS, RESIDENTS AND FELLOWS OF THE MEDICAL CENTER AS AN INTEGRAL PART OF PATIENT CARE AND MEDICAL EDUCATION SERVICES, THE ASSOCIATES' PHYSICIANS ALSO PROVIDE RESEARCH SERVICES TO THE MEDICAL CENTER AND THE MEDICAL SCHOOL

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
CHARLES CASSIDY MD DIRECTOR	38 00 2 00	X		X				1,110,661	0	48,864
CARL HEILMAN MD DIRECTOR	38 00 2 00	X		X				809,623	0	48,864
WILLIAM MACKEY MD DIRECTOR	38 00 2 00	X		X				557,319	0	48,864
DEEB SALEM MD DIRECTOR	38 00 2 00	X		X				756,812	0	48,343
DAVID THALER MD DIRECTOR	40 00 0 00	X		X				393,895	0	48,652
PAUL SUMMERGRAD MD CHAIRMAN	38 00 2 00	X		X				539,567	0	48,303
EDGAR KENT YUCEL MD DIRECTOR	38 00 2 00	X		X				585,124	0	48,864
ERROL NORWITZ MD DIRECTOR	40 00 0 00	X		X				743,603	0	48,864
JAY DUKER MD DIRECTOR	40 00 0 00	X		X				804,881	0	48,864
CRAIG BEST MD PRESIDENT/CEO/DIRECTOR	40 00 0 00	X		X				0	658,022	36,129

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
RUBEN AZOCAR MD DIRECTOR	40 00 0 00	X		X				550,762	0	48,313
ELIE REBEIZ MD DIRECTOR	40 00 0 00	X		X				592,702	0	48,864
DAVID WAZER MD DIRECTOR	40 00 0 00	X		X				786,350	0	35,906
HARRY WEBSTER MD DIRECTOR	40 00 0 00	X		X				174,358	0	20,514
GENNARO CARPINITO MD DIRECTOR	40 00 0 00	X		X				590,388	0	48,864
F CLARISSA YANG MD DIRECTOR	40 00 0 00	X		X				643,541	0	1,957
MING ZHOU MD DIRECTOR (AS OF 6/2019)	40 00 0 00	X		X				0	0	0
MICHAEL TARNOFF MD DIRECTOR (AS OF 6/2019)	40 00 0 00	X		X				0	0	0
MARVIN KONSTAM MD DIRECTOR	40 00 0 00	X		X				408,161	0	32,576
LAUREN RIPLEY SECRETARY/CLERK	2 00 38 00			X				0	154,291	9,903

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DANIEL MORASH TREASURER, VP/CFO	2 00 38 00			X				0	299,196	20,995
GEOFFREY BINNEY MD INTERIM PRESIDENT	40 00 0 00			X				366,559	0	48,516
FREDERICK CHEN MD PHYSICIAN	40 00 0 00					X		1,071,992	0	29,635
ADEL MALEK MD PHYSICIAN	40 00 0 00					X		1,175,858	0	48,866
JAMES KRYZANSKI MD PHYSICIAN	40 00 0 00					X		838,191	0	48,864
RON RIESENBURGER MD PHYSICIAN	40 00 0 00					X		885,936	0	48,864
JEFFREY ZARIN MD PHYSICIAN	40 00 0 00					X		768,553	0	42,510
RASHED DURGHAM MD FORMER DIRECTOR	0 00 0 00						X	498,565	0	37,462
BARBARAJEAN MAGNANI MD FORMER DIRECTOR	40 00 0 00						X	502,445	0	35,991

SCHEDULE A
(Form 990 or
990EZ)

Public Charity Status and Public Support

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

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

TUFTS MEDICAL CENTER PHYSICIANS ORGANIZATION INC

Employer identification number

90-0113440

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 _____
 - 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		
Total						

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

(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►		(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►		(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc (see instructions)					12	

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

Section C. Computation of Public Support Percentage

14	Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	
15	Public support percentage for 2017 Schedule A, Part II, line 14	15	

- 16a 33 1/3% support test—2018.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ►
- b 33 1/3% support test—2017.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ►
- 17a 10%-facts-and-circumstances test—2018.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ►
- b 10%-facts-and-circumstances test—2017.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ►
- 18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ►

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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	227,866,211	238,658,155	245,929,020	254,263,796	271,054,050	1,237,771,232
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	227,866,211	238,658,155	245,929,020	254,263,796	271,054,050	1,237,771,232
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0
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						0
c Add lines 7a and 7b						0
8 Public support. (Subtract line 7c from line 6.)						1,237,771,232

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6	227,866,211	238,658,155	245,929,020	254,263,796	271,054,050	1,237,771,232
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,366,401	1,163,538	1,030,564	0	108,659	3,669,162
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	1,366,401	1,163,538	1,030,564		108,659	3,669,162
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)	229,232,612	239,821,693	246,959,584	254,263,796	271,162,709	1,241,440,394
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 ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2018 (line 8, column (f) divided by line 13, column (f))	15	99.700 %
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	99.610 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f) divided by line 13, column (f))	17	0.300 %
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	0.390 %
19a 33 1/3% support tests—2018. 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 ▶ <input checked="" type="checkbox"/>		
b 33 1/3% support tests—2017. 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 ▶ <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ <input type="checkbox"/>		

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2	Activities Test Answer (a) and (b) below.		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	Yes	No
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>		
3	Parent of Supported Organizations Answer (a) and (b) below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
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>		

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

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

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

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2018			
a From 2013.			
b From 2014.			
c From 2015.			
d From 2016.			
e From 2017.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2018 from Section D, line 7			
\$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 Excess distributions carryover to 2019. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2014.			
b Excess from 2015.			
c Excess from 2016.			
d Excess from 2017.			
e Excess from 2018.			

Additional Data

Software ID:

Software Version:

EIN: 90-0113440

Name: TUFTS MEDICAL CENTER PHYSICIANS
ORGANIZATION INC

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

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

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

OMB No 1545-0047
2018
Open to Public Inspection

Name of the organization
TUFTS MEDICAL CENTER PHYSICIANS ORGANIZATION INC

Employer identification number
90-0113440

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

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

- 5** Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No
- 6** Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No

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

- 1** Purpose(s) of conservation easements held by the organization (check all that apply)
- Preservation of land for public use (e g , recreation or education) Preservation of an historically important land area
- Protection of natural habitat Preservation of a certified historic structure
- Preservation of open space

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

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

- 3** Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► _____
- 4** Number of states where property subject to conservation easement is located ► _____
- 5** Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No
- 6** Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► _____
- 7** Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \$ _____
- 8** Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No
- 9** In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

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

- 1a** If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items
- b** If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items
- (i)** Revenue included on Form 990, Part VIII, line 1 ► \$ _____
- (ii)** Assets included in Form 990, Part X ► \$ _____
- 2** If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items
- a** Revenue included on Form 990, Part VIII, line 1 ► \$ _____
- b** Assets included in Form 990, Part X ► \$ _____

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

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

Part IV Escrow and Custodial Arrangements.

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

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

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

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		1,475,352	843,198	632,154
d Equipment		5,334,388	4,586,350	748,038
e Other		1,286,017	495,810	790,207
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				2,170,399

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) INVESTMENTS IN UNCONSOLIDATED AFFILIATES	4,013,266	C
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	4,013,266	

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

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

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

(a) Description	(b) Book value
(1) DUE FROM AFFILIATES	9,939,488
(2) OTHER LONG-TERM ASSETS	373,680
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)	10,313,168

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
(1) Federal income taxes	
DUE TO AFFILIATES	45,192,053
OTHER LONG-TERM LIABILITIES	102,880
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	45,294,933

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

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

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

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

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

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

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

Part XIII Supplemental Information

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

Return Reference	Explanation	
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Part XIII **Supplemental Information (continued)**

Return Reference	Explanation
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Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

OMB No 1545-0047

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

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

2018

Open to Public Inspection

Name of the organization
TUFTS MEDICAL CENTER PHYSICIANS ORGANIZATION INC

Employer identification number
90-0113440

Part I Questions Regarding Compensation

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

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

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

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

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

Part III Supplemental Information

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

Return Reference	Explanation
PART I, LINE 4A	AN EMPLOYEE ENTERED INTO A SEVERANCE ARRANGEMENT THAT EMPLOYEE RECEIVED SEVERANCE PAY IN THE AMOUNT OF \$41,666 IN 2018

Return Reference	Explanation
PART I, LINE 6	THE COMPENSATION OF CERTAIN PHYSICIANS INCLUDES A COMPONENT THAT IS CONTINGENT ON THE NET EARNINGS DERIVED BY THEIR ACTIVITIES WITHIN THEIR PHYSICIAN PRACTICES SUCH COMPENSATION IS PAID IN COMPLIANCE WITH AN INDEPENDENT COMPENSATION COMMITTEE'S GUIDELINES THAT ESTABLISH REASONABLE RANGES AND STRUCTURES FOR COMPENSATION THE INDEPENDENT COMPENSATION COMMITTEE CONSULTS WITH A NATIONALLY RECOGNIZED COMPENSATION CONSULTING COMPANY TO ASSIST IT IN DETERMINING WHETHER SUCH COMPENSATION STRUCTURE AND RANGES ARE REASONABLE AS DEFINED BY APPLICABLE INTERNAL REVENUE SERVICE REGULATIONS AND RULINGS ALL COMPENSATION IS LIMITED TO THE RANGES DETERMINED BY THE INDEPENDENT COMPENSATION CONSULTING COMPANY



Schedule J (Form 990) 2018

Additional Data

Software ID:
Software Version:
EIN: 90-0113440
Name: TUFTS MEDICAL CENTER PHYSICIANS ORGANIZATION 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				
CHARLES CASSIDY MD DIRECTOR	(i)	693,537	402,427	14,697	27,500	21,364	1,159,525	0
	(ii)	0	0	0	0	0	0	0
CARL HEILMAN MD DIRECTOR	(i)	678,644	99,627	31,352	27,500	21,364	858,487	0
	(ii)	0	0	0	0	0	0	0
WILLIAM MACKEY MD DIRECTOR	(i)	480,931	60,000	16,388	27,500	21,364	606,183	0
	(ii)	0	0	0	0	0	0	0
DEEB SALEM MD DIRECTOR	(i)	556,727	160,415	39,670	27,500	20,843	805,155	0
	(ii)	0	0	0	0	0	0	0
DAVID THALER MD DIRECTOR	(i)	351,466	31,509	10,920	27,500	21,152	442,547	0
	(ii)	0	0	0	0	0	0	0
PAUL SUMMERGRAD MD CHAIRMAN	(i)	448,658	71,250	19,659	27,500	20,803	587,870	0
	(ii)	0	0	0	0	0	0	0
EDGAR KENT YUCEL MD DIRECTOR	(i)	492,911	62,979	29,234	27,500	21,364	633,988	0
	(ii)	0	0	0	0	0	0	0
ERROL NORWITZ MD DIRECTOR	(i)	656,737	53,669	33,197	27,500	21,364	792,467	0
	(ii)	0	0	0	0	0	0	0
JAY DUKER MD DIRECTOR	(i)	627,532	144,770	32,579	27,500	21,364	853,745	0
	(ii)	0	0	0	0	0	0	0
CRAIG BEST MD PRESIDENT/CEO/DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	548,900	103,125	5,997	27,500	8,629	694,151	0
RUBEN AZOCAR MD DIRECTOR	(i)	485,359	51,044	14,359	27,500	20,813	599,075	0
	(ii)	0	0	0	0	0	0	0
ELIE REBEIZ MD DIRECTOR	(i)	470,491	87,772	34,439	27,500	21,364	641,566	0
	(ii)	0	0	0	0	0	0	0
DAVID WAZER MD DIRECTOR	(i)	657,085	101,250	28,015	27,500	8,406	822,256	0
	(ii)	0	0	0	0	0	0	0
HARRY WEBSTER MD DIRECTOR	(i)	120,168	50,617	3,573	12,500	8,014	194,872	0
	(ii)	0	0	0	0	0	0	0
GENNARO CARPINITO MD DIRECTOR	(i)	542,910	14,950	32,528	27,500	21,364	639,252	0
	(ii)	0	0	0	0	0	0	0
F CLARISSA YANG MD DIRECTOR	(i)	562,686	72,500	8,355	1,957	0	645,498	0
	(ii)	0	0	0	0	0	0	0
MARVIN KONSTAM MD DIRECTOR	(i)	387,186	0	20,975	18,333	14,243	440,737	0
	(ii)	0	0	0	0	0	0	0
LAUREN RIPLEY SECRETARY/CLERK	(i)	0	0	0	0	0	0	0
	(ii)	134,401	19,806	84	3,562	6,341	164,194	0
DANIEL MORASH TREASURER, VP/CFO	(i)	0	0	0	0	0	0	0
	(ii)	245,874	38,517	14,805	0	20,995	320,191	0
GEOFFREY BINNEY MD INTERIM PRESIDENT	(i)	340,889	16,250	9,420	27,500	21,016	415,075	0
	(ii)	0	0	0	0	0	0	0

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees								
(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
FREDERICK CHEN MD PHYSICIAN	(i)	976,241	73,321	22,430	27,500	2,135	1,101,627	0
	(ii)	0	0	0	0	0	0	0
ADEL MALEK MD PHYSICIAN	(i)	906,967	239,619	29,272	27,500	21,366	1,224,724	0
	(ii)	0	0	0	0	0	0	0
JAMES KRYZANSKI MD PHYSICIAN	(i)	652,833	151,518	33,840	27,500	21,364	887,055	0
	(ii)	0	0	0	0	0	0	0
RON RIESENBURGER MD PHYSICIAN	(i)	657,243	197,328	31,365	27,500	21,364	934,800	0
	(ii)	0	0	0	0	0	0	0
JEFFREY ZARIN MD PHYSICIAN	(i)	608,445	126,630	33,478	21,667	20,843	811,063	0
	(ii)	0	0	0	0	0	0	0
RASHED DURGHAM MD FORMER DIRECTOR	(i)	438,535	0	60,030	25,000	12,462	536,027	0
	(ii)	0	0	0	0	0	0	0
BARBARAJEAN MAGNANI MD FORMER DIRECTOR	(i)	385,742	87,250	29,453	27,500	8,491	538,436	0
	(ii)	0	0	0	0	0	0	0

SCHEDULE O
(Form 990 or 990-EZ)**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

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

**Open to Public
Inspection**

Department of the Treasury

Name of the organization

TUFTS MEDICAL CENTER PHYSICIANS
ORGANIZATION INC

Employer identification number

90-0113440

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	TUFTS MEDICAL CENTER PHYSICIANS ORGANIZATION, INC IS THE SOLE CORPORATE MEMBER OF ALL THE GROUP PRACTICES

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	TUFTS MEDICAL CENTER PHYSICIANS ORGANIZATION, AS SOLE CORPORATE MEMBER OF THE PHYSICIAN PRACTICES, HAS THE POWER TO APPOINT THE MEMBERS OF THE GOVERNING BODIES OF THE PHYSICIAN PRACTICES

990 Schedule O, Supplemental Information

Return Reference	Explanation
<p>FORM 990, PART VI, SECTION A, LINE 7B</p>	<p>CERTAIN GOVERNANCE DECISIONS ARE GENERALLY RESERVED FOR TUFTS MEDICAL CENTER PHYSICIAN'S ORGANIZATION AS SOLE CORPORATE MEMBER OF THE PHYSICIAN PRACTICES SUCH GOVERNANCE DECISIONS INCLUDE THE FOLLOWING (A) THE POWER TO AUTHORIZE (I) THE AMENDMENT AND RESTATEMENT OF ARTICLES OF INCORPORATION OR OTHER CHARTER DOCUMENTS AND OF THE BYLAWS OF EACH AFFILIATE, (II) THE MERGER OR CONSOLIDATION OF EACH AFFILIATE WITH ANY OTHER ENTITY, (III) THE SALE, LEASE, EXCHANGE, MORTGAGE, PLEDGE OR OTHER DISPOSITION OF ALL OR SUBSTANTIALLY ALL THE PROPERTY AND ASSETS OF EACH AFFILIATE, AND (IV) THE VOLUNTARY DISSOLUTION OF EACH AFFILIATE, THE PLAN OF DISTRIBUTION OF ASSETS UPON DISSOLUTION AND REVOCATION OF VOLUNTARY DISSOLUTION PROCEEDINGS, (B) THE POWER TO APPROVE (I) EACH AFFILIATE'S STRATEGIC PLANS, AND (II) PROPOSED CHANGES TO ITS MISSION STATEMENT, (C) THE POWER TO APPROVE EACH AFFILIATE'S (I) CAPITAL BUDGETS, (II) OPERATING BUDGETS, AND (III) NON-BUDGETED MATERIAL EXPENDITURES (AS "MATERIAL" IS ESTABLISHED BY THE CORPORATION'S BOARD OF TRUSTEES FROM TIME TO TIME), (D) THE POWER TO AUTHORIZE EACH AFFILIATE'S PARTICIPATION IN A JOINT VENTURE, CONSOLIDATION, NETWORK, ASSOCIATION, SYSTEM OR ALLIANCE OF HEALTH CARE PROVIDERS, (E) THE POWER TO ENTER INTO ANY MATERIAL CONTRACT, (F) THE POWER TO AUTHORIZE EACH AFFILIATE'S ORGANIZATION OR FORMATION OF A NEW SUBSIDIARY OR JOINT VENTURE IN WHICH THE AFFILIATE'S OWNERSHIP INTEREST WILL BE EQUAL TO OR BE IN EXCESS OF FIFTY (50%) PERCENT OF NET INCOME OR VOTING INTEREST, (G) THE POWER TO AUTHORIZE EACH AFFILIATE'S INCURRENCE OR GUARANTEE OF MATERIAL INDEBTEDNESS TO ANY OTHER PERSON OR ENTITY (AS "MATERIAL" IS ESTABLISHED BY THE CORPORATION'S BOARD OF TRUSTEES FROM TIME TO TIME) AND A MORTGAGE, PLEDGE OR GRANT OF A SECURITY INTEREST IN, PROPERTY OR ASSETS OF SUCH AFFILIATE IN CONNECTION WITH ANY SUCH INDEBTEDNESS, (H) THE POWER TO APPROVE EACH AFFILIATE'S INVESTMENT POLICIES, (I) THE POWER TO ELECT OR APPROVE AND TO REMOVE THE CHAIR, VICE CHAIR, SECRETARY AND TREASURER AND MEMBERS OF EACH AFFILIATE'S GOVERNING BODY (EXCEPT AS OTHERWISE PROVIDED IN AN AFFILIATE'S BYLAWS), (J) THE POWER TO AUTHORIZE ANY VOTE BY EACH AFFILIATE OF ITS CAPITAL STOCK OR MEMBERSHIP VOTING RIGHTS IN ANY AND ALL OF ITS SUBSIDIARIES OR AFFILIATES, AND (K) THE POWER TO HAVE THE CHAIR OF THE CORPORATION SIT ON THE BOARD OF TRUSTEES OR OTHER GOVERNING BODY OF EACH AFFILIATE AS A NONVOTING (OR VOTING, AS PROVIDED IN AN AFFILIATE'S BYLAWS) EX-OFFICIO MEMBER AND THE RIGHT TO HAVE THE PRESIDENT OF THE CORPORATION SIT ON THE BOARD OF TRUSTEES OR OTHER GOVERNING BODY OF EACH AFFILIATE AS A NONVOTING (OR VOTING, AS PROVIDED IN AN AFFILIATE'S BYLAWS) EX-OFFICIO MEMBER, AND (L) THE POWER TO ESTABLISH AND MAINTAIN ACCOUNTING POLICIES FOR THE CORPORATION AND ITS AFFILIATES AND APPOINT OUTSIDE AUDITORS FOR THE CORPORATION AND EACH OF ITS AFFILIATES AND EXERCISE GENERAL OVERSIGHT RESPONSIBILITY FOR THE FINANCIAL AFFAIRS OF THE CORPORATION AND EACH AFFILIATE, AND (</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	M) THE POWER TO NEGOTIATE, DEVELOP AND APPROVE ALL MANAGED CARE PRODUCTS FOR THE CORPORATION AND EACH AFFILIATE, INDIVIDUALLY OR IN CONJUNCTION WITH OTHER PROVIDERS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE ORGANIZATION'S FORM 990 IS PREPARED BY TAX ADVISORS FROM A NATIONAL ACCOUNTING FIRM THE DRAFT FORM 990 IS REVIEWED BY THE ACCOUNTING MANAGER PRIOR TO FILING

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	THE ORGANIZATION MONITORS COMPLIANCE WITH ITS WRITTEN CONFLICT OF INTEREST POLICY BY REGULAR CONTACT WITH AND QUESTIONNAIRES OF ALL INDIVIDUALS WITH POTENTIAL FOR A CONFLICT OF INTEREST THE ORGANIZATION ENFORCES COMPLIANCE BY PROCEDURES INCLUDING ANNUAL DISCLOSURE AND REVIEW OF SUCH DISCLOSURE BY MANAGEMENT CONFLICTS ARE RESOLVED BY THE APPROPRIATE HEAD OF THE DEPARTMENT AND REVIEWED BY THE OFFICE OF LEGAL COUNSEL THE JOINT COMPLIANCE COMMITTEE WILL DISCUSS ANY APPEAL

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	THE COMPENSATION COMMITTEE OF THE TUFTS MEDICAL CENTER PHYSICIANS ORGANIZATION BOARD OF TRUSTEES MEETS AT LEAST ANNUALLY TO REVIEW AND APPROVE COMPENSATION FOR SENIOR EXECUTIVES AND DEPARTMENT CHAIRS THE COMMITTEE REVIEWS EXTENSIVE COMPENSATION BENCHMARKS PROVIDED BY SULLIVAN AND COTTER THE COMMITTEE ALSO REVIEWS AND APPROVES COMPENSATION LEVELS FOR NEW EXECUTIVES AND DEPARTMENT CHAIRS AS NEEDED

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICTS OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 16B	THE ORGANIZATION ROUTINELY CONSULTS WITH INTERNAL AND OUTSIDE COUNSEL PRIOR TO ENTERING INTO JOINT VENTURE ARRANGEMENTS

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
TUFTS MEDICAL CENTER PHYSICIANS
ORGANIZATION INC

Employer identification number

90-0113440

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

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

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

See Additional Data Table

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) HALLMARK HEALTH INVESTMENTS LLC 170 GOVERNORS AVE MEDFORD, MA 02155 02-0657666	INVESTMENT	MA	MELROSEWAKEFIELD HEALTHCARE INC	EXCLUDED				No			No	
(2) MONTVALE PETCT LLC 100 BAYVIEW CIRCLE SUITE 400 NEWPORT BEACH, CA 92660 27-0325022	CAT SCAN	DE	MELROSEWAKEFIELD HEALTHCARE INC	RELATED				No			No	
(3) CIRCLE HEALTH ALLIANCE LLC 295 VARNUM AVE LOWELL, MA 01854 80-0782682	ACCOUNTABLE CARE ORGANIZATION	MA	CIRCLE HEALTH INC	RELATED				No			No	
(4) SHIELDS-TUFTS MEDICAL CENTER IMAGING MANAGEMENT LLC 800 WASHINGTON STREET BOSTON, MA 02111 32-0558307	MEDICAL SERVICES (MRI)	MA	TUFTS MEDICAL CENTER INC	RELATED				No			No	65 000 %
(5) MEDFORD LAWRENCE REAL ESTATE LLC 55 CHRISTYS DRIVE BROCKTON, MA 02301 32-0553759	MEDICAL OFFICE BUILDING	MA	MELROSEWAKEFIELD HEALTHCARE INC	RELATED				No			No	

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

See Additional Data Table

(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

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

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

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

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

See Additional Data Table

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

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization See instructions regarding exclusion for certain investment partnerships

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(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		Yes	No	

Part VII **Supplemental Information**

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

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 90-0113440

Name: TUFTS MEDICAL CENTER PHYSICIANS ORGANIZATION INC

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
170 GOVERNORS AVE MEDFORD, MA 02155 04-2767880	HOSPITAL	MA	501(C)(3)	LINE 3	MELROSEWAKEFIELD HEALTHCARE PARENT CORPORATION	Yes	
170 GOVERNORS AVE MEDFORD, MA 02155 04-3140938	MD OFFICES	MA	501(C)(3)	LINE 10	MELROSEWAKEFIELD HEALTHCARE PARENT CORPORATION	Yes	
170 GOVERNORS AVE MEDFORD, MA 02155 04-2938772	LONG-TERM CARE	MA	501(C)(3)	LINE 12B, II	MELROSEWAKEFIELD HEALTHCARE PARENT CORPORATION	Yes	
170 GOVERNORS AVE MEDFORD, MA 02155 04-3012616	LONG-TERM CARE	MA	501(C)(3)	LINE 10	MELROSEWAKEFIELD HEALTHCARE PARENT CORPORATION	Yes	
178 SAVIN ST SUITE 300 MALDEN, MA 02148 04-2437064	VISITING NURSE	MA	501(C)(3)	LINE 10	HOME HEALTH FOUNDATION INC	Yes	
170 GOVERNORS AVE MEDFORD, MA 02155 22-2580542	PROPERTY	MA	501(C)(3)	LINE 12B, II	MELROSEWAKEFIELD HEALTHCARE PARENT CORPORATION	Yes	
170 GOVERNORS AVE MEDFORD, MA 02155 04-2103587	PARENT	MA	501(C)(3)	LINE 12A, I	WELLFORCE INC	Yes	
295 VARNUM AVENUE LOWELL, MA 01854 04-2103590	HEALTH CARE	MA	501(C)(3)	LINE 3	CIRCLE HEALTH INC	Yes	
295 VARNUM AVENUE LOWELL, MA 01854 27-3902914	MEDICAL SERVICES	MA	501(C)(3)	LINE 10	CIRCLE HEALTH INC	Yes	
ONE HOSPITAL DRIVE LOWELL, MA 01852 04-3190747	MEDICAL SERVICES	MA	501(C)(3)	LINE 10	CIRCLE HEALTH PHYSICIANS INC	Yes	
295 VARNUM AVENUE LOWELL, MA 01854 22-2579798	PARENT/SUPPORTING ORGANIZATION	MA	501(C)(3)	LINE 12B, II	WELLFORCE INC	Yes	
1600 DISTRICT AVE SUITE 125 BURLINGTON, MA 01803 45-2250732	PARENT/SUPPORTING ORGANIZATION	MA	501(C)(3)	LINE 12A, I	N/A		No
847 ROGERS STREET SUITE 201 LOWELL, MA 01852 37-1836433	HOME CARE SERVICES	MA	501(C)(3)	LINE 10	CIRCLE HOME INC	Yes	
847 ROGERS STREET SUITE 201 LOWELL, MA 01852 04-2103812	HOME CARE SERVICES	MA	501(C)(3)	LINE 10	HOME HEALTH FOUNDATION INC	Yes	
800 WASHINGTON STREET BOSTON, MA 02111 04-2810022	FUNDRAISING, ADMIN PLANNING & OTHER ACTIVITIES	MA	501(C)(3)	LINE 12B, II	WELLFORCE INC	Yes	
800 WASHINGTON STREET BOSTON, MA 02111 04-3400617	HOSPITAL SERVICES	MA	501(C)(3)	LINE 3	TUFTS MEDICAL CENTER PARENT INC	Yes	
800 WASHINGTON STREET BOSTON, MA 02111 04-2772654	ACQUIRING REAL PROPERTY	MA	501(C)(3)	LINE 12B, II	TUFTS MEDICAL CENTER PARENT INC	Yes	
800 WASHINGTON STREET BOSTON, MA 02111 04-2912578	PEDIATRIC LONG-TERM CARE FACILITY	MA	501(C)(3)	LINE 3	TUFTS MEDICAL CENTER PARENT INC	Yes	
800 WASHINGTON STREET BOSTON, MA 02111 04-3040427	MEDICAL PROGRAMS & SERVICES	MA	501(C)(3)	LINE 12B, II	TUFTS MEDICAL CENTER PARENT INC	Yes	
325 WOOD RD SUITE 210 BRAintree, MA 02184 80-0824142	ACO	MA	501(C)(3)	LINE 7	NEW ENGLAND QUALITY CARE ALLIANCE INC	Yes	

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
325 WOOD RD SUITE 210 BRAINTREE, MA 02184 47-3046563	MEDICAL SERVICES	MA	501(C)(3)	LINE 10	TUFTS MEDICAL CENTER PARENT INC	Yes	
800 WASHINGTON STREET BOSTON, MA 02111 04-3265628	CHARITABLE	MA	501(C)(3)	LINE 7	TUFTS MEDICAL CENTER PARENT INC	Yes	
99 LINCOLN STREET FRAMINGHAM, MA 01702 03-0390670	MEDICAL SERVICES	MA	501(C)(3)	LINE 10	TUFTS MEDICAL CENTER PHYSICIANS ORG INC	Yes	
800 WASHINGTON STREET BOSTON, MA 02111 04-3418395	MEDICAL SERVICES	MA	501(C)(3)	LINE 10	TUFTS MEDICAL CENTER PHYSICIANS ORG INC	Yes	
800 WASHINGTON STREET BOSTON, MA 02111 04-3148397	MEDICAL SERVICES	MA	501(C)(3)	LINE 10	TUFTS MEDICAL CENTER PHYSICIANS ORG INC	Yes	
800 WASHINGTON STREET BOSTON, MA 02111 04-3148384	MEDICAL SERVICES	MA	501(C)(3)	LINE 10	TUFTS MEDICAL CENTER PHYSICIANS ORG INC	Yes	
800 WASHINGTON STREET BOSTON, MA 02111 04-3148385	MEDICAL SERVICES	MA	501(C)(3)	LINE 10	TUFTS MEDICAL CENTER PHYSICIANS ORG INC	Yes	
800 WASHINGTON STREET BOSTON, MA 02111 04-3148392	MEDICAL SERVICES	MA	501(C)(3)	LINE 10	TUFTS MEDICAL CENTER PHYSICIANS ORG INC	Yes	
800 WASHINGTON STREET BOSTON, MA 02111 20-5129051	MEDICAL SERVICES	MA	501(C)(3)	LINE 10	TUFTS MEDICAL CENTER PHYSICIANS ORG INC	Yes	
800 WASHINGTON STREET BOSTON, MA 02111 04-3148381	MEDICAL SERVICES	MA	501(C)(3)	LINE 10	TUFTS MEDICAL CENTER PHYSICIANS ORG INC	Yes	
800 WASHINGTON STREET BOSTON, MA 02111 04-3148393	MEDICAL SERVICES	MA	501(C)(3)	LINE 10	TUFTS MEDICAL CENTER PHYSICIANS ORG INC	Yes	
800 WASHINGTON STREET BOSTON, MA 02111 04-3148394	MEDICAL SERVICES	MA	501(C)(3)	LINE 10	TUFTS MEDICAL CENTER PHYSICIANS ORG INC	Yes	
800 WASHINGTON STREET BOSTON, MA 02111 04-3148387	MEDICAL SERVICES	MA	501(C)(3)	LINE 10	TUFTS MEDICAL CENTER PHYSICIANS ORG INC	Yes	
800 WASHINGTON STREET BOSTON, MA 02111 04-3148388	MEDICAL SERVICES	MA	501(C)(3)	LINE 10	TUFTS MEDICAL CENTER PHYSICIANS ORG INC	Yes	
800 WASHINGTON STREET BOSTON, MA 02111 04-3148389	MEDICAL SERVICES	MA	501(C)(3)	LINE 10	TUFTS MEDICAL CENTER PHYSICIANS ORG INC	Yes	
800 WASHINGTON STREET BOSTON, MA 02111 04-3148378	MEDICAL SERVICES	MA	501(C)(3)	LINE 10	TUFTS MEDICAL CENTER PHYSICIANS ORG INC	Yes	
800 WASHINGTON STREET BOSTON, MA 02111 04-3148376	MEDICAL SERVICES	MA	501(C)(3)	LINE 10	TUFTS MEDICAL CENTER PHYSICIANS ORG INC	Yes	
800 WASHINGTON STREET BOSTON, MA 02111 04-3148379	MEDICAL SERVICES	MA	501(C)(3)	LINE 10	TUFTS MEDICAL CENTER PHYSICIANS ORG INC	Yes	
800 WASHINGTON STREET BOSTON, MA 02111 04-3096445	MEDICAL SERVICES	MA	501(C)(3)	LINE 10	TUFTS MEDICAL CENTER PHYSICIANS ORG INC	Yes	
800 WASHINGTON STREET BOSTON, MA 02111 04-2743894	MEDICAL SERVICES	MA	501(C)(3)	LINE 10	TUFTS MEDICAL CENTER PHYSICIANS ORG INC	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
800 WASHINGTON STREET BOSTON, MA 02111 04-3044706	ADMIN	MA	501(C)(3)	LINE 12B, II	TUFTS MEDICAL CENTER PARENT INC	Yes	
800 WASHINGTON STREET BOSTON, MA 02111 82-3315703	MEDICAL SERVICES	MA	501(C)(3)	LINE 10	TUFTS MEDICAL CENTER PHYSICIANS ORG INC	Yes	
360 MERRMIACK STREET LAWRENCE, MA 01843 22-2587225	MANAGEMENT SERVICES	MA	501(C)(3)	LINE 12B, II	WELLFORCE INC	Yes	
360 MERRMIACK STREET LAWRENCE, MA 01843 04-2435675	HOME HEALTH CARE	MA	501(C)(3)	LINE 10	HOME HEALTH FOUNDATION INC	Yes	
360 MERRMIACK STREET LAWRENCE, MA 01843 04-3024278	HOSPICE SERVICES	MA	501(C)(3)	LINE 10	HOME HEALTH FOUNDATION INC	Yes	
360 MERRMIACK STREET LAWRENCE, MA 01843 04-2854358	HOME HEALTH SUPPORTIVE SERIVCES	MA	501(C)(3)	LINE 10	HOME HEALTH FOUNDATION INC	Yes	

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust									
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1) WELLFORCE INDEMNITY COMPANY LTD 800 WASHINGTON STREET BOSTON, MA 02111 98-0444573	CAPTIVE INSURANCE	CJ	TUFTS MEDICAL CENTER INC	C				Yes	
(1) HALLMARK HEALTH ENTERPRISES INC 585 LEBANON STREET MELROSE, MA 02176 04-2475660	OTHER HEALTH SERVICES	MA	MELROSEWAKEFIELD HEALTHCARE PARENT CORPORATION	C				Yes	
(2) LAWRENCE MELROSE MEDICAL ELECTRONICS RECORD INC 170 GOVERNORS AVE MEDFORD, MA 02155 42-1685777	ELECTRONIC MEDICAL RECORDS	MA	MELROSEWAKEFIELD HEALTHCARE INC	C					No
(3) HALLMARK HEALTH PHO INC 170 GOVERNORS AVE MEDFORD, MA 02155 46-1134759	PHYSICIAN HOSPITAL ORGANIZATION	MA	MELROSEWAKEFIELD HEALTHCARE INC	C					No
(4) LGH SERVICES INC 295 VARNUM AVENUE LOWELL, MA 01854 04-2854673	MEDICAL SERVICES	MA	CIRCLE HEALTH INC	C				Yes	
(5) LGH MEDICAL BUILDING SERVICES INC 295 VARNUM AVENUE LOWELL, MA 01854 04-3058954	MEDICAL OFFICE BUILDING	MA	LGH SERVICES INC	C				Yes	
(6) LGH MANAGEMENT SERVICES INC 295 VARNUM AVENUE LOWELL, MA 01854 04-2919244	MEDICAL SERVICES	MA	LGH SERVICES INC	C				Yes	
(7) LGH MEDICAL SERVICES INC 295 VARNUM AVENUE LOWELL, MA 01854 26-1889904	MEDICAL SERVICES	MA	LGH SERVICES INC	C				Yes	

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

	(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(1)	NEW ENGLAND QUALITY CARE ALLIANCE INC	D	11,646	BOOK BASIS
(1)	TUFTS MEDICAL CENTER COMMUNITY CARE	D	1,244,362	BOOK BASIS
(2)	TUFTS MEDICAL CENTER PHYSICIANS ORGANIZATION INC	D	5,159,117	BOOK BASIS
(3)	TUFTS MEDICAL CENTER INC	D	3,849,667	BOOK BASIS
(4)	TUFTS MEDICAL CENTER PHYSICIANS ORGANIZATION INC	E	54,850,545	BOOK BASIS
(5)	TUFTS MEDICAL CENTER INC	L	42,987,193	BOOK BASIS
(6)	TUFTS MEDICAL CENTER PHYSICIANS ORGANIZATION INC	M	16,175,496	BOOK BASIS
(7)	TUFTS MEDICAL CENTER INC	M	16,223,066	BOOK BASIS