

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

Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047
2019
Open to Public Inspection

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

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

C Name of organization
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) Room/suite
800 WASHINGTON ST TMCPO 1013

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

F Name and address of principal officer:
ASSAD SIDDIQI
800 WASHINGTON ST TMCPO 1013
BOSTON, MA 02111

G Gross receipts \$ 273,247,238

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

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

H(c) Group exemption number ▶ 3952

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

J Website: ▶ WWW.TUFTSMEDICALCENTER.ORG

K Form of organization: Corporation Trust Association Other ▶

L Year of formation:

M State of legal domicile:

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
SEE SCHEDULE O. TUFTS MEDICAL CENTER PHYSICIANS ORGANIZATION, INC. D/B/A PRATT ASSOCIATES, INC. PROVIDES MEDICAL AND OTHER HEALTH CARE SERVICES PRIMARILY TO PATIENTS OF TUFTS MEDICAL CENTER, INC., AN EXEMPT NON-PRIVATE ORGANIZATION UNDER SECTION 501(C)(3), 509(A)(1) AND 170(B)(1)(A)(III) OF THE INTERNAL REVENUE CODE.

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

3 Number of voting members of the governing body (Part VI, line 1a)	3	19
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	0
5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	875
6 Total number of volunteers (estimate if necessary)	6	0
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, line 39	7b	0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	0	79,813
9 Program service revenue (Part VIII, line 2g)	271,054,050	273,051,870
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	108,659	0
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	610,324	115,555
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	271,773,033	273,247,238
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	0
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	227,330,061	246,819,103
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	46,667,678	46,541,177
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	273,997,739	293,360,280
19 Revenue less expenses. Subtract line 18 from line 12	-2,224,706	-20,113,042

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	43,698,663	61,237,728
21 Total liabilities (Part X, line 26)	60,685,804	97,919,716
22 Net assets or fund balances. Subtract line 21 from line 20	-16,987,141	-36,681,988

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

2021-08-13
Date

ASSAD SIDDIQI SENIOR VP AND CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
Firm's name ▶ CBIZ MHM LLC		2021-08-12		P00734640
Firm's address ▶ 500 BOYLSTON STREET BOSTON, MA 02116			Firm's EIN ▶ 26-3753134	
			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 \$ 286,901,727 including grants of \$) (Revenue \$ 273,247,238)
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 ▶ 286,901,727

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

Table with 3 main columns: Question, Yes, No. Rows 22-38 covering various organizational requirements and schedules.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 main columns: Question, Yes, No. Rows 1a-1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	875			
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				
9 Sponsoring organizations maintaining donor advised funds.					
a Did the sponsoring organization make any taxable distributions under section 4966?	9a				
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b				
10 Section 501(c)(7) organizations. Enter:					
a Initiation fees and capital contributions included on Part VIII, line 12	10a				
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11 Section 501(c)(12) organizations. Enter:					
a Gross income from members or shareholders	11a				
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b				
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?					
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b				
13 Section 501(c)(29) qualified nonprofit health insurance issuers.					
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a				
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b				
c Enter the amount of reserves on hand	13c				
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a			No	
b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i>	14b				
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 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 5 columns: Question, 1a, 1b, Yes, No. Rows include questions about voting members, family relationships, management control, and governance decisions.

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

Table with 5 columns: Question, Yes, No. Rows include questions about local chapters, written policies, conflict of interest, whistleblower, and document retention policies.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed MA
18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records: ASSAD SIDDIQI SENIOR VP AND CFO 800 WASHINGTON ST TMCP0 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.

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

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

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

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

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position, (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation.

Summary rows for Sub-Total, Total from continuation sheets to Part VII, Section A, and Total (add lines 1b and 1c).

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 615

Table with 3 rows (3, 4, 5) and 3 columns (Question, Yes, No) regarding compensation reporting.

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.

Table with 3 columns: (A) Name and business address, (B) Description of services, (C) Compensation. Lists contractors like ON SITE PSYCHIATRIC SERVICES INC, LAWRENCEVILLE, GA, etc.

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 26

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	79,813			
	f All other contributions, gifts, grants, and similar amounts not included above	1f				
	g Noncash contributions included in lines 1a - 1f:\$	1g				
	h Total. Add lines 1a-1f			79,813		
Program Service Revenue	2a NET PATIENT SER. REV.	Business Code				
		621110	148,508,419	148,508,419		
	b CLINCIAL, A&T, OTHER	900099	124,543,451	124,543,451		
	c					
	d					
	e					
	f All other program service revenue.					
g Total. Add lines 2a-2f.		273,051,870				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)					
	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					
		b Less: direct expenses				
		c Net income or (loss) from fundraising events				
	9a Gross income from gaming activities. See Part IV, line 19					
		b Less: direct expenses				
c Net income or (loss) from gaming activities						
10a Gross sales of inventory, less returns and allowances						
	b Less: cost of goods sold					
	c Net income or (loss) from sales of inventory					
Miscellaneous Revenue	Business Code					
11a INCOME FROM JOINT VENT	621110	115,555	115,555			
b						
c						
d All other revenue						
e Total. Add lines 11a-11d		115,555				
12 Total revenue. See instructions		273,247,238	273,167,425	0	0	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
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, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	12,404,571	9,923,657	2,480,914	
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	202,047,879	202,047,879		
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	6,358,502	6,358,502		
9 Other employee benefits	17,076,635	17,076,635		
10 Payroll taxes	8,931,516	8,931,516		
11 Fees for services (non-employees):				
a Management				
b Legal	114,607		114,607	
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	30,861		30,861	
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	4,575,432	4,575,432		
14 Information technology				
15 Royalties				
16 Occupancy	3,676,804	3,676,804		
17 Travel	567,082	567,082		
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	628,102	628,102		
23 Insurance	5,812,434	5,812,434		
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	13,993,860	11,195,088	2,798,772	
b PROFESSIONAL EXPENSES	10,332,965	10,332,965		
c SUPPORT EXPENSES	1,990,222	1,592,178	398,044	
d PRINTING AND PUBLICATIO	490,301	490,301		
e All other expenses	4,328,507	3,693,152	635,355	
25 Total functional expenses. Add lines 1 through 24e	293,360,280	286,901,727	6,458,553	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	3,243,621
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	26,803,852	4	29,254,807
	5 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	397,978	9	558,238
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 11,353,425		
	b Less: accumulated depreciation	10b 7,594,757	2,170,399	10c 3,758,668
	11 Investments—publicly traded securities		11	
	12 Investments—other securities. See Part IV, line 11	4,013,266	12	4,190,756
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	10,313,168	15	20,231,638
16 Total assets. Add lines 1 through 15 (must equal line 34)	43,698,663	16	61,237,728	
Liabilities	17 Accounts payable and accrued expenses	15,390,871	17	18,159,598
	18 Grants payable		18	
	19 Deferred revenue		19	154,068
	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 any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		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	45,294,933	25	79,606,050
	26 Total liabilities. Add lines 17 through 25	60,685,804	26	97,919,716
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	-16,992,840	27	-36,687,687
	28 Net assets with donor restrictions	5,699	28	5,699
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
32 Total net assets or fund balances	-16,987,141	32	-36,681,988	
33 Total liabilities and net assets/fund balances	43,698,663	33	61,237,728	

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	273,247,238
2	Total expenses (must equal Part IX, column (A), line 25)	2	293,360,280
3	Revenue less expenses. Subtract line 2 from line 1	3	-20,113,042
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	-16,987,141
5	Net unrealized gains (losses) on investments	5	716,040
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	-297,845
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	-36,681,988

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
1			
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 (2019)

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 97,500 DAYS OF CARE FOR OVER 16,310 PATIENTS ADMITTED AND ALSO FOR MORE THAN 284,011 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			
RUBEN AZOCAR MD DIRECTOR (UNTIL 6/2020)	38.00 2.00	X		X				584,262	0	49,513
GEOFFREY BINNEY MD DIRECTOR	38.00 2.00	X		X				445,036	0	49,762
GENNARO CARPINITO MD DIRECTOR	40.00 0.00	X		X				589,016	0	50,034
CHARLES CASSIDY MD DIRECTOR	38.00 2.00	X		X				1,096,906	0	50,034
SABRINA CRAIGO MD DIRECTOR (AS OF 7/2020)	40.00 0.00	X		X				414,840	0	49,904
JAY DUKER MD DIRECTOR	40.00 0.00	X		X				687,277	0	50,034
NEIL HALIN MD DIRECTOR (AS OF 1/2020)	40.00 0.00	X		X				437,309	0	49,325
CARL HEILMAN MD DIRECTOR	40.00 0.00	X		X				817,791	0	50,034
MARVIN KONSTAM MD DIRECTOR	40.00 0.00	X		X				793,123	0	50,034
ERROL NORWITZ MD DIRECTOR (UNTIL 7/2020)	40.00 0.00	X		X				741,314	0	50,034

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			
ELIE REBEIZ MD DIRECTOR	40.00 0.00	X		X				706,602	0	50,034
NEETI SADANA MD DIRECOR (AS OF 7/2020)	40.00 0.00	X		X				191,819	0	3,585
DEEB SALEM MD DIRECTOR	38.00 2.00	X		X				689,216	0	49,513
PAUL SUMMERGRAD MD DIRECTOR	38.00 2.00	X		X				521,959	0	49,473
MICHAEL TARNOFF MD DIRECTOR	38.00 2.00	X		X				491,033	0	40,853
DAVID THALER MD DIRECTOR	40.00 0.00	X		X				433,643	0	49,871
DAVID WAZER MD DIRECTOR	40.00 0.00	X		X				831,218	0	36,659
HARRY WEBSTER MD DIRECTOR	40.00 0.00	X		X				144,911	0	19,443
F CLARISSA YANG MD DIRECTOR	40.00 0.00	X		X				759,822	0	2,135
EDGAR KENT YUCEL MD DIRECTOR (UNTIL 1/2020)	38.00 2.00	X		X				588,852	0	50,034

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			
MING ZHOU MD DIRECTOR	40.00 0.00	X		X				402,498	0	4,884
CRAIG BEST MD PRESIDENT/CEO/DIRECTOR	2.00 38.00	X		X				0	702,057	36,882
DANIEL MORASH TREASURER, VP/CFO (UNTIL 3/2020)	2.00 38.00			X				0	313,730	37,707
LAUREN RIPLEY SECRETARY/CLERK	2.00 38.00			X				0	149,602	10,687
ADEL MALEK MD PHYSICIAN	40.00 0.00					X		1,237,461	0	50,034
FREDERICK CHEN MD PHYSICIAN	40.00 0.00					X		1,028,380	0	30,135
JAMES KRYZANSKI MD PHYSICIAN	40.00 0.00					X		856,105	0	50,034
RON RIESENBURGER MD PHYSICIAN	40.00 0.00					X		830,421	0	50,034
SUSAN LIANG PHYSICIAN	40.00 0.00					X		789,982	0	28,822
RASHED DURGHAM MD FORMER DIRECTOR	0.00 0.00						X	253,618	0	0

SCHEDULE A
(Form 990 or 990-EZ)

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

OMB No. 1545-0047
2019
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
TUFTS 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) and 170(b)(1)(A)(vi)

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

Section A. Public Support

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

Section B. Total Support

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

Section C. Computation of Public Support Percentage

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")					79,813	79,813
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	238,658,155	245,929,020	254,263,796	271,054,050	273,051,870	1,282,956,891
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	238,658,155	245,929,020	254,263,796	271,054,050	273,131,683	1,283,036,704
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.)						1,283,036,704

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6.	238,658,155	245,929,020	254,263,796	271,054,050	273,131,683	1,283,036,704
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,163,538	1,030,564		108,659	0	2,302,761
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.	1,163,538	1,030,564		108,659		2,302,761
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.)	239,821,693	246,959,584	254,263,796	271,162,709	273,131,683	1,285,339,465
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 2019 (line 8, column (f) divided by line 13, column (f))	15	99.820 %
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	99.700 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f) divided by line 13, column (f))	17	0.180 %
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	0.300 %

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

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

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
	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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
	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? <i>If "Yes," provide detail in Part VI.</i>		
	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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
	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))? <i>If "Yes," provide detail in Part VI.</i>		
	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? <i>If "Yes," provide detail in Part VI.</i>		
	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? <i>If "Yes," provide detail in Part VI.</i>		
	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)? <i>If "Yes," answer line 10b below.</i>		
	10a		
b	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i>		
	10b		

Part IV Supporting Organizations (continued)

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

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

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

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

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

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

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

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

OMB No. 1545-0047
2019
Open to Public Inspection

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

Name of the organization
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:

- c** Beginning balance
- d** Additions during the year
- e** Distributions during the year
- f** Ending balance

	Amount
1c	
1d	
1e	
1f	

- 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
- (ii)** related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

- 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		3,526,945	1,774,857	1,752,088
d Equipment		6,100,374	5,278,076	822,298
e Other		1,726,106	541,824	1,184,282
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				3,758,668

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	4,190,756	C
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	4,190,756	

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	15,594,849
(2) OTHER LONG-TERM ASSETS	538,392
(3) RIGHTS OF USE ASSETS	4,098,397
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	20,231,638

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DUE TO AFFILIATES	75,002,513
(3) OTHER LONG-TERM LIABILITIES	4,603,537
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	79,606,050

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)

Compensation Information

OMB No. 1545-0047
2019
Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Department of the Treasury
Internal Revenue Service

Name of the organization
TUFTS MEDICAL CENTER PHYSICIANS ORGANIZATION INC

Employer identification number
90-0113440

Part I Questions Regarding Compensation

	Yes	No
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.		
<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax idemnification and gross-up payments <input type="checkbox"/> Discretionary spending account		
<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
b If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	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 on Line 1a?	2	
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.		
<input checked="" type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations		
<input checked="" type="checkbox"/> Written employment contract <input type="checkbox"/> Compensation survey or study <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 RECEIVED SEVERANCE PAY IN THE AMOUNT OF \$253,618 IN 2020.
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.

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				
1RUBEN AZOCAR MD DIRECTOR (UNTIL 6/2020)	(i)	492,580	72,000	19,682	28,000	21,513	633,775	0
	(ii)	0	0	0	0	0	0	0
1GEOFFREY BINNEY MD DIRECTOR	(i)	404,375	30,000	10,661	28,000	21,762	494,798	0
	(ii)	0	0	0	0	0	0	0
2GENNARO CARPINITO MD DIRECTOR	(i)	542,465	13,800	32,751	28,000	22,034	639,050	0
	(ii)	0	0	0	0	0	0	0
3CHARLES CASSIDY MD DIRECTOR	(i)	674,694	407,242	14,970	28,000	22,034	1,146,940	0
	(ii)	0	0	0	0	0	0	0
4SABRINA CRAIGO MD DIRECTOR (AS OF 7/2020)	(i)	403,598	0	11,242	28,000	21,904	464,744	0
	(ii)	0	0	0	0	0	0	0
5JAY DUKER MD DIRECTOR	(i)	566,475	82,350	38,452	28,000	22,034	737,311	0
	(ii)	0	0	0	0	0	0	0
6NEIL HALIN MD DIRECTOR (AS OF 1/2020)	(i)	370,657	52,749	13,903	28,000	21,325	486,634	0
	(ii)	0	0	0	0	0	0	0
7CARL HEILMAN MD DIRECTOR	(i)	693,753	84,671	39,367	28,000	22,034	867,825	0
	(ii)	0	0	0	0	0	0	0
8MARVIN KONSTAM MD DIRECTOR	(i)	586,455	174,982	31,686	28,000	22,034	843,157	0
	(ii)	0	0	0	0	0	0	0
9ERROL NORWITZ MD DIRECTOR (UNTIL 7/2020)	(i)	661,494	49,000	30,820	28,000	22,034	791,348	0
	(ii)	0	0	0	0	0	0	0
10ELIE REBEIZ MD DIRECTOR	(i)	474,697	190,693	41,212	28,000	22,034	756,636	0
	(ii)	0	0	0	0	0	0	0
11NEETI SADANA MD DIRECTOR (AS OF 7/2020)	(i)	155,470	34,667	1,682	0	3,585	195,404	0
	(ii)	0	0	0	0	0	0	0
12DEEB SALEM MD DIRECTOR	(i)	479,782	163,040	46,394	28,000	21,513	738,729	0
	(ii)	0	0	0	0	0	0	0
13PAUL SUMMERGRAD MD DIRECTOR	(i)	429,614	49,875	42,470	28,000	21,473	571,432	0
	(ii)	0	0	0	0	0	0	0
14MICHAEL TARNOFF MD DIRECTOR	(i)	442,290	40,000	8,743	28,000	12,853	531,886	0
	(ii)	0	0	0	0	0	0	0
15DAVID THALER MD DIRECTOR	(i)	354,669	42,000	36,974	28,000	21,871	483,514	0
	(ii)	0	0	0	0	0	0	0
16DAVID WAZER MD DIRECTOR	(i)	687,819	108,750	34,649	28,000	8,659	867,877	0
	(ii)	0	0	0	0	0	0	0
17HARRY WEBSTER MD DIRECTOR	(i)	106,979	34,478	3,454	11,198	8,245	164,354	0
	(ii)	0	0	0	0	0	0	0
18F CLARISSA YANG MD DIRECTOR	(i)	593,651	138,461	27,710	0	2,135	761,957	0
	(ii)	0	0	0	0	0	0	0
19EDGAR KENT YUCEL MD DIRECTOR (UNTIL 1/2020)	(i)	485,466	66,929	36,457	28,000	22,034	638,886	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				
21MING ZHOU MD DIRECTOR	(i)	334,796	65,731	1,971	0	4,884	407,382	0
	(ii)	0	0	0	0	0	0	0
1CRAIG BEST MD PRESIDENT/CEO/DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	563,734	131,000	7,323	28,000	8,882	738,939	0
2DANIEL MORASH TREASURER, VP/CFO (UNTIL 3/2020)	(i)	0	0	0	0	0	0	0
	(ii)	244,976	53,500	15,254	16,041	21,666	351,437	0
3LAUREN RIPLEY SECRETARY/CLERK	(i)	0	0	0	0	0	0	0
	(ii)	134,609	14,748	245	4,648	6,039	160,289	0
4ADEL MALEK MD PHYSICIAN	(i)	936,883	269,351	31,227	28,000	22,034	1,287,495	0
	(ii)	0	0	0	0	0	0	0
5FREDERICK CHEN MD PHYSICIAN	(i)	974,463	29,323	24,594	28,000	2,135	1,058,515	0
	(ii)	0	0	0	0	0	0	0
6JAMES KRYZANSKI MD PHYSICIAN	(i)	655,202	160,290	40,613	28,000	22,034	906,139	0
	(ii)	0	0	0	0	0	0	0
7RON RIESENBURGER MD PHYSICIAN	(i)	666,281	130,920	33,220	28,000	22,034	880,455	0
	(ii)	0	0	0	0	0	0	0
8SUSAN LIANG PHYSICIAN	(i)	533,492	255,680	810	28,000	822	818,804	0
	(ii)	0	0	0	0	0	0	0
9RASHED DURGHAM MD FORMER DIRECTOR	(i)	0	0	253,618	0	0	253,618	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.

OMB No. 1545-0047

2019**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, Organizational 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 FINANCE MANAGEMENT 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.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9:	TRANSFER OF TUFTS MEDICAL CENTER COMMUNITY CARE NET ASSETS -297,845.

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2019

**Open to Public
Inspection**

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

Department of the Treasury
Internal Revenue Service

Name of the organization
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		No
b	Gift, grant, or capital contribution to related organization(s)		No
c	Gift, grant, or capital contribution from related organization(s)		No
d	Loans or loan guarantees to or for related organization(s)	Yes	
e	Loans or loan guarantees by related organization(s)	Yes	
f	Dividends from related organization(s)		No
g	Sale of assets to related organization(s)	Yes	
h	Purchase of assets from related organization(s)		No
i	Exchange of assets with related organization(s)		No
j	Lease of facilities, equipment, or other assets to related organization(s)		No
k	Lease of facilities, equipment, or other assets from related organization(s)	Yes	
l	Performance of services or membership or fundraising solicitations for related organization(s)	Yes	
m	Performance of services or membership or fundraising solicitations by related organization(s)	Yes	
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		No
o	Sharing of paid employees with related organization(s)	Yes	
p	Reimbursement paid to related organization(s) for expenses		No
q	Reimbursement paid by related organization(s) for expenses		No
r	Other transfer of cash or property to related organization(s)		No
s	Other transfer of cash or property from related organization(s)		No

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

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)	PF	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 04-2912578	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	
325 WOOD RD SUITE 210 BRAintree, MA 02184 47-3046563	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 04-3265628	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	
800 WASHINGTON STREET BOSTON, MA 02111 04-3044706	ADMIN.	MA	501(C)(3)	LINE 12B, II	TUFTS MEDICAL CENTER PARENT 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 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
WELLFORCE INDEMNITY COMPANY LTD 800 WASHINGTON STREET BOSTON, MA 02111 98-0444573	CAPTIVE INSURANCE	CJ	TUFTS MEDICAL CENTER INC	C				Yes	
HALLMARK HEALTH ENTERPRISES INC 585 LEBANON STREET MELROSE, MA 02176 04-2475660	OTHER HEALTH SERVICES	MA	MELROSEWAKEFIELD HEALTHCARE PARENT CORPORATION	C				Yes	
LAWRENCE MELROSE MEDICAL ELECTRONICS RECORD INC 170 GOVERNORS AVE MEDFORD, MA 02155 42-1685777	ELECTRONIC MEDICAL RECORDS	MA	MELROSEWAKEFIELD HEALTHCARE INC	C					No
HALLMARK HEALTH PHO INC 170 GOVERNORS AVE MEDFORD, MA 02155 46-1134759	PHYSICIAN HOSPITAL ORGANIZATION	MA	MELROSEWAKEFIELD HEALTHCARE INC	C					No
LGH SERVICES INC 295 VARNUM AVENUE LOWELL, MA 01854 04-2854673	MEDICAL SERVICES	MA	CIRCLE HEALTH INC	C				Yes	
LGH MEDICAL BUILDING SERVICES INC 295 VARNUM AVENUE LOWELL, MA 01854 04-3058954	MEDICAL OFFICE BUILDING	MA	LGH SERVICES INC	C				Yes	
LGH MANAGEMENT SERVICES INC 295 VARNUM AVENUE LOWELL, MA 01854 04-2919244	MEDICAL SERVICES	MA	LGH SERVICES INC	C				Yes	
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
NEW ENGLAND QUALITY CARE ALLIANCE INC	E	443,614	BOOK BASIS
TUFTS MEDICAL CENTER INC	D	2,474,488	BOOK BASIS
TUFTS MEDICAL CENTER PHYSICIANS ORGANIZATION INC	E	72,968,771	BOOK BASIS
TUFTS MEDICAL CENTER INC	L	50,863,553	BOOK BASIS
TUFTS MEDICAL CENTER PHYSICIANS ORGANIZATION INC	M	13,993,860	BOOK BASIS
TUFTS MEDICAL CENTER INC	M	7,565,010	BOOK BASIS
TUFTS MEDICAL CENTER PHYSICIANS ORGANIZATION INC	D	10,994,091	BOOK BASIS
THE LOWELL GENERAL HOSPITAL	D	451,591	BOOK BASIS