

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  
▶ Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

OMB No 1545-0047  
**2016**  
**Open to Public Inspection**

### A For the 2016 calendar year, or tax year beginning 10-01-2016, and ending 09-30-2017

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

**C** Name of organization  
UMass Memorial Health Care Inc & Affiliates

Doing business as

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

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

**D** Employer identification number  
91-2155626

**E** Telephone number  
(508) 334-0496

**G** Gross receipts \$ 2,492,357,381

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

**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 ▶ 3642

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

**J** Website: ▶ www.umassmemorial.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  
UMASS MEMORIAL HEALTH CARE IS COMMITTED TO IMPROVING THE HEALTH OF THE PEOPLE OF CENTRAL NEW ENGLAND THROUGH EXCELLENCE IN CLINICAL CARE, SERVICE, TEACHING AND RESEARCH

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

<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	163
<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	87
<b>5</b> Total number of individuals employed in calendar year 2016 (Part V, line 2a)	14,799
<b>6</b> Total number of volunteers (estimate if necessary)	1,309
<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	6,486,541
<b>7b</b> Net unrelated business taxable income from Form 990-T, line 34	1,423,978

	Prior Year	Current Year
<b>8</b> Contributions and grants (Part VIII, line 1h)	13,874,385	13,036,587
<b>9</b> Program service revenue (Part VIII, line 2g)	2,351,102,309	2,415,657,565
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d )	6,124,340	16,948,021
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	9,584,610	8,957,306
<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,380,685,644	2,454,599,479
<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3 )	2,312,920	2,148,896
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		0
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,221,720,336	1,264,578,152
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	64,000	7,396
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 716,253		
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,117,155,900	1,177,407,890
<b>18</b> Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	2,341,253,156	2,444,142,334
<b>19</b> Revenue less expenses Subtract line 18 from line 12	39,432,488	10,457,145

	Beginning of Current Year	End of Year
<b>20</b> Total assets (Part X, line 16)	1,818,569,543	1,879,641,685
<b>21</b> Total liabilities (Part X, line 26)	1,256,756,697	1,358,506,029
<b>22</b> Net assets or fund balances Subtract line 21 from line 20	561,812,846	521,135,656

### Part II Signature Block

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

**Sign Here**

Signature of officer: \_\_\_\_\_ Date: 2018-08-03

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

**Paid Preparer Use Only**

Print/Type preparer's name Rachel Spurlock	Preparer's signature Rachel Spurlock	Date	Check <input type="checkbox"/> if self-employed	PTIN P00520729
Firm's name ▶ CROWE LLP			Firm's EIN ▶ 35-0921680	
Firm's address ▶ 175 Powder Forest Drive Simsbury, CT 060897902			Phone no (860) 678-9200	

**Part III Statement of Program Service Accomplishments**

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

**1** Briefly describe the organization's mission

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

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

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

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

If "Yes," describe these changes on Schedule O

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

**4a** (Code ) (Expenses \$ 1,353,749,140 including grants of \$ 2,088,996 ) (Revenue \$ 1,638,919,741 )  
See Additional Data

**4b** (Code ) (Expenses \$ 487,978,779 including grants of \$ 22,500 ) (Revenue \$ 388,886,624 )  
See Additional Data

**4c** (Code ) (Expenses \$ 226,892,867 including grants of \$ 9,400 ) (Revenue \$ 285,701,918 )  
See Additional Data

(Code ) (Expenses \$ 81,677,287 including grants of \$ 28,000 ) (Revenue \$ 97,430,084 )

OTHER UMASS MEMORIAL ENTITIES - UMASS MEMORIAL HAS A NUMBER OF SUBSIDIARY ENTITIES THAT FUNCTION PRIMARILY TO DELIVER HEALTH CARE TO PATIENTS OR TO SUPPORT THE DELIVERY OF HEALTH CARE TO PATIENTS OF UMASS MEMORIAL. THEY ACCOMPLISH THIS THROUGH THE DELIVERY OF HEALTH CARE SERVICES WITHOUT REGARD TO THE PATIENT'S ABILITY TO PAY. THEY ALSO ACCOMPLISH THIS BY PROVIDING SUPPORT, OR PATIENT ADVOCACY SERVICES TO THE PATIENTS OF UMASS MEMORIAL, CENTRAL NEW ENGLAND, AND OTHER GEOGRAPHIES

**4d** Other program services (Describe in Schedule O )  
(Expenses \$ 81,677,287 including grants of \$ 28,000 ) (Revenue \$ 97,430,084 )

**4e Total program service expenses** ▶ 2,150,298,073

**Part IV Checklist of Required Schedules**

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

**Part IV Checklist of Required Schedules (continued)**

		Yes	No
<b>20a</b>	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> . . . . .	Yes	
<b>b</b>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .	Yes	
<b>21</b>	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . .	Yes	
<b>22</b>	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . .	Yes	
<b>23</b>	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> . . . . .	Yes	
<b>24a</b>	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> . . . . .	Yes	
<b>b</b>	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .		No
<b>c</b>	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .		No
<b>d</b>	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .		No
<b>25a</b>	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .		No
<b>b</b>	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> . . . . .		No
<b>26</b>	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> . . . . .	Yes	
<b>27</b>	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> . . . . .		No
<b>28</b>	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
<b>a</b>	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	Yes	
<b>b</b>	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	Yes	
<b>c</b>	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	Yes	
<b>29</b>	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .	Yes	
<b>30</b>	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .		No
<b>31</b>	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .		No
<b>32</b>	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .		No
<b>33</b>	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . .		No
<b>34</b>	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> . . . . .	Yes	
<b>35a</b>	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	Yes	
<b>b</b>	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	Yes	
<b>36</b>	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	Yes	
<b>37</b>	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> . . . . .		No
<b>38</b>	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question ID, question text, and Yes/No response boxes. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited transactions, charitable contributions, and organizational details.

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 [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (163), 1b (87), 2 (Yes), 3 (No), 4 (No), 5 (No), 6 (Yes), 7a (Yes), 7b (Yes), 8a (Yes), 8b (Yes), 9 (No).

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

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

Section C. Disclosure

Table with 3 columns: Question, Yes, No. Rows include: 17 (MA), 18 (Own website, Another's website, Upon request, Other), 19, 20 (Robert Feldmann 306 Belmont Street Worcester, MA 01604 (508) 334-0496).

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

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

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

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

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

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

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

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

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

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

<b>1b Sub-Total</b> . . . . .			
<b>1c Total from continuation sheets to Part VII, Section A</b> . . . . .			
<b>1d Total (add lines 1b and 1c)</b> . . . . .		19,494,662	8,748,535

**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 ▶ 2,779

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
ERNST & YOUNG LLP PO BOX 640382 PITTSBURGH, PA 15264	ADVISORY SERVICES	14,241,829
Quest Diagnostics Inc PO Box 51048 Los Angeles, CA 90074	Laboratory Services	9,680,872
CROTHALL HLTHCARE INC 13028 COLLECTION CENTER DRIVE CHICAGO, IL 60693	LINEN MANAGEMENT SERVICES	8,959,739
Epic Systems Corp PO Box 88314 Milwaukee, WI 532880314	Consulting Services	8,413,373
TEKSYSTEMS PO BOX 198568 ATLANTA, GA 303848568	IS Consulting Services	8,149,762

**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 ▶ 249



**Part VIII Statement of Revenue**

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>				
	<b>b</b> Membership dues . . . . .	<b>1b</b>				
	<b>c</b> Fundraising events . . . . .	<b>1c</b>	283,468			
	<b>d</b> Related organizations . . . . .	<b>1d</b>	773,633			
	<b>e</b> Government grants (contributions) . . . . .	<b>1e</b>	10,273,227			
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above . . . . .	<b>1f</b>	1,706,259			
	<b>g</b> Noncash contributions included in lines 1a-1f \$ _____		36,939			
	<b>h Total.</b> Add lines 1a-1f . . . . .		13,036,587			
<b>Program Service Revenue</b>			<b>Business Code</b>			
	<b>2a</b> NET PATIENT SERVICE REVENUE		622110	2,120,833,419	2,120,833,419	
	<b>b</b> Transitional payments		622110	26,827,446	26,827,446	
	<b>c</b> SPECIAL MEDICAID PAYMENTS		622110	207,478,083	207,478,083	
	<b>d</b> AFFILIATE RELATED PROGRAMS		622110	15,281,715	15,281,715	
	<b>e</b> OTHER PSR & JV income		622110	45,236,902	40,426,053	4,810,849
	<b>f</b> All other program service revenue			0	0	0
<b>g Total.</b> Add lines 2a-2f . . . . .			2,415,657,565			
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .			16,420,379	3,573	16,416,806
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . . .			0	0	
	<b>5</b> Royalties . . . . .					
	<b>6a</b> Gross rents	(i) Real	(ii) Personal			
		2,555,427				
		<b>b</b> Less rental expenses			1,580,692	
		<b>c</b> Rental income or (loss)		974,735	0	
	<b>d</b> Net rental income or (loss) . . . . .			974,735		974,735
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
		34,446,876	1,988,180			
		<b>b</b> Less cost or other basis and sales expenses		34,192,736	1,714,678	
		<b>c</b> Gain or (loss)		254,140	273,502	
	<b>d</b> Net gain or (loss) . . . . .			527,642		527,642
	<b>8a</b> Gross income from fundraising events (not including \$ 283,468 of contributions reported on line 1c) See Part IV, line 18 . . . . .	<b>a</b>				
	<b>b</b> Less direct expenses . . . . .	<b>b</b>		254,076		
<b>c</b> Net income or (loss) from fundraising events . . . . .			-15,720		-15,720	
<b>9a</b> Gross income from gaming activities See Part IV, line 19 . . . . .	<b>a</b>					
<b>b</b> Less direct expenses . . . . .	<b>b</b>					
<b>c</b> Net income or (loss) from gaming activities . . . . .						
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>					
<b>b</b> Less cost of goods sold . . . . .	<b>b</b>					
<b>c</b> Net income or (loss) from sales of inventory . . . . .						
<b>Miscellaneous Revenue</b>		<b>Business Code</b>				
<b>11a</b> Lab services		621500	1,672,119	1,672,119		
<b>b</b> Cafeteria income		722514	6,230,708		6,230,708	
<b>c</b> Other income		900099	93,726	89,938	3,788	
<b>d</b> All other revenue . . . . .			1,738	1,713	25	
<b>e Total.</b> Add lines 11a-11d . . . . .			7,998,291			
<b>12 Total revenue.</b> See Instructions . . . . .			2,454,599,479	2,410,938,367	6,486,541	24,137,984

**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
<b>1</b> Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	2,116,496	2,116,496		
<b>2</b> Grants and other assistance to domestic individuals See Part IV, line 22	32,400	32,400		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	16,909,266	10,731,866	6,177,400	
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	617,226	585,629	31,597	
<b>7</b> Other salaries and wages	963,465,633	834,079,159	129,022,335	364,139
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	79,237,737	68,337,090	10,896,906	3,741
<b>9</b> Other employee benefits	137,655,618	114,914,698	22,720,495	20,425
<b>10</b> Payroll taxes	66,692,672	57,023,715	9,656,249	12,708
<b>11</b> Fees for services (non-employees)				
<b>a</b> Management	27,806,410	27,228,794	577,589	27
<b>b</b> Legal	604,259	42,877	561,382	
<b>c</b> Accounting	117,350	6,741	110,609	
<b>d</b> Lobbying	185,447	185,447		
<b>e</b> Professional fundraising services See Part IV, line 17	7,396			7,396
<b>f</b> Investment management fees	537,461	18,155	519,306	
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	345,449,992	332,509,156	12,838,095	102,741
<b>12</b> Advertising and promotion	417,790	160,760	248,062	8,968
<b>13</b> Office expenses	20,143,562	15,480,555	4,626,379	36,628
<b>14</b> Information technology	4,960,190	3,690,660	1,269,530	
<b>15</b> Royalties				
<b>16</b> Occupancy	58,641,482	55,602,310	3,039,172	
<b>17</b> Travel	1,884,365	1,808,767	74,538	1,060
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	1,360,533	1,107,950	249,733	2,850
<b>20</b> Interest	10,131,363	10,013,305	118,058	
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	106,480,705	102,000,772	4,479,933	
<b>23</b> Insurance	29,972,083	28,833,589	1,138,494	
<b>24</b> Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
<b>a</b> Medical supplies	293,455,556	293,448,744	6,812	
<b>b</b> System overhead activities	210,731,883	132,393,598	78,338,285	
<b>c</b> Purchased Services	40,165,262	39,223,379	912,216	29,667
<b>d</b> Other direct expenses	1,898,003	1,792,450	87,563	17,990
<b>e</b> All other expenses	22,464,194	16,929,011	5,427,270	107,913
<b>25</b> Total functional expenses. Add lines 1 through 24e	2,444,142,334	2,150,298,073	293,128,008	716,253
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	191,489,188	<b>1</b>	105,661,129
	<b>2</b> Savings and temporary cash investments . . . . .	63,766,485	<b>2</b>	78,607,060
	<b>3</b> Pledges and grants receivable, net . . . . .	287,699	<b>3</b>	120,256
	<b>4</b> Accounts receivable, net . . . . .	233,620,773	<b>4</b>	252,782,227
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	0	<b>5</b>	0
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L	0	<b>6</b>	0
	<b>7</b> Notes and loans receivable, net . . . . .	708,634	<b>7</b>	82,916
	<b>8</b> Inventories for sale or use . . . . .	33,651,047	<b>8</b>	37,143,264
	<b>9</b> Prepaid expenses and deferred charges . . . . .	10,196,362	<b>9</b>	10,267,396
	<b>10a</b> Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	1,778,797,713		
	<b>b</b> Less accumulated depreciation	1,115,203,292		
	<b>11</b> Investments—publicly traded securities . . . . .	106,919,586	<b>11</b>	95,110,890
	<b>12</b> Investments—other securities See Part IV, line 11 . . . . .	247,650,026	<b>12</b>	368,847,417
	<b>13</b> Investments—program-related See Part IV, line 11 . . . . .	77,551,505	<b>13</b>	16,696,196
	<b>14</b> Intangible assets . . . . .	0	<b>14</b>	
	<b>15</b> Other assets See Part IV, line 11 . . . . .	238,714,222	<b>15</b>	250,728,513
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	1,818,569,543	<b>16</b>	1,879,641,685	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	262,689,839	<b>17</b>	267,005,994
	<b>18</b> Grants payable . . . . .	1,009,563	<b>18</b>	302,652
	<b>19</b> Deferred revenue . . . . .	8,501,757	<b>19</b>	17,082,579
	<b>20</b> Tax-exempt bond liabilities . . . . .	375,930,725	<b>20</b>	508,568,686
	<b>21</b> Escrow or custodial account liability Complete Part IV of Schedule D	14,680	<b>21</b>	12,747
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . . . . .	0	<b>22</b>	0
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	6,003,466	<b>23</b>	5,051,890
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .	55,000,000	<b>24</b>	55,000,000
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	547,606,667	<b>25</b>	505,481,481
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	1,256,756,697	<b>26</b>	1,358,506,029
<b>Net Assets or Fund Balances</b>	<b>27 Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b> Unrestricted net assets	463,903,452	<b>27</b>	426,953,191
	<b>28</b> Temporarily restricted net assets . . . . .	43,180,568	<b>28</b>	41,491,352
	<b>29</b> Permanently restricted net assets	54,728,826	<b>29</b>	52,691,113
	<b>30 Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b> Capital stock or trust principal, or current funds . . . . .	0	<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .	0	<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds	0	<b>32</b>	
	<b>33 Total net assets or fund balances . . . . .</b>	561,812,846	<b>33</b>	521,135,656
	<b>34 Total liabilities and net assets/fund balances . . . . .</b>	1,818,569,543	<b>34</b>	1,879,641,685

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12) . . . . .	<b>1</b>	2,454,599,479
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25) . . . . .	<b>2</b>	2,444,142,334
<b>3</b>	Revenue less expenses Subtract line 2 from line 1 . . . . .	<b>3</b>	10,457,145
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . . .	<b>4</b>	561,812,846
<b>5</b>	Net unrealized gains (losses) on investments . . . . .	<b>5</b>	8,082,064
<b>6</b>	Donated services and use of facilities . . . . .	<b>6</b>	
<b>7</b>	Investment expenses . . . . .	<b>7</b>	
<b>8</b>	Prior period adjustments . . . . .	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O) . . . . .	<b>9</b>	-59,216,399
<b>10</b>	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	521,135,656

**Part XII Financial Statements and Reporting**

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

		Yes	No
<p><b>1</b> Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____</p> <p>If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O</p>			
<p><b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant?</p> <p>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</p> <p><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p>	<b>2a</b>		No
<p><b>b</b> Were the organization's financial statements audited by an independent accountant?</p> <p>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</p> <p><input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p>	<b>2b</b>	Yes	
<p><b>c</b> 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?</p> <p>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O</p>	<b>2c</b>	Yes	
<p><b>3a</b> 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?</p>	<b>3a</b>	Yes	
<p><b>b</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</p>	<b>3b</b>	Yes	

## Additional Data

**Software ID:** 16000421

**Software Version:** 2016v3.0

**EIN:** 91-2155626

**Name:** UMass Memorial Health Care Inc & Affiliates

Form 990 (2016)

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

UMASS MEMORIAL MEDICAL CENTER UMASS MEMORIAL MEDICAL CENTER IS COMMITTED TO IMPROVING THE HEALTH OF THE PEOPLE OF CENTRAL NEW ENGLAND THROUGH EXCELLENCE IN CLINICAL CARE, SERVICE, TEACHING AND RESEARCH UMASS MEMORIAL MEDICAL CENTER DOES THIS BY PROVIDING INPATIENT AND OUTPATIENT HEALTH CARE SERVICES TO THE RESIDENTS OF CENTRAL NEW ENGLAND WITHOUT REGARD TO THEIR ABILITY TO PAY FY 2017 KEY STATISTICS - TOTAL DISCHARGES 37,701 TOTAL SURGICAL CASES 29,040 TOTAL ER VISITS 134,564

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

UMASS MEMORIAL MEDICAL GROUP THE UMASS MEMORIAL MEDICAL GROUP IS A MULTISPECIALTY GROUP PRACTICE OF PHYSICIANS WHOSE MISSION AND PURPOSE IS TO SUPPORT THE CLINICAL, EDUCATIONAL, RESEARCH AND COMMUNITY SERVICE MISSIONS OF UMASS MEMORIAL HEALTH CARE AND UMASS MEMORIAL MEDICAL CENTER UMASS MEMORIAL MEDICAL GROUP ACCOMPLISHES THIS MISSION BY PROVIDING MEDICAL CARE TO RESIDENTS OF CENTRAL NEW ENGLAND WITHOUT REGARD TO THEIR ABILITY TO PAY

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

UMASS MEMORIAL COMMUNITY HOSPITALS THE UMASS MEMORIAL COMMUNITY HOSPITALS (CLINTON HOSPITAL, HEALTH ALLIANCE HOSPITALS, INC , MARLBOROUGH HOSPITAL) ARE COMMITTED TO IMPROVING THE HEALTH OF THE PEOPLE OF THE COMMUNITIES THAT THEY SERVE THROUGH EXCELLENCE IN CLINICAL CARE AND SERVICE EACH OF THESE HOSPITALS ACCOMPLISHES THIS GOAL BY PROVIDING INPATIENT AND OUTPATIENT HEALTH CARE SERVICES TO THE RESIDENTS OF THEIR COMMUNITIES WITHOUT REGARD TO THEIR ABILITY TO PAY FY 2017 KEY STATISTICS - TOTAL DISCHARGES 12,002 TOTAL SURGICAL CASES 7,597 TOTAL ER VISITS 87,997

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Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors							(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	
(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)								
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
John Bronhard Treasurer, HealthAlliance Hospitals, Inc , Officer/Dir various	40 0 ..... 0	X		X				327,123	0	31,084
Douglas S Brown Secretary, UMM Health Care, Inc , Officer/Dir various	5 0 ..... 40 0	X		X				0	830,984	205,231
Lisa Colombo President, Clinton Hospital Assoc , Director of Comm Hospitals Inc	40 0 ..... 5 0	X		X				303,633	0	42,536
Eric W Dickson MD President & CEO/Director, UMM Health Care, Inc , Director various	5 0 ..... 40 0	X		X				0	1,629,026	383,400
John Greenwood President/Director, UMM Accountable Care Organization, Inc	40 0 ..... 5 0	X		X				404,650	0	105,818
Cheryl M Lapriore President/Director, UMM Health Ventures, Inc , Director various	5 0 ..... 40 0	X		X				0	421,491	116,074
Sergio Melgar Treasurer, UMM Health Care, Inc , Officer/Dir various	5 0 ..... 40 0	X		X				0	1,004,137	176,146
Patrick Muldoon President, UMM Med Ctr, Inc , Director various	40 0 ..... 5 0	X		X				1,180,497	0	284,407
Steven Roach President, Marlborough Hospital, Director various	40 0 ..... 5 0	X		X				511,191	0	85,728
Dana E Swenson President/Director, UMM Realty, Inc	5 0 ..... 40 0	X		X				0	340,197	87,241



Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors							(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	
(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)								
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Stephen E Tosi MD President, UMM Med Group, Inc , Director various	40 0 ..... 5 0	X		X				1,123,413	0	109,723
Deborah Weymouth President, HealthAlliance Hospitals, Inc , Director various	40 0 ..... 5 0	X		X				519,897	0	102,798
Lynda M Young MD Director, UMM Health Care, Inc Chairperson, UMM Med Group, Inc	1 0 ..... 1 0	X		X				35,490	0	0
Douglas Ziedonis MD President, UMM Behavioral Health System, Inc until 3/8/17, Director various	20 0 ..... 0	X		X				264,052	0	42,197
Richard K Bennett Director, UMM Health Care, Inc , Chair Marlborough Hosp , Director various	1 0 ..... 1 0	X		X				0	0	0
Leslie Bovenzi Chairperson, HealthAlliance Home Health & Hospice, Inc , Director various	1 0 ..... 0	X		X				0	0	0
Fernando Catalina MD Chairperson, HealthAlliance Hospitals, Inc , Director various	1 0 ..... 0	X		X				0	0	0
Paul D'Onfro Vice Chairperson, HealthAlliance Hospitals, Inc , Director various	1 0 ..... 0	X		X				0	0	0
Paul Kangas Director, UMM Health Care, Inc , Chair, UMM Health Ventures, Inc , Director various	1 0 ..... 1 0	X		X				0	0	0
William McGrail Esquire Chairperson, Clinton Hospital Assoc , Director, UMM Community Hospitals, Inc	1 0 ..... 0	X		X				0	0	0



Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors							(D)	(E)	(F)
Name and Title	Average hours per week (list any hours for related organizations below dotted line)	Position (do not check more than one box, unless person is both an officer and a director/trustee)					Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee			
Robert W Finberg MD Director, UMM Health Care, Inc	20 0 ..... 5 0	X					406,410	0	70,634
David Harlan MD Director, UMM Accountable Care Organization, Inc	20 0 ..... 0	X					178,724	0	34,949
Kathryn Kennedy MD Director, UMM Med Group, Inc	36 0 ..... 0	X					285,548	0	41,939
Daniel H Lasser MD Director, UMM Med Group, Inc	20 0 ..... 0	X					280,652	0	70,334
Shipen Li MD Director, HealthAlliance Hospitals, Inc	40 0 ..... 0	X					305,061	0	38,173
Jeffrey N Metzmaker MD Director, UMM Med Group, Inc	29 0 ..... 0	X					463,803	0	39,669
Dominic Nompleggi MD Director, UMM Med Group, Inc	29 0 ..... 0	X					317,334	0	44,257
O Nsidinanya Okike MD Director, UMM Health Care, Inc	40 0 ..... 5 0	X					124,891	0	2,463
Daniel O'Leary MD Director, Coordinated Primary Care, Inc	25 0 ..... 0	X					250,563	0	10,112
Chris Philbin Director, UMM Comm Hospitals, Inc , Clinton Hospital Assoc	5 0 ..... 40 0	X					0	290,473	60,059

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors							(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	
(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)								
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Catherine Rossi Director, Clinton Hospital Association	5 0 .....	X						0	249,341	76,328
Paulette Seymour-Route PhD Director, UMM Health Care, Inc	1 0 .....	X						44,000	0	0
Habib A Sioufi MD Director, Clinton Hospital Association	40 0 .....	X						95,559	0	28,811
Gail Allen Director, HealthAlliance Hospitals, Inc , Director various	1 0 .....	X						0	0	0
Michael W Ames Director, Clinton Hospital Association	1 0 .....	X						0	0	0
Sheldon Benjamin MD Director, UMM Behavioral Health System, Inc & CHL	1 0 .....	X						0	0	0
David L Bennett Director, UMM Health Care, Inc , UMM Med Center, Inc	1 0 .....	X						0	0	0
Daniel Carlucci MD Director, Marlborough Hospital	1 0 .....	X						0	0	0
John Clementi Director, HealthAlliance Hospitals, Inc , Director various	1 0 .....	X						0	0	0
Michael Collins MD Director, UMM Health Care, Inc , UMM Med Center, Inc	1 0 .....	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Benjamin H Colonero Jr Director, Marlborough Hospital	10 ..... 0	X						0	0	0
Edward J Connor Director, Clinton Hospital Association	10 ..... 0	X						0	0	0
Frederick G Crocker Director, UMM Health Ventures, Inc	10 ..... 0	X						0	0	0
J Christopher Cutler FACHE Director, UMM Medical Group, Inc	10 ..... 0	X						0	0	0
Edward D'Alelio Director, UMM Health Care, Inc , UMM Med Center, Inc	10 ..... 10	X						0	0	0
Dix F Davis Director, UMM Realty, Inc , Director various	10 ..... 0	X						0	0	0
Robert Farragher Director, Clinton Hospital Association	10 ..... 0	X						0	0	0
Lynne Farrell Director, HealthAlliance Home Health and Hospice, Inc	10 ..... 0	X						0	0	0
William Fischer Director, Marlborough Hospital	10 ..... 0	X						0	0	0
Terence Flotte MD Director, UMM Health Care, Inc , Director various	10 ..... 10	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Amy Grassetto Director, UMM Behavioral Health System, Inc & CHL	10 ..... 0	X						0	0	0
Elvira Guardiola Director, UMM Health Care, Inc , UMM Med Center, Inc	10 ..... 10	X						0	0	0
Christie Hager Director, HealthAlliance Hospitals, Inc & CNEHA, Inc	10 ..... 0	X						0	0	0
Francis Hurley Director, Marlborough Hospital	10 ..... 0	X						0	0	0
Joanne Johnson Director, UMM Behavioral Health System, Inc & CHL	10 ..... 0	X						0	0	0
Peter Knox Director, UMM Health Care, Inc , UMM Med Center, Inc	10 ..... 10	X						0	0	0
Barbara Kupfer Director, UMM Accountable Care Organization, Inc	10 ..... 0	X						0	0	0
Harris L MacNeill Director, UMM Health Care, Inc , Director various	10 ..... 10	X						0	0	0
Michael Mahan Director, HealthAlliance Hospitals, Inc & CNEHA, Inc	10 ..... 0	X						0	0	0
Edward Manzi Director, UMM Behavioral Health System, Inc	10 ..... 0	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Donata Martin Director, HealthAlliance Hospitals, Inc & CNEHA, Inc	10 ..... 0	X						0	0	0
Luis J Maseda Director, Clinton Hospital Association	10 ..... 0	X						0	0	0
Lalita Matta MD Director, UMM Accountable Care Organization, Inc	10 ..... 0	X						0	0	0
Jessica McGarry Director, UMM Behavioral Health System, Inc & CHL	10 ..... 0	X						0	0	0
Antonia McGuire Director, UMM Accountable Care Organization, Inc	10 ..... 0	X						0	0	0
Cynthia M McMullen EdD Director, UMM Behavioral Health System, Inc	10 ..... 0	X						0	0	0
Mary Ellen McNamara Director, UMM Health Care, Inc , Director various	10 ..... 10	X						0	0	0
Anthony J Mercadante Director, HealthAlliance Home Health and Hospice, Inc	10 ..... 0	X						0	0	0
Nicholas Mercadante MD Director, HealthAlliance Hospitals, Inc & CNEHA, Inc	10 ..... 0	X						0	0	0
Ann K Molloy Director, Marlborough Hospital	10 ..... 0	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Jim Notaro Director, UMM Behavioral Health System, Inc & CHL	10 ..... 0	X						0	0	0
Edward J Parry III Director, UMM Health Care, Inc , UMM Med Center, Inc	10 ..... 10	X						0	0	0
Robert J Paulhus Jr Director, Clinton Hospital Association	10 ..... 0	X						0	0	0
Jeanne Paulino Director, Clinton Hospital Association	10 ..... 0	X						0	0	0
Raymond Pawlicki Director, UMM Health Care, Inc , UMM Med Center, Inc	10 ..... 10	X						0	0	0
Michael Pici MD Director, UMM Accountable Care Organization, Inc	10 ..... 0	X						0	0	0
Philip E Purcell Director, Marlborough Hospital	10 ..... 0	X						0	0	0
Gerard P Richer Director, Marlborough Hospital, UMM Health Ventures, Inc	10 ..... 0	X						0	0	0
Michael Rivard Director, HealthAlliance Hospitals, Inc , Director various	10 ..... 0	X						0	0	0
Vibha Sharma MD Director, Marlborough Hospital	10 ..... 0	X						0	0	0



Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors								(D)	(E)	(F)
Name and Title	Average hours per week (list any hours for related organizations below dotted line)	Position (do not check more than one box, unless person is both an officer and a director/trustee)						Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
John Shea Esquire Director, UMM Behavioral Health System, Inc & CHL	10 ..... 0	X						0	0	0
Robert Leslie Shelton MD Director, HealthAlliance Hospitals, Inc & CNEHA, Inc	10 ..... 0	X						0	0	0
David Walton Director, Marlborough Hospital	10 ..... 0	X						0	0	0
Mary Whitney Director, HealthAlliance Hospitals, Inc , Director various	10 ..... 0	X						0	0	0
Jack Wilson Director, UMM Health Care, Inc , UMM Med Center, Inc	10 ..... 10	X						0	0	0
Katharine Bolland Eshghi Assistant Secretary, UMM Health Care, Inc	50 ..... 40			X				0	497,740	101,959
Maureen Croteau Assistant Clerk, Clinton Hospital Assoc	40 ..... 0			X				56,801	0	23,689
Ann-Maria D'Ambra Assistant Secretary, Marlborough Hospital	40 ..... 0			X				52,982	0	24,459
Nicole Gagne President, Community HealthLink, Inc	40 ..... 50			X				254,460	0	37,598
John Glassburn Secretary, UMM Community Hospitals, Inc	50 ..... 40			X				0	191,789	36,204

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors							(D)	(E)	(F)	
Name and Title	Average hours per week (list any hours for related organizations below dotted line)	Position (do not check more than one box, unless person is both an officer and a director/trustee)						Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Steven McCue Treasurer, Marlborough Hospital	40 0			X				229,979	0	22,294
Lynn A Morin Assistant Clerk, HealthAlliance Hospitals, Inc Officer various	40 0			X				92,070	0	7,556
William O'Brien Secretary, UMBHS, Inc	5 0			X				0	134,764	44,287
Jeffrey Olson Treasurer, Clinton Hospital Assoc	40 0			X				168,002	0	47,247
Jeanne Shirshac Treasurer, UMM Accountable Care Organization, Inc	5 0			X				0	279,956	71,666
Francis W Smith Secretary, UMM Medical Group, Inc , Officer various	5 0			X				0	222,475	53,808
Michele Streeter Treasurer, UMM Med Group, Inc	40 0			X				612,883	0	161,065
James P Cyr Sr VP, Operations (UMMMC)	40 0				X			374,220	0	110,146
Robert Feldmann VP, Corporate Controller	5 0				X			0	444,379	111,185
Barbara Fisher Sr VP, Operations (UMMMC)	40 0				X			392,411	0	120,435



Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors							(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	
(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)								
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Ajit S Puri MD Physician, Division Chief of Neuroimaging and Intervention - Med Group	40 0					X		638,296	0	37,793
Patricia George VP & Deputy CIO, until 11/15	0 0						X	0	326,488	16,959
Margaret Hudlin MD CMO/VP Perioperative Svcs, until 9/1/16	0 0						X	887,564	0	17,758
Robert Klugman MD Former Chief Quality Officer, until 9/30/13	0 0						X	792,120	0	0
Andrew Cocchiarella MD Director until 3/16, Marlborough Hospital	40 0						X	30,238	0	1,996
Carlos Itsuka Director until 7/16, UMM Health Ventures, Inc	0 0						X	0	402,254	51,161
Sheila Daly President until 1/16, Clinton Hospital Association, Director Comm Hospitals Inc	0 0						X	219,668	0	53,035
Todd Keating Treasurer until 2/14, UMass Memorial Health Care, Inc and Director of other boards	0 0						X	0	17,808	0

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

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**2016**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization

UMass Memorial Health Care Inc & Affiliates

Employer identification number

91-2155626

**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 **section 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		
<b>Total</b>						

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**  
 (Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶		(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
<b>1</b>	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")						
<b>2</b>	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b>	The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4</b>	<b>Total.</b> Add lines 1 through 3						
<b>5</b>	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
<b>6</b>	<b>Public support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶		(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
<b>7</b>	Amounts from line 4						
<b>8</b>	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>9</b>	Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b>	Other income (Do not include gain or loss from the sale of capital assets (Explain in Part VI))						
<b>11</b>	<b>Total support.</b> Add lines 7 through 10						
<b>12</b>	Gross receipts from related activities, etc. (see instructions)					<b>12</b>	
<b>13</b>	<b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . ▶ <input type="checkbox"/>						

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

<b>14</b>	Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	
<b>15</b>	Public support percentage for 2015 Schedule A, Part II, line 14	<b>15</b>	
<b>16a</b>	<b>33 1/3% support test—2016.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
<b>b</b>	<b>33 1/3% support test—2015.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
<b>17a</b>	<b>10%-facts-and-circumstances test—2016.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
<b>b</b>	<b>10%-facts-and-circumstances test—2015.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
<b>18</b>	<b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►		(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
<b>1</b>	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b>	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b>	Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b>	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b>	The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6</b>	<b>Total.</b> Add lines 1 through 5						
<b>7a</b>	Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b>	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b>	Add lines 7a and 7b						
<b>8</b>	<b>Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►		(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
<b>9</b>	Amounts from line 6						
<b>10a</b>	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b>	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b>	Add lines 10a and 10b						
<b>11</b>	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b>	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13</b>	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)						
<b>14</b>	<b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> <span style="float: right;">► <input type="checkbox"/></span>						

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

<b>15</b>	Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	
<b>16</b>	Public support percentage from 2015 Schedule A, Part III, line 15	<b>16</b>	

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

<b>17</b>	Investment income percentage for <b>2016</b> (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	
<b>18</b>	Investment income percentage from <b>2015</b> Schedule A, Part III, line 17	<b>18</b>	
<b>19a</b>	<b>33 1/3% support tests—2016.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization <span style="float: right;">► <input type="checkbox"/></span>		
<b>b</b>	<b>33 1/3% support tests—2015.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization <span style="float: right;">► <input type="checkbox"/></span>		
<b>20</b>	<b>Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions <span style="float: right;">► <input type="checkbox"/></span>		

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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



**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

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

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

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

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

**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. **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)
<b>1</b> Net short-term capital gain	<b>1</b>	
<b>2</b> Recoveries of prior-year distributions	<b>2</b>	
<b>3</b> Other gross income (see instructions)	<b>3</b>	
<b>4</b> Add lines 1 through 3	<b>4</b>	
<b>5</b> Depreciation and depletion	<b>5</b>	
<b>6</b> Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	<b>6</b>	
<b>7</b> Other expenses (see instructions)	<b>7</b>	
<b>8 Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	<b>8</b>	

**Section B - Minimum Asset Amount**

	(A) Prior Year	(B) Current Year (optional)
<b>1</b> Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	<b>1</b>	
<b>a</b> Average monthly value of securities	<b>1a</b>	
<b>b</b> Average monthly cash balances	<b>1b</b>	
<b>c</b> Fair market value of other non-exempt-use assets	<b>1c</b>	
<b>d Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>	
<b>e Discount</b> claimed for blockage or other factors (explain in detail in Part VI)		
<b>2</b> Acquisition indebtedness applicable to non-exempt use assets	<b>2</b>	
<b>3</b> Subtract line 2 from line 1d	<b>3</b>	
<b>4</b> Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	<b>4</b>	
<b>5</b> Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>	
<b>6</b> Multiply line 5 by .035	<b>6</b>	
<b>7</b> Recoveries of prior-year distributions	<b>7</b>	
<b>8 Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>	

**Section C - Distributable Amount**

		Current Year
<b>1</b> Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>	
<b>2</b> Enter 85% of line 1	<b>2</b>	
<b>3</b> Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>	
<b>4</b> Enter greater of line 2 or line 3	<b>4</b>	
<b>5</b> Income tax imposed in prior year	<b>5</b>	
<b>6 Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	<b>6</b>	
<b>7</b> <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

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

<b>Section D - Distributions</b>	<b>Current Year</b>
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in Part VI) See instructions	
<b>7 Total annual distributions.</b> Add lines 1 through 6	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
<b>9</b> Distributable amount for 2016 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

<b>Section E - Distribution Allocations (see instructions)</b>	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2016</b>	<b>(iii) Distributable Amount for 2016</b>
<b>1</b> Distributable amount for 2016 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2016 (reasonable cause required--see instructions)			
<b>3</b> Excess distributions carryover, if any, to 2016			
<b>a</b>			
<b>b</b>			
<b>c</b> From 2013. . . . .			
<b>d</b> From 2014. . . . .			
<b>e</b> From 2015. . . . .			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2016 distributable amount			
<b>i</b> Carryover from 2011 not applied (see instructions)			
<b>j</b> Remainder Subtract lines 3g, 3h, and 3i from 3f			
<b>4</b> Distributions for 2016 from Section D, line 7			
<b>\$</b>			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2016 distributable amount			
<b>c</b> Remainder Subtract lines 4a and 4b from 4			
<b>5</b> Remaining underdistributions for years prior to 2016, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
<b>6</b> Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
<b>7 Excess distributions carryover to 2017.</b> Add lines 3j and 4c			
<b>8</b> Breakdown of line 7			
<b>a</b>			
<b>b</b> Excess from 2013. . . . .			
<b>c</b> Excess from 2014. . . . .			
<b>d</b> Excess from 2015. . . . .			
<b>e</b> Excess from 2016. . . . .			

**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 C**  
**(Form 990 or 990-EZ)**

**Political Campaign and Lobbying Activities**

OMB No 1545-0047

**2016**

**Open to Public Inspection**

**For Organizations Exempt From Income Tax Under section 501(c) and section 527**  
▶ **Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.**  
▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at**  
**[www.irs.gov/form990](http://www.irs.gov/form990).**

Department of the Treasury  
Internal Revenue Service

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

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

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

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

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

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

Name of the organization UMass Memorial Health Care Inc & Affiliates	<b>Employer identification number</b> 91-2155626
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**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

<b>1</b> Provide a description of the organization's direct and indirect political campaign activities in Part IV	
<b>2</b> Political expenditures	▶ \$ _____
<b>3</b> Volunteer hours	_____

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

<b>1</b> Enter the amount of any excise tax incurred by the organization under section 4955	▶ \$ _____
<b>2</b> Enter the amount of any excise tax incurred by organization managers under section 4955	▶ \$ _____
<b>3</b> If the organization incurred a section 4955 tax, did it file Form 4720 for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>4a</b> Was a correction made?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>b</b> If "Yes," describe in Part IV	

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

<b>1</b> Enter the amount directly expended by the filing organization for section 527 exempt function activities	▶ \$ _____
<b>2</b> Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities	▶ \$ _____
<b>3</b> Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b	▶ \$ _____
<b>4</b> Did the filing organization file Form 1120-POL for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>5</b> Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV	

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

**Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

- A** Check  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)
- B** Check  if the filing organization checked box A and "limited control" provisions apply

**Limits on Lobbying Expenditures**  
(The term "expenditures" means amounts paid or incurred.)

**(a)** Filing organization's totals      **(b)** Affiliated group totals

- 1a** Total lobbying expenditures to influence public opinion (grass roots lobbying)
- b** Total lobbying expenditures to influence a legislative body (direct lobbying)
- c** Total lobbying expenditures (add lines 1a and 1b)
- d** Other exempt purpose expenditures
- e** Total exempt purpose expenditures (add lines 1c and 1d)
- f** Lobbying nontaxable amount Enter the amount from the following table in both columns

<b>If the amount on line 1e, column (a) or (b) is:</b>	<b>The lobbying nontaxable amount is:</b>
Not over \$500,000	20% of the amount on line 1e
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000
Over \$17,000,000	\$1,000,000

- g** Grassroots nontaxable amount (enter 25% of line 1f)
- h** Subtract line 1g from line 1a. If zero or less, enter -0-
- i** Subtract line 1f from line 1c. If zero or less, enter -0-
- j** If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?  Yes  No

**4-Year Averaging Period Under section 501(h)**

**(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)**

**Lobbying Expenditures During 4-Year Averaging Period**

Calendar year (or fiscal year beginning in)	<b>(a)</b> 2013	<b>(b)</b> 2014	<b>(c)</b> 2015	<b>(d)</b> 2016	<b>(e)</b> Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

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

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

	(a)		(b)
	Yes	No	Amount
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
<b>a</b> Volunteers?		No	
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
<b>c</b> Media advertisements?		No	
<b>d</b> Mailings to members, legislators, or the public?		No	
<b>e</b> Publications, or published or broadcast statements?		No	
<b>f</b> Grants to other organizations for lobbying purposes?		No	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
<b>i</b> Other activities?	Yes		185,447
<b>j</b> Total Add lines 1c through 1i			185,447
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

**Part IV Supplemental Information**

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

Return Reference	Explanation
Schedule C, Part II-B, Line 1 DETAILED DESCRIPTION OF THE LOBBYING ACTIVITY	Amounts represent amounts of membership dues paid to various associations that are attributable to lobbying activities
Schedule C, Part II-B, Line 1 DETAILED DESCRIPTION OF THE LOBBYING ACTIVITY	Amounts represent amounts of membership dues paid to various associations that are attributable to lobbying activities

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2016

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.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury Internal Revenue Service

Name of the organization UMass Memorial Health Care Inc & Affiliates

Employer identification number 91-2155626

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.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 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.

Table with 2 columns: Description, Held at the End of the Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply) [Preservation of land for public use, Protection of natural habitat, Preservation of open space, Preservation of an historically important land area, Preservation of a certified historic structure], 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 [2a Total number of conservation easements, 2b Total acreage restricted by conservation easements, 2c Number of conservation easements on a certified historic structure included in (a), 2d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register], 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.

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



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

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

**Part IV Escrow and Custodial Arrangements.**

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance . . . . .	78,913,132	117,475,856	115,101,660	112,462,194	109,418,023
<b>b</b> Contributions . . . . .	3,536,295	174,883	5,757,118		
<b>c</b> Net investment earnings, gains, and losses	3,401,567	5,899,351	-2,182,362	9,419,969	8,142,465
<b>d</b> Grants or scholarships . . . . .					
<b>e</b> Other expenditures for facilities and programs . . . . .	4,590,046	44,636,958	1,200,560	4,425,190	5,098,294
<b>f</b> Administrative expenses . . . . .				2,355,313	
<b>g</b> End of year balance . . . . .	81,260,948	78,913,132	117,475,856	115,101,660	112,462,194

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶ 0 %
  - b** Permanent endowment ▶ 65 %
  - c** Temporarily restricted endowment ▶ 35 %
- The percentages on lines 2a, 2b, and 2c should equal 100%
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- |  | Yes               | No |
|--|-------------------|----|
| <b>(i)</b> unrelated organizations . . . . .   | <b>3a(i)</b> Yes  |    |
| <b>(ii)</b> related organizations . . . . .  | <b>3a(ii)</b> Yes |    |
| <b>b</b> If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? . . . . . | <b>3b</b> Yes     |    |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land . . . . .		8,811,599		8,811,599
<b>b</b> Buildings		847,706,499	515,165,409	332,541,090
<b>c</b> Leasehold improvements		33,923,728	13,917,643	20,006,085
<b>d</b> Equipment . . . . .		836,332,042	582,057,327	254,274,715
<b>e</b> Other . . . . .		52,023,845	4,062,913	47,960,932
<b>Total.</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c) ) . . . . .				663,594,421

**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) BENEFICIAL INTEREST IN TRUSTS	67,411,018	F
(B) COMMONWEALTH PROFESSIONAL ASSURANCE COMPANY LTD		
(C) BIO VENTURES		
(D) UNITS IN INVESTMENT PARTNERSHIP	236,497,442	F
(E) OTHER		
(F) INVESTMENT IN QUEST DIAGNOSTICS	63,461,562	F
(G) INVESTMENT IN SHIELDS PHARMACY HOLDINGS	1,477,395	F
(H)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 12 )	368,847,417	

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

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

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

(a) Description	(b) Book value
(1) DUE FROM RELATED PARTIES	299,477
(2) MALPRACTICE TAIL COVERAGE	33,321,834
(3) LONG TERM SECURITY DEPOSITS	15,722
(4) OTHER NON-CURRENT ASSETS	33,943
(5) RECEIVABLE FROM MEDICAID	211,883,862
(6) CASH SECURITY	12,747
(7) DEFERRED TAX ASSET	
(8) DUE FROM THIRD PARTIES	
(9) CASH SURRENDER VALUE OF LIFE INSURANCE	5,160,928
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 15 )	250,728,513

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

(a) Description of liability	(b) Book value
(1) Federal income taxes	
See Additional Data Table	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25 )	505,481,481

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

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

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

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

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

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

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

**Part XIII Supplemental Information**

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

Return Reference	Explanation
See Additional Data Table	

**Part XIII** Supplemental Information *(continued)*

Return Reference	Explanation

## Additional Data

**Software ID:** 16000421  
**Software Version:** 2016v3.0  
**EIN:** 91-2155626  
**Name:** UMass Memorial Health Care Inc & Affiliates

### Form 990, Schedule D, Part IX, - Other Assets

(a) Description	(b) Book value
(1) DUE FROM RELATED PARTIES	299,477
(2) MALPRACTICE TAIL COVERAGE	33,321,834
(3) LONG TERM SECURITY DEPOSITS	15,722
(4) OTHER NON-CURRENT ASSETS	33,943
(5) RECEIVABLE FROM MEDICAID	211,883,862
(6) CASH SECURITY	12,747
(7) DEFERRED TAX ASSET	
(8) DUE FROM THIRD PARTIES	
(9) CASH SURRENDER VALUE OF LIFE INSURANCE	5,160,928

### Form 990, Schedule D, Part X, - Other Liabilities

(a) Description of Liability	(b) Book Value
DUE TO UMASS MEDICAL SCHOOL	148,431,314
THIRD PARTY LIABILITIES	56,879,977
DUE TO RELATED PARTIES	42,425,130
ACCRUED PENSION POST RETIREMENT BENEFITS	213,816,377
O/S LOSS RESERVES	
ESTIMATED MALPRACTICE COSTS	33,615,784
OTHER	143,929
ANNUITY PAYABLE	
LT LIABILITY ARO	9,206,944
ACCRUED LT LIABILITIES	842,901

**Form 990, Schedule D, Part X, - Other Liabilities**

<b>1</b> <b>(a)</b> Description of Liability	<b>(b)</b> Book Value
CLAIMS RESERVE	89,125
MEDICARE RESERVES	30,000
NOTE PAYABLE TO AFFILIATES (MC AND UMBHS)	
OTHER LOSS RESERVE	

**Supplemental Information**

Return Reference	Explanation
Schedule D, Part V, Line 3a(i) Sch d, part v, line 3a(i)	HEALTHALLIANCE HOSPITAL - YES BANK OF AMERICA MERRILL LYNCH HOLDS THE BERNARD W DOYLE TRUST FOR HEALTHALLIANCE HOSPITAL DISTRIBUTIONS ARE PAID TO HEALTHALLIANCE HOSPITAL BANK OF AMERICA MERRILL LYNCH IS AN UNRELATED ORGANIZATION BNY MELLON WEALTH MANAGEMENT HOLDS THE FOLLOWING TRUSTS FOR HEALTHALLIANCE HOSPITAL TRUST U/WILL PART 11 WILLIAM H CROPPER TRUST U/WILL PART 15 WILLIAM H CROPPER TRUST U/WILL PART 18 WILLIAM H CROPPER TRUST UNDER 2ND CODICIL OF WILL OF WILLIAM H CROPPER TRUST UNDER 4TH CODICIL WILLIAM H CROPPER DISTRIBUTIONS ARE PAID TO HEALTHALLIANCE HOSPITAL BNY MELLON WEALTH MANAGEMENT IS AN UNRELATED ORGANIZATION

## Supplemental Information

Return Reference	Explanation
Schedule D, Part V Endowment Funds	Medical Center - The Medical Center's endowment funds are the beneficial interest in the funds held by a related organization, UMass Memorial Health Care, Inc (Parent EIN 04-3358566) THE INTENDED USE OF THE ORGANIZATION'S ENDOWMENT FUNDS ARE DIRECTED IN ACCORDANCE WITH THE DONOR'S INTENT, INCLUDING THE PRESERVATION OF THE ORIGINAL GIFT AND VARIOUS PURPOSES INCLUDING CHARITY CARE, MEDICAL EDUCATION, RESEARCH, HEALTH CARE SERVICES, BUILDINGS AND EQUIPMENT



## Supplemental Information

Return Reference	Explanation
Schedule D, Part V, Line 3a(1) Sch d, part v, line 3a(1)	Clinton Hospital - Bank of America Private Wealth Management holds the Miriam Shaw Trust for Clinton Hospital Distributions are paid to Clinton Hospital Bank of America Private Wealth Management is an unrelated organization Bank of America Corporation holds the following Trusts for Clinton Hospital George Henry May Trust- Article Fourth (8) Trust U/Will Elizabeth L Rowan Christine L Beck Trust Distributions are paid to Clinton Hospital Bank of America Corporation is an unrelated organization

## Supplemental Information

Return Reference	Explanation
Schedule D, Part IV, Line 2b Explanation of escrow agreement	Tenant security deposits of \$12,747 for UMass Memorial Realty, Inc. These will be returned once the tenant vacates the property.

## Supplemental Information

Return Reference	Explanation
Schedule D, Part V, Line 4 Intended uses of endowment funds	The intended uses of the organization's endowment funds include health care services, research, medical education, charity care, and capital spending

**Supplemental Information**

Return Reference	Explanation
Schedule D, Part X, Line 2 FIN 48 (ASC 740) footnote	<p>The System follows a two-step approach for the financial statement recognition and measurement of a tax position taken or expected to be taken on a tax return. The substantial majority of UMass Memorial and its affiliate entities are recognized by the Internal Revenue Service as tax-exempt under Section 501(c)(3) of the Internal Revenue Code. Accordingly, these entities will not incur any liability for federal income taxes except for tax on unrelated business income. Certain affiliates are taxable entities. The measurement of the amounts recorded as a provision for income taxes based upon the aforementioned approach was \$315,000 and \$301,000 for the years ended September 30, 2017 and 2016, respectively, and is recorded as part of supplies and other expense in the accompanying consolidated statements of operations. Certain affiliates have federal and state income tax net operating loss ("NOL") carryforwards related to its discontinued laboratory outreach business. For the year ended September 30, 2017, federal and state NOL carryforwards were \$26,992,000. Such NOL carryforwards expire from 2020 to 2035. It is more likely than not that the income tax benefits will not be realized. The System does not believe it has any significant uncertain tax positions.</p>

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

**Supplemental Information Regarding  
Fundraising or Gaming Activities**

OMB No 1545-0047

**2016**

**Open to Public  
Inspection**

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a  
 Attach to Form 990 or Form 990-EZ.

Information about Schedule G (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Department of the Treasury  
Internal Revenue Service

Name of the organization  
UMass Memorial Health Care Inc & Affiliates

Employer identification number  
91-2155626

**Part I Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a**  Mail solicitations
  - b**  Internet and email solicitations
  - c**  Phone solicitations
  - d**  In-person solicitations
  - e**  Solicitation of non-government grants
  - f**  Solicitation of government grants
  - g**  Special fundraising events
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No
- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
<b>Total</b>						

**3** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

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

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d)
		<b>CNEHA Golf Tournament</b> (event type)	<b>Marlboro Golf Tournament</b> (event type)	<b>2</b> (total number)	Total events (add col (a) through col (c))
<b>1</b>	Gross receipts . . . . .	281,172	94,012	158,360	533,544
<b>2</b>	Less Contributions . . . . .	132,477	43,154	103,837	279,468
<b>3</b>	Gross income (line 1 minus line 2) . . . . .	148,695	50,858	54,523	254,076
Direct Expenses	<b>4</b> Cash prizes . . . . .				
	<b>5</b> Noncash prizes . . . . .	21,925	7,248	8,059	37,232
	<b>6</b> Rent/facility costs . . . . .	47,341	16,907	20,846	85,094
	<b>7</b> Food and beverages . . . . .	48,490	17,708	24,455	90,653
	<b>8</b> Entertainment . . . . .			3,967	3,967
	<b>9</b> Other direct expenses . . . . .	30,939	8,995	12,916	52,850
	<b>10</b> Direct expense summary Add lines 4 through 9 in column (d) . . . . . ▶				269,796
<b>11</b> Net income summary Subtract line 10 from line 3, column (d) . . . . . ▶				-15,720	

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

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

**9** Enter the state(s) in which the organization conducts gaming activities \_\_\_\_\_

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

**b** If "No," explain \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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

**b** If "Yes," explain \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

- 11** Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13** Indicate the percentage of gaming activity conducted in
- |                                      |              |
|--------------------------------------|--------------|
| <b>a</b> The organization's facility | <b>13a</b> % |
| <b>b</b> An outside facility         | <b>13b</b> % |

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

Name ▶ .....

Address ▶ .....

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

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

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

Name ▶ .....

Address ▶ .....

**16** Gaming manager information

Name ▶ .....

Gaming manager compensation ▶ \$ .....

Description of services provided ▶ .....

- Director/officer                       Employee                       Independent contractor

**17** Mandatory distributions

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

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

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

Return Reference	Explanation
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**SCHEDULE H (Form 990)**  
 Department of the Treasury  
 Internal Revenue Service  
**Name of the organization**  
 UMass Memorial Health Care Inc & Affiliates

**Hospitals**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, question 20.**  
 ▶ **Attach to Form 990.**  
 ▶ **Information about Schedule H (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

**Employer identification number**  
 91-2155626

OMB No 1545-0047  
**2016**  
**Open to Public Inspection**

**Part I Financial Assistance and Certain Other Community Benefits at Cost**

	Yes	No
<b>1a</b> Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	<b>1a</b> Yes	
<b>b</b> If "Yes," was it a written policy?	<b>1b</b> Yes	
<b>2</b> If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
<b>3</b> Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year		
<b>a</b> Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for <i>free</i> care <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ %	<b>3a</b> Yes	
<b>b</b> Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input checked="" type="checkbox"/> Other _____ 60000 %	<b>3b</b> Yes	
<b>c</b> If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care		
<b>4</b> Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	<b>4</b> Yes	
<b>5a</b> Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	<b>5a</b> Yes	
<b>b</b> If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	<b>5b</b> Yes	
<b>c</b> If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	<b>5c</b>	No
<b>6a</b> Did the organization prepare a community benefit report during the tax year?	<b>6a</b> Yes	
<b>b</b> If "Yes," did the organization make it available to the public?	<b>6b</b> Yes	

**7 Financial Assistance and Certain Other Community Benefits at Cost**

<b>Financial Assistance and Means-Tested Government Programs</b>	<b>(a)</b> Number of activities or programs (optional)	<b>(b)</b> Persons served (optional)	<b>(c)</b> Total community benefit expense	<b>(d)</b> Direct offsetting revenue	<b>(e)</b> Net community benefit expense	<b>(f)</b> Percent of total expense
<b>a</b> Financial Assistance at cost (from Worksheet 1)			25,236,667	12,741,474	12,495,193	0 64 %
<b>b</b> Medicaid (from Worksheet 3, column a)			386,556,879	344,249,564	42,307,315	2 17 %
<b>c</b> Costs of other means-tested government programs (from Worksheet 3, column b)			25,224,257	25,224,257	0	0 %
<b>d Total</b> Financial Assistance and Means-Tested Government Programs	0	0	437,017,803	382,215,295	54,802,508	2 81 %
<b>Other Benefits</b>						
<b>e</b> Community health improvement services and community benefit operations (from Worksheet 4)			4,344,967	2,614,831	1,730,136	0 09 %
<b>f</b> Health professions education (from Worksheet 5)			226,973,043	133,907,163	93,065,880	4 78 %
<b>g</b> Subsidized health services (from Worksheet 6)			88,187,450	69,986,010	18,201,440	0 93 %
<b>h</b> Research (from Worksheet 7)			153,168	49,850	103,318	0 01 %
<b>i</b> Cash and in-kind contributions for community benefit (from Worksheet 8)			2,275,640	2,275,640	0	0 %
<b>j Total.</b> Other Benefits	0	0	321,934,268	208,833,494	113,100,774	5 81 %
<b>k Total.</b> Add lines 7d and 7j	0	0	758,952,071	591,048,789	167,903,282	8 62 %



**Part III Community Building Activities** Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing			7,641	0	7,641	0 %
2 Economic development			0	0	0	0 %
3 Community support			12,994	0	12,994	0 %
4 Environmental improvements			0	0	0	0 %
5 Leadership development and training for community members			1,944	0	1,944	0 %
6 Coalition building			4,215	0	4,215	0 %
7 Community health improvement advocacy			0	0	0	0 %
8 Workforce development			69,453	0	69,453	0 %
9 Other			0	0	0	0 %
<b>10 Total</b>	0	0	96,247	0	96,247	0 %

**Part III Bad Debt, Medicare, & Collection Practices**

**Section A. Bad Debt Expense**

		Yes	No
1	Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No 15?	1	Yes
2	Enter the amount of the organization's bad debt expense Explain in Part VI the methodology used by the organization to estimate this amount	2	44,461,000
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit	3	2,158,840
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements		

**Section B. Medicare**

5	Enter total revenue received from Medicare (including DSH and IME)	5	378,034,017
6	Enter Medicare allowable costs of care relating to payments on line 5	6	428,184,862
7	Subtract line 6 from line 5 This is the surplus (or shortfall)	7	-50,150,845
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6 Check the box that describes the method used <input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other		

**Section C. Collection Practices**

9a	Did the organization have a written debt collection policy during the tax year?	9a	Yes
b	If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI	9b	Yes

**Part IV Management Companies and Joint Ventures**

(owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				

**Part V Facility Information****Section A. Hospital Facilities**

(list in order of size from largest to smallest—see instructions)

How many hospital facilities did the organization operate during the tax year?

4

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)

See Additional Data Table	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)	Facility reporting group

**Part V Facility Information** (continued)

**Section B. Facility Policies and Practices**

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)  
UMASS MEMORIAL MEDICAL CENTER INC

Name of hospital facility or letter of facility reporting group \_\_\_\_\_

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): \_\_\_\_\_ 1

		Yes	No
<b>Community Health Needs Assessment</b>			
<b>1</b>	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year? . . . . .	<b>1</b>	No
<b>2</b>	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C . . . . .	<b>2</b>	No
<b>3</b>	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 . . . . . If "Yes," indicate what the CHNA report describes (check all that apply)	<b>3</b>	Yes
<b>a</b>	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
<b>b</b>	<input checked="" type="checkbox"/> Demographics of the community		
<b>c</b>	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
<b>d</b>	<input checked="" type="checkbox"/> How data was obtained		
<b>e</b>	<input checked="" type="checkbox"/> The significant health needs of the community		
<b>f</b>	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
<b>g</b>	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
<b>h</b>	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
<b>i</b>	<input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
<b>j</b>	<input checked="" type="checkbox"/> Other (describe in Section C)		
<b>4</b>	Indicate the tax year the hospital facility last conducted a CHNA <u>20 14</u>		
<b>5</b>	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted . . . . .	<b>5</b>	Yes
<b>6 a</b>	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C . . . . .	<b>6a</b>	No
<b>b</b>	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C . . . . .	<b>6b</b>	Yes
<b>7</b>	Did the hospital facility make its CHNA report widely available to the public? . . . . . If "Yes," indicate how the CHNA report was made widely available (check all that apply)	<b>7</b>	Yes
<b>a</b>	<input checked="" type="checkbox"/> Hospital facility's website (list url) <u>http://www.umassmemorialhealthcare.org/sites/umass-memorial-hospital/files/Documents/About/UMass_Mem</u>		
<b>b</b>	<input checked="" type="checkbox"/> Other website (list url) <u>http://www.worcesterma.gov/uploads/e3/8b/e38b32c7d4a96243c9c48bbd3250b00e/cha-report.pdf</u>		
<b>c</b>	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
<b>d</b>	<input checked="" type="checkbox"/> Other (describe in Section C)		
<b>8</b>	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11 . . . . .	<b>8</b>	Yes
<b>9</b>	Indicate the tax year the hospital facility last adopted an implementation strategy <u>20 15</u>		
<b>10</b>	Is the hospital facility's most recently adopted implementation strategy posted on a website? . . . . . <u>https://www.umassmemorialhealthcare.org/sites/umass-memorial-</u>	<b>10</b>	Yes
<b>a</b>	If "Yes" (list url) <u>hospital/files/Documents/CB%2520Plan%25</u>		
<b>b</b>	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? . . . . .	<b>10b</b>	
<b>11</b>	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
<b>12a</b>	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)? . . . . .	<b>12a</b>	No
<b>b</b>	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax? . . . . .	<b>12b</b>	
<b>c</b>	If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

**Part V Facility Information** (continued)**Financial Assistance Policy (FAP)**

UMASS MEMORIAL MEDICAL CENTER INC

Name of hospital facility or letter of facility reporting group \_\_\_\_\_

		Yes	No
	Did the hospital facility have in place during the tax year a written financial assistance policy that		
<b>13</b>	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	Yes	
<b>a</b>	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200 0 % and FPG family income limit for eligibility for discounted care of 600 0 %		
<b>b</b>	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
<b>c</b>	<input type="checkbox"/> Asset level		
<b>d</b>	<input type="checkbox"/> Medical indigency		
<b>e</b>	<input checked="" type="checkbox"/> Insurance status		
<b>f</b>	<input checked="" type="checkbox"/> Underinsurance discount		
<b>g</b>	<input type="checkbox"/> Residency		
<b>h</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>14</b>	Explained the basis for calculating amounts charged to patients? . . . . .	Yes	
<b>15</b>	Explained the method for applying for financial assistance? . . . . . If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)	Yes	
<b>a</b>	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
<b>b</b>	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
<b>c</b>	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
<b>d</b>	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
<b>e</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>16</b>	Was widely publicized within the community served by the hospital facility? . . . . . If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	Yes	
<b>a</b>	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url) <u><a href="https://www.umassmemorialhealthcare.org/umass-memorial-medical-center/patients-visitors">https://www.umassmemorialhealthcare.org/umass-memorial-medical-center/patients-visitors</a></u>		
<b>b</b>	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) <u><a href="https://www.umassmemorialhealthcare.org/umass-memorial-medical-center/patients-visitors">https://www.umassmemorialhealthcare.org/umass-memorial-medical-center/patients-visitors</a></u>		
<b>c</b>	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) <u><a href="https://www.umassmemorialhealthcare.org/umass-memorial-medical-center/patients-visitors">https://www.umassmemorialhealthcare.org/umass-memorial-medical-center/patients-visitors</a></u>		
<b>d</b>	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>e</b>	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>f</b>	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>g</b>	<input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
<b>h</b>	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
<b>i</b>	<input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations		
<b>j</b>	<input checked="" type="checkbox"/> Other (describe in Section C)		

**Part V Facility Information** (continued)

**Billing and Collections**

UMASS MEMORIAL MEDICAL CENTER INC

**Name of hospital facility or letter of facility reporting group**

		Yes	No
<b>17</b>	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment? . . . . .	Yes	
<b>18</b>	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP <b>a</b> <input type="checkbox"/> Reporting to credit agency(ies) <b>b</b> <input type="checkbox"/> Selling an individual's debt to another party <b>c</b> <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP <b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process <b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C) <b>f</b> <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
<b>19</b>	Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? . . . . . If "Yes," check all actions in which the hospital facility or a third party engaged <b>a</b> <input type="checkbox"/> Reporting to credit agency(ies) <b>b</b> <input type="checkbox"/> Selling an individual's debt to another party <b>c</b> <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP <b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process <b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C)		No
<b>20</b>	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply) <b>a</b> <input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs <b>b</b> <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process <b>c</b> <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications <b>d</b> <input checked="" type="checkbox"/> Made presumptive eligibility determinations <b>e</b> <input type="checkbox"/> Other (describe in Section C) <b>f</b> <input type="checkbox"/> None of these efforts were made		

**Policy Relating to Emergency Medical Care**

<b>21</b>	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? . . . . . If "No," indicate why <b>a</b> <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions <b>b</b> <input type="checkbox"/> The hospital facility's policy was not in writing <b>c</b> <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) <b>d</b> <input type="checkbox"/> Other (describe in Section C)	Yes	
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**Part V Facility Information** *(continued)*

**Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

UMASS MEMORIAL MEDICAL CENTER INC

**Name of hospital facility or letter of facility reporting group** \_\_\_\_\_

**22** Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care

- a  The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b  The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c  The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d  The hospital facility used a prospective Medicare or Medicaid method

**23** During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? . . . . .

If "Yes," explain in Section C

**24** During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? . . . . .

If "Yes," explain in Section C

	Yes	No
<b>23</b>		No
<b>24</b>		No

**Part V Facility Information** (continued)

**Section B. Facility Policies and Practices**

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)  
 HEALTHALLIANCE HOSPITAL INC

Name of hospital facility or letter of facility reporting group \_\_\_\_\_

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): \_\_\_\_\_ 2

		Yes	No
<b>Community Health Needs Assessment</b>			
<b>1</b>	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year? . . . . .	<b>1</b>	No
<b>2</b>	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C . . . . .	<b>2</b>	No
<b>3</b>	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 . . . . . If "Yes," indicate what the CHNA report describes (check all that apply)	<b>3</b>	Yes
<b>a</b>	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
<b>b</b>	<input checked="" type="checkbox"/> Demographics of the community		
<b>c</b>	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
<b>d</b>	<input checked="" type="checkbox"/> How data was obtained		
<b>e</b>	<input checked="" type="checkbox"/> The significant health needs of the community		
<b>f</b>	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
<b>g</b>	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
<b>h</b>	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
<b>i</b>	<input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
<b>j</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>4</b>	Indicate the tax year the hospital facility last conducted a CHNA <u>20 15</u>		
<b>5</b>	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted . . . . .	<b>5</b>	Yes
<b>6 a</b>	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C . . . . .	<b>6a</b>	Yes
<b>b</b>	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C . . . . .	<b>6b</b>	Yes
<b>7</b>	Did the hospital facility make its CHNA report widely available to the public? . . . . . If "Yes," indicate how the CHNA report was made widely available (check all that apply)	<b>7</b>	Yes
<b>a</b>	<input checked="" type="checkbox"/> Hospital facility's website (list url) <u>www.healthallianceclinton.com</u>		
<b>b</b>	<input checked="" type="checkbox"/> Other website (list url) <u>http://www.heywood.org/about/publications</u>		
<b>c</b>	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
<b>d</b>	<input checked="" type="checkbox"/> Other (describe in Section C)		
<b>8</b>	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11 . . . . .	<b>8</b>	Yes
<b>9</b>	Indicate the tax year the hospital facility last adopted an implementation strategy <u>20 16</u>		
<b>10</b>	Is the hospital facility's most recently adopted implementation strategy posted on a website? . . . . . If "Yes" (list url) <u>www.healthallianceclinton.com</u>	<b>10</b>	Yes
<b>a</b>			
<b>b</b>	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? . . . . .	<b>10b</b>	
<b>11</b>	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
<b>12a</b>	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)? . . . . .	<b>12a</b>	No
<b>b</b>	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax? . . . . .	<b>12b</b>	
<b>c</b>	If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

**Part V Facility Information** (continued)

**Financial Assistance Policy (FAP)**

HEALTHALLIANCE HOSPITAL INC

Name of hospital facility or letter of facility reporting group \_\_\_\_\_

		Yes	No
	Did the hospital facility have in place during the tax year a written financial assistance policy that		
<b>13</b>	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	Yes	
<b>a</b>	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200</u> % and FPG family income limit for eligibility for discounted care of <u>600</u> %		
<b>b</b>	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
<b>c</b>	<input type="checkbox"/> Asset level		
<b>d</b>	<input type="checkbox"/> Medical indigency		
<b>e</b>	<input checked="" type="checkbox"/> Insurance status		
<b>f</b>	<input checked="" type="checkbox"/> Underinsurance discount		
<b>g</b>	<input type="checkbox"/> Residency		
<b>h</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>14</b>	Explained the basis for calculating amounts charged to patients? . . . . .	Yes	
<b>15</b>	Explained the method for applying for financial assistance? . . . . . If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)	Yes	
<b>a</b>	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
<b>b</b>	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
<b>c</b>	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
<b>d</b>	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
<b>e</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>16</b>	Was widely publicized within the community served by the hospital facility? . . . . . If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	Yes	
<b>a</b>	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url) <u><a href="https://www.umassmemorialhealthcare.org/healthalliance-clinton-hospital/patients-visitors">https://www.umassmemorialhealthcare.org/healthalliance-clinton-hospital/patients-visitors</a></u>		
<b>b</b>	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) <u><a href="https://www.umassmemorialhealthcare.org/healthalliance-clinton-hospital/patients-visitors">https://www.umassmemorialhealthcare.org/healthalliance-clinton-hospital/patients-visitors</a></u>		
<b>c</b>	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) <u><a href="https://www.umassmemorialhealthcare.org/healthalliance-clinton-hospital/patients-visitors">https://www.umassmemorialhealthcare.org/healthalliance-clinton-hospital/patients-visitors</a></u>		
<b>d</b>	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>e</b>	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>f</b>	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>g</b>	<input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
<b>h</b>	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
<b>i</b>	<input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations		
<b>j</b>	<input checked="" type="checkbox"/> Other (describe in Section C)		



**Part V Facility Information** (continued)

**Billing and Collections**

HEALTHALLIANCE HOSPITAL INC

**Name of hospital facility or letter of facility reporting group** \_\_\_\_\_

		Yes	No
<b>17</b>	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment? . . . . .	Yes	
<b>18</b>	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP <b>a</b> <input type="checkbox"/> Reporting to credit agency(ies) <b>b</b> <input type="checkbox"/> Selling an individual's debt to another party <b>c</b> <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP <b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process <b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C) <b>f</b> <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
<b>19</b>	Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? . . . . . If "Yes," check all actions in which the hospital facility or a third party engaged <b>a</b> <input type="checkbox"/> Reporting to credit agency(ies) <b>b</b> <input type="checkbox"/> Selling an individual's debt to another party <b>c</b> <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP <b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process <b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C)		No
<b>20</b>	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply) <b>a</b> <input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs <b>b</b> <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process <b>c</b> <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications <b>d</b> <input checked="" type="checkbox"/> Made presumptive eligibility determinations <b>e</b> <input type="checkbox"/> Other (describe in Section C) <b>f</b> <input type="checkbox"/> None of these efforts were made		

**Policy Relating to Emergency Medical Care**

<b>21</b>	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? . . . . . If "No," indicate why <b>a</b> <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions <b>b</b> <input type="checkbox"/> The hospital facility's policy was not in writing <b>c</b> <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) <b>d</b> <input type="checkbox"/> Other (describe in Section C)	Yes	
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**Part V Facility Information** *(continued)*

**Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

HEALTHALLIANCE HOSPITAL INC

**Name of hospital facility or letter of facility reporting group** \_\_\_\_\_

- 22** Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care
- a  The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
  - b  The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
  - c  The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
  - d  The hospital facility used a prospective Medicare or Medicaid method

**23** During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? . . . . .

If "Yes," explain in Section C

**24** During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? . . . . .

If "Yes," explain in Section C

	Yes	No
<b>23</b>		No
<b>24</b>		No

**Part V Facility Information** (continued)

**Section B. Facility Policies and Practices**

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)  
 MARLBOROUGH HOSPITAL

Name of hospital facility or letter of facility reporting group \_\_\_\_\_

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): \_\_\_\_\_ **3**

		Yes	No
<b>Community Health Needs Assessment</b>			
<b>1</b>	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year? . . . . .	<b>1</b>	No
<b>2</b>	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C . . . . .	<b>2</b>	No
<b>3</b>	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 . . . . . If "Yes," indicate what the CHNA report describes (check all that apply)	<b>3</b>	Yes
<b>a</b>	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
<b>b</b>	<input checked="" type="checkbox"/> Demographics of the community		
<b>c</b>	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
<b>d</b>	<input checked="" type="checkbox"/> How data was obtained		
<b>e</b>	<input checked="" type="checkbox"/> The significant health needs of the community		
<b>f</b>	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
<b>g</b>	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
<b>h</b>	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
<b>i</b>	<input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
<b>j</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>4</b>	Indicate the tax year the hospital facility last conducted a CHNA <u>20 16</u>		
<b>5</b>	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted . . . . .	<b>5</b>	Yes
<b>6 a</b>	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C . . . . .	<b>6a</b>	Yes
<b>b</b>	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C . . . . .	<b>6b</b>	Yes
<b>7</b>	Did the hospital facility make its CHNA report widely available to the public? . . . . . If "Yes," indicate how the CHNA report was made widely available (check all that apply)	<b>7</b>	Yes
<b>a</b>	<input checked="" type="checkbox"/> Hospital facility's website (list url) <u>www.marlboroughhospital.org</u>		
<b>b</b>	<input checked="" type="checkbox"/> Other website (list url) <u>www.mwhealth.org</u>		
<b>c</b>	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
<b>d</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>8</b>	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11 . . . . .	<b>8</b>	Yes
<b>9</b>	Indicate the tax year the hospital facility last adopted an implementation strategy <u>20 16</u>		
<b>10</b>	Is the hospital facility's most recently adopted implementation strategy posted on a website? . . . . . <u>www.umassmemorialhealthcare.org/about-us/community-benefits-</u>	<b>10</b>	Yes
<b>a</b>	If "Yes" (list url) <u>program/marlborough-</u>		
<b>b</b>	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? . . . . .	<b>10b</b>	
<b>11</b>	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
<b>12a</b>	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)? . . . . .	<b>12a</b>	No
<b>b</b>	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax? . . . . .	<b>12b</b>	
<b>c</b>	If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

**Part V Facility Information** (continued)**Financial Assistance Policy (FAP)**

MARLBOROUGH HOSPITAL

Name of hospital facility or letter of facility reporting group \_\_\_\_\_

		Yes	No
	Did the hospital facility have in place during the tax year a written financial assistance policy that		
<b>13</b>	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	Yes	
<b>a</b>	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200 0 % and FPG family income limit for eligibility for discounted care of 600 0 %		
<b>b</b>	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
<b>c</b>	<input type="checkbox"/> Asset level		
<b>d</b>	<input type="checkbox"/> Medical indigency		
<b>e</b>	<input checked="" type="checkbox"/> Insurance status		
<b>f</b>	<input checked="" type="checkbox"/> Underinsurance discount		
<b>g</b>	<input type="checkbox"/> Residency		
<b>h</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>14</b>	Explained the basis for calculating amounts charged to patients? . . . . .	Yes	
<b>15</b>	Explained the method for applying for financial assistance? . . . . . If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)	Yes	
<b>a</b>	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
<b>b</b>	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
<b>c</b>	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
<b>d</b>	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
<b>e</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>16</b>	Was widely publicized within the community served by the hospital facility? . . . . . If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	Yes	
<b>a</b>	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url) <u><a href="https://www.umassmemorialhealthcare.org/marlborough-hospital/patients-visitors/patient-resources">https://www.umassmemorialhealthcare.org/marlborough-hospital/patients-visitors/patient-resources</a></u>		
<b>b</b>	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) <u><a href="https://www.umassmemorialhealthcare.org/marlborough-hospital/patients-visitors/patient-resources">https://www.umassmemorialhealthcare.org/marlborough-hospital/patients-visitors/patient-resources</a></u>		
<b>c</b>	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) <u><a href="https://www.umassmemorialhealthcare.org/marlborough-hospital/patients-visitors/patient-resources">https://www.umassmemorialhealthcare.org/marlborough-hospital/patients-visitors/patient-resources</a></u>		
<b>d</b>	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>e</b>	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>f</b>	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>g</b>	<input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
<b>h</b>	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
<b>i</b>	<input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations		
<b>j</b>	<input checked="" type="checkbox"/> Other (describe in Section C)		

**Part V Facility Information** (continued)

**Billing and Collections**

MARLBOROUGH HOSPITAL

**Name of hospital facility or letter of facility reporting group** \_\_\_\_\_

		Yes	No
<b>17</b>	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment? . . . . .	Yes	
<b>18</b>	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP <b>a</b> <input type="checkbox"/> Reporting to credit agency(ies) <b>b</b> <input type="checkbox"/> Selling an individual's debt to another party <b>c</b> <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP <b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process <b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C) <b>f</b> <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
<b>19</b>	Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? . . . . . If "Yes," check all actions in which the hospital facility or a third party engaged <b>a</b> <input type="checkbox"/> Reporting to credit agency(ies) <b>b</b> <input type="checkbox"/> Selling an individual's debt to another party <b>c</b> <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP <b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process <b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C)		No
<b>20</b>	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply) <b>a</b> <input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs <b>b</b> <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process <b>c</b> <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications <b>d</b> <input checked="" type="checkbox"/> Made presumptive eligibility determinations <b>e</b> <input type="checkbox"/> Other (describe in Section C) <b>f</b> <input type="checkbox"/> None of these efforts were made		

**Policy Relating to Emergency Medical Care**

<b>21</b>	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? . . . . . If "No," indicate why <b>a</b> <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions <b>b</b> <input type="checkbox"/> The hospital facility's policy was not in writing <b>c</b> <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) <b>d</b> <input type="checkbox"/> Other (describe in Section C)	Yes	
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**Part V Facility Information** *(continued)*

**Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

MARLBOROUGH HOSPITAL

**Name of hospital facility or letter of facility reporting group** \_\_\_\_\_

**22** Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care

- a  The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b  The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c  The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d  The hospital facility used a prospective Medicare or Medicaid method

**23** During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? . . . . .

If "Yes," explain in Section C

**24** During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? . . . . .

If "Yes," explain in Section C

	Yes	No
<b>23</b>		No
<b>24</b>		No

**Part V Facility Information** (continued)

**Section B. Facility Policies and Practices**

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)  
 CLINTON HOSPITAL ASSOCIATION

Name of hospital facility or letter of facility reporting group \_\_\_\_\_

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): \_\_\_\_\_ **4**

		Yes	No
<b>Community Health Needs Assessment</b>			
<b>1</b>	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year? . . . . .	<b>1</b>	No
<b>2</b>	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C . . . . .	<b>2</b>	No
<b>3</b>	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 . . . . . If "Yes," indicate what the CHNA report describes (check all that apply)	<b>3</b>	Yes
<b>a</b>	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
<b>b</b>	<input checked="" type="checkbox"/> Demographics of the community		
<b>c</b>	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
<b>d</b>	<input checked="" type="checkbox"/> How data was obtained		
<b>e</b>	<input checked="" type="checkbox"/> The significant health needs of the community		
<b>f</b>	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
<b>g</b>	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
<b>h</b>	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
<b>i</b>	<input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
<b>j</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>4</b>	Indicate the tax year the hospital facility last conducted a CHNA <u>20 14</u>		
<b>5</b>	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted . . . . .	<b>5</b>	Yes
<b>6 a</b>	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C . . . . .	<b>6a</b>	Yes
<b>b</b>	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C . . . . .	<b>6b</b>	Yes
<b>7</b>	Did the hospital facility make its CHNA report widely available to the public? . . . . . If "Yes," indicate how the CHNA report was made widely available (check all that apply)	<b>7</b>	Yes
<b>a</b>	<input checked="" type="checkbox"/> Hospital facility's website (list url) <u>www.umassmemorialhealthcare.org/healthalliance-clinton-hospital</u>		
<b>b</b>	<input checked="" type="checkbox"/> Other website (list url) <u>http://chna9.com/index.html</u>		
<b>c</b>	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
<b>d</b>	<input checked="" type="checkbox"/> Other (describe in Section C)		
<b>8</b>	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11 . . . . .	<b>8</b>	Yes
<b>9</b>	Indicate the tax year the hospital facility last adopted an implementation strategy <u>20 15</u>		
<b>10</b>	Is the hospital facility's most recently adopted implementation strategy posted on a website? . . . . . If "Yes" (list url) <u>www.umassmemorialhealthcare.org/healthalliance-clinton-hospital</u>	<b>10</b>	Yes
<b>a</b>			
<b>b</b>	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? . . . . .	<b>10b</b>	
<b>11</b>	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
<b>12a</b>	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)? . . . . .	<b>12a</b>	No
<b>b</b>	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax? . . . . .	<b>12b</b>	
<b>c</b>	If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

**Part V Facility Information** (continued)

**Financial Assistance Policy (FAP)**

CLINTON HOSPITAL ASSOCIATION

Name of hospital facility or letter of facility reporting group \_\_\_\_\_

		Yes	No
	Did the hospital facility have in place during the tax year a written financial assistance policy that		
<b>13</b>	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	Yes	
<b>a</b>	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200</u> 0 % and FPG family income limit for eligibility for discounted care of <u>600</u> 0 %		
<b>b</b>	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
<b>c</b>	<input type="checkbox"/> Asset level		
<b>d</b>	<input type="checkbox"/> Medical indigency		
<b>e</b>	<input checked="" type="checkbox"/> Insurance status		
<b>f</b>	<input checked="" type="checkbox"/> Underinsurance discount		
<b>g</b>	<input type="checkbox"/> Residency		
<b>h</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>14</b>	Explained the basis for calculating amounts charged to patients? . . . . .	Yes	
<b>15</b>	Explained the method for applying for financial assistance? . . . . . If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)	Yes	
<b>a</b>	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
<b>b</b>	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
<b>c</b>	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
<b>d</b>	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
<b>e</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>16</b>	Was widely publicized within the community served by the hospital facility? . . . . . If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	Yes	
<b>a</b>	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url) <u>https://www.umassmemorialhealthcare.org/healthalliance-clinton-hospital/patients-visitors</u>		
<b>b</b>	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) <u>https://www.umassmemorialhealthcare.org/healthalliance-clinton-hospital/patients-visitors</u>		
<b>c</b>	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) <u>https://www.umassmemorialhealthcare.org/healthalliance-clinton-hospital/patients-visitors</u>		
<b>d</b>	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>e</b>	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>f</b>	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>g</b>	<input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
<b>h</b>	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
<b>i</b>	<input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations		
<b>j</b>	<input checked="" type="checkbox"/> Other (describe in Section C)		



**Part V Facility Information** (continued)

**Billing and Collections**

CLINTON HOSPITAL ASSOCIATION

**Name of hospital facility or letter of facility reporting group** \_\_\_\_\_

		Yes	No
<b>17</b>	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment? . . . . .	Yes	
<b>18</b>	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP <b>a</b> <input type="checkbox"/> Reporting to credit agency(ies) <b>b</b> <input type="checkbox"/> Selling an individual's debt to another party <b>c</b> <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP <b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process <b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C) <b>f</b> <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
<b>19</b>	Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? . . . . . If "Yes," check all actions in which the hospital facility or a third party engaged <b>a</b> <input type="checkbox"/> Reporting to credit agency(ies) <b>b</b> <input type="checkbox"/> Selling an individual's debt to another party <b>c</b> <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP <b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process <b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C)		No
<b>20</b>	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply) <b>a</b> <input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs <b>b</b> <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process <b>c</b> <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications <b>d</b> <input checked="" type="checkbox"/> Made presumptive eligibility determinations <b>e</b> <input type="checkbox"/> Other (describe in Section C) <b>f</b> <input type="checkbox"/> None of these efforts were made		

**Policy Relating to Emergency Medical Care**

<b>21</b>	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? . . . . . If "No," indicate why <b>a</b> <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions <b>b</b> <input type="checkbox"/> The hospital facility's policy was not in writing <b>c</b> <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) <b>d</b> <input type="checkbox"/> Other (describe in Section C)	Yes	
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**Part V Facility Information** *(continued)*

**Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

CLINTON HOSPITAL ASSOCIATION

**Name of hospital facility or letter of facility reporting group** \_\_\_\_\_

- 22** Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care
- a  The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
  - b  The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
  - c  The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
  - d  The hospital facility used a prospective Medicare or Medicaid method

**23** During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? . . . . .

If "Yes," explain in Section C

**24** During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? . . . . .

If "Yes," explain in Section C

	Yes	No
<b>23</b>		No
<b>24</b>		No

**Part V** Facility Information *(continued)*

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation
See Add'l Data	

**Part V Facility Information** (continued)**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? 4

Name and address	Type of Facility (describe)
<b>1</b> UMASS MEMORIAL MED CENTER (LAB SVCS) BIOTECH ONE 365 PLANTATION STREET WORCESTER, MA 01605	SATELLITE - LAB SERVICES
<b>2</b> UMASS MEMORIAL MED CENTER (PATHOLOGY) BIOTECH THREE ONE INNOVATION DRIVE WORCESTER, MA 01605	SATELLITE - PATHOLOGY
<b>3</b> UMASS MEMORIAL MED CENTER AMBULANCE 23 WELLS STREET WORCESTER, MA 01604	SATELLITE - AMBULATORY SERVICES
<b>4</b> UMASS MEMORIAL MED CENTER 100 PROVIDENCE STREET WORCESTER, MA 01604	SATELLITE - AMBULATORY SERVICES
<b>5</b>	
<b>6</b>	
<b>7</b>	
<b>8</b>	
<b>9</b>	
<b>10</b>	

**Part VI Supplemental Information**

Provide the following information

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II and Part III, lines 2, 3, 4, 8 and 9b
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc )
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
Schedule H, Part I RESEARCH EXPENSES	THE AMOUNT OF RESEARCH EXPENSES FOR FINANCIAL ASSISTANCE AND COMMUNITY BENEFITS BEING REPORTED BY UMASS MEMORIAL HEALTH CARE IS LOW SINCE THESE COSTS ARE SUPPORTED BY THE UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL THE MEDICAL SCHOOL IS CLOSELY ASSOCIATED WITH UMASS MEMORIAL HEALTH CARE AND PROVIDES A SIGNIFICANT NUMBER OF COMMUNITY BASED PROGRAMS

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
Schedule H, Part II, Line 2 COMMUNITY BUILDING ACTIVITIES	<p>Part II Community Building Community Building - Describe how the organization's community building activities, as reported in Part II promote the health of the communities the organization serves Clinton Hospital's Community Benefits Program strives to meet the Schedule H/Form 990 IRS mandate to promote health for a class of persons sufficiently large so the community as a whole benefits Our programs mirror the five core principles outlined by the Public Health Institute in terms of the emphasis on communities with disproportionate unmet health-related needs, emphasis on primary prevention, building a seamless continuum of care, building community capacity, and collaborative governance In addition to charity care, indigent care, several initiatives and services offered that addresses some of the priority needs identified in the CHNA for example Mental health, Access to Health care and Food Security/Hunger/ Healthy Weight Our hospital does not have the available resources to develop initiatives to meet every priority health need identified, which makes collaboration with community partners significant HealthAlliance For Workforce Development HealthAlliance has provided financial assistance to students who wish to pursue a career in the health care field via an internship program providing financial assistance and experience through hand on practice and observation For Community Support, Community emergency preparedness and drills are conducted in collaboration with the Leominster and Fitchburg Fire Departments and local EMS Marlborough Hospital Marlborough Hospital provides assistance to cognitively challenged post grad students aged 18 to 22 by helping them gain work/life skills to assist them in their transition from a school environment to a work and community setting Additionally, disadvantaged students, including both economically or disengaged youth at risk, learn the tools to overcome barriers and move into self sustaining employment in sectors of the economy where there is a need Clinton Hospital Clinton Hospital is working to address basic, social and personal needs as a way to improve their communities' health During FY 2017 Clinton Hospital provided seven high school students with the opportunity of a health career preparation program The program exposed these students to health career possibilities, role models and how health organizations operate, it is also an opportunity for practical experience to learn by doing and applying the knowledge The students learn new skills and develop their own personal and professional interests They also expand their educational opportunities, personal network and make connections This program was developed and implemented in response to an identified need in the community Workforce Development is identified as a need nationally, as a critical component to social determinants of health, and in its community health needs assessment Clinton Hospital partnered with the Clinton Public High School and the Workforce Investment Board to implement the program</p>

## 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part VI, Line 7 SCH H, PART VI, LINE 7	ALL FOUR HOSPITAL'S FILE INDIVIDUAL COMMUNITY BENEFIT REPORTS WITH THE MASSACHUSETTS ATTORNEY GENERAL'S OFFICE

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
Schedule H, Part III, Line 8 Schedule H, Part III, Line 8	UMASS BELIEVES THERE ARE SEVERAL REASONS WHY MEDICARE SHORTFALL SHOULD BE TREATED AS COMMUNITY BENEFIT FIRST, NON-NEGOTIABLE MEDICARE RATES ARE SOMETIMES OUT-OF-LINE WITH THE TRUE COSTS OF TREATING MEDICARE PATIENTS SECOND, BY CONTINUING TO TREAT PATIENTS ELIGIBLE FOR MEDICARE, HOSPITALS ALLEVIATE THE FEDERAL GOVERNMENT'S BURDEN FOR DIRECTLY PROVIDING MEDICAL SERVICES THIRD, IRS REVENUE RULING 69-545 STATES THAT IF A HOSPITAL SERVES PATIENTS WITH GOVERNMENT HEALTH BENEFITS, INCLUDING MEDICARE, THEN THIS IS AN INDICATION THAT THE HOSPITAL OPERATES TO PROMOTE THE HEALTH OF THE COMMUNITY



## 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part I, Line 7g Subsidized Health Services	NOT APPLICABLE

## 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part I, Line 7 Bad Debt Expense excluded from financial assistance calculation	0

## 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part I, Line 7 Costing Methodology used to calculate financial assistance	The Cost to Charge Ratio is utilized to calculate amounts reported for each line in Part 1, Line 7

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
Schedule H, Part II Community Building Activities	<p>UMass Memorial Healthcare recognizes Community Building activities as being a part of the "social determinants of health" that impact the health of the community. We invest in youth workforce development for at-risk youth. Programs are based on our Community Benefits Mission which was recommended by a Community Benefits Advisory Committee and draws inspiration from the World Health Organization's broad definition of health, as a "state of complete, physical, mental and social well-being and not merely the absence of disease." By adopting this definition, UMass Memorial Medical Center has expanded its strategy to include the social and economic obstacles that prevent people from achieving optimal health. All of our Community Building activities are the result of an identified need and engage the community. They include collaborative efforts, advocacy activities and partnerships that engage a broad array of community stakeholders in addressing these unmet social determinants of health. Community Building activity examples include funding and promoting workforce and health career development opportunities for inner-city youth. The hospital additionally provides community support through efforts including participation in the United Way Day of Caring and others. The hospital's Center for Innovation and Transformational Change (CITC) also provided Lean Management/ Process Improvement training to the City of Worcester Cabinet Leadership team.</p>

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
Schedule H, Part III, Line 2 Bad debt expense - methodology used to estimate amount	<p>Bad Debt is calculated utilizing an aged Bad Debt Model. Significant Analysis was reviewed by Revenue Reporting and Patient Accounting that verified the majority of what the Model considers Bad Debt will more than likely be written off as Admin Allowances. Based on the Meditech/Soarian/Ambulance Variance Summary output per payer and review of the other analysis prepared, it was determined and approved that the Provision as a result of the Model should represent only the following reserves: 1) Self Pay 2) FreeCare 3) Guarantor. As such, the remaining reserves calculated on all other payers are included in Payment Systems Contractual reserves and Admin Allowance reserves. Bad Debt Recoveries (payments on accounts written off as Bad Debt) are recorded on the Financial statements as a reduction to Bad Debt Expense. Bad Debt Expense of 44,461,000 is net of these recoveries.</p>

## 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part III, Line 3 Bad Debt Expense Methodology	Costing methodology multiplied the gross patient service revenue by the ratio of costs to charges calculated as reported in hospitals DHCFP 403 Hospital Statement of Costs, Revenues & Statistics. Although our financial assistance policies and procedures make every effort to identify those patients who are eligible for financial assistance before the billing process begins, often it is not possible to make an appropriate determination until after the billing and collection cycle has commenced. The rationale for including bad debt amounts in community benefits would be to account for those patients who were classified as bad debt expense, but would have qualified for financial assistance if sufficient information had been available to make a determination of their eligibility.

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
Schedule H, Part III, Line 4 Bad debt expense - financial statement footnote	<p>Footnote 2, page 10 of Audited Financial Statements Allowance for Doubtful Accounts Patient accounts receivable are reduced by an allowance for doubtful accounts In evaluating the collectability of patient accounts receivable, the System analyzes its past history and identifies trends for each of its major categories of revenue (inpatient, outpatient and professional) to estimate the appropriate allowance for doubtful accounts and provision for bad debts Management regularly reviews data about these major categories of revenue in evaluating the sufficiency of the allowance for doubtful accounts Throughout the year, the System, after all reasonable collection efforts have been exhausted, will write off the difference between the standard rates (or discounted rates if negotiated) and the amounts actually collected against the allowance for doubtful accounts In addition to the review of the categories of revenue, management monitors the write offs against established allowances as of a point in time to determine the appropriateness of the underlying assumptions used in estimating the allowance for doubtful accounts Patient accounts receivable is presented net of an allowance for doubtful accounts of \$57,869,000 and \$50,834,000 as of September 30, 2017 and 2016, respectively, in the consolidated balance sheets Management attributes this change in the allowance for doubtful accounts due to a decrease in accounts receivable and improvement in the aging where more current accounts are reflected in the current year Bad debt expense for nonpatient related accounts receivable is reflected in operating expense on the statements of operations Patient related bad debt expense is reflected as a reduction in patient service revenue in the statements of operations</p>

## 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part III, Line 8 Community benefit & methodology for determining medicare costs	THE MEDICARE COSTS ARE OBTAINED FROM THE COST REPORT FOR INPATIENT PSYCHIATRIC CAPITAL AND OUTPATIENT SERVICES IN ADDITION, FEE BASED SERVICES, SUCH AS LABS, PT, OT, ETC, ARE DETERMINED THROUGH PS&R CHARGES TIMES OUTPATIENT COST TO CHARGE RATIO



**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
Schedule H, Part III, Line 9b Collection practices for patients eligible for financial assistance	<p>A Exemption From Self-Pay Billing and Collection Action- UMMHC will not initiate Self-Pay billing and collection activity in the following instances</p> <ol style="list-style-type: none"><li>1 Upon sufficient proof that a patient is a recipient of Emergency Aid to the Elderly, Disabled and Children (EAEDC), or enrolled in MassHealth, Health Safety Net, the Children's Medical Security Plan whose family income is equal or less than 300% of the FPL or Low Income Patient designation with the exception of Dental-Only Low Income patients as determined by the office of Medicaid with the exception of co-pays and deductibles required under the Program of Assistance</li><li>2 The hospital has placed the account in legal or administrative hold status and/or specific payment arrangements have been made with the patient or guarantor</li><li>3 Medical Hardship bills that exceed the medical hardship contribution</li><li>4 Medical Hardship contributions that remains outstanding during a patient's MassHealth or Low Income Patient eligibility period</li><li>5 Unless UMMHC has checked the EVS system to determine if the patient has filed an application for MassHealth</li><li>6 For Partial Health Safety Net eligible patients, with the exception of any deductibles required</li><li>7 UMMHC may bill for Health Safety Net eligible and Medical Hardship patients for non-medically necessary services provided at the request of the patient and for which the patient has agreed by written consent</li><li>8 UMMHC may bill a Low Income Patient at their request in order to allow the patient to meet the required CommonHealth One-Time Deductible</li></ol>

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 16a FAP website	- UMASS MEMORIAL MEDICAL CENTER, INC Line 16a URL <a href="https://www.umassmemorialhealthcare.org/umass-memorial-medical-center/patients-visitors">https://www.umassmemorialhealthcare.org/umass-memorial-medical-center/patients-visitors</a> , - HEALTHALLIANCE HOSPITAL, INC Line 16a URL <a href="https://www.umassmemorialhealthcare.org/healthalliance-clinton-hospital/patients-visitors">https://www.umassmemorialhealthcare.org/healthalliance-clinton-hospital/patients-visitors</a> , - MARLBOROUGH HOSPITAL Line 16a URL <a href="https://www.umassmemorialhealthcare.org/marlborough-hospital/patients-visitors/patient-resources">https://www.umassmemorialhealthcare.org/marlborough-hospital/patients-visitors/patient-resources</a> , - CLINTON HOSPITAL ASSOCIATION Line 16a URL <a href="https://www.umassmemorialhealthcare.org/healthalliance-clinton-hospital/patients-visitors">https://www.umassmemorialhealthcare.org/healthalliance-clinton-hospital/patients-visitors</a> ,

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 16b FAP Application website	- UMASS MEMORIAL MEDICAL CENTER, INC Line 16b URL <a href="https://www.umassmemorialhealthcare.org/umass-memorial-medical-center/patients-visitors">https://www.umassmemorialhealthcare.org/umass-memorial-medical-center/patients-visitors</a> , - HEALTHALLIANCE HOSPITAL, INC Line 16b URL <a href="https://www.umassmemorialhealthcare.org/healthalliance-clinton-hospital/patients-visitors">https://www.umassmemorialhealthcare.org/healthalliance-clinton-hospital/patients-visitors</a> , - MARLBOROUGH HOSPITAL Line 16b URL <a href="https://www.umassmemorialhealthcare.org/marlborough-hospital/patients-visitors/patient-resources">https://www.umassmemorialhealthcare.org/marlborough-hospital/patients-visitors/patient-resources</a> , - CLINTON HOSPITAL ASSOCIATION Line 16b URL <a href="https://www.umassmemorialhealthcare.org/healthalliance-clinton-hospital/patients-visitors">https://www.umassmemorialhealthcare.org/healthalliance-clinton-hospital/patients-visitors</a> ,

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 16c FAP plain language summary website	- UMASS MEMORIAL MEDICAL CENTER, INC Line 16c URL <a href="https://www.umassmemorialhealthcare.org/umass-memorial-medical-center/patients-visitors">https://www.umassmemorialhealthcare.org/umass-memorial-medical-center/patients-visitors</a> , - HEALTHALLIANCE HOSPITAL, INC Line 16c URL <a href="https://www.umassmemorialhealthcare.org/healthalliance-clinton-hospital/patients-visitors">https://www.umassmemorialhealthcare.org/healthalliance-clinton-hospital/patients-visitors</a> , - MARLBOROUGH HOSPITAL Line 16c URL <a href="https://www.umassmemorialhealthcare.org/marlborough-hospital/patients-visitors/patient-resources">https://www.umassmemorialhealthcare.org/marlborough-hospital/patients-visitors/patient-resources</a> , - CLINTON HOSPITAL ASSOCIATION Line 16c URL <a href="https://www.umassmemorialhealthcare.org/healthalliance-clinton-hospital/patients-visitors">https://www.umassmemorialhealthcare.org/healthalliance-clinton-hospital/patients-visitors</a> ,

Form and Line Reference	Explanation
Schedule H, Part VI, Line 2 Needs assessment	<p>In addition to conducting the Community Health Needs Assessment (CHNA), UMass Memorial Medical Center assesses the health care needs of the community it serves by working closely with the Worcester Division of Public Health on an on-going basis. Community Benefits staff hold leadership roles and/or participate in multiple coalitions and efforts focused on addressing priority areas identified in the CHNA and aligned with strategies of the Community Health Improvement Plan. In 2016 and 2017, the Vice President of Community Relations co- led the establishment and continued development of the Coalition for a Healthy Greater Worcester, a healthy communities coalition that coordinates and provides accountability for CHIP Priority Area Working Groups and includes a subcommittee for oversight of Determination of Needs (DoN) funds distribution. The hospital also works closely with the Worcester Free Clinics Coalition, the Worcester Public Schools and two community health centers (Family Health Center of Worcester and the Edward M. Kennedy Community Health Center) on an ongoing basis through its Ronald McDonald Care Mobile program and Prevention and the Worcester Pediatric Asthma Task Force/Intervention. UMass Memorial Medical Center completed its CHN A by assembling a diverse group of community stakeholders that include, but are not limited to, members of health and human service organizations, philanthropy, communities of color, neighborhood residents and the Worcester Division of Public Health as part of the group that assisted and guided the assessment process. The hospital's Community Benefit Implementation Strategy is aligned with the CHIP. The other needs that are not included in the CHNA/CHIP are not being addressed because they are not a part of the nine identified priority CHIP Domain areas and due to limited funding. The following strategies were conducted to complete the assessment:</p> <ul style="list-style-type: none"> <li>* Conducted key informant interviews and focus groups with community-based organizations and residents</li> <li>* Conducted outreach efforts to medically underserved populations and convene meetings with neighborhood/community groups</li> <li>* Reviewed primary and secondary data</li> <li>* Conducted online community survey</li> <li>* Organized community forums to share findings and release of final report</li> <li>* Organized task forces for further action to identify priority areas</li> </ul> <p>The following sources inform and enhance our efforts to identify priorities and unmet needs:</p> <ul style="list-style-type: none"> <li>* U S Census 2010</li> <li>* U S Census American Fact Finder</li> <li>* Healthy People 2020</li> <li>* National Prevention Strategy</li> <li>* Massachusetts Department of Education Reports including local enrollment and language data</li> <li>* Massachusetts Department of Employment and Training</li> <li>* Hospital utilization data</li> <li>* Massachusetts Department of Public Health/MassCHIP</li> <li>* Data from various City of Worcester departments including, but not limited to, the local Division of Public Health, Neighborhood Services and Police</li> <li>* Information collected from health care providers, community groups/underserved populations and individuals who have expertise on community health issues</li> </ul> <p>HealthAlliance UMass Memorial- HealthAlliance Hospital works with a range of community based organizations including Fitchburg and Leominster Public Schools, Montachusett Opportunity Council, Community Health Network of North Central Massachusetts (CHNA 9) and many other local partners/organizations. We work closely with the CHNA9 to create and implement a Community Health Improvement Plan (CHIP). UMass Memorial - HealthAlliance Hospital co-chairs the Mental/Behavioral Health and Substance Committee. The goal of this committee is to improve overall behavioral health and well-being, including preventing substance abuse, in a culturally diverse, responsive, and holistic manner. During FY17, a survey was developed to establish a baseline for the knowledge and understanding of gaps to accessing mental health services for youth and adults in North Central, MA. Marlborough Hospital. The CHNA is comprised of qualitative and quantitative data collected through a community engagement process. In addition, the Community Benefits Advisory Council, comprised of members of different agencies and businesses in the area, helps to identify programs in support of the community priorities. In addition to conducting the CHNA, Marlborough Hospital assesses the health care needs of the community it serves by working closely with its Community Benefits Advisory Committee (CBAC). The CBAC, is chaired by the president of the Boys and Girls Club of Metrowest who is also a hospital trustee. Other CBAC members include representatives from the Hudson and Marlborough Public Schools and the Boards of Health, agencies that focus on addiction and recovery services, the Council on Aging, the Marlborough Community Development Corporation, Wellness Council members and residents of the community. The CBAC helps to identify programs in support of the community priorities, provides feedback on an on-going basis.</p>

Form and Line Reference	Explanation
Schedule H, Part VI, Line 2 Needs assessment	<p>asis and focuses on addressing priority areas identified in the CHNA and aligned with strategies of the Community Health Improvement Plan Clinton Hospital The hospital engages in other efforts to assess the needs of the community such as, planning and collaborative efforts that include the North Region's Community Health Improvement Plan Healthy Living Priority Area, active involvement with the Minority Coalition Health Disparities and Racial Justice priority area and leadership in the Clinton Community Partnership, whose mission is to coordinate resources in order to provide full access to programs that support lifelong education, health, career advancement, job placement and economic development for members of our communities The hospital's Community Benefits Manager co-chairs the Clinton Area Community Partnership and collaborates with WHEAT Community Connections related to implementing community initiatives that focus on the health needs of the underserved populations served through their food pantry and serves on several local committees including Department of Public Health's Community Health Network Association 9 Steering Committee</p>

## 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part VI, Line 3 Patient education of eligibility for assistance	Financial Counselors, also referred to as Certified Application Counselors (CAC's) are state certified and located on all campus locations. CAC's are available to assist underinsured and uninsured patients navigate the medical benefit application process. CAC's will take the steps necessary to help patients submit applications to obtain coverage, resolve eligibility issues, upgrade their coverage to coverage that provides more benefits, choose and enroll in a MassHealth or Connector Care Health insurance plan and change these plans when necessary.

Form and Line Reference	Explanation
Schedule H, Part VI, Line 4 Community Information	<p>Geographical Reach The 2015 Community Health Assessment (CHNA) and subsequent Greater Worcester Community Health Improvement Plan (CHIP) focuses on the City of Worcester and the outlying communities of Shrewsbury, Millbury, West Boylston, Leicester, Grafton and Holden, a sub-section of its primary service area This specific geographic area is the focus for the City of Worcester Division of Public Health regionalization initiative, and overlaps with the service area of many other local organizations Focusing UMass Memorial's CHNA on this geographic area facilitates the alignment of the hospital's efforts with community and governmental partners, specifically the city health department, the area Federally Qualified Health Centers, and community-based organizations This focus also facilitates collaboration with the CHIP Advisory Committee that implements key strategies of the CHIP so that future initiatives can be developed in a more coordinated approach</p> <p>Regional Description The City of Worcester is very ethnically-diverse, considerably more so than the nation and state overall The number of Hispanics living in the city has grown by 35% over the past 10 years Refugees from Iraq currently account for the greatest percentage of new immigrants (51%) followed by refugees from Bhutan, Burma, Liberia and other African nations Health Resources and Services Administration (HRSA) has designated the City of Worcester a health professional shortage area (HPSA) in primary care, mental health and dental services due to its low income population The City of Worcester has several neighborhoods with a shortage of health providers and HRSA has determined that many census tracts in the city are medically-underserved areas (MUAs) Economic Characteristics The U S Census population estimates for 2012-2016 indicated that the median household income for the Worcester County region was \$67,005 For the City of Worcester, the region's largest urban area, the estimate for this period was considerably lower at \$45,599 According to the census data, of the city's total 184,508 residents, 22.1% are living below the poverty level The number of children under the age of 18 living below the poverty level rose to 29.6% in 2010 from 25% in 2005-2009<sup>1</sup> These factors have resulted in a strong need for food assistance services For example, according to the Massachusetts Department of Education, 64% of students in the Worcester Public School system receive free school lunch<sup>3</sup> ----- 1 U S Census, Quick Facts Population estimates, July 1, 2017, (V2017) 2010 and 2010 American Community Survey 1-year estimates, U S Census 2 Massachusetts Executive Office of Labor Workforce and Development 3 Massachusetts Department of Education Demographics Worcester is the largest site for refugee resettlement in Massachusetts, with more than 1,600 refugees resettled in the city in the past five years As a result, the City of Worcester's foreign born population is significantly higher than Worcester County as a whole, accounting for the majority of this population in the region According to U S Census 2010 figures, the Hispanic population and other non-Hispanic, non-White ethnic groups in the city have notably increased while the white, non-Hispanic population has decreased Reflecting this diversity, ninety percent of all medical interpretations provided by UMMHC are conducted in Spanish, Portuguese, Vietnamese, Arabic, Albanian and American Sign Language The remaining ten percent are conducted in other "non-primary" languages, the pool of which consists of 81 different languages The senior population in the region also continues to grow as baby boomers reach the age of 65 According to the U S Census, residents between the ages of 20-64 account for the majority of the population in Worcester County at 61% HealthAlliance Our target populations focus on medically-underserved and vulnerable groups of all ages in North Central Massachusetts Our most vulnerable populations include children, ethnic and linguistic minorities and those living in poverty These populations often become isolated and disenfranchised due to negligence, misperceptions and even fear The Study Area configuration for the current assessment includes the 30 surrounding municipalities including nine (9) cities and towns Within the Health Status and Outcomes section of the report, some data sets reflect a further distillation of data from the communities of Princeton/ East Princeton, Lancaster/South Lancaster, Groton/West Groton, Townsend/West Townsend, and Winchendon/Winchendon Springs, resulting in a presentation of data from 35 communities The hospital is actively involved in coalition building that focuses on improving the health of the community, including the Joint Coalition on Health The Coalition has brought positive change to the service area HealthAlliance Hospital is also actively engaged with the CHNA 9, whos</p>



Form and Line Reference	Explanation
Schedule H, Part VI, Line 4 Community information	<p>The goal is continuous improvement of health status, with a focus on health equality and addressing and eliminating health disparities.</p> <p><b>Marlborough Hospital</b> The City of Marlborough, with a population of 39,818 (July 2015) grew 3.4% from 2010. Marlborough's population is predominately white (80%) followed by Hispanic or Latino (10%), other race is 7%, Asian 5%, black or African American 2% and 3% identify themselves as 2 or more races. Hudson has a population of 14,907 with 90% who identify themselves as white, 4% Hispanic or Latino, 2% other, 2% Asian, 1% black or African American and 2% indicate two or more races. Quantitative data from U.S. Department of Commerce, Bureau of the Census, American Community Survey 5 year estimates, 2010-2014 illustrates that just over three-fourths of the Massachusetts population is white (76.9%) which was largely consistent with Marlborough (80%). Both at the state level and in Marlborough, the Hispanic population was the next largest racial/ethnic group. Hudson's population followed a similar pattern, the proportion of its population that identified as white was even larger (90%) followed by Hispanic and Latino. English, Portuguese and Spanish are the predominant language for the communities the hospital serves.</p> <p><b>Clinton Hospital</b> Clinton Hospital primarily serves the communities of Clinton, Berlin, Bolton, Lancaster and Sterling with populations of 13,606, 2,866, 4,897, 7,582 and 9,564 respectively. The population of the total service area is 36,759. According to US Census 2010, Clinton has a population of 13,606. Most Clinton residents are White Non-Hispanic (84%), followed by Hispanic (11.6%) and Black Non-Hispanic (1.80%). The Clinton Hospital Service Area is also primarily White Non-Hispanic (88%), followed by Hispanic (6.4%), and Black Non-Hispanic (2.8%). Clinton Hospital's Community Benefits Plan focuses on the needs of Clinton due to its large concentration of diverse, vulnerable populations.</p>

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
Schedule H, Part VI, Line 5 Promotion of community health	<p>Every year, UMass Memorial Health Care develops, participates in and financially supports a wide variety of community-based programs and services aligned with the hospital's community health improvement priority areas. In FY17, these included Access to Care, Access to Healthy Food/Healthy Weight, Mental Health, Pediatric Asthma and Behavioral Health. Our clinical system utilizes surplus funds to support community health efforts. UMass Memorial Health Care contributes to the community in ways that are not quantified as part of this report and serves as an important community resource. The majority of the organization's governing body is comprised of persons who reside in Central Massachusetts who are neither employees nor independent contractors of the organization, nor family members thereof. Furthermore, the organization extends medical staff privileges to all qualified physicians in its community for some or all of its departments or specialties. UMass Memorial Health Care also serves as an important community resource by extending staff privileges to all qualified physicians in the community. The system medical staff totals 1,703 members including residents, fellows and hospitalists. UMass Memorial Health Care discharged 49,816 inpatients and provided 1,530,529 outpatient encounters in 2017.</p>

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
Schedule H, Part VI, Line 6 Affiliated health care system	<p>Our clinical system is comprised of four hospitals which each site having a dedicated Community Benefits staff that works with their respective communities in conducting a CHNA, a CHIP and an Implementation Strategy HealthAlliance During fiscal year 2017, UMass Memorial - HealthAlliance Hospital worked with our community partners via the CHNA9 to create a North Central Community Health Improvement Plan (CHIP) The North Central CHIP is based on the 2012 and 2015 Community Health Assessments conducted for our region In the spring and summer of 2015, members of the Community Health Network for North Central Mass (CHNA 9) steering committee analyzed the results of the recent Community Health Assessments and identified four consistent areas of need which became the four Priority Areas To view the CHIP, click visit <a href="http://www.chna9.com/uploads/3/4/2/5/34257345/11864_chna9_proof_r2.pdf">http //www chna9 com/uploads/3/4/2/5/34257345/11864_chna9_proof_r2 pdf</a> Marlborough Hospital Our clinical system is comprised of four hospitals which each site having a dedicated Community Benefits staff that works with their respective communities in conducting a CHNA, a CHIP and an Implementation Strategy Clinton Hospital Our clinical system is comprised of four hospitals which each site having a dedicated Community Benefits staff that works with their respective communities in conducting a Community Health Needs Assessment, a Community Health Improvement Plan and its hospital's Implementation Strategy</p>

## 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part VI, Line 7 State filing of community benefit report	MA

**Additional Data**

**Software ID:** 16000421  
**Software Version:** 2016v3.0  
**EIN:** 91-2155626  
**Name:** UMass Memorial Health Care Inc & Affiliates

**Form 990 Schedule H, Part V Section A. Hospital Facilities**

<b>Section A. Hospital Facilities</b> <small>(list in order of size from largest to smallest—see instructions)</small> How many hospital facilities did the organization operate during the tax year? <b>4</b>		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER—24 hours	ER—other	Other (Describe)	Facility reporting group
1	UMASS MEMORIAL MEDICAL CENTER INC 55 LAKE AVE 119 BELMONT STREET WORCESTER, MA 01605 www.umassmemorialhealthcare.org 2124, 2841	X	X	X	X		X	X			
2	HEALTHALLIANCE HOSPITAL INC 60 HOSPITAL ROAD LEOMINSTER, MA 01453 www.umassmemorialhealthcare.org/healthalliance-hospital 2127	X	X		X			X			
3	MARLBOROUGH HOSPITAL 157 UNION STREET MARLBOROUGH, MA 01752 www.umassmemorialhealthcare.org/marlborough-hospital 2103	X	X		X			X			
4	CLINTON HOSPITAL ASSOCIATION 201 HIGHLAND STREET CLINTON, MA 01510 www.umassmemorialhealthcare.org/clinton-hospital 2126	X	X		X			X			

**Form 990 Part V Section C Supplemental Information for Part V, Section B.**

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 3 Facility , 1	Facility , 1 - UMass Memorial Medical Center The most recent CHNA also includes an Impact Evaluation Summary (final Appendix) of previous CHNA
Schedule H, Part V, Section B, Line 5 Facility , 1	Facility , 1 - UMass Memorial Medical Center Yes, input from diverse persons who represent the community was taken into account UMass Memorial Medical Center joined efforts with the Worcester Division of Public Health (WDPH), Fallon Health and Common Pathways, a Healthy Communities Coalition that is comprised of 30+ health and human service organizations, in the development of its Community Health Needs Assessment (CHNA) The Director of the WDPH, UMass Memorial Vice President of Community Relations, and Fallon Health co-chaired the leadership process to develop a CHNA and Community Health Improvement Plan (CHIP) for the greater Worcester region During the assessment process, community members were engaged in Key Informant Interviews, Focus Groups, and Community Dialogues, which allowed for community members to review and discuss a profile of the region and provide their feedback on community health-related strengths, needs, and a vision for the future Ten community dialogue sessions were held five sessions in Worcester, and five in the outlying communities (one each in Shrewsbury, Grafton, Millbury, West Boylston, Leicester, and Holden) More than a total of 1,777 individuals (including participants in an online community survey) representing diverse institutions and community organizations from across the region worked together to establish a roadmap for the future health of the region The process included a Steering Committee comprised of a diverse number of stakeholders that advised and informed the CHNA

**Form 990 Part V Section C Supplemental Information for Part V, Section B.**

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 6b Facility , 1	Facility , 1 - UMass Memorial Medical Center UMass Memorial conducted the CHNA in collaboration with the Worcester Division of Public Health and Fallon Health Additional partners included American Cancer Society Central MA Tobacco Free Community Partnership Clark University Mosakowski Institute for Public Enterprise College of the Holy Cross Community Harvest Project Edward M Kennedy Health Center Edward Street Child Services Family Health Center of Worcester Health Foundation of Central MA March of Dimes Massachusetts Department of Public Health Regional Environmental Council of Worcester Reliant Medical Group South East Asian Coalition UMass Graduate School of Nursing UMass Medical School United Way of Central MA WalkBike Worcester Worcester City Council District-4 Worcester Food Policy Council Worcester Police Department Worcester Public Schools Worcester Regional Research Bureau Worcester Senior Center Worcester Tree Initiative YWCA of Central MA
Schedule H, Part V, Section B, Line 7 Facility , 1	Facility , 1 - UMass Memorial Medical Center The CHNA was publicly announced to the community at an event attended by more than 100 community stakeholders and hosted by the Worcester City Manager, Worcester Director of Public Health, Senior Vice President of UMass Memorial Health Care, President of the UMass Memorial Health Care Hospitals and the UMass Memorial Vice President of Community Relations The hospital and WDPH also engaged in various media venues including, print and online articles in local news and community newspapers, CHNA-8, a Healthy Communities Coalition and interviews televised on WCCATV13

**Form 990 Part V Section C Supplemental Information for Part V, Section B.**

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility , 1	Facility , 1 - UMass Memorial Medical Center The hospital conducted its most recent Community Health Needs Assessment in tax year 2014 and developed its implementation strategy The Board of Trustees approved the Community Health Needs Assessment on the last day of the tax year 2014 and implementation strategies were developed and approved in tax year 2015 The prioritization process was lead by the Worcester Division of Public Health, Fallon Health and the hospital Vice President of Community Benefits and included input from approximately 100 community stakeholders This process resulted in the development of the 2016 Greater Worcester Community Health Improvement Plan (CHIP) The hospital's Community Benefit Implementation Strategy has alignment with the CHIP The other needs that are not included in the CHNA/CHIP are not being addressed because they are not a part of the identified priority CHIP Domain areas and due to limited funding
Schedule H, Part V, Section B, Line 16 Facility , 1	Facility , 1 - UMass Memorial Medical Center Financial Assistance - UMassMemorial Medical Center employs a staff of Financial Counselors, Certified Application Counselors, Customer Service Representatives and Guarantor Collectors who are available by phone or by appointment to support patients in applying for financial assistance and resolving their medical bills Financial Counselors, Certified Application Counselors, Customer Service Representatives and Guarantor Collectors provide potentially eligible patients with the appropriate methods of applying for health care coverage as listed on the Massachusetts ConnectorCare website



**Form 990 Part V Section C Supplemental Information for Part V, Section B.**

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 16 Facility , 2	Facility , 2 - UMASS MEMORIAL MEDICAL CENTER Sch H, Part V, Section B, Lines 16 a-c Website for FAP, its application, and its plain language summary <a href="https://www.umassmemorialhealthcare.org/umass-memorial-medical-center/patients-visitors/patient-resources/financial-assistance">https://www.umassmemorialhealthcare.org/umass-memorial-medical-center/patients-visitors/patient-resources/financial-assistance</a>
Schedule H, Part V, Section B, Line 19d Facility , 1	Facility , 1 - UMass Memorial Medical Center UMMMC refers accounts to a credit agency when written off as bad debt for further collections These agencies continue collections without impact to the credit rating

**Form 990 Part V Section C Supplemental Information for Part V, Section B.**

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 3 Facility , 1	Facility , 1 - UMass Memorial - HealthAlliance Hospital The Community Health Assessment process consisted of a comprehensive gathering of quantitative (i e , health status indicators) and qualitative data, through focus groups with community members and through interviews with community members and community leaders Participants were drawn from among community-based, educational, civic, governmental, and faith-based professionals, health care providers, and others, and every effort was made to ensure racial/ethnic, socioeconomic, and geographic diversity in the composition of focus groups and interview participants HealthAlliance Hospital collaborated with the Joint Coalition on Health (JCOH) and Heywood Hospital to conduct a comprehensive Community Health Assessment that gathered, analyzed and documented qualitative and quantitative data
Schedule H, Part V, Section B, Line 5 Facility , 1	Facility , 1 - UMass Memorial - HealthAlliance Hospital The Community Health Assessment process consisted of a comprehensive gathering of quantitative (i e , health status indicators) and qualitative data, through focus groups with community members and through interviews with community members and community leaders Quantitative data for this study were obtained from many of the same resources used in prior assessments, including MassCHIP data obtained by individual request and configured manually in collaboration with MA DPH, the Youth Risk Behavior Survey (YRBS) data, U S Census data, and other authoritative data sources (e g , state and federal governmental organizations or agencies) subject to rigorous review and data verification processes Qualitative data were gathered through 16 Focus Groups with 228 participants and 26 Key Informant interviews with individuals representing diverse communities and populations of North Central Massachusetts Participants were drawn from among community-based, educational, civic, governmental, and faith-based professionals, health care providers, and others, and every effort was made to ensure racial/ethnic, socioeconomic, and geographic diversity in the composition of focus groups and interview participants HealthAlliance Healthcare collaborated with the Joint Coalition on Health (JCOH) and Heywood Hospital to conduct a comprehensive Community Health Assessment that gathered, analyzed and documented qualitative and quantitative data Participants involved in the Community Health Needs Assessment were drawn from among community-based, educational, civic, governmental, and faith-based professionals, health care providers, and others, and every effort was made to ensure racial/ethnic, socioeconomic, and geographic diversity in the composition of focus groups and interview participants Participants were gathered via the newspaper, our website, social media posts inviting them to the focus group and flyers were posted at individual organizations

**Form 990 Part V Section C Supplemental Information for Part V, Section B.**

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 6a Facility , 1	Facility , 1 - UMass Memorial - HealthAlliance Hospital HealthAlliance Hospital conducted a Community Health Needs Assessment with Heywood Healthcare (Heywood Hospital and Athol Hospital)
Schedule H, Part V, Section B, Line 6b Facility , 1	Facility , 1 - UMass Memorial - HealthAlliance Hospital The Community Health Needs Assessment was conducted with input from our community partners Community Health Connections, Heywood Healthcare (Athol Hospital, Heywood Hospital), The Joint Coalition on Health and the Montachusett Public Health Network

**Form 990 Part V Section C Supplemental Information for Part V, Section B.**

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 7 Facility , 1	Facility , 1 - UMass Memorial - HealthAlliance Hospital Community Health Assessment was made available through our website and presentations to various organizations and community forums throughout our service areas The Community Health Assessment is also available upon request You can find the link to our Community Health Needs Assessment here <a href="https://www.umassmemorialhealthcare.org/about-us/community-benefits-program/healthalliance-clinton-hospital-community-benefits-program">https //www umassmemorialhealthcare org/about-us/community-benefits-program/healthalliance-clinton-hospital-community-benefits-program</a>
Schedule H, Part V, Section B, Line 11 Facility , 1	Facility , 1 - UMass Memorial - HealthAlliance Hospital The hospital responds to priority health needs in many ways, and in times that are critical for patients in crisis In addition to charity care, indigent care, a significant number of programs and services offered address some of the priority needs identified in the CHNA Our hospital does not have the available resources to develop initiatives to meet all identified health needs, which makes collaboration with community resources critical

**Form 990 Part V Section C Supplemental Information for Part V, Section B.**

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Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 16 Facility , 1	Facility , 1 - HealthAlliance Hospital HealthAlliance Hospital Patients who are scheduled to be admitted and have been identified as non insured and/or in need of financial assistance will have an appointment scheduled prior to admission to meet with a Financial Counselor Patients, who are admitted to the hospital through the Emergency Department, will be visited by the Financial Counselor once the patient is on the inpatient floor The meeting will be held with the patient and/or family as the patient's medical condition permits
Schedule H, Part V, Section B, Line 5 Facility , 1	Facility , 1 - Marlborough Hospital The process included gathering community input through a Community Health Survey to community members, as well as analysis of general data collected from the hospital and publicly available data sources The process also incorporated a survey component that was available in English, Spanish and Portuguese, as well as 607 respondents in 22 metro west region communities completed a community survey and 150 individuals from multi sector organizations, community stakeholders and residents were engaged in focus groups

**Form 990 Part V Section C Supplemental Information for Part V, Section B.**

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 6a Facility , 1	Facility , 1 - Marlborough Hospital The CHNA was completed in conjunction with the MetroWest Medical Center
Schedule H, Part V, Section B, Line 6b Facility , 1	Facility , 1 - Marlborough Hospital The CHNA was completed in conjunction with MetroWest Health Foundation, MetroWest Medical Center, Hudson Health Department, and Framingham Health Department

**Form 990 Part V Section C Supplemental Information for Part V, Section B.**

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Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility , 1	Facility , 1 - Marlborough Hospital The hospital responds to priority health needs in many ways, and in times that are critical for patients in crisis In addition to charity care, indigent care, a significant number of programs and services offered address the priority needs identified in the Community Health Needs Assessment (CHNA) Our hospital does not have the available resources to develop initiatives to meet every priority health need identified, which makes collaboration with community agencies critical The hospital is not currently addressing all chronic conditions due to limited resources
Schedule H, Part V, Section B, Line 16 Facility , 1	Facility , 1 - Marlborough Hospital Financial Assistance - Marlborough Hospital employs Financial Counselors who are available by phone or by appointment to support patients in applying for financial assistance and for help resolving their medical bills Financial Counselors provide potentially eligible patients with the appropriate methods of applying for health care coverage as listed on the Massachusetts ConnectorCare website

**Form 990 Part V Section C Supplemental Information for Part V, Section B.**

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Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 19d Facility , 1	Facility , 1 - Marlborough Hospital Marlborough engages a third party agency to assist on all self pay accounts at origination They refer accounts to a credit agency when written off as bad debt for further collections These agencies continue collections without impact to the credit rating
Schedule H, Part V, Section B, Line 5 Facility , 1	Facility , 1 - Clinton Hospital Clinton Hospital collaborates with the Community Health Network Area 9 (CHNA 9), a local coalition of public, Montachusett Public Health Network (MPHN), other key stakeholders in health improvement, residents living within the hospital's catchment area, coalitions that address health needs of vulnerable populations, communities of faith, businesses, and providers of community-based health, education, human services and the local and state legislature when conducting it's Community Health Needs Assessment The hospital responds to identified community needs and addresses them among our most vulnerable, medically underserved populations Clinton hospital's target populations for Community Benefits initiatives are identified through a community input, focus groups, informant stakeholder interviews, planning process, collaborative efforts, and a Community Health Needs Assessment (CHNA) which is conducted every three years Clinton hospital took into account input from the health assessments, representatives of the community, including diverse members who were interviewed in the Community Health Assessment Focus groups Clinton Hospital utilized the information in the CHNA to collaborate with other community based organizations to adopt implementation strategies that address the unmet health needs of Clinton Hospital's catchment area The CHNA is guided by members of an Community Benefits Advisory Committee that provides input and assures all necessary data, analysis and report components are included The hospital works with their partners to collate data from multiple sources, put into conversation identified demographic data, quantitative health data, and qualitative data on community themes and strengths, including input gathered through 13 focus groups attended by a total of 90 people, public forums, and 73 key informant stakeholder interviews



**Form 990 Part V Section C Supplemental Information for Part V, Section B.**

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 6a Facility , 1	Facility , 1 - Clinton Hospital Clinton Hospital collaborated with two other hospitals in conducting the Community Health Assessment of North Central Massachusetts in a joint effort between the Massachusetts Department of Public Health's Community Health Network Area of North Central Massachusetts (CHNA 9) and the Joint Coalition on Health (JCOH) assessment They include HealthAlliance Hospital, an affiliate of UMass Memorial Health Care and Heywood Hospital
Schedule H, Part V, Section B, Line 6b Facility , 1	Facility , 1 - Clinton Hospital Clinton Hospital conducted the CHNA with the following listed organizations Partners included The Community Health Network Area of North Central Mass (CHNA 9) The Joint Coalition on Health of North Central Massachusetts The Minority Coalition of North Central Massachusetts The qualitative work was completed with the combined efforts of the Minority Coalition of North Central Massachusetts, the Spanish American Center, Cleghorn Neighborhood Center, Heywood Hospital, HealthAlliance Hospital, WHEAT, Three Pyramids, Beautiful Gate Church, New Hope Community Church, Twin Cities CDC, Gardner CDC, Memorial Congregational Church, Montachusett Opportunity Council and many other agencies and individuals

**Form 990 Part V Section C Supplemental Information for Part V, Section B.**

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Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 7 Facility , 1	Facility , 1 - Clinton Hospital Clinton Hospital also presents the Community health assessment to community groups, community advisory committee, and to the hospital's Board of Trustees
Schedule H, Part V, Section B, Line 11 Facility , 1	Facility , 1 - Clinton Hospital Clinton Hospital's Community Benefits Program strives to meet the Schedule H/Form 990 IRS mandate to promote health for a class of persons sufficiently large so the community as a whole benefits Our programs mirror the five core principles outlined by the Public Health Institute in terms of the emphasis on communities with disproportionate unmet health-related needs, emphasis on primary prevention, building a seamless continuum of care, building community capacity, and collaborative governance In addition to charity care, indigent care, several initiatives and services offered that addresses some of the priority needs identified in the CHNA for example Mental health, Access to Health care and Food Security/Hunger/ Healthy Weight Our hospital does not have the available resources to develop initiatives to meet every priority health need identified, which makes collaboration with community partners significant

**Form 990 Part V Section C Supplemental Information for Part V, Section B.**

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Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 16 Facility , 1	Facility , 1 - Clinton Hospital Financial Assistance - Clinton Hospital employs a staff of Financial Counselors, Certified Application Counselors, Customer Service Representatives and Guarantor Collectors who are available by phone or by appointment to support patients in applying for financial assistance and resolving their medical bills Financial Counselors, Certified Application Counselors, Customer Service Representatives and Guarantor Collectors provide potentially eligible patients with the appropriate methods of applying for health care coverage as listed on the Massachusetts ConnectorCare website
Schedule H, Part V, Section B, Line 16 Facility , 2	Facility , 2 - CLINTON HOSPITAL Sch H, Part V, Section B, Lines 16 a-c Website for FAP, its application, and its plain language summary <a href="https://www.umassmemorialhealthcare.org/clinton-hospital/patients-visitors/patient-resources/financial-counseling">https //www umassmemorialhealthcare org/clinton-hospital/patients-visitors/patient-resources/financial-counseling</a>

**Form 990 Part V Section C Supplemental Information for Part V, Section B.**

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 19d Facility , 1	Facility , 1 - Clinton Hospital Clinton refers accounts to a credit agency when written off as bad debt for further collections These agencies continue collections without impact to the credit rating

Schedule I (Form 990)

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

OMB No 1545-0047

2016

Open to Public Inspection

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

Attach to Form 990.

Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury Internal Revenue Service

Name of the organization UMass Memorial Health Care Inc & Affiliates

Employer identification number 91-2155626

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? [X] Yes [ ] No
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

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

Table with 7 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section if applicable, (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation (book, FMV, appraisal, other), (g) Description of non-cash assistance, (h) Purpose of grant or assistance.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 5
3 Enter total number of other organizations listed in the line 1 table 0

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

Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(1) COMMUNITY SUPPORT	6	23,000			0
(2) Scholarship	13	9,400			0
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
Schedule I, Part II, Line 1(h) SCHEDULE I, PART II, LINE 1H	MEDICAL CENTER The standard set forth is a reasonable expectation that the Grants will contribute meaningfully to each of the Health Center's ability to maintain or increase the availability, or enhance the quality, of services provided to a medically underserved population serviced by the Health Centers Each Health Center has documented the basis for said reasonable expectation This EOHHS grants are for Health Care Infrastructure and Capacity Building funding for Hospitals and Community Health Centers The primary objective of the present study is to evaluate the safety and efficacy of physician-modification of FDA-approved off-the-shelf endovascular grafts in the treatment of patients with complex Aortic Aneurysm Repair
Schedule I, Part III Schedule I, Part III Type of grant or assistance	Central New England HealthAlliance Community Support is related to the Doyle Community fund that offers annual grant opportunities for non-profits in the community who seek to improve health and wellness and/or who impact our youth at risk and families in need
Schedule I, Part III Schedule I, Part III Type of grant or assistance	Marlborough Hospital Scholarships awarded to students pursuing a career in health care MacLaren Scholarship and the Auxiliary Scholarship
Schedule I, Part II, Line 1(h) Schedule I, Part II, Line 1(H)	Medical Group 2017 donation to Physician Health , Inc is to provide confidential consultation and support to physicians, residents, and medical students
Schedule I, Part I, Line 2 Procedures for monitoring use of grant funds	MEDICAL CENTER AT REASONABLE INTERVALS RE-EVALUATION OF THE GRANTS WILL OCCUR TO ENSURE THAT THE ARRANGEMENTS ARE EXPECTED TO CONTINUE TO SATISFY THE STANDARD SET FORTH THE HEALTH CENTERS WILL DOCUMENT THE RE-EVALUATION CONTEMPORANEOUSLY AS PART OF THE FUNDRAISING AGREEMENT, BI-ANNUAL UPDATES WILL BE PROVIDED TO THE SENIOR VICE PRESIDENT FOR OPERATIONS OF THE MEDICAL CENTER RESPONSIBLE FOR THE MUSCULOSKELETAL CENTER OF EXCELLENCE GRANT FUNDED ON A PER YEAR BASIS FOR THE DURATION OF THE STUDY WITH ANNUAL COST RECONCILIATIONS PERFORMED AND PROVIDED TO THE MEDICAL CENTER

**Additional Data**

**Software ID:** 16000421  
**Software Version:** 2016v3.0  
**EIN:** 91-2155626  
**Name:** UMass Memorial Health Care Inc & Affiliates

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Edward M Kennedy Community Health Center Inc 650 Lincoln Street Worcester, MA 01605	04-2513817	501 (c)(3)	1,000,000	0	N/A	N/A	Support for Health Center's mission
Family Health Center of Worcester Inc 26 Queen Street Worcester, MA 01610	04-2485308	501 (c)(3)	1,000,000	0	N/A	N/A	Support for Health Center's mission

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
University of Massachusetts Medical School 55 Lake Ave N Worcester, MA 01655	04-3167352	University of MA	88,996	0	N/A	N/A	EOHHS ICB Grant \$29,681 and Complex Aortic Aneurysm Repair Study \$59,315
Physician Health Services Inc 860 Winter Street Waltham, MA 02451	22-3234975	501 (c)(3)	12,500	0	N/A	N/A	Support for Caring for Physician Health Campaign



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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Arthritis Foundation 1330 West Peachtree Street Atlanta, GA 30309	58-1341679	501 (c)(3)	10,000	0	N/A	N/A	Central MA WTCA Sponsorship

**Schedule J**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

OMB No 1545-0047

**For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**  
 ▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**  
 ▶ **Attach to Form 990.**

**2015**  
**Open to Public Inspection**

▶ **Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

Name of the organization UMass Memorial Health Care Inc & Affiliates	Employer identification number 91-2155626
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**Part I Questions Regarding Compensation**

	Yes	No
<b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<b>b</b> If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.	<b>1b</b>	
<b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	<b>2</b>	
<b>3</b> Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Written employment contract <input type="checkbox"/> Compensation survey or study <input type="checkbox"/> Approval by the board or compensation committee		
<b>4</b> During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization:		
<b>a</b> Receive a severance payment or change-of-control payment?	<b>4a</b>	Yes
<b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?	<b>4b</b>	Yes
<b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	<b>4c</b>	No
<b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b>		
<b>5</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
<b>a</b> The organization?	<b>5a</b>	No
<b>b</b> Any related organization? If "Yes," on line 5a or 5b, describe in Part III.	<b>5b</b>	No
<b>6</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
<b>a</b> The organization?	<b>6a</b>	No
<b>b</b> Any related organization? If "Yes," on line 6a or 6b, describe in Part III.	<b>6b</b>	No
<b>7</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.	<b>7</b>	No
<b>8</b> Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.	<b>8</b>	No
<b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	<b>9</b>	

**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
Schedule J, Part II	THE ABOVE DIRECTORS RECEIVE NO COMPENSATION FOR THEIR ROLE AS DIRECTORS. ALL COMPENSATION RECEIVED RELATES TO THEIR POSITION AS A PHYSICIAN/ADMINISTRATOR.
Schedule J, Part I, Line 4a Severance or change-of-control payment	The following individuals received or had deferred severance in the reporting period. Included in Sch J Col Biii: Hudlin, Margaret, MD \$144,597; Iitsuka, Carlos \$79,230.
Schedule J, Part I, Line 4b Supplemental nonqualified retirement plan	THE FOLLOWING INDIVIDUALS RECEIVED PAYMENT FROM A SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN IN THE REPORTING PERIOD: Officers, Directors, Trustees: Bolland Eshghi, Katharine \$33,225; Brown, Douglas S \$44,584; Corbett, William, MD \$35,206; Day, Therese \$23,768; Dickson, Eric W, MD \$40,466; Finberg, Robert W, MD \$49,405; Greenwood, John \$17,603; Lapriore, Cheryl M \$24,998; Melgar, Sergio \$57,523; Muldoon, Patrick \$47,583; Philbin, Chris \$16,842; Roach, Steven \$40,440; Rossi, Catherine \$12,723; Shirshac, Jeanne \$15,406; Streeter, Michele \$23,664; Tosi, Stephen E, MD \$193,632. Subtotal Officers, Directors, Trustees \$677,068. Key Employees: Fisher, Barbara \$28,898; Jewell, Cathy \$182,220; Shakman, Alice \$30,683. Subtotal Key Employees \$241,801. Former: George, Patricia \$26,488; Hudlin, Margaret, MD \$120,584; Iitsuka, Carlos \$75,595; Keating, Todd A \$17,808; Klugman, Robert, MD \$755,982. Subtotal Former \$996,457. Total \$1,915,326. THE FOLLOWING INDIVIDUALS PARTICIPATED IN A SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN IN THE REPORTING PERIOD (no distribution received): Officers, Directors, Trustees: Colombo, Lisa; Gagne, Nicole; Swenson, Dana E; Weymouth, Deborah. Key Employees: Cyr, James P; Feldmann, Robert; Metzger, Bart; Randolph, John T; Smith, Jeffrey A, MD; Tarnowski, Timothy. Former: Daly, Sheila.

**Additional Data**

**Software ID:** 16000421  
**Software Version:** 2016v3.0  
**EIN:** 91-2155626  
**Name:** UMass Memorial Health Care Inc & Affiliates

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 John Bronhard Treasurer, HealthAlliance Hospitals, Inc , Officer/Dir various	(i)	274,874	51,687	563	7,805	23,279	358,208	0
	(ii)	0	0	0	0	0	0	0
1 Douglas S Brown Secretary, UMM Health Care, Inc , Officer/Dir various	(i)	0	0	0	0	0	0	0
	(ii)	540,831	245,570	44,584	180,928	24,303	1,036,215	44,584
2 Lisa Colombo President, Clinton Hospital Assoc , Director of Comm Hospitals Inc	(i)	217,363	76,275	9,995	19,238	23,297	346,168	0
	(ii)	0	0	0	0	0	0	0
3 Eric W Dickson MD President & CEO/Director, UMM Health Care, Inc , Director various	(i)	0	0	0	0	0	0	0
	(ii)	1,057,840	528,650	42,536	327,911	55,489	2,012,426	40,466
4 John Greenwood President/Director, UMM Accountable Care Organization, Inc	(i)	283,618	103,429	17,603	81,471	24,347	510,468	17,603
	(ii)	0	0	0	0	0	0	0
5 Cheryl M Lapnore President/Director, UMM Health Ventures, Inc , Director various	(i)	0	0	0	0	0	0	0
	(ii)	295,259	101,234	24,998	92,965	23,109	537,565	24,998
6 Sergio Melgar Treasurer, UMM Health Care, Inc , Officer/Dir various	(i)	0	0	0	0	0	0	0
	(ii)	649,922	296,693	57,523	137,298	38,849	1,180,283	57,523
7 Patnck Muldoon President, UMM Med Ctr, Inc , Director various	(i)	757,686	375,229	47,583	244,115	40,292	1,464,904	47,583
	(ii)	0	0	0	0	0	0	0
8 Steven Roach President, Marlborough Hospital, Director various	(i)	342,141	128,609	40,440	60,394	25,334	596,919	40,440
	(ii)	0	0	0	0	0	0	0
9 Dana E Swenson President/Director, UMM Realty, Inc	(i)	0	0	0	0	0	0	0
	(ii)	245,086	95,111	0	65,055	22,187	427,439	0
10 Stephen E Tosi MD President, UMM Med Group, Inc , Director various	(i)	638,739	291,042	193,632	80,547	29,176	1,233,136	193,632
	(ii)	0	0	0	0	0	0	0
11 Deborah Weymouth President, HealthAlliance Hospitals, Inc , Director various	(i)	387,246	132,651	0	87,590	15,209	622,696	0
	(ii)	0	0	0	0	0	0	0
12 Douglas Ziedonis MD President, UMM Behavioral Health System, Inc until 3/8/17, Director various	(i)	224,584	39,468	0	13,250	28,947	306,249	0
	(ii)	0	0	0	0	0	0	0
13 Howard Alfred MD Director, UMM Accountable Care Organization, Inc	(i)	232,135	7,343	0	4,969	27,845	272,292	0
	(ii)	0	0	0	0	0	0	0
14 Peter Bagley MD Director, UMM Accountable Care Organization, Inc	(i)	257,034	182,829	0	45,300	28,947	514,110	0
	(ii)	0	0	0	0	0	0	0
15 Alan P Brown MD Director, UMM Behavioral Health System, Inc	(i)	181,817	21,950	0	10,590	25,091	239,447	0
	(ii)	0	0	0	0	0	0	0
16 William Corbett MD Director, Marlborough Hospital, Director various	(i)	373,014	156,814	35,206	147,006	22,187	734,226	35,206
	(ii)	0	0	0	0	0	0	0
17 Therese Day Director, UMM Health Ventures, Inc	(i)	298,984	110,604	23,768	102,317	23,109	558,782	23,768
	(ii)	0	0	0	0	0	0	0
18 Kimberly Eisenstock MD Director, Marlborough Hospital	(i)	222,999	46,048	0	13,250	24,996	307,293	0
	(ii)	0	0	0	0	0	0	0
19 R Kevin Ferguson MD Director, UMM Med Group, Inc	(i)	237,299	9,396	0	12,242	25,038	283,975	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				
<b>21</b> Robert W Finberg MD Director, UMM Health Care, Inc	(i)	282,351	74,655	49,405	39,187	31,446	477,044	49,405
	(ii)	0	0	0	0	0	0	0
<b>1</b> David Harlan MD Director, UMM Accountable Care Organization, Inc	(i)	151,724	27,000	0	9,307	25,643	213,674	0
	(ii)	0	0	0	0	0	0	0
<b>2</b> Kathryn Kennedy MD Director, UMM Med Group, Inc	(i)	227,873	57,675	0	13,250	28,689	327,487	0
	(ii)	0	0	0	0	0	0	0
<b>3</b> Daniel H Lasser MD Director, UMM Med Group, Inc	(i)	212,231	68,421	0	42,615	27,718	350,986	0
	(ii)	0	0	0	0	0	0	0
<b>4</b> Shpen Li MD Director, HealthAlliance Hospitals, Inc	(i)	273,641	31,420	0	13,250	24,923	343,234	0
	(ii)	0	0	0	0	0	0	0
<b>5</b> Jeffrey N Metzmaker MD Director, UMM Med Group, Inc	(i)	305,632	158,171	0	13,250	26,419	503,473	0
	(ii)	0	0	0	0	0	0	0
<b>6</b> Dominic Nompleggi MD Director, UMM Med Group, Inc	(i)	235,925	81,409	0	13,250	31,007	361,590	0
	(ii)	0	0	0	0	0	0	0
<b>7</b> Daniel O'Leary MD Director, Coordinated Primary Care, Inc	(i)	208,166	40,503	1,894	6,245	3,868	260,675	0
	(ii)	0	0	0	0	0	0	0
<b>8</b> Chns Philbin Director, UMM Comm Hospitals, Inc , Clinton Hospital Assoc	(i)	0	0	0	0	0	0	0
	(ii)	206,531	67,100	16,842	34,390	25,669	350,532	16,842
<b>9</b> Catherine Rossi Director, Clinton Hospital Association	(i)	0	0	0	0	0	0	0
	(ii)	179,500	57,118	12,723	51,876	24,452	325,669	12,723
<b>10</b> Kathanne Bolland Eshghi Assistant Secretary, UMM Health Care, Inc	(i)	0	0	0	0	0	0	0
	(ii)	335,319	129,196	33,225	78,350	23,609	599,699	33,225
<b>11</b> Nicole Gagne President, Community HealthLink, Inc	(i)	196,470	57,990	0	14,164	23,434	292,058	0
	(ii)	0	0	0	0	0	0	0
<b>12</b> John Glassburn Secretary, UMM Community Hospitals, Inc	(i)	0	0	0	0	0	0	0
	(ii)	174,290	17,499	0	14,017	22,187	227,993	0
<b>13</b> Steven McCue Treasurer, Marlborough Hospital	(i)	185,319	44,660	0	18,617	3,678	252,273	0
	(ii)	0	0	0	0	0	0	0
<b>14</b> William O'Brien Secretary, UMBHS, Inc	(i)	0	0	0	0	0	0	0
	(ii)	121,911	12,854	0	18,626	25,661	179,051	0
<b>15</b> Jeffrey Olson Treasurer, Clinton Hospital Assoc	(i)	144,296	23,706	0	21,977	25,270	215,249	0
	(ii)	0	0	0	0	0	0	0
<b>16</b> Jeanne Shirshac Treasurer, UMM Accountable Care Organization, Inc	(i)	0	0	0	0	0	0	0
	(ii)	201,026	63,525	15,406	49,278	22,388	351,622	15,406
<b>17</b> Francis W Smith Secretary, UMM Medical Group, Inc , Officer various	(i)	0	0	0	0	0	0	0
	(ii)	198,302	24,173	0	29,432	24,376	276,283	0
<b>18</b> Michele Streeter Treasurer, UMM Med Group, Inc	(i)	404,850	184,369	23,664	136,271	24,795	773,949	23,664
	(ii)	0	0	0	0	0	0	0
<b>19</b> James P Cyr Sr VP, Operations (UMMMC)	(i)	251,073	98,089	25,058	86,168	23,978	484,366	25,058
	(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				
41 Robert Feldmann VP, Corporate Controller	(i)	0	0	0	0	0	0	0
	(ii)	283,862	110,774	49,743	85,102	26,083	555,564	49,743
1 Barbara Fisher Sr VP, Operations (UMMMC)	(i)	261,856	101,657	28,898	98,248	22,187	512,845	28,898
	(ii)	0	0	0	0	0	0	0
2 Cathy Jewell Sr VP, Chief Nursing Officer until 1/31/17	(i)	298,487	115,148	182,220	112,952	33,182	741,988	182,220
	(ii)	0	0	0	0	0	0	0
3 Bart Metzger Sr VP, Chief HR Officer	(i)	0	0	0	0	0	0	0
	(ii)	372,995	146,757	0	53,905	25,836	599,493	0
4 John T Randolph VP, Chief Corporate Compliance	(i)	0	0	0	0	0	0	0
	(ii)	232,236	92,194	0	71,784	24,709	420,923	0
5 Alice Shakman Sr VP, Operations (UMMMC)	(i)	263,326	100,351	30,683	85,260	12,120	491,739	30,683
	(ii)	0	0	0	0	0	0	0
6 Jeffrey A Smith MD Executive VP, COO	(i)	520,600	199,590	0	59,090	30,228	809,507	0
	(ii)	0	0	0	0	0	0	0
7 Timothy Tarnowski Sr VP, Chief Info Officer	(i)	0	0	0	0	0	0	0
	(ii)	448,327	172,722	0	91,387	36,727	749,163	0
8 Jennifer Walker MD Physician, Division Chief of Cardiac Surgery - Med Group	(i)	531,707	350,000	0	13,250	28,295	923,252	0
	(ii)	0	0	0	0	0	0	0
9 Demetrius Litwin MD Physician, Chair of Surgery Dept - Med Group	(i)	583,591	224,538	0	13,250	29,131	850,510	0
	(ii)	0	0	0	0	0	0	0
10 Adel Bozorgzadeh MD Physician, Chief of Organ Transplantation - Med Group	(i)	469,399	266,173	0	13,250	28,947	777,769	0
	(ii)	0	0	0	0	0	0	0
11 David C Ayers MD Physician, Chair of Orthopedics and Physical Rehab - Med Group	(i)	631,176	47,547	0	13,250	28,056	720,029	0
	(ii)	0	0	0	0	0	0	0
12 Ajit S Pun MD Physician, Division Chief of Neuroimaging and Intervention - Med Group	(i)	493,260	145,036	0	13,250	24,543	676,089	0
	(ii)	0	0	0	0	0	0	0
13 Patricia George VP & Deputy CIO, until 11/15	(i)	0	0	0	0	0	0	0
	(ii)	300,000	0	26,488	11,365	5,594	343,447	26,488
14 Margaret Hudlin MD CMO/VP Penoperative Svcs, until 9/1/16	(i)	253,162	369,221	265,181	0	17,758	905,322	120,584
	(ii)	0	0	0	0	0	0	0
15 Robert Klugman MD Former Chief Quality Officer, until 9/30/13	(i)	0	19,203	772,916	0	0	792,120	755,982
	(ii)	0	0	0	0	0	0	0
16 Andrew Cocchiarella MD Director until 3/16, Marlborough Hospital	(i)	3,207	4,800	22,231	1,519	477	32,234	0
	(ii)	0	0	0	0	0	0	0
17 Carlos Itsuka Director until 7/16, UMM Health Ventures, Inc	(i)	0	0	0	0	0	0	0
	(ii)	152,149	95,280	154,825	34,641	16,520	453,415	75,595
18 Sheila Daly President until 1/16, Clinton Hospital Association, Director Comm Hospitals Inc	(i)	201,306	18,362	0	43,262	9,773	272,702	0
	(ii)	0	0	0	0	0	0	0
19 Todd Keating Treasurer until 2/14, UMass Memorial Health Care, Inc and Director of other boards	(i)	0	0	0	0	0	0	0
	(ii)	0	0	17,808	0	0	17,808	17,808

**Schedule K (Form 990)**

**Supplemental Information on Tax Exempt Bonds**  
 ▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.  
 ▶ Attach to Form 990.  
 ▶ Information about Schedule K (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047  
**2016**  
 Open to Public Inspection

Department of the Treasury  
 Internal Revenue Service

Name of the organization  
 UMass Memorial Health Care Inc & Affiliates

Employer identification number  
 91-2155626

**Part I Bond Issues**

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
<b>A</b> MDFA-UMASS MEMORIAL VARIABLE RATE DEMAND REVENUE BONDS SERIES F REISSUED	04-3431814	000000000	03-28-2017	25,725,000	PROCEEDS OF THE BONDS USED TO REISSUE THE OUTSTANDING SERIES F BONDS		X		X		X
<b>B</b> MDFA-MARLBOROUGH HOSPITAL VARIABLE RATE SERIES A	04-3431814	000000000	11-24-2009	9,420,000	PAY OFF HEFA POOL O LOAN, ER RENOVATIONS, EICU EQUIPMENT, CT SCAN LEASE, MAMMOGRAPHY UNIT		X		X		X
<b>C</b> MHEFA-UMASS MEMORIAL SERIES G	04-2456011	SEEPARTVI	05-27-2010	61,833,656	REFUNDING OF CNEHA SERIES A BOND (1993) AND MEDICAL CENTER OF CENTRAL MA, SERIES B (1992)		X		X		X
<b>D</b> MDFA-UMASS MEMORIAL SERIES H	04-3431814	SEEPARTVI	08-10-2011	92,293,778	PART REFUND OF MED C VAR RATE SER A (98), REFUND IN FULL OF CNEHA SER B (98) &UMASS MEM SER C (01)		X		X		X

**Part II Proceeds**

		A		B		C		D	
<b>1</b>	Amount of bonds retired . . . . .	845,000		1,706,000		32,340,000		29,480,000	
<b>2</b>	Amount of bonds legally defeased . . . . .	0		0		0		0	
<b>3</b>	Total proceeds of issue . . . . .	25,725,000		9,420,000		61,833,836		92,293,778	
<b>4</b>	Gross proceeds in reserve funds . . . . .	0		0		0		0	
<b>5</b>	Capitalized interest from proceeds . . . . .	0		0		0		0	
<b>6</b>	Proceeds in refunding escrows . . . . .	0		0		0		0	
<b>7</b>	Issuance costs from proceeds . . . . .	0		93,458		1,099,039		1,235,315	
<b>8</b>	Credit enhancement from proceeds . . . . .	0		0		0		0	
<b>9</b>	Working capital expenditures from proceeds . . . . .	0		0		0		0	
<b>10</b>	Capital expenditures from proceeds . . . . .	0		9,326,542		0		0	
<b>11</b>	Other spent proceeds . . . . .	25,725,000		0		60,734,797		91,058,463	
<b>12</b>	Other unspent proceeds . . . . .	0		0		0		0	
<b>13</b>	Year of substantial completion . . . . .	2017		2009		2010		2011	
		<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>
<b>14</b>	Were the bonds issued as part of a current refunding issue? . . . . .	X		X		X		X	
<b>15</b>	Were the bonds issued as part of an advance refunding issue? . . . . .		X		X		X		X
<b>16</b>	Has the final allocation of proceeds been made? . . . . .	X		X		X		X	
<b>17</b>	Does the organization maintain adequate books and records to support the final allocation of proceeds? . . . . .	X		X		X		X	

**Part III Private Business Use**

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b>	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? . . . . .		X		X		X		X
<b>2</b>	Are there any lease arrangements that may result in private business use of bond-financed property? . . . . .		X		X		X		X



**Part III Private Business Use** (Continued)

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

**Part IV Arbitrage**

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

**Part IV Arbitrage** (Continued)

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

**Part V Procedures To Undertake Corrective Action**

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

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

Return Reference	Explanation
Schedule K, Part I, Column (c) Series G CUSIP List	57586EUS8, 57586EUT6, 57586EUU3, 57586EUV1, 57586EUW9, 57586EUX7, 57586EUY5, 57586EUZ2, 57586EVA6, 57586EVB4, 57586EVC2, 57586EVD0, 57586EVE8, 57586EVF5, 57586EVG3, 57586EVH1, 57586EVJ7

<b>Return Reference</b>	<b>Explanation</b>
Schedule K, Part I, Column (c) Series H CUSIP List	57583UGP7, 57583UGQ5, 57583UGR3, 57583UGS1, 57583UGT9, 57583UGU6, 57583UGV4, 57583UGW2, 57583UGX0, 57583UGY8, 57583UGZ5, 57583UHA9, 57583UHB7, 57583UHC5

<b>Return Reference</b>	<b>Explanation</b>
Schedule K, Part I, Column (c) Series I CUSIP List	57584XJK8, 57584XJL6, 57584XJM4, 57584XJN2, 57584XJP7, 57584XJQ5, 57584XJR3, 57584XJS1, 57584XJT9, 57584XJU6, 57584XJV4, 57584XJW2, 57584XJX0, 57584XJY8, 57584XJZ5, 57584XKA8, 57584XKB6, 57584XKC4

Return Reference	Explanation
Schedule K, Part I, Column (c) Series K CUSIP List	57584XE23 - 57584XE31 - 57584XE49 - 57584XE56 - 57584XE64 - 57584XE72 - 57584XE80 - 57584XE98 - 57584XF22 - 57584XF30 - 57584XF48 - 57584XF55 - 57584XF63

<b>Return Reference</b>	<b>Explanation</b>
Schedule K, Part III, Line 4 All	Private Business Use is calculated on an annual basis by contacting appropriate organization representatives in charge of contracts, leases, and space negotiations. Contracts and other applicable documents are gathered, reviewed, and maintained. Private Business Use policy is reviewed annually. Senior management reviews private business use calculations annually.

<b>Return Reference</b>	<b>Explanation</b>
Schedule K, Part VI All	UMass Memorial Health Care, Inc , UMass Memorial Medical Center Inc , UMass Memorial Health Ventures, Inc , and UMass Memorial HealthAlliance-Clinton Hospital, Inc are members of the Obligated Group The assets of these members will be available to meet the debt obligations

<b>Return Reference</b>	<b>Explanation</b>
Schedule K, Part II, Line 3 MHEFA - UMass Memorial, Series G	Column (e) issue price of \$61,833,656, add interest earned on proceeds of \$180, equals line 3 of \$61,833,836



<b>Return Reference</b>	<b>Explanation</b>
Schedule K, Part II, Line 3 MDFA - UMass Memorial Master Lease	Column (e) issue price of \$20,000,000, add interest earned on proceeds of \$13,504, equals line 3 of \$20,013,504

<b>Return Reference</b>	<b>Explanation</b>
Schedule K, Part II, Line 3 MDFA - UMass Memorial Master Lease	Column (e) issue price of \$20,000,000, add interest earned on proceeds of \$723, equals line 3 of \$20,000,723

<b>Return Reference</b>	<b>Explanation</b>
Schedule K, Part II, Line 3 MDFA - UMass Memorial, Series I	Column (e) issue price of \$194,086,349, add interest earned on proceeds of \$636,871, equals line 3 of \$194,723,220

<b>Return Reference</b>	<b>Explanation</b>
Schedule K, Part II, Line 3 MDFA - UMass Memorial Master Lease	Column (e) issue price of \$75,000,000, add interest earned on proceeds of \$85,559, equals line 3 of \$75,085,559

<b>Return Reference</b>	<b>Explanation</b>
Schedule K, Part II, Line 3 MDFA - UMass Memorial, Series K	Column (e) issue price of \$56,751,941, add interest earned on proceeds of \$134,314, equals line 3 of \$56,886,255

<b>Return Reference</b>	<b>Explanation</b>
Schedule K, Part V Different Procedures to Undertake Corrective Action	Issuer name MDFA-UMASS MEMORIAL VARIABLE RATE DEMAND REVENUE BONDS, SERIES F REISSUED N/A

<b>Return Reference</b>	<b>Explanation</b>
Schedule K, Part V Different Procedures to Undertake Corrective Action	Issuer name MDFA-MARLBOROUGH HOSPITAL VARIABLE RATE, SERIES A N/A

<b>Return Reference</b>	<b>Explanation</b>
Schedule K, Part V Different Procedures to Undertake Corrective Action	Issuer name MHEFA-UMASS MEMORIAL, SERIES G N/A



<b>Return Reference</b>	<b>Explanation</b>
Schedule K, Part IV, Line 2c COLUMN C	Issuer name MHEFA-UMASS MEMORIAL, SERIES G The calculation for computing no rebate due was performed on 10/14/2014

<b>Return Reference</b>	<b>Explanation</b>
Schedule K, Part V Different Procedures to Undertake Corrective Action	Issuer name MDFA-UMASS MEMORIAL, SERIES H N/A

<b>Return Reference</b>	<b>Explanation</b>
Schedule K, Part V Different Procedures to Undertake Corrective Action	Issuer name MDFA-UMASS MEMORIAL MASTER LEASE N/A

<b>Return Reference</b>	<b>Explanation</b>
Schedule K, Part V Different Procedures to Undertake Corrective Action	Issuer name MDFA-UMASS MEMORIAL MASTER LEASE N/A

<b>Return Reference</b>	<b>Explanation</b>
Schedule K, Part V Different Procedures to Undertake Corrective Action	Issuer name MDFA - UMASS MEMORIAL, SERIES I N/A

<b>Return Reference</b>	<b>Explanation</b>
Schedule K, Part V Different Procedures to Undertake Corrective Action	Issuer name MDFA- UMASS MEMORIAL, SERIES J N/A

<b>Return Reference</b>	<b>Explanation</b>
Schedule K, Part V Different Procedures to Undertake Corrective Action	Issuer name MDFA- UMASS MEMORIAL MASTER LEASE N/A

<b>Return Reference</b>	<b>Explanation</b>
Schedule K, Part V Different Procedures to Undertake Corrective Action	Issuer name MDFA- UMASS MEMORIAL, SERIES K N/A



**Schedule K (Form 990)**

**Supplemental Information on Tax Exempt Bonds**  
 ▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.  
 ▶ Attach to Form 990.  
 ▶ Information about Schedule K (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

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Department of the Treasury  
 Internal Revenue Service

Name of the organization  
 UMass Memorial Health Care Inc & Affiliates

Employer identification number  
 91-2155626

**Part I Bond Issues**

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
<b>A</b> MDFA-UMASS MEMORIAL MASTER LEASE	04-3431814	000000000	12-28-2011	20,000,000	CAPITAL EQUIPMENT		X		X		X
<b>B</b> MDFA-UMASS MEMORIAL MASTER LEASE	04-3431814	000000000	08-14-2013	20,000,000	CAPITAL EQUIPMENT		X		X		X
<b>C</b> MDFA - UMASS MEMORIAL SERIES I	04-3431814	SEEPARTVI	02-02-2016	194,086,349	REFUNDING IN FULL UMASS MEM SER A REV BONDS (98) AND UMASS MEM SERIES D (05), VARIOUS CONST & EQUIP		X		X		X
<b>D</b> MDFA- UMASS MEMORIAL SERIES J	04-3431814	000000000	12-07-2016	50,000,000	SUPPORT THE PURCHASE AND IMPLEMENTATION OF THE NEW ELECTRONIC MEDICAL RECORD AND BILLING SYSTEM		X		X		X

**Part II Proceeds**

	A		B		C		D	
<b>1</b> Amount of bonds retired . . . . .	19,128,097		13,460,568		0		0	
<b>2</b> Amount of bonds legally defeased . . . . .	0		0		0		0	
<b>3</b> Total proceeds of issue . . . . .	20,013,504		20,000,723		194,723,220		50,000,000	
<b>4</b> Gross proceeds in reserve funds . . . . .	0		0		0		0	
<b>5</b> Capitalized interest from proceeds . . . . .	0		0		0		0	
<b>6</b> Proceeds in refunding escrows . . . . .	0		0		26,033,958		0	
<b>7</b> Issuance costs from proceeds . . . . .	29,000		36,810		2,529,172		260,000	
<b>8</b> Credit enhancement from proceeds . . . . .	0		0		0		0	
<b>9</b> Working capital expenditures from proceeds . . . . .	0		0		0		0	
<b>10</b> Capital expenditures from proceeds . . . . .	19,984,504		19,963,913		35,802,913		49,740,000	
<b>11</b> Other spent proceeds . . . . .	0		0		130,357,177		0	
<b>12</b> Other unspent proceeds . . . . .	0		0		0		0	
<b>13</b> Year of substantial completion . . . . .	2013		2013				2017	
	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>
<b>14</b> Were the bonds issued as part of a current refunding issue? . . . . .		X		X	X			X
<b>15</b> Were the bonds issued as part of an advance refunding issue? . . . . .		X		X		X		X
<b>16</b> Has the final allocation of proceeds been made? . . . . .	X		X			X	X	
<b>17</b> Does the organization maintain adequate books and records to support the final allocation of proceeds? . . . . .	X		X		X		X	

**Part III Private Business Use**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b> Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? . . . . .		X		X		X		X
<b>2</b> Are there any lease arrangements that may result in private business use of bond-financed property? . . . . .		X		X		X		X

**Part III Private Business Use** (Continued)

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

**Part IV Arbitrage**

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

**Part IV Arbitrage** (Continued)

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

**Part V Procedures To Undertake Corrective Action**

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

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

**Schedule K (Form 990)**

**Supplemental Information on Tax Exempt Bonds**  
 ▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.  
 ▶ Attach to Form 990.  
 ▶ Information about Schedule K (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047  
**2016**  
**Open to Public Inspection**

Department of the Treasury  
 Internal Revenue Service

Name of the organization  
 UMass Memorial Health Care Inc & Affiliates

Employer identification number  
 91-2155626

**Part I Bond Issues**

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
<b>A</b>	MDFA- UMASS MEMORIAL MASTER LEASE	04-3431814	000000000	12-07-2016	75,000,000	SUPPORT THE PURCHASE AND IMPLEMENTATION OF THE NEW ELECTRONIC MEDICAL RECORD AND BILLING SYSTEM		X		X		X
<b>B</b>	MDFA- UMASS MEMORIAL SERIES K	04-3431814	SEEPARTIV	02-01-2017	56,751,941	REFUND IN FULL UMASS MEMORIAL SERIES E REV BONDS, REIMBURSE CAPITAL COSTS OF EQUIP, & ISSUANCE COSTS		X		X		X

**Part II Proceeds**

		A	B	C	D
<b>1</b>	Amount of bonds retired . . . . .	0	0		
<b>2</b>	Amount of bonds legally defeased . . . . .	0	0		
<b>3</b>	Total proceeds of issue . . . . .	75,085,559	56,886,255		
<b>4</b>	Gross proceeds in reserve funds . . . . .	0	0		
<b>5</b>	Capitalized interest from proceeds . . . . .	0	0		
<b>6</b>	Proceeds in refunding escrows . . . . .	76,036	11,747,547		
<b>7</b>	Issuance costs from proceeds . . . . .	81,000	1,026,941		
<b>8</b>	Credit enhancement from proceeds . . . . .	0	0		
<b>9</b>	Working capital expenditures from proceeds . . . . .	0	0		
<b>10</b>	Capital expenditures from proceeds . . . . .	74,928,523	18,386,767		
<b>11</b>	Other spent proceeds . . . . .	0	25,725,000		
<b>12</b>	Other unspent proceeds . . . . .	0	0		
<b>13</b>	Year of substantial completion . . . . .	2017			
		<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>
<b>14</b>	Were the bonds issued as part of a current refunding issue? . . . . .		X	X	
<b>15</b>	Were the bonds issued as part of an advance refunding issue? . . . . .		X	X	
<b>16</b>	Has the final allocation of proceeds been made? . . . . .	X		X	
<b>17</b>	Does the organization maintain adequate books and records to support the final allocation of proceeds? . . . . .	X		X	

**Part III Private Business Use**

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b>	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? . . . . .		X		X				
<b>2</b>	Are there any lease arrangements that may result in private business use of bond-financed property? . . . . .		X		X				

**Part III Private Business Use** (Continued)

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

**Part IV Arbitrage**

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

**Part IV Arbitrage** (Continued)

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

**Part V Procedures To Undertake Corrective Action**

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

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

Schedule L (Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

Attach to Form 990 or Form 990-EZ.

Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2016

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization UMass Memorial Health Care Inc & Affiliates

Employer identification number 91-2155626

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

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

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

Part II Loans to and/or From Interested Persons.

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

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

Total \$

Part III Grants or Assistance Benefiting Interested Persons.

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

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

**Part IV Business Transactions Involving Interested Persons.**

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No

**Part V Supplemental Information**

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

Return Reference	Explanation



## Additional Data

**Software ID:** 16000421

**Software Version:** 2016v3.0

**EIN:** 91-2155626

**Name:** UMass Memorial Health Care Inc & Affiliates

### Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
80 Erdman Way LLC	Entity more than 35% owned by John R Clementi, Board Director	108,876	Rental of Property - Expense		No
Ellen Carlucci	Family Member of Daniel Carlucci, M D , Board Director	157,985	Employment Arrangement w/ Marlborough Hospital		No

**Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons**

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
Joanne D'Onfro	Family Member of Paul D'Onfro, Board Director	19,336	Employment Arrangement w/ HealthAlliance Hospitals, Inc		No
Elaine Granville RN	Family Member of Cheryl Lapriore, Officer / Board Director	141,867	Employment Arrangement w/ UMM Medical Center, Inc		No

**Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons**

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
Joyce Fingerth MD	Family Member of Robert W Finberg, M D , Board Director	106,275	Employment Arrangement w/ UMM Medical Group, Inc		No
Brittany M Paulhus	Family Member of Robert J Paulhus, Jr , Board Director	55,396	Employment Arrangement w/ UMM Medical Center, Inc		No

**Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons**

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
Darlene A Purcell	Family Member of Philip E Purcell, Board Director	136,366	Employment Arrangement w/ UMM Medical Center, Inc		No
Substantial Contributor	Substantial Contributor	581,468	3rd Party Payer Contract Payment		No

**Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons**

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
Substantial Contributor	Substantial Contributor	1,225,084	Independent Contractor Arrangement		No
Substantial Contributor	Substantial Contributor	137,216	Independent Contractor Arrangement		No

**Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons**

<b>(a)</b> Name of interested person	<b>(b)</b> Relationship between interested person and the organization	<b>(c)</b> Amount of transaction	<b>(d)</b> Description of transaction	<b>(e)</b> Sharing of organization's revenues?	
				<b>Yes</b>	<b>No</b>
Substantial Contributor	Substantial Contributor	3,821,619	Independent Contractor Arrangement		No
Substantial Contributor	Substantial Contributor	582,312	Independent Contractor Arrangement		No

**Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons**

<b>(a)</b> Name of interested person	<b>(b)</b> Relationship between interested person and the organization	<b>(c)</b> Amount of transaction	<b>(d)</b> Description of transaction	<b>(e)</b> Sharing of organization's revenues?	
				<b>Yes</b>	<b>No</b>
Substantial Contributor	Substantial Contributor	214,951	3rd Party Payer Contract Payment & Independent Contractor Arrangement		No

**SCHEDULE M**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

# Noncash Contributions

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**  
▶ **Attach to Form 990.**  
▶ **Information about Schedule M (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)**

OMB No 1545-0047

# 2016

**Open to Public Inspection**

Name of the organization  
UMass Memorial Health Care Inc & Affiliates

Employer identification number  
91-2155626

**Part I** **Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art . . . . .				
2 Art—Historical treasures . . . . .				
3 Art—Fractional interests . . . . .				
4 Books and publications . . . . .				
5 Clothing and household goods . . . . .				
6 Cars and other vehicles . . . . .				
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities—Publicly traded . . . . .	X	2	36,939	Market value
10 Securities—Closely held stock . . . . .				
11 Securities—Partnership, LLC, or trust interests . . . . .				
12 Securities—Miscellaneous . . . . .				
13 Qualified conservation contribution—Historic structures . . . . .				
14 Qualified conservation contribution—Other . . . . .				
15 Real estate—Residential . . . . .				
16 Real estate—Commercial . . . . .				
17 Real estate—Other . . . . .				
18 Collectibles . . . . .				
19 Food inventory . . . . .				
20 Drugs and medical supplies . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ▶ ( _____ )				
26 Other ▶ ( _____ )				
27 Other ▶ ( _____ )				
28 Other ▶ ( _____ )				

**29** Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement 29

		Yes	No
<b>30a</b> During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? . . . . .	<b>30a</b>		No
<b>b</b> If "Yes," describe the arrangement in Part II			
<b>31</b> Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	<b>31</b>		No
<b>32a</b> Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . .	<b>32a</b>		No
<b>b</b> If "Yes," describe in Part II			
<b>33</b> If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II			



**Part II Supplemental Information.**

Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference	Explanation
Schedule M, Part II Supplemental Information	UMass Memorial Health Care, Inc affiliates utilize the services of UMass Memorial Foundation, Inc to solicit donor contributions, on occasion, the organization receives gifts of publicly traded stock All gifts of publicly traded stock are immediately sold upon receipt through an investment services firm

**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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

**2016****Open to Public Inspection**Department of the Treasury  
Internal Revenue Service

Name of the organization

UMass Memorial Health Care Inc &amp; Affiliates

Employer identification number

91-2155626

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part III, Line 4d Description of other program services	(Expenses \$ 81,677,287 including grants of \$ 28,000)(Revenue \$ 97,430,084) OTHER UMASS MEMORIAL ENTITIES - UMASS MEMORIAL HAS A NUMBER OF SUBSIDIARY ENTITIES THAT FUNCTION PRIMARILY TO DELIVER HEALTH CARE TO PATIENTS OR TO SUPPORT THE DELIVERY OF HEALTH CARE TO PATIENTS OF UMASS MEMORIAL THEY ACCOMPLISH THIS THROUGH THE DELIVERY OF HEALTH CARE SERVICES WITHOUT REGARD TO THE PATIENT'S ABILITY TO PAY THEY ALSO ACCOMPLISH THIS BY PROVIDING SUPPORT, OR PATIENT ADVOCACY SERVICES TO THE PATIENTS OF UMASS MEMORIAL, CENTRAL NEW ENGLAND, AND OTHER GEOGRAPHIES

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VI, Line 2 Family/business relationships amongst interested persons	CLINTON HOSPITAL ASSOC PAULHUS, ROBERT (BOARD MEMBER) AND PAUL CHERUBINI (BOARD MEMBER) - Business relationship

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VI, Line 6 Classes of members or stockholders	THERE ARE NO CLASSES OF MEMBERS THE VOTING RIGHTS OF EACH MEMBER'S BOARD ARE ABSOLUTE

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VI, Line 7a Members or stockholders electing members of governing body	THE MAJORITY OF ENTITIES IN THE CONSOLIDATED GROUP HAVE A SOLE MEMBER (UMMHC - Parent) THAT ELECTS THE BOARD OF TRUSTEES THERE ARE NO CLASSES OF MEMBERS THE MAJORITY OF THE ENTITIES RESERVE TO THE MEMBER THE POWER TO REMOVE TRUSTEES, TO FILL VACANCIES, AND TO INCREASE OR DECREASE THE SIZE OF THE BOARD

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VI, Line 7b Decisions requiring approval by members or stockholders	THE MAJORITY OF THE ENTITIES IN THE CONSOLIDATED GROUP HAVE A SOLE MEMBER (UMMHC - Parent) WITH THE RIGHT TO APPROVE OR RATIFY DECISIONS OF THE ENTITY, WHICH IS EXERCISED BY THAT MEMBER'S BOARD OF TRUSTEES THERE ARE NO CLASSES OF MEMBERS THUS, THE VOTING RIGHTS OF A MEMBER BOARD ARE ABSOLUTE GENERALLY, THE SOLE MEMBER OF EACH ENTITY RESERVES THE POWER TO APPROVE MAJOR TRANSACTIONS, TO MERGE, CONSOLIDATE OR LIQUIDATE THE CORPORATION'S ASSETS, TO ADOPT ANNUAL OPERATING AND CAPITAL BUDGETS AND AMENDMENTS, TO ENTER INTO LOAN AGREEMENTS AND/OR GUARANTEES, TO APPOINT AND/OR ELECT THE PRESIDENT AND/OR CEO, TO ELECT AND/OR APPOINT AND REMOVE TRUSTEES, FILL VACANCIES, TO INCREASE OR DECREASE THE SIZE OF THE BOARD, AND TO APPROVE UNBUDGETED EXPENDITURES

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VI, Line 11b Review of form 990 by governing body	SECTIONS OF THE CORE FORM 990 RELATED TO EXECUTIVE COMPENSATION AND SCHEDULE J ARE REVIEWED IN DETAIL WITH THE ORGANIZATION'S COMPENSATION COMMITTEE OF THE BOARD THE COMPLIANCE COMMITTEE OF THE BOARD REVIEWS ALL CONTENT ASSOCIATED WITH SCHEDULE L THE AUDIT COMMITTEE OF THE BOARD REVIEWS THE FORM 990, INCLUDING THE ABOVE SCHEDULES AND RECOMMENDS THE FORM 990 TO THE FULL BOARD FOR APPROVAL THE FULL BOARD IS GIVEN ACCESS TO THE FORM 990

**990 Schedule O, Supplemental Information**

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



**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VI, Line 15a Process to establish compensation of top management official	<p>Compensation matters involving the CEO and Senior Executives are overseen by the Compensation Committee of the Board, which was designated this authority by the Organization's Board of Trustees. The Compensation Committee approved a Compensation Philosophy and Policy which govern compensation matters. THE PHILOSOPHY INCLUDES THE OBJECTIVES OF THE PROGRAM COMPONENTS OF EXECUTIVE COMPENSATION, THE RELEVANT MARKET POSITIONING IN THE MARKET FACTORS CONSIDERED IN SETTING EXECUTIVE COMPENSATION AND THE IMPORTANCE OF TYING SUCH COMPENSATION TO PERFORMANCE. Independent outside compensation consultant is hired by and reports to the Compensation Committee of the Board and provides advice to the Committee on compensation matters. THE COMMITTEE WORKS WITH THESE CONSULTANTS AND WITH LEGAL COUNSEL TO ENSURE THAT ALL COMPENSATION PAID, AS WELL AS THE PROCESS FOLLOWED TO DETERMINE SUCH COMPENSATION IS REASONABLE, MEETS ALL REGULATORY REQUIREMENTS AND IS COMPETITIVE WITH THE RELEVANT MARKET. During the fiscal year, the Compensation Committee meet to review and vote on the compensation for the CEO and key personnel. The Compensation Committee voted and approved the CEO compensation at their annual meeting in March 2017. All other key personnel were voted and approved at the annual meeting in December 2016.</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part VI, Line 15b Process to establish compensation of other employees	Tier Title Review date A President, CEO March 2017 B Exec VP/COO UMMMGM December 2016 B President, UMMH & CAO/CLO, UMMHC December 2016 B Chief Physician Executive December 2016 B President, Medical Center December 2016 B Exec VP, CFO December 2016 C President, Clinton Hospital Assoc December 2016 C SVP, Chf of Staff & Chf Mktg Ofc December 2016 C Sr VP, Community Practices December 2016 C VP/Chief Financial Officer Med Center December 2016 C VP, Chief Corporate Compliance December 2016 C VP of Finance/Corp Controller December 2016 C Sr VP, Operations (UMMMC) December 2016 C Sr VP, Operations (UMMMC) December 2016 C Sr VP, Chief Facilities Officer December 2016 C Sr VP, Operations (UMMMC) December 2016 C SVP, Pop Hlth & President, ACO December 2016 C Sr VP, General Counsel-PGL December 2016 C Sr VP, Chief Info Officer December 2016 C Sr VP, Chief HR Officer December 2016 C Exec VP, COO December 2016 C President, HealthAlliance December 2016 C President, Marlborough Hospital December 2016 C President, Communty HlthLink December 2016

**990 Schedule O, Supplemental Information**

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

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VIII, Line 11d Other Miscellaneous Revenue	Rebate income - Total Revenue 1738, Related or Exempt Function Revenue 1713, Unrelated Business Revenue , Revenue Excluded from Tax Under Sections 512, 513, or 514 25,

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part IX, Line 11g Other Fees	<p>Recruitment fees - Total Expense 1028059, Program Service Expense 977525, Management and General Expenses 50534, Fundraising Expenses , Clinical engineering services - Total Expense 1347285, Program Service Expense 1283738, Management and General Expenses 63547, Fundraising Expenses , Medical School participation payment &amp; MES &amp; AIF - Total Expense 155562628, Program Service Expense 155562628, Management and General Expenses , Fundraising Expenses , Professional Medical Services - Total Expense 24939027, Program Service Expense 24763955, Management and General Expenses 175072, Fundraising Expenses , Transcription Services - Total Expense 4255938, Program Service Expense 3532003, Management and General Expenses 723935, Fundraising Expenses , Answering Services - Total Expense 203760, Program Service Expense 197873, Management and General Expenses 5551, Fundraising Expenses 336, Collection Agency Services - Total Expense 4125653, Program Service Expense 2932126, Management and General Expenses 1193527, Fundraising Expenses , Outside Lab Services - Total Expense 15552227, Program Service Expense 15552227, Management and General Expenses , Fundraising Expenses , Linen Services - Total Expense 4037815, Program Service Expense 4037815, Management and General Expenses , Fundraising Expenses , Purchased Temporary Help - Total Expense 21657979, Program Service Expense 18141939, Management and General Expenses 3516040, Fundraising Expenses , Medical School interns and residents services - Total Expense 41509771, Program Service Expense 41509771, Management and General Expenses , Fundraising Expenses , Purchased Medical School services - Total Expense 37780827, Program Service Expense 37780827, Management and General Expenses , Fundraising Expenses , Housekeeping Services - Total Expense 3973676, Program Service Expense 3175049, Management and General Expenses 798627, Fundraising Expenses , Valet Parking Services - Total Expense 3600335, Program Service Expense 2880268, Management and General Expenses 720067, Fundraising Expenses , Coding, Billing, and Staffing Services - Total Expense 13802666, Program Service Expense 8543072, Management and General Expenses 5259594, Fundraising Expenses , HR FMLA services - Total Expense 582792, Program Service Expense 466234, Management and General Expenses 116558, Fundraising Expenses , Landscaping Services - Total Expense 518370, Program Service Expense 414696, Management and General Expenses 103674, Fundraising Expenses , Other - Total Expense 8123683, Program Service Expense 7909909, Management and General Expenses 111369, Fundraising Expenses 102405, Affiliate Purchased Services - Total Expense 2847501, Program Service Expense 2847501, Management and General Expenses , Fundraising Expenses ,</p>

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part XI, Line 9 Other changes in net assets or fund balances	NET ASSETS RELEASED FROM RESTRICTION (FOR PPE) - 6019119, NET ASSETS RELEASED FROM RESTRICTIONS (FOR OPERATIONS) - 5183954, PENSION-RELATED CHANGES OTHER THAN NET PERIODIC BENEFIT COST - 75041952, TRANSFERS (TO) FROM RELATED PARTIES - -138317609, CHANGE IN BENEFICIAL INTEREST IN PERPETUAL TRUST - -3832391, TEMPORARY RESTRICTED EXPENDITURES - -3334729, PLEDGE RECEIVABLES, WRITE OFFS AND ADJUSTMENTS - 23331, MISC - -26,

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part XII, Line 2c Change of oversight process or selection process	THE ORGANIZATION'S FINANCIAL STATEMENTS WERE AUDITED BY AN INDEPENDENT ACCOUNTING FIRM ON A CONSOLIDATED BASIS THE ORGANIZATION HAS AN AUDIT COMMITTEE RESPONSIBLE FOR OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS AS WELL AS THE SELECTION OF AN INDEPENDENT ACCOUNTING FIRM

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Page 1 Line Hc 15 Members of Group exemption number 3642	UMASS MEMORIAL HEALTH CARE, INC AND AFFILIATES EIN 91-2155626 FYE 9/30/2017 306 Belmont Street, Worcester, MA 01604 The Clinton Hospital Association 201 Highland Street, Clinton, MA 01510 EIN 04-1185520 FYE 9/30/2017 Marlborough Hospital 157 Union Street, Marlborough, MA 01752 EIN 04-2104693 FYE 9/30/2017 UMass Memorial Behavioral Health System, Inc 306 Belmont Street, Worcester, MA 01604 EIN 04-3374724 FYE 9/30/2017 UMass Memorial Community Hospitals, Inc 306 Belmont Street, Worcester, MA 01604 EIN 04-3296271 FYE 9/30/2017 UMass Memorial Health Ventures, Inc 306 Belmont Street, Worcester, MA 01604 EIN 22-2605679 FYE 9/30/2017 UMass Memorial Medical Center, Inc 306 Belmont Street, Worcester, MA 01604 EIN 04-3358564 FYE 9/30/2017 UMass Memorial Medical Group, Inc 306 Belmont Street, Worcester, MA 01604 EIN 04-2911067 FYE 9/30/2017 UMass Memorial Realty, Inc 306 Belmont Street, Worcester, MA 01604 EIN 04-2805630 FYE 9/30/2017 Community HealthLink, Inc 72 Jaques Avenue, Worcester, MA 01610 EIN 04-2626179 FYE 9/30/2017 Central New England HealthAlliance, Inc 60 Hospital Road, Leominster, MA 01453 EIN 04-3172496 FYE 9/30/2017 Coordinated Primary Care, Inc 60 Hospital Road, Leominster, MA 01453 EIN 04-3210002 FYE 9/30/2017 HealthAlliance Home Health and Hospice, Inc 25 Tucker Road, Leominster, MA 01453 EIN 04-2932308 FYE 9/30/2017 HealthAlliance Hospitals, Inc 60 Hospital Road, Leominster, MA 01453 EIN 04-2103555 FYE 9/30/2017 UMass Memorial Accountable Care Organization, Inc 306 Belmont Street, Worcester, MA 01604 EIN 46-2871359 FYE 9/30/2017



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Return Reference	Explanation
<p>Part VII Section A Complete list of Group 990 Board Members by entity - Part 1 of 3</p>	<p>Entity &amp; EIN# UMass Memorial Medical Center, Inc #04-3358564 Officers Patrick L Muldo on President &amp; CEO, UMass Memorial Medical Center, Inc Sergio Melgar Treasurer, UMass Memorial Medical Center, Inc Douglas S Brown Secretary, UMass Memorial Medical Center, Inc Katharine Bolland Eshghi Assistant Secretary, UMass Memorial Medical Center, Inc Richard Siegrist Chairperson, UMass Memorial Medical Center, Inc Directors David L Bennett Director, UMass Memorial Medical Center, Inc Edward J Parry, III Director, UMass Memorial Medical Center, Inc O Nsidinanya Okike, MD Director, UMass Memorial Medical Center, Inc Terence Flotte, MD Director, UMass Memorial Medical Center, Inc Michael Collins, MD Director, UMass Memorial Medical Center, Inc Edward D'Alelio Director, UMass Memorial Medical Center, Inc Mary Ellen McNamara Director, UMass Memorial Medical Center, Inc Harris L Mac Neill Director, UMass Memorial Medical Center, Inc Jack Wilson Director, UMass Memorial Medical Center, Inc Paulette Seymour-Route, Ph D Director, UMass Memorial Medical Center, Inc Robert W Finberg, MD Director, UMass Memorial Medical Center, Inc Paul Kangas Director, UMass Memorial Medical Center, Inc Richard K Bennett Director, UMass Memorial Medical Center, Inc Lynda M Young, MD Director, UMass Memorial Medical Center, Inc Eric W Dickson, MD Director, UMass Memorial Medical Center, Inc Peter Knox Director, UMass Memorial Medical Center, Inc Elvira Guardiola Director, UMass Memorial Medical Center, Inc Raymond Pawlicki Director, UMass Memorial Medical Center, Inc Entity &amp; EIN# UMass Memorial Health Ventures, Inc #22-2605679 Officers Cheryl Lapriore President &amp; Executive Director, UMass Memorial Health Ventures, Inc Sergio Melgar Treasurer, UMass Memorial Health Ventures, Inc Francis W Smith Clerk, UMass Memorial Health Ventures, Inc Paul Kangas Chairperson, UMass Memorial Health Ventures, Inc Directors Frederick G Crocker Director, UMass Memorial Health Ventures, Inc Gerard P Richer Director, UMass Memorial Health Ventures, Inc Cheryl Lapriore Director, UMass Memorial Health Ventures, Inc Eric W Dickson, MD Director, UMass Memorial Health Ventures, Inc Steven Roach Director, UMass Memorial Health Ventures, Inc Therese Day Director, UMass Memorial Health Ventures, Inc Entity &amp; EIN# UMass Memorial Realty, Inc #04-2805630 Officers Dana Swenson President, UMass Memorial Realty, Inc Sergio Melgar Treasurer, UMass Memorial Realty, Inc Francis W Smith Secretary, UMass Memorial Realty, Inc Directors Dix F Davis Director, UMass Memorial Realty, Inc David L Bennett Director, UMass Memorial Realty, Inc Dana Swenson Director, UMass Memorial Realty, Inc Eric W Dickson, MD Director, UMass Memorial Realty, Inc Entity &amp; EIN# UMass Memorial Medical Group, Inc #04-2911067 Officers Stephen E Tosi, MD President, UMass Memorial Medical Group, Inc Michele Streeter Treasurer, UMass Memorial Medical Group, Inc Francis W Smith Sec</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Part VII Section A Complete list of Group 990 Board Members by entity - Part 1 of 3	retary, UMass Memorial Medical Group, Inc Lynda M Young, MD Chairperson, UMass Memorial Medical Group, Inc Directors Harris L MacNeill Director, UMass Memorial Medical Group, Inc Daniel Lasser, MD Director, UMass Memorial Medical Group, Inc R Kevin Ferguson, MD Director, UMass Memorial Medical Group, Inc Kathryn Kennedy, MD Director, UMass Memorial Medical Group, Inc Terence Flotte, MD Director, UMass Memorial Medical Group, Inc Eric W Dickson, MD Director, UMass Memorial Medical Group, Inc Jeffrey N Metzmaker, MD Direct or, UMass Memorial Medical Group, Inc Mary Ellen McNamara Director, UMass Memorial Medical Group, Inc Dominic Nompleggi, MD Director, UMass Memorial Medical Group, Inc J Christ opher Cutler, FACHE Director, UMass Memorial Medical Group, Inc Entity & EIN# UMass Memorial Community Hospitals, Inc #04-3296271 Officers Douglas S Brown President & Chairper son, UMass Memorial Community Hospitals, Inc Sergio Melgar Treasurer, UMass Memorial Comm unity Hospitals, Inc John Glassburn Secretary, UMass Memorial Community Hospitals, Inc D irectors John Clementi Director, UMass Memorial Community Hospitals, Inc Paul D'Onfro Di rector, UMass Memorial Community Hospitals, Inc William McGrail, Esquire Director, UMass Memorial Community Hospitals, Inc Fernando Catalina, MD Director, UMass Memorial Communit y Hospitals, Inc Eric W Dickson, MD Director, UMass Memorial Community Hospitals, Inc S ergio Melgar Director, UMass Memorial Community Hospitals, Inc Deborah Weymouth Director, UMass Memorial Community Hospitals, Inc Steven Roach Director, UMass Memorial Community Hospitals, Inc William Corbett, MD Director, UMass Memorial Community Hospitals, Inc Chr istopher Philbin Director, UMass Memorial Community Hospitals, Inc Lisa Colombo Director, UMass Memorial Community Hospitals, Inc Michael D Murphy Director, UMass Memorial Commu nity Hospitals, Inc Richard Siegrist Director, UMass Memorial Community Hospitals, Inc E nntity & EIN# Marlborough Hospital #04-2104693 Officers Steven Roach President, Marlborou gh Hospital Steven McCue Treasurer, Marlborough Hospital Francis W Smith Secretary, Marl ough Hospital Ann-Maria D'Ambra Assistant Secretary, Marlborough Hospital Richard K Ben nett Chairperson, Marlborough Hospital Directors Michael D Murphy Vice Chairperson, Marl borough Hospital Philip E Purcell Director, Marlborough Hospital Ann K Molloy Director, Marlborough Hospital Gerard P Richer Director, Marlborough Hospital William Corbett, MD D irector, Marlborough Hospital Daniel Carlucci, MD Director, Marlborough Hospital Douglas S Brown Director, Marlborough Hospital Francis Hurley Director, Marlborough Hospital Dougl as Ziedonis, MD Director, Marlborough Hospital Steven Roach Director, Marlborough Hospital David Walton Director, Marlborough Hospital Benjamin H Colonero Jr Director, Marlboroug h Hospital Vibha Sharma, MD Director, Marlborough Hospital Kimberly Eisenstock, MD Directo r, Marlborough Hospital Habib

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Part VII Section A Complete list of Group 990 Board Members by entity - Part 1 of 3	A Sioufi, MD Director, Marlborough Hospital William Fischer Director, Marlborough Hospital Entity & EIN# Clinton Hospital Association #04-1185520 Officers Lisa Colombo President, Clinton Hospital Association Jeffrey Olson Treasurer, Clinton Hospital Association John Glassburn Secretary, Clinton Hospital Association Maureen Croteau Assistant Clerk, Clinton Hospital Association William McGrail, Esquire Chairperson, Clinton Hospital Association Directors Jeanne Paulino Director, Clinton Hospital Association Douglas S Brown Director, Clinton Hospital Association Robert J Paulhus, Jr Director, Clinton Hospital Association Habib A Sioufi, MD Director, Clinton Hospital Association Catherine Rossi Director, Clinton Hospital Association Edward J Connor Director, Clinton Hospital Association Luis J Maseda Director, Clinton Hospital Association Christopher Philbin Director, Clinton Hospital Association William Corbett, MD Director, Clinton Hospital Association Michael W Ames Director, Clinton Hospital Association Robert Farragher Director, Clinton Hospital Association

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
Part VII Section A Complete list of Group 990 Board Members by entity - Part 2 of 3	<p>Entity &amp; EIN# UMass Memorial Behavioral Health System, Inc #04-3374724 Officers Douglas S Brown President and Chairperson, UMass Memorial Behavioral Health System, Inc Douglas Ziedonis, MD President and Chairperson until 3/8/17, UMass Memorial Behavioral Health System, Inc Sergio Melgar Treasurer, UMass Memorial Behavioral Health System, Inc William H O'Brien Secretary, UMass Memorial Behavioral Health System, Inc Directors Alan P Brown, MD Director, UMass Memorial Behavioral Health System, Inc Joanne Johnson Director, UMass Memorial Behavioral Health System, Inc Cynthia M McMullen, Ed D Director, UMass Memorial Behavioral Health System, Inc John Shea, Esquire Director, UMass Memorial Behavioral Health System, Inc Edward Manzi Director, UMass Memorial Behavioral Health System, Inc Cheryl Lapriore Director, UMass Memorial Behavioral Health System, Inc Sergio Melgar Director, UMass Memorial Behavioral Health System, Inc Patrick L Muldoon Director, UMass Memorial Behavioral Health System, Inc Amy Grassetto Director, UMass Memorial Behavioral Health System, Inc Jim Notaro Director, UMass Memorial Behavioral Health System, Inc Jessica McGarry Director, UMass Memorial Behavioral Health System, Inc Sheldon Benjamin, MD Director, UMass Memorial Behavioral Health System, Inc Entity &amp; EIN# Community HealthLink, Inc #04-2626179 Officers Nicole Gagne President, Community HealthLink, Inc Sergio Melgar Treasurer, Community HealthLink, Inc Francis W Smith Clerk, Community HealthLink, Inc Directors John Shea, Esquire Director, Community HealthLink, Inc Cynthia M McMullen, Ed D Director, Community HealthLink, Inc Alan P Brown, MD Director, Community HealthLink, Inc Joanne Johnson Director, Community HealthLink, Inc Douglas S Brown Director, Community HealthLink, Inc Cheryl Lapriore Director, Community HealthLink, Inc Sergio Melgar Director, Community HealthLink, Inc Patrick L Muldoon Director, Community HealthLink, Inc Amy Grassetto Director, Community HealthLink, Inc Jim Notaro Director, Community HealthLink, Inc Jessica McGarry Director, Community HealthLink, Inc Sheldon Benjamin, MD Director, Community HealthLink, Inc Edward Manzi Director until 5/18/17, Community HealthLink, Inc Douglas Ziedonis, MD Director until 3/8/17, Community HealthLink, Inc Entity &amp; EIN# Central New England HealthAlliance, Inc #04-3172496 Officers Deborah Weymouth President, Central New England HealthAlliance, Inc John Bronhard Treasurer, Central New England HealthAlliance, Inc Francis W Smith Secretary, Central New England HealthAlliance, Inc Katherine Bolland Eshghi Secretary until 6/30/17, Central New England HealthAlliance, Inc Lynn A Morin Assistant Clerk, Central New England HealthAlliance, Inc Fernando Catalina, MD Chairperson, Central New England HealthAlliance, Inc Directors Paul D'Onfro Vice Chairperson, Central New England HealthAlliance, Inc Gail Allen Director, Central New England HealthAlliance, Inc John Clem</p>

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Part VII Section A Complete list of Group 990 Board Members by entity - Part 2 of 3	enti Director, Central New England HealthAlliance, Inc Leslie Bovenzi Director, Central New England HealthAlliance, Inc Michael Rivard Director, Central New England HealthAlliance, Inc Mary Whitney Director, Central New England HealthAlliance, Inc Robert Leslie Shelton, MD Director, Central New England HealthAlliance, Inc Douglas S Brown Director, Central New England HealthAlliance, Inc Donata Martin Director, Central New England HealthAlliance, Inc Deborah Weymouth Director, Central New England HealthAlliance, Inc Christie Hager Director, Central New England HealthAlliance, Inc Michael Mahan Director, Central New England HealthAlliance, Inc Nicholas Mercadante, MD Director, Central New England HealthAlliance, Inc Shipen Li, MD Director, Central New England HealthAlliance, Inc

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
Part VII Section A Complete list of Group 990 Board Members by entity - Part 3 of 3	<p>Entity &amp; EIN# Coordinated Primary Care, Inc #04-3210002 Officers Deborah Weymouth President &amp; Chairperson, Coordinated Primary Care, Inc John Bronhard Treasurer, Coordinated Primary Care, Inc Lynn A Morin Secretary, Coordinated Primary Care, Inc Directors Daniel J O'Leary, MD Director, Coordinated Primary Care, Inc Paul D'Onfro Director, Coordinated Primary Care, Inc Michael Rivard Director, Coordinated Primary Care, Inc John Bronhard Director, Coordinated Primary Care, Inc William Corbett, MD Director, Coordinated Primary Care, Inc Entity &amp; EIN# HealthAlliance Home Health and Hospice, Inc #04-2932308 Officers Deborah Weymouth President, HealthAlliance Home Health and Hospice, Inc John Bronhard Treasurer, HealthAlliance Home Health and Hospice, Inc Lynn A Morin Secretary, HealthAlliance Home Health and Hospice, Inc Leslie Bovenzi Chairperson, HealthAlliance Home Health and Hospice, Inc Directors Anthony J Mercadante Director, HealthAlliance Home Health and Hospice, Inc Gail Allen Director, HealthAlliance Home Health and Hospice, Inc Mary Whitney Director, HealthAlliance Home Health and Hospice, Inc Deborah Weymouth Director, HealthAlliance Home Health and Hospice, Inc Lynne Farrell Director, HealthAlliance Home Health and Hospice, Inc Paul D'Onfro Director, HealthAlliance Home Health and Hospice, Inc Entity &amp; EIN# HealthAlliance Hospitals, Inc #04-2103555 Officers Deborah Weymouth President, HealthAlliance Hospitals, Inc John Bronhard Treasurer, HealthAlliance Hospitals, Inc Katharine Bolland Eshghi Secretary, HealthAlliance Hospitals, Inc Lynn A Morin Assistant Clerk, HealthAlliance Hospitals, Inc Fernando Catalina, MD Chairperson, HealthAlliance Hospitals, Inc Directors Paul D'Onfro Vice Chairperson, HealthAlliance Hospitals, Inc John Clementi Director, HealthAlliance Hospitals, Inc Leslie Bovenzi Director, HealthAlliance Hospitals, Inc Gail Allen Director, HealthAlliance Hospitals, Inc Michael Rivard Director, HealthAlliance Hospitals, Inc Robert Leslie Shelton, MD Director, HealthAlliance Hospitals, Inc Douglas S Brown Director, HealthAlliance Hospitals, Inc Donata Martin Director, HealthAlliance Hospitals, Inc Deborah Weymouth Director, HealthAlliance Hospitals, Inc Mary Whitney Director, HealthAlliance Hospitals, Inc Christie Hager Director, HealthAlliance Hospitals, Inc Michael Mahan Director, HealthAlliance Hospitals, Inc Nicholas Mercadante, MD Director, HealthAlliance Hospitals, Inc Shipen Li, MD Director, HealthAlliance Hospitals, Inc Entity &amp; EIN# UMass Memorial Accountable Care Organization, Inc #46-2871359 Officers John Greenwood President, UMass Memorial Accountable Care Organization, Inc Jeanne Shirshac Treasurer, UMass Memorial Accountable Care Organization, Inc Francis W Smith Clerk, UMass Memorial Accountable Care Organization, Inc Eric W Dickson, MD Chairperson, UMass Memorial Accountable Care Organization, Inc Directors Howard Alfred, MD Director, UMass Memorial</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
<p>Part VII Section A Complete list of Group 990 Board Members by entity - Part 3 of 3</p>	<p>I Accountable Care Organization, Inc Peter Bagley, MD Director, UMass Memorial Accountabl e Care Organization, Inc Douglas S Brown Director, UMass Memorial Accountabl e Care Organ ization, Inc William Corbett, MD Director, UMass Memorial Accountabl e Care Organization, Inc Jordan Eisenstock, MD Director, UMass Memorial Accountabl e Care Organization, Inc Da vid Harlan, MD Director, UMass Memorial Accountabl e Care Organization, Inc Barbara Kupfer Director, UMass Memorial Accountabl e Care Organization, Inc Daniel Lasser, MD Director, UMass Memorial Accountabl e Care Organization, Inc Lalita Matta, MD Director, UMass Memori al Accountabl e Care Organization, Inc Antonia McGuire Director, UMass Memorial Accountabl e Care Organization, Inc Michele Pici, MD Director, UMass Memorial Accountabl e Care Organ ization, Inc Patrick L Muldoon Director, UMass Memorial Accountabl e Care Organization, I nc Stephen E Tosi, MD Director, UMass Memorial Accountabl e Care Organization, Inc John Greenwood Director, UMass Memorial Accountabl e Care Organization, Inc Key Employees John T Randolph VP, Chief Corporate Compliance Barbara Fisher Sr VP, Operations (UMMMC) Jame s P Cyr Sr VP, Operations (UMMMC) Robert Feldmann VP, Corporate Controller Timothy A Ta rnowski Sr VP, Chief Info Officer Bart Metzger Sr VP, Chief HR Officer Jeffrey A Smith, M D Executive VP, COO Alice A Shakman Sr VP, Operations (UMMMC) Cathy Jewell Sr VP, Chief Nursing Officer until 1/31/17 HIGHEST COMPENSATED EMPLOYEES - GROUP 990 Jennifer D Walker , MD Physician, Division Chief of Cardiac Surgery - Med Group Demetrius Litwin, MD Physi ci an, Chair of Surgery Dept - Med Group Adel Bozorgzadeh, MD Physician, Chief of Organ Trans plantation - Med Group David C Ayers, MD Physician, Chair of Orthopedics and Physical Reh ab - Med Group Ajit S Puri, MD Physician, Division Chief of Neuroimaging and Interventio n - Med Group FORMER Officers, Directors and Key Employees Todd A Keating Former Treasure r until 2/14, UMass Memorial Health Care, Inc and Director of other boards Robert Klugman , MD Former Chief Quality Officer, until 9/30/13 Carlos Iitsuka Former Director until 7/16 , UMass Memorial Health Ventures, Inc Sheila Daly Former President &amp; Director until 1/16, Clinton Hospital Association Andrew Cocchiarella, MD Former Director until 3/16, Marlboro ugh Hospital Margaret Hudlin, MD Former Chief Medical Officer/VP Perioperative Svcs, until 9/1/16 Patricia A George Former VP &amp; Deputy CIO, until 11/15</p>

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Return Reference	Explanation
<p>Part VII Section A Various board titles - Part 1 of 3</p>	<p>Alan P Brown, MD VICE CHAIR, ADLT PSY CLIN SVCS Director, UMass Memorial Behavioral Health System, Inc Director, Community HealthLink, Inc Amy Grassetto Director, UMass Memorial Behavioral Health System, Inc Director, Community HealthLink, Inc Ann K Molloy Director, Marlborough Hospital Ann-Maria D'Ambra EXECUTIVE ASSISTANT Assistant Secretary, Marlborough Hospital Anthony J Mercadante Director, HealthAlliance Home Health and Hospice, Inc Antonia McGuire Director, UMass Memorial Accountable Care Organization, Inc Barbara Kupfer Director, UMass Memorial Accountable Care Organization, Inc Benjamin H Colonero Jr Director, Marlborough Hospital Catherine Rossi VP, MANAGED CARE CONTRACTING Director, Clint on Hospital Association Cheryl Lapriore SVP,CHF OF STAFF&amp;CHF MKTG OFC President &amp; Executive Director, UMass Memorial Health Ventures, Inc Director, UMass Memorial Health Ventures, Inc Director, UMass Memorial Behavioral Health System, Inc Director, Community HealthLink, Inc Christie Hager Director, Central New England HealthAlliance, Inc Director, HealthAlliance Hospitals, Inc Christopher Philbin VP, GOV'T/COMMUNITY RELATIONS Director, UMass Memorial Community Hospitals, Inc Director, Clinton Hospital Association Cynthia M McMullen, Ed D Director, UMass Memorial Behavioral Health System, Inc Director, Community HealthLink, Inc Dana Swenson SR VP,CHIEF FACILITIES OFFICER President, UMass Memorial Realty, Inc Director, UMass Memorial Realty, Inc Daniel Carlucci, MD Director, Marlborough Hospital Daniel J O'Leary, MD VP Chief Medical Officer Director, Coordinated Primary Care, Inc Daniel Lasser, MD CLINICAL DEPARTMENT CHAIR Director, UMass Memorial Medical Group, Inc Director, UMass Memorial Accountable Care Organization, Inc David Harlan, MD CHIEF, DIABETES-DIR, DIAB COE Director, UMass Memorial Accountable Care Organization, Inc David L Bennett Director, UMass Memorial Realty, Inc Director, UMass Memorial Medical Center, Inc David Walton Director, Marlborough Hospital Deborah Weymouth President of HealthAlliance Director, UMass Memorial Community Hospitals, Inc President, Central New England HealthAlliance, Inc Director, Central New England HealthAlliance, Inc President &amp; Chairperson, Coordinated Primary Care, Inc President, HealthAlliance Home Health and Hospice, Inc Director, HealthAlliance Home Health and Hospice, Inc President, HealthAlliance Hospitals, Inc Director, HealthAlliance Hospitals, Inc Dix F Davis Director, UMass Memorial Realty, Inc Dominic Nompleggi, MD Director, UMass Memorial Medical Group, Inc Donata Martin Director, Central New England HealthAlliance, Inc Director, HealthAlliance Hospitals, Inc Douglas S Brown PRESIDENT,UMMH &amp; CAO/CLO,UMMHC Secretary, UMass Memorial Medical Center, Inc President &amp; Chairperson, UMass Memorial Community Hospitals, Inc Director, Marlborough Hospital Director, Clinton Hospital Association President and Chairperson, UMass Memorial Behavioral Health System,</p>



**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Part VII Section A Various board titles - Part 1 of 3	Inc Director, Community HealthLink, Inc Director, Central New England HealthAlliance, In c Director, HealthAlliance Hospitals, Inc Director, UMass Memorial Accountable Care Orga nization, Inc Douglas Ziedonis, MD CLINICAL DEPARTMENT CHAIR Director, Marlborough Hospit al President and Chairperson until 3/8/17, UMass Memorial Behavioral Health System, Inc D irector until 3/8/17, Community HealthLink, Inc Edward D'Alelio Director, UMass Memorial Medical Center, Inc Edward J Connor Director, Clinton Hospital Association Edward J Par ry, III Director, UMass Memorial Medical Center, Inc Edward Manzi Director, UMass Memoria l Behavioral Health System, Inc Director until 5/18/17, Community HealthLink, Inc Elvira Guardiola Director, UMass Memorial Medical Center, Inc Eric W Dickson, MD President and CEO of UMass Memorial Health Care, Inc Director, UMass Memorial Medical Center, Inc Dir ector, UMass Memorial Health Ventures, Inc Director, UMass Memorial Realty, Inc Director , UMass Memorial Medical Group, Inc Director, UMass Memorial Community Hospitals, Inc Ch airperson, UMass Memorial Accountable Care Organization, Inc Fernando Catalina, MD Direct or, UMass Memorial Community Hospitals, Inc Chairperson, Central New England HealthAllian ce, Inc Chairperson, HealthAlliance Hospitals, Inc Francis Hurley Director, Marlborough Hospital Francis W Smith AVP,ASSOC GENERAL COUNSEL-PGL Clerk, UMass Memorial Health Ventu res, Inc Secretary, UMass Memorial Realty, Inc Secretary, UMass Memorial Medical Group, Inc Secretary, Marlborough Hospital Clerk, Community HealthLink, Inc Secretary, Central New England HealthAlliance,Inc Clerk, UMass Memorial Accountable Care Organization, Inc

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
<p>Part VII Section A Various board titles - Part 2 of 3</p>	<p>Frederick G Crocker Director, UMass Memorial Health Ventures, Inc Gail Allen Director, Central New England HealthAlliance, Inc Director, HealthAlliance Home Health and Hospice, Inc Director, HealthAlliance Hospitals, Inc Gerard P Richer Director, UMass Memorial Health Ventures, Inc Director, Marlborough Hospital Habib A Sioufi, MD DIR, AFFILIATED LAB S Director, Marlborough Hospital Director, Clinton Hospital Association Harris L MacNeill Director, UMass Memorial Medical Center, Inc Director, UMass Memorial Medical Group, Inc Howard Alfred, MD DIR, RENAL DIALYSIS Director, UMass Memorial Accountable Care Organization, Inc J Christopher Cutler, FACHE Director, UMass Memorial Medical Group, Inc Jack Wilson Director, UMass Memorial Medical Center, Inc Jeanne Paulino Director, Clinton Hospital Association Jeanne Shirshac VP, HEALTH POLICY/PUBLIC PROG Treasurer, UMass Memorial Accountable Care Organization, Inc Jeffrey N Metzmaker, MD PHYSICIAN Director, UMass Memorial Medical Group, Inc Jeffrey Olson CFO Clinton Hospital Treasurer, Clinton Hospital Association Jessica McGarry Director, UMass Memorial Behavioral Health System, Inc Director, Community HealthLink, Inc Jim Notaro Director, UMass Memorial Behavioral Health System, Inc Director, Community HealthLink, Inc Joanne Johnson Director, UMass Memorial Behavioral Health System, Inc Director, Community HealthLink, Inc John Bronhard VP CFO HealthAlliance Treasurer, Central New England HealthAlliance, Inc Treasurer, Coordinated Primary Care, Inc Director, Coordinated Primary Care, Inc Treasurer, HealthAlliance Home Health and Hospice, Inc Treasurer, HealthAlliance Hospitals, Inc John Clementi Director, UMass Memorial Community Hospitals, Inc Director, Central New England HealthAlliance, Inc Director, HealthAlliance Hospitals, Inc John Glassburn ASSOC GEN'L COUNSEL-CORP/BUSIN Secretary, UMass Memorial Community Hospitals, Inc Secretary, Clinton Hospital Association John Greenwood SVP, POP HLTH &amp; PRESIDENT, ACO President, UMass Memorial Accountable Care Organization, Inc Director, UMass Memorial Accountable Care Organization, Inc John Shea, Esquire Director, UMass Memorial Behavioral Health System, Inc Director, Community HealthLink, Inc Jordan Eisenstock, MD Director, UMass Memorial Accountable Care Organization, Inc Katharine Bolland Eshghi SR VP, GENERAL COUNSEL-PGL Assistant Secretary, UMass Memorial Medical Center, Inc Secretary until 6/30/17, Central New England HealthAlliance, Inc Secretary, HealthAlliance Hospitals, Inc Kathryn Kennedy, MD DIR, CLINICAL MARL HOSP EM Director, UMass Memorial Medical Group, Inc Kimberly Eisenstock, MD CHIEF, CLINICAL HOSPITAL MED Director, Marlborough Hospital Lalita Matta, MD Director, UMass Memorial Accountable Care Organization, Inc Leslie Bovenzi Director, Central New England HealthAlliance, Inc Chairperson, HealthAlliance Home Health and Hospice, Inc Director, HealthAlliance Hospitals, Inc Lisa Colombo President of</p>

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Part VII Section A Various board titles - Part 2 of 3	Clinton Hospital Association Director, UMass Memorial Community Hospitals, Inc President , Clinton Hospital Association Luis J Maseda Director, Clinton Hospital Association Lynda M Young, MD Director, UMass Memorial Medical Center, Inc Chairperson, UMass Memorial Me dical Group, Inc Lynn A Morin Executive Assistant Assistant Clerk, Central New England H ealthAlliance, Inc Secretary, Coordinated Primary Care, Inc Secretary, HealthAlliance Ho me Health and Hospice, Inc Assistant Clerk, HealthAlliance Hospitals, Inc Lynne Farrell Director, HealthAlliance Home Health and Hospice, Inc Mary Ellen McNamara Director, UMass Memorial Medical Center, Inc Director, UMass Memorial Medical Group, Inc Mary Whitney D irector, Central New England HealthAlliance, Inc Director, HealthAlliance Home Health and Hospice, Inc Director, HealthAlliance Hospitals, Inc Maureen Croteau ADMINISTRATION OFF ICE MANAGER Assistant Clerk, Clinton Hospital Association Michael Collins, MD Director, UM ass Memorial Medical Center, Inc Michael D Murphy Director, UMass Memorial Community Hos pitals, Inc Vice Chairperson, Marlborough Hospital Michael Mahan Director, Central New En gland HealthAlliance, Inc Director, HealthAlliance Hospitals, Inc Michael Rivard Directo r, Central New England HealthAlliance, Inc Director, Coordinated Primary Care, Inc Direc tor, HealthAlliance Hospitals, Inc Michael W Ames Director, Clinton Hospital Association

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
<p>Part VII Section A Various Board Titles - Part 3 of 3</p>	<p>Michele Pici, MD Director, UMass Memorial Accountable Care Organization, Inc Michele Stre eter EXEC VP/COO UMMMMG Treasurer, UMass Memorial Medical Group, Inc Nicholas Mercadante, MD Director, Central New England HealthAlliance, Inc Director, HealthAlliance Hospitals, Inc Nicole Gagne President of UMBHS President, Community HealthLink, Inc O Nsidinanya O kike, MD PATIENT EXPERIENCE OFFICER Director, UMass Memorial Medical Center, Inc Patrick L Muldoon PRESIDENT, MEDICAL CENTER President &amp; CEO, UMass Memorial Medical Center, Inc D irector, UMass Memorial Behavioral Health System, Inc Director, Community HealthLink, Inc Director, UMass Memorial Accountable Care Organization, Inc Paul D'Onfro Director, UMas s Memorial Community Hospitals, Inc Vice Chairperson, Central New England HealthAlliance, Inc Director, Coordinated Primary Care, Inc Director, HealthAlliance Home Health and Ho spice, Inc Vice Chairperson, HealthAlliance Hospitals, Inc Paul Kangas Director, UMass M emorial Medical Center, Inc Chairperson, UMass Memorial Health Ventures, Inc Paulette Se ymour-Route, Ph D Independent Contractor Director, UMass Memorial Medical Center, Inc Pe ter Bagley, MD MED DIR, CCU Director, UMass Memorial Accountable Care Organization, Inc P eter Knox Director, UMass Memorial Medical Center, Inc Philip E Purcell Director, Marlbo rough Hospital R Kevin Ferguson, MD PHYSICIAN Director, UMass Memorial Medical Group, Inc Raymond Pawlicki Director, UMass Memorial Medical Center, Inc Richard K Bennett Direct or, UMass Memorial Medical Center, Inc Chairperson, Marlborough Hospital Richard Siegrist Chairperson, UMass Memorial Medical Center, Inc Director, UMass Memorial Community Hospit als, Inc Robert J Paulhus, Jr Director, Clinton Hospital Association Robert Leslie Shel ton, MD Director, Central New England HealthAlliance, Inc Director, HealthAlliance Hospit als, Inc Robert W Finberg, MD CLINICAL DEPARTMENT CHAIR Director, UMass Memorial Medical Center, Inc Sergio Melgar EXEC VP, CFO Treasurer, UMass Memorial Medical Center, Inc Tr easurer, UMass Memorial Health Ventures, Inc Treasurer, UMass Memorial Realty, Inc Treas urer, UMass Memorial Community Hospitals, Inc Director, UMass Memorial Community Hospital s, Inc Treasurer, UMass Memorial Behavioral Health System, Inc Director, UMass Memorial Behavioral Health System, Inc Treasurer, Community HealthLink, Inc Director, Community H ealthLink, Inc Sheldon Benjamin, MD Director, UMass Memorial Behavioral Health System, In c Director, Community HealthLink, Inc Shipen Li, MD PHYSICIAN Director, Central New Engl and HealthAlliance, Inc Director, HealthAlliance Hospitals, Inc Stephen E Tosi, MD CHIE F PHYSICIAN EXECUTIVE President, UMass Memorial Medical Group, Inc Director, UMass Memori al Accountable Care Organization, Inc Steven McCue CFO Marlborough Hospital Treasurer, Ma rlborough Hospital Steven Roach President of Marlborough Hospital Director, UMass Memorial Health Ventures, Inc Directo</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Part VII Section A Various Board Titles - Part 3 of 3	r, UMass Memorial Community Hospitals, Inc President, Marlborough Hospital Director, Marl borough Hospital Terence Flotte, MD Director, UMass Memorial Medical Center, Inc Director , UMass Memorial Medical Group, Inc Therese Day VP/CFO Medical Center Director, UMass Mem orial Health Ventures, Inc Vibha Sharma, MD Director, Marlborough Hospital William Corbet t, MD SR VP, COMMUNITY PRACTICES Director, UMass Memorial Community Hospitals, Inc Direct or, Marlborough Hospital Director, Clinton Hospital Association Director, Coordinated Prim ary Care, Inc Director, UMass Memorial Accountable Care Organization, Inc William Fische r Director, Marlborough Hospital William H O'Brien EXEC DIR, UMMBHS Secretary, UMass Memo rial Behavioral Health System, Inc William McGrail, Esquire Director, UMass Memorial Comm unity Hospitals, Inc Chairperson, Clinton Hospital Association

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No 1545-0047

**2016**

**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.

▶ Information about Schedule R (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Department of the Treasury  
Internal Revenue Service

Name of the organization  
UMass Memorial Health Care Inc & Affiliates

Employer identification number

91-2155626

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
<b>(1)</b> HEALTHALLIANCE REALTY CORPORATION 60 HOSPITAL ROAD  LEOMINSTER, MA 01473 04-2560754	REAL ESTATE MANAGEMENT	MA	501(c)(2)		NA		No
<b>(2)</b> UMass Memorial Health Care Inc (Parent) 306 Belmont Street  Worcester, MA 01604 04-3358566	Management of Healthcare System	MA	501(c)(3)	11	na		No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
<b>(1)</b> UMASS MEMORIAL MRI OF MALRBOROUGH LLC 157 UNION STREET MARLBOROUGH, MA 01752 20-2293995	MAGNETIC RESONANCE IMAGING	MA	MARLBOROUGH HOSPITAL	Related	652,938	479,409		No			No	56 %
<b>(2)</b> UMASS MEMORIAL HEALTHALLIANCE MRI CENTER LLC 60 HOSPITAL ROAD LEOMINSTER, MA 01453 04-3561571	MAGNETIC RESONANCE IMAGING	MA	NA	Related	905,538	1,154,438		No			No	60 %

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
<b>(1)</b> MEMORIAL OFFICE CONDOMIUM TRUST 306 BELMONT STREET WORCESTER, MA 01604 04-6616900	CONDOMINIUM ASSOCIATION	MA	UMASS MEMORIAL REALTY INC	Trust	-8,057	220,706	53.69 %		No
<b>(2)</b> Commonwealth Professional Assurance Company Ltd P O Box 1051 GT Grand Cayman, KY11102 CJ 98-0226143	Insurance	CJ	NA	C Corporation					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
<b>1</b> During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
<b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity . . . . .		No
<b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .		No
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .		No
<b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .		No
<b>e</b> Loans or loan guarantees by related organization(s) . . . . .		No
<b>f</b> Dividends from related organization(s) . . . . .		No
<b>g</b> Sale of assets to related organization(s) . . . . .		No
<b>h</b> Purchase of assets from related organization(s) . . . . .		No
<b>i</b> Exchange of assets with related organization(s) . . . . .		No
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .	Yes	
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .		No
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .		No
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .		No
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .		No
<b>o</b> Sharing of paid employees with related organization(s) . . . . .		No
<b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .	Yes	
<b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .		No
<b>r</b> Other transfer of cash or property to related organization(s) . . . . .		No
<b>s</b> Other transfer of cash or property from related organization(s) . . . . .	Yes	

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) HealthAlliance Realty Inc	J	397,784	Fair value
(2) HealthAlliance Realty Inc	P	314,160	Fair value
(3) UMass Memorial HealthAlliance MRI Center LLC	S	1,050,000	Fair value
(4) UMass Memorial MRI of Marlborough LLC	S	600,000	Fair value





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

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

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