

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

OMB No 1545-0047
2017
Open to Public Inspection

A For the 2017 calendar year, or tax year beginning 10-01-2017, and ending 09-30-2018

- 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 \$ 2,497,450,236

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

3 Number of voting members of the governing body (Part VI, line 1a)	161
4 Number of independent voting members of the governing body (Part VI, line 1b)	94
5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)	14,152
6 Total number of volunteers (estimate if necessary)	1,297
7a Total unrelated business revenue from Part VIII, column (C), line 12	9,072,631
7b Net unrelated business taxable income from Form 990-T, line 34	1,604,106

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	13,036,587	36,683,858
9 Program service revenue (Part VIII, line 2g)	2,415,657,565	2,430,122,747
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	16,948,021	17,818,191
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	8,957,306	10,512,035
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,454,599,479	2,495,136,831
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2,148,896	9,457,799
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,264,578,152	1,233,250,458
16a Professional fundraising fees (Part IX, column (A), line 11e)	7,396	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 657,001		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,177,407,890	1,298,767,154
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	2,444,142,334	2,541,475,411
19 Revenue less expenses Subtract line 18 from line 12	10,457,145	-46,338,580

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	1,879,641,685	1,757,124,172
21 Total liabilities (Part X, line 26)	1,358,506,029	1,190,948,585
22 Net assets or fund balances Subtract line 21 from line 20	521,135,656	566,175,587

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: 2019-08-07

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 \$ 1,416,744,850 including grants of \$ 2,459,981) (Revenue \$ 1,689,780,392)
See Additional Data

4b (Code) (Expenses \$ 536,667,604 including grants of \$ 6,800,000) (Revenue \$ 390,807,038)
See Additional Data

4c (Code) (Expenses \$ 243,873,928 including grants of \$ 192,818) (Revenue \$ 276,447,454)
See Additional Data

(Code) (Expenses \$ 87,131,039 including grants of \$ 5,000) (Revenue \$ 73,970,633)

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 \$ 87,131,039 including grants of \$ 5,000) (Revenue \$ 73,970,633)

4e Total program service expenses ▶ 2,284,417,421

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	Yes	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	Yes	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		No
8 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
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	Yes	
10 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	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	Yes	
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	Yes	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	Yes	
12a 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 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	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		No
14a Did the organization maintain an office, employees, or agents outside of the United States?		No
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
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)		No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	Yes	
19 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
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	Yes	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	Yes	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	Yes	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		No
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	Yes	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	Yes	
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		No
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		No
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		No
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		No
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		No
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		No
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		No
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	Yes	
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	
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	Yes	
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		No
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		No
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		No
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		No
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		No
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	Yes	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	Yes	
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	Yes	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	Yes	
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		No
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	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, and charitable contributions.

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 (161), 1b (94), 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 VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a 150,608			
	b Membership dues	1b			
	c Fundraising events	1c 251,525			
	d Related organizations	1d 400,388			
	e Government grants (contributions)	1e 31,896,012			
	f All other contributions, gifts, grants, and similar amounts not included above	1f 3,985,325			
	g Noncash contributions included in lines 1a-1f \$ <u>5,340</u>				
	h Total. Add lines 1a-1f		36,683,858		

Program Service Revenue			Business Code				
	2a Net Patient Service Revenue		622110	2,081,966,914	2,078,806,476	3,160,438	
	b Medical Supplemental Funds		622110	220,982,584	220,982,584		
	c Contract Revenue		622110	79,184,867	79,184,867		
	d All Other Program Service Revenue		622110	22,229,237	22,229,237		
	e Joint Venture Income		622110	24,448,882	18,553,688	5,895,194	
	f All other program service revenue			1,310,263	1,310,263	0	0
	g Total. Add lines 2a-2f			2,430,122,747			

Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			17,825,832		16,999	17,808,833
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	(i) Real	(ii) Personal				
		2,617,935					
	b Less rental expenses	1,973,852					
	c Rental income or (loss)	644,083	0				
	d Net rental income or (loss)			644,083			644,083
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		54,773	89,064				
	b Less cost or other basis and sales expenses	55,000	96,478				
	c Gain or (loss)	-227	-7,414				
	d Net gain or (loss)			-7,641			-7,641
	8a Gross income from fundraising events (not including \$ <u>251,525</u> of contributions reported on line 1c) See Part IV, line 18	a	117,625				
	b Less direct expenses	b	188,075				
	c Net income or (loss) from fundraising events			-70,450			-70,450
	9a Gross income from gaming activities See Part IV, line 19	a					
	b Less direct expenses	b					
c Net income or (loss) from gaming activities							
10a Gross sales of inventory, less returns and allowances	a						
b Less cost of goods sold	b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue		Business Code					
11a Cafeteria Income		722514	6,243,486	6,243,486			
b All Other Revenue		622110	3,694,916	3,694,916			
c							
d All other revenue			0	0	0	0	
e Total. Add lines 11a-11d			9,938,402				
12 Total revenue. See Instructions			2,495,136,831	2,431,005,517	9,072,631	18,374,825	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	9,457,799	9,457,799		
2 Grants and other assistance to domestic individuals See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	14,678,808	8,978,251	5,700,557	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	603,602	445,963		157,639
7 Other salaries and wages	952,116,828	929,800,431	22,059,984	256,413
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	76,734,505	74,748,695	1,975,935	9,875
9 Other employee benefits	122,045,996	118,241,287	3,762,273	42,436
10 Payroll taxes	67,070,719	64,966,411	2,072,024	32,284
11 Fees for services (non-employees)				
a Management	32,273,991	32,273,991		
b Legal	205,234		205,234	
c Accounting	117,984		117,984	
d Lobbying	614,712	614,712		
e Professional fundraising services See Part IV, line 17				
f Investment management fees	490,066	220,889	269,177	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	190,669,383	184,222,876	6,317,504	129,003
12 Advertising and promotion	393,332	389,133	3,741	458
13 Office expenses	19,586,181	17,392,952	2,186,312	6,917
14 Information technology	3,136,609	2,527,842	608,767	
15 Royalties				
16 Occupancy	79,113,778	77,540,820	1,572,643	315
17 Travel	2,083,883	82,183	2,001,700	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	1,304,508		1,304,508	
20 Interest	16,648,384	16,648,384		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	86,894,454	86,012,968	881,486	
23 Insurance	30,546,608	29,987,949	558,659	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a Medical Supplies	315,478,899	314,904,645	574,066	188
b System Allocation Expense	337,602,234	137,939,838	199,662,396	
c Medical Education Services	154,241,292	154,241,292		
d Federal & State Income Taxes	787,300	787,300		
e All other expenses	26,578,322	21,990,810	4,566,039	21,473
25 Total functional expenses. Add lines 1 through 24e	2,541,475,411	2,284,417,421	256,400,989	657,001
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	105,661,129	1	58,959,457
	2 Savings and temporary cash investments	78,607,060	2	200,030,362
	3 Pledges and grants receivable, net	120,256	3	136,208
	4 Accounts receivable, net	252,782,227	4	281,625,994
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	0
	7 Notes and loans receivable, net	82,916	7	75,417
	8 Inventories for sale or use	37,143,264	8	41,002,269
	9 Prepaid expenses and deferred charges	10,267,396	9	13,994,263
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	1,902,602,700		
	b Less accumulated depreciation	1,209,304,908		
	11 Investments—publicly traded securities	95,110,890	11	29,086,056
	12 Investments—other securities See Part IV, line 11	368,847,417	12	245,590,988
	13 Investments—program-related See Part IV, line 11	16,696,196	13	83,370,553
	14 Intangible assets		14	0
	15 Other assets See Part IV, line 11	250,728,513	15	109,954,813
16 Total assets. Add lines 1 through 15 (must equal line 34)	1,879,641,685	16	1,757,124,172	
Liabilities	17 Accounts payable and accrued expenses	267,005,994	17	254,585,800
	18 Grants payable	302,652	18	399,890
	19 Deferred revenue	17,082,579	19	17,363,971
	20 Tax-exempt bond liabilities	508,568,686	20	456,478,036
	21 Escrow or custodial account liability Complete Part IV of Schedule D	12,747	21	12,998
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	0
	23 Secured mortgages and notes payable to unrelated third parties	5,051,890	23	4,677,986
	24 Unsecured notes and loans payable to unrelated third parties	55,000,000	24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	505,481,481	25	457,429,904
	26 Total liabilities. Add lines 17 through 25	1,358,506,029	26	1,190,948,585
Net Assets or Fund Balances	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. Unrestricted net assets	426,953,191	27	470,163,232
	28 Temporarily restricted net assets	41,491,352	28	42,377,640
	29 Permanently restricted net assets	52,691,113	29	53,634,715
	30 Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34. Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	521,135,656	33	566,175,587
	34 Total liabilities and net assets/fund balances	1,879,641,685	34	1,757,124,172

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,495,136,831
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,541,475,411
3	Revenue less expenses Subtract line 2 from line 1	3	-46,338,580
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	521,135,656
5	Net unrealized gains (losses) on investments	5	-5,138,491
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	96,517,002
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	566,175,587

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>1 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>2a 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>	2a		No
<p>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>	2b	Yes	
<p>c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?</p> <p>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O</p>	2c	Yes	
<p>3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?</p>	3a	Yes	
<p>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>	3b	Yes	

Additional Data

Software ID: 17005876

Software Version: 2017v2.2

EIN: 91-2155626

Name: UMass Memorial Health Care Inc & Affiliates

Form 990 (2017)

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 2018 KEY STATISTICS - TOTAL DISCHARGES 37,668 TOTAL SURGICAL CASES 27,662 TOTAL ER VISITS 135,044

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

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 2018 KEY STATISTICS - TOTAL DISCHARGES 11,256 TOTAL SURGICAL CASES 6,937 TOTAL ER VISITS 88,077

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			
Gail Allen Director, UMM HealthAlliance-Clinton Hosp , Inc , Director various	10 0	X						0	0	0
Michael W Ames Director, UMM HealthAlliance-Clinton Hosp , Inc	10 0	X						0	0	0
Robert Babineau JR MD DIRECTOR, HEALTHALLIANCE HOME HEALTH AND HOSPICE, INC & CNEHA, INC	10 0	X						0	0	0
Peter Bagley MD Director, UMM Accountable Care Organization, Inc	270 0	X						399,346	0	58,446
Sheldon Benjamin MD Director, UMM Behavioral Health System, Inc & CHL	10 0	X						0	0	0
David L Bennett Director, UMM Medical Center, Inc , Director Various	10 0	X						0	0	0
Richard K Bennett Director, UMM Medical Center, Inc , Director Various	10 0	X						0	0	0
Brian Bouvier DIRECTOR, MARLBOROUGH HOSPITAL	10 0	X						0	0	0
Alan P Brown MD Director, UMM Behavioral Health System, Inc & CHL	310 0	X						208,743	0	36,581
John Budd Director, UMM Health Ventures, 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			
Daniel Carlucci MD Director, Marlborough Hospital	10 0	X						0	0	0
John Clementi Director, UMM HealthAlliance-Clinton Hosp , Inc , Director various	10 0	X						0	0	0
Michael Collins MD Director, UMM Medical Center, Inc	10 10	X						0	0	0
Lisa Colombo Director until 9/30/18, UMM Comm Hospitals Inc	40 50	X						426,070	0	90,151
Benjamin H Colonero Jr Director, Marlborough Hospital	10 0	X						0	0	0
William Corbett MD Director, UMM HealthAlliance-Clinton Hosp , Inc , Director various	40 50	X						537,529	0	123,441
Frederick G Crocker Director, UMM Health Ventures, Inc	10 0	X						0	0	0
J Christopher Cutler FACHE Director, UMM Med Group, Inc	10 0	X						0	0	0
Edward D'Alelio Director, UMM Medical Center, Inc	10 10	X						0	0	0
Dix F Davis Director, UMM Realty, 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			
Therese Day Director, UMM Health Ventures, Inc	40 0	X						439,667	0	114,439
Nancy Duphily Director, UMM HealthAlliance-Clinton Hosp , Inc , Director various	1 0	X						0	0	0
Jordan Eisenstock MD Director, UMM Accountable Care Organization, Inc	40 0	X						39,408	0	1,895
Kimberly Eisenstock MD Director, Marlborough Hospital	40 0	X						265,164	0	39,901
Lynne Farrell Director, HealthAlliance Home Health and Hospice, Inc	1 0	X						0	0	0
R Kevin Ferguson MD Director, UMM Med Group, Inc	40 0	X						234,552	0	41,441
Robert W Finberg MD Director, UMM Medical Center, Inc	20 0	X						412,317	0	70,753
William Fischer Director, Marlborough Hospital	1 0	X						0	0	0
Robert Fishman DO FACP Director, UMM Accountable Care Organization, Inc	1 0	X						0	0	0
Terence Flotte MD Director, UMM Medical Center, Inc , Director Various	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			
Peter Knox Director, UMM Medical Center, Inc	10	X						0	0	0
Barbara Kupfer Director, UMM Accountable Care Organization, Inc	10	X						0	0	0
Daniel H Lasser MD Director, UMM Med Group, Inc & ACO, INC	200	X						275,288	0	36,463
Joseph G Leandres Director, Marlborough Hospital	10	X						0	0	0
James Leary Director, UMM Community Hospitals, Inc	10	X						0	0	0
Shipen Li MD Director, UMM HealthAlliance-Clinton Hospital, Inc & CNEHA, INC	400	X						319,043	0	43,312
Harris L MacNeill DIRECTOR UNTIL 3/7/18, UMM MEDICAL CENTER, INC , DIRECTOR VARIOUS	10	X						0	0	0
Michael Mahan Director, UMM HealthAlliance-Clinton Hosp , Inc , Director Various	10	X						0	0	0
Edward Manzi DIRECTOR UNTIL 10/2017, UMM BEHAVIORAL HEALTH SYSTEM, INC	10	X						0	0	0
Donata Martin Director, UMM HealthAlliance-Clinton Hosp , Inc & CNEHA, Inc	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			
Ann K Molloy Director, Marlborough Hospital	10 0	X						0	0	0
Ed Moore Director, UMM Accountable Care Organization, Inc	10 0	X						0	0	0
Dominic Nompoggi MD Director, UMM Med Group, Inc	290 0	X						305,625	0	46,299
Jim Notaro Director, UMM Behavioral Health System, Inc & CHL	10 0	X						0	0	0
O Nsidinanya Okike MD Director, UMM Medical Center, Inc	10 0	X						0	0	0
Daniel O'Leary MD Director, Coordinated Primary Care, Inc	250 0	X						267,431	0	11,096
Edward J Parry III Director, UMM Medical Center, Inc	10 0	X						0	0	0
Robert J Paulhus Jr Director, UMM HealthAlliance-Clinton Hosp , Inc , Director various	10 0	X						0	0	0
Raymond Pawlicki Director, UMM Medical Center, Inc	10 0	X						0	0	0
Chris Philbin DIRECTOR UNTIL 9/2018, UMM COMMUNITY HOSPITALS, INC	50 400	X						0	278,030	65,469

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Michael Pici MD DIRECTOR UNTIL 12/31/17, 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, UMM HealthAlliance-Clinton Hosp , Inc , Director various	10 0	X						0	0	0
Kimberly Robinson MD Director, Marlborough Hospital	10 0	X						0	0	0
Paulette Seymour-Route PhD Director, UMM Medical Center, Inc	10 10	X						64,400	0	0
Vibha Sharma MD Director, Marlborough Hospital	10 0	X						0	0	0
John Shea Esquire Director, UMM Behavioral Health System, Inc & CHL	10 0	X						0	0	0
Robert Leslie Shelton MD Director, UMM HealthAlliance-Clinton Hosp , Inc & CNEHA, Inc	10 0	X						0	0	0
Habib A Sioufi MD Director, Clinton Hospital Association	20 0	X						108,041	0	29,634

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			
Frank Sweeney MD Director, UMM Accountable Care Organization, Inc	10 0	X						0	0	0
David Walton Director, Marlborough Hospital	10 0	X						0	0	0
Mary Whitney Director, UMM HealthAlliance-Clinton Hosp , Inc , Director various	10 0	X						0	0	0
Jack Wilson PhD DIRECTOR UNTIL 3/7/18, UMM MEDICAL CENTER, INC , DIRECTOR VARIOUS	10 10	X						0	0	0
Katharine Bolland Eshghi Assistant Secretary, UMM Medical Center, Inc , Officer Various	50 400			X				0	471,495	98,609
Maureen Croteau ASSISTANT CLERK, UMM HEALTHALLIANCE-CLINTON HOSPITAL, INC , OFFICER VARIOUS	400 50			X				53,844	0	27,965
Ann-Maria D'Ambra Assistant Secretary, Marlborough Hospital	400 0			X				50,744	0	25,155
Nicole Gagne President, Community HealthLink, Inc	400 50			X				258,092	0	47,743
John Glassburn Secretary, UMM Community Hospitals, Inc , Officer Various	50 400			X				0	189,009	39,673
Steven McCue Treasurer, Marlborough Hospital	400 0			X				221,500	0	19,092

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			
Lynn A Morin ASSISTANT CLERK UNTIL 3/21/18, UMM HEALTHALLIANCE-CLINTON HOSPITAL, INC , OFFICER VARIOUS	40 0 0			X				94,806	0	5,577
William O'Brien Secretary, UMBHS, Inc	40 0 0			X				129,183	0	45,945
Jeanne Shirshac Treasurer, UMM Accountable Care Organization, Inc	5 0 40 0			X				0	265,713	68,526
Francis W Smith Secretary, UMM Medical Group, Inc , Officer various	5 0 40 0			X				0	218,808	45,170
Michele Streeter Treasurer, UMM Med Group, Inc	40 0 5 0			X				622,444	0	113,797
James P Cyr Sr VP, Operations (UMMMC)	40 0 5 0				X			350,311	0	93,483
Robert Feldmann VP, Corporate Controller	5 0 40 0				X			0	401,201	99,628
Barbara Fisher Sr VP, Operations (UMMMC)	40 0 5 0				X			368,268	0	99,111
Bart Metzger Sr VP, Chief HR Officer	5 0 40 0				X			0	646,301	126,071
John T Randolph VP, Chief Corporate Compliance	5 0 40 0				X			0	307,296	92,657

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.

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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		
Total						

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►		(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►		(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc (see instructions)					12	

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

Section C. Computation of Public Support Percentage

14	Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	14	
15	Public support percentage for 2016 Schedule A, Part II, line 14	15	

- 16a 33 1/3% support test—2017.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ►
- b 33 1/3% support test—2016.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ►
- 17a 10%-facts-and-circumstances test—2017.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ►
- b 10%-facts-and-circumstances test—2016.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ►
- 18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ►

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►		(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►		(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2016 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2016 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2017. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ►

b 33 1/3% support tests—2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ►

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

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

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

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

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	

- 7** Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2017 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013.			
c From 2014.			
d From 2015.			
e From 2016.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2017 from Section D, line 7			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 Excess distributions carryover to 2018. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2013.			
b Excess from 2014.			
c Excess from 2015.			
d Excess from 2016.			
e Excess from 2017.			

Additional Data

Software ID: 17005876

Software Version: 2017v2.2

EIN: 91-2155626

Name: UMass Memorial Health Care Inc & Affiliates

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)

Department of the Treasury
Internal Revenue Service

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

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.
▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2017

Open to Public Inspection

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

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

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

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

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

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

Name of the organization UMass Memorial Health Care Inc & Affiliates	Employer identification number 91-2155626
---	---

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

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (see instructions) ▶ \$ _____
- 3 Volunteer hours for political campaign activities (see instructions) _____

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

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

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

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

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

Part II-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

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
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)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f 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
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a Volunteers?		No	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c Media advertisements?		No	
d Mailings to members, legislators, or the public?		No	
e Publications, or published or broadcast statements?		No	
f Grants to other organizations for lobbying purposes?		No	
g Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i Other activities?	Yes		614,712
j Total Add lines 1c through 1i			614,712
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

Return Reference	Explanation
Schedule C, Part II-B, Line 1 DETAILED DESCRIPTION OF THE LOBBYING ACTIVITY	Amounts represent percentage of lobbying expenses included in membership dues paid to the following associations MA Health and Hospital Association \$517,649 American Hospital Association \$42,718 Association for Behavioral HealthCare, Inc \$18,349 National Association of Children's Hospitals \$11,194 American College of Emergency Physicians \$9,579 American College of Cardiology Foundation \$4,911 The Society of Thoracic Surgeons \$2,347 Association of American Medical Colleges \$1,696 340B Health \$1,628 American Heart Association \$1,200 American Society of Health-System Pharmacists (ASHP) \$1,182 Massachusetts Council of Community Hospitals \$1,125 North Central MA Chamber of Commerce \$567 MA Association of Behavioral Health Systems, Inc (MABHS) \$265 Marlborough Regional Chamber of Commerce \$155 American College of Surgeons \$97 MA Coalition for the Prevention of Medical Errors \$50 Total \$614,712
Schedule C, Part II-B, Line 1 DETAILED DESCRIPTION OF THE LOBBYING ACTIVITY	Amounts represent percentage of lobbying expenses included in membership dues paid to the following associations MA Health and Hospital Association \$517,649 American Hospital Association \$42,718 Association for Behavioral HealthCare, Inc \$18,349 National Association of Children's Hospitals \$11,194 American College of Emergency Physicians \$9,579 American College of Cardiology Foundation \$4,911 The Society of Thoracic Surgeons \$2,347 Association of American Medical Colleges \$1,696 340B Health \$1,628 American Heart Association \$1,200 American Society of Health-System Pharmacists (ASHP) \$1,182 Massachusetts Council of Community Hospitals \$1,125 North Central MA Chamber of Commerce \$567 MA Association of Behavioral Health Systems, Inc (MABHS) \$265 Marlborough Regional Chamber of Commerce \$155 American College of Surgeons \$97 MA Coalition for the Prevention of Medical Errors \$50 Total \$614,712

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

OMB No 1545-0047
2017
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.

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.

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

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

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

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

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

	Held at the End of the Year	
a Total number of conservation easements	2a	
b Total acreage restricted by conservation easements	2b	
c Number of conservation easements on a certified historic structure included in (a)	2c	
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d	

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

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

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

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

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

Part IV Escrow and Custodial Arrangements.

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	81,260,948	78,913,132	117,475,856	115,101,660	112,462,194
b Contributions	961,201	3,536,295	174,883	5,757,118	
c Net investment earnings, gains, and losses	3,556,343	3,401,567	5,899,351	-2,182,362	9,419,969
d Grants or scholarships					
e Other expenditures for facilities and programs	4,334,733	4,590,046	44,636,958	1,200,560	4,425,190
f Administrative expenses					2,355,313
g End of year balance	81,443,759	81,260,948	78,913,132	117,475,856	115,101,660

- 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 ▶ 66 %
 - c** Temporarily restricted endowment ▶ 34 %
- 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 |
|--|-------------------|----|
| (i) unrelated organizations | 3a(i) Yes | |
| (ii) related organizations | 3a(ii) Yes | |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | 3b 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
1a Land		8,659,805		8,659,805
b Buildings		839,907,621	526,311,948	313,595,673
c Leasehold improvements		31,656,940	15,668,257	15,988,683
d Equipment		414,571,916	317,033,772	97,538,144
e Other		607,806,418	350,290,931	257,515,487
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				693,297,792

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) Units in investment partnership	170,459,034	F
(B) BENEFICIAL INTEREST IN TRUSTS		
(C) INVESTMENT IN QUEST DIAGNOSTICS		
(D) INVESTMENT IN SHIELDS PHARMACY HOLDINGS		
(E) Funds held in escrow under bond indenture agreements	75,131,954	F
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	245,590,988	

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

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

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

(a) Description	(b) Book value
(1) Other Assets	
(2) Beneficial interest in trusts	68,655,717
(3) Estimated settlements with third-party payors	35,990,381
(4) Cash Value Life Insurance	5,292,993
(5) Security Deposits	15,722
(6) MALPRACTICE TAIL COVERAGE	
(7) DUE FROM RELATED PARTIES	
(8) RECEIVABLE FROM MEDICAID	
(9) CASH SECURITY	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)	109,954,813

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	0
See Additional Data Table	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	457,429,904

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

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

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

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

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

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

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

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID: 17005876
Software Version: 2017v2.2
EIN: 91-2155626
Name: UMass Memorial Health Care Inc & Affiliates

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

(a) Description	(b) Book value
Other Assets	
Beneficial interest in trusts	68,655,717
Estimated settlements with third-party payors	35,990,381
Cash Value Life Insurance	5,292,993
Security Deposits	15,722
MALPRACTICE TAIL COVERAGE	
DUE FROM RELATED PARTIES	
RECEIVABLE FROM MEDICAID	
CASH SECURITY	

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

1 (a) Description of Liability	(b) Book Value
Accrued pension and postretirement benefit obligations	221,210,613
Due to University of Massachusetts	117,696,087
Due to related parties	66,327,193
Self insured reserves	1,001,056
Estimated settlements with third-party payors	41,355,747
Other noncurrent liabilities	9,839,208
Claims reserve	
ACCRUED LT LIABILITIES	
LT LIABILITY ARO	
ESTIMATED MALPRACTICE COSTS	

Supplemental Information

Return Reference	Explanation
Schedule D, Part V, Line 3a(i) Sch d, part v, line 3a(i)	HEALTHALLIANCE-CLINTON HOSPITAL - YES Bank of America Private Wealth Management holds the Miriam Shaw Trust for HEALTHALLIANCE-CLINTON HOSPITAL Distributions are paid to HEALTHALLIANCE-CLINTON HOSPITAL Bank of America Private Wealth Management is an unrelated organization Bank of America Corporation holds the following Trusts for HEALTHALLIANCE-CLINTON HOSPITAL George Henry May Trust-Article Fourth (8) Trust U/Will Elizabeth L Rowan Christine L Beck Trust Distributions are paid to HEALTHALLIANCE-CLINTON HOSPITAL Bank of America Corporation is an unrelated organization BANK OF AMERICA MERRILL LYNCH HOLDS THE BERNARD W DOYLE TRUST FOR HEALTHALLIANCE-CLINTON HOSPITAL DISTRIBUTIONS ARE PAID TO HEALTHALLIANCE-CLINTON HOSPITAL BANK OF AMERICA MERRILL LYNCH IS AN UNRELATED ORGANIZATION BNY MELLON WEALTH MANAGEMENT HOLDS THE FOLLOWING TRUSTS FOR HEALTHALLIANCE-CLINTON 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-CLINTON 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 IV, Line 2b Explanation of escrow agreement	Tenant security deposits of \$12,998 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 taxable business income ("UBTI"). Certain affiliates are taxable entities. The measurement of the amounts recorded as a provision for income taxes based upon the aforementioned approach was \$675,000 and \$315,000 for the years ended September 30, 2018 and 2017, respectively, and is recorded as part of supplies and other expense in the accompanying consolidated statements of operations. The Tax Cuts and Jobs Act (the "Act") was enacted on December 22, 2017. The Act impacts the System in several ways, including new excise taxes on executive compensation and net investment income, increases to UBTI by the amount of certain fringe benefits for which a deduction is not allowed, changes to the net operating loss rules, repeal of the alternative minimum tax ("AMT"), and the computation of UBTI separately for each unrelated trade or business. Further, the Act reduces the US federal corporate tax rate and federal corporate unrelated business income tax rate from 35% to 21%. The overall impact of the Act remains uncertain and the full impact of the Act will not be known until further regulatory guidance is provided to assist the System with calculating income and excise tax liabilities. The System continues to evaluate the impact of tax reform on the organization. For the years ended September 30, 2018 and 2017, the System had approximately \$15,500,000 and \$26,992,000 of net operating loss ("NOL") carryforwards for federal income tax purposes primarily related to its previously discontinued laboratory outreach business. The NOL carryforwards have expiration dates from 2020 through 2035. The deferred tax assets of \$9,447,000 were fully reserved as of September 30, 2017, due to the uncertainty regarding use of the deferred tax assets. In compliance with the Tax Cuts and Jobs Act of 2017, enacted in December 2017, the federal components of the deferred tax assets were revalued from 35% to 21%. For the year ended September 30, 2018, the System believes the deferred tax assets of \$3,000,000 will be fully utilized and recognized an income tax benefit of the remaining \$3,000,000 which has been recorded in supplies and other expense in the accompanying statement of operations. The System accounts for uncertainty in income tax positions by applying a recognition threshold and measurement attribute for financial statement recognition and measurement of a tax position taken or expected to be taken in a tax return. The System has determined that no material unrecognized tax benefits or liabilities exist as of September 30,</p>

Supplemental Information

Return Reference	Explanation
Schedule D, Part X, Line 2 FIN 48 (ASC 740) footnote	2018

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

2017

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.

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... 2b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements...

Table with 6 columns: (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. Includes a Total row at the bottom.

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)
		CNEHA Golf Tournament (event type)	Marlboro Golf Tournament (event type)	2 (total number)	Total events (add col (a) through col (c))
1	Gross receipts	235,584	90,163	43,403	369,150
2	Less Contributions	157,484	65,163	28,878	251,525
3	Gross income (line 1 minus line 2)	78,100	25,000	14,525	117,625
Direct Expenses	4 Cash prizes	0	0	0	0
	5 Noncash prizes	0	2,201	0	2,201
	6 Rent/facility costs	33,100	12,287	2,997	48,384
	7 Food and beverages	43,725	10,881	0	54,606
	8 Entertainment	0	0	3,200	3,200
	9 Other direct expenses	48,837	13,994	16,853	79,684
	10	Direct expense summary Add lines 4 through 9 in column (d) ▶			
11	Net income summary Subtract line 10 from line 3, column (d) ▶				-70,450

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

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

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

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

b If "No," explain _____

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

b If "Yes," explain _____

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

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

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

Name ▶
 Address ▶

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

- b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____
- c** If "Yes," enter name and address of the third party

Name ▶
 Address ▶

16 Gaming manager information

Name ▶
 Gaming manager compensation ▶ \$
 Description of services provided ▶

Director/officer Employee Independent contractor

17 Mandatory distributions

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

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

Return Reference	Explanation
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SCHEDULE H (Form 990)
 Department of the Treasury

Hospitals

OMB No 1545-0047
2017
 Open to Public Inspection

► **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.**

Name of the organization
 UMass Memorial Health Care Inc & Affiliates

Employer identification number
 91-2155626

Part I Financial Assistance and Certain Other Community Benefits at Cost

	Yes	No
1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a Yes	
b If "Yes," was it a written policy?	1b Yes	
2 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		
3 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		
a 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 free care <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ %	3a Yes	
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 %	3b Yes	
c 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		
4 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"?	4 Yes	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a Yes	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b Yes	
c 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?	5c	No
6a Did the organization prepare a community benefit report during the tax year?	6a Yes	
b If "Yes," did the organization make it available to the public?	6b Yes	

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			26,782,101	12,286,925	14,495,176	0 72 %
b Medicaid (from Worksheet 3, column a)			378,582,419	317,585,937	60,996,482	3 04 %
c Costs of other means-tested government programs (from Worksheet 3, column b)			13,249,184	13,249,184	0	0 %
d Total Financial Assistance and Means-Tested Government Programs	0	0	418,613,704	343,122,046	75,491,658	3 76 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			4,929,092	2,741,134	2,187,958	0 11 %
f Health professions education (from Worksheet 5)			241,159,472	134,350,711	106,808,761	5 31 %
g Subsidized health services (from Worksheet 6)			62,672,989	47,705,443	14,967,546	0 74 %
h Research (from Worksheet 7)			153,843	49,850	103,993	0 01 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			2,622,864	2,622,864	0	0 %
j Total. Other Benefits	0	0	311,538,260	187,470,002	124,068,258	6 17 %
k Total. Add lines 7d and 7j	0	0	730,151,964	530,592,048	199,559,916	9 93 %

Part II 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			0	0	0	0 %
2 Economic development			0	0	0	0 %
3 Community support			12,059	0	12,059	0 %
4 Environmental improvements			0	0	0	0 %
5 Leadership development and training for community members			0	0	0	0 %
6 Coalition building			29,488	0	29,488	0 %
7 Community health improvement advocacy			10,000	0	10,000	0 %
8 Workforce development			160,801	57,000	103,801	0 01 %
9 Other			0	0	0	0 %
10 Total	0	0	212,348	57,000	155,348	0 01 %

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	42,163,000
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	2,796,242
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	396,673,135
6 Enter Medicare allowable costs of care relating to payments on line 5.	6	463,079,180
7 Subtract line 6 from line 5. This is the surplus (or shortfall).	7	-66,406,045
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

(a) Name of entity (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)	(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?

3

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
Community Health Needs Assessment			
1	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?		No
2	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		No
3	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)	Yes	
a	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b	<input checked="" type="checkbox"/> Demographics of the community		
c	<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		
d	<input checked="" type="checkbox"/> How data was obtained		
e	<input checked="" type="checkbox"/> The significant health needs of the community		
f	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<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)		
j	<input type="checkbox"/> Other (describe in Section C)		
4	Indicate the tax year the hospital facility last conducted a CHNA 20 <u>17</u>		
5	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	Yes	
6 a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C		No
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	Yes	
7	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)	Yes	
a	<input checked="" type="checkbox"/> Hospital facility's website (list url) <u>https://www.umassmemorialhealthcare.org/sites/umass-memorial-hospital/files/Documents/About/Communit</u>		
b	<input checked="" type="checkbox"/> Other website (list url) <u>https://docs.wixstatic.com/ugd/ba131b_d50f500c6c36489ba359b5e4a67d125a.pdf</u>		
c	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d	<input checked="" type="checkbox"/> Other (describe in Section C)		
8	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	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy 20 <u>15</u>		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website? <u>https://www.umassmemorialhealthcare.org/about-us/community-benefits-program/umass-memor</u>	Yes	
10 b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?		
11	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		
12 a	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)?		No
12 b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
c	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		
13	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	13 Yes	
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200 0</u> % and FPG family income limit for eligibility for discounted care of <u>600 0</u> %		
b	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input type="checkbox"/> Asset level		
d	<input type="checkbox"/> Medical indigency		
e	<input checked="" type="checkbox"/> Insurance status		
f	<input checked="" type="checkbox"/> Underinsurance discount		
g	<input type="checkbox"/> Residency		
h	<input type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	14 Yes	
15	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)	15 Yes	
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
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		
c	<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		
d	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input type="checkbox"/> Other (describe in Section C)		
16	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)	16 Yes	
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url) <u>https://www.umassmemorialhealthcare.org/umass-memorial-medical-center/patients-visitors</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) <u>https://www.umassmemorialhealthcare.org/umass-memorial-medical-center/patients-visitors</u>		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) <u>https://www.umassmemorialhealthcare.org/umass-memorial-medical-center/patients-visitors</u>		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<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)		
f	<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)		
g	<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		
h	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<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		
j	<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
17	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 nonpayment?	17	Yes
18	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		
a	<input type="checkbox"/> Reporting to credit agency(ies)		
b	<input type="checkbox"/> Selling an individual's debt to another party		
c	<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		
d	<input type="checkbox"/> Actions that require a legal or judicial process		
e	<input type="checkbox"/> Other similar actions (describe in Section C)		
f	<input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
19	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	19	No
a	<input type="checkbox"/> Reporting to credit agency(ies)		
b	<input type="checkbox"/> Selling an individual's debt to another party		
c	<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		
d	<input type="checkbox"/> Actions that require a legal or judicial process		
e	<input type="checkbox"/> Other similar actions (describe in Section C)		
20	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)		
a	<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	<input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process		
c	<input checked="" type="checkbox"/> Processed incomplete and complete FAP applications		
d	<input checked="" type="checkbox"/> Made presumptive eligibility determinations		
e	<input type="checkbox"/> Other (describe in Section C)		
f	<input type="checkbox"/> None of these efforts were made		

Policy Relating to Emergency Medical Care

21	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	21	Yes
a	<input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
b	<input type="checkbox"/> The hospital facility's policy was not in writing		
c	<input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)		
d	<input type="checkbox"/> Other (describe in Section C)		

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
23		No
24		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)
 UMASS MEMORIAL HEALTHALLIANCE-CLINTON 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
Community Health Needs Assessment			
1	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?		No
2	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		No
3	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)	Yes	
a	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b	<input checked="" type="checkbox"/> Demographics of the community		
c	<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		
d	<input checked="" type="checkbox"/> How data was obtained		
e	<input checked="" type="checkbox"/> The significant health needs of the community		
f	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<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)		
j	<input type="checkbox"/> Other (describe in Section C)		
4	Indicate the tax year the hospital facility last conducted a CHNA <u>20 17</u>		
5	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	Yes	
6 a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C		No
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	Yes	
7	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)	Yes	
a	<input checked="" type="checkbox"/> Hospital facility's website (list url) <u>https //www umassmemorialhealthcare org/about-us/community-benefits-program/healthalliance-clinton-h</u>		
b	<input checked="" type="checkbox"/> Other website (list url) <u>http //www chna9 com/resources html</u>		
c	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d	<input type="checkbox"/> Other (describe in Section C)		
8	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	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy <u>20 17</u>		
10	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>	Yes	
a			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?		
11	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		
12a	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)?		No
12b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
c	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 HEALTHALLIANCE-CLINTON 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		
13	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	13 Yes	
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200 0</u> % and FPG family income limit for eligibility for discounted care of <u>600 0</u> %		
b	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input type="checkbox"/> Asset level		
d	<input type="checkbox"/> Medical indigency		
e	<input checked="" type="checkbox"/> Insurance status		
f	<input checked="" type="checkbox"/> Underinsurance discount		
g	<input type="checkbox"/> Residency		
h	<input type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	14 Yes	
15	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)	15 Yes	
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
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		
c	<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		
d	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input type="checkbox"/> Other (describe in Section C)		
16	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)	16 Yes	
a	<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	<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>		
c	<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>		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<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)		
f	<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)		
g	<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		
h	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<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		
j	<input checked="" type="checkbox"/> Other (describe in Section C)		

Part V Facility Information (continued)**Billing and Collections**

UMASS MEMORIAL HEALTHALLIANCE-CLINTON HOSPITAL INC

Name of hospital facility or letter of facility reporting group

		Yes	No
17	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 nonpayment?	17	Yes
18	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		
a	<input type="checkbox"/> Reporting to credit agency(ies)		
b	<input type="checkbox"/> Selling an individual's debt to another party		
c	<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		
d	<input type="checkbox"/> Actions that require a legal or judicial process		
e	<input type="checkbox"/> Other similar actions (describe in Section C)		
f	<input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
19	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	19	No
a	<input type="checkbox"/> Reporting to credit agency(ies)		
b	<input type="checkbox"/> Selling an individual's debt to another party		
c	<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		
d	<input type="checkbox"/> Actions that require a legal or judicial process		
e	<input type="checkbox"/> Other similar actions (describe in Section C)		
20	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)		
a	<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	<input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process		
c	<input checked="" type="checkbox"/> Processed incomplete and complete FAP applications		
d	<input checked="" type="checkbox"/> Made presumptive eligibility determinations		
e	<input type="checkbox"/> Other (describe in Section C)		
f	<input type="checkbox"/> None of these efforts were made		

Policy Relating to Emergency Medical Care

21	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	21	Yes
a	<input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
b	<input type="checkbox"/> The hospital facility's policy was not in writing		
c	<input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)		
d	<input type="checkbox"/> Other (describe in Section C)		

Part V Facility Information *(continued)*

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

UMASS MEMORIAL HEALTHALLIANCE-CLINTON 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
23		No
24		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**

Community Health Needs Assessment		Yes	No
1	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?		No
2	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		No
3	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)	Yes	
a	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b	<input checked="" type="checkbox"/> Demographics of the community		
c	<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		
d	<input checked="" type="checkbox"/> How data was obtained		
e	<input checked="" type="checkbox"/> The significant health needs of the community		
f	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<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)		
j	<input type="checkbox"/> Other (describe in Section C)		
4	Indicate the tax year the hospital facility last conducted a CHNA <u>20 16</u>		
5	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	Yes	
6 a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	Yes	
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	Yes	
7	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)	Yes	
a	<input checked="" type="checkbox"/> Hospital facility's website (list url) <u>www.marlboroughhospital.org</u>		
b	<input checked="" type="checkbox"/> Other website (list url) <u>www.mwhealth.org</u>		
c	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d	<input type="checkbox"/> Other (describe in Section C)		
8	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	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy <u>20 16</u>		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website? <u>www.umassmemorialhealthcare.org/about-us/community-benefits-</u>	Yes	
a	If "Yes" (list url) <u>program/marlborough-</u>		
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?		
11	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		
12a	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)?		No
b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
c	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			
13	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	13 Yes	
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200 0</u> % and FPG family income limit for eligibility for discounted care of <u>600 0</u> %		
b	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input type="checkbox"/> Asset level		
d	<input type="checkbox"/> Medical indigency		
e	<input checked="" type="checkbox"/> Insurance status		
f	<input checked="" type="checkbox"/> Underinsurance discount		
g	<input type="checkbox"/> Residency		
h	<input type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	14 Yes	
15	Explained the method for applying for financial assistance?	15 Yes	
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)			
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
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		
c	<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		
d	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input type="checkbox"/> Other (describe in Section C)		
16	Was widely publicized within the community served by the hospital facility?	16 Yes	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url) <u>https://www.umassmemorialhealthcare.org/marlborough-hospital/patients-visitors/patient-resources</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) <u>https://www.umassmemorialhealthcare.org/marlborough-hospital/patients-visitors/patient-resources</u>		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) <u>https://www.umassmemorialhealthcare.org/marlborough-hospital/patients-visitors/patient-resources</u>		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<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)		
f	<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)		
g	<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		
h	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<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		
j	<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
17	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 nonpayment?	17	Yes
18	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		
a	<input type="checkbox"/> Reporting to credit agency(ies)		
b	<input type="checkbox"/> Selling an individual's debt to another party		
c	<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		
d	<input type="checkbox"/> Actions that require a legal or judicial process		
e	<input type="checkbox"/> Other similar actions (describe in Section C)		
f	<input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
19	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	19	No
a	<input type="checkbox"/> Reporting to credit agency(ies)		
b	<input type="checkbox"/> Selling an individual's debt to another party		
c	<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		
d	<input type="checkbox"/> Actions that require a legal or judicial process		
e	<input type="checkbox"/> Other similar actions (describe in Section C)		
20	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)		
a	<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	<input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process		
c	<input checked="" type="checkbox"/> Processed incomplete and complete FAP applications		
d	<input checked="" type="checkbox"/> Made presumptive eligibility determinations		
e	<input type="checkbox"/> Other (describe in Section C)		
f	<input type="checkbox"/> None of these efforts were made		

Policy Relating to Emergency Medical Care

21	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	21	Yes
a	<input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
b	<input type="checkbox"/> The hospital facility's policy was not in writing		
c	<input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)		
d	<input type="checkbox"/> Other (describe in Section C)		

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
23		No
24		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)
1 UMASS MEMORIAL MED CENTER (LAB SVCS) BIOTECH ONE 365 PLANTATION STREET WORCESTER, MA 01605	SATELLITE - LAB SERVICES
2 UMASS MEMORIAL MED CENTER (PATHOLOGY) BIOTECH THREE ONE INNOVATION DRIVE WORCESTER, MA 01605	SATELLITE - PATHOLOGY
3 UMASS MEMORIAL MED CENTER AMBULANCE 23 WELLS STREET WORCESTER, MA 01604	SATELLITE - AMBULATORY SERVICES
4 UMASS MEMORIAL MED CENTER 100 PROVIDENCE STREET WORCESTER, MA 01604	SATELLITE - AMBULATORY SERVICES
5	
6	
7	
8	
9	
10	

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

Form and Line Reference	Explanation
<p>Schedule H, Part II, Line 2 COMMUNITY BUILDING ACTIVITIES</p>	<p>UMass Memorial Medical Center UMass Memorial Medical Center 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 "as 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 UMass Memorial HealthAlliance-Clinton Hospital Inc Workforce Development UMass Memorial HealthAlliance-Clinton Hospital provides a paid internship program to high school seniors and first year college students who wish to pursue a career in the health care field The hospital also awarded four scholarships to high school graduating seniors living in the service area who are pursuing a college education in a health-related field During FY2018, twenty-eight high school students participated in the hospital's internship program The program exposed these students to health care 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 establish valuable professional 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 CHNA UMass Memorial HealthAlliance-Clinton Hospital partnered with the Clinton, Leominster, and Fitchburg Public High School and the Workforce Investment Board to implement the program Coalition Building UMass Memorial HealthAlliance-Clinton Hospital is a member of Community Health Network Association 9 (CHNA-9) The hospital's Community Health Director and Outreach Coordinator help to facilitate CHNA-9 meetings, Co-chair two of the priority areas (Healthy Eating and Active Living, Healthy and Safe Relationships, Mental/Behavioral and Substance Abuse) of the CHNA9 North Region Community Health Improvement They additionally serve on the CHNA- 9 Coalition, Grant Review Team and Steering Committee as part of a statewide effort to develop, implement, and integrate community projects to effectively utilize community resources to create healthier communities UMass Memorial HealthAlliance-Clinton Hospital worked with the Community Health Network of North Central Mass (CHNA-9) and other partners in building capacity, engaging other partners and implementing strategies that advances the five priority areas working groups Most working groups meet monthly and took significant steps towards gaining community input and creating a network that will enable sharing of resources in order to achieve the hospital's strategic plan in carrying out the North Central MA CHIP implementation Advocacy for Community Health Improvements/Safety UMass Memorial HealthAlliance-Clinton Hospital is working to address basic, social and personal needs as a way to improve their communities' health The hospital joined The Democracy Collaborative , Anchor Network with 40 other healthcare institutions nationwide to address Health Equity , Social Determinants of Health, Health System Strengthening, and to engage with our local communities and institutions to help build communities' assets The Healthcare Anchor Network was formed to support health systems collaborating nationally to accelerate learning and local implementation of economic inclusion strategies Marlborough 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</p>

Form and Line Reference	Explanation
Schedule H, Part II, Line 2 COMMUNITY BUILDING ACTIVITIES	my where there is a need

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part VI, Line 7 SCH H, PART VI, LINE 7	ALL THREE 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 V, Section A Schedule H, Part V Section A	Clinton Hospital 201 Highland Street, Clinton MA 01510 is the second campus of the UMass Memorial HealthAlliance-Clinton Hospital, Inc The merger of Clinton Hospital Association with HealthAlliance Hospital became effective 10/1/2017

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 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 Medical Center 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.</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	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 42,163,000 is net of these recoveries.

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 \$75,039,000 and \$57,869,000 as of September 30, 2018 and 2017, 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">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 Assistance2 The hospital has placed the account in legal or administrative hold status and/or specific payment arrangements have been made with the patient or guarantor3 Medical Hardship bills that exceed the medical hardship contribution4 Medical Hardship contributions that remains outstanding during a patient's MassHealth or Low Income Patient eligibility period5 Unless UMMHC has checked the EVS system to determine if the patient has filed an application for MassHealth6 For Partial Health Safety Net eligible patients, with the exception of any deductibles required7 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 consent8 UMMHC may bill a Low Income Patient at their request in order to allow the patient to meet the required CommonHealth One-Time Deductible

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 https://www.umassmemorialhealthcare.org/umass-memorial-medical-center/patients-visitors , - UMASS MEMORIAL HEALTHALLIANCE-CLINTON HOSPITAL, INC Line 16a URL https://www.umassmemorialhealthcare.org/healthalliance-clinton-hospital/patients-visitors , - MARLBOROUGH HOSPITAL Line 16a URL https://www.umassmemorialhealthcare.org/marlborough-hospital/patients-visitors/patient-resources ,

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 https://www.umassmemorialhealthcare.org/umass-memorial-medical-center/patients-visitors , - UMASS MEMORIAL HEALTHALLIANCE-CLINTON HOSPITAL, INC Line 16b URL https://www.umassmemorialhealthcare.org/healthalliance-clinton-hospital/patients-visitors , - MARLBOROUGH HOSPITAL Line 16b URL https://www.umassmemorialhealthcare.org/marlborough-hospital/patients-visitors/patient-resources ,

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 https://www.umassmemorialhealthcare.org/umass-memorial-medical-center/patients-visitors , - UMASS MEMORIAL HEALTHALLIANCE-CLINTON HOSPITAL, INC Line 16c URL https://www.umassmemorialhealthcare.org/healthalliance-clinton-hospital/patients-visitors , - MARLBOROUGH HOSPITAL Line 16c URL https://www.umassmemorialhealthcare.org/marlborough-hospital/patients-visitors/patient-resources ,

Form and Line Reference	Explanation
Schedule H, Part VI, Line 2 Needs assessment	<p>UMass Memorial Medical Center 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 (CHIP). In 2018, the Vice President of Community Relations and the Community Health Manager continued to serve as members of the Steering Committee of the Coalition for a Healthy Greater Worcester, a healthy communities coalition that coordinates and provides accountability for CHIP Priority Area Working Groups, participates in the CHIP Access to Care group and a subcommittee for oversight of UMass Memorial Medical Center Determination of Needs (DoN) funds distribution. The hospital also works closely with the Worcester Division of Public Health, 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 the Worcester Pediatric Asthma Task Force/Intervention. UMass Memorial Medical Center completed its CHNA 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 Benefits Strategic Implementation Plan 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"> * Conducted key informant interviews and focus groups with community-based organizations and residents * Conducted outreach efforts to medically underserved populations and convene meetings with neighborhood /community groups * Reviewed primary and secondary data * Conducted online community survey * Organized community forums to share findings and release of final report * Organized task forces for further action to identify priority areas. The following sources inform and enhance our efforts to identify priorities and unmet needs: <ul style="list-style-type: none"> * U.S. Census 2010 * U.S. Census American Fact Finder * Massachusetts Department of Education Reports including local enrollment and language data * Massachusetts Department of Employment and Training * Hospital utilization data * Massachusetts Department of Public Health * Data from various City of Worcester departments including, but not limited to, the local Division of Public Health, Neighborhood Services and Police * Information collected from health care providers, community groups/underserved populations and individuals and organizations who have expertise on community health issues. <p>UMass Memorial HealthAlliance-Clinton Hospital Inc In addition to the CHNA, UMass Memorial HealthAlliance-Clinton Hospital Management Team plays an active role in the Community Benefit Program by sharing information regarding needed programs, services and support. Members of the Community Benefits Team and the Management Team also participate in various community agency boards, coalitions, committees, community events, and health fairs. These groups and events play a significant role in defining needs, generating program ideas and creating services, programs, and support groups. Community Benefits activities and goals are also shared with the Board of Trustees for their feedback. UMass Memorial HealthAlliance-Clinton Hospital works closely with the CHNA9 which is comprised of representatives from a diverse group of agencies, providers, schools, community organizations and community members. The hospital also works with CHNA9 members: AED Foundation, Inc Arc of Opportunity Central Mass Agency on Aging, Clinton Adult Learning Center, Community Health Connections, Community Health Link, Fitchburg Board of Health, Fitchburg Department of Community Development, Fitchburg Police Department, Fitchburg Public Schools, Fitchburg State University, GAAMHA Inc, Gardner Community Action Team, Gardner Public Schools, Gardner Visiting Nurses Association, Growing Places Inc, Health Care for All Health Disparities Collaborative, Health Foundation of Central Mass, Heywood Healthcare, Joint Coalition on Health, Leominster Public Schools, LUK, Inc, MA Department of Corrections, MA Department of Public Health, Massachusetts Public Health Association, Montachusett Community Branch YMCA, Montachusett Home Care, Montachusett Opportunity Council, Montachusett Veterans Outreach Center Inc, Montachusett Pu</p>

Form and Line Reference	Explanation
Schedule H, Part VI, Line 2 Needs assessment	<p>blic Health Network, Mount Wachusett Community College, NAMI of North Central Mass, Nashoba Regional School District, Nashoba Valley Medical Center, North Central Mass Coalition for Healthy Relationships, North Central Mass Minority Coalition, North Central WIC, The SHINE Initiative, South Bay Mental Health, Spanish American Center, Suicide Prevention Task Force, Sunrise Senior Living, Three Pyramids Training Resources of America, Transportation for Massachusetts, UMass Medical School Center for Tobacco Treatment, United Neighbors of Fitchburg, United Way of Tri-County/Wheat Community Connections, Winchendon Board of Health, Winchendon Public Schools, Worcester County Food Bank/Feeding America, You Inc, and YWCA of North Central Marlborough. 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). 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 and focuses on addressing priority areas identified in the CHNA and aligned with strategies of the Community Health Improvement Plan.</p> <p>Marlborough. 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). 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 and focuses on addressing priority areas identified in the CHNA and aligned with strategies of the Community Health Improvement Plan.</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>UMass Memorial Medical Center Geographical Reach The 2018 Community Health Assessment (C HNA) and 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 (The Coalition for a Healthy Greater Worcester) 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 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)</p> <p>Economic Characteristics The U S Census American Fact Finder population estimates for 2013-2017 indicated that the median household income for the City of Worcester was \$45,869 and for Worcester County region was \$69,313 According to the Worcester Regional Research Bureau, of the city's total 184,743 residents, 22% are living below the poverty level The number of children under the age of 18 living below the poverty level rose to 30% in 2010 from 25% in 2005-2009 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</p> <p>Demographics Worcester is a Federal Resettlement Site, 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%</p> <p>UMass Memorial HealthAlliance-Clinton Hospital Inc UMass Memorial HealthAlliance-Clinton Hospital's primary service area includes the quasi-urban municipalities of Clinton, Fitchburg, and Leominster, and the more rural towns of Ashburnham, Ashby, Gardner, Lunenburg, Townsend, Sterling, and Westminster The hospital's secondary service area includes an additional twelve towns Ayer, Bolton, Groton, Harvard, Hubbardston, Lancaster, Pepperell, Princeton, Shirley, Sterling, Templeton and Winchendon While great efforts are made to improve the health status, provide diagnostic screening, and address access barriers of all residents within these communities, special attention is given to address the needs of diverse and/or low income, vulnerable segments of the population The challenges that these cohorts face with respect to social determinants of health and access to care are often intense and are at the root of the challenges and poorer health outcomes faced in these communities More specifically, the hospital's 2018 CHNA identified low-income populations, African Americans and other racial/ethnic minority populations, recent immigrants, non-English speakers, and older adults as priority populations that deserve special attention According to the US Census Bureau * In Fitchburg (6%), a significantly greater percentage of residents speak Spanish at home and English "less than very well" compared to the Commonwealth overall (4%) * Compared to the Commonwealth (11%), the percentage of Hispanic/Latino residents is significantly higher</p>

Form and Line Reference	Explanation
Schedule H, Part VI, Line 4 Community information	<p>gh in Fitchburg (24%), Clinton (14%), and Leominster (15%) * The percentage of residents identifying as "some other race" besides White, Black or African American, Asian, American Indian/Alaska Native, or Native Hawaiian/Pacific Islander is significantly high in Fitchburg (8%) and Leominster (7%) compared to the Commonwealth overall (4%) Employment, income , and poverty is another area where there was significant variation within the service area According to the US Census Bureau * Compared to the Commonwealth overall (\$68,563), the median household income was significantly lower in Clinton, Fitchburg, Gardner, and Leominster, yet significantly higher in all other municipalities in the service area</p> <p>* The percentage of residents that live below the federal poverty line is significantly high in Fitchburg (19%) and Gardner (19%) compared to the Commonwealth (12%) * Compared to the Commonwealth (24%), a significantly high percentage of residents live below 200% of the federal poverty line in Gardner (38%) and Leominster (28%) The percentage of families, individuals under 18, individuals over the age of 65, and female-headed households living in poverty was significantly high in Fitchburg compared to the Commonwealth overall</p> <p>Marlborough Hospital The City of Marlborough, with a population of 39,873 (July 2017) 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</p> <p>Quantitative data from U S Department of Commerce, Bureau of the Census, American Community Survey 5 year estimates, 2010-2014 illustrates that just over threefourths 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>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part VI, Line 5 Promotion of community health	<p>UMass Memorial Medical Center UMass Memorial has a designated Community Benefits department housed within Community Relations that is wholly dedicated to promoting the Community Benefit agenda with a special focus on Community Health Improvement Our Community Benefits staff works very closely with multiple community organizations forging partnerships The hospital has a strong and longstanding partnership with the Worcester Division of Public Health which has resulted in significant opportunities that have leveraged funding and implementation of preventive community-clinical linkages In addition, we work closely with the two Federally Qualified Community Health Centers and leverage internal resources within the system to increase program capacity whenever possible The Community Relations/Community Benefits Department works closely with Pedi-Primary Care, Family and Community Medicine and Pedi-Pulmonology We also provide medical and dental services to the underserved at 11 neighborhood sites and 20 schools through the UMass Memorial Care Mobile Most recently, we have adopted an Anchor Mission as a strategy to specifically address social determinants of health UMass Memorial HealthAlliance-Clinton Hospital Inc The hospital has a Community Benefit program that is responsible for promoting the Community Benefit Implementation Strategy focusing on Community Health Improvement Hospital staff, leaders, and medical providers work very closely with multiple community organizations forging partnerships In addition, we leverage internal resources within the system to increase program capacity whenever possible We continue to support health education and screenings related to chronic diseases and prevalent health conditions in the community including mental/behavioral health, lung cancer/smoking cessation, chronic occlusive pulmonary disease (COPD), heart health, depression and nutrition/diabetes We particularly focus on diverse populations and and social determinants of health UMass Memorial HealthAlliance-Clinton Hospital continued working with the Community Health Network of North Central Mass (CHNA9) and other partners in implementing the North Central Mass Community Health Improvement Plan (CHIP) Most CHIP working groups meet monthly and took significant steps toward reviewing baseline information and creating more partnerships that will enable sharing of resources throughout the CHIP implementation and beyond MarlboroughHospital Marlborough Hospital participates in area events and provides facilities for support groups In addition, whenever possible we leverage internal resources to build capacity in our programming and we have staff that supports Community Benefits activities</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part VI, Line 6 Affiliated health care system	UMass Memorial Medical Center Our clinical system is comprised of three hospitals which each site having a dedicated Community Benefits staff that works closely with their respective communities in conducting a CHNA, a CHIP and an Implementation Strategy UMass Memorial HealthAlliance-Clinton Hospital Inc Our clinical system is comprised of three hospitals WITH each site having a dedicated Community Benefits staff that works closely with their respective communities in conducting a CHNA, a CHIP and an Implementation Strategy Marlborough Hospital Our clinical system is comprised of three hospitals with each site having a dedicated Community Benefits staff that works with their respective communities in conducting a CHNA, a CHIP and an Implementation Strategy

990 Schedule H, Supplemental Information

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

Schedule H (Form 990) 2017

Additional Data

Software ID: 17005876
Software Version: 2017v2.2
EIN: 91-2155626
Name: UMass Memorial Health Care Inc & Affiliates

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

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? 3		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 V111	X	X	X	X		X	X			
2	UMASS MEMORIAL HEALTHALLIANCE- CLINTON HOSPITAL INC 60 HOSPITAL ROAD LEOMINSTER, MA 01453 www.umassmemorialhealthcare.org/healthalliance-clinton-hospital VWPE	X	X		X			X			
3	MARLBOROUGH HOSPITAL 157 UNION STREET MARLBOROUGH, MA 01752 www.umassmemorialhealthcare.org/marlborough-hospital 2103	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 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 3E	Yes, the significant health needs identified in the CHNA are a prioritized description of the significant health needs of the community. The community engagement process for the CHNA culminated with a community meeting of service providers, stakeholders and residents held at the Worcester Public Library, where CHNA key findings were presented and a prioritization process took place. This event was attended by approximately 75 people.
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.

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 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
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 The Coalition for a Healthy Greater Worcester which served in an advisory role in the development of its 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 and prioritization on community health-related strengths, needs, and a vision for the future The CHNA process gathered extensive quantitative data from federal, state and local sources for the City of Worcester, and the outlying communities of Shrewsbury, Grafton, Millbury, West Boylston, Leicester, and Holden, including a community health survey of nearly 3,000 individuals who live, work and play in Greater Worcester Qualitative information was captured through 45 key stakeholder interviews, ten focus groups, four community forums, a strategic retreat, a community health survey conducted at multiple community events and an online survey These sessions gathered critical community input from service providers, community leaders and neighborhood residents with an emphasis on engaging at-risk populations (e g , Focus groups included Hispanics/Latinos, youth, South East Asians and individuals with disabilities) as well as service providers representing fields including, behavioral health providers, health providers for elders and public health officials The process included a Steering Committee comprised of a diverse number of stakeholders that advised and informed the CHNA
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 Academic Health Collaborative, Worcester Division of Public Health Central MA Tobacco Free Partnership City of Worcester Clark University Coalition for a Healthy Greater Worcester Edward M Kennedy Health Center Family Health Center of Worcester HOPE Coalition Latino Educational Institute Massachusetts Department of Public Health Muslim Community Link Regional Environmental Council of Worcester Reliant Medical Group UMass Medical School Women In Action Worcester Food Policy Council YouthConnect/Boys & Girls Club of Worcester YWCA Central Massachusetts Worcester Public Schools Worcester Regional Research Bureau

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 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
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 150 community stakeholders and hosted by the Worcester City Manager, Worcester Director of Public Health (WDPH), Senior Vice President of UMass Memorial Health Care, the UMass Memorial Vice President of Community Relations and the Director of Community Relations, Fallon Health The CHNA was additionally publicized through various venues including, in local news and communications of CHNA-8, a Healthy Communities Coalition
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 2018 and developed its Community Benefits Strategic Implementation Strategy The prioritization process of identified community health needs was led by the Worcester Division of Public Health, Fallon Health and the hospital Vice President of Community Benefits and included input from 75 community stakeholders The hospital's Community Benefit Strategic Implementation Strategy aligns with the priority findings of the Community Health Needs Assessment (CHNA) and the Greater Worcester Community Health Improvement Plan (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

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 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
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
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 https://www.umassmemorialhealthcare.org/umass-memorial-medical-center/patients-visitors/patient-resources/financial-assistance

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 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
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
Schedule H, Part V, Section B, Line 3E	Yes, the significant health needs identified in the CHNA are a prioritized description of the significant health needs of the community The community engagement activities for the CHNA culminated throughout five community, provider focus groups, and three community forums in the UMass Memorial HealthAlliance-Clinton Hospital's service area where information was gathered, and input was received from service providers, community leaders, and residents The engagement process was held at the areas listed below where CHNA key findings were presented and a prioritization process took place Approximately 100 people attended the focus groups and community forums

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 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 5 Facility , 1	<p>Facility , 1 - UMass Memorial - HealthAlliance-Clinton Hospital UMass Memorial HealthAlliance-Clinton Hospital conducted a comprehensive Community Health Needs Assessment (CHNA) that gathered, analyzed and documented qualitative and quantitative data The CHNA was developed through a collaborative process involving both administrative and clinical staff at the hospital working with a diverse CHNA Advisory Group made up of health and social service providers, local public health officials, community health advocates, and other community leaders The Advisory Committee's input and involvement was central to the CHNA and strategic plan development process informed and based on the Hospital's Community Health Improvement Plan (CHIP) Since the beginning of the assessment, more than one hundred individuals participated in key stakeholder interviews, focus groups, and community forums Key stakeholder interviews were conducted with eighteen community leaders and staff members at UMass Memorial HealthAlliance-Clinton Hospital Key stakeholder interviews were done to collect qualitative information from key health and social service providers, city/town officials, representatives from community organizations or advocacy groups, and other community leaders to (1) confirm and refine findings from secondary data, (2) provide community context, (3) clarify needs and priorities of the community Five community and provider focus groups with key segments of the population and/or key types of service providers were also conducted in HealthAlliance-Clinton Hospital's service area This activity allows for the collection of more targeted and nuanced information from segments of the population who are deemed most at-risk and the key service providers who serve these populations and are critical to community health improvement Focus groups (1) augment findings from secondary data and key informant interviews and (2) allow for exploration of strategic and programmatic options to address identified health issues, service gaps, and/or barriers to care Three Community Forums for the public at-large were also conducted in the towns of Fitchburg, Leominster, and Clinton Community forums allow for the capture of information directly from community residents and, to some extent, representatives from local service providers or community organizations Input is captured from residents on (1) community health needs and priorities, (2) service system gaps, (3) barriers to care across a wide array of health-related service and community resource domains (e g , health, housing, transportation, safety, food access) Forums are critical to fulfilling a comprehensive community engagement plan and will support the development of a sound and objective health needs assessment that will be used to develop programs that reduce disparities and improve health status</p>
Schedule H, Part V, Section B, Line 6b Facility , 1	<p>Facility , 1 - UMass Memorial - HealthAlliance-Clinton Hospital The Community Health Needs Assessment was conducted with input from our community partners including Community Health Network Association 9 (CHNA9), Community Health Connections, Heywood Healthcare (Athol Hospital, Heywood Hospital), The Joint Coalition on Health and the Montachusett Public Health Network</p>

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 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility , 1	Facility , 1 - UMass Memorial - HealthAlliance-Clinton Hospital The hospital conducted its most recent Community Health Needs Assessment (CHNA) in 2018 and developed its Community Benefits Strategic Implementation Strategy The CHNA included a prioritization process that identified the most pressing needs that offer opportunities to partner and leverage resources The prioritization process was led by the Steering Committee with the support of the Hospital's staff, CHNA Advisory Committee, PFAC, and other stakeholders and included input from 18 community stakeholders The needs identified in the CHNA are 1) Health Equity, 2) Behavioral Health (mental health and substance use), 3) Chronic/Complex Conditions and Risk Factors, 4) Healthy Relationships and Domestic/Interpersonal Violence, and 5) Healthy Aging The hospital's Community Benefit Strategic Implementation Strategy aligns with the priority findings of the Community Health Needs Assessment (CHNA) and the Community Health Improvement Plan (CHIP) The other needs that are not included in the CHNA/CHIP are not being addressed due to limited funding
Schedule H, Part V, Section B, Line 16 Facility , 1	Facility , 1 - UMass Memorial HealthAlliance-Clinton Hospital, Inc UMass Memorial HealthAlliance-Clinton Hospital, Inc The 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

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 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 3E	Yes, the significant health needs identified in the CHNA are a prioritized description of the significant health needs of the community. The CHNA conducted in 2016 results were presented to the public on Friday, November 18, 2017. Over 100 MetroWest community members attended. All Marlborough Hospital focus group participants (including faith leaders, Community Benefits Advisory Council, seniors and Patient Family Advisory Council) and key informants who participated were invited with approximately 10 attending the public presentation. In addition to an online community survey that engaged over 600 residents, approximately 92 individuals from multisector organizations, residents, and community stakeholders participated in focus groups and interviews to gather feedback on community strengths, challenges, priority health concerns, and opportunities for the future.
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 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

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.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

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.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

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 I
(Form 990)**

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

OMB No 1545-0047

2017

**Open to Public
Inspection**

Department of the
Treasury
Internal Revenue Service

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.

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? 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.

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ _____ 7

3 Enter total number of other organizations listed in the line 1 table ▶ _____ 1

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

Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
Schedule I, Part I, Line 2 Procedures for monitoring use of grant funds	We monitor the use of grant funds for compliance after they are awarded, by, but not limited to, the following methods: Family Health Center of Worcester, Inc. At reasonable intervals, re-evaluation of the Grants will occur to ensure that the arrangements and compliance are expected to continue to satisfy the standard set forth. The Health Centers will document the re-evaluation contemporaneously. Edward M. Kennedy Community Health Center, Inc. At reasonable intervals, re-evaluation of the Grants will occur to ensure that the arrangements and compliance are expected to continue to satisfy the standard set forth. The Health Centers will document the re-evaluation contemporaneously. University of MA Identifying Diabetes patients and linking with underutilized support to improve care (ID PLUS Care) with quarterly progress and financial reports received to ensure compliance. As part of the agreement, the use of the AIF is controlled and monitored jointly by the University and the System. Physician Health Services, Inc. As part of the agreement, semi-annual and final reports will be provided in order to make sure they are in compliance. Luk Crisis Center, Inc. As part of the agreement, semi-annual and final reports will be provided in order to make sure they are in compliance. GAAMHA. As part of the agreement, semi-annual and final reports will be provided in order to make sure they are in compliance. Community Health Connections, Inc. As part of the agreement, semi-annual and final reports will be provided in order to make sure they are in compliance. Our Father's House, Inc. As part of the agreement, semi-annual and final reports will be provided in order to make sure they are in compliance.

Additional Data

Software ID: 17005876
Software Version: 2017v2.2
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.

(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
Family Health Center of Worcester Inc 28 Queen Street Worcester, MA 01610	04-2485308	501 (c)(3)	1,082,029	0	N/A	N/A	Support for Health Center's mission 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
Edward M Kennedy Comm HlthCtr 650 Lincoln Street Worcester, MA 01605	04-2513817	501 (c)(3)	1,000,002	0	N/A	N/A	Support for Health Center's mission 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

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
University of Massachusetts 55 Lake Ave N Worcester, MA 01655	04-3167352		6,954,875	0	N/A	N/A	Support Berkman Diabetes Clinic Endowment Fund-\$85,000 , 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 - \$69,875, Primary purpose of the academic investment funds is to support the University of Massachusetts Medical School programs - \$6,800,000
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 Physicians Health Campaign Physician Health, Inc is to provide confidential consultation and support to physicians, residents, and medical students- Malpractice captive's portion of the aggregate contribution

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Luk Crisis Center Inc 545 Westminster St Fitchburg, MA 01420	14-2483679	501 (c)(3)	86,974	0	N/A	N/A	Support for Doyle Community Fund-Opiod Addiction
GAAMHA 208 Coleman Street Gardner, MA 01440	04-2437107	501 (c)(3)	35,818	0	N/A	N/A	Support for Doyle Community Fund-Opiod Addiction

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Community Health Connections Inc 326 Nichols Road Fitchburg, MA 01420	04-3452697	501 (c)(3)	22,100	0	N/A	N/A	Support for Doyle Community Fund-Opiod Addiction
Our Father's House Inc PO Box 7251 Fitchburg, MA 01420	22-2515061	501 (c)(3)	10,000	0	N/A	N/A	Support for Doyle Community Fund-Opiod Addiction

Schedule J
(Form 990)

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

2017

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 Questions Regarding Compensation

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

Part 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 severance in the reporting period. Included in Sch J Col Biii: Hudlin, Margaret, MD \$435,578; Morin, Lynn A. \$20,803.
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 \$35,332; Brown, Douglas S. \$59,819; Corbett, William, MD \$42,052; Day, Therese \$30,824; Dickson, Eric W., MD \$75,392; Finberg, Robert W., MD \$56,151; Greenwood, John \$17,955; Lapriore, Cheryl M. \$25,261; Melgar, Sergio \$63,433; Muldoon, Patrick \$58,929; Philbin, Chris \$17,076; Roach, Steven \$35,061; Shirshac, Jeanne \$16,339; Streeter, Michele \$24,185; Tosi, Stephen E., MD \$78,444. Subtotal Officers, Directors, Trustees: \$636,253. Key Employees: Cyr, James P. \$25,560; Feldmann, Robert \$30,563; Fisher, Barbara \$29,821; Metzger, Bart \$152,563; Shakman, Alice \$29,893; Smith, Jeffrey A., MD \$27,344; Tarnowski, Timothy \$45,211. Subtotal Key Employees: \$340,955. Former: Hudlin, Margaret, MD \$33,380. Subtotal Former: \$33,380. Total: \$1,010,588. 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: Randolph, John T.

Additional Data

Software ID: 17005876
Software Version: 2017v2.2
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				
1John Bronhard Treasurer, UMM HealthAlliance-Clinton Hospital, Inc Officer/Dir Various	(i)	300,307	51,758	620	8,000	29,740	390,425	0
	(ii)	0	0	0	0	0	0	0
1Douglas S Brown Secretary, UMM Medical Center, Inc , Director Various	(i)	0	0	0	0	0	0	0
	(ii)	578,066	278,340	59,819	143,396	25,514	1,085,135	59,819
2Eric W Dickson MD President & CEO/Director, UMM Health Care, Inc , Director various	(i)	0	0	0	0	0	0	0
	(ii)	1,164,723	729,234	77,660	225,716	60,662	2,257,995	75,392
3John Greenwood President/Director, UMM Accountable Care Organization, Inc	(i)	291,286	87,660	17,955	86,197	25,078	508,176	17,955
	(ii)	0	0	0	0	0	0	0
4Cheryl M Lapriore President/Director, UMM Health Ventures, Inc , Director various	(i)	0	0	0	0	0	0	0
	(ii)	316,907	86,470	25,261	81,478	24,015	534,131	25,261
5Sergio Melgar EVP/CFO/Treasurer, UMM MEDICAL CENTER, Inc , Officer/Dir various	(i)	0	0	0	0	0	0	0
	(ii)	717,942	346,655	63,433	156,149	39,911	1,324,090	63,433
6Patrick Muldoon PRESIDENT & CEO UNTIL 1/2018, UMM MEDICAL CENTER, INC , DIRECTOR VARIOUS	(i)	828,620	385,978	58,929	194,457	40,601	1,508,585	58,929
	(ii)	0	0	0	0	0	0	0
7Steven Roach President, Marlborough Hospital, Director various	(i)	342,311	100,657	35,061	63,008	26,569	567,606	35,061
	(ii)	0	0	0	0	0	0	0
8Dana E Swenson President/Director, UMM Realty, Inc	(i)	0	0	0	0	0	0	0
	(ii)	245,447	73,855	0	66,438	23,078	408,818	0
9Stephen E Tosi MD President, UMM Med Group, Inc , Director various	(i)	639,593	308,564	78,444	71,461	30,893	1,128,955	78,444
	(ii)	0	0	0	0	0	0	0
10Deborah Weymouth President, HealthAlliance-Clinton Hospital, Director Various	(i)	405,809	107,663	0	95,016	32,991	641,479	0
	(ii)	0	0	0	0	0	0	0
11Howard Alfred MD Director, UMM Accountable Care Organization, Inc	(i)	232,049	12,553	0	7,524	29,285	281,411	0
	(ii)	0	0	0	0	0	0	0
12Peter Bagley MD Director, UMM Accountable Care Organization, Inc	(i)	217,956	181,390	0	28,381	30,065	457,792	0
	(ii)	0	0	0	0	0	0	0
13Alan P Brown MD Director, UMM Behavioral Health System, Inc & CHL	(i)	186,193	22,550	0	10,807	25,774	245,324	0
	(ii)	0	0	0	0	0	0	0
14Lisa Colombo Director until 9/30/18, UMM Comm Hospitals Inc	(i)	334,636	91,434	0	65,416	24,735	516,221	0
	(ii)	0	0	0	0	0	0	0
15William Corbett MD Director, UMM HealthAlliance-Clinton Hosp , Inc , Director various	(i)	373,570	121,907	42,052	100,363	23,078	660,970	42,052
	(ii)	0	0	0	0	0	0	0
16Therese Day Director, UMM Health Ventures, Inc	(i)	314,369	94,474	30,824	89,775	24,664	554,106	30,824
	(ii)	0	0	0	0	0	0	0
17Kimberly Eisenstock MD Director, Marlborough Hospital	(i)	222,836	42,328	0	13,259	26,642	305,065	0
	(ii)	0	0	0	0	0	0	0
18R Kevin Ferguson MD Director, UMM Med Group, Inc	(i)	225,207	9,345	0	12,136	29,305	275,993	0
	(ii)	0	0	0	0	0	0	0
19Robert W Finberg MD Director, UMM Medical Center, Inc	(i)	287,991	68,175	56,151	37,954	32,799	483,070	56,151
	(ii)	0	0	0	0	0	0	0

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees								
(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
21 David Harlan MD	(i)	148,154	1,000	0	7,970	29,992	187,116	0
Director, UMM Accountable Care Organization, Inc	(ii)	0	0	0	0	0	0	0
1 Mark Johnson MD	(i)	549,649	33,697	0	13,500	29,432	626,278	0
Director, UMM Medical Center, Inc	(ii)	0	0	0	0	0	0	0
2 Kathryn Kennedy MD	(i)	229,054	39,950	0	13,500	30,327	312,831	0
Director, UMM Med Group, Inc	(ii)	0	0	0	0	0	0	0
3 Daniel H Lasser MD	(i)	215,397	59,891	0	32,873	3,590	311,751	0
Director, UMM Med Group, Inc & ACO, INC	(ii)	0	0	0	0	0	0	0
4 Shipen Li MD	(i)	271,564	47,479	0	13,500	29,812	362,355	0
Director, UMM HealthAlliance-Clinton Hospital, Inc & CNEHA, INC	(ii)	0	0	0	0	0	0	0
5 Jeffrey N Metzmaker MD	(i)	302,803	128,735	0	13,500	30,283	475,321	0
Director, UMM Med Group, Inc	(ii)	0	0	0	0	0	0	0
6 Dominic Nompleggi MD	(i)	232,400	73,225	0	13,500	32,799	351,924	0
Director, UMM Med Group, Inc	(ii)	0	0	0	0	0	0	0
7 Daniel O'Leary MD	(i)	227,558	37,782	2,091	6,827	4,269	278,527	0
Director, Coordinated Primary Care, Inc	(ii)	0	0	0	0	0	0	0
8 Chris Philbin	(i)	0	0	0	0	0	0	0
DIRECTOR UNTIL 9/2018, UMM COMMUNITY HOSPITALS, INC	(ii)	209,518	51,436	17,076	38,604	26,865	343,499	17,076
9 Katharine Bolland Eshghi	(i)	0	0	0	0	0	0	0
Assistant Secretary, UMM Medical Center, Inc , Officer Various	(ii)	335,841	100,322	35,332	73,845	24,764	570,104	35,332
10 Nicole Gagne	(i)	198,129	59,963	0	21,247	26,496	305,835	0
President, Community HealthLink, Inc	(ii)	0	0	0	0	0	0	0
11 John Glassburn	(i)	0	0	0	0	0	0	0
Secretary, UMM Community Hospitals, Inc , Officer Various	(ii)	176,669	12,340	0	16,096	23,577	228,682	0
12 Steven McCue	(i)	187,673	33,827	0	18,703	389	240,592	0
Treasurer, Marlborough Hospital	(ii)	0	0	0	0	0	0	0
13 William O'Brien	(i)	120,344	8,839	0	17,597	28,348	175,128	0
Secretary, UMBHS, Inc	(ii)	0	0	0	0	0	0	0
14 Jeanne Shirshac	(i)	0	0	0	0	0	0	0
Treasurer, UMM Accountable Care Organization, Inc	(ii)	200,679	48,695	16,339	44,327	24,199	334,239	16,339
15 Francis W Smith	(i)	0	0	0	0	0	0	0
Secretary, UMM Medical Group, Inc , Officer various	(ii)	200,874	17,934	0	22,093	23,077	263,978	0
16 Michele Streeter	(i)	402,790	195,469	24,185	85,445	28,352	736,241	24,185
Treasurer, UMM Med Group, Inc	(ii)	0	0	0	0	0	0	0
17 James P Cyr	(i)	248,584	76,167	25,560	66,618	26,865	443,794	25,560
Sr VP, Operations (UMMMC)	(ii)	0	0	0	0	0	0	0
18 Robert Feldmann	(i)	0	0	0	0	0	0	0
VP, Corporate Controller	(ii)	284,621	86,017	30,563	73,284	26,344	500,829	30,563
19 Barbara Fisher	(i)	259,510	78,937	29,821	73,299	25,812	467,379	29,821
Sr VP, Operations (UMMMC)	(ii)	0	0	0	0	0	0	0

(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 Bart Metzger	(i)	0	0	0	0	0	0	0
Sr VP, Chief HR Officer	(ii)	379,780	113,958	152,563	99,210	26,861	772,372	152,563
1 John T Randolph	(i)	0	0	0	0	0	0	0
VP, Chief Corporate Compliance	(ii)	235,707	71,589	0	61,242	31,415	399,953	0
2 Alice Shakman	(i)	262,681	77,923	29,893	67,328	15,528	453,353	29,893
Sr VP, Operations (UMMMC)	(ii)	0	0	0	0	0	0	0
3 Jeffrey A Smith MD	(i)	516,702	154,983	27,344	92,144	34,849	826,022	27,344
EXECUTIVE VP, COO UNTIL 7/2018	(ii)	0	0	0	0	0	0	0
4 Timothy Tarnowski	(i)	0	0	0	0	0	0	0
SR VP, CHIEF INFO OFFICER & CTO	(ii)	446,337	134,120	45,211	96,273	40,289	762,230	45,211
5 David C Ayers MD	(i)	646,809	56,173	0	13,500	29,346	745,828	0
PHYSICIAN, CHAIR OF ORTHOPEDICS DEPT - MED GROUP	(ii)	0	0	0	0	0	0	0
6 Adel Bozorgzadeh MD	(i)	469,129	246,484	0	13,500	30,249	759,362	0
PHYSICIAN, DIVISION CHIEF OF TRANSPLANT SURGERY - MED GROUP	(ii)	0	0	0	0	0	0	0
7 Demetrius Litwin MD	(i)	595,586	197,100	0	13,500	32,799	838,985	0
PHYSICIAN, CHAIR OF SURGERY DEPT - MED GROUP	(ii)	0	0	0	0	0	0	0
8 Arno S Sungarian MD	(i)	722,280	11,499	0	13,500	22,319	769,598	0
PHYSICIAN, NEUROLOGICAL SURGEON FOR CMG - MED GROUP	(ii)	0	0	0	0	0	0	0
9 Jennifer Walker MD	(i)	589,129	301,000	0	13,500	30,249	933,878	0
PHYSICIAN, DIVISION CHIEF OF CARDIAC SURGERY - MED GROUP	(ii)	0	0	0	0	0	0	0
10 Margaret Hudlin MD	(i)	0	16,184	468,958	0	182	485,324	33,380
FORMER KEY EE, CHIEF MED OFFICER/VP PERIOPERATIVE SVCS	(ii)	0	0	0	0	0	0	0
11 Douglas Ziedonis MD	(i)	100,046	0	25,660	5,243	13,333	144,282	0
FORMER PRESIDENT AND CHAIRPERSON UNTIL 3/8/17, UMBHS, DIRECTOR OF CHL	(ii)	0	0	0	0	0	0	0

**Schedule K
(Form 990)**

Supplemental Information on Tax-Exempt Bonds

OMB No 1545-0047

2017

**Open to Public
Inspection**

▶ **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.**

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
A	Massachusetts Development Finance Agency	04-3431814	000000000	03-28-2017	25,725,000	Series F to refund (reissue) bonds originally issued 5/22/2009 and reissued 5/21/2015		X		X		X
B	Massachusetts Health and Educational Facilities Authority	04-2456011	000000000	11-24-2009	9,420,000	Series A (Marlborough) to current refund debt issued 8/14/2009		X		X		X
C	Massachusetts Health and Educational Facilities Authority	04-2456011	57586EVD0	05-27-2010	61,833,656	Series G to current refund bonds issued 11/18/1992 and 7/1/2005		X		X		X
D	Massachusetts Development Finance Agency	04-3431814	57583UHB7	08-10-2011	92,293,778	Series H to current refund bonds issued 12/2/1998, 12/9/1998, and 5/24/2001	X			X		X

Part II Proceeds

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Amount of bonds retired		1,730,000		1,980,000		37,580,000		32,940,000
2 Amount of bonds legally defeased		0		0		0		23,900,000
3 Total proceeds of issue		25,725,000		9,420,000		61,833,656		92,293,778
4 Gross proceeds in reserve funds		0		0		0		0
5 Capitalized interest from proceeds		0		0		0		0
6 Proceeds in refunding escrows		0		0		0		0
7 Issuance costs from proceeds		0		78,458		1,099,039		1,235,315
8 Credit enhancement from proceeds		0		0		0		0
9 Working capital expenditures from proceeds		0		0		0		0
10 Capital expenditures from proceeds		0		0		0		0
11 Other spent proceeds		25,725,000		9,341,542		60,734,617		91,058,463
12 Other unspent proceeds		0		0		0		0
13 Year of substantial completion								
	Yes	No	Yes	No	Yes	No	Yes	No
14 Were the bonds issued as part of a current refunding issue?	X		X		X		X	
15 Were the bonds issued as part of an advance refunding issue?		X		X		X		X
16 Has the final allocation of proceeds been made?	X		X		X		X	
17 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
1 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
2 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
3a Are there any management or service contracts that may result in private business use of bond-financed property?		X		X		X		X
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		X
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	0 %		0 %		0 %		0 %	
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶	0 %		0 %		0 %		0 %	
6 Total of lines 4 and 5	0 %		0 %		0 %		0 %	
7 Does the bond issue meet the private security or payment test?		X		X		X		X
8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		X
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . . .								
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X		X		X		X	

Part IV Arbitrage

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

Part IV Arbitrage (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		X
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X		X		X		X
7 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 II, Line 3 All	Differences between the issue price (Part I column (e)) and total proceeds (Part II line 3) are due to investment earnings

Return Reference	Explanation
Schedule K, Part IV, Line 2c bonds issued 5/27/2010	The calculation was performed on 10/14/2014

Return Reference	Explanation
Schedule K, Part IV, Line 6 bonds issued 12/27/2017	Such amounts were appropriately yield restricted

Return Reference	Explanation
Schedule K, Part II, Line 6 bonds issued 12/27/2017	Until the reporting for 9/30/2021 (and thereafter), the issue price (Part I column (e) will not agree to total expenditures (Part II, lines 6-12) due to the specific accounting used for the refunding escrow

Return Reference	Explanation
Schedule K, Part V Different Procedures to Undertake Corrective Action	Issuer name Massachusetts Development Finance Agency N/A

Return Reference	Explanation
Schedule K, Part V Different Procedures to Undertake Corrective Action	Issuer name Massachusetts Health and Educational Facilities Authority N/A

Return Reference	Explanation
Schedule K, Part V Different Procedures to Undertake Corrective Action	Issuer name Massachusetts Health and Educational Facilities Authority N/A

Return Reference	Explanation
Schedule K, Part IV, Line 2c COLUMN C	Issuer name Massachusetts Health and Educational Facilities Authority The calculation for computing no rebate due was performed on 10/14/2014

Return Reference	Explanation
Schedule K, Part V Different Procedures to Undertake Corrective Action	Issuer name Massachusetts Development Finance Agency N/A

Return Reference	Explanation
Schedule K, Part V Different Procedures to Undertake Corrective Action	Issuer name Massachusetts Development Finance Agency N/A

Return Reference	Explanation
Schedule K, Part V Different Procedures to Undertake Corrective Action	Issuer name Massachusetts Development Finance Agency N/A

Return Reference	Explanation
Schedule K, Part V Different Procedures to Undertake Corrective Action	Issuer name Massachusetts Development Finance Agency N/A

Return Reference	Explanation
Schedule K, Part V Different Procedures to Undertake Corrective Action	Issuer name Massachusetts Development Finance Agency N/A

Return Reference	Explanation
Schedule K, Part V Different Procedures to Undertake Corrective Action	Issuer name Massachusetts Development Finance Agency N/A

Schedule K (Form 990)

Supplemental Information on Tax-Exempt Bonds

OMB No 1545-0047

2017

Open to Public Inspection

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.

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

Table with 11 columns: (a) Issuer name, (b) Issuer EIN, (c) CUSIP #, (d) Date issued, (e) Issue price, (f) Description of purpose, (g) Defeased (Yes/No), (h) On behalf of issuer (Yes/No), (i) Pool financing (Yes/No). Rows include Massachusetts Development Finance Agency with various bond issues.

Part II Proceeds

Table with 13 rows and 8 columns for years 2013 and 2017. Rows include: 1 Amount of bonds retired, 2 Amount of bonds legally defeased, 3 Total proceeds of issue, 4 Gross proceeds in reserve funds, 5 Capitalized interest from proceeds, 6 Proceeds in refunding escrows, 7 Issuance costs from proceeds, 8 Credit enhancement from proceeds, 9 Working capital expenditures from proceeds, 10 Capital expenditures from proceeds, 11 Other spent proceeds, 12 Other unspent proceeds, 13 Year of substantial completion, 14-17 Qualification questions.

Part III Private Business Use

Table with 2 rows and 8 columns for years 2013 and 2017. Rows include: 1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?, 2 Are there any lease arrangements that may result in private business use of bond-financed property?

Part III Private Business Use (Continued)

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

Part IV Arbitrage

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

Part IV Arbitrage (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		X
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X		X		X		X
7 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)
 Department of the Treasury
 Internal Revenue Service

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.

OMB No 1545-0047
2017
Open to Public Inspection

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
A Massachusetts Development Finance Agency	04-3431814	57584YAH2	12-27-2017	118,297,225	Series L to advance refund bonds issued 8/10/2011, reimburse capital costs of equip & other costs		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	0			
2	Amount of bonds legally defeased	0			
3	Total proceeds of issue	119,459,532			
4	Gross proceeds in reserve funds	0			
5	Capitalized interest from proceeds	0			
6	Proceeds in refunding escrows	26,357,033			
7	Issuance costs from proceeds	1,549,482			
8	Credit enhancement from proceeds	0			
9	Working capital expenditures from proceeds	0			
10	Capital expenditures from proceeds	20,496,270			
11	Other spent proceeds	657,250			
12	Other unspent proceeds	70,666,037			
13	Year of substantial completion				
		Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?		X		
15	Were the bonds issued as part of an advance refunding issue?	X			
16	Has the final allocation of proceeds been made?		X		
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X			

Part III Private Business Use

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

Part III Private Business Use (Continued)

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

Part IV Arbitrage

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

Part IV Arbitrage (Continued)

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

Part V Procedures To Undertake Corrective Action

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

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

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.**

2017

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
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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

1	(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

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

Part III Grants or Assistance Benefiting Interested Persons.
 Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(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: 17005876

Software Version: 2017v2.2

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
(1) 80 Erdman Way LLC	Entity more than 35% owned by John R Clementi, Board Director	113,951	Rental of Property - Expense		No
(1) MA Lung and Allergy PC	Entity more than 35% owned by Kimberly Robinson, MD, Board Director	228,153	Independent Contractor Arrangement		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
(3) Darlene A Purcell	Family Member of Philip E Purcell, Board Director	157,908	Employment Arrangement w/ UMM Medical Center, Inc		No
(1) Ellen Carlucci	Family Member of Daniel Carlucci, M D , Board Director	157,639	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
(5) Elaine Granville RN	Family Member of Cheryl Lapriore, Officer / Board Director	151,763	Employment Arrangement w/ UMM Medical Center, Inc		No
(1) Joyce Fingerth MD	Family Member of Robert W Finberg, M D , Board Director	70,698	Employment Arrangement w/ UMM Medical Group, 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
(7) Brittany M Paulhus	Family Member of Robert J Paulhus, Jr , Board Director	65,594	Employment Arrangement w/ UMM Medical Center, Inc		No
(1) Substantial Contributor	Substantial Contributor	10,570,761	Independent Contractor Arrangement		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
(9) Substantial Contributor	Substantial Contributor	822,532	Independent Contractor Arrangement		No
(1) Substantial Contributor	Substantial Contributor	152,984	Independent Contractor Arrangement		No

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.

2017**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

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part I, Line 3 Number of voting members and Part VII	The number of voting members of the governing body does not agree to the number of individuals reported in Part VII because there are 14 entities included in the group exemption and each entity has their own board of directors with voting rights. These directors are included in Part VII once, even if they serve on multiple boards. Refer to Sch O for a complete list of board members by entity and individuals with various board titles.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 4d Description of other program services	(Expenses \$ 87,131,039 including grants of \$ 5,000)(Revenue \$ 73,970,633) 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

Return Reference	Explanation
Form 990, Part VI, Line 2 Family/business relationships amongst interested persons	Marlborough Richer, Gerald (Board Member) and Michael Murphy (Board Member) - Business relationship

990 Schedule O, Supplemental Information

Return Reference	Explanation
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

Return Reference	Explanation
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 OR CNEHA, INC) 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

Return Reference	Explanation
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 OR CNEHA, INC) 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 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

Return Reference	Explanation
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 (THAT OVERSEES ALL BOARDS) THE ORGANIZATION'S COMPLIANCE COMMITTEE (THAT OVERSEES ALL BOARDS) REVIEWS ALL CONTENT ASSOCIATED WITH SCHEDULE L THE ORGANIZATION'S COMMUNITY BENEFITS COMMITTEE (THAT OVERSEES ALL BOARDS) REVIEWS ALL CONTENT ASSOCIATED WITH SCHEDULE H THE AUDIT COMMITTEE OF THE BOARD REVIEWS THE FORM 990 AND RECOMMENDS THE FORM 990 TO THE FULL BOARD FOR APPROVAL THE FULL BOARD IS GIVEN ACCESS TO THE FORM 990

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 15a Process to establish compensation of top management official	<p>Compensation matters involving the CEO and Senior Executives are overseen by the Compensation Committee of the Board, which was designated this authority by the Organization's Board of Trustees. The Compensation Committee approved a Compensation Philosophy and Policy which govern compensation matters. THE PHILOSOPHY INCLUDES THE OBJECTIVES OF THE PROGRAM COMPONENTS OF EXECUTIVE COMPENSATION, THE RELEVANT MARKET POSITIONING IN THE MARKET, FACTORS CONSIDERED IN SETTING EXECUTIVE COMPENSATION AND THE IMPORTANCE OF TYING SUCH COMPENSATION TO PERFORMANCE. Independent outside compensation consultants are hired by and report to the Compensation Committee of the Board and provide advice to the Committee on compensation matters. THE COMMITTEE WORKS WITH THESE CONSULTANTS AND WITH LEGAL COUNSEL TO ENSURE THAT ALL COMPENSATION PAID, AS WELL AS THE PROCESS FOLLOWED TO DETERMINE SUCH COMPENSATION IS REASONABLE, MEETS ALL REGULATORY REQUIREMENTS AND IS COMPETITIVE WITH THE RELEVANT MARKET. During the fiscal year, the Compensation Committee met to review and vote on the compensation for the CEO and key personnel. The Compensation Committee voted and approved the CEO's compensation at their annual meeting in March 2018. All other key personnel were voted on and approved at the annual meeting in December 2017.</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 2018 B Exec VP/COO UMMMG December 2017 B President, UMMH & CAO/CLO, UMMHC December 2017 B Chief Physician Executive December 2017 B President, Medical Center December 2017 B Exec VP, CFO December 2017 C SVP, Chf of Staff &Chf Mktg Ofc December 2017 C Sr VP, Community Practices December 2017 C VP/Chief Financial Officer Med Center December 2017 C VP, Chief Corporate Compliance December 2017 C VP of Finance/Corp Controller December 2017 C Sr VP, Operations (UMMMC) December 2017 C Sr VP, Operations (UMMMC) December 2017 C Sr VP, Chief Facilities Officer December 2017 C Sr VP, Operations (UMMMC) December 2017 C SVP, Pop Hlth & President, ACO December 2017 C Sr VP, General Counsel-PGL December 2017 C Sr VP, Chief Info Officer & CTO December 2017 C SR VP, CMO-UMMMC December 2017 C Sr VP, Chief HR Officer December 2017 C President, HealthAlliance-Clinton Hospital December 2017 C President, Marlborough Hospital December 2017 C President, Community HlthLink December 2017

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VIII, Line 2f Other Program Service Revenue	Affiliate Contract Income - Total Revenue 1310263, Related or Exempt Function Revenue 1310263, Unrelated Business Revenue , Revenue Excluded from Tax Under Sections 512, 513, or 514 ,

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part XI, Line 9 Other changes in net assets or fund balances	TRANSFERS TO UNRESTRICTED - REVENUE - 4774915, TRANSFERS TO UNRESTRICTED - PPE - 1125157, PENSION-RELATED CHANGES OTHER THAN NET PERIODIC BENEFIT COST - 43031118, TRANSFERS (TO) FROM RELATED PARTIES - 49142569, TRANSFERS TO UNRESTRICTED - EXPENDITURES - -2801464, CHANGE IN BENEFICIAL INTEREST IN TRUSTS - 1244699, MISC - 8,

990 Schedule O, Supplemental Information

Return Reference	Explanation
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 9/30/2018 306 Belmont Street, Worcester, MA 01604 The Clinton Hospital Association 201 Highland Street, Clinton, MA 01510 EIN 04-1185520 FYE 9/30/2018 Marlborough Hospital 157 Union Street, Marlborough, MA 01752 EIN 04-2104693 FYE 9/30/2018 UMass Memorial Behavioral Health System, Inc 306 Belmont Street, Worcester, MA 01604 EIN 04-3374724 FYE 9/30/2018 UMass Memorial Community Hospitals, Inc 306 Belmont Street, Worcester, MA 01604 EIN 04-3296271 FYE 9/30/2018 UMass Memorial Health Ventures, Inc 306 Belmont Street, Worcester, MA 01604 EIN 22-2605679 FYE 9/30/2018 UMass Memorial Medical Center, Inc 306 Belmont Street, Worcester, MA 01604 EIN 04-3358564 FYE 9/30/2018 UMass Memorial Medical Group, Inc 306 Belmont Street, Worcester, MA 01604 EIN 04-2911067 FYE 9/30/2018 UMass Memorial Realty, Inc 306 Belmont Street, Worcester, MA 01604 EIN 04-2805630 FYE 9/30/2018 Community HealthLink, Inc 72 Jaques Avenue, Worcester, MA 01610 EIN 04-2626179 FYE 9/30/2018 Central New England HealthAlliance, Inc 60 Hospital Road, Leominster, MA 01453 EIN 04-3172496 FYE 9/30/2018 Coordinated Primary Care, Inc 60 Hospital Road, Leominster, MA 01453 EIN 04-3210002 FYE 9/30/2018 HealthAlliance Home Health and Hospice, Inc 25 Tucker Road, Leominster, MA 01453 EIN 04-2932308 FYE 9/30/2018 UMass Memorial HealthAlliance-Clinton Hospital, Inc 60 Hospital Road, Leominster, MA 01453 EIN 04-2103555 FYE 9/30/2018 UMass Memorial Accountable Care Organization, Inc 306 Belmont Street, Worcester, MA 01604 EIN 46-2871359 FYE 9/30/2018

990 Schedule O, Supplemental Information

Return Reference	Explanation
Part VII Section A Complete list of Group 990 Board Members by entity - Part 1 of 4	ENTITY & EIN# UMASS MEMORIAL MEDICAL CENTER, INC #04-3358564 OFFICERS MICHAEL GUSTAFSON, MD PRESIDENT & CEO, UMASS MEMORIAL MEDICAL CENTER, INC SERGIO MELGAR EXEC VP, CFO TREASURER, UMASS MEMORIAL MEDICAL CENTER, INC DOUGLAS S BROWN PRESIDENT, UMMH & CAO/CLO, UMMHC SECRETARY, UMASS MEMORIAL MEDICAL CENTER, INC KATHARINE BOLLAND ESHGHI SR VP, GENERAL COUNSEL-PGL ASSISTANT SECRETARY, UMASS MEMORIAL MEDICAL CENTER, INC RICHARD SIEGRIST CHAIRPERSON, UMASS MEMORIAL MEDICAL CENTER, INC PATRICK L MULDOON PRESIDENT, MEDICAL CENTER, UNTIL 1/2018 PRESIDENT & CEO UNTIL 1/2018, 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 ONSIDINANYA 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 PAULETTE SEYMOUR-ROUTE, PH D INDEPENDENT CONTRACTOR DIRECTOR, UMASS MEMORIAL MEDICAL CENTER, INC ROBERT W FINBERG, MD CLINICAL DEPARTMENT CHAIR DIRECTOR, UMASS MEMORIAL MEDICAL CENTER, INC PAUL KANGAS DIRECTOR, UMASS MEMORIAL MEDICAL CENTER, INC RICHARD K BENNETT DIRECTOR, UMASS MEMORIAL MEDICAL CENTER, INC LYNDAM YOUNG, MD PHYSICIAN DIRECTOR, UMASS MEMORIAL MEDICAL CENTER, INC ERIC W DICKSON, MD PRESIDENT & CEO 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 NANCY KANE DIRECTOR, UMASS MEMORIAL MEDICAL CENTER, INC LESLIE BOVENZI DIRECTOR, UMASS MEMORIAL MEDICAL CENTER, INC MARK JO HANSON, MD CLINICAL DEPARTMENT CHAIR DIRECTOR, UMASS MEMORIAL MEDICAL CENTER, INC MARY ELLEN MCNAMARA DIRECTOR UNTIL 3/7/18, UMASS MEMORIAL MEDICAL CENTER, INC HARRIS L MACNEILL DIRECTOR UNTIL 3/7/18, UMASS MEMORIAL MEDICAL CENTER, INC JACK WILSON DIRECTOR UNTIL 3/7/18, UMASS MEMORIAL MEDICAL CENTER, INC ENTITY & EIN# UMASS MEMORIAL HEALTH VENTURES, INC #22-2605679 OFFICERS CHERYL LAPRIORE SVP, CHIEF OF STAFF & CHIEF MARKETING OFFICER PRESIDENT & EXECUTIVE DIRECTOR, UMASS MEMORIAL HEALTH VENTURES, INC SERGIO MELGAR EXEC VP, CFO TREASURER, UMASS MEMORIAL HEALTH VENTURES, INC FRANCIS W SMITH AVP, ASSOCIATE GENERAL COUNSEL-PGL CLERK, UMASS MEMORIAL HEALTH VENTURES, INC PAUL KANGAS CHAIRPERSON, UMASS MEMORIAL HEALTH VENTURES, INC DIRECTORS FREDERICK G CROCKER DIRECTOR, UMASS MEMORIAL HEALTH VENTURES, INC GERRARD P RICHER DIRECTOR, UMASS MEMORIAL HEALTH VENTURES, INC CHERYL LAPRIORE SVP, CHIEF OF STAFF & CHIEF MARKETING OFFICER DIRECTOR, UMASS MEMORIAL HEALTH VENTURES, INC ERIC W DICKSON, MD PRESIDENT & CEO DIRECTOR, UMASS MEMORIAL HEALTH VENTURES, INC STEVEN ROACH PRESIDENT, MARLBOROUGH HOSPITAL DIRECTOR, UMASS MEMORIAL HEALTH VENTURES, INC THERESE DAY VP/CHIEF FINANCIAL OFFICER MEDICAL CENTER DIRECTOR

990 Schedule O, Supplemental Information

Return Reference	Explanation
Part VII Section A Complete list of Group 990 Board Members by entity - Part 1 of 4	, UMASS MEMORIAL HEALTH VENTURES, INC JOHN BUDD DIRECTOR, UMASS MEMORIAL HEALTH VENTURES, INC ENTITY & EIN# UMASS MEMORIAL REALTY, INC #04-2805630 OFFICERS DANA SWENSON SR VP, CHIEF FACILITIES OFFICER PRESIDENT, UMASS MEMORIAL REALTY, INC SERGIO MELGAR EXEC VP, CFO TREASURER, UMASS MEMORIAL REALTY, INC FRANCIS W SMITH AVP,ASSOC GENERAL COUNSEL-PGL SE CRETARY, UMASS MEMORIAL REALTY, INC DIRECTORS DIX F DAVIS DIRECTOR, UMASS MEMORIAL REAL TY, INC DAVID L BENNETT DIRECTOR, UMASS MEMORIAL REALTY, INC DANA SWENSON SR VP, CHIEF FACILITIES OFFICER DIRECTOR, UMASS MEMORIAL REALTY, INC ERIC W DICKSON, MD PRESIDENT & CEO DIRECTOR, UMASS MEMORIAL REALTY, INC ENTITY & EIN# UMASS MEMORIAL MEDICAL GROUP, INC #04-2911067 OFFICERS STEPHEN E TOSI, MD CHIEF PHYSICIAN EXECUTIVE PRESIDENT, UMASS MEMORIAL MEDICAL GROUP, INC MICHELE STREETER EXEC VP/COO UMMMG TREASURER, UMASS MEMORIAL MEDICAL GROUP, INC FRANCIS W SMITH AVP,ASSOC GENERAL COUNSEL-PGL SECRETARY, UMASS MEMORIAL MEDICAL GROUP, INC LYNDA M YOUNG, MD PHYSICIAN CHAIRPERSON, UMASS MEMORIAL MEDICAL GROUP, INC DIRECTORS HARRIS L MACNEILL DIRECTOR, UMASS MEMORIAL MEDICAL GROUP, INC DANIEL LA SSER, MD CLINICAL DEPARTMENT CHAIR DIRECTOR, UMASS MEMORIAL MEDICAL GROUP, INC R KEVIN F ERGUSON, MD PHYSICIAN DIRECTOR, UMASS MEMORIAL MEDICAL GROUP, INC KATHRYN KENNEDY, MD DIR , CLINICAL MARL HOSP EM DIRECTOR, UMASS MEMORIAL MEDICAL GROUP, INC TERENCE FLOTTE, MD DIRECTOR, UMASS MEMORIAL MEDICAL GROUP, INC ERIC W DICKSON, MD PRESIDENT & CEO DIRECTOR, UMASS MEMORIAL MEDICAL GROUP, INC JEFFREY N METZMAKER, MD PHYSICIAN DIRECTOR, UMASS MEMORIAL MEDICAL GROUP, INC DOMINIC NOMPLEGGI, MD CHIEF, GASTROENTEROLOGY DIRECTOR, UMASS MEMORIAL MEDICAL GROUP, INC J CHRISTOPHER CUTLER, FACHE DIRECTOR, UMASS MEMORIAL MEDICAL GROUP, INC MARY ELLEN MCNAMARA DIRECTOR UNTIL 3/7/18, UMASS MEMORIAL MEDICAL GROUP, INC ENTITY & EIN# UMASS MEMORIAL COMMUNITY HOSPITALS, INC #04-3296271 OFFICERS DOUGLAS S BROWN PRESIDENT,UMMH & CAO/CLO,UMMHC PRESIDENT & CHAIRPERSON, UMASS MEMORIAL COMMUNITY HOSPITALS, INC SERGIO MELGAR EXEC VP, CFO TREASURER, UMASS MEMORIAL COMMUNITY HOSPITALS, INC JOHN GLASSBURN ASSOC GEN'L COUNSEL-CORP/BUSIN SECRETARY, UMASS MEMORIAL COMMUNITY HOSPITALS, INC DIRECTORS JOHN CLEMENTI DIRECTOR, UMASS MEMORIAL COMMUNITY HOSPITALS, INC WILLIAM MCGRAIL, ESQUIRE DIRECTOR, UMASS MEMORIAL COMMUNITY HOSPITALS, INC FERNANDO CATALINA, MD DIRECTOR, UMASS MEMORIAL COMMUNITY HOSPITALS, INC ERIC W DICKSON, MD PRESIDENT & CEO DIRECTOR, UMASS MEMORIAL COMMUNITY HOSPITALS, INC SERGIO MELGAR EXEC VP, CFO DIRECTOR, UMASS MEMORIAL COMMUNITY HOSPITALS, INC DEBORAH WEYMOUTH PRESIDENT, HEALTHALLIANCE-CLINTON HOSPITAL DIRECTOR, UMASS MEMORIAL COMMUNITY HOSPITALS, INC STEVEN ROACH PRESIDENT, MARLBOROUGH HOSPITAL DIRECTOR, UMASS MEMORIAL COMMUNITY HOSPITALS, INC WILLIAM CORBETT, MD SR VP, COMMUNITY PRACTICES DIRECTOR, UMASS MEMORIAL COMMUNITY HOSPITALS, INC MICHAEL D MURPHY DIRECTOR, UMASS MEMORIAL COMMUN

990 Schedule O, Supplemental Information

Return Reference	Explanation
Part VII Section A Complete list of Group 990 Board Members by entity - Part 1 of 4	ITY HOSPITALS, INC MICHAEL GUSTAFSON, MD PRESIDENT, MEDICAL CENTER DIRECTOR, UMASS MEMORI AL COMMUNITY HOSPITALS, INC JAMES LEARY DIRECTOR, UMASS MEMORIAL COMMUNITY HOSPITALS, INC JACK WILSON, PHD DIRECTOR, UMASS MEMORIAL COMMUNITY HOSPITALS, INC RICHARD SIEGRIST DIR ECTOR UNTIL 3/7/18, UMASS MEMORIAL COMMUNITY HOSPITALS, INC PAUL D'ONFRO DIRECTOR UNTIL 7 /11/18, UMASS MEMORIAL COMMUNITY HOSPITALS, INC CHRISTOPHER PHILBIN VP, GOV'T/COMMUNITY R ELATIONS DIRECTOR UNTIL 9/2018, UMASS MEMORIAL COMMUNITY HOSPITALS, INC LISA COLOMBO SVP, Patient Care Svcs & CNO until 9/30/18 DIRECTOR UNTIL 9/30/18, UMASS MEMORIAL COMMUNITY HO SPITALS, INC

990 Schedule O, Supplemental Information

Return Reference	Explanation
<p>Part VII Section A Complete list of Group 990 Board Members by entity - Part 2 of 4</p>	<p>ENTITY & EIN# MARLBOROUGH HOSPITAL #04-2104693 OFFICERS STEVEN ROACH PRESIDENT, MARLBORO UGH HOSPITAL PRESIDENT, MARLBOROUGH HOSPITAL STEVEN MCCUE CFO MARLBOROUGH HOSPITAL TREASUR ER, MARLBOROUGH HOSPITAL ANN-MARIA D'AMBRA EXECUTIVE ASSISTANT ASSISTANT SECRETARY, MARLBO ROUGH HOSPITAL JOHN GLASSBURN ASSOC GEN'L COUNSEL-CORP/BUSIN SECRETARY, MARLBOROUGH HOSPIT AL MICHAEL D MURPHY CHAIRPERSON, MARLBOROUGH HOSPITAL FRANCIS W SMITH AVP,ASSOC GENERAL COUNSEL-PGL SECRETARY UNTIL 4/14/18, MARLBOROUGH HOSPITAL DIRECTORS MICHAEL D MURPHY VIC E CHAIRPERSON, MARLBOROUGH HOSPITAL PHILIP E PURCELL DIRECTOR, MARLBOROUGH HOSPITAL ANN K MOLLOY DIRECTOR, MARLBOROUGH HOSPITAL GERARD P RICHER DIRECTOR, MARLBOROUGH HOSPITAL DA NIEL CARLUCCI, MD DIRECTOR, MARLBOROUGH HOSPITAL DOUGLAS S BROWN PRESIDENT,UMMH & CAO/CLO ,UMMHC DIRECTOR, MARLBOROUGH HOSPITAL STEVEN ROACH PRESIDENT, MARLBOROUGH HOSPITAL DIRECTO R, MARLBOROUGH HOSPITAL DAVID WALTON DIRECTOR, MARLBOROUGH HOSPITAL BENJAMIN H COLONERO J R DIRECTOR, MARLBOROUGH HOSPITAL VIBHA SHARMA, MD DIRECTOR, MARLBOROUGH HOSPITAL KIMBERLY EISENSTOCK, MD CHIEF, CLINICAL HOSPITAL MED DIRECTOR, MARLBOROUGH HOSPITAL HABIB A SIOUF I, ENTITY & EIN# UMASS MEMORIAL BEHAVIORAL HEALTH SYSTEM, INC #04-3374724 OFFICERS DOUG LAS S BROWN PRESIDENT,UMMH & CAO/CLO,UMMHC PRESIDENT AND CHAIRPERSON, UMASS MEMORIAL BEHA VIORAL HEALTH SYSTEM, INC SERGIO MELGAR EXEC VP, CFO TREASURER, UMASS MEMORIAL BEHAVIORAL HEALTH SYSTEM, INC WILLIAM H O'BRIEN EXEC DIR, UMMBHS SECRETARY, UMASS MEMORIAL BEHAVIOR AL HEALTH SYSTEM, INC DIRECTORS ALAN P BROWN, MD VICE CHAIR, ADLT PSY CLIN SVCS DIRECTO R, UMASS MEMORIAL BEHAVIORAL HEALTH SYSTEM, INC JOANNE JOHNSON DIRECTOR, UMASS MEMORIAL B EHAVIORAL HEALTH SYSTEM, INC CYNTHIA M MCMULLEN, ED D DIRECTOR, UMASS MEMORIAL BEHAVIOR AL HEALTH SYSTEM, INC JOHN SHEA, ESQUIRE DIRECTOR, UMASS MEMORIAL BEHAVIORAL HEALTH SYSTE M, INC CHERYL LAPRIORE SVP, CHF OF STAFF &CHF MKTG OFC DIRECTOR, UMASS MEMORIAL BEHAVIORA L HEALTH SYSTEM, INC SERGIO MELGAR EXEC VP, CFO DIRECTOR, UMASS MEMORIAL BEHAVIORAL HEALT H SYSTEM, INC AMY GRASSETTE DIRECTOR, UMASS MEMORIAL BEHAVIORAL HEALTH SYSTEM, INC JIM N OTARO DIRECTOR, UMASS MEMORIAL BEHAVIORAL HEALTH SYSTEM, INC JESSICA MCGARRY DIRECTOR, UM ASS MEMORIAL BEHAVIORAL HEALTH SYSTEM, INC SHELDON BENJAMIN, MD DIRECTOR, UMASS MEMORIAL BEHAVIORAL HEALTH SYSTEM, INC EDWARD MANZI DIRECTOR UNTIL 10/2017, UMASS MEMORIAL BEHAVIO RAL HEALTH SYSTEM, INC PATRICK L MULDOON PRESIDENT, MEDICAL CENTER, UNTIL 1/2018 DIRECTO R UNTIL 1/2018, UMASS MEMORIAL BEHAVIORAL HEALTH SYSTEM, INC ENTITY & EIN# COMMUNITY HEA LTHLINK, INC #04-2626179 OFFICERS NICOLE GAGNE PRESIDENT, COMMUNITY HEALTHLINK, INC SER GIO MELGAR EXEC VP, CFO TREASURER, COMMUNITY HEALTHLINK, INC FRANCIS W SMITH AVP,ASSOC G ENERAL COUNSEL-PGL CLERK, COMMUNITY HEALTHLINK, INC DIRECTORS JOHN SHEA, ESQUIRE DIRECTO R, COMMUNITY HEALTHLINK, INC CYNTHIA M MCMULLEN, ED D DIRECTOR, COMMUNITY HEALTHLINK, I NC ALAN P BROWN, MD VICE CHA</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
<p>Part VII Section A Complete list of Group 990 Board Members by entity - Part 2 of 4</p>	<p>IR, ADLT PSY CLIN SVCS DIRECTOR, COMMUNITY HEALTHLINK, INC JOANNE JOHNSON DIRECTOR, COMMUNITY HEALTHLINK, INC DOUGLAS S BROWN PRESIDENT, UMMH & CAO/CLO, UMMHC DIRECTOR, COMMUNITY HEALTHLINK, INC CHERYL LAPRIORE SVP, CHF OF STAFF & CHF MKTG OFC DIRECTOR, COMMUNITY HEALTHLINK, INC SERGIO MELGAR EXEC VP, CFO DIRECTOR, COMMUNITY HEALTHLINK, INC AMY GRASSETTE DIRECTOR, COMMUNITY HEALTHLINK, INC JIM NOTARO DIRECTOR, COMMUNITY HEALTHLINK, INC JESSICA MCGARRY DIRECTOR, COMMUNITY HEALTHLINK, INC SHELDON BENJAMIN, MD DIRECTOR, COMMUNITY HEALTHLINK, INC PATRICK L MULDOON PRESIDENT, MEDICAL CENTER, UNTIL 1/2018 DIRECTOR UNTIL 1/2018, COMMUNITY HEALTHLINK, INC ENTITY & EIN# CENTRAL NEW ENGLAND HEALTHALLIANCE, INC #04-3172496 OFFICERS DEBORAH WEYMOUTH PRESIDENT, HEALTHALLIANCE-CLINTON HOSPITAL PRESIDENT, CENTRAL NEW ENGLAND HEALTHALLIANCE, INC JOHN BRONHARD VP CFO HEALTHALLIANCE TREASURER, CENTRAL NEW ENGLAND HEALTHALLIANCE, INC FRANCIS W SMITH AVP, ASSOC GENERAL COUNSEL-PGL SECRETARY, CENTRAL NEW ENGLAND HEALTHALLIANCE, INC MAUREEN CROTEAU EXECUTIVE ASST, PROJECT MGR ASSISTANT CLERK, CENTRAL NEW ENGLAND HEALTHALLIANCE, INC LYNN A MORIN EXECUTIVE ASSISTANT ASSISTANT CLERK UNTIL 3/21/18, CENTRAL NEW ENGLAND HEALTHALLIANCE, INC FERNANDO CATALINA, MD CHAIRPERSON, CENTRAL NEW ENGLAND HEALTHALLIANCE, INC DIRECTORS GAIL ALLEN DIRECTOR, CENTRAL NEW ENGLAND HEALTHALLIANCE, INC JOHN CLEMENTI DIRECTOR, CENTRAL NEW ENGLAND HEALTHALLIANCE, INC ROBERT LESLIE SHELTON, MD DIRECTOR, CENTRAL NEW ENGLAND HEALTHALLIANCE, INC DOUGLAS S BROWN PRESIDENT, UMMH & CAO/CLO, UMMHC DIRECTOR, CENTRAL NEW ENGLAND HEALTHALLIANCE, INC DONATA MARTIN DIRECTOR, CENTRAL NEW ENGLAND HEALTHALLIANCE, INC DEBORAH WEYMOUTH PRESIDENT, HEALTHALLIANCE-CLINTON HOSPITAL 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 PHYSICIAN DIRECTOR, CENTRAL NEW ENGLAND HEALTHALLIANCE, INC ROBERT BABINEAU, JR, MD DIRECTOR, CENTRAL NEW ENGLAND HEALTHALLIANCE, INC WILLIAM CORBETT, MD SR VP, COMMUNITY PRACTICES DIRECTOR, CENTRAL NEW ENGLAND HEALTHALLIANCE, INC MICHAEL W AMES DIRECTOR, CENTRAL NEW ENGLAND HEALTHALLIANCE, INC ROBERT J PAULHUS, JR DIRECTOR, CENTRAL NEW ENGLAND HEALTHALLIANCE, INC NANCY DUPHILY DIRECTOR, CENTRAL NEW ENGLAND HEALTHALLIANCE, INC CARLOS NICOLAS FORMAGGIA, ESQ DIRECTOR, CENTRAL NEW ENGLAND HEALTHALLIANCE, INC LUIS J MASEDA DIRECTOR, CENTRAL NEW ENGLAND HEALTHALLIANCE, INC PAUL D'ONFRO VICE CHAIRPERSON UNTIL 7/11/18, CENTRAL NEW ENGLAND HEALTHALLIANCE, INC LESLIE BOVENZI DIRECTOR UNTIL 4/24/18, CENTRAL NEW ENGLAND HEALTHALLIANCE, INC MICHAEL RIVARD DIRECTOR UNTIL 4/27/18, CENTRAL NEW ENGLAND HEALTHALLIANCE, INC MARY WHITNEY DIRECTOR UNTIL 4/27/18, CENTRAL NEW ENGLAND HEALTHALLIANCE, INC ENTITY & EIN# COORDINATED PRIMARY CARE, INC #04-321</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Part VII Section A Complete list of Group 990 Board Members by entity - Part 2 of 4	0002 OFFICERS DEBORAH WEYMOUTH PRESIDENT, HEALTHALLIANCE-CLINTON HOSPITAL PRESIDENT & CHAIRPERSON, COORDINATED PRIMARY CARE, INC JOHN BRONHARD VP CFO HEALTHALLIANCE TREASURER, COORDINATED PRIMARY CARE, INC MAUREEN CROTEAU EXECUTIVE ASST, PROJECT MGR SECRETARY, COORDINATED PRIMARY CARE, INC LYNN A MORIN EXECUTIVE ASSISTANT SECRETARY UNTIL 3/21/18, COORDINATED PRIMARY CARE, INC DIRECTORS DANIEL J O'LEARY, MD VP CHIEF MEDICAL OFFICER DIRECTOR, COORDINATED PRIMARY CARE, INC JOHN BRONHARD VP CFO HEALTHALLIANCE DIRECTOR, COORDINATED PRIMARY CARE, INC WILLIAM CORBETT, MD SR VP, COMMUNITY PRACTICES DIRECTOR, COORDINATED PRIMARY CARE, INC PAUL D'ONFRO DIRECTOR UNTIL 7/11/18, COORDINATED PRIMARY CARE, INC MICHAEL RIVARD DIRECTOR UNTIL 4/27/18, COORDINATED PRIMARY CARE, 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 4	ENTITY & EIN# HEALTHALLIANCE HOME HEALTH AND HOSPICE, INC #04-2932308 OFFICERS DEBORAH WEYMOUTH PRESIDENT, HEALTHALLIANCE-CLINTON HOSPITAL PRESIDENT, HEALTHALLIANCE HOME HEALTH AND HOSPICE, INC JOHN BRONHARD VP CFO HEALTHALLIANCE TREASURER, HEALTHALLIANCE HOME HEALTH AND HOSPICE, INC LESLIE BOVENZI CHAIRPERSON, HEALTHALLIANCE HOME HEALTH AND HOSPICE, INC MAUREEN CROTEAU EXECUTIVE ASST, PROJECT MGR SECRETARY, HEALTHALLIANCE HOME HEALTH AND HOSPICE, INC LYNN A MORIN EXECUTIVE ASSISTANT SECRETARY UNTIL 3/21/18, 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 DEBORAH WEYMOUTH PRESIDENT, HEALTHALLIANCE-CLINTON HOSPITAL DIRECTOR, HEALTHALLIANCE HOME HEALTH AND HOSPICE, INC LYNNE FARRELL DIRECTOR, HEALTHALLIANCE HOME HEALTH AND HOSPICE, INC ROBERT BABINEAU, JR , MD DIRECTOR, HEALTHALLIANCE HOME HEALTH AND HOSPICE, INC DIXIE DAVIS DIRECTOR, HEALTHALLIANCE HOME HEALTH AND HOSPICE, INC NANCY DUPHILY DIRECTOR, HEALTHALLIANCE HOME HEALTH AND HOSPICE, INC CARLOS NICOLAS FORMAGGIA DIRECTOR, HEALTHALLIANCE HOME HEALTH AND HOSPICE, INC MICHAEL MAHAN DIRECTOR, HEALTHALLIANCE HOME HEALTH AND HOSPICE, INC MARY WHITNEY DIRECTOR UNTIL 4/27/18, HEALTHALLIANCE HOME HEALTH AND HOSPICE, INC PAUL D'ONFRO DIRECTOR UNTIL 7/11/18, HEALTHALLIANCE HOME HEALTH AND HOSPICE, INC ENTITY & EIN# UMASS MEMORIAL HEALTHALLIANCE-CLINTON HOSPITAL, INC #04-2103555 OFFICERS DEBORAH WEYMOUTH PRESIDENT, HEALTHALLIANCE-CLINTON HOSPITAL PRESIDENT, UMASS MEMORIAL HEALTHALLIANCE-CLINTON HOSPITAL, INC JOHN BRONHARD VP CFO HEALTHALLIANCE TREASURER, UMASS MEMORIAL HEALTHALLIANCE-CLINTON HOSPITAL, INC FRANCIS W SMITH AVP, ASSOC GENERAL COUNSEL-PGL SECRETARY, UMASS MEMORIAL HEALTHALLIANCE-CLINTON HOSPITAL, INC MAUREEN CROTEAU EXECUTIVE ASST , PROJECT MGR ASSISTANT CLERK, UMASS MEMORIAL HEALTHALLIANCE-CLINTON HOSPITAL, INC FERNANDO CATALINA, MD CHAIRPERSON, UMASS MEMORIAL HEALTHALLIANCE-CLINTON HOSPITAL, INC KATHARINE BOLLAND ESHGHI SR VP, GENERAL COUNSEL-PGL SECRETARY UNTIL 3/21/18, UMASS MEMORIAL HEALTH ALLIANCE-CLINTON HOSPITAL, INC LYNN A MORIN EXECUTIVE ASSISTANT ASSISTANT CLERK UNTIL 3/21/18, UMASS MEMORIAL HEALTHALLIANCE-CLINTON HOSPITAL, INC DIRECTORS JOHN CLEMENTI DIRECTOR, UMASS MEMORIAL HEALTHALLIANCE-CLINTON HOSPITAL, INC LESLIE BOVENZI DIRECTOR, UMASS MEMORIAL HEALTHALLIANCE- CLINTON HOSPITAL, INC GAIL ALLEN DIRECTOR, UMASS MEMORIAL HEALTHALLIANCE-CLINTON HOSPITAL, INC MICHAEL RIVARD DIRECTOR, UMASS MEMORIAL HEALTHALLIANCE-CLINTON HOSPITAL, INC ROBERT LESLIE SHELTON, MD DIRECTOR, UMASS MEMORIAL HEALTHALLIANCE-CLINTON HOSPITAL, INC DOUGLAS S BROWN PRESIDENT, UMMH & CAO/CLO, UMMHC DIRECTOR, UMASS MEMORIAL HEALTHALLIANCE-CLINTON HOSPITAL, INC DONATA MARTIN DIRECTOR, UMASS MEMORIAL HEALTHALLIANCE-CLINTON HOSPITAL, INC DEBORAH WEYMOUTH PRESIDENT, HEALTHALLIANCE-CLINTON HOSPITAL DIRECTOR, UMASS MEMORIAL HEALTHALLI

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 4</p>	<p>ANCE-CLINTON HOSPITAL, INC MARY WHITNEY DIRECTOR, UMASS MEMORIAL HEALTHALLIANCE-CLINTON HOSPITAL, INC CHRISTIE HAGER DIRECTOR, UMASS MEMORIAL HEALTHALLIANCE-CLINTON HOSPITAL, INC MICHAEL MAHAN DIRECTOR, UMASS MEMORIAL HEALTHALLIANCE-CLINTON HOSPITAL, INC NICHOLAS ME RCADANTE, MD DIRECTOR, UMASS MEMORIAL HEALTHALLIANCE-CLINTON HOSPITAL, INC SHIPEN LI, MD PHYSICIAN DIRECTOR, UMASS MEMORIAL HEALTHALLIANCE-CLINTON HOSPITAL, INC NANCY DUPHILY DIR ECTOR, UMASS MEMORIAL HEALTHALLIANCE-CLINTON HOSPITAL, INC CARLOS NICOLAS FORMAGGIA, ESQ DIRECTOR, UMASS MEMORIAL HEALTHALLIANCE-CLINTON HOSPITAL, INC WILLIAM CORBETT, MD SR VP, COMMUNITY PRACTICES DIRECTOR, UMASS MEMORIAL HEALTHALLIANCE-CLINTON HOSPITAL, INC MICHAEL W AMES DIRECTOR, UMASS MEMORIAL HEALTHALLIANCE-CLINTON HOSPITAL, INC ROBERT J PAULHUS , JR DIRECTOR, UMASS MEMORIAL HEALTHALLIANCE-CLINTON HOSPITAL, INC LUIS J MASEDA DIRECT OR, UMASS MEMORIAL HEALTHALLIANCE-CLINTON HOSPITAL, INC PAUL D'ONFRO VICE CHAIRPERSON UNT IL 7/11/18, UMASS MEMORIAL HEALTHALLIANCE-CLINTON HOSPITAL, INC ENTITY & EIN# UMASS MEMORIAL ACCOUNTABLE CARE ORGANIZATION, INC #46-2871359 OFFICERS JOHN GREENWOOD SVP, POP HL TH & PRESIDENT, ACO PRESIDENT, UMASS MEMORIAL ACCOUNTABLE CARE ORGANIZATION, INC JEANNE S HIRSHAC VP, HEALTH POLICY/PUBLIC PROG TREASURER, UMASS MEMORIAL ACCOUNTABLE CARE ORGANIZATION, INC FRANCIS W SMITH AVP,ASSOC GENERAL COUNSEL-PGL CLERK, UMASS MEMORIAL ACCOUNTABLE CARE ORGANIZATION, INC ERIC W DICKSON, MD PRESIDENT & CEO CHAIRPERSON, UMASS MEMORIAL A CCOUNTABLE CARE ORGANIZATION, INC DIRECTORS HOWARD ALFRED, MD DIR, RENAL DIALYSIS DIRECT OR, UMASS MEMORIAL ACCOUNTABLE CARE ORGANIZATION, INC PETER BAGLEY, MD MED DIR, CCU DIREC TOR, UMASS MEMORIAL ACCOUNTABLE CARE ORGANIZATION, INC DOUGLAS S BROWN PRESIDENT,UMMH & CAO/CLO,UMMHC DIRECTOR, UMASS MEMORIAL ACCOUNTABLE CARE ORGANIZATION, INC WILLIAM CORBETT , MD SR VP, COMMUNITY PRACTICES DIRECTOR, UMASS MEMORIAL ACCOUNTABLE CARE ORGANIZATION, INC JORDAN EISENSTOCK, MD PHYSICIAN DIRECTOR, UMASS MEMORIAL ACCOUNTABLE CARE ORGANIZATION, INC DAVID HARLAN, MD CHIEF, DIABETES-DIR, DIAB COE DIRECTOR, UMASS MEMORIAL ACCOUNTABLE CARE ORGANIZATION, INC BARBARA KUPFER DIRECTOR, UMASS MEMORIAL ACCOUNTABLE CARE ORGANIZATION, INC DANIEL LASSER, MD CLINICAL DEPARTMENT CHAIR DIRECTOR, UMASS MEMORIAL ACCOUNTABLE CARE ORGANIZATION, INC LALITA MATTA, MD DIRECTOR, UMASS MEMORIAL ACCOUNTABLE CARE ORGANIZATION, INC ANTONIA MCGUIRE DIRECTOR, UMASS MEMORIAL ACCOUNTABLE CARE ORGANIZATION, INC STEPHEN E TOSI, MD CHIEF PHYSICIAN EXECUTIVE DIRECTOR, UMASS MEMORIAL ACCOUNTABLE CARE ORGANIZATION, INC JOHN GREENWOOD SVP, POP HLTH & PRESIDENT, ACO DIRECTOR, UMASS MEMORIAL ACCOUNTABLE CARE ORGANIZATION, INC ROBERT FISHMAN, DO, FACP DIRECTOR, UMASS MEMORIAL ACCOUNTABLE CARE ORGANIZATION, INC ED MOORE DIRECTOR, UMASS MEMORIAL ACCOUNTABLE CARE ORGANIZATION, INC FRANK SWEENEY, MD DIRECTOR, UMASS MEMORIAL ACCOUNTABLE CARE ORGANIZATION, INC MICHAEL GUSTAFSON, MD PRESIDENT</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Part VII Section A Complete list of Group 990 Board Members by entity - Part 3 of 4	, MEDICAL CENTER DIRECTOR, UMASS MEMORIAL ACCOUNTABLE CARE ORGANIZATION, INC MICHAEL PICI , MD DIRECTOR UNTIL 12/31/17, UMASS MEMORIAL ACCOUNTABLE CARE ORGANIZATION, INC PATRICK L MULDOON PRESIDENT, MEDICAL CENTER, UNTIL 1/2018 DIRECTOR UNTIL 1/2018, UMASS MEMORIAL AC COUNTABLE CARE ORGANIZATION, INC GROUP 990 KEY EMPLOYEES JOHN T RANDOLPH VP, CHIEF CORP ORATE COMPLIANCE BARBARA FISHER SR VP, OPERATIONS (UMMMC) JAMES P CYR SR VP, OPERATIONS (UMMMC) ROBERT FELDMANN VP, CORPORATE CONTROLLER TIMOTHY A TARNOWSKI SR VP, CHIEF INFO OFFICER & CTO BART METZGER SR VP, CHIEF HR OFFICER ALICE A SHAKMAN SR VP, OPERATIONS (UMM MC) JEFFREY A SMITH, MD EXECUTIVE VP, COO UNTIL 7/2018 HIGHEST COMPENSATED EMPLOYEES JENNIFER D WALKER, MD PHYSICIAN, DIVISION CHIEF OF CARDIAC SURGERY - MED GROUP DEMETRIUS LITWIN, MD PHYSICIAN, CHAIR OF SURGERY DEPT - MED GROUP SUNGARIAN, ARNO S , MD PHYSICIAN, NEUROLOGICAL SURGEON FOR CMG - MED GROUP ADEL BOZORGZADEH, MD PHYSICIAN, DIVISION CHIEF OF TRANSPLANT SURGERY - MED GROUP DAVID C AYERS, MD PHYSICIAN, CHAIR OF ORTHOPEDICS DEPT - MED GROUP

990 Schedule O, Supplemental Information

Return Reference	Explanation
Part VII Section A Complete list of Group 990 Board Members by entity - Part 4 of 4	FORMER OFFICERS, DIRECTORS AND KEY EMPLOYEES MARGARET HUDLIN, MD FORMER CHIEF MEDICAL OFFICER/VP PERIOPERATIVE SVCS, UNTIL 9/1/16 DOUGLAS ZIEDONIS, MD FORMER PRESIDENT AND CHAIRPERSON UNTIL 3/8/17, UMBHS, DIRECTOR OF CHL

990 Schedule O, Supplemental Information

Return Reference	Explanation
Part VII Section A Various board titles - Part 1 of 3	ALAN P BROWN, MD VICE CHAIR, ADLT PSY CLIN SVCS DIRECTOR, UMASS MEMORIAL BEHAVIORAL HEALT H SYSTEM, INC DIRECTOR, COMMUNITY HEALTHLINK, INC AMY GRASSETTE DIRECTOR, UMASS MEMORIAL BEHAVIORAL HEALTH SYSTEM, INC DIRECTOR, COMMUNITY HEALTHLINK, INC ANN K MOLLOY DIRECTO R, MARLBOROUGH HOSPITAL ANN-MARIA D'AMBRA EXECUTIVE ASSISTANT ASSISTANT SECRETARY, MARLBOR OUGH HOSPITAL ANTHONY J MERCADANTE DIRECTOR, HEALTHALLIANCE HOME HEALTH AND HOSPICE, INC ANTONIA MCGUIRE DIRECTOR, UMASS MEMORIAL ACCOUNTABLE CARE ORGANIZATION, INC BARBARA KUPF ER DIRECTOR, UMASS MEMORIAL ACCOUNTABLE CARE ORGANIZATION, INC BENJAMIN H COLONERO JR D IRECTOR, MARLBOROUGH HOSPITAL BRIAN BOUVIER DIRECTOR, MARLBOROUGH HOSPITAL CARLOS NICOLAS FORMAGGIA, ESQ DIRECTOR, HEALTHALLIANCE HOME HEALTH AND HOSPICE, INC DIRECTOR, CENTRAL N EW ENGLAND HEALTHALLIANCE, INC DIRECTOR, UMASS MEMORIAL HEALTHALLIANCE-CLINTON HOSPITAL, INC CHERYL LAPRIORE SVP, CHF OF STAFF &CHF MKTG OFC PRESIDENT & EXECUTIVE DIRECTOR, UMASS MEMORIAL HEALTH VENTURES, INC DIRECTOR, UMASS MEMORIAL HEALTH VENTURES, INC DIRECTOR, U MASS MEMORIAL BEHAVIORAL HEALTH SYSTEM, INC DIRECTOR, COMMUNITY HEALTHLINK, INC CHRISTIE HAGER DIRECTOR, CENTRAL NEW ENGLAND HEALTHALLIANCE, INC DIRECTOR, UMASS MEMORIAL HEALTHA LLIANCE-CLINTON HOSPITAL, INC CHRISTOPHER PHILBIN VP, GOV'T/COMMUNITY RELATIONS DIRECTOR UNTIL 9/2018, UMASS MEMORIAL COMMUNITY HOSPITALS, INC 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, U MASS 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 C OE DIRECTOR, UMASS MEMORIAL ACCOUNTABLE CARE ORGANIZATION, INC DAVID L BENNETT DIRECTOR, UMASS MEMORIAL REALTY, INC DIRECTOR, UMASS MEMORIAL MEDICAL CENTER, INC DAVID WALTON DI RECTOR, MARLBOROUGH HOSPITAL DEBORAH WEYMOUTH PRESIDENT, UMASS MEMORIAL HEALTHALLIANCE-CLI NTON HOSPITAL, INC PRESIDENT, CENTRAL NEW ENGLAND HEALTHALLIANCE, INC PRESIDENT & CHAIRP ERSON, COORDINATED PRIMARY CARE, INC PRESIDENT, HEALTHALLIANCE HOME HEALTH AND HOSPICE, I NC DIRECTOR, UMASS MEMORIAL COMMUNITY HOSPITALS, INC DIRECTOR, CENTRAL NEW ENGLAND HEALT HALLIANCE, INC DIRECTOR, HEALTHALLIANCE HOME HEALTH AND HOSPICE, INC DIRECTOR, UMASS MEM ORIAL HEALTHALLIANCE-CLINTON HOSPITAL, INC DIX F DAVIS DIRECTOR, UMASS MEMORIAL REALTY, INC DIRECTOR, HEALTHALLIANCE HOME HEALTH AND HOSPICE, INC DOMINIC NOMPLEGGI, MD CHIEF, G ASTROENTEROLOGY DIRECTOR, UMASS MEMORIAL MEDICAL GROUP, INC DONATA MARTIN DIRECTOR, CENTR AL NEW ENGLAND HEALTHALLIANCE, INC DIRECTOR, UMASS MEMORIAL HEALTHALLIANCE-CLINTON HOSPIT AL, INC DOUGLAS S BROWN PRES

990 Schedule O, Supplemental Information

Return Reference	Explanation
Part VII Section A Various board titles - Part 1 of 3	IDENT,UMMH & CAO/CLO,UMMHC PRESIDENT & CHAIRPERSON, UMASS MEMORIAL COMMUNITY HOSPITALS, IN C PRESIDENT AND CHAIRPERSON, UMASS MEMORIAL BEHAVIORAL HEALTH SYSTEM, INC SECRETARY, UMAS S MEMORIAL MEDICAL CENTER, INC DIRECTOR, MARLBOROUGH HOSPITAL DIRECTOR, COMMUNITY HEALTHLINK, INC DIRECTOR, CENTRAL NEW ENGLAND HEALTHALLIANCE, INC DIRECTOR, UMASS MEMORIAL HEALTHALLIANCE- CLINTON HOSPITAL, INC DIRECTOR, UMASS MEMORIAL ACCOUNTABLE CARE ORGANIZATION, INC ED MOORE DIRECTOR, UMASS MEMORIAL ACCOUNTABLE CARE ORGANIZATION, INC EDWARD D'ALELIO DIRECTOR, UMASS MEMORIAL MEDICAL CENTER, INC EDWARD J PARRY, III DIRECTOR, UMASS MEMORIAL MEDICAL CENTER, INC EDWARD MANZI DIRECTOR UNTIL 10/2017, UMASS MEMORIAL BEHAVIORAL HEALTH SYSTEM, INC ELVIRA GUARDIOLA DIRECTOR, UMASS MEMORIAL MEDICAL CENTER, INC ERIC W DICKSON, MD PRESIDENT & CEO DIRECTOR, UMASS MEMORIAL MEDICAL CENTER, INC DIRECTOR, UMASS MEMORIAL HEALTH VENTURES, INC DIRECTOR, UMASS MEMORIAL REALTY, INC DIRECTOR, UMASS MEMORIAL MEDICAL GROUP, INC DIRECTOR, UMASS MEMORIAL COMMUNITY HOSPITALS, INC CHAIRPERSON, UMAS S MEMORIAL ACCOUNTABLE CARE ORGANIZATION, INC FERNANDO CATALINA, MD DIRECTOR, UMASS MEMORIAL COMMUNITY HOSPITALS, INC CHAIRPERSON, CENTRAL NEW ENGLAND HEALTHALLIANCE, INC CHAIRPERSON, UMASS MEMORIAL HEALTHALLIANCE-CLINTON HOSPITAL, INC FRANCIS HURLEY DIRECTOR UNTIL 8/18, MARLBOROUGH HOSPITAL FRANCIS W SMITH AVP,ASSOC GENERAL COUNSEL-PGL SECRETARY, UMASS MEMORIAL REALTY, INC SECRETARY, UMASS MEMORIAL MEDICAL GROUP, INC SECRETARY UNTIL 4/14/ 17, MARLBOROUGH HOSPITAL SECRETARY, CENTRAL NEW ENGLAND HEALTHALLIANCE,INC SECRETARY, UMAS S MEMORIAL HEALTHALLIANCE-CLINTON HOSPITAL, INC CLERK, UMASS MEMORIAL HEALTH VENTURES, IN C CLERK, COMMUNITY HEALTHLINK, INC CLERK, UMASS MEMORIAL ACCOUNTABLE CARE ORGANIZATION, INC

990 Schedule O, Supplemental Information

Return Reference	Explanation
Part VII Section A Various board titles - Part 2 of 3	FRANK SWEENEY, MD DIRECTOR, UMASS MEMORIAL ACCOUNTABLE CARE ORGANIZATION, INC FREDERICK G CROCKER DIRECTOR, UMASS MEMORIAL HEALTH VENTURES, INC GAIL ALLEN DIRECTOR, CENTRAL NEW ENGLAND HEALTHALLIANCE, INC DIRECTOR, HEALTHALLIANCE HOME HEALTH AND HOSPICE, INC DIRECT OR, UMASS MEMORIAL HEALTHALLIANCE-CLINTON HOSPITAL, INC GERARD P RICHER DIRECTOR, UMASS MEMORIAL HEALTH VENTURES, INC DIRECTOR, MARLBOROUGH HOSPITAL HABIB A SIOUFI, MD DIR, AFF ILIATED LABS DIRECTOR, MARLBOROUGH HOSPITAL HARRIS L MACNEILL DIRECTOR UNTIL 3/7/18, UMAS S MEMORIAL MEDICAL CENTER, INC DIRECTOR, UMASS MEMORIAL MEDICAL GROUP, INC HOWARD ALFRED , MD DIR, RENAL DIALYSIS DIRECTOR, UMASS MEMORIAL ACCOUNTABLE CARE ORGANIZATION, INC J C HRISTOPHER CUTLER, FACHE DIRECTOR, UMASS MEMORIAL MEDICAL GROUP, INC JACK WILSON, PHD DIR ECTOR UNTIL 3/7/18, UMASS MEMORIAL MEDICAL CENTER, INC DIRECTOR, UMASS MEMORIAL COMMUNITY HOSPITALS, INC JAMES LEARY DIRECTOR, UMASS MEMORIAL COMMUNITY HOSPITALS, INC JEANNE SHI RSHAC VP, HEALTH POLICY/PUBLIC PROG TREASURER, UMASS MEMORIAL ACCOUNTABLE CARE ORGANIZATIO N, INC JEFFREY N METZMAKER, MD PHYSICIAN DIRECTOR, UMASS MEMORIAL MEDICAL GROUP, INC JE SSICA MCGARRY DIRECTOR, UMASS MEMORIAL BEHAVIORAL HEALTH SYSTEM, INC DIRECTOR, COMMUNITY HEALTHLINK, INC JIM NOTARO DIRECTOR, UMASS MEMORIAL BEHAVIORAL HEALTH SYSTEM, INC DIRECT OR, COMMUNITY HEALTHLINK, INC JOANNE JOHNSON DIRECTOR, UMASS MEMORIAL BEHAVIORAL HEALTH S YSTEM, INC DIRECTOR, COMMUNITY HEALTHLINK, INC JOHN BRONHARD VP CFO HEALTHALLIANCE TREAS URER, CENTRAL NEW ENGLAND HEALTHALLIANCE, INC TREASURER, COORDINATED PRIMARY CARE, INC T REASURER, HEALTHALLIANCE HOME HEALTH AND HOSPICE, INC TREASURER, UMASS MEMORIAL HEALTHALL IANCE-CLINTON HOSPITAL, INC DIRECTOR, COORDINATED PRIMARY CARE, INC JOHN BUDD DIRECTOR, UMASS MEMORIAL HEALTH VENTURES, INC JOHN CLEMENTI DIRECTOR, UMASS MEMORIAL COMMUNITY HOSP ITALS, INC DIRECTOR, CENTRAL NEW ENGLAND HEALTHALLIANCE, INC DIRECTOR, UMASS MEMORIAL HE ALTHALLIANCE-CLINTON HOSPITAL, INC JOHN GLASSBURN ASSOC GEN'L COUNSEL-CORP/BUSIN SECRETAR Y, UMASS MEMORIAL COMMUNITY HOSPITALS, INC SECRETARY, MARLBOROUGH HOSPITAL JOHN GREENWOOD SVP, POP HLTH & PRESIDENT, ACO PRESIDENT, UMASS MEMORIAL ACCOUNTABLE CARE ORGANIZATION, I NC DIRECTOR, UMASS MEMORIAL ACCOUNTABLE CARE ORGANIZATION, INC JOHN SHEA, ESQUIRE DIRECT OR, UMASS MEMORIAL BEHAVIORAL HEALTH SYSTEM, INC DIRECTOR, COMMUNITY HEALTHLINK, INC JOR DAN EISENSTOCK, MD PHYSICIAN DIRECTOR, UMASS MEMORIAL ACCOUNTABLE CARE ORGANIZATION, INC JOSEPH G LEANDRES DIRECTOR, MARLBOROUGH HOSPITAL KATHARINE BOLLAND ESHGHI SR VP, GENERAL COUNSEL-PGL ASSISTANT SECRETARY, UMASS MEMORIAL MEDICAL CENTER, INC SECRETARY UNTIL 3/21/ 18, UMASS MEMORIAL HEALTHALLIANCE-CLINTON HOSPITAL, 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 KIMBERLY ROBINSON, MD DIRECTOR, MARLB OROUGH HOSPITAL LALITA MATTA,

990 Schedule O, Supplemental Information

Return Reference	Explanation
Part VII Section A Various board titles - Part 2 of 3	<p>MD DIRECTOR, UMASS MEMORIAL ACCOUNTABLE CARE ORGANIZATION, INC LESLIE BOVENZI DIRECTOR, U MASS MEMORIAL MEDICAL CENTER, INC DIRECTOR UNTIL 4/24/18, CENTRAL NEW ENGLAND HEALTHALLIANCE, INC DIRECTOR, UMASS MEMORIAL HEALTHALLIANCE-CLINTON HOSPITAL, INC CHAIRPERSON, HEALTHALLIANCE HOME HEALTH AND HOSPICE, INC LISA COLOMBO SVP, Patient Care Svcs & CNO until 9/30/18 DIRECTOR UNTIL 9/30/18, UMASS MEMORIAL COMMUNITY HOSPITALS, INC LUIS J MASEDA DIRECTOR, CENTRAL NEW ENGLAND HEALTHALLIANCE, INC DIRECTOR, UMASS MEMORIAL HEALTHALLIANCE-CLINTON HOSPITAL, INC LYNDA M YOUNG, MD PHYSICIAN DIRECTOR, UMASS MEMORIAL MEDICAL CENTER, INC CHAIRPERSON, UMASS MEMORIAL MEDICAL GROUP, INC LYNN A MORIN EXECUTIVE ASSISTANT SECRETARY UNTIL 3/21/18, COORDINATED PRIMARY CARE, INC SECRETARY UNTIL 3/21/18, HEALTHALLIANCE HOME HEALTH AND HOSPICE, INC ASSISTANT CLERK UNTIL 3/21/18, CENTRAL NEW ENGLAND HEALTHALLIANCE, INC ASSISTANT CLERK UNTIL 3/21/18, UMASS MEMORIAL HEALTHALLIANCE-CLINTON HOSPITAL, INC LYNNE FARRELL DIRECTOR, HEALTHALLIANCE HOME HEALTH AND HOSPICE, INC MARK JOHNSON, MD CLINICAL DEPARTMENT CHAIR DIRECTOR, UMASS MEMORIAL MEDICAL CENTER, INC MARY ELLEN MCNAMARA DIRECTOR UNTIL 3/7/18, UMASS MEMORIAL MEDICAL CENTER, INC DIRECTOR UNTIL 3/7/18, UMASS MEMORIAL MEDICAL GROUP, INC MARY WHITNEY DIRECTOR UNTIL 4/27/18, CENTRAL NEW ENGLAND HEALTHALLIANCE, INC DIRECTOR UNTIL 4/27/18, HEALTHALLIANCE HOME HEALTH AND HOSPICE, INC DIRECTOR, UMASS MEMORIAL HEALTHALLIANCE-CLINTON HOSPITAL, INC MAUREEN CROTEAU EXECUTIVE ASST, PROJECT MGR ASSISTANT CLERK, CENTRAL NEW ENGLAND HEALTHALLIANCE, INC ASSISTANT CLERK, UMASS MEMORIAL HEALTHALLIANCE-CLINTON HOSPITAL, INC SECRETARY, COORDINATED PRIMARY CARE, INC SECRETARY, HEALTHALLIANCE HOME HEALTH AND HOSPICE, INC MICHAEL COLLINS, MD DIRECTOR, UMASS MEMORIAL MEDICAL CENTER, INC</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Part VII Section A Various board titles - Part 3 of 3	<p>MICHAEL D MURPHY DIRECTOR, UMASS MEMORIAL COMMUNITY HOSPITALS, INC VICE CHAIRPERSON, MARLBOROUGH HOSPITAL CHAIRPERSON, MARLBOROUGH HOSPITAL MICHAEL GUSTAFSON, MD PRESIDENT, MEDICAL CENTER PRESIDENT & CEO, UMASS MEMORIAL MEDICAL CENTER, INC DIRECTOR, UMASS MEMORIAL COMMUNITY HOSPITALS, INC DIRECTOR, UMASS MEMORIAL ACCOUNTABLE CARE ORGANIZATION, INC MICHAEL MAHAN DIRECTOR, CENTRAL NEW ENGLAND HEALTHALLIANCE, INC DIRECTOR, HEALTHALLIANCE HOME HEALTH AND HOSPICE, INC DIRECTOR, UMASS MEMORIAL HEALTHALLIANCE-CLINTON HOSPITAL, INC MICHAEL RIVARD DIRECTOR UNTIL 4/27/18, CENTRAL NEW ENGLAND HEALTHALLIANCE, INC DIRECTOR UNTIL 4/27/18, COORDINATED PRIMARY CARE, INC DIRECTOR, UMASS MEMORIAL HEALTHALLIANCE-CLINTON HOSPITAL, INC MICHAEL W AMES DIRECTOR, CENTRAL NEW ENGLAND HEALTHALLIANCE, INC DIRECTOR, UMASS MEMORIAL HEALTHALLIANCE-CLINTON HOSPITAL, INC MICHAEL PICI, MD DIRECTOR UNTIL 12/31/17, UMASS MEMORIAL ACCOUNTABLE CARE ORGANIZATION, INC MICHELE STREETER EXEC VP/COO UMM MG TREASURER, UMASS MEMORIAL MEDICAL GROUP, INC NANCY DUPHILY DIRECTOR, CENTRAL NEW ENGLAND HEALTHALLIANCE, INC DIRECTOR, HEALTHALLIANCE HOME HEALTH AND HOSPICE, INC DIRECTOR, UMASS MEMORIAL HEALTHALLIANCE-CLINTON HOSPITAL, INC NANCY KANE DIRECTOR, UMASS MEMORIAL MEDICAL CENTER, INC NICHOLAS MERCADANTE, MD DIRECTOR, CENTRAL NEW ENGLAND HEALTHALLIANCE, INC DIRECTOR, UMASS MEMORIAL HEALTHALLIANCE-CLINTON HOSPITAL, INC NICOLE GAGNE PRESIDENT, COMMUNITY HLTH LINK PRESIDENT, COMMUNITY HEALTHLINK, INC ONSIDINANYA OKIKE, MD DIRECTOR, UMASS MEMORIAL MEDICAL CENTER, INC PATRICK L MULDOON PRESIDENT, MEDICAL CENTER, UNTIL 1/2018 PRESIDENT & CEO UNTIL 1/2018, UMASS MEMORIAL MEDICAL CENTER, INC DIRECTOR UNTIL 1/2018, UMASS MEMORIAL BEHAVIORAL HEALTH SYSTEM, INC DIRECTOR UNTIL 1/2018, COMMUNITY HEALTH LINK, INC DIRECTOR UNTIL 1/2018, UMASS MEMORIAL ACCOUNTABLE CARE ORGANIZATION, INC PAUL D'ONFRO DIRECTOR UNTIL 7/11/18, UMASS MEMORIAL COMMUNITY HOSPITALS, INC VICE CHAIRPERSON UNTIL 7/11/18, CENTRAL NEW ENGLAND HEALTHALLIANCE, INC VICE CHAIRPERSON UNTIL 7/11/18, UMASS MEMORIAL HEALTHALLIANCE-CLINTON HOSPITAL, INC DIRECTOR UNTIL 7/11/18, COORDINATED PRIMARY CARE, INC DIRECTOR UNTIL 7/11/18, HEALTHALLIANCE HOME HEALTH AND HOSPICE, INC PAUL KANGAS DIRECTOR, UMASS MEMORIAL MEDICAL CENTER, INC CHAIRPERSON, UMASS MEMORIAL HEALTHVENTURES, INC PAULETTE SEYMOUR-ROUTE, PHD INDEPENDENT CONTRACTOR DIRECTOR, UMASS MEMORIAL MEDICAL CENTER, INC PETER BAGLEY, MD MED DIR, CCU DIRECTOR, UMASS MEMORIAL ACCOUNTABLE CARE ORGANIZATION, INC PETER KNOX DIRECTOR, UMASS MEMORIAL MEDICAL CENTER, INC PHILIP E PURCELL DIRECTOR, MARLBOROUGH HOSPITAL R KEVIN FERGUSON, MD PHYSICIAN DIRECTOR, UMASS MEMORIAL MEDICAL GROUP, INC RAYMOND PAWLICKI DIRECTOR, UMASS MEMORIAL MEDICAL CENTER, INC RICHARD K BENNETT DIRECTOR, UMASS MEMORIAL MEDICAL CENTER, INC DIRECTOR, MARLBOROUGH HOSPITAL RICHARD SIEGRIST CHAIRPERSON, UMASS MEMORIAL MEDICAL CENTER, INC DIRECTOR UNTIL 3/7/18, UMASS MEMORIAL COMMUNITY HO</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Part VII Section A Various board titles - Part 3 of 3	SPITALS, INC ROBERT BABINEAU, JR , MD DIRECTOR, CENTRAL NEW ENGLAND HEALTHALLIANCE, INC DIRECTOR, HEALTHALLIANCE HOME HEALTH AND HOSPICE, INC ROBERT FISHMAN, DO, FACP DIRECTOR, UMASS MEMORIAL ACCOUNTABLE CARE ORGANIZATION, INC ROBERT J PAULHUS, JR DIRECTOR, CENTRA L NEW ENGLAND HEALTHALLIANCE, INC DIRECTOR, UMASS MEMORIAL HEALTHALLIANCE-CLINTON HOSPITA L, INC ROBERT LESLIE SHELTON, MD DIRECTOR, CENTRAL NEW ENGLAND HEALTHALLIANCE, INC DIREC TOR, UMASS MEMORIAL HEALTHALLIANCE-CLINTON HOSPITAL, INC ROBERT W FINBERG, MD CLINICAL D EPARTMENT CHAIR DIRECTOR, UMASS MEMORIAL MEDICAL CENTER, INC SERGIO MELGAR EXEC VP, CFO T REASURER, UMASS MEMORIAL MEDICAL CENTER, INC TREASURER, UMASS MEMORIAL HEALTH VENTURES, I NC TREASURER, UMASS MEMORIAL REALTY, INC TREASURER, UMASS MEMORIAL COMMUNITY HOSPITALS, INC TREASURER, UMASS MEMORIAL BEHAVIORAL HEALTH SYSTEM, INC TREASURER, COMMUNITY HEALTHL INK, INC DIRECTOR, UMASS MEMORIAL COMMUNITY HOSPITALS, INC DIRECTOR, UMASS MEMORIAL BEHA VIORAL HEALTH SYSTEM, INC DIRECTOR, COMMUNITY HEALTHLINK, INC SHELDON BENJAMIN, MD DIREC TOR, UMASS MEMORIAL BEHAVIORAL HEALTH SYSTEM, INC DIRECTOR, COMMUNITY HEALTHLINK, INC SH IPEN LI, MD PHYSICIAN DIRECTOR, CENTRAL NEW ENGLAND HEALTHALLIANCE, INC DIRECTOR, UMASS M EMORIAL HEALTHALLIANCE-CLINTON HOSPITAL, INC STEPHEN E TOSI, MD CHIEF PHYSICIAN EXECUTIV E PRESIDENT, UMASS MEMORIAL MEDICAL GROUP, INC DIRECTOR, UMASS MEMORIAL ACCOUNTABLE CARE ORGANIZATION, INC STEVEN MCCUE CFO MARLBOROUGH HOSPITAL TREASURER, MARLBOROUGH HOSPITAL S TEVEN ROACH PRESIDENT, MARLBOROUGH HOSPITAL DIRECTOR, UMASS MEMORIAL HEALTH VENTURES, INC DIRECTOR, UMASS MEMORIAL COMMUNITY HOSPITALS, INC DIRECTOR, MARLBOROUGH HOSPITAL TERENCE FLOTTE, MD DIRECTOR, UMASS MEMORIAL MEDICAL CENTER, INC DIRECTOR, UMASS MEMORIAL MEDICAL GROUP, INC THERESE DAY VP/CHIEF FINANCIAL OFFICER MED CENTER DIRECTOR, UMASS MEMORIAL HE ALTH VENTURES, INC VIBHA SHARMA, MD DIRECTOR, MARLBOROUGH HOSPITAL WILLIAM CORBETT, MD SR VP, COMMUNITY PRACTICES DIRECTOR, UMASS MEMORIAL COMMUNITY HOSPITALS, INC DIRECTOR UNTIL 3/31/18, MARLBOROUGH HOSPITAL DIRECTOR, CENTRAL NEW ENGLAND HEALTHALLIANCE, INC DIRECTOR , COORDINATED PRIMARY CARE, INC DIRECTOR, UMASS MEMORIAL HEALTHALLIANCE-CLINTON HOSPITAL, INC DIRECTOR, UMASS MEMORIAL ACCOUNTABLE CARE ORGANIZATION, INC WILLIAM FISCHER DIRECTO R, MARLBOROUGH HOSPITAL WILLIAM H O'BRIEN EXEC DIR, UMBBHS SECRETARY, UMASS MEMORIAL BEHA VIORAL HEALTH SYSTEM, INC WILLIAM MCGRAIL, ESQUIRE DIRECTOR, UMASS MEMORIAL COMMUNITY HOS PITALS, INC

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2017

**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.**

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
(1) HEALTHALLIANCE REALTY CORPORATION 60 HOSPITAL ROAD LEOMINSTER, MA 01473 04-2560754	REAL ESTATE MANAGEMENT	MA	501(c)(2)		NA		No
(2) 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	
(1) UMASS MEMORIAL MRI OF MALRBOROUGH LLC 157 UNION STREET MARLBOROUGH, MA 01752 20-2293995	MAGNETIC RESONANCE IMAGING	MA	MARLBOROUGH HOSPITAL	Related	564,634	384,043		No			No	56 %
(2) UMASS MEMORIAL HEALTHALLIANCE MRI CENTER LLC 60 HOSPITAL ROAD LEOMINSTER, MA 01453 04-3561571	MAGNETIC RESONANCE IMAGING	MA	NA	Related	847,583	1,042,021		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
(1) MEMORIAL OFFICE CONDOMINIUM TRUST 306 BELMONT STREET WORCESTER, MA 01604 04-6616900	CONDOMINIUM ASSOCIATION	MA	UMASS MEMORIAL REALTY INC	Trust		207,446	53.69 %		No
(2) 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
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		No
b Gift, grant, or capital contribution to related organization(s)		No
c Gift, grant, or capital contribution from related organization(s)		No
d Loans or loan guarantees to or for related organization(s)		No
e Loans or loan guarantees by related organization(s)		No
f Dividends from related organization(s)		No
g Sale of assets to related organization(s)		No
h Purchase of assets from related organization(s)		No
i Exchange of assets with related organization(s)		No
j Lease of facilities, equipment, or other assets to related organization(s)	Yes	
k Lease of facilities, equipment, or other assets from related organization(s)		No
l Performance of services or membership or fundraising solicitations for related organization(s)		No
m Performance of services or membership or fundraising solicitations by related organization(s)		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		No
o Sharing of paid employees with related organization(s)		No
p Reimbursement paid to related organization(s) for expenses	Yes	
q Reimbursement paid by related organization(s) for expenses		No
r Other transfer of cash or property to related organization(s)		No
s Other transfer of cash or property from related organization(s)	Yes	

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) HealthAlliance Realty Inc	K	429,201	Fair value
(2) HealthAlliance Realty Inc	P	314,160	Fair value
(3) UMass Memorial HealthAlliance MRI Center LLC	S	855,000	Fair value
(4) UMass Memorial MRI of Marlborough LLC	S	615,000	Fair value

Part VII **Supplemental Information**

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