

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

Return of Organization Exempt From Income Tax

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

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

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

OMB No 1545-0047
2018
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 10-01-2018, and ending 09-30-2019

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

C Name of organization: UMass Memorial Health Care Inc & Affiliates
 Doing business as:
 Number and street (or P O box if mail is not delivered to street address): 306 Belmont Street Room/suite:
 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 \$ 2,854,690,734

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)	164
4 Number of independent voting members of the governing body (Part VI, line 1b)	92
5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	14,026
6 Total number of volunteers (estimate if necessary)	1,108
7a Total unrelated business revenue from Part VIII, column (C), line 12	7,751,892
7b Net unrelated business taxable income from Form 990-T, line 34	714,108

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	36,683,858	31,502,293
9 Program service revenue (Part VIII, line 2g)	2,430,122,747	2,589,960,712
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	17,818,191	218,793,330
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	10,512,035	11,932,674
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,495,136,831	2,852,189,009
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	9,457,799	9,292,943
14 Benefits paid to or for members (Part IX, column (A), line 4)		0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,233,250,458	1,272,048,297
16a Professional fundraising fees (Part IX, column (A), line 11e)		0
b Total fundraising expenses (Part IX, column (D), line 25) 558,761		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,298,767,154	1,364,864,150
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	2,541,475,411	2,646,205,390
19 Revenue less expenses Subtract line 18 from line 12	-46,338,580	205,983,619

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	1,757,124,172	1,887,997,936
21 Total liabilities (Part X, line 26)	1,190,948,585	1,310,975,925
22 Net assets or fund balances Subtract line 21 from line 20	566,175,587	577,022,011

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: [Signature] Date: 2020-07-22
 Sergio Melgar EVP/CFO/Treasurer
 Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: Preparer's signature: Date: Check 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 \$ 1,499,939,207 including grants of \$ 2,092,168) (Revenue \$ 1,835,088,481)

See Additional Data

4b (Code) (Expenses \$ 552,326,823 including grants of \$ 7,150,000) (Revenue \$ 414,584,386)

See Additional Data

4c (Code) (Expenses \$ 241,699,761 including grants of \$ 43,275) (Revenue \$ 280,673,813)

See Additional Data

(Code) (Expenses \$ 80,516,276 including grants of \$ 7,500) (Revenue \$ 62,906,573)

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 \$ 80,516,276 including grants of \$ 7,500) (Revenue \$ 62,906,573)

4e Total program service expenses **▶** 2,374,482,067

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, and Yes/No response columns. Rows include questions 1 through 22 regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

		Yes	No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	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	
24b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		No
24c	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
24d	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
25b	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)		
28a	a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	Yes	
28b	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	
28c	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>	Yes	
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	
35b	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

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

<p>2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return</p>	2a	14,026			
<p>b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note.If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)</p>	2b		Yes		
<p>3a Did the organization have unrelated business gross income of \$1,000 or more during the year?</p>	3a		Yes		
<p>b If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i></p>	3b		Yes		
<p>4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?</p>	4a			No	
<p>b If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)</p>					
<p>5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?</p>	5a			No	
<p>b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?</p>	5b			No	
<p>c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?</p>	5c				
<p>6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?</p>	6a			No	
<p>b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?</p>	6b				
7 Organizations that may receive deductible contributions under section 170(c).					
<p>a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?</p>	7a		Yes		
<p>b If "Yes," did the organization notify the donor of the value of the goods or services provided?</p>	7b		Yes		
<p>c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?</p>	7c			No	
<p>d If "Yes," indicate the number of Forms 8282 filed during the year</p>	7d				
<p>e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?</p>	7e			No	
<p>f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?</p>	7f			No	
<p>g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?</p>	7g				
<p>h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?</p>	7h				
8 Sponsoring organizations maintaining donor advised funds.					
<p>Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?</p>	8				
<p>9a Did the sponsoring organization make any taxable distributions under section 4966?</p>	9a				
<p>b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?</p>	9b				
10 Section 501(c)(7) organizations. Enter					
<p>a Initiation fees and capital contributions included on Part VIII, line 12</p>	10a				
<p>b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities</p>	10b				
11 Section 501(c)(12) organizations. Enter					
<p>a Gross income from members or shareholders</p>	11a				
<p>b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)</p>	11b				
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?					
<p>b If "Yes," enter the amount of tax-exempt interest received or accrued during the year</p>	12b				
13 Section 501(c)(29) qualified nonprofit health insurance issuers.					
<p>a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O</p>	13a				
<p>b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans</p>	13b				
<p>c Enter the amount of reserves on hand</p>	13c				
<p>14a Did the organization receive any payments for indoor tanning services during the tax year?</p>	14a			No	
<p>b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i></p>	14b				
<p>15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N</p>	15			No	
<p>16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O</p>	16			No	

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions Check if Schedule O contains a response or note to any line in this Part VI



Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (164), 1b (92), 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), 12a (Yes), 12b (Yes), 12c (Yes), 13 (Yes), 14 (Yes), 15a (Yes), 15b (Yes), 16a (Yes), 16b (Yes).

Section C. Disclosure

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

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	150,859			
	b Membership dues . . .	1b				
	c Fundraising events . . .	1c	317,737			
	d Related organizations	1d				
	e Government grants (contributions)	1e	26,350,177			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	4,683,520			
	g Noncash contributions included in lines 1a - 1f \$ _____		54,711			
	h Total. Add lines 1a-1f			31,502,293		

Program Service Revenue			Business Code				
	2a Net Patient Service Revenue		622110	2,213,187,769	2,211,665,870	1,521,899	
	b Medicaid Supplemental Funds		622110	220,000,000	220,000,000		
	c Contract Revenue		622110	110,343,141	110,343,141		
	d All other program service revenue		622110	25,911,227	24,516,180	1,395,047	
	e Joint Venture Income		622110	19,726,401	14,896,094	4,830,307	
	f All other program service revenue			792,174	792,174	0	0
	g Total. Add lines 2a-2f			2,589,960,712			

Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			218,873,381		4,639	218,868,742	
	4 Income from investment of tax-exempt bond proceeds							
	5 Royalties							
	6a Gross rents	(i) Real	(ii) Personal					
			2,881,013					
		b Less rental expenses		1,928,677				
		c Rental income or (loss)		952,336	0			
	d Net rental income or (loss)			952,336			952,336	
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other					
					320,746			
		b Less cost or other basis and sales expenses			400,797			
		c Gain or (loss)		0	-80,051			
	d Net gain or (loss)			-80,051			-80,051	
	8a Gross income from fundraising events (not including \$ 317,737 of contributions reported on line 1c) See Part IV, line 18	a						
		b Less direct expenses	b		112,795			
		c Net income or (loss) from fundraising events			-59,456			-59,456
	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	6,357,001	6,357,001				
b All other revenue		622110	4,682,793	4,682,793				
c								
d All other revenue			0	0	0	0		
e Total. Add lines 11a-11d			11,039,794					
12 Total revenue. See Instructions			2,852,189,009	2,593,253,253	7,751,892	219,681,571		

Part IX Statement of Functional Expenses

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

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	9,292,943	9,292,943		
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.	18,120,698	11,806,803	6,313,895	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	974,340	811,451		162,889
7 Other salaries and wages.	974,330,202	945,385,720	28,749,280	195,202
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	76,103,618	73,907,320	2,183,141	13,157
9 Other employee benefits.	135,437,199	130,313,188	5,083,777	40,234
10 Payroll taxes.	67,082,240	64,464,337	2,590,662	27,241
11 Fees for services (non-employees)				
a Management.	39,975,500	39,975,500		
b Legal.	364,642		364,642	
c Accounting.	121,751		121,751	
d Lobbying.	102,277	102,277		
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees.	476,917	171,380	305,537	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	210,703,688	205,842,240	4,778,726	82,722
12 Advertising and promotion.	332,192	285,099	34,632	12,461
13 Office expenses.	18,701,400	15,795,899	2,895,396	10,105
14 Information technology.	3,485,330	3,193,404	291,926	
15 Royalties.				
16 Occupancy.	62,662,328	62,063,469	598,859	
17 Travel.	2,282,064	36,601	2,245,463	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.	1,342,551		1,342,151	400
20 Interest.	17,413,687	17,413,687		
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	88,793,442	87,778,284	1,015,158	
23 Insurance.	30,347,834	30,017,763	330,071	
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.	365,415,948	365,039,314	376,634	
b System Allocation Expense.	341,442,948	132,618,796	208,824,152	
c Medical Education Services.	153,749,999	153,749,999		
d Federal & State Income Taxes.	1,185,523	1,185,523		
e All other expenses.	25,964,129	23,231,070	2,718,709	14,350
25 Total functional expenses. Add lines 1 through 24e.	2,646,205,390	2,374,482,067	271,164,562	558,761
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	58,959,457	1	8,254,465
	2 Savings and temporary cash investments	200,030,362	2	290,583,350
	3 Pledges and grants receivable, net	136,208	3	58,905
	4 Accounts receivable, net	281,625,994	4	237,808,473
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	0	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	75,417	7	215,292
	8 Inventories for sale or use	41,002,269	8	44,649,282
	9 Prepaid expenses and deferred charges	13,994,263	9	12,319,159
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	1,906,171,257		
	b Less accumulated depreciation	1,203,450,497		
	11 Investments—publicly traded securities	29,086,056	11	23,488,614
	12 Investments—other securities See Part IV, line 11	245,590,988	12	217,583,471
	13 Investments—program-related See Part IV, line 11	83,370,553	13	75,760,975
	14 Intangible assets	0	14	
	15 Other assets See Part IV, line 11	109,954,813	15	274,555,190
16 Total assets. Add lines 1 through 15 (must equal line 34)	1,757,124,172	16	1,887,997,936	
Liabilities	17 Accounts payable and accrued expenses	254,585,800	17	261,629,173
	18 Grants payable	399,890	18	340,269
	19 Deferred revenue	17,363,971	19	13,836,187
	20 Tax-exempt bond liabilities	456,478,036	20	436,821,620
	21 Escrow or custodial account liability Complete Part IV of Schedule D	12,998	21	12,819
	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	4,677,986	23	5,641,188
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24) Complete Part X of Schedule D	457,429,904	25	592,694,669
	26 Total liabilities. Add lines 17 through 25	1,190,948,585	26	1,310,975,925
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	470,163,232	27	481,011,160
	28 Temporarily restricted net assets	42,377,640	28	42,627,913
	29 Permanently restricted net assets	53,634,715	29	53,382,938
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	566,175,587	33	577,022,011	
34 Total liabilities and net assets/fund balances	1,757,124,172	34	1,887,997,936	

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	2,852,189,009
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,646,205,390
3	Revenue less expenses Subtract line 2 from line 1	3	205,983,619
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	566,175,587
5	Net unrealized gains (losses) on investments	5	2,025,444
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	-197,162,639
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	577,022,011

Part XII Financial Statements and Reporting

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

		Yes	No
1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2a		No
b Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2b	Yes	
c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
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?	3a	Yes	
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	3b	Yes	

Additional Data

Software ID: 18007697

Software Version: 2018v3.1

EIN: 91-2155626

Name: UMass Memorial Health Care Inc & Affiliates

Form 990 (2018)

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 2019 KEY STATISTICS - TOTAL DISCHARGES 38,214 TOTAL SURGICAL CASES 27,141 TOTAL ER VISITS 134,166

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 2019 KEY STATISTICS - TOTAL DISCHARGES 10,812 TOTAL SURGICAL CASES 6,677 TOTAL ER VISITS 86,906

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			
LESLIE BOVENZI DIRECTOR, UMM MEDICAL CENTER, INC Director various	1 0 1 0	X		X				0	0	0
JOHN BRONHARD Treasurer until FY2019, UMM HealthAlliance-Clinton Hospital, Inc Officer/Dir Various	40 0 1 0	X		X				323,766	0	40,054
DOUGLAS S BROWN Secretary, UMM Medical Center, Inc , Director Various	5 0 40 0	X		X				0	896,342	175,591
FERNANDO CATALINA MD CHAIRPERSON, UMM HEALTHALLIANCE-CLINTON HOSPITAL, INC Director various	1 0 0	X		X				0	0	0
ERIC W DICKSON MD President & CEO, Director, UMM Health Care, Inc , Director various	5 0 40 0	X		X				0	2,087,540	342,802
JOHN GREENWOOD PRESIDENT, DIRECTOR, UMM ACCOUNTABLE CARE ORGANIZATION, INC	40 0 5 0	X		X				382,141	0	117,431
MICHAEL GUSTAFSON MD PRESIDENT, UMM MEDICAL CENTER, INC , DIRECTOR VARIOUS	40 0 5 0	X		X				212,939	0	40,941
PAUL KANGAS CHAIRPERSON, DIRECTOR, UMM HEALTH VENTURES, INC & UMM MEDICAL CENTER, INC	1 0 1 0	X		X				0	0	0
CHERYL LAPRIORE President/Director, UMM Health Ventures, Inc , Director various	5 0 40 0	X		X				0	421,031	118,185
SERGIO MELGAR EVP/CFO/Treasurer, UMM MEDICAL CENTER, Inc , Officer/Dir various	5 0 41 0	X		X				0	1,098,633	229,069

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 VICE-CHAIRPERSON, MARLBOROUGH HOSPITAL	10 0	X		X				0	0	0
MICHAEL D MURPHY CHAIRPERSON, MARLBOROUGH HOSPITAL, Director UMM COMM HOSPITALS, INC	10 0	X		X				0	0	0
ROBERT J PAULHUS JR VICE CHAIRPERSON, UMM HEALTHALLIANCE-CLINTON HOSPITAL, INC & CNEHA, INC	10 0	X		X				0	0	0
RAYMOND PAWLICKI VICE CHAIRPERSON, DIRECTOR, UMM MEDICAL CENTER, INC	10 10	X		X				0	0	0
STEVEN ROACH President, Marlborough Hospital, Director various	40 60	X		X				475,768	0	95,787
RICHARD SIEGRIST CHAIRPERSON, DIRECTOR, UMM MEDICAL CENTER, INC	10 10	X		X				0	0	0
DANA SWENSON PRESIDENT, DIRECTOR, UMM REALTY, INC	50 400	X		X				0	298,410	96,060
STEPHEN E TOSI MD President, UMM Med Group, Inc , Director, UMM ACO, INC	40 50	X		X				962,862	0	105,172
DEBORAH WEYMOUTH PRESIDENT, HEALTHALLIANCE-CLINTON HOSPITAL UNTIL FY2019, DIRECTOR VARIOUS	40 60	X		X				487,814	0	140,012
LYNDA M YOUNG MD CHAIRPERSON, DIRECTOR, UMM MEDICAL GROUP, INC , DIRECTOR UMM MEDICAL CENTER, INC	10 10	X		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			
HOWARD ALFRED MD DIRECTOR, UMM ACCOUNTABLE CARE ORGANIZATION, INC	37 0 0	X						195,290	0	36,228
GAIL ALLEN DIRECTOR, UMM MEDICAL GROUP, INC , Director various	1 0 0	X						0	0	0
MICHAEL W AMES DIRECTOR, UMM HEALTHALLIANCE-CLINTON HOSPITAL, INC & CNEHA, INC	1 0 0	X						0	0	0
ROBERT BABINEAU JR MD DIRECTOR, UMM HEALTHALLIANCE-CLINTON HOSPITAL, INC , Director various	40 0 0	X						306,838	0	34,058
PETER BAGLEY MD DIRECTOR UNTIL FY2019, UMM ACCOUNTABLE CARE ORGANIZATION, INC	27 0 0	X						7,755	0	696
RICARDO BELLO MD DIRECTOR, UMM MEDICAL GROUP, INC	30 0 0	X						544,651	0	45,662
EVAN BENJAMIN MD DIRECTOR, UMM MEDICAL CENTER, INC	1 0 1 0	X						0	0	0
SHELDON BENJAMIN MD DIRECTOR, COMMUNITY HEALTHLINK, INC & UMBHS, INC	1 0 0	X						0	0	0
DAVID L BENNETT DIRECTOR, UMM MEDICAL CENTER, INC & UMM Realty, Inc	1 0 1 0	X						0	0	0
RICHARD K BENNETT DIRECTOR, UMM MEDICAL CENTER, INC DIRECTOR UNTIL FY2019, MARLBOROUGH HOSPITAL	1 0 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			
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						208,616	0	38,649
JOHN BUDD DIRECTOR, UMM HEALTH VENTURES, INC	10 0	X						0	0	0
DANIEL CARLUCCI MD DIRECTOR, MARLBOROUGH HOSPITAL	10 0	X						0	0	0
CHARLES CAVAGNARO MD DIRECTOR, MARLBOROUGH HOSPITAL & CPC, INC	10 0	X						385,138	0	7,925
JOHN CLEMENTI DIRECTOR UNTIL FY2019, UMM COMMUNITY HOSPITALS, INC , Director various	10 0	X						0	0	0
MICHAEL COLLINS MD DIRECTOR, UMM MEDICAL CENTER, INC	10 10	X						0	0	0
BENJAMIN H COLONERO JR DIRECTOR, MARLBOROUGH HOSPITAL	10 0	X						0	0	0
WILLIAM CORBETT MD Director, UMM HealthAlliance-Clinton Hosp , Inc , Director various	400 50	X						521,395	0	129,111
FREDERICK G CROCKER 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			
J CHRISTOPHER CUTLER FACHE DIRECTOR, UMM MEDICAL GROUP, INC	1 0 0	X						0	0	0
EDWARD D'ALELIO DIRECTOR, UMM MEDICAL CENTER, INC	1 0 0	X						0	0	0
DIX DAVIS DIRECTOR, UMM HEALTHALLIANCE-CLINTON HOSPITAL, INC Director various	1 0 0	X						0	0	0
THERESE DAY DIRECTOR, UMM HEALTH VENTURES, INC	40 0 5 0	X						424,706	0	117,446
ELLEN DORIAN DIRECTOR, MARLBOROUGH HOSPITAL	1 0 0	X						0	0	0
NANCY DUPHILY DIRECTOR, HEALTHALLIANCE HOME HEALTH AND HOSPICE, INC , Director various	1 0 0	X						0	0	0
KIMBERLY EISENSTOCK MD DIRECTOR, MARLBOROUGH HOSPITAL	40 0 0	X						272,975	0	41,513
JORDAN EISENSTOCK MD DIRECTOR, UMM ACCOUNTABLE CARE ORGANIZATION, INC	7 0 0	X						32,673	0	1,943
LYNNE FARRELL DIRECTOR, HEALTHALLIANCE HOME HEALTH AND HOSPICE, INC	1 0 0	X						0	0	0
ROBERT KEVIN FERGUSON MD DIRECTOR, UMM MEDICAL GROUP, INC	40 0 0	X						238,532	0	43,351

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			
HOWARD FERRIS DIRECTOR, MARLBOROUGH HOSPITAL	10 0	X						0	0	0
ROBERT W FINBERG MD DIRECTOR, UMM MEDICAL CENTER, INC	200 50	X						425,183	0	75,220
WILLIAM FISHER DIRECTOR, MARLBOROUGH HOSPITAL	10 0	X						0	0	0
ROBERT FISHMAN DO FACP DIRECTOR, UMM ACCOUNTABLE CARE ORGANIZATION, INC	10 0	X						0	0	0
TERENCE FLOTTE MD DIRECTOR, UMM MEDICAL CENTER, INC & UMM Medical Group, Inc	10 10	X						0	0	0
CARLOS NICOLAS FORMAGGIA ESQ DIRECTOR, UMM HEALTHALLIANCE-CLINTON HOSPITAL, INC Director various	10 0	X						0	0	0
AMY GRASSETTE DIRECTOR, COMMUNITY HEALTHLINK, INC & UMBHS, Inc	10 0	X						0	0	0
ELVIRA GUARDIOLA DIRECTOR, UMM MEDICAL CENTER, INC	10 10	X						0	0	0
CHRISTIE HAGER DIRECTOR UNTIL FY2019, UMM HEALTHALLIANCE-CLINTON HOSPITAL, INC & CNEHA, INC	10 0	X						0	0	0
DAVID HARLAN MD DIRECTOR, UMM ACCOUNTABLE CARE ORGANIZATION, INC	200 0	X						170,602	0	40,509

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

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
CHANDRIKA JAIN MD DIRECTOR, MARLBOROUGH HOSPITAL	40 0 0	X						190,571	0	36,644
MARK JOHNSON MD DIRECTOR, UMM MEDICAL CENTER, INC	28 0 5 0	X						663,455	0	45,326
JOANNE JOHNSON DIRECTOR, COMMUNITY HEALTHLINK, INC & UMBHS, INC	1 0 0	X						0	0	0
NANCY KANE DIRECTOR, UMM MEDICAL CENTER, INC	1 0 1 0	X						0	0	0
KATHRYN KENNEDY MD DIRECTOR, UMM MEDICAL GROUP, INC	36 0 0	X						301,297	0	44,862
CHRISTOPHER KENNEDY MD DIRECTOR, UMM HEALTHALLIANCE-CLINTON HOSPITAL, INC & CNEHA, INC	24 0 0	X						182,019	0	36,023
PETER KNOX DIRECTOR, UMM MEDICAL CENTER, INC	1 0 1 0	X						0	0	0
BARBARA KUPFER DIRECTOR, UMM ACCOUNTABLE CARE ORGANIZATION, INC	1 0 0	X						0	0	0
DANIEL LASSER MD DIRECTOR, UMM MEDICAL GROUP, INC & ACO, INC	20 0 0	X						272,169	0	70,439
JOSEPH G LEANDRES DIRECTOR, MARLBOROUGH HOSPITAL	1 0 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			
JAMES LEARY	5 0									
DIRECTOR, UMM COMMUNITY HOSPITALS, INC , DIRECTOR VARIOUS	..... 40 0	X						0	79,512	20,030
SHIPEN LI MD	40 0									
DIRECTOR UNTIL FY2019, UMM HEALTHALLIANCE-CLINTON HOSPITAL, INC & CNEHA, INC	..... 0	X						284,616	0	45,233
HARRIS L MACNEILL	1 0									
DIRECTOR UNTIL FY2019, UMM MEDICAL GROUP, INC	..... 0	X						0	0	0
MICHAEL MAHAN	1 0									
DIRECTOR, UMM HEALTHALLIANCE-CLINTON HOSPITAL, INC , Director various	..... 0	X						0	0	0
SUSAN MAILMAN	1 0									
DIRECTOR, UMM MEDICAL CENTER, INC	..... 1 0	X						0	0	0
DONATA MARTIN	1 0									
DIRECTOR, UMM HEALTHALLIANCE-CLINTON HOSPITAL, INC & CNEHA, INC	..... 0	X						0	0	0
LUIS J MASEDA	1 0									
DIRECTOR, UMM HEALTHALLIANCE-CLINTON HOSPITAL, INC , Director various	..... 0	X						0	0	0
LALITA MATTA MD	1 0									
DIRECTOR, UMM ACCOUNTABLE CARE ORGANIZATION, INC	..... 0	X						2,474	0	0
JESSICA MCGARRY	1 0									
DIRECTOR UNTIL FY2019, COMMUNITY HEALTHLINK, INC & UMBHS, INC	..... 0	X						0	0	0
WILLIAM MCGRAIL ESQUIRE	1 0									
DIRECTOR, UMM COMMUNITY HOSPITALS, INC	..... 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			
KATHARINE BOLLAND ESHGHI ASSISTANT SECRETARY, UMM MEDICAL CENTER, INC	5 0 40 0			X				0	472,578	108,723
NICOLE GAGNE PRESIDENT, COMMUNTY HLTHLINK	40 0 5 0			X				275,369	0	57,808
JOHN GLASSBURN Secretary, UMM Community Hospitals, Inc , Officer Various	5 0 40 0			X				0	189,884	44,944
STEVEN MCCUE TREASURER UNTIL FY2019, MARLBOROUGH HOSPITAL	40 0 0			X				253,290	0	21,786
WILLIAM H O'BRIEN SECRETARY, UMM BEHAVIORAL HEALTH SYSTEM, INC	40 0 0			X				130,569	0	48,711
JEANNE SHIRSHAC TREASURER, UMM ACCOUNTABLE CARE ORGANIZATION, INC	5 0 40 0			X				0	278,010	75,752
FRANCIS W SMITH Secretary, UMM Medical Group, Inc , Officer various	5 0 40 0			X				0	219,366	48,293
MICHELE STREETER TREASURER, UMM MEDICAL GROUP, INC	40 0 5 0			X				598,385	0	126,256
JAMES P CYR SVP, SURGICAL & PROCEDURAL SVCS	40 0 5 0				X			329,113	0	101,100
ROBERT FELDMANN SVP, FINANCE/CORPORATE CONTROLLER	5 0 40 0				X			0	437,958	106,385

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

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
BARBARA FISHER SVP, UNTIL FY2019, OPERATIONS (UMMMC)	40 0 5 0				X			406,128	0	106,904
ANDREW KARSON MD SVP, CMO-UMMMC	40 0 5 0				X			359,747	0	57,147
BART METZGER SVP, CHIEF HR OFFICER	5 0 40 0				X			0	572,774	88,478
JOHN T RANDOLPH VP, CHIEF CORPORATE COMPLIANCE	5 0 40 0				X			0	286,969	97,732
JOHN R SALZBERG SVP, SYSTEM REV CYCLE OPS & CRO	5 0 40 0				X			0	305,693	110,409
ALICE A SHAKMAN SVP, CLINICAL SVCS	40 0 5 0				X			357,379	0	88,206
TIMOTHY A TARNOWSKI SVP, CHIEF INFO OFFICER & CTO	5 0 40 0				X			0	621,562	148,470
DAVID C AYERS MD PHYSICIAN, CHAIR OF ORTHOPEDICS DEPT - MED GROUP	32 0 0					X		682,805	0	45,420
DEMETRIUS LITWIN MD PHYSICIAN, CHAIR OF SURGERY DEPT - MED GROUP	28 0 0					X		786,151	0	48,446
GERALD T MCGILLICUDDY MD PHYSICIAN, NEUROLOGICAL SURGEON FOR CMG - MED GROUP	40 0 0					X		899,181	0	45,431

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

UMass Memorial Health Care Inc & Affiliates

Employer identification number

91-2155626

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ))
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)
- 8 A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9 An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university _____
- 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 11 An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
 - f Enter the number of supported organizations _____
 - g Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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

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

Section A. Public Support

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

Section B. Total Support

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

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

Section C. Computation of Public Support Percentage

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

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►		(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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 2018 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2017 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2018 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2017 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ►

b 33 1/3% support tests—2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ►

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>	Yes	No
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3	Parent of Supported Organizations Answer (a) and (b) below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

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

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

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

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

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

Additional Data

Software ID: 18007697

Software Version: 2018v3.1

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

OMB No 1545-0047

2018

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
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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-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		102,277
j	Total. Add lines 1c through 1i			102,277
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).		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
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: American Hospital Association \$43,204 Association for Behavioral Healthcare Inc \$26,466 National Association of Children's Hospitals \$17,574 American College of Emergency Physicians \$9,825 340B Health \$2,022 North Central MA Chamber of Commerce \$1,151 Association of Air Medical Services \$668 Association of American Medical Colleges \$464 Massachusetts Medical Society \$341 MA Association of Behavioral Health Systems, Inc (MABHS) \$270 American Academy of Family Physicians \$214 American Osteopathic Association \$39 Radiology Business Management Association \$39 Total \$102,277

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

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

OMB No 1545-0047
2018
Open to Public Inspection

Name of the organization
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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)

Preservation of land for public use (e g , recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

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

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

(ii) Assets included in Form 990, Part X ▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

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

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

Part IV Escrow and Custodial Arrangements.

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table
- | | Amount |
|--|--------|
| 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	81,443,759	81,260,948	78,913,132	117,475,856	115,101,660
b Contributions	-208,049	961,201	3,536,295	174,883	5,757,118
c Net investment earnings, gains, and losses	2,476,373	3,556,343	3,401,567	5,899,351	-2,182,362
d Grants or scholarships					
e Other expenditures for facilities and programs	2,664,288	4,334,733	4,590,046	44,636,958	1,200,560
f Administrative expenses					
g End of year balance	81,047,795	81,443,759	81,260,948	78,913,132	117,475,856

- 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
- | | | |
|--|------------|-----------|
| (i) unrelated organizations | Yes | No |
| 3a(i) | Yes | |
| (ii) related organizations | Yes | No |
| 3a(ii) | Yes | |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | Yes | No |
| 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		8,506,305		8,506,305
b Buildings		943,511,395	542,611,505	400,899,890
c Leasehold improvements		38,103,947	17,478,112	20,625,835
d Equipment		410,297,655	312,567,544	97,730,111
e Other		505,751,955	330,793,336	174,958,619
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				702,720,760

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	185,817,446	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	31,766,025	F
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12.)	217,583,471	

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
See Additional Data Table	
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15.)	274,555,190

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

(a) Description of liability	(b) Book value
(1) Federal income taxes	
See Additional Data Table	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.)	592,694,669

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: 18007697
Software Version: 2018v3.1
EIN: 91-2155626
Name: UMass Memorial Health Care Inc & Affiliates

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

(a) Description	(b) Book value
(1) Other Assets	
(1) Beneficial interest in trusts	69,689,512
(2) Estimated settlements with third-party payors	65,477,269
(3) Cash Value Life Insurance	5,530,828
(4) Security Deposits	49,322
(5) MALPRACTICE TAIL COVERAGE	
(6) DUE FROM RELATED PARTIES	133,808,259
(7) RECEIVABLE FROM MEDICAID	
(8) CASH SECURITY	
(9) Estimated settlements with third-party payors	
(10) Other assets - beneficial interest	
(11) Other assets - cash value of life insurance policies	
(12) Other assets - Due from related parties	
(13) Security deposits	

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

1 (a) Description of Liability	(b) Book Value
Accrued pension and postretirement benefit obligations	379,125,924
Due to University of Massachusetts	86,049,289
Due to related parties	58,697,197
Self insured reserves	379,401
Estimated settlements with third-party payors	38,988,274
Other noncurrent liabilities	29,454,584
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 \$12,819 for UMass Memorial Realty, Inc. These will be returned once the tenant vacates the property.

Supplemental Information

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

Supplemental Information

Return Reference	Explanation
Schedule D, Part X, Line 2 FIN 48 (ASC 740) footnote	<p>The System follows a two-step approach for the financial statement recognition and measurement of a tax position taken or expected to be taken on a tax return. The substantial majority of UMass Memorial and its affiliate entities are recognized by the Internal Revenue Service as tax-exempt under Section 501(c)(3) of the Internal Revenue Code. Accordingly, these entities will not incur any liability for federal income taxes except for tax on unrelated business taxable 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 \$197,000 and \$675,000 for the years ended September 30, 2019 and 2018, 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, 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 U.S. federal corporate tax rate and federal corporate unrelated business income tax rate from 35% to 21%. The overall impact of the Act has not been material to the System. For the years ended September 30, 2019 and 2018, the System had approximately \$11,520,000 and \$15,500,000 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 2028 through 2035. In compliance with the Tax Cuts and Jobs Act of 2017, the federal components of the deferred tax assets were revalued from 35% to 21%. For the year ended September 30, 2019, the System believes the deferred tax assets of \$1,992,000 will be fully utilized and recognized an income tax expense of \$1,008,000 which has been recorded in supplies and other expense in the accompanying consolidated statements 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, 2019.</p>

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)	MARLBOROUGH GOLF TOURNAMENT (event type)	2 (total number)	Total events (add col (a) through col (c))
Revenue	1 Gross receipts	258,391	115,421	56,720	430,532
	2 Less Contributions	187,391	87,171	43,175	317,737
	3 Gross income (line 1 minus line 2)	71,000	28,250	13,545	112,795
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	34,550	14,169	5,543	54,262
	7 Food and beverages	39,053	14,218		53,271
	8 Entertainment			3,200	3,200
	9 Other direct expenses	36,989	7,397	17,132	61,518
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				172,251
11 Net income summary Subtract line 10 from line 3, column (d) ▶				-59,456	

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
 Internal Revenue Service

Hospitals

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, question 20.**
 ▶ **Attach to Form 990.**
 ▶ **Go to www.irs.gov/Form990EZ for instructions and the latest information.**

OMB No 1545-0047
2018
Open to Public Inspection

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)	0	0	28,352,243	15,377,020	12,975,223	0 62 %
b Medicaid (from Worksheet 3, column a)	0	0	397,336,080	335,538,618	61,797,462	2 94 %
c Costs of other means-tested government programs (from Worksheet 3, column b)	0	0	13,901,000	13,901,000	0	0 %
d Total Financial Assistance and Means-Tested Government Programs	0	0	439,589,323	364,816,638	74,772,685	3 55 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	0	0	5,279,252	2,923,098	2,356,154	0 11 %
f Health professions education (from Worksheet 5)	0	0	242,643,343	135,192,183	107,451,160	5 11 %
g Subsidized health services (from Worksheet 6)	0	0	70,386,025	54,195,542	16,190,483	0 77 %
h Research (from Worksheet 7)	0	0	0	0	0	0 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)	0	0	2,013,339	2,013,339	0	0 %
j Total. Other Benefits	0	0	320,321,959	194,324,162	125,997,797	5 99 %
k Total. Add lines 7d and 7j	0	0	759,911,282	559,140,800	200,770,482	9 54 %

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	0	0 %
2 Economic development	0	0	0	0	0	0 %
3 Community support	0	0	49,074	0	49,074	0 %
4 Environmental improvements	0	0	0	0	0	0 %
5 Leadership development and training for community members	0	0	0	0	0	0 %
6 Coalition building	0	0	29,679	0	29,679	0 %
7 Community health improvement advocacy	0	0	5,757	0	5,757	0 %
8 Workforce development	0	0	213,100	65,500	147,600	0 01 %
9 Other	0	0	0	0	0	0 %
10 Total	0	0	297,610	65,500	232,110	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?		No
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		
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		
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	448,803,453
6 Enter Medicare allowable costs of care relating to payments on line 5	6	496,034,798
7 Subtract line 6 from line 5 This is the surplus (or shortfall)	7	-47,231,345
8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6 Check the box that describes the method used		
<input type="checkbox"/> Cost accounting system	<input checked="" type="checkbox"/> Cost to charge ratio	<input type="checkbox"/> Other

Section C. Collection Practices

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

Part IV Management Companies and Joint Ventures (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

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

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

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

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

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 <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/umass-memorial-medical-c</u>		
b	<input checked="" type="checkbox"/> Other website (list url) <u>http //cmrpc org/2018-greater-worcester-community-health-assessment-cha-public-release</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 <u>20 18</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-memorial-medical-c</u>	Yes	
a	If "Yes" (list url) <u>program/umass-memorial-medical-c</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)

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>See Part VI</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) <u>See Part VI</u>		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) <u>See Part VI</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 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>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? <u>https //www umassmemorialhealthcare org/about-us/community-benefits-program/healthalliance-clinton-h</u>	Yes	
a	If "Yes" (list url) <u>program/healthalliance-clinton-h</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)

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>See Part VI</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) <u>See Part VI</u>		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) <u>See Part VI</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 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 _____

		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>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 of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	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) https://www.umassmemorialhealthcare.org/about-us/community-benefits-program		
b	<input checked="" type="checkbox"/> Other website (list url) https://www.umassmemorialhealthcare.org/marlborough-hospital-community-benefits-program		
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 20 <u>16</u>		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website? https://www.umassmemorialhealthcare.org/marlborough-hospital-community-benefits-program	Yes	
a	If "Yes" (list url) benefits-program		
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? 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>See Part VI</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) <u>See Part VI</u>		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) <u>See Part VI</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 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 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

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 7 Bad Debt Expense	Bad Debt Expense has been excluded from Financial Assistance

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 UMass Memorial Medical Center Additional Narrative	<p>* UMMMC Community Relations staff is also part of the Food is Medicine Massachusetts State Steering Committee, an effort being led by the Harvard University Center for Health Law and Policy Innovation and Community Servings that developed a strategic plan to find ways to increase access to medically-tailored foods and improve the availability of prepared nutritious food for economically-disadvantaged patients being discharged from a hospital Findings and the full State Plan were published and shared with key stakeholders in 2019</p> <p>* UMMMC's Maternal-Fetal Medicine and Community Relations departments partnered with the Worcester Division of Public Health to pilot a new, Community Health Worker (CHW) intervention in Maternal-Fetal Medicine to address at-risk pregnancies among Latino women and vulnerable populations, specifically focused on healthy eating and nutrition among at-risk pregnant and lactating women</p> <p>* Anchor Mission UMass Memorial's Anchor Mission focuses on four pillars Local Procurement, Workforce Development and Investment as a means of improving the economic status, health and well-being of vulnerable, low-income populations in targeted areas For example, a diverse Hiring Committee works with community-based, workforce organizations serving vulnerable populations We have several Anchor Mission Task Forces that are working with different community groups on workforce development neighborhood revitalization/housing, poverty and employee engagement</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 16a Line 16c - FAP Website - UMASS MEMORIAL MEDICAL CENTER, INC	The FAP, the FAP application form, and a plain language summary of the FAP were widely available on the following website for UMASS MEMORIAL MEDICAL CENTER, INC https://www.umassmemorialhealthcare.org/umass-memorial-medical-center/patients-visitors/patient-resources/financial-assistance-and-credit-and-collection-policy

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 16a Line 16c - UMASS MEMORIAL HEALTHALLIANCE-CLINTON HOSPITAL	The FAP, the FAP application form, and a plain language summary of the FAP were widely available on the following website for UMASS MEMORIAL HEALTHALLIANCE-CLINTON HOSPITAL, INC HTTPS //WWW UMASSMEMORIALHEALTHCARE ORG/HEALTHALLIANCE-CLINTON-HOSPITAL/PATIENTSVISITORS/PATIENT-RESOURCES/FINANCIAL-ASSISTANCE-AND-CREDIT-AND-COLLECTION-POLICY

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 16a Line 16c - FAP Website - MARLBOROUGH HOSPITAL	The FAP, the FAP application form, and a plain language summary of the FAP were widely available on the following website for MARLBOROUGH HOSPITAL HTTPS //WWW UMASSMEMORIALHEALTHCARE ORG/MARLBOROUGH-HOSPITAL/PATIENTSVISITORS/PATIENT-RESOURCES/FINANCIAL-ASSISTANCE-AND-CREDIT-AND-COLLECTION-POLICY

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 the costing methodology is used to calculate the amounts reported for each line in Part 1, Line 7

Form and Line Reference	Explanation
Schedule H, Part II Community Building Activities	<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 "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> <p>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 FY2019, 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 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 Community Building Activities	my where there is a need

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part III, Line 2 Bad debt expense - methodology used to estimate amount	<p>On October 1, 2018 , the System adopted ASU 2014-09 Revenue from Contracts with Customers and all subsequent amendments to the ASU (collectively, "ASC 606") which outlines a five-step framework that supersedes the principles for recognizing revenue (previously "ASC 605") and eliminated industry-specific guidance. This framework ensures that entities appropriately reflect the consideration to which they expect to be entitled in exchange for goods and services by allocating transaction price to identified performance obligations and recognizing revenue as performance obligations are satisfied. Qualitative and quantitative disclosures are required to enable users of the financial statements to understand the nature, amount, timing and uncertainty of revenue and cash flows arising from contracts with customers. The System adopted ASC 606 using a modified retrospective approach. The presentation and disclosure of revenue primarily related to uninsured or underinsured patients changed because of the adoption of ASC 606. Under the provisions of ASC 606, the estimated uncollectible amounts due from self-pay patients, as well as co-pays and co-insurance obligations of patients with insurance, generally considered implicit price concessions, are required to be reflected as a direct reduction to patient service revenue as opposed to the previous reporting as a provision for doubtful accounts. As a result, for the year ended September 30, 2019, the System recorded approximately \$48,566,000 of implicit price concessions as a direct reduction of patient service revenue that would have previously been recorded as provision for doubtful accounts and \$54,791,000 as a direct reduction of accounts receivable.</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part III, Line 3 Bad Debt Expense Methodology	<p>Based on historical experience, a significant portion of the System's uninsured patients will likely be unable or unwilling to pay for the services provided and are considered an implicit price concession. Estimates of implicit price concessions are determined based on historical collection experience with these classes of patients using a portfolio approach as a practical expedient to account for patient contracts as collective groups rather than individually. The financial statement effects of using this practical expedient are not materially different from an individual contract approach. Changes in the economy, unemployment rates, the number of uninsured and underinsured patients, the volume of patients through emergency departments, the increased burden of co-pays, co-insurance amounts and deductibles to be made by patients with insurance, and business practices related to collection efforts are some of the factors that can impact collection trends and the estimation process. 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 implicit price concession amounts in community benefits would be to account for those patients who were classified as an implicit price concession, but would have qualified for financial assistance if sufficient information had been available to make a determination of their eligibility.</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part III, Line 4 Bad debt expense - financial statement footnote	Notes to Consolidated Financial Statements, page 18 of Audited Financial Statements For patient accounts receivable after adoption of ASU 2014-09 on October 1, 2018, the estimated uncollectible amounts are generally considered implicit price concessions that are a direct reduction to patient accounts receivable rather than allowance for doubtful accounts

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 See Part VI, - UMASS MEMORIAL HEALTHALLIANCE-CLINTON HOSPITAL, INC Line 16a URL See Part VI, - MARLBOROUGH HOSPITAL Line 16a URL See Part VI,

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 See Part VI, - UMASS MEMORIAL HEALTHALLIANCE-CLINTON HOSPITAL, INC Line 16b URL See Part VI, - MARLBOROUGH HOSPITAL Line 16b URL See Part VI,

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 See Part VI, - UMASS MEMORIAL HEALTHALLIANCE-CLINTON HOSPITAL, INC Line 16c URL See Part VI, - MARLBOROUGH HOSPITAL Line 16c URL See Part VI,

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>The 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 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. 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.</p>

Form and Line Reference	Explanation
Schedule H, Part VI, Line 2 Needs assessment	<p>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 Public 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</p> <p>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 and assesses the health care needs of the community it serves by working closely with community partners. 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>

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Form and Line Reference	Explanation
Schedule H, Part VI, Line 3 Patient education of eligibility for assistance	<p>UMass Memorial Medical Center UMass Memorial Medical Center employs 24 Financial Counselors, also referred to as Certified Application Counselors (CAC's) All Financial Counselors are state certified and located on all campus locations The Patient Financial Counseling department has a dedicated call center line that is available to patients and any member in the community that requires assistance Patient's are referred to the Financial Counselors from many community organizations, such as the local community actions councils and area Health Centers Financial Counseling assistance is provided at several area free clinics to assist patients in the application process The Patient Financial Counseling department assists patient's at bedside on inpatient units and patients in the emergency department setting 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, apply for Financial Assistance, 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</p> <p>UMass Memorial HealthAlliance-Clinton Hospital Inc UMass Memorial HealthAlliance Clinton Hospital Inc employs 3 Financial Counselors, also referred to as Certified Application Counselors (CAC's) All Financial Counselors are state certified and located on all campus locations The Patient Financial Counseling department has a dedicated call center line that is available to patients and any member in the community that requires assistance Patient's are referred to the Financial Counselors from many community organizations, such as the local community actions councils and area Health Centers Financial Counseling assistance is provided at several area free clinics to assist patients in the application process The Patient Financial Counseling department assists patient's at bedside on inpatient units and patients in the emergency department setting 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, apply for Financial Assistance, 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</p> <p>Marlborough Hospital Marlborough Hospital employs 3 Financial Counselors, also referred to as Certified Application Counselors (CAC's) All Financial Counselors are state certified and located on all campus locations The Patient Financial Counseling department has a dedicated call center line that is available to patients and any member in the community that requires assistance Patient's are referred to the Financial Counselors from many community organizations, such as the local community actions councils and area Health Centers Financial Counseling assistance is provided at several area free clinics to assist patients in the application process The Patient Financial Counseling department assists patient's at bedside on inpatient units and patients in the emergency department setting 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, apply for Financial Assistance, 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</p>

Form and Line Reference	Explanation
<p>Schedule H, Part VI, Line 4 Community Information</p>	<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 neighboring communities 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 39,825 (July 2018) 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 14,603 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
<p>Schedule H, Part VI, Line 5 Promotion of community health</p>	<p>The majority of the governing bodies of all our boards overseeing our hospital facilities -community hospitals, inc , and the member hospitals are comprised of persons who reside in the organization's primary service area who are neither employees nor independent contractors of the organization nor family members thereof All hospital facilities extend medical staff privileges to all qualified physicians in its respective community for some (or all) of its departments or specialties and are also eligible to become part of the faculty of the University of Mass Medical School 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 Marlborough Hospital 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	<p>UMass Memorial Health Care is the largest not-for-profit health care system in Central Mass and the largest provider of care for the uninsured outside of Boston, and the only Safety Net provider in Central New England. Our health care system is comprised of UMass Memorial Medical Center as well as the Community Hospitals Health Alliance Clinton and Marlboro Hospitals. We have a reporting parent board and a medical group and affiliate with Community Healthlink which is the largest provider of mental health for vulnerable populations. Each hospital in our system, has a dedicated Community Benefits staff and department that works closely with their respective communities in conducting a the Community Health Needs Assessment, a Community Health Improvement Plan and a Community Benefits Implementation Strategy. In addition, we also share best practices and knowledge and adopt when appropriate. We have been one of the few hospital systems in the country that has adopted an "anchor mission" for our organization. This involves leveraging all of the assets of our organization in order to address pervasive inequality and social disadvantage in our community. We do so by strategically focusing our investment practices, hiring practices and purchasing practices in a manner that addresses the social determinants of health in the community. For example, we have pledged to devote 1% of our investment portfolio (\$4 Million) and invest it into the community. We have already deployed almost half of that \$4 Million by making four specific investments in the areas of housing and the arts in vulnerable areas of our community.</p>

990 Schedule H, Supplemental Information

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

Additional Data

Software ID: 18007697
Software Version: 2018v3.1
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 https://www.umassmemorialhealthcare.org/umass-memorial-medical-center 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.

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 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

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 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

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	<p>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. Community Benefits target populations are identified through a community input and planning process including a range of focus groups, key stakeholder interviews, forums and surveys. This includes the Community Health Needs Assessment (CHA) process and the development of a Community Health Improvement Plan (CHIP) to address the Priority Areas identified in the CHA. Priority Areas identified in the 2018 CHA are Mental Health, Substance Use, Chronic and Complex Conditions and Social Determinants of Health. An additional identified Priority Area is Health Equity, that is cross-cutting across each of these Priority Areas. UMMC addressed these Priority Areas through the following programs and efforts in 2019:</p> <ul style="list-style-type: none"> * UMass Memorial has provided ongoing support since 2008 for the Coalition for a Healthy Greater Worcester, a healthy communities coalition, that plays a leadership role in organizing CHIP Working Groups for each of the CHA Priority Areas and in securing significant funding for community health improvement efforts. There are eight different CHIP groups working on addressing the Priority Areas. There are 200 community organizations involved in the Coalition. Mental health <ul style="list-style-type: none"> * Youth Mental Health Model: The Model employs a unique approach to adolescent mental health by integrating prevention and crisis intervention counselors into the milieu at community-based, youth-serving programs where nearly 100% of the youth are low-income and roughly 90% are Latino or African American. In 2019, the program served approximately 850 at-risk youth in one-on-one counseling sessions, therapeutic groups and crisis interventions through its therapeutic partner. * Worcester Addresses Childhood Trauma (Worcester ACTs): A unique, community-wide CHW Resilient Home Visiting Program for children that have experienced or witnessed adverse childhood experiences (ACEs). As a means of reducing future violence, this intervention introduces a clinical response at the point of a trauma, as soon as possible after an incident involving police. The effort is a partnership among the Worcester Police Department (WPD), YWCA, UMass Medical School Child Trauma Center, U

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	<p>MMHC Child Protection Program, Worcester Division of Public Health (WDPH) and Clark University Substance use * Healthy Options for Prevention and Education (H O P E) Coalition Peer Leaders A youth/adult partnership started in 2002 that addresses public health concerns affecting at-risk youth, including tobacco and alcohol use, violence and access to mental health H O P E Peer Leaders co-chair the Youth Substance Abuse Prevention Task Force with the WDPH * The H O P E Coalition Youth Working Training Institute (YWTI) Provides professional education for front-line youth workers serving at-risk populations at community organizations to better prepare them to serve vulnerable young people In 2019, 38 youth workers enrolled and earned a certificate of completion and opportunity for advanced graduate credit at Clark University YWTI also partners with Worcester Public Schools to certify youth workers in Youth Mental Health First Aid * Hector Reyes House A residential substance abuse treatment program provided coordination and support services for a group of 80 Latino men who are in transition to recovery Social Determinants of Health Access to Care * UMMMC operates the Ronald McDonald Care Mobile Program A mobile clinic established in 2000 providing medical and preventive dental services in 10 low income neighborhoods and 20 inner-city elementary schools in Worcester Patients are served regardless of insurance status and assisted in enrollment into a medical and dental home and connection to social support services The program plays a critical role in addressing the high level of tooth decay due to a lack of fluoride in the City's water supply In 2019, the Care Mobile served a minimum of 2,500 patients * Oral Health Task Force Is coordinated and supported by the UMMMC Care Mobile program to ensure that among task force providers, preventive dental services are delivered to at-risk children in public and charter schools Collaborators include Worcester Public Schools, two community health centers, a community college, Massachusetts Department of Public Health and a college of pharmacy * CommunityHELP An online technology platform to improve accessibility of community resource information and social determinants of health A collaborative effort with Reliant Medical Group, the platform can be viewed in multiple languages and links community resources with patient's needs * Medical-Legal Partnership A collaboration with UMMMC's Legal Department and Community Legal Aid, Inc that assists Medicaid-eligible, socially-complex patients in addressing a wide array of social determinants of health needs The program leverages pro-bono, private legal services with law firms to address multiple social factors In 2019, 146 referrals to legal services were made to pro-bono attorneys * Health Insurance Enrollment Is provided by our Financial Counselors to improve access to health care for vulnerable populations About 8,500 people receive he</p>

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
<p>Schedule H, Part V, Section B, Line 11 Facility , 1</p>	<p>alth insurance enrollment assistance each year Chronic/complex conditions and their risk factors * UMMMC established and co-chairs a city-wide Pediatric Asthma Home Visiting Intervention to reduce school absenteeism, hospitalizations and ED use among high risk asthmatic children in Worcester where rates of pediatric asthma-related ED visits are double that of the state The partnership includes all Worcester Public Schools (WPS)/Head Start Programs, two community health centers and the City's Healthy Homes Office This community/clinical linkage model utilizes trained, Community Health Workers (CHW)s to address asthma triggers in the home CHWs provide education to address medication adherence Referrals are made to community resources and Community Legal Aid (CLA) to resolve home triggers that require landlord remediation actions * Working with WPS, UMMMC Pediatric Pulmonology Department operates AsthmaLink, a school-based medication adherence program enrolling 85-100 students yearly that provides consultation, coordination of controller medications given by school nurses and connection to the CHW home visiting intervention The Pulmonology Division also provides training to school nurses, clinical providers and launched an innovative " Hospitalized Patient Intervention" which links pediatric patients admitted to the hospital to the CHW/home visiting program This intervention establishes communication with medical residents within the ED Access to Health Food/Hunger/Food Insecurity UMass Memorial addressing food insecurity and access to healthy foods the following * The Worcester Regional Environmental Council's urban agricultural program that provides youth jobs, leadership development and produce for a Veggie Mobile that addresses food insecurity in economically-challenged neighborhoods across the City * Recreation Worcester, a partnership with the City of Worcester is a neighborhood-based summer initiative providing access to safe, supervised physical activity, minimizes learning loss and promotes positive youth development for approximately 1,700 inner-city children annually Participants (eligible for free and reduced lunch school program) receive two healthy meals and a snack daily The program hires 100 inner-city youth summer staff each year * UMMMC Community Relations staff serves as a member of the Worcester Food Policy Council (WFPC) Steering Committee that convenes the CHIP Access to Healthy Foods Work Group to promote healthy weight/healthy eating and improve nutrition in distressed, food insecure neighborhoods through policy To improve access to healthy food for underserved, food desert areas the Council works on a range of issues including healthy food retail, SNAP/Healthy Incentives Program (HIP), minimum wage, and expanding urban agriculture opportunities</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 16 Facility , 1	Facility , 1 - UMass Memorial Medical Center Financial Assistance - UMassMemorial Medical Center employs a staff of Financial Counselors, Certified Application Counselors, Customer Service Representatives and Guarantor Collectors who are available by phone or by appointment to support patients in applying for financial assistance and resolving their medical bills Financial Counselors, Certified Application Counselors, Customer Service Representatives and Guarantor Collectors provide potentially eligible patients with the appropriate methods of applying for health care coverage as listed on the Massachusetts ConnectorCare website

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

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 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 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>

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 6b Facility , 1	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, The Joint Coalition on Health and the Montachusett Public Health Network

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
<p>Schedule H, Part V, Section B, Line 11 Facility , 1</p>	<p>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 UMass HealthAlliance-Clinton hospital's Community Health Needs Assessment identified the following Priority Areas 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 identified as a result of the hospital's latest community health assessment (2018) The hospital continues to aim their efforts on the medically-underserved and vulnerable groups of all ages, specifically targeting our outreach to low-income populations, racial/ethnic minority and indigenous populations, recent immigrants, non-English speakers, and older adults as priority populations that deserve special attention The hospital's Community Benefit Strategic Implementation Strategy aligns with the priority findings of the Community Health Needs Assessment (CHNA) and the Community Health Network Area 9 (CHNA9) of North Central Massachusetts Community Health Improvement Plan (CHIP) UMass Memorial HealthAlliance -Clinton Hospital developed and implemented the following Community Activities / Strategies that address the identified health priorities needs 1) Health Equity * Anchor Mission UMass Memorial HealthAlliance-Clinton Hospital works in collaboration with the system's Anchor Mission focusing on four pillars Local Procurement, Workforce Development and Investment as a means of improving the economic status, health and well-being of vulnerable, low-income populations in targeted areas For example, a diverse Hiring Committee works with community-based, workforce organizations serving vulnerable populations The Hospital's Community Health Director and Sr Director of External Affairs serves on several UMass Memorial Anchor Mission Task Forces that are working with different community groups on workforce development neighborhood r</p>

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
<p>Schedule H, Part V, Section B, Line 11 Facility , 1</p>	<p>evitalization/housing, poverty and employee engagement * Community Health Network Area of North Central Massachusetts (CHNA-9) As part of this statewide effort, the hospital part ners with CHNA-9 (a healthy communities coalition) to develop, implement and integrate com munity projects to effectively utilize community resources and create healthier communitie s through a health equity framework The hospital's Community Health Director and Communit y Outreach Coordinator work in collaboration with CHNA-9 as an active steering committee m ember, help facilitate the north regional Community Health Improvement Plan (CHIP) process , convene community stakeholders to implement the CHIP 2) Behavioral Health (mental healt h and substance use) * Opioid Task Force HealthAlliance-Clinton Hospital formed an Opioid Task Force in response to the growing problem of opioids/substance use in the North Cent ral MA region (Leominster, Fitchburg, Clinton, and surrounding towns) The Task Force brin gs together healthcare providers, community leaders, patient advocates and community stake holders to tackle the problem of substance and prescription drug abuse in the area by redu cing opioid and addiction, preventing overdose deaths, and improving the well-being of our community * CHNA-9 Mental Health & Behavioral Health and Substance Abuse Workgroup The goal of this group is to improve overall mental and behavioral health and wellbeing, inclu ding preventing substance abuse, in a culturally-responsive and holistic manner in the Nor th Central region The hospital supports these efforts by the Community Outreach Specialis t co-chairing the work group * Community Narcan Education and Training Community members learned about Opiate/Opioid overdose Education, how to effectively, and rapidly assess a person that may be overdosing, the appropriate steps to take during an overdose, such as a dministering Narcan, and rescue breathing and harm reduction * Organized support groups with mental health organizations in the community to support those living with behavioral health issues and providing support for their families and caregivers 3) Chronic/Complex Conditions and Risk Factors * "Walk N' Talk" Program encourages healthy physical activity , allowing community members to engage in an opportunity for learning and sharing from hea lth care professionals on health-related topics chosen by community members * WHEAT Commu nity Cafe Hospital supports and coordinates a feeding program at the WHEAT Community Cafe for populations living in poverty * Hospital Financial Enrollment and Counseling program Hospital Financial Counselors enroll and educate community members about existing health insurance 4) Healthy Relationships and Domestic/Interpersonal Violence * The hospital pa rtners with the YWCA (Daybreak Program) to raise awareness of domestic violence by display ing "Empty Place" displays at each hospital campus an art exhibition which features dinne r place settings representing</p>

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	real victims of domestic violence missing from their family's lives, educational materials and a public comment/feedback box 5) Healthy Aging * UMass Memorial HealthAlliance-Clint on Hospital, in collaboration with Elder-serving organizations, held screenings and educational Elder Health related sessions at the request of local Senior Centers * Elder Health Fairs The hospital provides health education and screenings related to chronic diseases and prevalent health conditions in the community Other health needs that are not included in the CHNA/CHIP are not being addressed due to limited funding or resources

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 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.

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 - Marlborough Hospital To understand public perceptions around a range of health issues in the MetroWest region, a community health survey was developed and administered online and via paper surveys to residents throughout the 22 communities The survey explored key health concerns of community residents, access to services, and their primary priorities for services and programming The MetroWest community partners disseminated the survey link via their networks as well as through local media The survey was available in English, Spanish, and Portuguese and was advertised through language-specific channels as well A total of 799 respondents were included in the final sample The majority (78 4%) of survey respondents were female and over half (55 5%) were age 50 years or older One quarter (25 2%) of respondents self-identified as a minority race/ethnicity, including 13 1% who identified as Hispanic or Latino

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

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 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 and CHNA7

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
<p>Schedule H, Part V, Section B, Line 11 Facility , 1</p>	<p>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) and in accordance with the hospital's Community Benefits Strategic Implementation Plan Our hospital does not have the available resources to develop initiatives to meet every health need identified, which makes collaboration with community organizations and stakeholders critical Community Benefits target populations are identified through a community input and planning process including a range of focus groups, key stakeholder interviews, forums and surveys This includes the Community Health Needs Assessment (CHA) process and the development of a Community Health Improvement Plan (CHIP) to address the Priority Areas identified in the CHA Priority Areas identified in the 2016 CHA are Mental Health, Substance Abuse, Healthy Aging, Access to Health Care and Health and Wellness Marlborough Hospital addressed these Priority Areas through the following programs and efforts in 2019 Build Awareness of Mental Health Issues * Participated in the Hudson Public Schools Wellness and Safety Committee * Provided conference use for numerous community partners for training programs and educational programs Community partners included National Association for Mental Illness (NAMI) and Human Services Coalition * Assisted Human Services Coalition with Hoarding Task Force o Hosted "Buy Nothing, Be Social" event on Black Friday for all ClearPath Hoarders support groups o Co-facilitated support group for loved ones of hoarders Substance Abuse * Participated on City of Marlborough Alliance for Prevention (formally, the Marlborough Substance Prevention Coalition * Presented a Narcan training program and distributed Narcan to attendees Access to Care * Assisted residents of the community in enrolling in Mass Health or other health insurance programs Assistance is offered in English, Spanish and Portuguese * Improved access to care by providing medical services to elders Enrolled 429 people into the appropriate health plans Promote Health and Wellness * Organized and hosted injury prevention programs targeted at children o At Safe Summer Fun Day, children were fitted for free bike helmets by hospital staff and provided with educational activities and materials regarding safety and access to health care Distributed educational materials in English and Spanish 400 helmets distributed 1,800 people attended * Participated in elementary school physical activity and nutrition programs in the City of Marlborough * Delivered "Take the pledge" program to local school children The program emphasizes positive life choices that focus on self-esteem, low risk behavior, substance use and abuse, safety 500 students at Richer School Wellness</p>

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	<p>Fair * Helped with disadvantaged youth to participate in healthy programs Boys & Girls Club - 2 scholarships -\$500 Friendly House - 1 scholarship - \$100 o Supported Basketball program (700 youth participate) to promote fitness - \$250 o Supported Baseball and Softball program - \$750 Healthy Aging * Supported community education sessions on various topics o Speech therapy education event presented by Nadine Smith, our Occupational Therapist, to Parkinson's support group in Westborough o Stroke awareness education programs at Senior Centers in Marlborough and Northborough *</p> <p>Provided glucose and cholesterol screenings at Senator Eldridge Health Senior Conference and distributed educational materials regarding medication reconciliation and chronic diseases Over 450 seniors attended with approximately 90 being screened Anchor Mission UMass Memorial's Anchor Mission focuses on four pillars Local Procurement, Workforce Development and Investment as a means of improving the economic status, health and well-being of vulnerable, low-income populations in targeted areas For example, a diverse Hiring Committee works with community-based, workforce organizations serving vulnerable populations We have several Anchor Mission Task Forces that are working with different community groups on workforce development neighborhood revitalization/housing, poverty and employee engagement</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 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

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

**Schedule I
(Form 990)**

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

OMB No 1545-0047

2018

**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.

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

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 ▶ 6

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 Massachusetts Medical School As part of the agreement, the use of the AIF is controlled and monitored jointly by the University and the System Evaluate safety & efficiency of physicians-modifications regarding Complex Aortic Aneurysm Repair with quarterly progress and financial reports received to ensure compliance Identifying new genes that confer susceptibility to type 1 diabetes with quarterly progress and financial reports received to ensure compliance 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 American Heart Association As part of the agreement, semi-annual and final reports will be provided in order to make sure they are in compliance Boys & Girls Club of Brockton As part of the agreement, semi-annual and final reports will be provided in order to make sure they are in compliance Metro West Health Foundation 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: 18007697
Software Version: 2018v3.1
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)	1,000,000	0	N/A	N/A	1 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 Health Ctr Inc 650 Lincoln Street Worcester, MA 01605	04-2513817	501 (c)(3)	1,000,000	0	N/A	N/A	2 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 MA Medical School 55 Lake Ave N Worcester, MA 01655	04-3167352		7,239,390	0	N/A	N/A	3 Primary purpose of the academic investment funds is to support the University of Massachusetts Medical School programs - \$7,100,000 2 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 - \$89,390 3 Support for Diabetes Research - Identify new genes that confer susceptibility to type 1 diabetes (T1D) Expand ongoing research in a new set of carefully curated DNA samples - \$50,000
Physician Health Services Inc 860 Winter Street Waltham, MA 02451	22-3234975	501 (c)(3)	15,000	0	N/A	N/A	4 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
American Heart Association PO Box 4002012 Des Moines, IA 503402012	13-5613797	501 (c)(3)	15,000	0	N/A	N/A	5 Support for American Heart Association
Boys & Girls Club of Brockton 233 Warren Avenue Brockton, MA 02301	22-2963214	501 (c)(3)	7,500	0	N/A	N/A	6 Sponsorship 2019 BGCB Shields Golf Tournament to support BGCB of Brockton

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
MetroWest Health Foundation 161 Worcester Road Framingham, MA 01701	04-2121342	501 (c)(3)	5,625	0	N/A	N/A	7 Support for Community Health Needs Assessment

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
UMass Memorial Health Care Inc & Affiliates

Employer identification number
91-2155626

Part I Questions Regarding Compensation

		Yes	No		
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <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 </td> <td style="width: 50%; vertical-align: top;"> <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) </td> </tr> </table>	<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)			
<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)				
<p>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</p>	1b				
<p>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?</p>	2				
<p>3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations </td> <td style="width: 50%; vertical-align: top;"> <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 </td> </tr> </table>	<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			
<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				
<p>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</p> <p>a Receive a severance payment or change-of-control payment?</p> <p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III</p>	4a	Yes			
	4b	Yes			
	4c		No		
<p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p>					
<p>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</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III</p>	5a		No		
	5b		No		
<p>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</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III</p>	6a		No		
	6b		No		
<p>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</p>	7		No		
<p>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</p>	8		No		
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	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.

Return Reference	Explanation
Schedule J, Part II Compensation to employees	Compensation to employees reported in Part VII and Schedule J is paid by UMass Memorial Health Care, Inc and Affiliates only. Some of our physicians are also employed by the University of Massachusetts Medical School, an unrelated entity for tax purposes.

Return Reference	Explanation
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 O'Leary, Daniel, MD \$129,134 Smith, Jeffery A , MD \$239,292

Return Reference	Explanation
Schedule J, Part I, Line 4b Supplemental nonqualified retirement plan	<p>THE FOLLOWING INDIVIDUALS RECEIVED PAYMENT FROM A SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN IN THE REPORTING PERIOD Officers, Directors, Trustees Bolland Eshghi, Katharine \$36,020 Brown, Douglas S \$69,555 Corbett, William, MD \$51,111 Day, Therese \$42,400 Dickson, Eric W , MD \$84,154 Finberg, Robert W , MD \$65,547 Greenwood, John \$28,526 Lapriore, Cheryl M \$35,866 Melgar, Sergio \$67,662 Roach, Steven \$44,933 Shirshac, Jeanne \$16,671 Streeter, Michele \$31,527 Tosi, Stephen E , MD \$63,766 Subtotal Off, Dir, Trustees \$637,738 Key Employees Cyr, James P \$26,082 Feldmann, Robert \$91,736 Fisher, Barbara \$90,037 Metzger, Bart \$112,202 Salzberg, John R \$15,475 Shakman, Alice \$38,672 Tarnowski, Timothy \$46,496 Subtotal Key Employees \$420,700 Former Colombo, Lisa \$15,179 Muldoon, Patrick \$73,447 Smith, Jeffrey A , MD \$277,354 Subtotal Former \$365,980 Total \$1,424,418</p> <p>THE FOLLOWING INDIVIDUALS PARTICIPATED IN A SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN IN THE REPORTING PERIOD (no distribution received) Officers, Directors, Trustees Gagne, Nicole Gustafson, MD, Michael LEARY, JAMES Swenson, Dana E Weymouth, Deborah Key Employees KARSON, ANDREW Randolph, John T</p>



Additional Data

Software ID: 18007697
Software Version: 2018v3.1
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				
JOHN BRONHARD	(i)	307,738	15,390	638	8,250	31,804	363,820	0
Treasurer until FY2019, UMM HealthAlliance-Clinton Hospital, Inc Officer/Dir Various	(ii)	0	0	0	0	0	0	0
DOUGLAS S BROWN	(i)	0	0	0	0	0	0	0
Secretary, UMM Medical Center, Inc , Director Various	(ii)	584,918	223,902	87,522	148,352	27,239	1,071,933	69,555
ERIC W DICKSON MD	(i)	0	0	0	0	0	0	0
President & CEO, Director, UMM Health Care, Inc , Director various	(ii)	1,261,929	736,399	89,212	313,114	29,688	2,430,342	84,154
JOHN GREENWOOD	(i)	296,238	57,377	28,526	90,083	27,348	499,572	28,526
PRESIDENT, DIRECTOR, UMM ACCOUNTABLE CARE ORGANIZATION, INC	(ii)	0	0	0	0	0	0	0
MICHAEL GUSTAFSON MD	(i)	212,939	0	0	24,069	16,872	253,880	0
PRESIDENT, UMM MEDICAL CENTER, INC , DIRECTOR VARIOUS	(ii)	0	0	0	0	0	0	0
CHERYL LAPRIORE	(i)	0	0	0	0	0	0	0
President/Director, UMM Health Ventures, Inc , Director various	(ii)	322,909	62,256	35,866	91,300	26,885	539,216	35,866
SERGIO MELGAR	(i)	0	0	0	0	0	0	0
EVP/CFO/Treasurer, UMM MEDICAL CENTER, Inc , Officer/Dir various	(ii)	733,668	278,803	86,162	187,479	41,590	1,327,702	67,662
STEVEN ROACH	(i)	354,727	76,108	44,933	67,964	27,823	571,555	44,933
President, Marlborough Hospital, Director various	(ii)	0	0	0	0	0	0	0
DANA SWENSON	(i)	0	0	0	0	0	0	0
PRESIDENT, DIRECTOR, UMM REALTY, INC	(ii)	250,069	48,341	0	70,792	25,268	394,470	0
STEPHEN E TOSI MD	(i)	633,862	247,267	81,733	71,286	33,886	1,068,034	63,766
President, UMM Med Group, Inc , Director, UMM ACO, INC	(ii)	0	0	0	0	0	0	0
DEBORAH WEYMOUTH	(i)	397,849	72,441	17,524	105,575	34,437	627,826	0
PRESIDENT, HEALTHALLIANCE-CLINTON HOSPITAL UNTIL FY2019, DIRECTOR VARIOUS	(ii)	0	0	0	0	0	0	0
HOWARD ALFRED MD	(i)	195,290	0	0	6,153	30,075	231,518	0
DIRECTOR, UMM ACCOUNTABLE CARE ORGANIZATION, INC	(ii)	0	0	0	0	0	0	0
ROBERT BABINEAU JR MD	(i)	286,838	20,000	0	13,750	20,308	340,896	0
DIRECTOR, UMM HEALTHALLIANCE-CLINTON HOSPITAL, INC , Director various	(ii)	0	0	0	0	0	0	0
RICARDO BELLO MD	(i)	495,087	49,564	0	13,750	31,912	590,313	0
DIRECTOR, UMM MEDICAL GROUP, INC	(ii)	0	0	0	0	0	0	0
ALAN P BROWN MD	(i)	185,916	22,700	0	10,816	27,833	247,265	0
Director, UMM Behavioral Health System, Inc & CHL	(ii)	0	0	0	0	0	0	0
CHARLES CAVAGNARO MD	(i)	349,210	34,667	1,261	3,699	4,226	393,063	0
DIRECTOR, MARLBOROUGH HOSPITAL & CPC, INC	(ii)	0	0	0	0	0	0	0
WILLIAM CORBETT MD	(i)	380,675	89,609	51,111	104,779	24,332	650,506	51,111
Director, UMM HealthAlliance-Clinton Hosp , Inc , Director various	(ii)	0	0	0	0	0	0	0
THERESE DAY	(i)	320,471	61,835	42,400	90,377	27,069	542,152	42,400
DIRECTOR, UMM HEALTH VENTURES, INC	(ii)	0	0	0	0	0	0	0
KIMBERLY EISENSTOCK MD	(i)	222,496	50,479	0	13,667	27,846	314,488	0
DIRECTOR, MARLBOROUGH HOSPITAL	(ii)	0	0	0	0	0	0	0
ROBERT KEVIN FERGUSON MD	(i)	226,066	12,466	0	13,386	29,965	281,883	0
DIRECTOR, UMM MEDICAL GROUP, INC	(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				
ROBERT W FINBERG MD	(i)	293,494	66,142	65,547	40,500	34,720	500,403	65,547
DIRECTOR, UMM MEDICAL CENTER, INC	(ii)	0	0	0	0	0	0	0
DAVID HARLAN MD	(i)	150,602	20,000	0	9,066	31,443	211,111	0
DIRECTOR, UMM ACCOUNTABLE CARE ORGANIZATION, INC	(ii)	0	0	0	0	0	0	0
CHANDRIKA JAIN MD	(i)	174,369	16,202	0	31,067	5,577	227,215	0
DIRECTOR, MARLBOROUGH HOSPITAL	(ii)	0	0	0	0	0	0	0
MARK JOHNSON MD	(i)	619,173	44,282	0	13,750	31,576	708,781	0
DIRECTOR, UMM MEDICAL CENTER, INC	(ii)	0	0	0	0	0	0	0
KATHRYN KENNEDY MD	(i)	229,813	71,484	0	13,750	31,112	346,159	0
DIRECTOR, UMM MEDICAL GROUP, INC	(ii)	0	0	0	0	0	0	0
CHRISTOPHER KENNEDY MD	(i)	104,991	58,605	18,423	9,342	26,681	218,042	0
DIRECTOR, UMM HEALTHALLIANCE-CLINTON HOSPITAL, INC & CNEHA, INC	(ii)	0	0	0	0	0	0	0
DANIEL LASSER MD	(i)	215,317	56,852	0	39,249	31,190	342,608	0
DIRECTOR, UMM MEDICAL GROUP, INC & ACO, INC	(ii)	0	0	0	0	0	0	0
SHIPEN LI MD	(i)	273,646	10,970	0	14,833	30,400	329,849	0
DIRECTOR UNTIL FY2019, UMM HEALTHALLIANCE-CLINTON HOSPITAL, INC & CNEHA, INC	(ii)	0	0	0	0	0	0	0
JEFFREY N METZMAKER MD	(i)	283,827	86,690	18,500	13,750	31,103	433,870	0
DIRECTOR, UMM MEDICAL GROUP, INC	(ii)	0	0	0	0	0	0	0
DOMINIC NOMPLEGGI MD	(i)	232,928	35,599	0	13,750	33,489	315,766	0
DIRECTOR, UMM MEDICAL GROUP, INC	(ii)	0	0	0	0	0	0	0
DANIEL J O'LEARY MD	(i)	131,379	0	137,532	3,133	2,094	274,138	0
DIRECTOR UNTIL FY2019, COORDINATED PRIMARY CARE, INC	(ii)	0	0	0	0	0	0	0
SHLOMIT SCHAAL MD	(i)	477,371	27,830	0	13,750	30,536	549,487	0
DIRECTOR, UMM MEDICAL GROUP, INC	(ii)	0	0	0	0	0	0	0
CELESTE STRAIGHT MD	(i)	244,393	5,571	0	12,665	6,703	269,332	0
DIRECTOR, UMM MEDICAL GROUP, INC	(ii)	0	0	0	0	0	0	0
DEBRA TWEHOUS MD	(i)	223,421	25,000	0	12,679	10,734	271,834	0
DIRECTOR, UMM ACCOUNTABLE CARE ORGANIZATION, INC	(ii)	0	0	0	0	0	0	0
KATHARINE BOLLAND ESHGHI	(i)	0	0	0	0	0	0	0
ASSISTANT SECRETARY, UMM MEDICAL CENTER, INC	(ii)	366,245	70,313	36,020	82,160	26,563	581,301	36,020
NICOLE GAGNE	(i)	230,781	44,588	0	30,995	26,813	333,177	0
PRESIDENT, COMMUNITY HLTHLINK	(ii)	0	0	0	0	0	0	0
JOHN GLASSBURN	(i)	0	0	0	0	0	0	0
Secretary, UMM Community Hospitals, Inc , Officer Various	(ii)	180,449	9,435	0	17,953	26,991	234,828	0
STEVEN MCCUE	(i)	221,192	32,098	0	21,324	462	275,076	0
TREASURER UNTIL FY2019, MARLBOROUGH HOSPITAL	(ii)	0	0	0	0	0	0	0
WILLIAM H O'BRIEN	(i)	123,811	6,758	0	18,865	29,846	179,280	0
SECRETARY, UMM BEHAVIORAL HEALTH SYSTEM, INC	(ii)	0	0	0	0	0	0	0
JEANNE SHIRSHAC	(i)	0	0	0	0	0	0	0
TREASURER, UMM ACCOUNTABLE CARE ORGANIZATION, INC	(ii)	226,089	35,250	16,671	50,061	25,691	353,762	16,671

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				
FRANCIS W SMITH	(i)	0	0	0	0	0	0	0
Secretary, UMM Medical Group, Inc , Officer various	(ii)	204,614	14,752	0	23,545	24,748	267,659	0
MICHELE STREETER	(i)	410,217	156,641	31,527	95,913	30,343	724,641	31,527
TREASURER, UMM MEDICAL GROUP, INC	(ii)	0	0	0	0	0	0	0
JAMES P CYR	(i)	253,177	49,854	26,082	70,709	30,391	430,213	26,082
SVP, SURGICAL & PROCEDURAL SVCS	(ii)	0	0	0	0	0	0	0
ROBERT FELDMANN	(i)	0	0	0	0	0	0	0
SVP, FINANCE/CORPORATE CONTROLLER	(ii)	271,422	56,300	110,236	78,468	27,917	544,343	91,736
BARBARA FISHER	(i)	245,924	51,667	108,537	78,228	28,676	513,032	90,037
SVP, UNTIL FY2019, OPERATIONS (UMMMC)	(ii)	0	0	0	0	0	0	0
ANDREW KARSON MD	(i)	295,059	64,688	0	29,616	27,531	416,894	0
SVP, CMO-UMMMC	(ii)	0	0	0	0	0	0	0
BART METZGER	(i)	0	0	0	0	0	0	0
SVP, CHIEF HR OFFICER	(ii)	379,984	74,588	118,202	58,275	30,203	661,252	112,202
JOHN T RANDOLPH	(i)	0	0	0	0	0	0	0
VP, CHIEF CORPORATE COMPLIANCE	(ii)	240,114	46,855	0	63,992	33,740	384,701	0
JOHN R SALZBERG	(i)	0	0	0	0	0	0	0
SVP, SYSTEM REV CYCLE OPS & CRO	(ii)	251,911	38,307	15,475	70,356	40,053	416,102	15,475
ALICE A SHAKMAN	(i)	267,707	51,000	38,672	70,882	17,324	445,585	38,672
SVP, CLINICAL SVCS	(ii)	0	0	0	0	0	0	0
TIMOTHY A TARNOWSKI	(i)	0	0	0	0	0	0	0
SVP, CHIEF INFO OFFICER & CTO	(ii)	458,366	98,200	64,996	106,268	42,202	770,032	46,496
DAVID C AYERS MD	(i)	643,464	39,341	0	13,750	31,670	728,225	0
PHYSICIAN, CHAIR OF ORTHOPEDICS DEPT - MED GROUP	(ii)	0	0	0	0	0	0	0
DEMETRIUS LITWIN MD	(i)	610,804	175,347	0	13,750	34,696	834,597	0
PHYSICIAN, CHAIR OF SURGERY DEPT - MED GROUP	(ii)	0	0	0	0	0	0	0
GERALD T MCGILLICUDDY MD	(i)	853,303	27,378	18,500	13,750	31,681	944,612	0
PHYSICIAN, NEUROLOGICAL SURGEON FOR CMG - MED GROUP	(ii)	0	0	0	0	0	0	0
ARNO S SUNGARIAN MD	(i)	999,578	182,328	0	13,750	30,998	1,226,654	0
PHYSICIAN, NEUROLOGICAL SURGEON FOR CMG - MED GROUP	(ii)	0	0	0	0	0	0	0
JENNIFER D WALKER MD	(i)	530,009	287,500	0	13,750	32,096	863,355	0
PHYSICIAN, DIVISION CHIEF OF CARDIAC SURGERY - MED GROUP	(ii)	0	0	0	0	0	0	0
LISA COLOMBO	(i)	267,083	66,936	15,179	60,419	21,226	430,843	15,179
FORMER KEY EE, SVP, Patient Care Svcs & CNO until 9/30/18	(ii)	0	0	0	0	0	0	0
JEFFREY A SMITH MD	(i)	330,045	82,419	516,646	45,215	24,433	998,758	277,354
FORMER KEY EE, EXEC VP, COO UNTIL 7/2018	(ii)	0	0	0	0	0	0	0
PATRICK L MULDOON	(i)	89,897	0	110,496	107,981	12,633	321,007	73,447
FORMER OFFICER, PRESIDENT, MEDICAL CENTER, UNTIL 1/2018	(ii)	0	0	0	0	0	0	0

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule K (Form 990)

Supplemental Information on Tax-Exempt Bonds

OMB No 1545-0047

2018

Open to Public Inspection

▶ Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

▶ Attach to Form 990.

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

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	
1	Amount of bonds retired	2,660,000		2,274,000		42,880,000		36,380,000	
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

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule K (Form 990)

Supplemental Information on Tax-Exempt Bonds

OMB No 1545-0047

2018

Open to Public Inspection

▶ **Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.**
 ▶ **Attach to Form 990.**
 ▶ **Go to www.irs.gov/Form990 for the latest information.**

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	57584XKB6	02-02-2016	194,086,349	Series I to current refund of bonds issued 12/9/1998 and 8/18/2005, supporting various acquisitions		X		X		X
B Massachusetts Development Finance Agency	04-3431814	000000000	12-07-2016	125,000,000	Series J/Master Lease purchase and implement new electronic medical record and billing system		X		X		X
C Massachusetts Development Finance Agency	04-3431814	57584XF63	02-01-2017	56,751,941	Series K to refund (reissue) bonds orig issued 5/22/2009 & reissued 5/21/2015, reimburse equip		X		X		X
D 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	6,755,000		20,815,930		0		0	
2	Amount of bonds legally defeased	0		0		0		0	
3	Total proceeds of issue	194,856,159		125,085,627		56,926,833		120,729,080	
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		25,552,485	
7	Issuance costs from proceeds	2,529,172		341,000		1,026,941		1,549,482	
8	Credit enhancement from proceeds	0		0		0		0	
9	Working capital expenditures from proceeds	0		0		0		0	
10	Capital expenditures from proceeds	61,969,810		124,744,627		30,174,892		61,992,714	
11	Other spent proceeds	130,357,177		0		25,725,000		1,971,750	
12	Other unspent proceeds			0		0		30,439,142	
13	Year of substantial completion			2017		2018			
		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).

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: 18007697

Software Version: 2018v3.1

EIN: 91-2155626

Name: UMass Memorial Health Care Inc & Affiliates

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
80 Erdman Way LLC	Entity more than 35% owned by John R Clementi, Board Director	110,037	Rental of Property - Expense		No
MA Lung and Allergy PC	Entity more than 35% owned by Kimberly Robinson, MD, Board Director	211,027	3rd Party Payer Contract Payment		No

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
Robert A Babineau Jr MD PC	Entity more than 35% owned by Robert A Babineau, Jr , MD, Board Director	113,751	3rd Party Payer Contract Payment		No
Leominster Medical Associates	Entity more than 35% owned by Daniel O'Leary, MD, Board Director	148,440	3rd Party Payer Contract Payment		No

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
Chair City Family Medicine PC	Entity more than 35% owned by Francis Sweeney, MD, Board Director	155,410	3rd Party Payer Contract Payment		No
Darlene A Purcell	Family Member of Philip E Purcell, Board Director	170,357	Employment Arrangement w/ UMM Medical Center, Inc		No

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
Ellen Carlucci	Family Member of Daniel Carlucci, M D , Board Director	162,889	Employment Arrangement w/ Marlborough Hospital		No
Elaine Granville RN	Family Member of Cheryl Lapriore, Officer / Board Director	161,350	Employment Arrangement w/ UMM Medical Center, Inc		No

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
Joyce Fingerth MD	Family Member of Robert W Finberg, M D , Board Director	21,582	Employment Arrangement w/ UMM Medical Group, Inc		No
Brittany M Paulhus	Family Member of Robert J Paulhus, Jr , Board Director	76,271	Employment Arrangement w/ UMM Medical Center, Inc		No

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
BRIAN GREENBERG NP	Family Member of Howard Alfred, MD, Board Director	175,570	Employment Arrangement w/ UMM Medical Group, Inc		No
DILIP JAIN MD	Family Member of Chandrika Jain, MD, Board Director	204,226	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
Substantial Contributor	Substantial Contributor	16,187,471	Independent Contractor Arrangement, donation of \$10,000		No
Substantial Contributor	Substantial Contributor	4,926,191	Independent Contractor Arrangement, donation of \$12,400		No

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
Substantial Contributor	Substantial Contributor	3,317,875	Independent Contractor Arrangement, donation of \$5,000		No
Substantial Contributor	Substantial Contributor	623,417	Independent Contractor Arrangement, donation of \$5,500		No

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
Substantial Contributor	Substantial Contributor	525,982	Independent Contractor Arrangement, donation of \$5,000		No
Substantial Contributor	Substantial Contributor	160,138	Independent Contractor Arrangement, donation of \$5,000		No

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No 1545-0047

2018

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
 ▶ **Attach to Form 990.**
 ▶ **Go to www.irs.gov/Form990 for the latest information.**

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 Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications	X		1,189	Market value
5 Clothing and household goods	X		8,533	Market value
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	1	5,063	Market value
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies	X	3	10,943	Market value
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (Assorted toys)	X	24	17,633	Market value
26 Other ▶ (Virtual Reality Goggle Headset)	X	1	6,000	Market value
27 Other ▶ (Misc supplies)	X	30	5,350	Market value
28 Other ▶ (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29** 0

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

Part II Supplemental Information.

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

Return Reference	Explanation
Schedule M, Part I, Line 32a	UMass Memorial Health Care, Inc affiliates utilize the services of UMass Memorial Foundation, Inc to solicit donor contributions, on occasion, the organization receives gifts of publicly traded stock All gifts of publicly traded stock are immediately sold upon receipt through an investment services firm
Schedule M, Part I Explanations of reporting method for number of contributions	Books and publications - The organization is reporting the number of contributions Clothing and household goods - The organization is reporting the number of contributions Securities - Publicly traded - The organization is reporting the number of contributions Drugs and medical supplies - The organization is reporting the number of contributions Other - Assorted toys - The organization is reporting the number of contributions Other - Virtual Reality Goggle Headset - The organization is reporting the number of contributions Other - Misc supplies - The organization is reporting the number of contributions

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

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2018**Open to Public Inspection**

Department of the Treasury

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 13 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 \$ 80,516,276 including grants of \$ 7,500)(Revenue \$ 62,906,573) 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, Gerard (Board Member) and Michael Murphy (Board Member) - Business relationship, CNEHA & UMM HealthAlliance-Clinton Robert Paulhus (Board Member) and Michael Ames (Board Member) - Business relationship, CNEHA & UMM HealthAlliance-Clinton Nicholas Mercadante (Board Member) and HealthAlliance Home Health Hospice Anthony J Mercadante (Board Member) - Family 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 RELATED TO EXECUTIVE COMPENSATION IS REVIEWED IN DETAIL WITH THE ORGANIZATION'S BOARD COMPENSATION COMMITTEE WHICH OVERSEES ALL UMASS MEMORIAL HEALTH CARE EXECUTIVE COMPENSATION THE ORGANIZATION'S COMPLIANCE COMMITTEE 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	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

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 2019. All other key personnel were voted on and approved at the annual meeting in December 2018.</p>

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Return Reference	Explanation
Form 990, Part VI, Line 15b Process to establish compensation of other employees	Tier - Title - Review date Tier A - PRESIDENT, CEO - March 2019 Tier B - PRESIDENT, MEDICAL CENTER - December 2018 Tier B - EXEC VP, CFO - December 2018 Tier B - CHIEF PHYSICIAN EXECUTIVE - December 2018 Tier B - PRESIDENT, UMMH & CAO/CLO, UMMHC - December 2018 Tier B - EXEC VP/COO UMMM - December 2018 Tier C - SVP, CIO & CTO - December 2018 Tier C - SVP, CMO-UMMMC - December 2018 Tier C - PRESIDENT, MARLBORO HOSPITAL - December 2018 Tier C - SVP, CHIEF HR OFFICER - December 2018 Tier C - SVP, COMMUNITY PRACTICES - December 2018 Tier C - SVP, GENERAL COUNSEL-PGL - December 2018 Tier C - SVP, PATIENT CARE SVCS & CNO - December 2018 Tier C - SVP, CHF OF STAFF&CHF MKTG OFC - December 2018 Tier C - VP/CHIEF FINANCIAL OFFICER - December 2018 Tier C - SVP FINANCE/CORP CONTROLLER - December 2018 Tier C - SVP SYSTEM REV CYCLE OPS & CRO - December 2018 Tier C - SVP, POP HLTH & PRESIDENT, ACO - December 2018 Tier C - SVP, CLINICAL SVCS - December 2018 Tier C - SVP, CLINICAL SVCS - December 2018 Tier C - SVP, SURGICAL&PROCEDURAL SVCS - December 2018 Tier C - SVP, CHIEF FACILITIES OFFICER - December 2018 Tier C - VP, CHIEF CORPORATE COMPLIANCE - December 2018 Tier C - PRESIDENT, COMMUNITY HLTH LINK - December 2018

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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

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Form 990, Part VIII, Line 2f Other Program Service Revenue	Affiliate Contract Income - Total Revenue 792174, Related or Exempt Function Revenue 792174, Unrelated Business Revenue , Revenue Excluded from Tax Under Sections 512, 513, or 514 ,

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Form 990, Part IX, Line 11a Management fees	The amount reported on line 11a represents management fees paid by UMass Memorial Medical Center for the management of exempt-function pharmaceutical services for the Medical Center

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Form 990, Part XI, Line 9 Other changes in net assets or fund balances	TRANSFERS TO UNRESTRICTED - REVENUE - 2960435, TRANSFERS TO UNRESTRICTED - PPE - 1288972, PENSION-RELATED CHANGES OTHER THAN NET PERIODIC BENEFIT COST - -156635062, TRANSFERS (TO) FROM RELATED PARTIES - -43848812, TRANSFERS TO UNRESTRICTED - EXPENDITURES - -2521632, CHANGE IN BENEFICIAL INTEREST IN TRUSTS AND OTHER CHANGES IN RESTRICTED NET ASSETS - 915879, INTEREST RATE SWAP - -605685, CONTRIBUTION OF INTANGIBLE ASSET TO JOINT VENTURE - 1283266,

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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

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Return Reference	Explanation
Page 1 Line Hc 14 Members of Group exemption number 3642	UMASS MEMORIAL HEALTH CARE, INC AND AFFILIATES EIN 91-2155626 FYE 9/30/2019 306 Belmont Street, Worcester, MA 01604 Marlborough Hospital 157 Union Street, Marlborough, MA 01752 EIN 04-2104693 FYE 9/30/2019 UMass Memorial Behavioral Health System, Inc 306 Belmont Street, Worcester, MA 01604 EIN 04-3374724 FYE 9/30/2019 UMass Memorial Community Hospitals, Inc 306 Belmont Street, Worcester, MA 01604 EIN 04-3296271 FYE 9/30/2019 UMass Memorial Health Ventures, Inc 306 Belmont Street, Worcester, MA 01604 EIN 22-2605679 FYE 9/30/2019 UMass Memorial Medical Center, Inc 306 Belmont Street, Worcester, MA 01604 EIN 04-3358564 FYE 9/30/2019 UMass Memorial Medical Group, Inc 306 Belmont Street, Worcester, MA 01604 EIN 04-2911067 FYE 9/30/2019 UMass Memorial Realty, Inc 306 Belmont Street, Worcester, MA 01604 EIN 04-2805630 FYE 9/30/2019 Community HealthLink, Inc 72 Jaques Avenue, Worcester, MA 01610 EIN 04-2626179 FYE 9/30/2019 Central New England HealthAlliance, Inc 60 Hospital Road, Leominster, MA 01453 EIN 04-3172496 FYE 9/30/2019 Coordinated Primary Care, Inc 60 Hospital Road, Leominster, MA 01453 EIN 04-3210002 FYE 9/30/2019 HealthAlliance Home Health and Hospice, Inc 25 Tucker Road, Leominster, MA 01453 EIN 04-2932308 FYE 9/30/2019 UMass Memorial HealthAlliance-Clinton Hospital, Inc 60 Hospital Road, Leominster, MA 01453 EIN 04-2103555 FYE 9/30/2019 UMass Memorial Accountable Care Organization, Inc 306 Belmont Street, Worcester, MA 01604 EIN 46-2871359 FYE 9/30/2019

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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 MICHAEL GUSTAFSON, MD PRESID ENT, UMM MEDICAL CENTER, INC SERGIO MELGAR TREASURER, UMM MEDICAL CENTER, INC DOUGLAS S BROWN SECRETARY, UMM MEDICAL CENTER, INC KATHARINE BOLLAND ESHGHI ASSISTANT SECRETARY, UM M MEDICAL CENTER, INC RICHARD SIEGRIST CHAIRPERSON, DIRECTOR, UMM MEDICAL CENTER, INC RAY MOND PAWLICKI VICE CHAIRPERSON, DIRECTOR, UMM MEDICAL CENTER, INC DAVID L BENNETT DIRECT OR, UMM MEDICAL CENTER, INC TERENCE FLOTTE, MD DIRECTOR, UMM MEDICAL CENTER, INC MICHAEL COLLINS, MD DIRECTOR, UMM MEDICAL CENTER, INC EDWARD D'ALELIO DIRECTOR, UMM MEDICAL CENT ER, INC PAULETTE SEYMOUR-ROUTE, PH D DIRECTOR, UMM MEDICAL CENTER, INC ROBERT W FINBER G, MD DIRECTOR, UMM MEDICAL CENTER, INC PAUL KANGAS DIRECTOR, UMM MEDICAL CENTER, INC RI CHARD K BENNETT DIRECTOR, UMM MEDICAL CENTER, INC LYNDA M YOUNG, MD DIRECTOR, UMM MEDIC AL CENTER, INC ERIC W DICKSON, MD DIRECTOR, UMM MEDICAL CENTER, INC PETER KNOX DIRECTOR , UMM MEDICAL CENTER, INC ELVIRA GUARDIOLA DIRECTOR, UMM MEDICAL CENTER, INC NANCY KANE DIRECTOR, UMM MEDICAL CENTER, INC LESLIE BOVENZI DIRECTOR, UMM MEDICAL CENTER, INC MARK JOHNSON, MD DIRECTOR, UMM MEDICAL CENTER, INC EVAN BENJAMIN, MD DIRECTOR, UMM MEDICAL CEN TER, INC SUSAN MAILMAN DIRECTOR, UMM MEDICAL CENTER, INC EDWARD J PARRY, III DIRECTOR U Ntil FY2019, UMM MEDICAL CENTER, INC O NSIDINANYA OKIKE, MD DIRECTOR UNTIL FY2019, UMM M EDICAL CENTER, INC Entity & EIN UMass Memorial Health Ventures, Inc #22-2605679 CHERYL LAPRIORE PRESIDENT, DIRECTOR, UMM HEALTH VENTURES, INC SERGIO MELGAR TREASURER, UMM HEALT H VENTURES, INC FRANCIS W SMITH CLERK, UMM HEALTH VENTURES, INC PAUL KANGAS CHAIRPERSON , DIRECTOR, UMM HEALTH VENTURES, INC FREDERICK G CROCKER DIRECTOR, UMM HEALTH VENTURES, INC GERARD P RICHER DIRECTOR, UMM HEALTH VENTURES, INC ERIC W DICKSON, MD DIRECTOR, UMM HEALTH VENTURES, INC STEVEN ROACH DIRECTOR, UMM HEALTH VENTURES, INC THERESE DAY DIREC TOR, UMM HEALTH VENTURES, INC JOHN BUDD DIRECTOR, UMM HEALTH VENTURES, INC Entity & EIN UMass Memorial Realty, Inc #04-2805630 DANA SWENSON PRESIDENT, DIRECTOR, UMM REALTY, INC SERGIO MELGAR TREASURER, UMM REALTY, INC FRANCIS W SMITH SECRETARY, UMM REALTY, INC D I X F DAVIS DIRECTOR, UMM REALTY, INC DAVID L BENNETT DIRECTOR, UMM REALTY, INC ERIC W DICKSON, MD DIRECTOR, UMM REALTY, INC Entity & EIN UMass Memorial Medical Group, Inc # 04-2911067 STEPHEN E TOSI, MD PRESIDENT, UMM MEDICAL GROUP, INC MICHELE STREETER TREASUR ER, UMM MEDICAL GROUP, INC FRANCIS W SMITH SECRETARY, UMM MEDICAL GROUP, INC LYNDA M Y OUNG, MD CHAIRPERSON, DIRECTOR, UMM MEDICAL GROUP, INC DANIEL LASSER, MD DIRECTOR, UMM ME DICAL GROUP, INC ROBERT KEVIN FERGUSON, MD DIRECTOR, UMM MEDICAL GROUP, INC KATHRYN KENN EDY, MD DIRECTOR, UMM MEDICAL GROUP, INC TERENCE FLOTTE, MD DIRECTOR, UMM MEDICAL GROUP, INC ERIC W DICKSON, MD DIRECTOR, UMM MEDICAL GROUP, INC JEFFREY N METZMAKER, MD DIRECT OR, UMM MEDICAL GROUP, INC DO

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Part VII Section A Complete list of Group 990 Board Members by entity - Part 1 of 4	MINIC NOMPLEGGI, MD DIRECTOR, UMM MEDICAL GROUP, INC J CHRISTOPHER CUTLER, FACHE DIRECTO R, UMM MEDICAL GROUP, INC GAIL ALLEN DIRECTOR, UMM MEDICAL GROUP, INC RICARDO BELLO, MD DIRECTOR, UMM MEDICAL GROUP, INC SHLOMIT SCHAAL, MD DIRECTOR, UMM MEDICAL GROUP, INC CEL ESTE STRAIGHT, MD DIRECTOR, UMM MEDICAL GROUP, INC HARRIS L MACNEILL DIRECTOR UNTIL FY20 19, UMM MEDICAL GROUP, INC

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<p>Part VII Section A Complete list of Group 990 Board Members by entity - Part 2 of 4</p>	<p>Entity & EIN UMass Memorial Community Hospitals, Inc #04-3296271 DOUGLAS S BROWN PRESID ENT, CHAIRPERSON, UMM COMMUNITY HOSPITALS, INC SERGIO MELGAR TREASURER, DIRECTOR, UMM COM MUNITY HOSPITALS, INC JOHN GLASSBURN SECRETARY, UMM COMMUNITY HOSPITALS, INC WILLIAM MCG RAIL, ESQUIRE DIRECTOR, UMM COMMUNITY HOSPITALS, INC FERNANDO CATALINA, MD DIRECTOR, UMM COMMUNITY HOSPITALS, INC ERIC W DICKSON, MD DIRECTOR, UMM COMMUNITY HOSPITALS, INC WILL IAM CORBETT, MD DIRECTOR, UMM COMMUNITY HOSPITALS, INC MICHAEL D MURPHY DIRECTOR, UMM CO MMUNITY HOSPITALS, INC MICHAEL GUSTAFSON, MD DIRECTOR, UMM COMMUNITY HOSPITALS, INC JAME S LEARY DIRECTOR, UMM COMMUNITY HOSPITALS, INC JACK WILSON, PHD DIRECTOR, UMM COMMUNITY H OSPITALS, INC LUIS MASEDA DIRECTOR, UMM COMMUNITY HOSPITALS, INC JOHN CLEMENTI DIRECTOR UNTIL FY2019, UMM COMMUNITY HOSPITALS, INC DEBORAH WEYMOUTH DIRECTOR UNTIL FY2019, UMM CO MMUNITY HOSPITALS, INC STEVEN ROACH UMM COMMUNITY HOSPITALS, INC (no vote) Entity & EIN Marlborough Hospital #04-2104693 STEVEN ROACH PRESIDENT, DIRECTOR, MARLBOROUGH HOSPITAL S ERGIO MELGAR TREASURER, MARLBOROUGH HOSPITAL ANN-MARIA D'AMBRA ASSISTANT SECRETARY, MARLBO ROUGH HOSPITAL JOHN GLASSBURN SECRETARY, MARLBOROUGH HOSPITAL MICHAEL D MURPHY CHAIRPERSO N, MARLBOROUGH HOSPITAL ANN K MOLLOY VICE-CHAIRPERSON, MARLBOROUGH HOSPITAL STEVEN MCCUE TREASURER UNTIL FY2019, MARLBOROUGH HOSPITAL PHILIP E PURCELL DIRECTOR, MARLBOROUGH HOSPI TAL GERARD P RICHER DIRECTOR, MARLBOROUGH HOSPITAL DANIEL CARLUCCI, MD DIRECTOR, MARLBORO UGH HOSPITAL DOUGLAS S BROWN DIRECTOR, MARLBOROUGH HOSPITAL DAVID WALTON DIRECTOR, MARLBO ROUGH HOSPITAL BENJAMIN H COLONERO, JR DIRECTOR, MARLBOROUGH HOSPITAL VIBHA SHARMA, MD D IRECTOR, MARLBOROUGH HOSPITAL KIMBERLY EISENSTOCK, MD DIRECTOR, MARLBOROUGH HOSPITAL WILLI AM FISHER DIRECTOR, MARLBOROUGH HOSPITAL BRIAN BOUVIER DIRECTOR, MARLBOROUGH HOSPITAL JOSE PH G LEANDRES DIRECTOR, MARLBOROUGH HOSPITAL KIMBERLY ROBINSON, MD DIRECTOR, MARLBOROUGH HOSPITAL CHANDRIKA JAIN, MD DIRECTOR, MARLBOROUGH HOSPITAL CHARLES CAVAGNARO, MD DIRECTOR, MARLBOROUGH HOSPITAL ELLEN DORIAN DIRECTOR, MARLBOROUGH HOSPITAL HOWARD FERRIS DIRECTOR, MARLBOROUGH HOSPITAL HABIB A SIOUFI, MD DIRECTOR UNTIL FY2019, MARLBOROUGH HOSPITAL RICHA RD K BENNETT DIRECTOR UNTIL FY2019, MARLBOROUGH HOSPITAL Entity & EIN UMass Memorial Beh avioral Health System, Inc #04-3374724 DOUGLAS S BROWN PRESIDENT, CHAIRPERSON, UMM BEHAV IORAL HEALTH SYSTEM, INC SERGIO MELGAR TREASURER, DIRECTOR, UMM BEHAVIORAL HEALTH SYSTEM, INC WILLIAM H O'BRIEN SECRETARY, UMM BEHAVIORAL HEALTH SYSTEM, INC ALAN P BROWN, MD DI RECTOR, UMM BEHAVIORAL HEALTH SYSTEM, INC JOANNE JOHNSON DIRECTOR, UMM BEHAVIORAL HEALTH SYSTEM, INC CYNTHIA M MCMULLEN, ED D DIRECTOR, UMM BEHAVIORAL HEALTH SYSTEM, INC JOHN SHEA, ESQUIRE DIRECTOR, UMM BEHAVIORAL HEALTH SYSTEM, INC CHERYL LAPRIORE DIRECTOR, UMM B EHAVIORAL HEALTH SYSTEM, INC AMY GRASSETTE DIRECTOR, UMM BEHAVIORAL HEALTH SYSTEM, INC J IM NOTARO DIRECTOR, UMM BEHAVI</p>

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Part VII Section A Complete list of Group 990 Board Members by entity - Part 2 of 4	ORAL HEALTH SYSTEM, INC SHELDON BENJAMIN, MD DIRECTOR, UMM BEHAVIORAL HEALTH SYSTEM, INC KEITH REARDON DIRECTOR, UMM BEHAVIORAL HEALTH SYSTEM, INC JAMES LEARY DIRECTOR, UMM BEHAVIORAL HEALTH SYSTEM, INC JESSICA MCGARRY DIRECTOR UNTL FY2019, UMM BEHAVIORAL HEALTH SYSTEM, INC Entity & EIN Community Healthlink, Inc #04-2626179 NICOLE GAGNE PRESIDENT, COMMUNITY HEALTHLINK, INC SERGIO MELGAR TREASURER, DIRECTOR, COMMUNITY HEALTHLINK, INC FRANCIS W SMITH CLERK, COMMUNITY HEALTHLINK, INC JOHN SHEA, ESQUIRE DIRECTOR, COMMUNITY HEALTHLINK, INC CYNTHIA M MCMULLEN, ED D DIRECTOR, COMMUNITY HEALTHLINK, INC ALAN P BROWN, MD DIRECTOR, COMMUNITY HEALTHLINK, INC JOANNE JOHNSON DIRECTOR, COMMUNITY HEALTHLINK, INC DOUGLAS S BROWN DIRECTOR, COMMUNITY HEALTHLINK, INC CHERYL LAPRIORE DIRECTOR, COMMUNITY HEALTHLINK, INC AMY GRASSETTE DIRECTOR, COMMUNITY HEALTHLINK, INC JIM NOTARO DIRECTOR, COMMUNITY HEALTHLINK, INC SHELDON BENJAMIN, MD DIRECTOR, COMMUNITY HEALTHLINK, INC KEITH REARDON DIRECTOR, COMMUNITY HEALTHLINK, INC JAMES LEARY DIRECTOR, COMMUNITY HEALTHLINK, INC JESSICA MCGARRY DIRECTOR UNTIL FY2019, COMMUNITY HEALTHLINK, INC

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<p>Part VII Section A Complete list of Group 990 Board Members by entity - Part 3 of 4</p>	<p>Entity & EIN Central New England HealthAlliance, Inc #04-3172496 STEVEN ROACH PRESIDENT, DIRECTOR, CNEHA, Inc SERGIO MELGAR TREASURER, CNEHA, Inc FRANCIS W SMITH SECRETARY, CNEHA, INC MAUREEN CROTEAU ASSISTANT CLERK, CNEHA, Inc FERNANDO CATALINA, MD CHAIRPERSON, CNEHA, Inc ROBERT J PAULHUS, JR VICE CHAIRPERSON, CNEHA, Inc DEBORAH WEYMOUTH PRESIDENT UNTIL FY2019, CNEHA, Inc JOHN BRONHARD TREASURER UNTIL FY2019, CNEHA, Inc GAIL ALLEN DIRECTOR, CNEHA, Inc ROBERT LESLIE SHELTON, MD DIRECTOR, CNEHA, Inc DOUGLAS S BROWN DIRECTOR, CNEHA, Inc DONATA MARTIN DIRECTOR, CNEHA, Inc MICHAEL MAHAN DIRECTOR, CNEHA, Inc NICHOLAS MERCADANTE, MD DIRECTOR, CNEHA, Inc ROBERT BABINEAU, JR , MD DIRECTOR, CNEHA, Inc WILLIAM CORBETT, MD DIRECTOR, CNEHA, Inc MICHAEL W AMES DIRECTOR, CNEHA, Inc CARLOS NICOLAS FORMAGGIA, ESQ DIRECTOR, CNEHA, Inc LUIS J MASEDA DIRECTOR, CNEHA, Inc MICHAEL RIVARD DIRECTOR, CNEHA, Inc DIX DAVIS DIRECTOR, CNEHA, Inc CHRISTOPHER KENNEDY, MD DIRECTOR, CNEHA, Inc JOHN CLEMENTI DIRECTOR UNTIL FY2019, CNEHA, Inc CHRISTIE HAGER DIRECTOR UNTIL FY2019, CNEHA, Inc SHIPEN LI, MD DIRECTOR UNTIL FY2019, CNEHA, Inc NANCY DUPHILY DIRECTOR UNTIL FY2019, CNEHA, Inc Entity & EIN COORDINATED PRIMARY CARE, INC #04-3210002 STEVEN ROACH PRESIDENT, CHAIRPERSON, COORDINATED PRIMARY CARE, INC SERGIO MELGAR TREASURER, DIRECTOR, COORDINATED PRIMARY CARE, INC MAUREEN CROTEAU SECRETARY, COORDINATED PRIMARY CARE, INC JOHN BRONHARD TREASURER, DIRECTOR UNTIL FY2019, COORDINATED PRIMARY CARE, INC DEBORAH WEYMOUTH PRESIDENT, CHAIRPERSON UNTIL FY2019, COORDINATED PRIMARY CARE, INC WILLIAM CORBETT, MD DIRECTOR, COORDINATED PRIMARY CARE, INC CHARLES CAVAGNARO, MD DIRECTOR, COORDINATED PRIMARY CARE, INC DANIEL J O'LEARY, MD DIRECTOR UNTIL FY2019, COORDINATED PRIMARY CARE, INC Entity & EIN HEALTHALLIANCE HOME HEALTH AND HOSPICE, INC #04-2932308 STEVEN ROACH PRESIDENT, DIRECTOR, HEALTHALLIANCE HOME HEALTH AND HOSPICE, INC SERGIO MELGAR TREASURER, DIRECTOR, HEALTHALLIANCE HOME HEALTH AND HOSPICE, INC MAUREEN CROTEAU SECRETARY, HEALTHALLIANCE HOME HEALTH AND HOSPICE, INC LESLIE BOVENZI CHAIRPERSON UNTIL FY2019, HEALTHALLIANCE HOME HEALTH AND HOSPICE, INC DEBORAH WEYMOUTH PRESIDENT, DIRECTOR UNTIL FY2019, HEALTHALLIANCE HOME HEALTH AND HOSPICE, INC JOHN BRONHARD TREASURER UNTIL FY2019, HEALTHALLIANCE HOME HEALTH AND HOSPICE, INC ANTHONY J MERCADANTE DIRECTOR, HEALTHALLIANCE HOME HEALTH AND HOSPICE, INC GAIL ALLEN 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 DIX F DAVIS DIRECTOR, HEALTHALLIANCE HOME HEALTH AND HOSPICE, INC NANCY DUPHILY DIRECTOR, HEALTHALLIANCE HOME HEALTH AND HOSPICE, INC CARLOS NICOLAS FORMAGGIA, ESQ DIRECTOR, HEALTHALLIANCE HOME HEALTH AND HOSPICE, INC MICHAEL MAHAN DIRECTOR, HEALTHALLIANCE HOME HEALTH AND HOSPICE, INC</p>

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Part VII Section A Complete list of Group 990 Board Members by entity - Part 4 of 4	Entity & EIN UMass Memorial HEALTHALLIANCE-CLINTON HOSPITAL, INC #04-2103555 STEVEN ROAC H PRESIDENT, DIRECTOR, UMM HEALTHALLIANCE-CLINTON HOSPITAL, INC SERGIO MELGAR TREASURER, UMM HEALTHALLIANCE-CLINTON HOSPITAL, INC FRANCIS W SMITH SECRETARY, UMM HEALTHALLIANCE-CLINTON HOSPITAL, INC MAUREEN CROTEAU ASSISTANT CLERK, UMM HEALTHALLIANCE-CLINTON HOSPITAL, INC FERNANDO CATALINA, MD CHAIRPERSON, UMM HEALTHALLIANCE-CLINTON HOSPITAL, INC ROBERT J PAULHUS, JR VICE CHAIRPERSON, UMM HEALTHALLIANCE-CLINTON HOSPITAL, INC DEBORAH WEYMO UTH PRESIDENT, DIRECTOR UNTIL FY2019, UMM HEALTHALLIANCE-CLINTON HOSPITAL, INC JOHN BRONH ARD TREASURER UNTIL FY2019, UMM HEALTHALLIANCE-CLINTON HOSPITAL, INC GAIL ALLEN DIRECTOR, UMM HEALTHALLIANCE-CLINTON HOSPITAL, INC MICHAEL RIVARD DIRECTOR, UMM HEALTHALLIANCE-CLINTON HOSPITAL, INC ROBERT LESLIE SHELTON, MD DIRECTOR, UMM HEALTHALLIANCE-CLINTON HOSPITAL, INC DOUGLAS S BROWN DIRECTOR, UMM HEALTHALLIANCE-CLINTON HOSPITAL, INC DONATA MARTIN DIRECTOR, UMM HEALTHALLIANCE-CLINTON HOSPITAL, INC MICHAEL MAHAN DIRECTOR, UMM HEALTHALLIANCE-CLINTON HOSPITAL, INC NICHOLAS MERCADANTE, MD DIRECTOR, UMM HEALTHALLIANCE-CLINTON HOSPITAL, INC CARLOS NICOLAS FORMAGGIA, ESQ DIRECTOR, UMM HEALTHALLIANCE-CLINTON HOSPITAL, INC WILLIAM CORBETT, MD DIRECTOR, UMM HEALTHALLIANCE-CLINTON HOSPITAL, INC MICHAEL W AMES DIRECTOR, UMM HEALTHALLIANCE-CLINTON HOSPITAL, INC LUIS J MASEDA DIRECTOR, UMM HEALTHALLIANCE-CLINTON HOSPITAL, INC DIX DAVIS DIRECTOR, UMM HEALTHALLIANCE-CLINTON HOSPITAL, INC ROBERT BABINEAU, JR, MD DIRECTOR, UMM HEALTHALLIANCE-CLINTON HOSPITAL, INC CHRISTOPHER KENNEDY, MD DIRECTOR, UMM HEALTHALLIANCE-CLINTON HOSPITAL, INC JOHN CLEMENTI DIRECTOR UNTIL FY2019, UMM HEALTHALLIANCE-CLINTON HOSPITAL, INC LESLIE BOVENZI DIRECTOR UNTIL FY2019, UMM HEALTHALLIANCE-CLINTON HOSPITAL, INC MARY WHITNEY DIRECTOR UNTIL FY2019, UMM HEALTHALLIANCE-CLINTON HOSPITAL, INC CHRISTIE HAGER DIRECTOR UNTIL FY2019, UMM HEALTHALLIANCE-CLINTON HOSPITAL, INC SHIPEN LI, MD DIRECTOR UNTIL FY2019, UMM HEALTHALLIANCE-CLINTON HOSPITAL, INC NANCY DUPHILY DIRECTOR UNTIL FY2019, UMM HEALTHALLIANCE-CLINTON HOSPITAL, INC Entity & EIN UMass Memorial ACCOUNTABLE CARE ORGANIZATION, INC #46-2871359 JOHN GRE ENWOOD PRESIDENT, DIRECTOR, UMM ACCOUNTABLE CARE ORGANIZATION, INC JEANNE SHIRSHAC TREASURER, UMM ACCOUNTABLE CARE ORGANIZATION, INC FRANCIS W SMITH CLERK, UMM ACCOUNTABLE CARE ORGANIZATION, INC ERIC W DICKSON, MD CHAIRPERSON, UMM ACCOUNTABLE CARE ORGANIZATION, INC HOWARD ALFRED, MD DIRECTOR, UMM ACCOUNTABLE CARE ORGANIZATION, INC DOUGLAS S BROWN DIRECTOR, UMM ACCOUNTABLE CARE ORGANIZATION, INC WILLIAM CORBETT, MD DIRECTOR, UMM ACCOUNTABLE CARE ORGANIZATION, INC JORDAN EISENSTOCK, MD DIRECTOR, UMM ACCOUNTABLE CARE ORGANIZATION, INC DAVID HARLAN, MD DIRECTOR, UMM ACCOUNTABLE CARE ORGANIZATION, INC BARBARA KUPFER DIRECTOR, UMM ACCOUNTABLE CARE ORGANIZATION, INC DANIEL LASSER, MD DIRECTOR, UMM ACCOUNTABLE CARE ORGANIZATION, INC L

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Part VII Section A Complete list of Group 990 Board Members by entity - Part 4 of 4	ALITA MATTA, MD DIRECTOR, UMM ACCOUNTABLE CARE ORGANIZATION, INC ANTONIA MCGUIRE DIRECTOR , UMM ACCOUNTABLE CARE ORGANIZATION, INC STEPHEN E TOSI, MD DIRECTOR, UMM ACCOUNTABLE CA RE ORGANIZATION, INC ROBERT FISHMAN, DO, FACP DIRECTOR, UMM ACCOUNTABLE CARE ORGANIZATION , INC ED MOORE DIRECTOR, UMM ACCOUNTABLE CARE ORGANIZATION, INC FRANCIS SWEENEY, MD DIRE CTOR, UMM ACCOUNTABLE CARE ORGANIZATION, INC MICHAEL GUSTAFSON, MD DIRECTOR, UMM ACCOUNTA BLE CARE ORGANIZATION, INC DEBRA TWEHOUS, MD DIRECTOR, UMM ACCOUNTABLE CARE ORGANIZATION, INC PETER BAGLEY, MD DIRECTOR UNTIL FY2019, UMM ACCOUNTABLE CARE ORGANIZATION, INC

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Part VII Section A Various board titles - Part 1 of 3	ALAN P BROWN, MD DIRECTOR, COMMUNITY HEALTHLINK, INC DIRECTOR, UMM BEHAVIORAL HEALTH SYS TEM, INC VICE CHAIR, ADLT PSY CLIN SVCS AMY GRASSETTE DIRECTOR, COMMUNITY HEALTHLINK, INC DIRECTOR, UMM BEHAVIORAL HEALTH SYSTEM, INC ANN K MOLLOY VICE-CHAIRPERSON, MARLBOROUGH HOSPITAL ANN-MARIA D'AMBRA ASSISTANT SECRETARY, MARLBOROUGH HOSPITAL EXECUTIVE ASSISTANT ANTHONY J MERCADANTE DIRECTOR, HEALTHALLIANCE HOME HEALTH AND HOSPICE, INC ANTONIA MCGUI RE DIRECTOR, UMM ACCOUNTABLE CARE ORGANIZATION, INC BARBARA KUPFER DIRECTOR, UMM ACCOUNTA BLE CARE ORGANIZATION, INC BENJAMIN H COLONERO, JR DIRECTOR, MARLBOROUGH HOSPITAL BRIAN BOUVIER DIRECTOR, MARLBOROUGH HOSPITAL CARLOS NICOLAS FORMAGGIA, ESQ DIRECTOR, CNEHA, In c DIRECTOR, HEALTHALLIANCE HOME HEALTH AND HOSPICE, INC DIRECTOR, UMM HEALTHALLIANCE-CLINTON HOSPITAL, INC CELESTE STRAIGHT, MD PHYSICIAN DIRECTOR, UMM MEDICAL GROUP, INC CHAND RIKA JAIN, MD DIRECTOR, MARLBOROUGH HOSPITAL PRESIDENT OF MED STAFF CHARLES CAVAGNARO, MD DIRECTOR, COORDINATED PRIMARY CARE, INC DIRECTOR, MARLBOROUGH HOSPITAL VP, CMO-HAC, SVP, CMO-UMMMC until 5/6/18 CHERYL LAPRIORE DIRECTOR, COMMUNITY HEALTHLINK, INC DIRECTOR, UMM BEHAVIORAL HEALTH SYSTEM, INC PRESIDENT, DIRECTOR, UMM HEALTH VENTURES, INC SVP, CHF OF STAFF &CHF MKTG OFC CHRISTIE HAGER DIRECTOR UNTIL FY2019, CNEHA, Inc DIRECTOR UNTIL FY201 9, UMM HEALTHALLIANCE-CLINTON HOSPITAL, INC CHRISTOPHER KENNEDY, MD PHYSICIAN DIRECTOR, C NEHA, Inc DIRECTOR, UMM HEALTHALLIANCE-CLINTON HOSPITAL, INC CYNTHIA M MCMULLEN, ED D DIRECTOR, COMMUNITY HEALTHLINK, INC DIRECTOR, UMM BEHAVIORAL HEALTH SYSTEM, INC DANA SWE NSON PRESIDENT, DIRECTOR, UMM REALTY, INC SVP, CHIEF FACILITIES OFFICER DANIEL CARLUCCI, MD DIRECTOR, MARLBOROUGH HOSPITAL DANIEL LASSER, MD CLINICAL DEPARTMENT CHAIR DIRECTOR, UM M ACCOUNTABLE CARE ORGANIZATION, INC DIRECTOR, UMM MEDICAL GROUP, INC DANIEL J O'LEARY, MD DIRECTOR UNTIL FY2019, COORDINATED PRIMARY CARE, INC VP CHIEF MEDICAL OFFICER, UNTIL FY2019 DAVID HARLAN, MD CHIEF, DIABETES-DIR, DIAB COE DIRECTOR, UMM ACCOUNTABLE CARE ORGANIZATION, INC DAVID WALTON DIRECTOR, MARLBOROUGH HOSPITAL DAVID L BENNETT DIRECTOR, UMM M EDICAL CENTER, INC DIRECTOR, UMM REALTY, INC DEBORAH WEYMOUTH DIRECTOR UNTIL FY2019, UMM COMMUNITY HOSPITALS, INC PRESIDENT UNTIL FY2019, CNEHA, Inc PRESIDENT, CHAIRPERSON UNTI L FY2019, COORDINATED PRIMARY CARE, INC PRESIDENT, DIRECTOR UNTIL FY2019, HEALTHALLIANCE HOME HEALTH AND HOSPICE, INC PRESIDENT, DIRECTOR UNTIL FY2019, UMM HEALTHALLIANCE-CLINTON HOSPITAL, INC PRESIDENT, HEALTHALLIANCE-CLINTON HOSPITAL UNTIL FY2019 DEBRA TWEHOUS, MD PHYSICIAN DIRECTOR, UMM ACCOUNTABLE CARE ORGANIZATION, INC DIX F DAVIS DIRECTOR, HEALTHA LLIANCE HOME HEALTH AND HOSPICE, INC DIRECTOR, UMM REALTY, INC DIRECTOR, CNEHA, Inc DIR ECTOR, UMM HEALTHALLIANCE-CLINTON HOSPITAL, INC DOMINIC NOMPLEGGI, MD CHIEF, GASTROENTERO LOGY DIRECTOR, UMM MEDICAL GROUP, INC DONATA MARTIN DIRECTOR, CNEHA, Inc DIRECTOR, UMM H EALTHALLIANCE-CLINTON HOSPITAL

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Part VII Section A Various board titles - Part 1 of 3	, INC DOUGLAS S BROWN DIRECTOR, CNEHA, Inc DIRECTOR, COMMUNITY HEALTHLINK, INC DIRECTOR, MARLBOROUGH HOSPITAL DIRECTOR, UMM ACCOUNTABLE CARE ORGANIZATION, INC DIRECTOR, UMM HE ALTHALLIANCE-CLINTON HOSPITAL, INC PRESIDENT, CHAIRPERSON, UMM BEHAVIORAL HEALTH SYSTEM, INC PRESIDENT, CHAIRPERSON, UMM COMMUNITY HOSPITALS, INC PRESIDENT, UMMH & CAO/CLO, UMMHC S ECRETARY, UMM MEDICAL CENTER, INC ED MOORE DIRECTOR, UMM ACCOUNTABLE CARE ORGANIZATION, I NC EDWARD D'ALELIO DIRECTOR, UMM MEDICAL CENTER, INC EDWARD J PARRY, III DIRECTOR UNTIL FY2019, UMM MEDICAL CENTER, INC ELLEN DORIAN DIRECTOR, MARLBOROUGH HOSPITAL ELVIRA GUARD IOLA DIRECTOR, UMM MEDICAL CENTER, INC ERIC W DICKSON, MD PRESIDENT & CEO of UMM Health Care, Inc & Affiliates CHAIRPERSON, UMM ACCOUNTABLE CARE ORGANIZATION, INC DIRECTOR, UMM COMMUNITY HOSPITALS, INC DIRECTOR, UMM HEALTH VENTURES, INC DIRECTOR, UMM MEDICAL CENTE R, INC DIRECTOR, UMM MEDICAL GROUP, INC DIRECTOR, UMM REALTY, INC EVAN BENJAMIN, MD DIR ECTOR, UMM MEDICAL CENTER, INC FERNANDO CATALINA, MD CHAIRPERSON, CNEHA, Inc CHAIRPERSON , UMM HEALTHALLIANCE-CLINTON HOSPITAL, INC DIRECTOR, UMM COMMUNITY HOSPITALS, INC FRANCI S SWEENEY, MD DIRECTOR, UMM ACCOUNTABLE CARE ORGANIZATION, INC

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Part VII Section A Various board titles - Part 2 of 3	<p>FRANCIS W SMITH AVP,ASSOC GENERAL COUNSEL-PGL CLERK, COMMUNITY HEALTHLINK, INC CLERK, UM M ACCOUNTABLE CARE ORGANIZATION, INC CLERK, UMM HEALTH VENTURES, INC SECRETARY, CNEHA,IN C SECRETARY, UMM HEALTHALLIANCE-CLINTON HOSPITAL, INC SECRETARY, UMM MEDICAL GROUP, INC SECRETARY, UMM REALTY, INC FREDERICK G CROCKER DIRECTOR, UMM HEALTH VENTURES, INC GAIL ALLEN DIRECTOR, CNEHA, Inc DIRECTOR, HEALTHALLIANCE HOME HEALTH AND HOSPICE, INC DIRECTO R, UMM HEALTHALLIANCE-CLINTON HOSPITAL, INC DIRECTOR, UMM MEDICAL GROUP, INC GERARD P R ICHER DIRECTOR, MARLBOROUGH HOSPITAL DIRECTOR, UMM HEALTH VENTURES, INC HABIB A SIOUFI, MD DIR, AFFILIATED LABS until FY2019 DIRECTOR UNTIL FY2019, MARLBOROUGH HOSPITAL HARRIS L MACNEILL DIRECTOR UNTIL FY2019, UMM MEDICAL GROUP, INC HOWARD ALFRED, MD DIR, RENAL DIAL YSIS DIRECTOR, UMM ACCOUNTABLE CARE ORGANIZATION, INC HOWARD FERRIS DIRECTOR, MARLBOROUGH HOSPITAL J CHRISTOPHER CUTLER, FACHE DIRECTOR, UMM MEDICAL GROUP, INC JACK WILSON, PHD DIRECTOR, UMM COMMUNITY HOSPITALS, INC JAMES LEARY DIRECTOR, COMMUNITY HEALTHLINK, INC D IRECTOR, UMM BEHAVIORAL HEALTH SYSTEM, INC DIRECTOR, UMM COMMUNITY HOSPITALS, INC JEANNE SHIRSHAC TREASURER, UMM ACCOUNTABLE CARE ORGANIZATION, INC VP, HEALTH POLICY/PUBLIC PROG JEFFREY N METZMAKER, MD DIRECTOR, UMM MEDICAL GROUP, INC PHYSICIAN JESSICA MCGARRY DIRE CTOR UNTIL FY2019, UMM BEHAVIORAL HEALTH SYSTEM, INC DIRECTOR UNTIL FY2019, COMMUNITY HEA LTHLINK, INC JIM NOTARO DIRECTOR, COMMUNITY HEALTHLINK, INC DIRECTOR, UMM BEHAVIORAL HEA LTH SYSTEM, INC JOANNE JOHNSON DIRECTOR, COMMUNITY HEALTHLINK, INC DIRECTOR, UMM BEHAVIO RAL HEALTH SYSTEM, INC JOHN BRONHARD TREASURER UNTIL FY2019, CNEHA, Inc TREASURER UNTIL FY2019, HEALTHALLIANCE HOME HEALTH AND HOSPICE, INC TREASURER UNTIL FY2019, UMM HEALTHALL IANCE-CLINTON HOSPITAL, INC TREASURER, DIRECTOR UNTIL FY2019, COORDINATED PRIMARY CARE, I NC VP CFO HEALTHALLIANCE until FY2019 JOHN BUDD DIRECTOR, UMM HEALTH VENTURES, INC JOHN CLEMENTI DIRECTOR UNTIL FY2019, CNEHA, Inc DIRECTOR UNTIL FY2019, UMM COMMUNITY HOSPITALS , INC DIRECTOR UNTIL FY2019, UMM HEALTHALLIANCE-CLINTON HOSPITAL, INC JOHN GLASSBURN ASS OC GEN'L COUNSEL-CORP/BUSIN SECRETARY, MARLBOROUGH HOSPITAL SECRETARY, UMM COMMUNITY HOSPI TALS, INC JOHN GREENWOOD PRESIDENT, DIRECTOR, UMM ACCOUNTABLE CARE ORGANIZATION, INC SVP , POP HLTH & PRESIDENT, ACO JOHN SHEA, ESQUIRE DIRECTOR, COMMUNITY HEALTHLINK, INC DIRECT OR, UMM BEHAVIORAL HEALTH SYSTEM, INC JORDAN EISENSTOCK, MD DIRECTOR, UMM ACCOUNTABLE CAR E ORGANIZATION, INC PHYSICIAN JOSEPH G LEANDRES DIRECTOR, MARLBOROUGH HOSPITAL KATHARINE BOLLAND ESHGHI ASSISTANT SECRETARY, UMM MEDICAL CENTER, INC SR VP, GENERAL COUNSEL-PGL K ATHRYN KENNEDY, MD DIR, CLINICAL MARL HOSP EM DIRECTOR, UMM MEDICAL GROUP, INC KEITH REAR DON DIRECTOR, COMMUNITY HEALTHLINK, INC DIRECTOR, UMM BEHAVIORAL HEALTH SYSTEM, INC KIMB ERLY EISENSTOCK, MD CHIEF, CLINICAL HOSPITAL MED DIRECTOR, MARLBOROUGH HOSPITAL KIMBERLY R OBINSON, MD DIRECTOR, MARLBORO</p>

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Part VII Section A Various board titles - Part 2 of 3	UGH HOSPITAL LALITA MATTA, MD DIRECTOR, UMM ACCOUNTABLE CARE ORGANIZATION, INC MARLBORO C HIEF MEDICAL OFFICER LESLIE BOVENZI CHAIRPERSON UNTIL FY2019, HEALTHALLIANCE HOME HEALTH A ND HOSPICE, INC DIRECTOR UNTIL FY2019, UMM HEALTHALLIANCE-CLINTON HOSPITAL, INC DIRECTOR , UMM MEDICAL CENTER, INC LUIS J MASEDA DIRECTOR, CNEHA, Inc DIRECTOR, UMM HEALTHALLIAN CE-CLINTON HOSPITAL, INC DIRECTOR, UMM COMMUNITY HOSPITALS, INC LYNDA M YOUNG, MD CHAIR PERSON, DIRECTOR, UMM MEDICAL GROUP, INC DIRECTOR, UMM MEDICAL CENTER, INC LYNNE FARRELL DIRECTOR, HEALTHALLIANCE HOME HEALTH AND HOSPICE, INC MARK JOHNSON, MD CLINICAL DEPARTME NT CHAIR DIRECTOR, UMM MEDICAL CENTER, INC MARY WHITNEY DIRECTOR UNTIL FY2019, UMM HEALTH ALLIANCE-CLINTON HOSPITAL, INC MAUREEN CROTEAU ASSISTANT CLERK, CNEHA, Inc ASSISTANT CLE RK, UMM HEALTHALLIANCE-CLINTON HOSPITAL, INC EXECUTIVE ASST, PROJECT MGR SECRETARY, COORD INATED PRIMARY CARE, INC SECRETARY, HEALTHALLIANCE HOME HEALTH AND HOSPICE, INC MICHAEL COLLINS, MD DIRECTOR, UMM MEDICAL CENTER, INC MICHAEL GUSTAFSON, MD DIRECTOR, UMM ACCOUNT ABLE CARE ORGANIZATION, INC DIRECTOR, UMM COMMUNITY HOSPITALS, INC PRESIDENT, MEDICAL CE NTER PRESIDENT, UMM MEDICAL CENTER, INC

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Return Reference	Explanation
Part VII Section A Various board titles - Part 3 of 3	<p>MICHAEL MAHAN DIRECTOR, CNEHA, Inc DIRECTOR, HEALTHALLIANCE HOME HEALTH AND HOSPICE, INC DIRECTOR, UMM HEALTHALLIANCE-CLINTON HOSPITAL, INC MICHAEL RIVARD DIRECTOR, CNEHA, Inc DIRECTOR, UMM HEALTHALLIANCE-CLINTON HOSPITAL, INC MICHAEL D MURPHY CHAIRPERSON, MARLBOROUGH HOSPITAL DIRECTOR, UMM COMMUNITY HOSPITALS, INC MICHAEL W AMES DIRECTOR, CNEHA, Inc DIRECTOR, UMM HEALTHALLIANCE-CLINTON HOSPITAL, INC MICHELE STREETER EXEC VP/COO UMMMG T REASURER, UMM MEDICAL GROUP, INC NANCY DUPHILY DIRECTOR UNTIL FY2019, CNEHA, Inc DIRECTOR UNTIL FY2019, UMM HEALTHALLIANCE-CLINTON HOSPITAL, INC DIRECTOR, HEALTHALLIANCE HOME HEALTH AND HOSPICE, INC NANCY KANE DIRECTOR, UMM MEDICAL CENTER, INC NICHOLAS MERCADANTE, MD DIRECTOR, CNEHA, Inc DIRECTOR, UMM HEALTHALLIANCE-CLINTON HOSPITAL, INC NICOLE GAGNE PRESIDENT, COMMUNITY HEALTHLINK, INC O NSIDINANYA OKIKE, MD DIRECTOR UNTIL FY2019, UMM MEDICAL CENTER, INC PAUL KANGAS CHAIRPERSON, DIRECTOR, UMM HEALTH VENTURES, INC DIRECTOR, UMM MEDICAL CENTER, INC PAULETTE SEYMOUR-ROUTE, PH D DIRECTOR, UMM MEDICAL CENTER, INC PETER BAGLEY, MD DIRECTOR UNTIL FY2019, UMM ACCOUNTABLE CARE ORGANIZATION, INC MED DIR, CCU PETER KNOX DIRECTOR, UMM MEDICAL CENTER, INC PHILIP E PURCELL DIRECTOR, MARLBOROUGH HOSPITAL RAYMOND PAWLICKI VICE CHAIRPERSON, DIRECTOR, UMM MEDICAL CENTER, INC RICARDO BELLO, MD PHYSICIAN DIRECTOR, UMM MEDICAL GROUP, INC RICHARD SIEGRIST CHAIRPERSON, DIRECTOR, UMM MEDICAL CENTER, INC RICHARD K BENNETT DIRECTOR UNTIL FY2019, MARLBOROUGH HOSPITAL DIRECTOR, UMM MEDICAL CENTER, INC ROBERT BABINEAU, JR , MD PHYSICIAN DIRECTOR, CNEHA, Inc DIRECTOR, HEALTHALLIANCE HOME HEALTH AND HOSPICE, INC DIRECTOR, UMM HEALTHALLIANCE-CLINTON HOSPITAL, INC ROBERT FISHMAN, DO, FACP DIRECTOR, UMM ACCOUNTABLE CARE ORGANIZATION, INC ROBERT J PAULHUS, JR VICE CHAIRPERSON, CNEHA, Inc VICE CHAIRPERSON, UMM HEALTHALLIANCE-CLINTON HOSPITAL, INC ROBERT KEVIN FERGUSON, MD DIRECTOR, UMM MEDICAL GROUP, INC PHYSICIAN ROBERT LESLIE SHELTON, MD DIRECTOR, CNEHA, Inc DIRECTOR, UMM HEALTHALLIANCE-CLINTON HOSPITAL, INC ROBERT W FINBERG, MD CLINICAL DEPARTMENT CHAIR DIRECTOR, UMM MEDICAL CENTER, INC SERGIO MELGAR EXEC VP, CFO TREASURER, CNEHA, Inc TREASURER, DIRECTOR, COMMUNITY HEALTHLINK, INC TREASURER, DIRECTOR, COORDINATED PRIMARY CARE, INC TREASURER, DIRECTOR, HEALTHALLIANCE HOME HEALTH AND HOSPICE, INC TREASURER, DIRECTOR, UMM BEHAVIORAL HEALTH SYSTEM, INC TREASURER, DIRECTOR, UMM COMMUNITY HOSPITALS, INC TREASURER, MARLBOROUGH HOSPITAL TREASURER, UMM HEALTH VENTURES, INC TREASURER, UMM HEALTHALLIANCE-CLINTON HOSPITAL, INC TREASURER, UMM MEDICAL CENTER, INC TREASURER, UMM REALTY, INC SHELDON BENJAMIN, MD DIRECTOR, COMMUNITY HEALTHLINK, INC DIRECTOR, UMM BEHAVIORAL HEALTH SYSTEM, INC SHIPEN LI, MD DIRECTOR UNTIL FY2019, CNEHA, Inc DIRECTOR UNTIL FY2019, UMM HEALTHALLIANCE-CLINTON HOSPITAL, INC PHYSICIAN SHLOMIT SCHAAL, MD CLINICAL DEPARTMENT CHAIR DIRECTOR, UMM MEDICAL GROUP, INC STEPHEN E TOSI,</p>

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Return Reference	Explanation
Part VII Section A Various board titles - Part 3 of 3	MD CHIEF PHYSICIAN EXECUTIVE DIRECTOR, UMM ACCOUNTABLE CARE ORGANIZATION, INC PRESIDENT, UMM MEDICAL GROUP, INC STEVEN MCCUE CFO MARLBOROUGH HOSPITAL until FY2019 TREASURER UNTIL FY2019, MARLBOROUGH HOSPITAL STEVEN ROACH PRESIDENT, MARLBOROUGH HOSPITAL DIRECTOR, UMM H EALTH VENTURES, INC PRESIDENT, CHAIRPERSON, COORDINATED PRIMARY CARE, INC PRESIDENT, DIR ECTOR, CNEHA, Inc PRESIDENT, DIRECTOR, HEALTHALLIANCE HOME HEALTH AND HOSPICE, INC PRESI DENT, DIRECTOR, MARLBOROUGH HOSPITAL PRESIDENT, DIRECTOR, UMM HEALTHALLIANCE-CLINTON HOSPI TAL, INC UMM COMMUNITY HOSPITALS, INC (no vote) SUSAN MAILMAN DIRECTOR, UMM MEDICAL CENT ER, INC TERENCE FLOTTE, MD DIRECTOR, UMM MEDICAL CENTER, INC DIRECTOR, UMM MEDICAL GROUP , INC THERESE DAY DIRECTOR, UMM HEALTH VENTURES, INC VP/CHIEF FINANCIAL OFFICER MED CENT ER VIBHA SHARMA, MD DIRECTOR, MARLBOROUGH HOSPITAL WILLIAM CORBETT, MD DIRECTOR, CNEHA, In c DIRECTOR, COORDINATED PRIMARY CARE, INC DIRECTOR, UMM ACCOUNTABLE CARE ORGANIZATION, I NC DIRECTOR, UMM COMMUNITY HOSPITALS, INC DIRECTOR, UMM HEALTHALLIANCE-CLINTON HOSPITAL, INC SR VP, COMMUNITY PRACTICES WILLIAM FISHER DIRECTOR, MARLBOROUGH HOSPITAL WILLIAM MCG RAIL, ESQUIRE DIRECTOR, UMM COMMUNITY HOSPITALS, INC WILLIAM H O'BRIEN EXEC DIR, UMMBHS SECRETARY, UMM BEHAVIORAL HEALTH SYSTEM, INC

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2018

**Open to Public
Inspection**

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

Department of the Treasury
Internal Revenue Service

Name of the organization
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)	Type III-FI	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	524,427	368,470		No			No	60 %
(2) UMASS MEMORIAL HEALTHALLIANCE MRI CENTER LLC 60 HOSPITAL ROAD LEOMINSTER, MA 01453 04-3561571	MAGNETIC RESONANCE IMAGING	MA	NA	Related	800,506	1,062,527		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	6	229,190	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	1a	No
b Gift, grant, or capital contribution to related organization(s)	1b	No
c Gift, grant, or capital contribution from related organization(s)	1c	No
d Loans or loan guarantees to or for related organization(s)	1d	No
e Loans or loan guarantees by related organization(s)	1e	No
f Dividends from related organization(s)	1f	No
g Sale of assets to related organization(s)	1g	No
h Purchase of assets from related organization(s)	1h	No
i Exchange of assets with related organization(s)	1i	No
j Lease of facilities, equipment, or other assets to related organization(s)	1j	No
k Lease of facilities, equipment, or other assets from related organization(s)	1k	Yes
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	No
o Sharing of paid employees with related organization(s)	1o	No
p Reimbursement paid to related organization(s) for expenses	1p	Yes
q Reimbursement paid by related organization(s) for expenses	1q	No
r Other transfer of cash or property to related organization(s)	1r	No
s Other transfer of cash or property from related organization(s)	1s	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	401,226	Fair value
(2) HealthAlliance Realty Inc	P	384,475	Fair Value
(3) UMass Memorial HealthAlliance MRI Center LLC	S	780,000	Fair Value
(4) UMass Memorial MRI of Marlborough LLC	S	480,000	Fair Value

Part VII **Supplemental Information**

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

Return Reference	Explanation