

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

Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047
2019
Open to Public Inspection

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

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

C Name of organization: UMass Memorial Health Care Inc & Affiliates
 Doing business as:
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite: 306 Belmont Street
 City or town, state or province, country, and ZIP or foreign postal code: Worcester, MA 01604

D Employer identification number: 91-2155626
E Telephone number: (508) 334-0496
G Gross receipts \$ 2,860,559,651

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: ▶ <https://www.ummhealth.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)	158
4 Number of independent voting members of the governing body (Part VI, line 1b)	83
5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	14,115
6 Total number of volunteers (estimate if necessary)	887
7a Total unrelated business revenue from Part VIII, column (C), line 12	4,433,241
7b Net unrelated business taxable income from Form 990-T, line 39	-7,620

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	31,502,293	41,685,785
9 Program service revenue (Part VIII, line 2g)	2,589,960,712	2,792,155,257
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	218,793,330	13,563,278
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	11,932,674	8,743,048
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,852,189,009	2,856,147,368
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	9,292,943	8,880,620
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)	1,272,048,297	1,346,735,254
16a Professional fundraising fees (Part IX, column (A), line 11e)		0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,518,299		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,364,864,150	1,479,530,049
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,646,205,390	2,835,145,923
19 Revenue less expenses. Subtract line 18 from line 12	205,983,619	21,001,445

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	1,887,997,936	2,439,359,685
21 Total liabilities (Part X, line 26)	1,310,975,925	1,614,058,654
22 Net assets or fund balances. Subtract line 21 from line 20	577,022,011	825,301,031

Part II Signature Block

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

Sign Here

Signature of officer: _____ Date: 2021-08-13
 Sergio Melgar EVP/CFO/Treasurer
 Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: _____ Preparer's signature: _____ Date: _____
 Firm's name ▶ CROWE LLP Firm's EIN ▶ 35-0921680
 Firm's address ▶ 9600 Brownsboro Road Suite 400 Phone no. (502) 326-3996
 Louisville, KY 402413902

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

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 \$ 1,669,472,770 including grants of \$ 2,061,948) (Revenue \$ 1,987,299,428)
See Additional Data

4b (Code:) (Expenses \$ 607,756,583 including grants of \$ 6,802,000) (Revenue \$ 447,777,780)
See Additional Data

4c (Code:) (Expenses \$ 236,765,830 including grants of \$ 16,672) (Revenue \$ 295,719,339)
See Additional Data

(Code:) (Expenses \$ 72,271,307 including grants of \$) (Revenue \$ 56,933,089)

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 \$ 72,271,307 including grants of \$) (Revenue \$ 56,933,089)

4e Total program service expenses ▶ 2,586,266,490

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

Part IV Checklist of Required Schedules (continued)

Table with 3 main columns: Question, Yes, No. Rows include questions 22 through 38 regarding organizational reporting, compensation, tax-exempt bonds, excess benefit transactions, and controlled entities.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

Main form area containing questions 2a through 16 with corresponding input fields and checkboxes. Includes a table for 2a with value 14,115.

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 (158), 1b (83), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

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: Brian Huggins 306 Belmont Street Worcester, MA 01604 (508) 334-0252

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

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

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

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

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

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

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

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

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

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

1b Sub-Total									
1c Total from continuation sheets to Part VII, Section A									
1d Total (add lines 1b and 1c)							21,761,820	10,090,112	4,996,141

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ **3,015**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
Vizient Inc 290 E John Carpenter Freeway Irving, TX 75062	Supply Chain Services	8,868,929
Crothall Healthcare 13028 Collection Center Drive Chicago, IL 60693	Clinical Engineering Services	5,154,016
Sodexo Inc Affiliates PO Box 360170 Pittsburgh, PA 152516170	Food Management Services	4,101,532
Valet Park Am 185 Spring Street Springfield, MA 011051131	Parking & Transportation Services	3,831,957
Angelica Corporation PO Box 532268 Atlanta, GA 303532268	Linen Services	3,562,704

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ **187**

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 135,720			
	b Membership dues	1b			
	c Fundraising events	1c 2,730			
	d Related organizations	1d 12,000			
	e Government grants (contributions)	1e 32,630,308			
	f All other contributions, gifts, grants, and similar amounts not included above	1f 8,905,027			
	g Noncash contributions included in lines 1a - 1f:\$	1g 39,915			
	h Total. Add lines 1a-1f		41,685,785		

Program Service Revenue			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
		Business Code				
2a Net Patient Service Revenue		622110	2,214,554,792	2,213,259,659	1,295,133	
b Medicaid Supplemental Funds		622110	255,329,103	255,329,103		
c Contract Revenue		622110	117,084,380	117,084,380		
d All other program service revenue		622110	193,429,511	192,295,278	1,134,233	
e Joint Venture Income		622110	11,116,906	9,120,651	1,996,255	
f All other program service revenue			640,565	640,565	0	0
g Total. Add lines 2a-2f.			2,792,155,257			

Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			11,434,558		7,620	11,426,938	
	4 Income from investment of tax-exempt bond proceeds							
	5 Royalties							
	6a Gross rents	6a	(i) Real					
			(ii) Personal					
				4,417,511				
	b Less: rental expenses	6b		4,054,817				
	c Rental income or (loss)	6c		362,694	0			
	d Net rental income or (loss)				362,694		362,694	
	7a Gross amount from sales of assets other than inventory	7a	(i) Securities					
			(ii) Other		2,483,642			
	b Less: cost or other basis and sales expenses	7b			354,922			
	c Gain or (loss)	7c		0	2,128,720			
	d Net gain or (loss)				2,128,720		2,128,720	
	8a Gross income from fundraising events (not including \$ 2,730 of contributions reported on line 1c). See Part IV, line 18	8a						
					0			
					2,544			
b Less: direct expenses	8b							
c Net income or (loss) from fundraising events				-2,544		-2,544		
9a Gross income from gaming activities. See Part IV, line 19	9a							
b Less: direct expenses	9b							
c Net income or (loss) from gaming activities								
10a Gross sales of inventory, less returns and allowances	10a							
b Less: cost of goods sold	10b							
c Net income or (loss) from sales of inventory								
Miscellaneous Revenue		Business Code						
11a Cafeteria Income		722514	5,267,809			5,267,809		
b Parking revenue		812930	2,717,139			2,717,139		
c All other revenue		622110	397,950			397,950		
d All other revenue			0	0	0	0		
e Total. Add lines 11a-11d			8,382,898					
12 Total revenue. See instructions			2,856,147,368	2,787,729,636	4,433,241	22,298,706		

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	8,880,620	8,880,620		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	18,303,635	13,354,053	4,949,582	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	2,574,986	1,376,115	1,029,733	169,138
7 Other salaries and wages	996,163,858	965,212,432	30,810,071	141,355
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	84,892,767	81,794,181	3,073,118	25,468
9 Other employee benefits	169,662,586	163,469,901	6,141,786	50,899
10 Payroll taxes	75,137,422	72,394,906	2,719,975	22,541
11 Fees for services (non-employees):				
a Management	46,986,718	46,986,718		
b Legal	50,669		50,669	
c Accounting	152,953		152,953	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	586,775		586,775	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	250,036,667	241,400,442	8,613,384	22,841
12 Advertising and promotion	359,705	339,853	465	19,387
13 Office expenses	31,124,742	27,604,205	3,519,629	908
14 Information technology	2,334,330	2,250,006	84,324	
15 Royalties				
16 Occupancy	41,124,148	41,072,402	51,746	
17 Travel	1,315,456	230,732	1,084,386	338
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	812,149		812,149	
20 Interest	16,811,903	16,811,903		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	92,758,368	92,746,349	12,019	
23 Insurance	31,392,075	31,236,319	155,756	
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	413,510,134	411,832,134	1,678,000	
b System allocation expense	342,699,064	160,145,832	181,503,485	1,049,747
c Medical education services	171,414,550	171,414,550		
d Federal & state income taxes	1,508,516	1,508,516		
e All other expenses	34,551,127	34,204,321	331,129	15,677
25 Total functional expenses. Add lines 1 through 24e	2,835,145,923	2,586,266,490	247,361,134	1,518,299
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	8,254,465	1	140,076,163
	2 Savings and temporary cash investments	290,583,350	2	316,263,361
	3 Pledges and grants receivable, net	58,905	3	4,716,897
	4 Accounts receivable, net	237,808,473	4	222,772,070
	5 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0	5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0	6	0
	7 Notes and loans receivable, net	215,292	7	157,708
	8 Inventories for sale or use	44,649,282	8	58,488,258
	9 Prepaid expenses and deferred charges	12,319,159	9	10,229,655
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,938,955,586		
	b Less: accumulated depreciation	10b 1,191,440,670	702,720,760	10c 747,514,916
	11 Investments—publicly traded securities	23,488,614	11	92,342,859
	12 Investments—other securities. See Part IV, line 11	217,583,471	12	243,879,038
	13 Investments—program-related. See Part IV, line 11	75,760,975	13	82,227,745
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	274,555,190	15	520,691,015
16 Total assets. Add lines 1 through 15 (must equal line 34)	1,887,997,936	16	2,439,359,685	
Liabilities	17 Accounts payable and accrued expenses	261,629,173	17	278,012,682
	18 Grants payable	340,269	18	263,576
	19 Deferred revenue	13,836,187	19	49,026,781
	20 Tax-exempt bond liabilities	436,821,620	20	419,485,911
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	12,819	21	4,537,585
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties	5,641,188	23	48,097,132
	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	592,694,669	25	814,634,987
	26 Total liabilities. Add lines 17 through 25	1,310,975,925	26	1,614,058,654
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	481,011,160	27	724,278,713
	28 Net assets with donor restrictions	96,010,851	28	101,022,318
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
32 Total net assets or fund balances	577,022,011	32	825,301,031	
33 Total liabilities and net assets/fund balances	1,887,997,936	33	2,439,359,685	

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	2,856,147,368
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,835,145,923
3	Revenue less expenses. Subtract line 2 from line 1	3	21,001,445
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	577,022,011
5	Net unrealized gains (losses) on investments	5	9,670,152
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	217,607,423
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	825,301,031

Part XII Financial Statements and Reporting

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

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

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

Additional Data

Software ID: 19010655

Software Version: 2019v5.0

EIN: 91-2155626

Name: UMass Memorial Health Care Inc & Affiliates

Form 990 (2019)

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 2020 KEY STATISTICS - TOTAL DISCHARGES: 35,026 TOTAL SURGICAL & ENDOSCOPY CASES: 38,550 TOTAL ER VISITS: 110,665

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 2020 KEY STATISTICS - TOTAL DISCHARGES: 10,239 TOTAL SURGICAL & ENDOSCOPY CASES: 9,536 TOTAL ER VISITS: 72,180

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			
PAUL KANGAS CHAIRPERSON, DIRECTOR, UMM HEALTH VENTURES, INC., DIRECTOR VARIOUS	1.0 1.0	X		X				0	0	0
RAYMOND PAWLICKI VICE CHAIRPERSON, DIRECTOR, UMM MEDICAL CENTER, INC.	1.0 1.0	X		X				0	0	0
RENEE MIKITARIAN-BRADLEY PRESIDENT, DIRECTOR, UMM REALTY, INC.	5.0 41.0	X		X				0	183,969	59,003
RICHARD SIEGRIST CHAIRPERSON, DIRECTOR, UMM MEDICAL CENTER, INC	1.0 1.0	X		X				0	0	0
ROBERT J PAULHUS JR INTERIM CHAIRPERSON, UMM HEALTHALLIANCE-CLINTON HOSPITAL, INC. & CNEHA, INC.	1.0 1.0	X		X				0	0	0
SERGIO MELGAR EVP/CFO/Treasurer, UMM Health Care, Inc. Officer/DIR Various	5.0 41.0	X		X				0	1,172,335	248,108
STEPHEN E TOSI MD PRESIDENT, UMM MEDICAL GROUP, INC., DIRECTOR, UMM ACO, INC.	40.0 5.0	X		X				1,093,218	0	115,473
STEVEN ROACH PRESIDENT, DIR., CNEHA, INC. & MARLBOROROUGH HOSP., OFF. & DIR. VARIOUS	40.0 6.0	X		X				553,160	0	111,164
ALAN P BROWN MD DIRECTOR, COMMUNITY HEALTHLINK, INC. & UMBHS, INC.	30.0 0	X						209,025	0	39,282
AMY GRASSETTE DIRECTOR, COMMUNITY HEALTHLINK, INC. & UMBHS, INC.	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			
ANTHONY J MERCADANTE DIRECTOR UNTIL FY2020, HEALTHALLIANCE HOME HEALTH AND HOSPICE, INC.	1.0 0	X						0	0	0
ANTONIA MCGUIRE DIRECTOR UNTIL FY2020, UMM ACCOUNTABLE CARE ORGANIZATION, INC.	1.0 0	X						0	0	0
BARBARA KUPFER DIRECTOR, UMM ACCOUNTABLE CARE ORGANIZATION, INC.	1.0 0	X						0	0	0
BENJAMIN H COLONERO JR DIRECTOR, MARLBOROUGH HOSPITAL	1.0 0	X						0	0	0
BRIAN BOUVIER DIRECTOR, MARLBOROUGH HOSPITAL	1.0 0	X						0	0	0
CARLOS NICOLAS FORMAGGIA ESQ DIRECTOR, UMM HEALTHALLIANCE-CLINTON HOSPITAL, INC., Director various	1.0 0	X						0	0	0
CELESTE STRAIGHT MD DIRECTOR, UMM MEDICAL GROUP, INC.	40.0 0	X						252,245	0	22,573
CHANDRIKA JAIN MD DIRECTOR, MARLBOROUGH HOSPITAL	40.0 0	X						177,884	0	20,297
CHARLES CAVAGNARO MD DIRECTOR, MARLBOROUGH HOSPITAL & CPC, INC.	40.0 0	X						454,978	0	19,145
CHRISTOPHER KENNEDY MD DIRECTOR UNTIL FY2020, UMM HEALTHALLIANCE-CLINTON HOSPITAL, INC. & CNEHA, INC.	24.0 0	X						174,183	0	36,234

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			
CYNTHIA M MCMULLEN EDD DIRECTOR UNTIL FY2020, COMMUNITY HEALTHLINK, INC. & UMBHS, INC.	1.0 0	X						0	0	0
DANIEL CARLUCCI MD DIRECTOR, MARLBOROUGH HOSPITAL	1.0 0	X						0	0	0
DANIEL LASSER MD DIRECTOR UNTIL FY2020, UMM MEDICAL GROUP, INC. & ACO, INC.	24.0 0	X						233,789	0	64,383
DAVID HARLAN MD DIRECTOR UNTIL FY2020, UMM ACCOUNTABLE CARE ORGANIZATION, INC.	20.0 0	X						186,674	0	38,870
DAVID L BENNETT DIRECTOR, UMM MEDICAL CENTER, INC. & UMM Realty, Inc.	1.0 1.0	X						0	0	0
DAVID WALTON DIRECTOR, MARLBOROUGH HOSPITAL	1.0 0	X						0	0	0
DEBRA TWEHOUS MD DIRECTOR, UMM ACCOUNTABLE CARE ORGANIZATION, INC.	38.0 0	X						240,856	0	46,050
DIANE MCKEE MD DIRECTOR, COMMUNITY HEALTHLINK, INC. & UMBHS, INC.	1.0 0	X						0	0	0
DIX F DAVIS DIRECTOR, UMM HEALTHALLIANCE-CLINTON HOSPITAL, INC. Director various	1.0 1.0	X						0	0	0
DOMINIC NOMPLEGGI MD DIRECTOR, UMM MEDICAL GROUP, INC.	24.0 0	X						276,022	0	47,049

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			
GERARD P RICHER DIRECTOR, UMM HEALTH VENTURES, INC., DIRECTOR VARIOUS	1.0 0	X						0	0	0
HOWARD ALFRED MD DIRECTOR UNTIL FY2020, UMM ACCOUNTABLE CARE ORGANIZATION, INC.	37.0 0	X						74,939	0	18,059
HOWARD FERRIS DIRECTOR, MARLBOROUGH HOSPITAL	1.0 0	X						0	0	0
J CHRISTOPHER CUTLER FACHE DIRECTOR, UMM MEDICAL GROUP, INC.	1.0 0	X						0	0	0
JACK WILSON PHD DIRECTOR, UMM COMMUNITY HOSPITALS, INC.	1.0 0	X						0	0	0
JAMES LEARY DIRECTOR, UMM COMMUNITY HOSPITALS, INC., DIRECTOR VARIOUS	5.0 40.0	X						0	283,578	53,530
JEFFREY N METZMAKER MD DIRECTOR, UMM MEDICAL GROUP, INC.	29.0 0	X						292,509	0	45,676
JENNIFER REIDY MD DIRECTOR, UMM ACCOUNTABLE CARE ORGANIZATION, INC.	32.0 0	X						227,211	0	38,195
JIM NOTARO DIRECTOR, COMMUNITY HEALTHLINK, INC. & UMBHS, INC.	1.0 0	X						0	0	0
JOANNE JOHNSON DIRECTOR, COMMUNITY HEALTHLINK, INC. & UMBHS, INC.	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			
JOHN BUDD DIRECTOR, UMM HEALTH VENTURES, INC.	1.0 0	X						0	0	0
JOHN SHEA ESQ DIRECTOR, COMMUNITY HEALTHLINK, INC. & UMBHS, INC.	1.0 0	X						0	0	0
JORDAN EISENSTOCK MD DIRECTOR, UMM ACCOUNTABLE CARE ORGANIZATION, INC.	7.0 0	X						33,139	0	1,974
JOSEPH G LEANDRES DIRECTOR, MARLBOROUGH HOSPITAL	1.0 0	X						0	0	0
KATHRYN KENNEDY MD DIRECTOR UNTIL FY2020, UMM MEDICAL GROUP, INC.	36.0 0	X						305,511	0	45,755
KEITH REARDON DIRECTOR, COMMUNITY HEALTHLINK, INC. & UMBHS, INC.	1.0 0	X						0	0	0
KIMBERLY EISENSTOCK MD DIRECTOR, MARLBOROUGH HOSPITAL	40.0 0	X						306,011	0	42,411
KIMBERLY ROBINSON MD DIRECTOR, MARLBOROUGH HOSPITAL	1.0 0	X						0	0	0
LALITA MATTA MD DIRECTOR, UMM ACCOUNTABLE CARE ORGANIZATION, INC.	1.0 0	X						44,830	0	0
LUIS J MASEDA DIRECTOR, UMM COMMUNITY HOSPITALS, INC., DIRECTOR VARIOUS	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			
LYNNE FARRELL	1.0									
DIRECTOR UNTIL FY2020, HEALTHALLIANCE HOME HEALTH AND HOSPICE, INC.	..... 0	X						0	0	0
MARK JOHNSON MD	28.0									
DIRECTOR, UMM MEDICAL CENTER, INC.	..... 5.0	X						739,969	0	46,356
MARY E MALONEY MD	30.0									
DIRECTOR, UMM MEDICAL GROUP, INC.	..... 0	X						564,531	0	42,477
MATTHEW J TRAINOR MD	38.0									
DIRECTOR, UMM ACCOUNTABLE CARE ORGANIZATION, INC.	..... 0	X						333,302	0	42,048
MICHAEL COLLINS MD	1.0									
DIRECTOR, UMM MEDICAL CENTER, INC.	..... 1.0	X						0	0	0
MICHAEL MAHAN	1.0									
DIRECTOR, UMM HEALTHALLIANCE-CLINTON HOSPITAL, INC., Director various	..... 1.0	X						0	0	0
MICHAEL RIVARD	1.0									
DIRECTOR, UMM HEALTHALLIANCE-CLINTON HOSPITAL, INC. & CNEHA, INC.	..... 1.0	X						0	0	0
MICHAEL W AMES	1.0									
DIRECTOR, UMM HEALTHALLIANCE-CLINTON HOSPITAL, INC. & CNEHA, INC.	..... 0	X						0	0	0
NANCY DUPHILY	1.0									
DIRECTOR UNTIL FY2020, HEALTHALLIANCE HOME HEALTH AND HOSPICE, INC.	..... 0	X						0	0	0
NANCY KANE	1.0									
DIRECTOR, UMM MEDICAL CENTER, INC.	..... 1.0	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
NICHOLAS MERCADANTE MD DIRECTOR UNTIL FY2020, UMM HEALTHALLIANCE-CLINTON HOSPITAL, INC. & CNEHA, INC.	1.0 0	X						0	0	0
PAULETTE SEYMOUR-ROUTE PHD DIRECTOR, UMM MEDICAL CENTER, INC.	40.0 5.0	X						156,704	0	3,277
PETER KNOX DIRECTOR, UMM MEDICAL CENTER, INC.	1.0 1.0	X						0	0	0
PHILIP E PURCELL DIRECTOR, MARLBOROUGH HOSPITAL	1.0 0	X						0	0	0
RICARDO BELLO MD DIRECTOR, UMM MEDICAL GROUP, INC.	30.0 0	X						568,911	0	46,542
RICHARD K BENNETT DIRECTOR, UMM MEDICAL CENTER, INC.	1.0 1.0	X						0	0	0
ROBERT BABINEAU JR MD DIRECTOR, UMM HEALTHALLIANCE-CLINTON HOSPITAL, INC., Director various	40.0 0	X						403,229	0	42,295
ROBERT FISHMAN DO FACP DIRECTOR, UMM ACCOUNTABLE CARE ORGANIZATION, INC.	1.0 0	X						0	0	0
ROBERT KEVIN FERGUSON MD DIRECTOR UNTIL FY2020, UMM MEDICAL GROUP, INC.	40.0 0	X						108,791	0	18,683
ROBERT LESLIE SHELTON MD DIRECTOR, UMM HEALTHALLIANCE-CLINTON HOSPITAL, INC. & CNEHA, INC.	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			
ROBERT W FINBERG MD DIRECTOR, UMM MEDICAL CENTER, INC.	20.0 X	X						439,902	0	80,930
ROSEMARY THOMSEN DIRECTOR, UMM MEDICAL CENTER, INC.	1.0 X	X						0	0	0
SHELDON BENJAMIN MD DIRECTOR, COMMUNITY HEALTHLINK, INC. & UMBHS, INC.	1.0 X	X						0	0	0
SHLOMIT SCHAAL MD DIRECTOR, UMM MEDICAL GROUP, INC.	32.0 X	X						517,105	0	45,466
SUSAN MAILMAN DIRECTOR, UMM MEDICAL CENTER, INC.	1.0 X	X						0	0	0
TAMMY GRAVEL DIRECTOR, UMM HEALTHALLIANCE-CLINTON HOSPITAL, INC. & CNEHA, INC.	1.0 X	X						0	0	0
TERENCE FLOTTE MD DIRECTOR, UMM MEDICAL CENTER, INC. & MEDICAL GROUP, INC.	1.0 X	X						0	0	0
THERESE DAY DIRECTOR, UMM HEALTH VENTURES, INC.	40.0 X	X						467,894	0	119,261
VIBHA SHARMA MD DIRECTOR, MARLBOROUGH HOSPITAL	1.0 X	X						0	0	0
WILLIAM CORBETT MD Director, UMM HealthAlliance-Clinton Hosp. , Inc., Director various	40.0 X	X						570,386	0	138,020

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			
WILLIAM FISHER DIRECTOR, MARLBOROUGH HOSPITAL	1.0 0	X						0	0	0
WILLIAM MCGRAIL ESQ DIRECTOR, UMM COMMUNITY HOSPITALS, INC.	1.0 0	X						0	0	0
XIMENA M CASTRO MD DIRECTOR, UMM HEALTHALLIANCE-CLINTON HOSPITAL, INC. & CNEHA, INC.	40.0 0	X						291,084	0	28,346
ANN-MARIA D'AMBRA ASSISTANT SECRETARY, MARLBOROUGH HOSPITAL	40.0 0			X				52,491	0	27,194
FRANCIS W SMITH Secretary, UMM Medical Group, Inc., Officer various	5.0 41.0			X				0	278,047	53,315
JEANNE SHIRSHAC TREASURER, UMM ACCOUNTABLE CARE ORGANIZATION, INC.	5.0 40.0			X				0	320,805	84,333
JOHN GLASSBURN Secretary, UMM Community Hospitals, Inc., Officer Various	5.0 40.0			X				0	198,641	49,520
KATHARINE BOLLAND ESHGHI ASSISTANT SECRETARY, UMM MEDICAL CENTER, INC.	5.0 40.0			X				0	529,702	121,693
MAUREEN CROTEAU ASSISTANT CLERK, UMM HEALTHALLIANCE-CLINTON HOSPITAL, INC., OFFICER VARIOUS	40.0 1.0			X				74,098	0	29,954
MICHELE STREETER TREASURER, UMM MEDICAL GROUP, INC.	40.0 5.0			X				667,713	0	145,781

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			
JOHN T RANDOLPH VP, CHIEF CORPORATE COMPLIANCE	5.0 40.0				X			0	556,377	97,034
JUSTIN PRECOURT SVP, PATIENT CARE SVCS & CNO	40.0				X			309,724	0	51,462
ROBERT FELDMANN SVP, FINANCE/CORPORATE CONTROLLER	5.0 40.0				X			0	531,538	115,044
TIMOTHY A TARNOWSKI SVP, CHIEF INFO OFFICER & CTO UNTIL FY2020	5.0 40.0				X			0	724,705	149,262
ADEL BOZORGZADEH MD PHYSICIAN, DIVISION CHIEF OF TRANSPLANT SURGERY - MED GROUP	32.0 0					X		788,680	0	46,726
ARNO S SUNGARIAN MD PHYSICIAN, NEUROLOGICAL SURGEON FOR CMG - MED GROUP	40.0 0					X		1,078,471	0	50,490
DEMETRIUS LITWIN MD PHYSICIAN, CHAIR OF SURGERY DEPT - MED GROUP	28.0 0					X		846,000	0	49,376
GERALD T MCGILLICUDDY MD PHYSICIAN, NEUROLOGICAL SURGEON FOR CMG - MED GROUP	40.0 0					X		979,286	0	49,373
JENNIFER D WALKER MD PHYSICIAN, DIVISION CHIEF OF CARDIAC SURGERY - MED GROUP	33.0 0					X		778,464	0	46,726
BARBARA FISHER FORMER KEY EE, SVP UNTIL 9/25/19, OPERATIONS (UMMMC)	0.0 0.0						X	589,283	0	94,933

SCHEDULE A
(Form 990 or 990-EZ)

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

OMB No. 1545-0047
2019
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

Section A. Public Support

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

Section B. Total Support

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

Section C. Computation of Public Support Percentage

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 2019 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2018 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

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

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

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

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)		
2	Activities Test. Answer (a) and (b) below.		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	Yes	No
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3	Parent of Supported Organizations. Answer (a) and (b) below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

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

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

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

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

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

Additional Data

Software ID: 19010655

Software Version: 2019v5.0

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

2019
Open to Public Inspection

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

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

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

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

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

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

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

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

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")

2 Political campaign activity expenditures (see instructions) ▶ \$ _____

3 Volunteer hours for political campaign activities (see instructions)

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

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No

4a Was a correction made? Yes No

b If "Yes," describe in Part IV.

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

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____

3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b..... ▶ \$ _____

4 Did the filing organization file **Form 1120-POL** for this year? Yes No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

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

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	
Not over \$500,000	20% of the amount on line 1e.	
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	
Over \$17,000,000	\$1,000,000.	
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a. If zero or less, enter -0-		
i Subtract line 1f from line 1c. If zero or less, enter -0-		
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

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

		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		169,880
j	Total. Add lines 1c through 1i			169,880
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 portion of lobbying expenses included in membership dues paid to the following associations: MA Health and Hospital Association \$61,844 American Hospital Association \$45,655 Association for Behavioral Healthcare Inc. \$23,696 National Association of Children's Hospitals. \$20,409 American College of Emergency Physicians \$11,478 340B Health \$2,072 National Association of ACO's \$1,500 Association of Air Medical Services \$681 American College of Obstetricians & Gynecologists (ACOG) \$556 Massachusetts Medical Society \$546 Association of American Medical Colleges \$485 MA Association of Behavioral Health Systems, Inc. (MABHS) \$275 American Association of Nurse Anesthetists \$225 American Osteopathic Association \$141 Society for Vascular Ultrasound \$123 National Association of Epilepsy Centers \$120 American Academy of Sleep Medicine \$44 Massachusetts Coalition for the Prevention of Medical Errors \$30 Total \$169,880

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

OMB No. 1545-0047
2019
Open to Public Inspection

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

Name of the organization
UMass Memorial Health Care Inc & Affiliates

Employer identification number
91-2155626

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

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

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No

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

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

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

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part IV Escrow and Custodial Arrangements.

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? **Yes** **No**

b If "Yes," explain the arrangement in Part XIII and complete the following table:

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

	Amount
1c	
1d	
1e	
1f	

- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . **Yes** **No**
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	81,047,795	81,443,759	81,260,948	78,913,132	117,475,856
b Contributions	1,868,081	-208,049	961,201	3,536,295	174,883
c Net investment earnings, gains, and losses	3,945,683	2,476,373	3,556,343	3,401,567	5,899,351
d Grants or scholarships					
e Other expenditures for facilities and programs	2,686,271	2,664,288	4,334,733	4,590,046	44,636,958
f Administrative expenses					
g End of year balance	84,175,288	81,047,795	81,443,759	81,260,948	78,913,132

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment ▶ 0 %
- b** Permanent endowment ▶ 65 %
- c** Temporarily restricted endowment ▶ 35 %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i)** unrelated organizations
- (ii)** related organizations

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

b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		11,708,030		11,708,030
b Buildings		978,634,987	533,583,632	445,051,355
c Leasehold improvements		40,108,222	14,034,356	26,073,866
d Equipment		398,155,158	291,429,171	106,725,987
e Other		510,349,189	352,393,511	157,955,678
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				747,514,916

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	230,321,652	F
(B) Funds held in escrow under bond indenture agreements	13,557,386	F
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	243,879,038	

Part VIII Investments—Program Related.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) DUE FROM RELATED PARTIES	103,510,101
(2) Cash Value Life Insurance	5,691,480
(3) Beneficial interest in trusts	71,708,020
(4) Estimated settlements with third-party payors	208,301,916
(5) Security Deposits	33,600
(6) Operating lease ROU assets	131,263,607
(7) Other assets	182,291
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	520,691,015

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) Accrued pension and postretirement benefit obligations	
(3) Due to University of Massachusetts	203,275,381
(4) Due to related parties	153,476,826
(5) Other noncurrent liabilities	17,610,042
(6) Estimated settlements with third-party payors	299,498,453
(7) Operating lease ROU obligations	140,774,285
(8) Self insured reserves	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	814,634,987

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: 19010655
Software Version: 2019v5.0
EIN: 91-2155626
Name: UMass Memorial Health Care Inc & Affiliates

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	UMass Memorial Medical Center, Inc. has a custodial account of \$4,537,585 related to capital accumulation accounts for executives. These funds are paid out according to the vesting dates selected by the executives (minimum of two years).

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 \$433,000 and \$197,000 for the years ended September 30, 2020 and 2019, 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, 2020 and 2019, the System had approximately \$14,900,000 and \$11,520,000 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 2030 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, 2020, the System believes the deferred tax assets of \$997,000 will be fully utilized and recognized an income tax expense of \$1,414,000 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, 2020.</p>

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
UMass Memorial Health Care Inc & Affiliates

Employer identification number
91-2155626

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

- For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
Europe (Including Iceland and Greenland)	0	0	Fundraising	\$500,000 donation received for COVID-19 pandemic relief efforts	0
3a Sub-total	0	0			0
b Total from continuation sheets to Part I	0	0			0
c Totals (add lines 3a and 3b)	0	0			0

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)

- 2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ▶ _____
- 3 Enter total number of other organizations or entities ▶ _____

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* Yes No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)* Yes No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)* Yes No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990).* Yes No

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

990 Schedule F, Supplemental Information

Return Reference	Explanation
Schedule F, Part I, Line 3 Fundraising	We received a donation from a company whose global headquarters is located in Spain. We solicited to their local branch in Massachusetts.

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.**

Name of the organization
 UMass Memorial Health Care Inc & Affiliates

Employer identification number
 91-2155626

OMB No. 1545-0047
2019
Open to Public Inspection

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	

Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.

7 Financial Assistance and Certain Other Community Benefits at Cost

	(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
Financial Assistance and Means-Tested Government Programs						
a Financial Assistance at cost (from Worksheet 1)			25,684,934	14,036,113	11,648,821	0.41 %
b Medicaid (from Worksheet 3, column a)			395,709,905	331,371,676	64,338,229	2.27 %
c Costs of other means-tested government programs (from Worksheet 3, column b)			38,875,347	38,646,569	228,778	0.01 %
d Total Financial Assistance and Means-Tested Government Programs	0	0	460,270,186	384,054,358	76,215,828	2.69 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4).			10,276,154	5,339,760	4,936,394	0.17 %
f Health professions education (from Worksheet 5)			238,962,199	126,983,848	111,978,351	3.95 %
g Subsidized health services (from Worksheet 6)			66,010,389	48,572,907	17,437,482	0.62 %
h Research (from Worksheet 7)			0	0	0	0 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			2,292,871	2,117,049	175,822	0.01 %
j Total. Other Benefits	0	0	317,541,613	183,013,564	134,528,049	4.75 %
k Total. Add lines 7d and 7j	0	0	777,811,799	567,067,922	210,743,877	7.43 %

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing			0	0	0	0 %
2 Economic development			0	0	0	0 %
3 Community support			17,897	0	17,897	0 %
4 Environmental improvements			0	0	0	0 %
5 Leadership development and training for community members			0	0	0	0 %
6 Coalition building			19,023	0	19,023	0 %
7 Community health improvement advocacy			7,801	0	7,801	0 %
8 Workforce development			11,729	0	11,729	0 %
9 Other			0	0	0	0 %
10 Total	0	0	56,450	0	56,450	0 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

	Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1	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.	2	46,393,000
3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.	3	2,787,719
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	457,537,497
6 Enter Medicare allowable costs of care relating to payments on line 5	6	495,673,146
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-38,135,649
8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other		

Section C. Collection Practices

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

Part IV Management Companies and Joint Ventures

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

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

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

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

3

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

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

Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group _____

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

		Yes	No
Community Health Needs Assessment			
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?		No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C.		No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12. If "Yes," indicate what the CHNA report describes (check all that apply):	Yes	
	a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
	b <input checked="" type="checkbox"/> Demographics of the community		
	c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
	d <input checked="" type="checkbox"/> How data was obtained		
	e <input checked="" type="checkbox"/> The significant health needs of the community		
	f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
	g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
	h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
	i <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
	j <input type="checkbox"/> Other (describe in Section C)		
4	Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>17</u>		
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge 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		No
6 b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	Yes	
7	Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply):	Yes	
	a <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>https://www.umassmemorialhealthcare.org/sites/umass-memorial-hospital/files/Documents/About/CommunityHealthNeedsAssessment/CommunityHealthNeedsAssessment.pdf</u>		
	b <input checked="" type="checkbox"/> Other website (list url): <u>http://www.worcesterma.gov/uploads/33/e0/33e0ad77ff4038f18be0b6c6f506b6dc/2018-cha-report.pdf</u>		
	c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
	d <input checked="" type="checkbox"/> Other (describe in Section C)		
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11.	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>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): _____		
	b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?		
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12 a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?		No
12 b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
	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

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?

	Yes	No
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 Reporting to credit agency(ies)
- b Selling an individual's debt to another party
- c 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 Actions that require a legal or judicial process
- e Other similar actions (describe in Section C)
- f 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?

19		No
-----------	--	----

If "Yes," check all actions in which the hospital facility or a third party engaged:

- a Reporting to credit agency(ies)
- b Selling an individual's debt to another party
- c 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 Actions that require a legal or judicial process
- e 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 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 (if not, describe in Section C)
- b Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)
- c Processed incomplete and complete FAP applications (if not, describe in Section C)
- d Made presumptive eligibility determinations (if not, describe in Section C)
- e Other (describe in Section C)
- f 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?

21	Yes	
-----------	-----	--

If "No," indicate why:

- a The hospital facility did not provide care for any emergency medical conditions
- b The hospital facility's policy was not in writing
- c The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)
- d 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: 20 <u>17</u>		
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge 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		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: 20 <u>17</u>		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url): <u>www.umassmemorialhealthcare.org/healthalliance-clinton-hospital</u>	Yes	
a			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?		
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?		No
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: 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)	19	No
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 (if not, describe in Section C) b <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C) c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C) d <input type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C) 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: 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)	21	Yes
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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>19</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): <u>ummhealth.org/about-us/community-benefits-program/marlb</u>		
b	<input type="checkbox"/> Other website (list url): _____		
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>19</u>		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website? <u>www.ummhealth.org/sites/umass-memorial-hospital/files/2019-2021%20Be</u>	Yes	
a	If "Yes" (list url): _____		
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?		
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12 a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?		No
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:	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?	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):	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):	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: 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)	19	No
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 (if not, describe in Section C) b <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C) c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C) d <input type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C) 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: 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)	21	Yes
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Part V Facility Information *(continued)*

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

MARLBOROUGH HOSPITAL

Name of hospital facility or letter of facility reporting group _____

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

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

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

If "Yes," explain in Section C.

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

If "Yes," explain in Section C.

	Yes	No
23		No
24		No

Part V Facility Information *(continued)*

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

Form and Line Reference	Explanation
See Add'l Data	

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

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

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

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

Part VI Supplemental Information

Provide the following information.

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

990 Schedule H, Supplemental Information

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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part VI, Line 7 SCH H, PART VI, LINE 7	ALL THREE HOSPITALS 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 cont. 2: UMass Memorial Medical Center	<p>* UMMC 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. * UMMC'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. * 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
<p>Schedule H, Part V, Section B, Line 11 cont. 1: UMass Memorial Medical Center</p>	<p>minimum wage, and expanding urban agriculture opportunities. * UMMMC Community Benefits staff is also part of the Food is Medicine Massachusetts State Planning 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. In 2020, Community Benefits staff continued to serve on the FIMMA Steering, Provider Education, Older Adult and other FIMMA Committees. * UMMMC's Maternal-Fetal Medicine and Community Relations departments partner with the Worcester Division of Public Health in a Community Health Worker (CHW) intervention in Maternal-Fetal Medicine to address at-risk pregnancies among Latino women and vulnerable populations. The funding for this intervention was provided by the Centers for Disease Control and Prevention (CDC) REACH Grant, to support a CHW to address breastfeeding and linkages to community supports for social determinants of health and nutrition among at-risk pregnant and lactating women. Due to the COVID-19 pandemic, beginning in March of 2020, the program discontinued in-person home visits and adapted by conducting home visits via Zoom and Facetime. * Anchor Mission: UMass Memorial Health Care system-wide Anchor Mission was formally adopted in 2018 and continued with a strong focus in 2020 to leverage the assets of the organization to address social determinants of health. UMass Memorial's Anchor Mission focuses on four pillars: Local Procurement, Workforce Development, Investment and Volunteerism 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. These include unemployed adults and youth, English as a Second Language (ESL) learners, teen mothers, those seeking General Education Development (GED) and newly arrived immigrants/refugees to identify barriers to viable employment and growth opportunities to formalize a hiring pipeline. The Anchor Mission Procurement Committee is working on local purchasing processes and identifying local vendor contract opportunities and the Investment Committee has allocated \$4.0 Million in hospital investment funds to address community issues such as housing needs for chronically-homeless through a collaborative with bankers, philanthropic organizations and City Government/Housing Authority. Several brick and mortar neighborhood revitalization were granted including the Worcester East Side CDC in its pre-construction planning of a tiny homes project for homeless elders. * COVID-19: In response to the onset of the COVID-19 pandemic, UMass Memorial developed and implemented a multi-pronged, community-based approach to combat COVID-19 within neighborhoods targeting populations most at-risk. Beginning with the COVID-19 "Feet on the Street" outreach, the hospital's Care Mobile staff were swiftly redeployed to provide education and demonstration on handwashing, proper mask use, answers to COVID-19 questions in Spanish and English and written materials provided in six languages. The intervention distributed face masks, sanitizer and information on critical resources including food, housing and evictions, access to flu shots, voter registration and U.S. Census. * In August 2020, UMass Memorial was asked to lead the Massachusetts' 'Stop the Spread' COVID-19 testing in Worcester's in high positivity areas. The hospital developed and implemented a COVID-19 testing operation able to; function effectively out- or indoors as weather changed, rotate events into various hot-spot neighborhoods of color and vulnerability based on data, provide same-day set up and break down and function with minimal or no WiFi or access to power, successfully manage unpredictable volumes while meeting the language needs of Worcester's diverse populations. Strategies included utilizing neighborhood hot-spot/positivity data, PDSAs focused on efficiency, and a robust partnership effort with multiple community organizations including public health. In November 2020, the program moved indoors into a central location with easy access to minimize transportation barriers. Most importantly, our COVID-19 neighborhood-based intervention was led by our Health Equity initiative, which has community stakeholders and our partner the Worcester Division of Health and Human Services analyzing the data and providing input on direction.</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part I, Line 7f Community Benefit Expense as a Percent of Total Expenses	The Schedule H instructions provide guidance for group return filers to report the "total expense" denominator for purposes of determining the percent of total expense for column (f) is the amount reported on Form 990, Part IX, line 25, column (A), of the group return. Therefore, Schedule H column F of this group return is presenting the consolidated total from the group statement of functional expenses, instead of including the functional expenses of hospital facilities only arriving at 7.43%. However, the more accurate representation of community benefit expenses for the hospitals would be based on using the functional expenses of the hospital facilities only in the denominator, which would be 9.31%

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 used to calculate the amounts reported in each line in Part 1, Line 7

990 Schedule H, Supplemental Information

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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part III, Line 2 Bad debt expense - methodology used to estimate amount	<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, 2020, the System recorded approximately \$46,393,000 of implicit price concessions as a direct reduction of patient service revenue that would have previously been recorded as provision for doubtful accounts and \$48,365,000 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	A. Exemption From Self-Pay Billing and Collection Action- UMMHC will not initiate Self-Pay billing and collection activity in the following instances: 1. Upon sufficient proof that a patient is a recipient of Emergency Aid to the Elderly, Disabled and Children (EAEDC), or enrolled in MassHealth, Health Safety Net, the Children's Medical Security Plan whose family income is equal or less than 300% of the FPL or Low Income Patient designation with the exception of Dental-Only Low Income patients as determined by the office of Medicaid with the exception of co-pays and deductibles required under the Program of Assistance. 2. The hospital has placed the account in legal or administrative hold status and/or specific payment arrangements have been made with the patient or guarantor. 3. Medical Hardship bills that exceed the medical hardship contribution. 4. Medical Hardship contributions that remains outstanding during a patient's MassHealth or Low Income Patient eligibility period. 5. Unless UMMHC has checked the EVS system to determine if the patient has filed an application for MassHealth. 6. For Partial Health Safety Net eligible patients, with the exception of any deductibles required. 7. UMMHC may bill for Health Safety Net eligible and Medical Hardship patients for non-medically necessary services provided at the request of the patient and for which the patient has agreed by written consent. 8. UMMHC may bill a Low Income Patient at their request in order to allow the patient to meet the required CommonHealth One-Time Deductible

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
<p>Schedule H, Part VI, Line 2 Needs assessment</p>	<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, the CHIP Data Committee and a subcommittee for oversight of UMass Memorial Medical Center Determination of Needs (DoN) funds distribution. 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: * 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: * 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. 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 Benefit 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: A.E.D. Foundation, Inc. Arc of Opportunity Central Mass Agency on Aging, Clinton Adult Learning Center, Community Health Connections, Community Health link, Fitchburg Board of Health, Fitchburg Department of Community Development, Fitchburg Police Department, Fitchburg Public Schools, Fitchburg State University, GAAMHA Inc., Gardner Community Action Team, Gardner Public Schools, Gardner Visiting Nurses Association, Growing Places Inc., Health Care for All Health Disparities Collaborative, Health Foundation of Central Mass, Heywood Healthcare, Joint Coalition on Health, Leominster Public Schools, LUK, Inc., MA Department of Corrections, MA Department of Public Health, Massachusetts Public Health Association, Montachusett Community Branch YMCA, Montachusett Home Care, Montachusett</p>

Form and Line Reference	Explanation
Schedule H, Part VI, Line 2 Needs assessment	<p>sett 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: 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>

990 Schedule H, Supplemental Information

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. 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. 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. Our focus is on vulnerable populations living in this geographical area</p> <p>Regional Description: The City of Worcester is very ethnically-diverse. The number of Hispanics living in the city has grown by 35% over the past 10 years. Refugees from Iraq currently account for the greatest percentage of new immigrants (51%) followed by refugees from Bhutan, Burma, Liberia and other African nations. Health Resources and Services Administration (HRSA) has designated the City of Worcester a health professional shortage area (HPSA) in primary care, mental health and dental services due to its low-income population. The City of Worcester has several neighborhoods with a shortage of health providers and HRSA has determined that many census tracts in the city are medically-underserved areas (MUAs). 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. 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%. 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</p>

Form and Line Reference	Explanation
Schedule H, Part VI, Line 4 Community information	<p>(11%), the percentage of Hispanic/Latino residents is significantly high 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 an other 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. * 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. Quantitative data from U.S Department of Commerce, Bureau of the Census, American Community Survey 5 year estimates, 2010-2014 illustrates that just over threefourths of the Massachusetts population is White (76.9%) which was largely consistent with Marlborough (80%). Both at the state level and in Marlborough, the Hispanic population was the next largest racial/ethnic group. Hudson's population followed a similar pattern, the proportion of its population that identified as white was even larger (90%) followed by Hispanic and Latino. English, Portuguese and Spanish are the predominant language for the communities the hospital serves</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part VI, Line 5 Promotion of community health	<p>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, Pedi-Pulmonology and the Emergency Department. We also provide medical and dental services to the underserved at 11 neighborhood sites and 20 schools through the UMass Memorial Care Mobile (this function on hold beginning in March 2020 due to the COVID-19 pandemic). 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 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>

Additional Data

Software ID: 19010655
Software Version: 2019v5.0
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 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 CHNA process and the development of a Community Health Improvement Plan (CHIP) to address the Priority Areas identified in the CHNA. Priority Areas identified in the 2018 CHNA 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. UMMMC addressed these Priority Areas through the following programs and efforts in 2020: * 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 CHNA Priority Areas and in securing significant funding for community health improvement efforts such as securing a \$3.5 Million Centers for Disease Control REACH grant focused on Latino health. Mental health: * 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 2020, the program served approximately 675 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 Community Health Worker (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, Community Healthlink (a UMMMC mental health provider), UMass Medical School Child Trauma Center, UMMHC Child Pro</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>tection Program, 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. * UMMC provides medical services at the Hector Reyes House: A residential substance abuse treatment program for Latino men providing on-site medical care, cognitive behavioral therapy and job training to reduce relapse. Serves 80 men annually including returning clients receiving ongoing care. Social Determinants of Health: Access to Care: * UMMC 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. Due to the onset of the COVID-19 pandemic, beginning in April 2020, the Care Mobile pivoted to conducting COVID-19 education and outreach on safety protocols, proper masking and hand hygiene in neighborhoods of color most affected by the virus. * Oral Health Task Force: Is coordinated and supported by the UMMC 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, MDPH 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 patients with needed community resources. * Medical-Legal Partnership: A partnership with UMMC'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. During the COVID pandemic, the MLP implemented remote services. The MLP staff attorney offered virtual clinic hours to each of the four clinics. In 2020, 180 referrals to legal services were made to pro-bono attorneys. * Support of Community Health Centers: To increase the capacity of two federally qualified community health centers' ability to provide primary care for vulnerable populations and address a shortage of providers, UMMC grants a rental subsidy annually to the Family Health Center of Worcester.</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>ter (FHC). UMMMC's contribution in this effort equates to a minimum of \$2.6 Million annual ly. * Health Insurance Enrollment Assistance: Is provided by our Financial Counselors to i mprove access to health care. About 8,500 people receive health insurance enrollment assistance each year. Chronic/complex conditions and their risk factors: * UMMMC established an d co-chairs a city-wide Pediatric Asthma Home Visiting Intervention to reduce school absen teeism, 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 cent ers and the City's Healthy Homes Office. This community/clinical linkage model utilizes tr ained, Community Health Workers (CHW) 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 actio ns. Due to the COVID-19 pandemic, beginning in March of 2020, the program discontinued in- person home visits and adapted by conducting home visits via Zoom and Facetime. * Working with WPS, UMMMC Pediatric Pulmonology Department operates AsthmaLink, a medication adheren ce program enrolling 85-100 students yearly that provides consultation, coordination of co ntroller medications given by school nurses and connection to the home visiting interventi on. The Pulmonology Division also provides training to school nurses, clinical providers a nd launched an innovative "Hospitalized Patient Intervention" which links pediatric patien ts admitted to the hospital to the CHW Pediatric Asthma Intervention. This intervention es tablishes communication with medical residents within the ED. In 2020, due to the closing of schools as a result of the COVID-19 pandemic beginning in March. CHWs assisted the PEDI -Pulmonology Department in the launch of a text-message communication system regarding med ication adherence for high-risk patients. Access to Healthy Food/Hunger/Food Insecurity: U Mass Memorial provides funding to key community stakeholders addressing food insecurity an d access to healthy foods. These include: * The Worcester Regional Environmental Council's urban agricultural program that provides youth jobs, leadership development and produce f or a Veggie Mobile that addresses food insecurity across the City. *UMMMC Community Benefi ts staff also serve as a member of the Worcester Food Policy Council (WFPC) Steering Commi ttee that convenes the CHIP Access to Healthy Foods Work Group to promote healthy weight/h ealthy eating and improve nutrition in distressed, food insecure neighborhoods through pol icy. To improve access to healthy food for underserved, food desert areas the Council work s on a range of issues including healthy food retail, SNAP/Healthy Incentives Program, (co ntinued)</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 comprehensive Community Health Needs Assessment (CHNA) that gathered, analyzed and documented qualitative and quantitative data. The hospital's 2018 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 to capture 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
Schedule H, Part V, Section B, Line 11 Facility , 1	<p>Facility , 1 - UMass Memorial - HealthAlliance-Clinton Hospital. The hospital conducted its most recent Community Health Needs Assessment (CHNA) in fiscal year 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, Patient Family Advisory Council (PFAC), other stakeholders and included input from 18 community stakeholders. The hospital focused its programs and initiatives in 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, implemented, and distributing funds in community benefits through the Determination of Needs (DoN) funding from the hospital's emergency department capital project. These funds represented a portion of the DoN funds distributed to the community through fiscal year 2020. Distribution was limited to programs that specifically address components of the hospital's 2018 community health needs assessment. The following are Community Activities / Strategies that address the identified health priorities needs were implemented during FY 2020: 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, Investment and Volunteerism 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 revitalization/housing, poverty and employee engagement. * Community Health Network Area of North</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>Central Massachusetts (CHNA 9): As part of this statewide effort, the hospital partners with CHNA9 to develop implement and integrate community projects to effectively utilize community resources to create healthier communities through a health equity framework. The hospital's Community Health Director and Community Outreach Coordinator work in collaboration with CHNA 9 as an active steering committee member, help facilitate the north regional Community Health Improvement Plan (CHIP) process, convene community stakeholders to implement the CHIP, and review grant proposals submitted by not-for-profit community-based organizations that address the priority areas. * UMass Memorial HealthAlliance-Clinton Hospital Minority Advisory Council MAC is an active committee of only diverse community members, stakeholders, and hospital personnel who meet monthly to develop ideas and implement strategies on how to combat Institutional Racism, identify issues that affect disadvantaged, underserved populations in our communities, offering solutions to improve social determinants of health and health care experience at HealthAlliance-Clinton Hospital. Representative of the MAC, help to assist in developing recommendations to hospital's senior leadership to:</p> <ul style="list-style-type: none"> o Increase awareness of health and racial inequities and impacts of social determinants o Reduce barriers to health care services and disparities in health outcomes o Promote cultural sensitivity at the Hospital, the community, and among other clinical and non-clinical partners. <p>2) Behavioral Health (mental health 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 Central MA region (Leominster, Fitchburg, Clinton, and surrounding towns). The Task Force aims to bring together healthcare providers, community leaders, patient advocates and community stakeholders to tackle the problem of substance and prescription drug abuse in the area by reducing opioid and addiction, preventing overdose deaths, and improving the well-being of our community. * DoN funds supported Aids Project Worcester Outreach program: HealthAlliance-Clinton Hospital funded supplies to support outreach efforts for the homeless, mental health, and substance use population receiving aid by APW's harm reduction specialist. * DoN funds supported Restoration Recovery Center Inc. providing 76 individuals with recovery assistance and transportation to access healthcare and other human services. * 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, including preventing substance abuse, in a culturally responsive and holistic manner in the North Central region. The hospital supports these efforts by the Community Outreach Specialist co-chairing the work group. * Free Community Narcotics Training a: 100 Participants learned about</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>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 administering Narcan, and rescue breathing and harm reduction. * Organize 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 * WHEAT Community Cafe: Hospital supports over 500 community members access a warm nutritional meal through a feeding program at the WHEAT Community Cafe for populations living in poverty. * Hospital Financial Councilor program: Hospital Financial Councilors enroll and educate community members about existing health insurance plans, enrolling over 1,000 community members annually. * DoN funds supported several community base organizations (MOC, Growing Places, and WHEAT food insecurity programs) addressing "social determinants of community health" affected by COVID-19 pandemic providing emergency food and supplies to families who are homebound or facing economic hardships due to COVID19 pandemic. * DoN funds supported Fitchburg Public library to deliver Managing Diabetes evidence base program 4) Healthy Relationships and Domestic/Interpersonal Violence * The hospital partners with YWCA (Daybreak) displaying "Empty Place" display at each hospital campus: a virtual art exhibition which features dinner place settings representing real victims of domestic violence missing from their family's lives, educational materials and a public comment/feed back box. 5) Healthy Aging * DoN funds supported a lending assistive technology program for the hard of hearing population to allow individuals with hearing impairment enjoy community events, classes, and music. * DoN funds supported "Going steady" a nine-week Fall prevention and balance evidence base program for seniors. Other health needs that are not included in the CHNA/CHIP are not being addressed due to limited funding or resources.</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 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.

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

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

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility , 1	Facility , 1 - Marlborough Hospital. UMass Memorial - Marlborough Hospital, FY2020 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 2019 CHA are: Mental Health, Substance Abuse, Healthy Aging, Access to Health Care and Health and Wellness. Due to the Covid-19 pandemic, most of the Community Benefits outreach programs were canceled or significantly reduced. Marlborough Hospital addressed these Priority Areas through the following programs and efforts in 2020: Build Awareness of Mental Health Issues * 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 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 * Boys & Girls Club - Basketball team sponsorship-\$250 * Supported Baseball and Softball program - \$250 Covid-19 support to the community Throughout the pandemic, Marlborough Hospital has provided information to residents, non-profit organizations, human services agencies, municipalities, business leaders, elected officials, the press and residents of the communities the hospitals serve regarding Covid, testing, vaccine and other pertinent health information. Hospital leadership held daily briefings during the first surge and community stakeholders were invited to participate. Regular system and hospital Town Hall meeting were held to keep staff and community leaders informed. 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.

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

2019

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...
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.

Table with 8 columns: (a) Name and address of organization, (b) EIN, (c) IRC section, (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation, (g) Description of noncash assistance, (h) Purpose of grant or assistance. Rows 1-12.

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

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

Part III can be duplicated if additional space is needed.

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

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

Return Reference	Explanation
Schedule I, Part I, Line 2 Procedures for monitoring use of grant funds.	We monitor the use of grant funds for compliance after they are awarded, by, but not limited to, the following methods Family Health Center of Worcester, Inc. At reasonable intervals, re-evaluation of the Grants will occur to ensure that the arrangements and compliance are expected to continue to satisfy the standard set forth. The Health Centers will document the re-evaluation contemporaneously. Edward M. Kennedy Community Health Center Inc. At reasonable intervals, re-evaluation of the Grants will occur to ensure that the arrangements and compliance are expected to continue to satisfy the standard set forth. The Health Centers will document the re-evaluation contemporaneously. University of Massachusetts Medical School Evaluate safety & efficiency of physicians-modifications regarding Complex Aortic Aneurysm Repair with quarterly progress and financial reports received to ensure compliance As part of the agreement, the use of the AIF is controlled and monitored jointly by the University and the System. Regional Environmental Council 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. 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. North Central Massachusetts - Chamber Foundation As part of the agreement, semi-annual and final reports will be provided in order to make sure they are in compliance. City of Worcester 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: 19010655
Software Version: 2019v5.0
EIN: 91-2155626
Name: UMass Memorial Health Care Inc & Affiliates

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

(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	501(C)(1)	6,889,390	0	N/A	N/A	3a. Primary purpose of the academic investment funds is to support the University of Massachusetts Medical School programs. - \$6,789,500 3b. 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. - \$99,890
Regional Environmental Council PO Box 255 Worcter, MA 01613	04-6364350	501(c)(3)	25,000	0	N/A	N/A	4. Support access to healthy food

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)	20,000	0	N/A	N/A	5. Support for American Heart Association
MetroWest Health Foundation 161 Worcester Road Framingham, MA 01701	04-2121342	501(c)(3)	9,375	0	N/A	N/A	6. Support for Community Health Needs Assessment

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
North Central MA-Chamber Foundation 860 South Street Fitchburg, MA 01420	04-2774164	501(c)(3)	8,000	0	N/A	N/A	7. Support for Scholarships to highlight Academic of High School Seniors in the community
City of Worcester 455 Main Street Worcester, MA 01608	04-6001418	City of Worcester	5,250	0	N/A	N/A	8.Support Worcester Division of Public Health

Schedule J
(Form 990)

Compensation Information

OMB No. 1545-0047
2019
Open to Public Inspection

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

Department of the Treasury
Internal Revenue Service

Name of the organization
UMass Memorial Health Care Inc & Affiliates

Employer identification number
91-2155626

Part I Questions Regarding Compensation

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

Part 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 Compensation to employees	THE ABOVE DIRECTORS RECEIVE NO COMPENSATION FOR THEIR ROLE AS DIRECTORS. ALL COMPENSATION RECEIVED RELATES TO THEIR POSITION AS A PHYSICIAN/ADMINISTRATOR.
Schedule J, Part 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.
Schedule J, Part I, Line 3 CEO/Executive Director paid by related organization	Eric W. Dickson, MD is President & CEO of UMass Memorial Health Care, Inc. and Affiliates, which includes all entities in this Group 990. As top management official, he is paid by UMass Memorial Health Care, Inc. (Parent), a related organization.
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: Fisher, Barbara \$67,024 Weymouth, Deborah \$100,229
Schedule J, Part I, Line 4b Supplemental nonqualified retirement plan	THE FOLLOWING INDIVIDUALS RECEIVED PAYMENT FROM A SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN IN THE REPORTING PERIOD: OFFICERS, DIRECTORS, TRUSTEES: BOLLAND ESHGHI, KATHARINE \$36,098 BROWN, DOUGLAS S. \$57,832 CORBETT, WILLIAM, MD \$41,981 DAY, THERESE \$35,872 DICKSON, ERIC W., MD \$115,656 FINBERG, ROBERT W., MD \$65,579 GAGNE, NICOLE \$15,974 GREENWOOD, JOHN \$31,754 LAPRIORE, CHERYL M. \$31,576 ROACH, STEVEN \$36,356 SHIRSHAC, JEANNE \$16,708 STREETER, MICHELE \$25,520 TOSI, STEPHEN E., MD \$65,094 SUBTOTAL OFF, DIR, TRUSTEES \$576,000 KEY EMPLOYEES: CYR, JAMES P. \$26,138 FELDMANN, ROBERT \$80,972 METZGER, BART \$126,539 RANDOLPH, JOHN T. \$231,682 SALZBERG, JOHN R. \$18,128 SHAKMAN, ALICE \$30,758 TARNOWSKI, TIMOTHY \$45,204 SUBTOTAL KEY EMPLOYEES \$559,421 FORMER: FISHER, BARBARA \$230,284 WEYMOUTH, DEBORAH \$441,471 SUBTOTAL FORMER \$671,755 TOTAL \$1,807,176 THE FOLLOWING INDIVIDUALS PARTICIPATED IN A SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN IN THE REPORTING PERIOD (no distribution received): OFFICERS, DIRECTORS, TRUSTEES: GUSTAFSON, MD, MICHAEL LEARY, JAMES MELGAR, SERGIO SWENSON, DANA E. KEY EMPLOYEES: BAILEY, JACK W. KARSON, ANDREW PRECOURT, JUSTIN

Additional Data

Software ID: 19010655
Software Version: 2019v5.0
EIN: 91-2155626
Name: UMass Memorial Health Care Inc & Affiliates

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 DOUGLAS S BROWN Secretary, UMM Medical Center, Inc., Director Various	(i)	0	0	0	0	0	0	0
	(ii)	597,649	323,776	75,799	167,898	27,800	1,192,922	57,832
1 ERIC W DICKSON MD President & CEO, UMMHC, Inc. & Affiliates, Director various	(i)	0	0	0	0	0	0	0
	(ii)	1,299,853	899,108	118,536	380,012	30,249	2,727,758	115,656
2 SERGIO MELGAR EVP/CFO/Treasurer, UMM Health Care, Inc. Officer/DIR Various	(i)	0	0	0	0	0	0	0
	(ii)	748,352	405,127	18,856	205,839	42,269	1,420,443	0
3 JOHN GREENWOOD PRESIDENT, DIRECTOR, UMM ACCOUNTABLE CARE ORGANIZATION, INC.	(i)	302,837	97,539	31,754	99,502	27,589	559,221	31,754
	(ii)	0	0	0	0	0	0	0
4 MICHAEL GUSTAFSON MD PRESIDENT, UMM MEDICAL CENTER, INC., DIRECTOR VARIOUS	(i)	724,575	300,500	0	90,369	23,637	1,139,081	0
	(ii)	0	0	0	0	0	0	0
5 CHERYL LAPRIORE PRESIDENT, DIRECTOR, UMM HEALTH VENTURES, INC., DIRECTOR VARIOUS	(i)	0	0	0	0	0	0	0
	(ii)	356,674	192,189	31,576	104,229	27,446	712,114	31,576
6 STEVEN ROACH PRESIDENT, DIR., CNEHA, INC. & MARLBOROUGH HOSP., OFF. & DIR. VARIOUS	(i)	397,563	119,241	36,356	82,775	28,389	664,324	36,356
	(ii)	0	0	0	0	0	0	0
7 DANA SWENSON PRESIDENT, DIRECTOR, UMM REALTY, INC. UNTIL FY2020	(i)	0	0	0	0	0	0	0
	(ii)	255,065	82,180	0	76,777	25,829	439,851	0
8 STEPHEN E TOSI MD PRESIDENT, UMM MEDICAL GROUP, INC., DIRECTOR, UMM ACO, INC.	(i)	656,077	353,047	84,094	91,159	24,314	1,208,691	65,094
	(ii)	0	0	0	0	0	0	0
9 RENEE MIKITARIAN-BRADLEY PRESIDENT, DIRECTOR, UMM REALTY, INC.	(i)	0	0	0	0	0	0	0
	(ii)	168,085	15,884	0	31,451	27,552	242,972	0
10 ROBERT W FINBERG MD DIRECTOR, UMM MEDICAL CENTER, INC.	(i)	299,384	74,939	65,579	45,554	35,376	520,832	65,579
	(ii)	0	0	0	0	0	0	0
11 MARK JOHNSON MD DIRECTOR, UMM MEDICAL CENTER, INC.	(i)	704,969	35,000	0	14,000	32,356	786,325	0
	(ii)	0	0	0	0	0	0	0
12 PAULETTE SEYMOUR-ROUTE PHD DIRECTOR, UMM MEDICAL CENTER, INC.	(i)	152,262	0	4,442	2,427	850	159,981	0
	(ii)	0	0	0	0	0	0	0
13 WILLIAM CORBETT MD Director, UMM HealthAlliance-Clinton Hosp., Inc., Director various	(i)	389,029	139,376	41,981	113,127	24,893	708,406	41,981
	(ii)	0	0	0	0	0	0	0
14 THERESE DAY DIRECTOR, UMM HEALTH VENTURES, INC.	(i)	326,904	105,118	35,872	89,115	30,146	587,155	35,872
	(ii)	0	0	0	0	0	0	0
15 ROBERT BABINEAU JR MD DIRECTOR, UMM HEALTHALLIANCE-CLINTON HOSPITAL, INC., Director various	(i)	392,876	10,353	0	14,000	28,295	445,524	0
	(ii)	0	0	0	0	0	0	0
16 RICARDO BELLO MD DIRECTOR, UMM MEDICAL GROUP, INC.	(i)	494,879	74,032	0	14,000	32,542	615,453	0
	(ii)	0	0	0	0	0	0	0
17 ALAN P BROWN MD DIRECTOR, COMMUNITY HEALTHLINK, INC. & UMBHS, INC.	(i)	186,175	22,850	0	10,843	28,439	248,307	0
	(ii)	0	0	0	0	0	0	0
18 XIMENA M CASTRO MD DIRECTOR, UMM HEALTHALLIANCE-CLINTON HOSPITAL, INC. & CNEHA, INC.	(i)	255,533	35,551	0	14,000	14,346	319,430	0
	(ii)	0	0	0	0	0	0	0
19 CHARLES CAVAGNARO MD DIRECTOR, MARLBOROUGH HOSPITAL & CPC, INC.	(i)	411,374	43,604	0	5,600	13,545	474,123	0
	(ii)	0	0	0	0	0	0	0

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees								
(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
21 KIMBERLY EISENSTOCK MD	(i)	259,278	46,733	0	14,000	28,411	348,422	0
DIRECTOR, MARLBOROUGH HOSPITAL	(ii)	0	0	0	0	0	0	0
1 DAVID HARLAN MD	(i)	156,674	30,000	0	9,736	29,134	225,544	0
DIRECTOR UNTIL FY2020, UMM ACCOUNTABLE CARE ORGANIZATION, INC.	(ii)	0	0	0	0	0	0	0
2 CHANDRIKA JAIN MD	(i)	170,435	7,449	0	8,940	11,357	198,181	0
DIRECTOR, MARLBOROUGH HOSPITAL	(ii)	0	0	0	0	0	0	0
3 KATHRYN KENNEDY MD	(i)	271,344	34,167	0	14,000	31,755	351,266	0
DIRECTOR UNTIL FY2020, UMM MEDICAL GROUP, INC.	(ii)	0	0	0	0	0	0	0
4 CHRISTOPHER KENNEDY MD	(i)	106,883	48,300	19,000	8,956	27,278	210,417	0
DIRECTOR UNTIL FY2020, UMM HEALTHALLIANCE-CLINTON HOSPITAL, INC. & CNEHA, INC.	(ii)	0	0	0	0	0	0	0
5 DANIEL LASSER MD	(i)	170,955	62,834	0	33,565	30,818	298,172	0
DIRECTOR UNTIL FY2020, UMM MEDICAL GROUP, INC. & ACO, INC.	(ii)	0	0	0	0	0	0	0
6 JAMES LEARY	(i)	0	0	0	0	0	0	0
DIRECTOR, UMM COMMUNITY HOSPITALS, INC., DIRECTOR VARIOUS	(ii)	216,078	67,500	0	21,573	31,957	337,108	0
7 MARY E MALONEY MD	(i)	523,312	41,219	0	14,000	28,477	607,008	0
DIRECTOR, UMM MEDICAL GROUP, INC.	(ii)	0	0	0	0	0	0	0
8 JEFFREY N METZMAKER MD	(i)	273,509	0	19,000	14,000	31,676	338,185	0
DIRECTOR, UMM MEDICAL GROUP, INC.	(ii)	0	0	0	0	0	0	0
9 DOMINIC NOMPLEGGI MD	(i)	240,979	35,043	0	14,000	33,049	323,071	0
DIRECTOR, UMM MEDICAL GROUP, INC.	(ii)	0	0	0	0	0	0	0
10 JENNIFER REIDY MD	(i)	182,036	45,175	0	11,678	26,517	265,406	0
DIRECTOR, UMM ACCOUNTABLE CARE ORGANIZATION, INC.	(ii)	0	0	0	0	0	0	0
11 SHLOMIT SCHAAL MD	(i)	482,105	35,000	0	14,000	31,466	562,571	0
DIRECTOR, UMM MEDICAL GROUP, INC.	(ii)	0	0	0	0	0	0	0
12 CELESTE STRAIGHT MD	(i)	242,910	9,335	0	14,094	8,479	274,818	0
DIRECTOR, UMM MEDICAL GROUP, INC.	(ii)	0	0	0	0	0	0	0
13 MATTHEW J TRAINOR MD	(i)	266,501	66,801	0	14,000	28,048	375,350	0
DIRECTOR, UMM ACCOUNTABLE CARE ORGANIZATION, INC.	(ii)	0	0	0	0	0	0	0
14 DEBRA TWEHOUS MD	(i)	215,931	24,925	0	12,675	33,375	286,906	0
DIRECTOR, UMM ACCOUNTABLE CARE ORGANIZATION, INC.	(ii)	0	0	0	0	0	0	0
15 KATHARINE BOLLAND ESHGHI	(i)	0	0	0	0	0	0	0
ASSISTANT SECRETARY, UMM MEDICAL CENTER, INC.	(ii)	374,075	119,529	36,098	94,391	27,302	651,395	36,098
16 NICOLE GAGNE	(i)	235,367	46,857	15,974	46,497	27,374	372,069	15,974
PRESIDENT UNTIL FY2020, COMMUNITY HEALTHLINK, INC.	(ii)	0	0	0	0	0	0	0
17 MICHELE STREETER	(i)	418,542	223,651	25,520	114,809	30,972	813,494	25,520
TREASURER, UMM MEDICAL GROUP, INC.	(ii)	0	0	0	0	0	0	0
18 FRANCIS W SMITH	(i)	0	0	0	0	0	0	0
Secretary, UMM Medical Group, Inc., Officer various	(ii)	208,700	69,347	0	28,006	25,309	331,362	0
19 JOHN GLASSBURN	(i)	0	0	0	0	0	0	0
Secretary, UMM Community Hospitals, Inc., Officer Various	(ii)	185,169	13,472	0	23,211	26,309	248,161	0

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees								
(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
41 STEVEN MCCUE	(i)	320,305	41,751	0	30,969	23,999	417,024	0
ASSISTANT TREASURER, HEALTHALLIANCE HOME HEALTH AND HOSPICE, INC.	(ii)	0	0	0	0	0	0	0
1 JEANNE SHIRSHAC	(i)	0	0	0	0	0	0	0
TREASURER, UMM ACCOUNTABLE CARE ORGANIZATION, INC.	(ii)	239,832	64,265	16,708	58,081	26,252	405,138	16,708
2 JACK W BAILEY	(i)	164,172	33,053	0	22,160	15,662	235,047	0
SVP, CLINICAL SVCS	(ii)	0	0	0	0	0	0	0
3 JAMES P CYR	(i)	258,272	84,754	26,138	75,623	31,021	475,808	26,138
SVP, SURGICAL & PROCEDURAL SVCS	(ii)	0	0	0	0	0	0	0
4 ROBERT FELDMANN	(i)	0	0	0	0	0	0	0
SVP, FINANCE/CORPORATE CONTROLLER	(ii)	281,251	150,315	99,972	86,498	28,546	646,582	80,972
5 ANDREW KARSON MD	(i)	462,816	118,750	0	57,434	30,501	669,501	0
SVP, CMO-UMMMC	(ii)	0	0	0	0	0	0	0
6 BART METZGER	(i)	0	0	0	0	0	0	0
SVP, CHIEF HR OFFICER	(ii)	419,380	136,177	131,839	79,699	29,332	796,427	126,539
7 JUSTIN PRECOURT	(i)	247,200	62,524	0	25,117	26,345	361,186	0
SVP, PATIENT CARE SVCS & CNO	(ii)	0	0	0	0	0	0	0
8 JOHN T RANDOLPH	(i)	0	0	0	0	0	0	0
VP, CHIEF CORPORATE COMPLIANCE	(ii)	245,044	79,651	231,682	62,850	34,184	653,411	231,682
9 JOHN R SALZBERG	(i)	0	0	0	0	0	0	0
SVP, SYSTEM REV CYCLE OPS & CRO	(ii)	292,091	80,395	18,128	71,320	30,664	492,598	18,128
10 ALICE A SHAKMAN	(i)	273,071	161,704	30,758	76,007	17,566	559,106	30,758
SVP, CLINICAL SVCS	(ii)	0	0	0	0	0	0	0
11 TIMOTHY A TARNOWSKI	(i)	0	0	0	0	0	0	0
SVP, CHIEF INFO OFFICER & CTO UNTIL FY2020	(ii)	494,238	166,263	64,204	109,031	40,231	873,967	45,204
12 ARNO S SUNGARIAN MD	(i)	1,032,748	45,723	0	18,726	31,764	1,128,961	0
PHYSICIAN, NEUROLOGICAL SURGEON FOR CMG - MED GROUP	(ii)	0	0	0	0	0	0	0
13 GERALD T MCGILLICUDDY MD	(i)	849,530	110,756	19,000	14,000	35,373	1,028,659	0
PHYSICIAN, NEUROLOGICAL SURGEON FOR CMG - MED GROUP	(ii)	0	0	0	0	0	0	0
14 DEMETRIUS LITWIN MD	(i)	619,630	226,370	0	14,000	35,376	895,376	0
PHYSICIAN, CHAIR OF SURGERY DEPT - MED GROUP	(ii)	0	0	0	0	0	0	0
15 ADEL BOZORGZADEH MD	(i)	468,444	320,236	0	14,000	32,726	835,406	0
PHYSICIAN, DIVISION CHIEF OF TRANSPLANT SURGERY - MED GROUP	(ii)	0	0	0	0	0	0	0
16 JENNIFER D WALKER MD	(i)	628,464	150,000	0	14,000	32,726	825,190	0
PHYSICIAN, DIVISION CHIEF OF CARDIAC SURGERY - MED GROUP	(ii)	0	0	0	0	0	0	0
17 BARBARA FISHER	(i)	188,451	87,835	312,997	71,735	23,198	684,216	230,284
FORMER KEY EE, SVP UNTIL 9/25/19, OPERATIONS (UMMMC)	(ii)	0	0	0	0	0	0	0
18 DEBORAH WEYMOUTH	(i)	332,955	88,313	550,462	98,397	27,917	1,098,044	441,471
FORMER PRESIDENT UNTIL 9/27/19, HEALTHALLIANCE-CLINTON HOSPITAL	(ii)	0	0	0	0	0	0	0
19 JOHN BRONHARD	(i)	353,518	62,419	0	7,570	30,088	453,595	0
FORMER TREASURER UNTIL 10/1/18, UMM HEALTHALLIANCE-CLINTON HOSPITAL, INC.	(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

2019

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 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 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 Development Finance Agency	04-3431814	000000000	01-23-2020	7,146,000	Series A (Marlborough): to current refund bonds issued 8/14/2009, 11/24/2009 and 4/2/2019		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	3,635,000		309,000		48,440,000		39,985,000	
2	Amount of bonds legally defeased	0		0		0		23,900,000	
3	Total proceeds of issue	25,725,000		7,146,000		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		0		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		7,146,000		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 of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?	X		X		X		X	
15	Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2018, 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 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 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

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

Schedule K (Form 990)

Supplemental Information on Tax-Exempt Bonds

▶ 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 instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
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	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
C 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	10,390,000		0		0			
2	Amount of bonds legally defeased	0		0		0			
3	Total proceeds of issue	194,856,159		56,926,833		121,003,479			
4	Gross proceeds in reserve funds	0		0		0			
5	Capitalized interest from proceeds	0		0		0			
6	Proceeds in refunding escrows	0		0		24,733,896			
7	Issuance costs from proceeds	2,529,172		1,026,941		1,549,482			
8	Credit enhancement from proceeds	0		0		0			
9	Working capital expenditures from proceeds	0		0		0			
10	Capital expenditures from proceeds	61,969,810		30,174,892		80,475,069			
11	Other spent proceeds	130,357,177		25,725,000		3,286,250			
12	Other unspent proceeds			0		12,231,186			
13	Year of substantial completion	2019		2018					
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?	X		X			X		
15	Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?		X		X	X			
16	Has the final allocation of proceeds been made?	X		X			X		
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	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		
2	Are there any lease arrangements that may result in private business use of bond-financed property?		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		
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		
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 %		
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 %		
6 Total of lines 4 and 5		0 %		0 %		0 %		
7 Does the bond issue meet the private security or payment test?		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		
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			

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		
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?	X		X		X			
b Exception to rebate?		X		X		X		
c No rebate due?		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		
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		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		
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		
7 Has the organization established written procedures to monitor the requirements of section 148?	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			

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

Schedule L (Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No. 1545-0047

2019

Open to Public Inspection

Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b. Attach to Form 990 or Form 990-EZ. 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 Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only). Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

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

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

Part II Loans to and/or From Interested Persons.

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

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

Total \$

Part III Grants or Assistance Benefiting Interested Persons.

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

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

Part IV Business Transactions Involving Interested Persons.

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

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

Part V Supplemental Information

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

Return Reference	Explanation

Additional Data

Software ID: 19010655

Software Version: 2019v5.0

EIN: 91-2155626

Name: UMass Memorial Health Care Inc & Affiliates

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) MA Lung and Allergy PC	Entity more than 35% owned by Kimberly Robinson, MD, Board Director	429,069	3rd Party Payer Contract Payment		No
(1) Chair City Family Medicine PC	Entity more than 35% owned by Francis Sweeney, MD, Board Director	204,622	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
(3) Ellen Carlucci	Family Member of Daniel Carlucci, M.D., Board Director	169,138	Employment Arrangement w/ Marlborough Hospital		No
(1) Elaine Granville RN	Family Member of Cheryl Lapriore, Officer / Board Director	178,958	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
(5) BRIAN GREENBERG NP	Family Member of Howard Alfred, MD, Board Director	177,900	Employment Arrangement w/ UMM Medical Group, Inc.		No
(1) DILIP JAIN MD	Family Member of Chandrika Jain, MD, Board Director	68,621	Employment Arrangement w/ UMM Medical Group, Inc.		No

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(7) Brittany M Paulhus	Family Member of Robert J. Paulhus, Jr., Interim Chairperson	84,225	Employment Arrangement w/ UMM Medical Center, Inc.		No
(1) Darlene A Purcell	Family Member of Philip E. Purcell, Board Director	186,668	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
(9) Mary Harrington	Family Member of James Leary, Board Director	127,712	Employment Arrangement w/ UMM Medical Center, Inc.		No
(1) Anthony Mngolia	Family Member of Tamara Lundi, Board Officer	70,008	Employment Arrangement w/ Community HealthLink, 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
(11) Substantial Contributor	Substantial Contributor	13,584,644	Independent Contractor Arrangement, donation of \$65,000		No
(1) Substantial Contributor	Substantial Contributor	2,173,826	Independent Contractor Arrangement, donation of \$7,500		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
(13) Substantial Contributor	Substantial Contributor	160,080	Independent Contractor Arrangement, donation of \$5,000		No

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2019

▶ **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				
5 Clothing and household goods	X		6,045	Market value
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
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	X	3	510	Market value
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (Assorted toys)	X	21	13,960	Market value
26 Other ▶ (Misc. supplies)	X	10	19,400	Market value
27 Other ▶ (_____)				
28 Other ▶ (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29** 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 isn't 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 didn't 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 Solicit, process, or sell noncash contributions	UMass Memorial Health Care, Inc. affiliates utilized the services of UMass Memorial Foundation, Inc. until December 31, 2019 to solicit donor contributions. Beginning January 1, 2020, UMass Memorial Health Care, Inc. relied on an in-house Office of Philanthropy 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	Clothing and household goods - The organization is reporting the number of contributions. Other - Assorted toys - 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

2019

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 \$ 72,271,307 including grants of \$)(Revenue \$ 56,933,089) 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 Hospital & UMM Health Ventures, Inc.: Richer, Gerard (Board Member) and Marlborough Hospital & UMM Community Hospitals, Inc.: Michael Murphy (Board Member) - Business relationship, CNEHA & UMM HealthAlliance-Clinton: Robert Paulhus (Board Member) and CNEHA & UMM HealthAlliance-Clinton: Michael Ames (Board Member) - Business relationship

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 7a Members or stockholders electing members of governing body	THE MAJORITY OF ENTITIES IN THE CONSOLIDATED GROUP HAVE A SOLE MEMBER (UMMHC - Parent , CNEHA, INC. or UMass Memorial Community Hospitals, 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 , CNEHA, INC. or UMass Memorial Community Hospitals, 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 8b Documentation of meetings held by committees of governing body	There are no committees with authority to act on behalf of the governing body, thus the "no" response for Part VI, Line 8b. THE ORGANIZATIONS DOCUMENT THE BOARD AND COMMITTEE MEETINGS BY TAKING MINUTES, WHICH INCLUDE ALL MEETING DISCUSSIONS AND ACTIONS. THESE WRITTEN MINUTES ARE THEN APPROVED AT THE FOLLOWING BOARD AND COMMITTEE MEETINGS.

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. CROWE (TAX PREPARERS) PRESENTS THE FORM 990 TO THE FINANCE COMMITTEE.

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 15a Process to establish compensation of top management official	<p>Compensation matters involving the System President & CEO (paid by UMass Memorial Health Care, Inc. (Parent) a related organization) and Senior Executives (including Group 990 entity Presidents) 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 System President & CEO and key personnel for Group 990 entities. The Compensation Committee voted and approved the System President & CEO's compensation at their annual meeting in March 2020. All other key personnel (including the Group 990 entity Presidents) were voted on and approved at the annual meeting in December 2019.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 15b Process to establish compensation of other employees	Please refer to the above narrative for Part VI, Line 15a for a description of the compensation review process. Dates of the reviews for other officers and key employees are noted below, along with the title for reference and tier (internal management hierarchy). Tier - Title - Review date: Tier A - PRESIDENT, CEO - March 2020 Tier B - PRESIDENT MEDICAL CENTER - December 2019 Tier B - EXEC VP, CFO - December 2019 Tier B - CHIEF PHYSICIAN EXECUTIVE - December 2019 Tier B - PRESIDENT, UMMH & CAO/CLO, UMMHC - December 2019 Tier B - EXEC VP/COO UMMMG - December 2019 Tier C - SVP CMO-UMMMC - December 2019 Tier C - PRESIDENT MARLBORO HOSPITAL - December 2019 Tier C - SVP CHIEF HR OFFICER - December 2019 Tier C - SVP COMMUNITY PRACTICES - December 2019 Tier C - SVP GENERAL COUNSEL-PGL - December 2019 Tier C - SVP & CHIEF PHILANTHROPY OFC - December 2019 Tier C - SVP CHF OF STAFF&CHF MKTG OFC - December 2019 Tier C - SVP PATIENT CARE SVCS & CNO - December 2019 Tier C - VP/CHIEF FINANCIAL OFFICER - December 2019 Tier C - SVP POP HLTH & PRESIDENT, ACO - December 2019 Tier C - SVP FINANCE/CORP CONTROLLER - December 2019 Tier C - SVP SYSTEM REV CYCLE OPS & CRO - December 2019 Tier C - SVP AMBULATORY SVCS - December 2019 Tier C - SVP CLINICAL SVCS - December 2019 Tier C - SVP SURGICAL&PROCEDURAL SVCS - December 2019 Tier C - SVP CLINICAL SVCS - December 2019 Tier C - VP CHIEF CORPORATE COMPLIANCE - December 2019 Tier C - PRESIDENT COMMUNITY HLTH LINK - December 2019

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VIII, Line 2f Other Program Service Revenue	All other program service revenue - Total Revenue: 640565, Related or Exempt Function Revenue: 640565, Unrelated Business Revenue: , Revenue Excluded from Tax Under Sections 512, 513, or 514: ;

990 Schedule O, Supplemental Information

Return Reference	Explanation
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.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part XI, Line 9 Other changes in net assets or fund balances	TRANSFERS TO UNRESTRICTED - REVENUE - 2794296; TRANSFERS TO UNRESTRICTED - PPE - 2344017; Nonoperating net pension periodic cost and other pension-related changes - 134447; TRANSFERS (TO) FROM RELATED PARTIES - 214752141; TRANSFERS TO UNRESTRICTED - EXPENDITURES - -3213349; CHANGE IN BENEFICIAL INTEREST IN TRUSTS AND OTHER CHANGES IN RESTRICTED NET ASSETS - 1775917; Other changes in net assets related to joint venture and SWAP agreement - -980046;

990 Schedule O, Supplemental Information

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: 9/30/2020 306 Belmont Street, Worcester, MA 01604 Marlborough Hospital 157 Union Street, Marlborough, MA 01752 EIN: 04-2104693 FYE: 9/30/2020 UMass Memorial Behavioral Health System, Inc. 306 Belmont Street, Worcester, MA 01604 EIN: 04-3374724 FYE: 9/30/2020 UMass Memorial Community Hospitals, Inc. 306 Belmont Street, Worcester, MA 01604 EIN: 04-3296271 FYE: 9/30/2020 UMass Memorial Health Ventures, Inc. 306 Belmont Street, Worcester, MA 01604 EIN: 22-2605679 FYE: 9/30/2020 UMass Memorial Medical Center, Inc. 306 Belmont Street, Worcester, MA 01604 EIN: 04-3358564 FYE: 9/30/2020 UMass Memorial Medical Group, Inc. 306 Belmont Street, Worcester, MA 01604 EIN: 04-2911067 FYE: 9/30/2020 UMass Memorial Realty, Inc. 306 Belmont Street, Worcester, MA 01604 EIN: 04-2805630 FYE: 9/30/2020 Community HealthLink, Inc. 72 Jaques Avenue, Worcester, MA 01610 EIN: 04-2626179 FYE: 9/30/2020 Central New England HealthAlliance, Inc. 60 Hospital Road, Leominster, MA 01453 EIN: 04-3172496 FYE: 9/30/2020 Coordinated Primary Care, Inc. 60 Hospital Road, Leominster, MA 01453 EIN: 04-3210002 FYE: 9/30/2020 HealthAlliance Home Health and Hospice, Inc. 25 Tucker Road, Leominster, MA 01453 EIN: 04-2932308 FYE: 9/30/2020 UMass Memorial HealthAlliance-Clinton Hospital, Inc. 60 Hospital Road, Leominster, MA 01453 EIN: 04-2103555 FYE: 9/30/2020 UMass Memorial Accountable Care Organization, Inc. 306 Belmont Street, Worcester, MA 01604 EIN: 46-2871359 FYE: 9/30/2020

990 Schedule O, Supplemental Information

Return Reference	Explanation
<p>Part VII Section A Complete list of Group 990 Board Members and Officers by entity - Part 1 of 4</p>	<p>Entity & EIN: UMass Memorial Medical Center, Inc. #04-3358564 MICHAEL GUSTAFSON, MD PRESIDENT, UMM MEDICAL CENTER, INC SERGIO MELGAR TREASURER, UMM MEDICAL CENTER, INC. DOUGLAS S. BROWN SECRETARY, UMM MEDICAL CENTER, INC. KATHARINE BOLLAND ESHGHI ASSISTANT SECRETARY, UMM MEDICAL CENTER, INC. RICHARD SIEGRIST CHAIRPERSON, DIRECTOR, UMM MEDICAL CENTER, INC RAYMOND PAWLICKI VICE CHAIRPERSON, DIRECTOR, UMM MEDICAL CENTER, INC. PAUL KANGAS DIRECTOR UNTIL FY2020, UMM MEDICAL CENTER, INC. EVAN BENJAMIN, MD DIRECTOR, UMM MEDICAL CENTER, INC. DAVID L. BENNETT DIRECTOR, UMM MEDICAL CENTER, INC. RICHARD K. BENNETT DIRECTOR, UMM MEDICAL CENTER, INC. LESLIE BOVENZI DIRECTOR, UMM MEDICAL CENTER, INC. MICHAEL COLLINS, MD DIRECTOR, UMM MEDICAL CENTER, INC. EDWARD D'ALELIO DIRECTOR, UMM MEDICAL CENTER, INC. ERIC W. DICKSON, MD DIRECTOR, UMM MEDICAL CENTER, INC. ROBERT W. FINBERG, MD DIRECTOR, UMM MEDICAL CENTER, INC. TERENCE FLOTTE, MD DIRECTOR, UMM MEDICAL CENTER, INC. ELVIRA GUARDIOLA DIRECTOR, UMM MEDICAL CENTER, INC. MARK JOHNSON, MD DIRECTOR, UMM MEDICAL CENTER, INC. NANCY KANE DIRECTOR, UMM MEDICAL CENTER, INC. PETER KNOX DIRECTOR, UMM MEDICAL CENTER, INC. SUSAN MAILMAN DIRECTOR, UMM MEDICAL CENTER, INC. PAULETTE SEYMOUR-ROUTE PH.D. DIRECTOR, UMM MEDICAL CENTER, INC. ROSEMARY THOMSEN DIRECTOR, UMM MEDICAL CENTER, INC. LYNDA M. YOUNG, MD DIRECTOR, UMM MEDICAL CENTER, INC. Entity & EIN: UMass Memorial Health Ventures, Inc. #22-2605679 CHERYL LAPRIORE PRESIDENT, DIRECTOR, UMM HEALTH VENTURES, INC. SERGIO MELGAR TREASURER, UMM HEALTH VENTURES, INC. FRANCIS W. SMITH CLERK, UMM HEALTH VENTURES, INC. PAUL KANGAS CHAIRPERSON, DIRECTOR, UMM HEALTH VENTURES, INC. JOHN BUDD DIRECTOR, UMM HEALTH VENTURES, INC. FREDERICK G. CROCKER DIRECTOR, UMM HEALTH VENTURES, INC. THERESE DAY DIRECTOR, UMM HEALTH VENTURES, INC. ERIC W. DICKSON, MD DIRECTOR, UMM HEALTH VENTURES, INC. GERARD P. RICHER DIRECTOR, UMM HEALTH VENTURES, INC. STEVEN ROACH DIRECTOR, UMM HEALTH VENTURES, INC. Entity & EIN: UMass Memorial Realty, Inc. #04-2805630 RENEE MIKITARIAN-BRADLEY PRESIDENT, DIRECTOR, UMM REALTY, INC. DANA SWENSON PRESIDENT, DIRECTOR, UMM REALTY, INC. UNTIL FY2020 SERGIO MELGAR TREASURER, UMM REALTY, INC. FRANCIS W. SMITH SECRETARY, UMM REALTY, INC. DAVID L. BENNETT DIRECTOR, UMM REALTY, INC. DIX F. DAVIS DIRECTOR, UMM REALTY, INC. ERIC W. DICKSON, MD DIRECTOR, UMM REALTY, INC.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
<p>Part VII Section A Complete list of Group 990 Board Members and Officers by entity - Part 2 of 4</p>	<p>Entity & EIN: UMass Memorial Medical Group, Inc. #04-2911067 STEPHEN E. TOSI, MD PRESIDENT , UMM MEDICAL GROUP, INC. MICHELE STREETER TREASURER, UMM MEDICAL GROUP, INC. FRANCIS W. SMITH SECRETARY, UMM MEDICAL GROUP, INC. LYNDA M. YOUNG, MD CHAIRPERSON, DIRECTOR, UMM MEDICAL GROUP, INC. ROBERT KEVIN FERGUSON, MD DIRECTOR UNTIL FY2020, UMM MEDICAL GROUP, INC. KATHRYN KENNEDY, MD DIRECTOR UNTIL FY2020, UMM MEDICAL GROUP, INC. DANIEL LASSER, MD DIRECTOR UNTIL FY2020, UMM MEDICAL GROUP, INC. GAIL ALLEN, ESQ. DIRECTOR, UMM MEDICAL GROUP, INC. RICARDO BELLO, MD DIRECTOR, UMM MEDICAL GROUP, INC. J. CHRISTOPHER CUTLER FACHE DIRECTOR , UMM MEDICAL GROUP, INC. ERIC W. DICKSON, MD DIRECTOR, UMM MEDICAL GROUP, INC. TERENCE FLOTTE, MD DIRECTOR, UMM MEDICAL GROUP, INC. MICHAEL GUSTAFSON, MD DIRECTOR, UMM MEDICAL GROUP, INC. MARY E. MALONEY, MD DIRECTOR, UMM MEDICAL GROUP, INC. JEFFREY N. METZMAKER, MD DIRECTOR, UMM MEDICAL GROUP, INC. DOMINIC NOMPLEGGI, MD DIRECTOR, UMM MEDICAL GROUP, INC. SHLOMIT SCHAAL, MD DIRECTOR, UMM MEDICAL GROUP, INC. CELESTE STRAIGHT, MD DIRECTOR, UMM MEDICAL GROUP, INC. Entity & EIN: UMass Memorial Community Hospitals, Inc. #04-3296271 DOUGLAS S. BROWN PRESIDENT, CHAIRPERSON, DIRECTOR, UMM COMMUNITY HOSPITALS, INC. SERGIO MELGAR TREASURER, DIRECTOR, UMM COMMUNITY HOSPITALS, INC. JOHN GLASSBURN SECRETARY, UMM COMMUNITY HOSPITALS, INC. GAIL ALLEN, ESQ. DIRECTOR, UMM COMMUNITY HOSPITALS, INC. FERNANDO CATALINA, MD DIRECTOR, UMM COMMUNITY HOSPITALS, INC. WILLIAM CORBETT, MD DIRECTOR, UMM COMMUNITY HOSPITALS, INC. ERIC W. DICKSON, MD DIRECTOR, UMM COMMUNITY HOSPITALS, INC. MICHAEL GUSTAFSON, MD DIRECTOR, UMM COMMUNITY HOSPITALS, INC. JAMES LEARY DIRECTOR, UMM COMMUNITY HOSPITALS, INC. LUIS J. MASEDA DIRECTOR, UMM COMMUNITY HOSPITALS, INC. WILLIAM MCGRAIL ESQ. DIRECTOR, UMM COMMUNITY HOSPITALS, INC. MICHAEL D. MURPHY DIRECTOR, UMM COMMUNITY HOSPITALS, INC. JACK WILSON, PHD DIRECTOR, UMM COMMUNITY HOSPITALS, INC. STEVEN ROACH UMM COMMUNITY HOSPITALS, INC. (CEO of Marlborough Hospital/CEO of CNEHA, ex officio without vote) Entity & EIN: Marlborough Hospital #04-2104693 STEVEN ROACH PRESIDENT, DIRECTOR, MARLBOROUGH HOSPITAL SERGIO MELGAR TREASURER, MARLBOROUGH HOSPITAL JOHN GLASSBURN SECRETARY, MARLBOROUGH HOSPITAL ANN-MARIA D'AMBRA ASSISTANT SECRETARY, MARLBOROUGH HOSPITAL MICHAEL D. MURPHY CHAIRPERSON, DIRECTOR, MARLBOROUGH HOSPITAL ANN K. MOLLOY VICE-CHAIRPERSON, DIRECTOR, MARLBOROUGH HOSPITAL GERARD P. RICHER DIRECTOR UNTIL FY2020, MARLBOROUGH HOSPITAL BRIAN BOUVIER DIRECTOR, MARLBOROUGH HOSPITAL DOUGLAS S. BROWN DIRECTOR, MARLBOROUGH HOSPITAL DANIEL CARLUCCI, MD DIRECTOR, MARLBOROUGH HOSPITAL CHARLES CAVAGNARO, MD DIRECTOR, MARLBOROUGH HOSPITAL BENJAMIN H. COLONERO JR. DIRECTOR, MARLBOROUGH HOSPITAL ELLEN DORIAN DIRECTOR, MARLBOROUGH HOSPITAL KIMBERLY EISENSTOCK, MD DIRECTOR, MARLBOROUGH HOSPITAL HOWARD FERRIS DIRECTOR, MARLBOROUGH HOSPITAL WILLIAM FISHER DIRECTOR, MARLBOROUGH HOSPITAL CHANDRIKA JAIN, MD DIRECTOR, MARLBOROUGH HOSPITAL JOSEPH</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Part VII Section A Complete list of Group 990 Board Members and Officers by entity - Part 2 of 4	G. LEANDRES DIRECTOR, MARLBOROUGH HOSPITAL PHILIP E. PURCELL DIRECTOR, MARLBOROUGH HOSPITAL KIMBERLY ROBINSON, MD DIRECTOR, MARLBOROUGH HOSPITAL VIBHA SHARMA, MD DIRECTOR, MARLBOROUGH HOSPITAL DAVID WALTON DIRECTOR, MARLBOROUGH HOSPITAL Entity & EIN: UMass Memorial Behavioral Health System, Inc. #04-3374724 DOUGLAS S. BROWN PRESIDENT, CHAIRPERSON, DIRECTOR, UMM BEHAVIORAL HEALTH SYSTEM, INC SERGIO MELGAR TREASURER, DIRECTOR, UMM BEHAVIORAL HEALTH SYSTEM, INC. WILLIAM H. O'BRIEN SECRETARY, UMM BEHAVIORAL HEALTH SYSTEM, INC. SHELDON BENJAMIN, MD DIRECTOR, UMM BEHAVIORAL HEALTH SYSTEM, INC. ALAN P. BROWN, MD DIRECTOR, UMM BEHAVIORAL HEALTH SYSTEM, INC. AMY GRASSETTE DIRECTOR, UMM BEHAVIORAL HEALTH SYSTEM, INC. JO ANNE JOHNSON DIRECTOR, UMM BEHAVIORAL HEALTH SYSTEM, INC. CHERYL LAPRIORE DIRECTOR, UMM BEHAVIORAL HEALTH SYSTEM, INC. JAMES LEARY DIRECTOR, UMM BEHAVIORAL HEALTH SYSTEM, INC. DIANE MCKEE, MD DIRECTOR, UMM BEHAVIORAL HEALTH SYSTEM, INC. CYNTHIA M. MCMULLEN ED.D. DIRECTOR, UMM BEHAVIORAL HEALTH SYSTEM, INC. JIM NOTARO DIRECTOR, UMM BEHAVIORAL HEALTH SYSTEM, INC. KEITH REARDON DIRECTOR, UMM BEHAVIORAL HEALTH SYSTEM, INC. JOHN SHEA, ESQ. DIRECTOR, UMM BEHAVIORAL HEALTH SYSTEM, INC.

990 Schedule O, Supplemental Information

Return Reference	Explanation
<p>Part VII Section A Complete list of Group 990 Board Members and Officers by entity - Part 3 of 4</p>	<p>Entity & EIN: Community Healthlink, Inc. #04-2626179 TAMARA LUNDI PRESIDENT, COMMUNITY HEALTHLINK, INC NICOLE GAGNE PRESIDENT UNTIL FY2020, COMMUNITY HEALTHLINK, INC. SERGIO MELGAR TREASURER, DIRECTOR, COMMUNITY HEALTHLINK, INC. FRANCIS W. SMITH CLERK, COMMUNITY HEALTHLINK, INC. CYNTHIA M. MCMULLEN ED.D. DIRECTOR UNTIL FY2020, COMMUNITY HEALTHLINK, INC. SHEL DON BENJAMIN, MD DIRECTOR, COMMUNITY HEALTHLINK, INC. DOUGLAS S. BROWN DIRECTOR, COMMUNITY HEALTHLINK, INC. ALAN P. BROWN, MD DIRECTOR, COMMUNITY HEALTHLINK, INC. AMY GRASSETTE DIRECTOR, COMMUNITY HEALTHLINK, INC. JOANNE JOHNSON DIRECTOR, COMMUNITY HEALTHLINK, INC. CHERYL LAPRIERE DIRECTOR, COMMUNITY HEALTHLINK, INC. JAMES LEARY DIRECTOR, COMMUNITY HEALTHLINK, INC. DIANE MCKEE, MD DIRECTOR, COMMUNITY HEALTHLINK, INC. JIM NOTARO DIRECTOR, COMMUNITY HEALTHLINK, INC. KEITH REARDON DIRECTOR, COMMUNITY HEALTHLINK, INC. JOHN SHEA, ESQ. DIRECTOR, COMMUNITY HEALTHLINK, INC. 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 SECRETARY, CNEHA, INC. ROBERT J. PAULHUS JR. INTERIM CHAIRPERSON, DIRECTOR, CNEHA, INC. CHRISTOPHER KENNEDY, MD DIRECTOR UNTIL FY2020, CNEHA, INC. NICHOLAS MERCADANTE, MD DIRECTOR UNTIL FY2020, CNEHA, INC. GAIL ALLEN, ESQ. DIRECTOR, CNEHA, INC. MICHAEL W. AMES DIRECTOR, CNEHA, INC. ROBERT BA BINEAU JR., MD DIRECTOR, CNEHA, INC. DOUGLAS S. BROWN DIRECTOR, CNEHA, INC. XIMENA M. CASTRO, MD DIRECTOR, CNEHA, INC. FERNANDO CATALINA, MD DIRECTOR, CNEHA, INC. WILLIAM CORBETT, MD DIRECTOR, CNEHA, INC. DIXIE DAVIS DIRECTOR, CNEHA, INC. CARLOS NICOLAS FORMAGGIA ESQ. DIRECTOR, CNEHA, INC. TAMMY GRAVEL DIRECTOR, CNEHA, INC. MICHAEL MAHAN DIRECTOR, CNEHA, INC. DONATA MARTIN DIRECTOR, CNEHA, INC. LUIS J. MASEDA DIRECTOR, CNEHA, INC. MICHAEL RIVARD DIRECTOR, CNEHA, INC. ROBERT LESLIE SHELTON, MD DIRECTOR, CNEHA, INC. Entity & EIN: COORDINATED PRIMARY CARE, INC. #04-3210002 STEVEN ROACH PRESIDENT, DIRECTOR, COORDINATED PRIMARY CARE, INC. SERGIO MELGAR TREASURER, COORDINATED PRIMARY CARE, INC. MAUREEN CROTEAU SECRETARY, COORDINATED PRIMARY CARE, INC. CHARLES CAVAGNARO, MD DIRECTOR, COORDINATED PRIMARY CARE, INC. WILLIAM CORBETT, MD DIRECTOR, 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, HEALTHALLIANCE HOME HEALTH AND HOSPICE, INC. STEVEN MCCUE ASSISTANT TREASURER, HEALTHALLIANCE HOME HEALTH AND HOSPICE, INC. MAUREEN CROTEAU SECRETARY, HEALTHALLIANCE HOME HEALTH AND HOSPICE, INC. LESLIE BOVENZI CHAIRPERSON, DIRECTOR, HEALTHALLIANCE HOME HEALTH AND HOSPICE, INC. NANCY DUPHILY DIRECTOR UNTIL FY2020, HEALTHALLIANCE HOME HEALTH AND HOSPICE, INC. LYNNE FARRELL DIRECTOR UNTIL FY2020, HEALTHALLIANCE HOME HEALTH AND HOSPICE, INC. ANTHONY J. MERCADANTE DIRECTOR UNTIL FY2020, HEALTHALLIANCE H</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Part VII Section A Complete list of Group 990 Board Members and Officers by entity - Part 3 of 4	OME HEALTH AND HOSPICE, INC. GAIL ALLEN, ESQ. DIRECTOR, HEALTHALLIANCE HOME HEALTH AND HOS PICE, INC. ROBERT BABINEAU JR., MD DIRECTOR, HEALTHALLIANCE HOME HEALTH AND HOSPICE, INC. DIX F. DAVIS DIRECTOR, HEALTHALLIANCE HOME HEALTH AND HOSPICE, INC. CARLOS NICOLAS FORMAGG IA ESQ. DIRECTOR, HEALTHALLIANCE HOME HEALTH AND HOSPICE, INC. MICHAEL MAHAN DIRECTOR, HEA LTHALLIANCE HOME HEALTH AND HOSPICE, INC. DONATA MARTIN DIRECTOR, HEALTHALLIANCE HOME HEAL TH AND HOSPICE, INC.

990 Schedule O, Supplemental Information

Return Reference	Explanation
<p>Part VII Section A Complete list of Group 990 Board Members and Officers by entity - Part 4 of 4</p>	<p>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-C LINTON HOSPITAL, INC. MAUREEN CROTEAU ASSISTANT CLERK, UMM HEALTHALLIANCE-CLINTON HOSPITAL , INC. ROBERT J. PAULHUS JR. INTERIM CHAIRPERSON, DIRECTOR, UMM HEALTHALLIANCE-CLINTON HOSPITAL, INC. CHRISTOPHER KENNEDY, MD DIRECTOR UNTIL FY2020, UMM HEALTHALLIANCE-CLINTON HOSPITAL, INC. NICHOLAS MERCADANTE, MD DIRECTOR UNTIL FY2020, UMM HEALTHALLIANCE-CLINTON HOSPITAL, INC. GAIL ALLEN, ESQ. DIRECTOR, UMM HEALTHALLIANCE-CLINTON HOSPITAL, INC. MICHAEL W. AMES DIRECTOR, UMM HEALTHALLIANCE-CLINTON HOSPITAL, INC. ROBERT BABINEAU JR., MD DIRECTOR, UMM HEALTHALLIANCE-CLINTON HOSPITAL, INC. DOUGLAS S. BROWN DIRECTOR, UMM HEALTHALLIANCE-C LINTON HOSPITAL, INC. XIMENA M. CASTRO, MD DIRECTOR, UMM HEALTHALLIANCE-CLINTON HOSPITAL, INC. FERNANDO CATALINA, MD DIRECTOR, UMM HEALTHALLIANCE-CLINTON HOSPITAL, INC. WILLIAM COR BETT, MD DIRECTOR, UMM HEALTHALLIANCE-CLINTON HOSPITAL, INC. DIX F. DAVIS DIRECTOR, UMM HEALTHALLIANCE-CLINTON HOSPITAL, INC. CARLOS NICOLAS FORMAGGIA ESQ. DIRECTOR, UMM HEALTHALLIANCE-CLINTON HOSPITAL, INC. TAMMY GRAVEL DIRECTOR, UMM HEALTHALLIANCE-CLINTON HOSPITAL, INC. MICHAEL MAHAN DIRECTOR, UMM HEALTHALLIANCE-CLINTON HOSPITAL, INC. DONATA MARTIN DIRECTOR, UMM HEALTHALLIANCE-CLINTON HOSPITAL, INC. LUIS J. MASEDA DIRECTOR, UMM HEALTHALLIANCE-C LINTON HOSPITAL, INC. MICHAEL RIVARD DIRECTOR, UMM HEALTHALLIANCE-CLINTON HOSPITAL, INC. ROBERT LESLIE SHELTON, MD DIRECTOR, UMM HEALTHALLIANCE-CLINTON HOSPITAL, INC. Entity & EIN: UMass Memorial ACCOUNTABLE CARE ORGANIZATION, INC. #46-2871359 JOHN GREENWOOD 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, DIRECTOR, UMM ACCOUNTABLE CARE ORGANIZATION, INC. HOWARD ALFRED, MD DIRECTOR UNTIL FY2020, UMM ACCOUNTABLE CARE ORGANIZATION, INC. DAVID HARLAN, MD DIRECTOR UNTIL FY2020, UMM ACCOUNTABLE CARE ORGANIZATION, INC. DANIEL LASSER, MD DIRECTOR UNTIL FY2020, UMM ACCOUNTABLE CARE ORGANIZATION, INC. ANTONIA MCGUIRE DIRECTOR UNTIL FY2020, 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. ROBERT FISHMAN DO, FACP DIRECTOR, UMM ACCOUNTABLE CARE ORGANIZATION, INC. MICHAEL GUSTAFSON, MD DIRECTOR, UMM ACCOUNTABLE CARE ORGANIZATION, INC. BARBARA KUPFER DIRECTOR, UMM ACCOUNTABLE CARE ORGANIZATION, INC. LALITA MATTA, MD DIRECTOR, UMM ACCOUNTABLE CARE ORGANIZATION, INC. ED MOORE DIRECTOR, UMM ACCOUNTABLE CARE ORGANIZATION, INC. JENNIFER REIDY, MD DIRECTOR, UMM ACCOUNTABLE CARE ORGANIZATION, INC.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Part VII Section A Complete list of Group 990 Board Members and Officers by entity - Part 4 of 4	FRANCIS SWEENEY, MD DIRECTOR, UMM ACCOUNTABLE CARE ORGANIZATION, INC. STEPHEN E. TOSI, MD DIRECTOR, UMM ACCOUNTABLE CARE ORGANIZATION, INC. MATTHEW J. TRAINOR, MD DIRECTOR, UMM ACCOUNTABLE CARE ORGANIZATION, INC. DEBRA TWEHOUS, MD DIRECTOR, UMM ACCOUNTABLE CARE ORGANIZATION, INC.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Part VII Section A Various board titles - Part 1 of 2	HOWARD ALFRED, MD DIR, RENAL DIALYSIS DIRECTOR UNTIL FY2020, UMM ACCOUNTABLE CARE ORGANIZATION, INC. GAIL ALLEN, ESQ. DIRECTOR, UMM MEDICAL GROUP, INC. DIRECTOR, UMM COMMUNITY HOSPITALS, INC. DIRECTOR, CNEHA, INC. DIRECTOR, HEALTHALLIANCE HOME HEALTH AND HOSPICE, INC. DIRECTOR, UMM HEALTHALLIANCE-CLINTON HOSPITAL, INC. MICHAEL W.AMES DIRECTOR, CNEHA, INC. DIRECTOR, UMM HEALTHALLIANCE-CLINTON HOSPITAL, INC. ROBERT BABINEAU, JR., MD PHYSICIAN DIRECTOR, UMM HEALTHALLIANCE-CLINTON HOSPITAL, INC. DIRECTOR, CNEHA, INC. DIRECTOR, HEALTHALLIANCE HOME HEALTH AND HOSPICE, INC. RICARDO BELLO, MD PHYSICIAN DIRECTOR, UMM MEDICAL GROUP, INC. EVAN BENJAMIN, MD DIRECTOR, UMM MEDICAL CENTER, INC. SHELDON BENJAMIN, MD DIRECTOR, UMM BEHAVIORAL HEALTH SYSTEM, INC. DIRECTOR, COMMUNITY HEALTHLINK, INC. DAVID L.BENNETT DIRECTOR, UMM MEDICAL CENTER, INC. DIRECTOR, UMM REALTY, INC. RICHARD K.BENNETT DIRECTOR, UMM MEDICAL CENTER, INC. BRIAN BOUVIER DIRECTOR, MARLBOROUGH HOSPITAL LESLIE BOVENZI DIRECTOR, UMM MEDICAL CENTER, INC. CHAIRPERSON, HEALTHALLIANCE HOME HEALTH AND HOSPICE, INC. JOHN BRONHARD FORMER TREASURER UNTIL 10/1/18, UMM HEALTHALLIANCE-CLINTON HOSPITAL, INC. DOUGLAS S.BROWN PRESIDENT, UMMH & CAO/CLO, UMMHC SECRETARY, UMM MEDICAL CENTER, INC. PRESIDENT, CHAIRPERSON, UMM COMMUNITY HOSPITALS, INC. DIRECTOR, MARLBOROUGH HOSPITAL PRESIDENT, CHAIRPERSON, UMM BEHAVIORAL HEALTH SYSTEM, INC. DIRECTOR, COMMUNITY HEALTHLINK, INC. DIRECTOR, CNEHA, INC. DIRECTOR, UMM HEALTHALLIANCE-CLINTON HOSPITAL, INC. DIRECTOR, UMM ACCOUNTABLE CARE ORGANIZATION, INC. ALAN P.BROWN, MD VICE CHAIR, ADULT PSYCHIATRIC SERVICES DIRECTOR, UMM BEHAVIORAL HEALTH SYSTEM, INC. DIRECTOR, COMMUNITY HEALTHLINK, INC. JOHN BUDD DIRECTOR, UMM HEALTH VENTURES, INC. DANIEL CARLUCCI, MD DIRECTOR, MARLBOROUGH HOSPITAL XIMENA M.CASTRO, MD PHYSICIAN DIRECTOR, CNEHA, INC. DIRECTOR, UMM HEALTHALLIANCE-CLINTON HOSPITAL, INC. FERNANDO CATALINA, MD DIRECTOR, UMM COMMUNITY HOSPITALS, INC. DIRECTOR, CNEHA, INC. DIRECTOR, UMM HEALTHALLIANCE-CLINTON HOSPITAL, INC. CHARLES CAVAGNARO, MD CORP VP, CHIEF MEDICAL OFFICER DIRECTOR, MARLBOROUGH HOSPITAL DIRECTOR, COORDINATED PRIMARY CARE, INC. MICHAEL COLLINS, MD DIRECTOR, UMM MEDICAL CENTER, INC. BENJAMIN H.COLONERO, JR. DIRECTOR, MARLBOROUGH HOSPITAL WILLIAM CORBETT, MD SVP, COMMUNITY PRACTICES DIRECTOR, UMM COMMUNITY HOSPITALS, INC. DIRECTOR, CNEHA, INC. DIRECTOR, COORDINATED PRIMARY CARE, INC. DIRECTOR, UMM HEALTHALLIANCE-CLINTON HOSPITAL, INC. DIRECTOR, UMM ACCOUNTABLE CARE ORGANIZATION, INC. FREDERICK G.CROCKER DIRECTOR, UMM HEALTH VENTURES, INC. MAUREEN CROTEAU EXECUTIVE ASST, PROJECT MGR ASSISTANT SECRETARY, CNEHA, INC. SECRETARY, COORDINATED PRIMARY CARE, INC. SECRETARY, HEALTHALLIANCE HOME HEALTH AND HOSPICE, INC. ASSISTANT CLERK, UMM HEALTHALLIANCE-CLINTON HOSPITAL, INC. J. CHRISTOPHER CUTLER, FACHE DIRECTOR, UMM MEDICAL GROUP, INC. EDWARD D'ALELIO DIRECTOR, UMM MEDICAL CENTER, INC. DIXIE DAVIS DIRECTOR, UMM REALTY, INC. DIRECTOR, CNEHA, INC. DIRECTOR, HEALTHALLIANCE HOME

990 Schedule O, Supplemental Information

Return Reference	Explanation
Part VII Section A Various board titles - Part 1 of 2	HEALTH AND HOSPICE, INC. DIRECTOR, UMM HEALTHALLIANCE-CLINTON HOSPITAL, INC. THERESE DAY VP/CHIEF FINANCIAL OFFICER MED CENTER DIRECTOR, UMM HEALTH VENTURES, INC. ERIC W. DICKSON, MD PRESIDENT & CEO OF UMM HEALTH CARE, INC. & AFFILIATES DIRECTOR, UMM MEDICAL CENTER, IN C. DIRECTOR, UMM HEALTH VENTURES, INC. DIRECTOR, UMM REALTY, INC. DIRECTOR, UMM MEDICAL GR OUP, INC. DIRECTOR, UMM COMMUNITY HOSPITALS, INC. CHAIRPERSON, UMM ACCOUNTABLE CARE ORGANIZATION, INC. ELLEN DORIAN DIRECTOR, MARLBOROUGH HOSPITAL NANCY DUPHILY DIRECTOR UNTIL FY20 20, HEALTHALLIANCE HOME HEALTH AND HOSPICE, INC. KIMBERLY EISENSTOCK, MD CHIEF, CLINICAL H OSPITAL MED DIRECTOR, MARLBOROUGH HOSPITAL JORDAN EISENSTOCK, MD PHYSICIAN DIRECTOR, UMM A CCOUNTABLE CARE ORGANIZATION, INC. KATHARINE BOLLAND ESHGHI SVP, GENERAL COUNSEL-PGL ASSIS TANT SECRETARY, UMM MEDICAL CENTER, INC. LYNNE FARRELL DIRECTOR UNTIL FY2020, HEALTHALLIAN CE HOME HEALTH AND HOSPICE, INC. ROBERT KEVIN FERGUSON, MD PHYSICIAN DIRECTOR UNTIL FY2020 , UMM MEDICAL GROUP, INC. HOWARD FERRIS DIRECTOR, MARLBOROUGH HOSPITAL ROBERT W. FINBERG, MD CLINICAL DEPARTMENT CHAIR DIRECTOR, UMM MEDICAL CENTER, INC. WILLIAM FISHER DIRECTOR, M ARLBOROUGH HOSPITAL ROBERT FISHMAN, DO, FACP DIRECTOR, UMM ACCOUNTABLE CARE ORGANIZATION, INC. TERENCE FLOTTE, MD DIRECTOR, UMM MEDICAL CENTER, INC. DIRECTOR, UMM MEDICAL GROUP, IN C. CARLOS NICOLAS FORMAGGIA, ESQ. DIRECTOR, CNEHA, INC. DIRECTOR, HEALTHALLIANCE HOME HEAL TH AND HOSPICE, INC. DIRECTOR, UMM HEALTHALLIANCE-CLINTON HOSPITAL, INC. NICOLE GAGNE PRES IDENT, COMMUNITY HEALTHLINK, INC. PRESIDENT UNTIL FY2020, COMMUNITY HEALTHLINK, INC. JOHN GLASSBURN ASSOC GEN'L COUNSEL-CORP/BUSIN SECRETARY, UMM COMMUNITY HOSPITALS, INC. SECRETAR Y, MARLBOROUGH HOSPITAL AMY GRASSETTE DIRECTOR, UMM BEHAVIORAL HEALTH SYSTEM, INC. DIRECTO R, COMMUNITY HEALTHLINK, INC. TAMMY GRAVEL DIRECTOR, CNEHA, INC. DIRECTOR, UMM HEALTHALLIA NCE-CLINTON HOSPITAL, INC. JOHN GREENWOOD SVP, POP HLTH & PRESIDENT, ACO PRESIDENT, DIRECT OR, UMM ACCOUNTABLE CARE ORGANIZATION, INC. ELVIRA GUARDIOLA DIRECTOR, UMM MEDICAL CENTER, INC. MICHAEL GUSTAFSON, MD PRESIDENT, MEDICAL CENTER PRESIDENT, UMM MEDICAL CENTER, INC D IRECTOR, UMM MEDICAL GROUP, INC. DIRECTOR, UMM COMMUNITY HOSPITALS, INC. DIRECTOR, UMM ACC OUNTABLE CARE ORGANIZATION, INC. DAVID HARLAN, MD CHIEF, DIABETES-DIR, DIAB COE DIRECTOR U NTIL FY2020, UMM ACCOUNTABLE CARE ORGANIZATION, INC. CHANDRIKA JAIN, MD PRESIDENT OF MED S TAFF DIRECTOR, MARLBOROUGH HOSPITAL MARK JOHNSON, MD CLINICAL DEPARTMENT CHAIR DIRECTOR, U MM MEDICAL CENTER, INC. JOANNE JOHNSON DIRECTOR, UMM BEHAVIORAL HEALTH SYSTEM, INC. DIRECT OR, COMMUNITY HEALTHLINK, INC. NANCY KANE DIRECTOR, UMM MEDICAL CENTER, INC. PAUL KANGAS D IRECTOR UNTIL FY2020, UMM MEDICAL CENTER, INC. CHAIRPERSON, DIRECTOR, UMM HEALTH VENTURES, INC. KATHRYN KENNEDY, MD DIR, CLINICAL MARL HOSP EM DIRECTOR UNTIL FY2020, UMM MEDICAL GR OUP, INC. CHRISTOPHER KENNEDY, MD PHYSICIAN DIRECTOR UNTIL FY2020, CNEHA, INC. DIRECTOR UN TIL FY2020, UMM HEALTHALLIANCE

990 Schedule O, Supplemental Information

Return Reference	Explanation
Part VII Section A Various board titles - Part 1 of 2	-CLINTON HOSPITAL, INC. PETER KNOX DIRECTOR, UMM MEDICAL CENTER, INC. BARBARA KUPFER DIRECTOR, UMM ACCOUNTABLE CARE ORGANIZATION, INC. CHERYL LAPRIORE SVP, CHF OF STAFF & CHF MKTG OFC PRESIDENT, DIRECTOR, UMM HEALTH VENTURES, INC. DIRECTOR, UMM BEHAVIORAL HEALTH SYSTEM, INC. DIRECTOR, COMMUNITY HEALTHLINK, INC. DANIEL LASSER, MD CLINICAL DEPARTMENT CHAIR DIRECTOR UNTIL FY2020, UMM MEDICAL GROUP, INC. DIRECTOR UNTIL FY2020, UMM ACCOUNTABLE CARE ORGANIZATION, INC. JOSEPH G. LEANDRES DIRECTOR, MARLBOROUGH HOSPITAL JAMES LEARY VP GOV'T/COMMUNITY RELATIONS DIRECTOR, UMM COMMUNITY HOSPITALS, INC. DIRECTOR, UMM BEHAVIORAL HEALTH SYSTEM, INC. DIRECTOR, COMMUNITY HEALTHLINK, INC. TAMARA LUNDI PRESIDENT, COMMUNITY HEALTHLINK, INC. MICHAEL MAHAN DIRECTOR, CNEHA, INC. DIRECTOR, HEALTHALLIANCE HOME HEALTH AND HOSPICE, INC. DIRECTOR, UMM HEALTHALLIANCE-CLINTON HOSPITAL, INC. SUSAN MAILMAN DIRECTOR, UMM MEDICAL CENTER, INC. MARY E. MALONEY, MD PHYSICIAN DIRECTOR, UMM MEDICAL GROUP, INC. DONATA MARTIN DIRECTOR, CNEHA, INC. DIRECTOR, HEALTHALLIANCE HOME HEALTH AND HOSPICE, INC. DIRECTOR, UMM HEALTHALLIANCE-CLINTON HOSPITAL, INC. LUIS J. MASEDA DIRECTOR, UMM COMMUNITY HOSPITALS, INC. DIRECTOR, CNEHA, INC. DIRECTOR, UMM HEALTHALLIANCE-CLINTON HOSPITAL, INC. LALI TAMATTA, MD MARLBORO CHIEF MEDICAL OFFICER DIRECTOR, UMM ACCOUNTABLE CARE ORGANIZATION, INC. STEVEN MCCUE CFO OF HEALTHALLIANCE-CLINTON HOSPITAL ASSISTANT TREASURER, HEALTHALLIANCE HOME HEALTH AND HOSPICE, INC. WILLIAM MCGRIL, ESQ. DIRECTOR, UMM COMMUNITY HOSPITALS, INC. ANTONIA MCGUIRE DIRECTOR UNTIL FY2020, UMM ACCOUNTABLE CARE ORGANIZATION, INC. DIANE MCKEE, MD DIRECTOR, UMM BEHAVIORAL HEALTH SYSTEM, INC. DIRECTOR, COMMUNITY HEALTHLINK, INC. CYNTHIA M. MCMULLEN, ED.D. DIRECTOR, UMM BEHAVIORAL HEALTH SYSTEM, INC. DIRECTOR UNTIL FY2020, COMMUNITY HEALTHLINK, INC. SERGIO MELGAR EXEC VP, CFO TREASURER, UMM MEDICAL CENTER, INC. TREASURER, UMM HEALTH VENTURES, INC. TREASURER, UMM REALTY, INC. TREASURER, DIRECTOR, UMM COMMUNITY HOSPITALS, INC. TREASURER, MARLBOROUGH HOSPITAL TREASURER, DIRECTOR, UMM BEHAVIORAL HEALTH SYSTEM, INC. TREASURER, DIRECTOR, COMMUNITY HEALTHLINK, INC. TREASURER, CNEHA, INC. TREASURER, COORDINATED PRIMARY CARE, INC. TREASURER, HEALTHALLIANCE HOME HEALTH AND HOSPICE, INC. TREASURER, UMM HEALTHALLIANCE-CLINTON HOSPITAL, INC. NICHOLAS MERCADANTE, MD DIRECTOR UNTIL FY2020, CNEHA, INC. DIRECTOR UNTIL FY2020, UMM HEALTHALLIANCE-CLINTON HOSPITAL, INC. ANTHONY J. MERCADANTE DIRECTOR UNTIL FY2020, HEALTHALLIANCE HOME HEALTH AND HOSPICE, INC. JEFFREY N. METZMAKER, MD PHYSICIAN DIRECTOR, UMM MEDICAL GROUP, INC.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Part VII Section A Various board titles - Part 2 of 2	RENEE MIKITARIAN-BRADLEY AVP REAL ESTATE PRESIDENT, DIRECTOR, UMM REALTY, INC. ANN K.MOLLO Y VICE-CHAIRPERSON, MARLBOROUGH HOSPITAL ED MOORE DIRECTOR, UMM ACCOUNTABLE CARE ORGANIZATION, INC. MICHAEL D. MURPHY DIRECTOR, UMM COMMUNITY HOSPITALS, INC. CHAIRPERSON, MARLBOROUGH HOSPITAL DOMINIC NOMPLEGGI, MD CHIEF, GASTROENTEROLOGY DIRECTOR, UMM MEDICAL GROUP, INC. JIM NOTARO DIRECTOR, UMM BEHAVIORAL HEALTH SYSTEM, INC. DIRECTOR, COMMUNITY HEALTHLINK, INC. WILLIAM H. O'BRIEN EXEC DIR, UMMBHS SECRETARY, UMM BEHAVIORAL HEALTH SYSTEM, INC. ROBERT J. PAULHUS, JR. INTERIM CHAIRPERSON, CNEHA, INC. INTERIM CHAIRPERSON, UMM HEALTHALLIANCE-CLINTON HOSPITAL, INC. RAYMOND PAWLICKI VICE CHAIRPERSON, DIRECTOR, UMM MEDICAL CENTER, INC. PHILIP E. PURCELL DIRECTOR, MARLBOROUGH HOSPITAL KEITH REARDON DIRECTOR, UMM BEHAVIORAL HEALTH SYSTEM, INC. DIRECTOR, COMMUNITY HEALTHLINK, INC. JENNIFER REIDY, MD CHIEF, PALIATIVE MEDICINE DIRECTOR, UMM ACCOUNTABLE CARE ORGANIZATION, INC. GERARD P. RICHER DIRECTOR, UMM HEALTH VENTURES, INC. DIRECTOR UNTIL FY2020, MARLBOROUGH HOSPITAL MICHAEL RIVARD DIRECTOR, CNEHA, INC. DIRECTOR, UMM HEALTHALLIANCE-CLINTON HOSPITAL, INC. STEVEN ROACH PRESIDENT, CNEHA, Inc. & MARLBOROUGH HOSPITAL DIRECTOR, UMM HEALTH VENTURES, INC. UMM COMMUNITY HOSPITALS, INC. (NO VOTE) PRESIDENT, DIRECTOR, MARLBOROUGH HOSPITAL PRESIDENT, DIRECTOR, CNEHA, INC. PRESIDENT, DIRECTOR, COORDINATED PRIMARY CARE, INC. PRESIDENT, DIRECTOR, HEALTHALLIANCE HOME HEALTH AND HOSPICE, INC. PRESIDENT, DIRECTOR, UMM HEALTHALLIANCE-CLINTON HOSPITAL, INC. KIMBERLY ROBINSON, MD DIRECTOR, MARLBOROUGH HOSPITAL SHLOMIT SCHAAL, MD CLINICAL DEPARTMENT CHAIR DIRECTOR, UMM MEDICAL GROUP, INC. PAULETTE SEYMOUR-ROUTE, PH.D. NURSING PROFESSOR DIRECTOR, UMM MEDICAL CENTER, INC. VIBHA SHARMA, MD DIRECTOR, MARLBOROUGH HOSPITAL JOHN SHEA, ESQ. DIRECTOR, UMM BEHAVIORAL HEALTH SYSTEM, INC. DIRECTOR, COMMUNITY HEALTHLINK, INC. ROBERT LESLIE SHELTON, MD DIRECTOR, CNEHA, INC. DIRECTOR, UMM HEALTHALLIANCE-CLINTON HOSPITAL, INC. JEANNE SHIRSHAC VP, HEALTH POLICY/PUBLIC PROGRAMS TREASURER, UMM ACCOUNTABLE CARE ORGANIZATION, INC. RICHARD SIEGRIST CHAIRPERSON, DIRECTOR, UMM MEDICAL CENTER, INC. FRANCIS W. SMITH AVP, ASSOC GENERAL COUNSEL-PGL CLERK, UMM HEALTH VENTURES, INC. SECRETARY, UMM REALTY, INC. SECRETARY, UMM MEDICAL GROUP, INC. CLERK, COMMUNITY HEALTHLINK, INC. SECRETARY, CNEHA, INC. SECRETARY, UMM HEALTHALLIANCE-CLINTON HOSPITAL, INC. CLERK, UMM ACCOUNTABLE CARE ORGANIZATION, INC. CELESTE STRAIGHT, MD PHYSICIAN DIRECTOR, UMM MEDICAL GROUP, INC. MICHELE STREETER EXEC VP/COO UMMMG TREASURER, UMM MEDICAL GROUP, INC. FRANCIS SWEENEY, MD DIRECTOR, UMM ACCOUNTABLE CARE ORGANIZATION, INC. DANA SWENSON SVP, CHIEF FACILITIES OFFICER UNTIL FY2020 PRESIDENT, DIRECTOR, UMM REALTY, INC. UNTIL FY2020 ROSEMARY THOMSEN DIRECTOR, UMM MEDICAL CENTER, INC. STEPHEN E. TOSI, MD CHIEF PHYSICIAN EXECUTIVE PRESIDENT, UMM MEDICAL GROUP, INC. DIRECTOR, UMM ACCOUNTABLE CARE ORGANIZATION, INC. MATTHEW J. TRAINOR, MD PHYSICIAN DI

990 Schedule O, Supplemental Information

Return Reference	Explanation
Part VII Section A Various board titles - Part 2 of 2	RECTOR, UMM ACCOUNTABLE CARE ORGANIZATION, INC. DEBRA TWEHOUS, MD PHYSICIAN DIRECTOR, UMM ACCOUNTABLE CARE ORGANIZATION, INC. DAVID WALTON DIRECTOR, MARLBOROUGH HOSPITAL JACK WILSON, PHD DIRECTOR, UMM COMMUNITY HOSPITALS, INC. LYNDA M. YOUNG, MD DIRECTOR, UMM MEDICAL CENTER, INC. CHAIRPERSON, DIRECTOR, UMM MEDICAL GROUP, INC.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 15a CEO/Executive Director paid by related organization	Eric W. Dickson, MD is President and CEO of UMass Memorial Health Care, Inc. and Affiliates, which includes all entities in this Group 990. As top management official, he is paid by UMass Memorial Health Care, Inc. (Parent), a related organization.

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2019

**Open to Public
Inspection**

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

Department of the Treasury
Internal Revenue Service

Name of the organization
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
(1) Quinsigamond Realty LLC 306 BELMONT ST WORCESTER, MA 01604 38-4005487	Real Estate	MA	1,458,062	23,093,990	UMass Memorial Health Ventures Inc

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	416,772	335,233		No			No	60 %
(2) UMASS MEMORIAL HEALTHALLIANCE MRI CENTER LLC 60 HOSPITAL ROAD LEOMINSTER, MA 01453 04-3561571	MAGNETIC RESONANCE IMAGING	MA	NA	Related	757,316	1,039,843		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 CONDOMIUM TRUST 306 BELMONT STREET WORCESTER, MA 01604 04-6616900	CONDOMINIUM ASSOCIATION	MA	UMASS MEMORIAL REALTY INC	Trust	-7,798	236,437	53.69 %		No

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

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

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

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

See Additional Data Table

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

Part VII **Supplemental Information**

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

Return Reference	Explanation

Additional Data

Software ID: 19010655

Software Version: 2019v5.0

EIN: 91-2155626

Name: UMass Memorial Health Care Inc & Affiliates

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

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
HealthAlliance Realty Inc	K	401,832	Fair Value
HealthAlliance Realty Inc	P	384,475	Fair Value
UMass Memorial HealthAlliance MRI Center LLC	S	525,000	Fair Value
UMass Memorial MRI of Marlborough LLC	S	240,000	Fair Value
UMass Memorial Health Care Inc	L	8,754,278	Fair value
UMass Memorial Health Care Inc	J	10,157,233	Fair value
UMass Memorial Health Care Inc	P	388,258,461	Fair Value