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Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

The organization may have to use a copy of this return to satisfy state reporting requirements

A For the 2009 calendar year, or tax year beginning 01-01-2009 and ending 12-31-2009

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Terminated

☐ Amended return

☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization

Tufts Health Plan Foundation Inc

Doing Business As

Number and street (or P O box if mail is not delivered to street address)

Room/suite

705 MOUNT AUBURN STREET

City or town, state or country, and ZIP + 4

WATERTOWN, MA 02472

D Employer identification number

26-1374263

E Telephone number

(617) 972-9400

G Gross receipts \$ 5,553,114

F Name and address of principal officer

James Roosevelt Jr

705 Mount Auburn Street

Watertown, MA 02472

H(a) Is this a group return for affiliates?

☐ Yes

☒ No

H(b) Are all affiliates included?

☐ Yes

☐ No

If "No," attach a list (see instructions)

H(c) Group exemption number

I Tax-exempt status

☒ 501(c) ( 3 )

☐ (Insert no )

☐ 4947(a)(1) or

☐ 527

J Website:

n/a

K Form of organization

☒ Corporation

☐ Trust

☐ Association

☐ Other

L Year of formation 2007

M State of legal domicile MA

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities THE FOUNDATION'S MISSION IS TO PROMOTE HEALTHY LIFESTYLES AND THE DELIVERY OF QUALITY HEALTHCARE IN OUR COMMUNITIES		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	9
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	8
	5	Total number of employees (Part V, line 2a)	5	0
	6	Total number of volunteers (estimate if necessary)	6	0
	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0
	b	Net unrelated business taxable income from Form 990-T, line 34	7b	0
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	15,000,000	62,500
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0	0
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,321,316	923,863
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	0	0
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	16,321,316	986,363
	14	Benefits paid to or for members (Part IX, column (A), line 4)	2,499,781	2,387,447
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	0	0
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	308,721	341,218
	b	Total fundraising expenses (Part IX, column (D), line 25) <input type="checkbox"/> 0	0	0
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	212,288	241,080
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	0	0
Net Assets or Fund Balances	19	Revenue less expenses Subtract line 18 from line 12	3,020,790	2,969,745
	20	Total assets (Part X, line 16)	13,300,526	-1,983,382
	21	Total liabilities (Part X, line 26)	Beginning of Current Year	End of Year
	22	Net assets or fund balances Subtract line 21 from line 20	51,450,198	49,431,813
			145,233	110,230
			51,304,965	49,321,583

Part II Signature Block

Sign Here

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

Signature of officer

2010-11-09

Date

UMESH KURPAD SVP AND CFO

Type or print name and title

Paid Preparer's Use Only

Preparer's signature

Firm's name (or yours if self-employed), address, and ZIP + 4

Date

ERNST & YOUNG US LLP

111 MONUMENT CIRCLE STE 2600

INDIANAPOLIS, IN 46204

Check if self-employed ☐

Preparer's identifying number (see instructions)

EIN

Phone no (317) 681-7000

May the IRS discuss this return with the preparer shown above? (see instructions)

☐ Yes

☐ No

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2009)

Part III

Statement of Program Service Accomplishments

1 Briefly describe the organization’s mission

See Schedule O

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 exempt purpose achievements for each of the organization’s three largest program services by expenses  
Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 \$ 2,699,212 including grants of \$ 2,252,952 ) (Revenue \$ 0 )
See Schedule O	

4b	(Code ) (Expenses \$ 161,135 including grants of \$ 134,495 ) (Revenue \$ 0 )
See Schedule O	









4c	(Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4d	Other program services (Describe in Schedule O )
(Expenses \$ 0 including grants of \$ 0 ) (Revenue \$ 0 )	

4e	Total program service expenses \$ 2,860,347
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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 	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 	2	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	3		No
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		No
5	<b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where 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 	6		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 	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8		No
9	Did the organization report an amount in Part X, line 21, 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 	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10		No
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.	11	Yes	
	• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.			
	• 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.			
	• 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.			
	• 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.			
	• Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
	• 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? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII 	12	Yes	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?	Yes	No	
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	12A	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? If "Yes," complete Schedule F, Part II	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III	16		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	17		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	18		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	19		No
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		No

Part IV

Checklist of Required Schedules (continued)

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

Part V

Statements Regarding Other IRS Filings and Tax Compliance

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable . . . . .	1a78	1cYes	
	b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c				
Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .				
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return . . . . .	2a0	2b	
	b			
If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? . . . . .		3a	No
b			3b	
If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O . . . . .				
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .	2a0	4a	Yes
	b			
If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .		5a	No
b			5b	No
Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?				
c			5c	
If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? . . . . .				
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? . . . . .		6a	No
b			6b	
If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .				
7 Organizations that may receive deductible contributions under section 170(c).				
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . .		7a	No
b			7b	
If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .				
c			7c	No
Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .				
d	If "Yes," indicate the number of Forms 8282 filed during the year . . . . .		7d	
e			7e	No
Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .				
f			7f	No
Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .				
g			7g	
For all contributions of qualified intellectual property, did the organization file Form 8899 as required? . . . . .				
h			7h	
For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? . . . . .				
8			8	No
Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? . . . . .				
9			9a	
Sponsoring organizations maintaining donor advised funds.				
a			9b	
Did the organization make any taxable distributions under section 4966? . . . . .				
b				
Did the organization make a distribution to a donor, donor advisor, or related person? . . . . .				
10 Section 501(c)(7) organizations. Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . . . .		10a	
b			10b	
Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities				
11 Section 501(c)(12) organizations. Enter				
a	Gross income from members or shareholders . . . . .		11a	
b			11b	
Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) . . . . .				
12a			12a	
Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?				
b			12b	
If "Yes," enter the amount of tax-exempt interest received or accrued during the year				

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.

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body . . . . .	1a	9	
b	Enter the number of voting members that are independent . . . . .	1b	8	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . .	2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . . . . .	3	Yes	
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets? . . . . .	5		No
6	Does the organization have members or stockholders? . . . . .	6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? . . . . .	7a	Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . . . . .	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body? . . . . .	8a	Yes	
b	Each committee with authority to act on behalf of the governing body? . . . . .	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . .	9		No

Section B. Policies

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

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates? . . . . .	10a		No
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? . . . . .	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990 . . . . .			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done . . . . .	12c	Yes	
13	Does the organization have a written whistleblower policy? . . . . .	13	Yes	
14	Does the organization have a written document retention and destruction policy? . . . . .	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official . . . . .	15a	Yes	
b	Other officers or key employees of the organization . . . . .	15b	Yes	
	If "Yes" to line a or b, describe the process in Schedule O (See instructions )			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .	16a		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? . . . . .	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 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ UMESH KURPAD 705 MOUNT AUBURN STREET WATERTOWN, MA 02472 (617) 972-9400

Part VII

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

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

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

☐ Check this box if the organization did not compensate any current or former officer, director, trustee or key employee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
James Roosevelt JR PRESIDENT & CEO	2 0	X		X				0	1,715,653	208,829
John Baackes DIRECTOR	0 0	X						0	0	0
Donald Berwick MD DIRECTOR	1 0	X						0	0	0
David Green MD DIRECTOR	1 0	X						2,000	32,500	0
Jackie Jenkins-Scott DIRECTOR	1 0	X						1,500	23,500	0
Vincent Mor PhD DIRECTOR	1 0	X						1,000	0	0
Thomas P O'Neill III DIRECTOR	2 0	X						3,500	27,000	0
George A Russell Jr DIRECTOR	1 0	X						2,500	0	0
Steven A Tolman DIRECTOR	1 0	X						2,500	0	0
Elizabeth A Walker DIRECTOR	1 0	X						1,500	0	0
Lois Cornell CLERK & DIRECTOR	2 0			X				0	708,130	35,915
Roland Price TREASURER	1 0			X				0	259,973	54,576
David Abelman EXECUTIVE DIRECTOR	10 0			X				0	487,830	41,890
ANNEMARIE BOURISQUOT KING DIRECTOR OF GRANTS	40 0					X		0	141,765	18,738



1b	Total . . . . .	14,500	3,396,351	359,948
----	-----------------	--------	-----------	---------

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization 0

		Yes	No
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .		No
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> . . . . .	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .		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

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization 0

Part VIII

Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . .	1a				
	b	Membership dues . . . . .	1b				
	c	Fundraising events . . . . .	1c				
	d	Related organizations . . . .	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	62,500			
	g	Noncash contributions included in lines 1a-1f \$ _____					
	h	Total. Add lines 1a-1f . . . . .			62,500		
Program Service Revenue	2a		Business Code				
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f . . . . .			0		
	Other Revenue	3	Investment income (including dividends, interest and other similar amounts) . . . . .		873,686		
4		Income from investment of tax-exempt bond proceeds . . .		0			
5		Royalties . . . . .		0			
6a		Gross Rents	(i) Real (ii) Personal				
b		Less rental expenses					
c		Rental income or (loss)					
d		Net rental income or (loss) . . . . .					
7a		Gross amount from sales of assets other than inventory	(i) Securities (ii) Other	4,616,928			
b		Less cost or other basis and sales expenses		4,566,751			
c		Gain or (loss)		50,177			
d		Net gain or (loss) . . . . .		50,177			50,177
8a		Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . .	a				
b		Less direct expenses . . . . .	b				
c		Net income or (loss) from fundraising events . . .		0			
9a		Gross income from gaming activities See Part IV, line 19 . . . . .	a				
b		Less direct expenses . . . . .	b				
c		Net income or (loss) from gaming activities . . .		0			
10a		Gross sales of inventory, less returns and allowances . . . . .	a				
b		Less cost of goods sold . . . . .	b				
c		Net income or (loss) from sales of inventory . . .		0			
	Miscellaneous Revenue		Business Code				
11a							
b							
c							
d	All other revenue . . . . .						
e	Total. Add lines 11a-11d . . . . .			0			
12	Total revenue. See Instructions . . . . .			986,363			923,863

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) but are not required to complete columns (B), (C), and (D).

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 governments and organizations in the U S See Part IV, line 21	2,387,447	2,387,447		
2	Grants and other assistance to individuals in the U S See Part IV, line 22	0			
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees . . . . .	14,500	14,500		
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	0			
7	Other salaries and wages	261,924	261,924		
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . .	64,794	64,794		
9	Other employee benefits . . . . .	0			
10	Payroll taxes . . . . .	0			
11	Fees for services (non-employees)				
a	Management . . . . .	0			
b	Legal . . . . .	7,825		7,825	
c	Accounting . . . . .	31,850		31,850	
d	Lobbying . . . . .	0			
e	Professional fundraising See Part IV, line 17 . . . . .	0			
f	Investment management fees . . . . .	67,835		67,835	
g	Other . . . . .	92,352	92,352		
12	Advertising and promotion . . . . .	0			
13	Office expenses . . . . .	1,090	1,090		
14	Information technology . . . . .	0			
15	Royalties . . . . .	0			
16	Occupancy . . . . .	0			
17	Travel . . . . .	9,986		9,986	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .	0			
19	Conferences, conventions, and meetings . . . . .	8,578		8,578	
20	Interest . . . . .	0			
21	Payments to affiliates . . . . .	12,390	12,390		
22	Depreciation, depletion, and amortization . . . . .	0			
23	Insurance . . . . .	5,500		5,500	
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below )				
a	Software Dues	25,850	25,850		
b	Annual Report	-25,000		-25,000	
c	Bank Fees	2,180		2,180	
d	All other expenses	644		644	
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	2,969,745	2,860,347	109,398	0
26	Joint costs. Check here <input checked="" type="checkbox"/> if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X

Balance Sheet

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing . . . . .				1	
	2	Savings and temporary cash investments . . . . .			10,800,862	2	3,250,836
	3	Pledges and grants receivable, net . . . . .				3	
	4	Accounts receivable, net . . . . .				4	
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .				5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L . . . . .				6	
	7	Notes and loans receivable, net . . . . .				7	
	8	Inventories for sale or use . . . . .				8	
	9	Prepaid expenses and deferred charges . . . . .				9	
	10a	Land, buildings, and equipment, cost or other basis. Complete Part VI of Schedule D . . . . .	10a				
	b	Less accumulated depreciation . . . . .	10b			10c	
	11	Investments—publicly traded securities . . . . .				11	
	12	Investments—other securities. See Part IV, line 11 . . . . .			40,638,689	12	46,180,265
	13	Investments—program-related. See Part IV, line 11 . . . . .				13	
	14	Intangible assets . . . . .				14	
	15	Other assets. See Part IV, line 11 . . . . .			10,647	15	712
	16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .			51,450,198	16	49,431,813
Liabilities	17	Accounts payable and accrued expenses . . . . .			118,391	17	64,921
	18	Grants payable . . . . .				18	
	19	Deferred revenue . . . . .				19	
	20	Tax-exempt bond liabilities . . . . .				20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .				21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .				22	
	23	Secured mortgages and notes payable to unrelated third parties . . . . .				23	
	24	Unsecured notes and loans payable to unrelated third parties . . . . .				24	
	25	Other liabilities. Complete Part X of Schedule D . . . . .			26,842	25	45,309
	26	<b>Total liabilities.</b> Add lines 17 through 25 . . . . .			145,233	26	110,230
Net Assets or Fund Balances	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>						
	27	Unrestricted net assets . . . . .			51,304,965	27	49,321,583
	28	Temporarily restricted net assets . . . . .				28	
	29	Permanently restricted net assets . . . . .				29	
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>						
	30	Capital stock or trust principal, or current funds . . . . .				30	
	31	Paid-in or capital surplus, or land, building or equipment fund . . . . .				31	
	32	Retained earnings, endowment, accumulated income, or other funds . . . . .				32	
	33	<b>Total net assets or fund balances</b> . . . . .			51,304,965	33	49,321,583
	34	<b>Total liabilities and net assets/fund balances</b> . . . . .			51,450,198	34	49,431,813

**Part XI Financial Statements and Reporting**

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? . . .		No
<b>b</b> Were the organization's financial statements audited by an independent accountant? . . . . .	Yes	
<b>c</b> If "Yes," to 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 . . . .	Yes	
<b>d</b> If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input checked="" type="checkbox"/> Both consolidated and separated basis		
<b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? . . . . .		No
<b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits . . .		

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury  
Internal Revenue Service

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. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public  
Inspection

Name of the organization  
Tufts Health Plan Foundation Inc

Employer identification number  
26-1374263

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 11, check only one box )

- 1

☐

A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**
- 2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E )
- 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 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 )
- 10

☐

An organization organized and operated exclusively to test for public safety See**section 509(a)(4).**
- 11

☒

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 that describes the type of supporting organization and complete lines 11e through 11h

a

☒ Type I

b

☐ Type II

c

☐ Type III - Functionally integrated

d

☐ Type III - Other
- e

☒

By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f

☐

If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box ☒
- g

☐

Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i)

a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?

(ii)

a family member of a person described in (i) above?

(iii)

a 35% controlled entity of a person described in (i) or (ii) above?
- h

☐

Provide the following information about the supported organization(s)

	Yes	No
11g(i)		No
11g(ii)		No
11g(iii)		No

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
TUFTS ASSOCIATED HEALTH MAINTENANCE ORGANIZATION INC	042674079	0	Yes		Yes		Yes		0
Total									0

Part II

Support Schedule for Organizations Described in IRC 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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 (Explain in Part IV ) Do not include gain or loss from the sale of capital assets						
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 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f))	14	
15 Public Support Percentage for 2008 Schedule A, Part II, line 14	15	
16a 33 1/3% support test—2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		
b 33 1/3% support test—2008. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		
17a 10%-facts-and-circumstances test—2009. 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 IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization		
b 10%-facts-and-circumstances test—2008. 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 IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization		
18 Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions		

Part IIISupport Schedule for Organizations Described in IRC 509(a)(2)  
(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 IV.)						
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 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage

15 Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2009. 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—2008. 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

**Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

Explanation
NO MONETARY SUPPORT IS PROVIDED TO THE SUPPORTED ORGANIZATION THE SUPPORTING ORGANIZATION (THE FOUNDATION) PERFORMS SERVICES FOR THE SUPPORTED ORGANIZATION WHICH ARE GRANTMAKING, PROGRAM SUPPORT AND EDUCATIONAL ACTIVITIES FURTHER MONETARY SUPPORT IS NOT REQUIRED

SCHEDULE D  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Financial Statements

▶ **Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.**  
▶ **Attach to Form 990. ▶ See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization  
Tufts Health Plan Foundation Inc

Employer identification number  
26-1374263

Part I

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

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate 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? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may 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 <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	

Part II

Conservation Easements. Complete if the organization answered "Yes" to 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 pleasure)

☐ Preservation of an historically importantly land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

2

Complete lines 2a–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
2a	
2b	
2c	
2d	

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable 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 and enforcing conservation easements during the year ▶ \_\_\_\_\_

7

Amount of expenses incurred in monitoring, inspecting, 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 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9

In Part XIV, 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" to Form 990, Part IV, line 8.

1a

If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items

b

If the organization elected, as permitted under SFAS 116, 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) Revenues included in 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 relating to these items

a Revenues included in Form 990, Part VIII, line 1▶ \$ \_\_\_\_\_

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

For Privacy Act and Paperwork Reduction Act Notice, see the Intructions for Form 990

Cat No 52283D

Schedule D (Form 990) 2009

Part III

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

3

Using the organization's 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 XIV

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" to 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 XIV 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?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV

Part V

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

	(a)Current Year	(b)Prior Year	(c)Two Years Back	(d)Three Years Back	(e)Four Years Back
1a	Beginning of year balance . . . . .				
b	Contributions . . . . .				
c	Investment earnings or losses . . . . .				
d	Grants or scholarships . . . . .				
e	Other expenditures for facilities and programs . . . . .				
f	Administrative expenses . . . . .				
g	End of year balance . . . . .				

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶ %

b

Permanent endowment ▶ %

c

Term endowment ▶ %

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 . . . . .

3a(i)

Yes

No

3a(ii)

b

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

3b

4

Describe in Part XIV the intended uses of the organization's endowment funds

Part VI

Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a	Land . . . . .			
b	Buildings . . . . .			
c	Leasehold improvements . . . . .			
d	Equipment . . . . .			
e	Other . . . . .			
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶				



Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements		
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1986,363
2	Total expenses (Form 990, Part IX, column (A), line 25)	2,969,745
3	Excess or (deficit) for the year Subtract line 2 from line 1	-1,983,382
4	Net unrealized gains (losses) on investments	
5	Donated services and use of facilities	
6	Investment expenses	
7	Prior period adjustments	
8	Other (Describe in Part XIV)	
9	Total adjustments (net) Add lines 4 - 8	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	-1,983,382

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return		
1	Total revenue, gains, and other support per audited financial statements . . . . .	1918,528
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	
a	Net unrealized gains on investments . . . . .2a	
b	Donated services and use of facilities . . . . .2b	
c	Recoveries of prior year grants . . . . .2c	
d	Other (Describe in Part XIV) . . . . .2d	
e	Add lines 2a through 2d . . . . .2e	
3	Subtract line 2e from line 1 . . . . .3	918,528
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 . . . . .4a67,835	
b	Other (Describe in Part XIV) . . . . .4b	
c	Add lines 4a and 4b . . . . .4c	67,835
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12 ) . . . . .5	986,363

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return		
1	Total expenses and losses per audited financial statements . . . . .	12,901,910
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 XIV) . . . . .2d	
e	Add lines 2a through 2d . . . . .2e	
3	Subtract line 2e from line 1 . . . . .3	2,901,910
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 . . . . .4a67,835	
b	Other (Describe in Part XIV) . . . . .4b	
c	Add lines 4a and 4b . . . . .4c	67,835
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18 ) . . . . .5	2,969,745

Part XIV Supplemental Information		
Complete this part to 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, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.		
Identifier	Return Reference	Explanation

Schedule I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

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

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

OMB No 1545-0047

2009

Open to Public  
Inspection

Name of the organization  
Tufts Health Plan Foundation Inc

Employer identification number  
26-1374263

Part I General Information on Grants and Assistance

1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . .

Yes

No

2

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed . . . . . ▶

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
See Additional Data Table							

2

Enter total number of section 501(c)(3) and government organizations . . . . .

70

3

Enter total number of other organizations . . . . .

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat No 50055P

Schedule I (Form 990) 2009



Software ID:

Software Version:

EIN: 26-1374263

Name: Tufts Health Plan Foundation Inc

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
ACTION FOR BOSTON COMMUNITY DEVELOPMENT178 TREMONT STREET BOSTON,MA 02111	04-2304133	501(C)(3)	52,194				The StayStrong Initiative A Community Model of Evidence-Based Wellness Services for Seniors
AIDS ACTION COMMITTEE OF MASSACHUSETTS75 AMORY STREET BOSTON,MA 02119	22-2707246	501(C)(3)	39,000				Positive Aging / Lasting Strength (PALS)
ALL OUT ADVENTURES INC 184 NORTHAMPTON ST SUITE H EAST HAMPTON,MA 01027	04-3559633	501(C)(3)	10,569				Fit Wednesdays
ALLIANCE FDN FOR COMMUNITY HEALTH INC 230 HIGHLAND AVENUE SON 509 SOMERVILLE,MA 02143	01-0676306	501(C)(3)	34,000				Viv Byen ak Maladi Dyabet - Living Well with Diabetes
AVAILABLE POTENTIAL ENTERPRISES LTDPO BOX 61 WILLIAMSBURG,MA 01096	04-2685501	501(C)(3)	11,900				Williamsburg Intergenerational Gardening Program
BAYPATH ELDER SERVICES INC33 BOSTON POST RD W 5TH FL MARLBORO,MA 01752	04-2608708	501(C)(3)	44,560				Family Caregiver Connections
BOSTON PUBLIC HEALTH COMMISSION1010 MASSACHUSETTS AVENUE BOSTON,MA 02118	04-3314093	501(C)(3)	54,960				Boston Healthy Aging Project (BHAP)
BRISTOL ELDER SERVICES 1 FATHER DEVALLES BLVD UNIT 8 FALL RIVER,MA 02723	04-2545767	501(C)(3)	8,574				Bristol Healthy Lifestyle Workshops
BROCKTON NEIGHBORHOOD HEALTH CENTER63 MAIN ST BROCKTON,MA 02301	04-3165044	501(C)(3)	45,208				Chronic Disease Management for Elders
CAMBRIDGE COMMUNITY FOUNDATION99 BISHOP ALLEN DRIVE CAMBRIDGE,MA 02139	04-6012492	501(C)(3)	10,000				Matching Grant Program



Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
CAPE COD FOUNDATION259 WILLOW STREET YORMOUTH PORT, MA 02675	51-0140462	501(C)(3)	20,000				HOPE (Helping Older People Engage) Initiative
CARITAS CHRISTI HOLY FAMILY HOSPITAL70 EAST ST METHUEN, MA 018444597	22-2961708	501(C)(3)	28,930				Osteoporosis Education, Prevention, & Ex
CENTURY HEALTH SYSTEMS 209 WEST CENTRAL STREET SUITE 316 NATICK, MA 01760	04-3566661	501(C)(3)	15,000				Caregiver Care
CODMAN SQUARE HEALTH CENTER637 WASHINGTON STREET DORCHESTER, MA 02124	04-2678774	501(C)(3)	30,000				Eat Green and Breathe Easy
COMMUNITY MUSIC CENTER OF BOSTON34 WARREN AVE BOSTON, MA 021166104	04-2437973	501(C)(3)	24,850				Una Voce - "One Voice" - Intergenerational Chorus
COMMUNITY TEAMWORK INC167 DUTTON ST LOWELL, MA 018521803	04-2382027	501(C)(3)	21,370				RSVP Bone Builders of Greater Lowell
COMMUNITY WORKS INC25 WEST STREET BOSTON, MA 02111	04-2762623	501(C)(3)	5,642				Annual Workplace Giving Program
COOPERATIVE ELDER SERVICES INC9 MERIAM STREET SUITE 28 LEXINGTON, MA 02420	04-2680168	501(C)(3)	5,861				Home Safety for the Cognitively Impaired
DEVELOPMENTAL EVALUATIONADJUSTFACILITIES 215 BRIGHTON AVENue ALLSTON, MA 021342013	04-2628350	501(C)(3)	50,000				Healthy Lifestyles for Deaf Seniors
DISCOVERING WHAT'S NEXTREVITALIZING RTMNT 330 HOMER STREET NEWTON, MA 02459	20-3044597	501(C)(3)	25,000				Transition to Encore Careers

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
DORCHESTER HOUSE1353 DORCHESTER AVE DORCHESTER,MA 02122	23-7125970	501(C)(3)	9,319				A Matter of Balance Managing Concerns A bout Falls
EAST END HOUSE105 SPRING ST CAMBRIDGE,MA 021411726	04-2104163	501(C)(3)	25,000				Young at Heart
EDUCATIONAL DEVELOPMENT CENTER55 CHAPEL ST NEWTON,MA 024581060	04-2241718	501(C)(3)	50,000				Chronic Care Community Corps
EDWARD MKENNEDY CTR FOR STUDY OF US SENATE 400 ATLANTIC AVENUE BOSTON,MA 02110	02-0705535	501(C)(3)	20,000				Planning Grant for Developing Healthcare Curriculum
FAMILIES FIRST PARENTING PROGRAMS99 BISHOP ALLEN DR CAMBRIDGE,MA 021393428	04-3413397	501(C)(3)	10,000				Grandparents Parenting Again
FENWAY CDC73 HEMENWAY STREET BOSTON,MA 021152941	04-2666507	501(C)(3)	10,000				Building Partnerships to Support Fenway Seniors
GENERATIONS INCORPORATED25 KINGSTON ST 4TH FLR BOSTON,MA 02111	04-3227007	501(C)(3)	25,000				Reading Coaches
GREAT BROOK VALLEY HEALTH CENTER2000 CENTURY DRIVE WORCESTER,MA 01606	04-2513817	501(C)(3)	66,245				Chronic Disease Program for Culturally Diverse Older Adults
GREATER BOSTON INTERFAITH ORG SPONSORING COM594 COLUMBIA ROAD SUITE 203 DORCHESTER,MA 02125	04-3355553	501(C)(3)	47,796				Aging with Dignity Navigating the System
HEALTH CARE FOR ALL AKA HCFA30 WINTER STREET 10TH FLOOR BOSTON,MA 02108	04-3071598	501(C)(3)	25,000				

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
HEARTH INC1640 WASHINGTON ST BOSTON,MA 021183380	04-3206820	501(C)(3)	40,000				Housing as the Key to Healthy Aging
HEBREW SENIORLIFE1200 CENTRE ST BOSTON,MA 021311011	90-0183119	501(C)(3)	105,204				Prevention Through Action Culturally Inclusive Training and Education for Seniors
HOME HEALTH VNA360 MERRIMACK ST LAWRENCE,MA 018431740	04-2435675	501(C)(3)	56,309				Medication intervention for Fall Reduction
INQUILINOS BORICUAS EN ACCION INC405 SHAWMUT AVE BOSTON,MA 021182029	23-7102740	501(C)(3)	25,000				Villa Victoria Elder Support Program
JEWISH COMMUNITY HOUSING FOR THE ELDERLY30 WALLINGFORD ROAD BRIGHTON,MA 021354708	04-2607197	501(C)(3)	25,000				Generations Together
JUMPSTART FOR YOUNG CHILDREN308 CONGRESS ST FL 6 BOSTON,MA 022101015	04-3262046	501(C)(3)	50,000				Jumpstart's Community Corps
KIT CLARK SENIOR SERVICES INC1500 DORCHESTER AVENUE BOSTON,MA 02122	46-0516856	501(C)(3)	68,370				Fit-4-Life
LA ALIANZA HISPANA409 DUDLEY ST ROXBURY,MA 021193366	23-7121158	501(C)(3)	30,000				La Alianza Hispana's Art Therapy & Mental Health program
LAHEY CLINIC FOUNDATION INC41 MALL ROAD BURLINGTON,MA 018050001	04-2704683	501(C)(3)	35,000				Transitions of Care Healthcare Partnership Project
LITTLE BROTHERS-FRIENDS OF THE ELDERLY 3305 WASHINGTON ST JAMAICA PLAIN,MA 02130	04-2681294	501(C)(3)	10,000				Intergenerational Matching Program

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
MASSACHUSETTS GENERAL HOSPITAL101 HUNTINGTON AVENUE SUITE 300 BOSTON, MA 02199	04-1564655	501(C)(3)	73,860				Senior Wellness Program
MATCH-UP INTERFAITH VOLUNTEERS INC105 CHAUNCY ST STE 801 BOSTON, MA 02111	04-3140541	501(C)(3)	25,000				Building Broad Metrics Plan
MINUTEMAN SENIOR SERVICES24 3RD AVE BURLINGTON, MA 018034414	04-2587212	501(C)(3)	40,035				Healthy Connections for Caregivers
MONTACHUSETT OPPORTUNITY COUNCIL INC133 PRICHARD ST FITCHBURG, MA 014207539	04-2401111	501(C)(3)	43,375				Fun 'n Fit Vibrant Seniors, Vibrant FITchburg
MULTI-SERVICE CENTER54 MAIN STREET SUITE 001 LEOMINSTER, MA 01453	04-2585931	501(C)(3)	7,500				Generations Linked
NORTH ADAMS REGIONAL HOSPITAL71 HOSPITAL AVE NORTH ADAMS, MA 01247	04-1676720	501(C)(3)	42,660				New Horizons
NOTRE DAME DU LAC555 PLANTATION ST WORCESTER, MA 016052350	04-3108782	501(C)(3)	7,000				Stay Standing Yoga for Fall Prevention
OCEAN STATE CENTER FOR INDEPENDENT LIVING1944 WARWICK AVE WARWICK, RI 028892448	05-0439495	501(C)(3)	50,000				Home Sweet Accessible Home
PERKINS SCHOOL FOR THE BLIND175 N BEACON ST WATERTOWN, MA 024722751	04-2103616	501(C)(3)	50,000				Living with Vision Loss
MASSACHUSETTS HOSP RESEARCH & EDUC ASSOC5 NEW ENGLAND EXECUTIVE PARK BURLINGTON, MA 01803	23-7039401	501(C)(3)	62,500				Creativity & Connections

**Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV , appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ROGERSON COMMUNITIES 1 FLORENCE ST BOSTON,MA 021313638	04-2104319	501(C)(3)	25,000				Rogerson Fitness FIRST
ROOT CAUSE INSTITUTE ONE CANAL PARK 3RD FLOOR CAMBRIDGE,MA 02141	20-0703238	501(C)(3)	65,000				Healthy Aging Social Issue Track
SCM COMMUNITY TRANSPORTATION167 HOLLAND ST SOMERVILLE,MA 021442401	04-2743790	501(C)(3)	66,000				SCM and the Arts
SOAR 55 (NEWTON COMMUNITY SERVICE CENTER)492 WALTHAM STREET WEST NEWTON,MA 02465	04-2232418	501(C)(3)	46,350				Volunteering-A Coping Strategy for the Older Unemployed Professionals
SOUTHWEST BOSTON SENIOR SERVICES INC555 AMORY STREET JAMAICA PLAIN,MA 02130	23-7304163	501(C)(3)	49,910				Vibrant Living At Home
SPAULDING REHABILITATION HOSPITAL125 NASHUA ST BOSTON,MA 021141101	04-2551124	501(C)(3)	105,192				Live Long Walk Strong A Fall Prevention
STONEWALL COMMUNITIES INCPO BOX 990035 BOSTON,MA 02199	41-2040342	501(C)(3)	7,500				Stonewall Communities Lifelong Learning Institute
THE GENERAL HOSPITAL CORP55 FRUIT ST BOSTON,MA 021142621	04-2697983	501(C)(3)	22,942				Recruit/Eval of 2 Fall Prevention Progs
THE GREATER BOSTON FOOD BANK70 SOUTH BAY BOSTON,MA 02118	04-2717782	501(C)(3)	10,000				Brown Bag Program
THE SAMARITANS OF FALLRIVERNEW BEDFORD INCPO BOX 1333 BEDFORD,MA 027900694	22-2474826	501(C)(3)	7,500				Kare Calls Expansion

**Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
TUFTS HEALTH CARE INSTITUTE136 HARRISON AVENUE BOSTON,MA 021111817	04-3289926	501(C)(3)	15,000				Improving Coordination of Care for Patients in Massachusetts Lessons Learned from the Collaborative Quality Improvement Project
TUFTS UNIVERSITY SCHOOL OF MEDICINE136 HARRISON AVENUE BOSTON,MA 02111	04-2103634	501(C)(3)	25,000				The Morton A Madoff Public Health Fellowship
UNITED WAY OF MA BAY & MERRIMACK VALLEY51 SLEEPER STREET BOSTON,MA 02210	04-2382233	501(C)(3)	15,966				Annual Workplace Giving Program
VNA & HOSPICE OF COOLEY DICKINSON INC 168 INDUSTRIAL DR NORTH HAMPTON,MA 01060	22-2617175	501(C)(3)	64,500				Expansion of "Strength in Numbers" Falls Prevention Education Program
VNA CARE NETWORK INC 120 THOMAS ST WORCESTER,MA 016081223	04-2103825	501(C)(3)	20,000				Falls Prevention Program for Seniors
WATER WAY ARTS FOR HEALTH AND ENERGY INC 1615 BEACON ST BROOKLINE,MA 024464602	20-2332178	501(C)(3)	15,589				Tai Chi for Aging Bodies
WESTBAY COMMUNITY ACTION INC224 BUTTONWOODS AVE WARWICK,RI 028867541	05-0311985	501(C)(3)	39,520				Elder Safety
WOMEN OF MEANS INC148 LINDEN STREET SUITE 208 WELLESLEY,MA 02482	04-3487205	501(C)(3)	15,000				Aging in Shelters Collaborative (ASC)
YMCA OF GREATER BOSTON316 HUNTINGTON AVENUE BOSTON,MA 021155019	04-2103551	501(C)(3)	50,000				Get Fit, Stay Fit For Life <sup>1</sup>
YWCA SOUTHEASTERN MASSACHUSETTS20 S 6TH ST NEW BEDFORD,MA 027405912	04-2104747	501(C)(3)	6,000				Short Distance Medical Transportation

Schedule J  
(Form 990)

Compensation Information

OMB No 1545-0047

2009

Open to Public Inspection

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization  
Tufts Health Plan Foundation Inc

Employer identification number  
26-1374263

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

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

**Note.** The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

[illegible]



Part III

Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
SUPPLEMENTAL COMPENSATION INFORMATION	SCHEDULE J, PART I, LINE 4B	The related organization maintains an Executive Savings Plan (ESP) for its Senior Managers with the title Director and above. The numbers listed reflect both the employee deferrals as well as the employer contributions to the ESP.
SUPPLEMENTAL COMPENSATION INFORMATION	SCHEDULE J, PART I, LINE 6B	The listed employees of Tufts Health Plan participate in an executive incentive plan, paid by the related organization for services provided to the related organization. The incentive plan is based on the overall annual success of the organization. The organization's goals are established early in the year and approved by its independent board of directors. One of the components of the plan is based on meeting targeted net earnings. In 2009, this component amounted to 25% of targeted bonus compensation.

SCHEDULE O  
(Form 990)

Supplemental Information to Form 990

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization  
Tufts Health Plan Foundation Inc

Employer identification number  
26-1374263

Identifier	Return Reference	Explanation
Organization's Mission Statement	Form 990, Part III, Line 1	In order to provide benefits to the community outside of its regular lines of business, Tufts Associated Health Maintenance Organization, Inc (TAHMO) created the Tufts Health Plan Foundation, a 501(c)(3) charitable and supporting organization of TAHMO. The mission of the Foundation is to promote healthy lifestyles and the delivery of quality care. The Foundation achieves this mission primarily through grantmaking to charitable, service-providing organizations, program support and educational activities. In its inaugural year, the Foundation embarked on a concerted strategic planning process intended to guide its activities for the next three to five years. As a result of these efforts, in 2009 the Foundation began focusing on Healthy Aging - improving the lives of adults 60 and older. The Tufts Health Plan Foundation has chosen to focus on healthy aging in order to address the needs of our communities in Massachusetts and Rhode Island, and to help meet the challenges and opportunities of an aging society. The foundation makes grants through the four areas of Vibrant Lifestyles, Intergenerational Collaboration, Fall Prevention, and Caregiver Support. Program Service Accomplishments Form 990, Part III, Line 4a. In 2009, the Tufts Health Plan Foundation launched a new focus Healthy Aging for older adults 60-plus to ensure that older adults spend more years in good health and engaged as vital members of our communities. the foundation works with programs that address the development and maintenance of optimal physical, mental and social well-being and function in older adults through four areas: Vibrant Lifestyles- Exercise, nutrition and evidence-based chronic disease management, social and recreational activities, and programs that promote civic and community engagement. Intergenerational Collaboration-Older adults and younger generations enriching each other's lives through mentoring, tutoring and volunteer activities. Fall Prevention-Exercise and education for older adults that will reduce fear of falls and increase mobility, strength and balance. Caregiver Support- Training, education and resources to support caregivers and care recipients. Program Service Accomplishments Form 990, Part III, Line 4b. Community support grants. In addition to its healthy aging focus, the foundation also supports worthy community programs such as the Greater Boston Food Bank's Brown Bag program that provides healthy, nutritious food to individuals in need. Financial Account in a Foreign Country Part V, Line 4b -Bermuda - Cayman Islands. Description of Relationships FORM 990, PART VI, LINE 2. Two directors of the Foundation also serve as directors of another unrelated organization. The unrelated organization does not have a business relationship with the Foundation.
Description of Management Arrangement	FORM 990, PART VI, LINE 3	The Foundation is a supporting organization of TAHMO. TAHMO and its subsidiary, TAHF, provide administrative and management services to the Foundation.
MEMBERS	FORM 990, PART VI, LINES 6 AND 7A	TUFTS ASSOCIATED HEALTH MAINTENANCE ORGANIZATION, INC (TAHMO) as the sole corporate member of the Foundation, elects the members of the Foundation's governing body.
Descr Classes of Persons, Decisions Requiring Appr & Type of Voting Rights	Form 990, Part VI, Line 7b	TAHMO, as the sole corporate member of the Foundation, has the right to make certain decisions regarding the Foundation, and is required to approve any changes to the Foundation bylaws.
Process used by Governing Body to Review 990	Form 990, Part VI, Line 11A	The Form 990 is prepared in our finance department, with assistance from our external accountants, Ernst & Young. This preparation began in June 2010. Some information is described by our inside legal counsel, who also reviews sections of the form. Certain sections of the form are reviewed by a number of senior managers, our chief financial officer reviews the form in its entirety. Once the form is complete, in November 2010, it is forwarded on to our board of directors and it is then submitted for filing.
Description of Process to Monitor Transactions for Conflicts of Interest	FORM 990, PART VI, LINE 12C	On an ongoing basis and before any grants were awarded, all board members, staff and internal review committee members were asked to disclose any relationships or potential conflicts of interest with any grantees or business partners. Any person with an actual or potential conflict was permitted to make a presentation to the reviewing body, but was not allowed to vote on the particular matter.

Identifier	Return Reference	Explanation
Offices & Positions for Which Process was Used, & Year Process was Begun	FORM 990, PART VI, LINES 15A AND 15B	<p>Executive Compensation Process Oversight and Independence</p> <p>The Foundation does not have any employees. The employees of related organizations provide services to the Foundation. The President is compensated solely for his duties performed in his capacity as Chief Executive Officer and President of TAHMO and TAHF. There is no remuneration for duties related to the Tufts Health Plan Foundation. The Executive Director of the Foundation is compensated solely for his duties performed in his capacity as the Vice President and Deputy General Counsel of TAHMO and TAHF. There is no remuneration for duties related to the Tufts Health Plan Foundation. The Compensation Committee (the "Committee") of the Board of Directors (the "Board") of Tufts Associated Health Maintenance Organization (Tufts or the "Company") reviews and administers total remuneration opportunities, policies, programs and major changes in Tufts' benefit plans that are applicable to the officers and executives of the Company (the "executives" - these include the CEO, COO, and all senior vice presidents), as well as to any other individual or groups the Committee deems appropriate based on its interpretation of the definition of "disqualified persons" in Section 4958 of the Internal Revenue Code of 1986. The Committee is comprised of independent directors of the Company. It is the Board's intention that the Committee will perform its duties in a manner that will establish a presumption that the total remuneration offered to executives and other "disqualified persons" are reasonable.</p> <p>Comparability Data and Reasonableness</p> <p>The total compensation opportunities provided to executives of the Company are intended to be competitive with, and in reasonable comparison to, those opportunities provided by organizations in those business sectors with which the Company competes for executive talent. The Board believes that such competitors are not limited to other healthcare institutions and that comparisons should be made to the compensation practices of a cross section of business sectors in both for-profit and not-for-profit organizations, when appropriate. The Committee retains independent compensation consultants to provide data as necessary, and also uses available sources of independent data on compensation. Peer organizations and published survey sources will be approved by the Committee based on its reasonable determination. The Committee may also rely on members of management and outside advisors, consultants, and counsel to provide market data reports, analysis, and opinions with respect to compensation-related matters. The data reviewed consists of comparable, relevant market data for the Company's positions from published surveys, and other available sources, of health and managed care institutions and the general industry. Other surveys of specialized skill sets or employee attributes critical to the success of the Company, e.g., actuarial, legal, etc., are also incorporated as needed, along with geographic references to the Boston and New England labor markets. The Committee will rely on this market data to assess, determine and validate compensation levels for the Company's executives. The Committee uses this data in its review of:</p> <ul style="list-style-type: none"><li>- Setting base salaries - in light of market data and the individual's performance, background, experiences and personal skills. Base salary will be set so that the targeted positioning of an Executive is at the 50th percentile for each position. Actual base salary may vary based on skills, background and experience.</li><li>- Annual incentive compensation - the Company's goal is to provide competitive and reasonable opportunities under the terms of an executive annual incentive plan for selected positions which are responsible for achieving performance goals that reflect the overall mission of the Company, the strategic direction of the Company for the performance year and the individual's performance during that year. The Committee makes every effort to establish a presumption that the total remuneration opportunities provided to executives are reasonable, as such presumption is contemplated in Section 4958 of the Internal Revenue Code of 1986, as amended from time to time. In establishing the presumption of reasonableness, the Committee may engage the professional services of independent legal counsel, compensation experts, accountants and other experts and advisors. Timing</li></ul> <p>Executive benchmarking is completed on an annual basis. Benchmarking is completed by the external consultant engaged by the Compensation Committee every two years, and by the internal Compensation team on alternating years. The analysis completed in Q4, 2009 was completed by the internal Compensation team. Compensation survey data (as described above) was reviewed, compiled, and summarized in report form by the Senior Compensation Consultant for each individual executive/job based on a match of the internal job function to the survey job function. Each job match was validated to ensure that the same/similar market matches as used by the external consultant in the prior year were used by the internal team to ensure consistency with the prior analysis methodology. A report was provided to the Compensation Committee for discussion and deliberation. Documentation</p> <p>A summary of the discussions and deliberations of the Committee are documented in the meeting minutes, which are reviewed and approved by the Committee. Copies of all meeting materials distributed prior to and during the meeting are maintained in the corporate records along with the meeting minutes.</p>

Avail of Gov Docs, Conflict of Interest Policy, & Fin Stmt s to Gen Public FORM 990, PART VI, LINE 19 The governing documents, conflicts of interest policy and financial statements of the Foundation are available at its headquarters in Watertown, MA All requests can be made to the Corporate Communications or Finance departments

Identifier	Return Reference	Explanation
HOURS WORKED FOR RELATED ORGANIZATION	FORM 990, PART VII	HOURS LISTED BELOW ARE FOR TUFTS ASSOCIATED HEALTH PLAN (TAHP), TUFTS BENEFIT ADMINISTRATORS, INC (TBA), TOTAL HEALTH PLAN, INC (THP), AND TUFTS ASSOCIATED HEALTH MAINTENANCE ORGANIZATION, INC (TAHMO) JAMES ROOSEVELT 4 HOURS WITH TAHP, 4 HOURS WITH TBA, 4 HOURS WITH THP AND 26 HOURS WITH TAHMO LOIS CORNELL 6 HOURS WITH TAHP, 6 HOURS WITH TBA, 2 HOURS WITH THP AND 24 HOURS WITH TAHMO ROLAND PRICE 4 HOURS WITH TAHP, 9 HOURS WITH TBA, 3 HOURS WITH THP AND 23 HOURS WITH TAHMO DAVID ABELMAN 5 HOURS WITH TBA, 3 HOURS WITH THP, AND 22 HOURS WITH TAHMO All directors' compensation for Tufts Health Plan Foundation, Inc is paid through Tufts Associated Health Maintenance Organization, Inc (EIN 04-2674079, Address 705 Mount Auburn Street, Watertow n, MA 02471) All officers' compensation for Tufts Health Plan Foundation, Inc is paid through Tufts Associated Health Plans, Inc (EIN 04-2985923, Address 705 Mount Auburn Street, Watertow n, MA 02471)

REIMBURSEMENT PAID TO OTHER ORGANIZATION SCHEDULE R, PART V, LINE 10 The Foundation reimburses TAHMO for all payments directly related to the Foundation

For Paperwork Reduction Act Notice, see the Instructions for Form 990

Cat No 51056K

Schedule O (Form 990) 2009



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?	
							Yes	No		Yes	No

Part IV

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

(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
TUFTS ASSOCIATED HEALTH PLAN INC 705 Mount Auburn St WATERTOWN, MA024721508 04-2985923	MANAGEMENT SVCS	MA	NA	C Corp			

Part V

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

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

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 (iv) rent from a controlled entity

b Gift, grant, or capital contribution to other organization(s)

c Gift, grant, or capital contribution from other organization(s)

d Loans or loan guarantees to or for other organization(s)

e Loans or loan guarantees by other organization(s)

f Sale of assets to other organization(s)

g Purchase of assets from other organization(s)

h Exchange of assets

i Lease of facilities, equipment, or other assets to other organization(s)

j Lease of facilities, equipment, or other assets from other organization(s)

k Performance of services or membership or fundraising solicitations for other organization(s)

l Performance of services or membership or fundraising solicitations by other organization(s)

m Sharing of facilities, equipment, mailing lists, or other assets

n Sharing of paid employees

o Reimbursement paid to other organization for expenses

p Reimbursement paid by other organization for expenses

q Other transfer of cash or property to other organization(s)

r Other transfer of cash or property from other organization(s)

Yes

No

1a

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

No

No

Yes

No

No

No

No

No

No

No

No

Yes

Yes

Yes

No

No

No

No

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

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

Schedule R (Form 990) 2009

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

[illegible]