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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public
▶ Information about Form 990 and its instructions is at www.IRS.gov/form990

OMB No 1545-0047

2015

Open to Public Inspection

A For the 2015 calendar year, or tax year beginning 01-01-2015 , and ending 12-31-2015

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

C Name of organization
Tufts Associated Health Maintenance Organization Inc
% UMESH KURPAD

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 province, country, and ZIP or foreign postal code
WATERTOWN, MA 024721508

D Employer identification number
04-2674079

E Telephone number
(617) 972-9400

G Gross receipts $ 2,995,230,061

F Name and address of principal officer
Thomas Croswell
705 Mount Auburn Street
Watertown, MA 024721508

H(a) Is this a group return for subordinates? ☐ Yes ☑ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☐ 501(c)(3) ☑ 501(c) (4) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ www.tuftshealthplan.com

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1979

M State of legal domicile MA

Part I Summary

1 Briefly describe the organization's mission or most significant activities
TUFTS ASSOCIATED HEALTH MAINTENANCE ORGANIZATION, INC 'S (TAHMO) MISSION IS TO IMPROVE THE HEALTH AND WELLNESS OF THE DIVERSE COMMUNITIES WE SERVE

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

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	11
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	9
5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)	**5**	411
6	Total number of volunteers (estimate if necessary)	**6**	0
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	108,182
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	

		Prior Year	Current Year
Revenue			
8	Contributions and grants (Part VIII, line 1h)	0	0
9	Program service revenue (Part VIII, line 2g)	3,253,540,393	2,519,795,535
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	43,196,592	-3,105,801
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	80,642	108,182
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,296,817,627	2,516,797,916
Expenses			
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	675,388	848,919
14	Benefits paid to or for members (Part IX, column (A), line 4)	2,883,892,944	2,203,763,121
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	43,251,392	25,285,983
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	303,698,116	267,830,542
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	3,231,517,840	2,497,728,565
19	Revenue less expenses Subtract line 18 from line 12	65,299,787	19,069,351
Net Assets or Fund Balances		**Beginning of Current Year**	**End of Year**
20	Total assets (Part X, line 16)	1,112,249,471	1,126,552,016
21	Total liabilities (Part X, line 26)	347,223,208	381,109,444
22	Net assets or fund balances Subtract line 21 from line 20	765,026,263	745,442,572

Part II Signature Block

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

Sign Here

Signature of officer — Date: 2016-11-14

MAURICE HEBERT chief acctng officer
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
BENJAMIN PITCHKITES	BENJAMIN PITCHKITES			P00362066

Firm's name ▶ ERNST & YOUNG US LLP — Firm's EIN ▶

Firm's address ▶ 111 MONUMENT CIRCLE 4000
INDIANAPOLIS, IN 46204

Phone no (317) 681-7000

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

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

4a	(Code	) (Expenses $	955,548,762	including grants of $	375,055) (Revenue $	1,113,253,350)	
	SEE SCHEDULE O						
4b	(Code	) (Expenses $	1,222,677,887	including grants of $	450,609) (Revenue $	1,337,515,440)	
	SEE SCHEDULE O						
4c	(Code	) (Expenses $	21,003,056	including grants of $	10,231) (Revenue $	30,367,114)	
	SEE SCHEDULE O						
4d	Other program services (Describe in Schedule O)						
	(Expenses $	32,428,684	including grants of $	13,024) (Revenue $	38,659,631)		
4e	**Total program service expenses ▶**	2,231,658,389					

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		No
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2		No
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	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	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 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b	Yes	
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b	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, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	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* (see instructions)	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
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**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? *If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a*	**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	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part 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? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	**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? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**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? *If "Yes," complete Schedule R, Part I*	**33**	Yes	
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**34**	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		
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? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	1a	15,027		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	411		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		2b	Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .		3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .		3b	Yes	
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)? . .		4a		No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .		5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .		6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b		
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		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .		7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h		
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		8		
9a	Did the sponsoring organization make any taxable distributions under section 4966? . . .		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .		9b		
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O		13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .		14b		

Part VI Governance, Management, and Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	11		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O				
b	Enter the number of voting members included in line 1a, above, who are independent	1b	9		
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 governing documents since the prior Form 990 was filed?	4			No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			No
6	Did the organization have members or stockholders?	6			No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a			No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			No
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	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did 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 15a or 15b, 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	Yes	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	Yes	

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed ▶ MA

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records ▶ UMESH KURPAD 705 MOUNT AUBURN STREET WATERTOWN, MA 024721508 (617) 972-9400

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

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

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b **Sub-Total** ▶										
c **Total from continuation sheets to Part VII, Section A** ▶										
d **Total (add lines 1b and 1c)** ▶								289,000	11,669,456	1,880,484

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

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
CGI TECHNOLOGIES AND SOLUTIONS, 12907 Collections Center Drive CHICAGO, IL 60693	OUTSIDE LABOR	12,198,401
NTT Data Inc, 100 City Square BOSTON, MA 02129	OUTSIDE LABOR	14,317,016
MEDHOK INC, 5550 W IDLEWILD AVE TAMPA, FL 33634	OUTSIDE LABOR	2,127,563
Perficient Inc, 5295 Hollister 2nd Fl HOUSTON, TX 77040	Outside Labor	2,649,495
Gardner Resources Consulting, 110 Cedar Street WELLESLEY HILLS, MA 02481	OUTSIDE LABOR	1,354,117

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 65

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . . 1a				
	b	Membership dues 1b				
	c	Fundraising events 1c 0				
	d	Related organizations . . . 1d				
	e	Government grants (contributions) 1e				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f				
	g	Noncash contributions included in lines 1a-1f $ 0				
	h	**Total.** Add lines 1a-1f . . . . . ▶	0			
Program Service Revenue		Business Code				
	2a	Commercial 524114	1,113,253,350	1,113,253,350	0	0
	b	Medicare 524114	1,337,515,440	1,337,515,440	0	0
	c	Medicaid 524114	30,367,114	30,367,114	0	0
	d	Medicare Complement 524114	37,963,923	37,963,923	0	0
	e	All other program service revenue 524114	695,708	695,708	0	0
	f	All other program service revenue				
	g	**Total.** Add lines 2a-2f . . . . . ▶	2,519,795,535			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) . . . . . ▶	16,235,832			16,235,832
	4	Income from investment of tax-exempt bond proceeds . . ▶	0			
	5	Royalties . . . . . ▶	0			
		(i) Real / (ii) Personal				
	6a	Gross rents 108,182				
	b	Less rental expenses				
	c	Rental income or (loss) 108,182 / 0				
	d	Net rental income or (loss) . . . . . ▶	108,182		108,182	
		(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory 459,090,512				
	b	Less cost or other basis and sales expenses 478,432,145				
	c	Gain or (loss) -19,341,633				
	d	Net gain or (loss) . . . . . ▶	-19,341,633			-19,341,633
	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 . . . . . ▶	2,516,797,916	2,519,795,535	108,182	-3,105,801

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	848,919	848,919		
2 Grants and other assistance to domestic individuals See Part IV, line 22	0	0		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	0	0		
4 Benefits paid to or for members	2,203,763,121	2,203,763,121		
5 Compensation of current officers, directors, trustees, and key employees	323,500	0	323,500	0
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	0	0	0
7 Other salaries and wages	18,778,715	18,778,715	0	0
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0	0	0	0
9 Other employee benefits	6,183,768	6,183,768	0	0
10 Payroll taxes	0	0	0	0
11 Fees for services (non-employees)				
a Management	149,568,185	0	149,568,185	0
b Legal	0	0	0	0
c Accounting	859,001	687,201	171,800	0
d Lobbying	0	0	0	0
e Professional fundraising services See Part IV, line 17	0			0
f Investment management fees	0	0	0	0
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	50,621,786		50,621,786	
12 Advertising and promotion	9,417,864	7,534,291	1,883,573	0
13 Office expenses	1,286,686	0	1,286,686	0
14 Information technology	1,059,704	847,763	211,941	0
15 Royalties	0	0	0	0
16 Occupancy	2,908,596	0	2,908,596	0
17 Travel	352,828	0	352,828	0
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	0	0
19 Conferences, conventions, and meetings	387,685	387,685	0	0
20 Interest	0	0	0	0
21 Payments to affiliates	66,719	53,375	13,344	0
22 Depreciation, depletion, and amortization	23,441,152	0	23,441,152	0
23 Insurance	0	0	0	0
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a LICENSING FEE	-13,828,057	-11,062,446	-2,765,611	0
b HEALTH ASSESSMENTS	33,716,341	0	33,716,341	0
c INVESTMENT FEES & LOC EXP	3,427,056	0	3,427,056	0
d ALL OTHER EXPENSES	4,544,996	3,635,997	908,999	0
e All other expenses				
25 **Total functional expenses.** Add lines 1 through 24e	2,497,728,565	2,231,658,389	266,070,176	0
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		0	1	0
	2	Savings and temporary cash investments		44,454,410	2	4,677,281
	3	Pledges and grants receivable, net		0	3	0
	4	Accounts receivable, net		6,170,724	4	7,326,666
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		0	5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		0	6	0
	7	Notes and loans receivable, net		0	7	0
	8	Inventories for sale or use		0	8	0
	9	Prepaid expenses and deferred charges		0	9	0
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 162,116,872			
	b	Less accumulated depreciation	10b 35,668,880	130,958,839	10c	126,447,992
	11	Investments—publicly traded securities		869,272,262	11	915,164,005
	12	Investments—other securities See Part IV, line 11		0	12	0
	13	Investments—program-related See Part IV, line 11		0	13	0
	14	Intangible assets		0	14	0
	15	Other assets See Part IV, line 11		61,393,236	15	72,936,072
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		1,112,249,471	16	1,126,552,016
Liabilities	17	Accounts payable and accrued expenses		74,745,663	17	68,443,356
	18	Grants payable		0	18	0
	19	Deferred revenue		23,652,279	19	10,584,291
	20	Tax-exempt bond liabilities		0	20	0
	21	Escrow or custodial account liability Complete Part IV of Schedule D		0	21	0
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		0	22	0
	23	Secured mortgages and notes payable to unrelated third parties		0	23	0
	24	Unsecured notes and loans payable to unrelated third parties		0	24	85,000,000
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		248,825,266	25	217,081,797
	26	**Total liabilities.** Add lines 17 through 25		347,223,208	26	381,109,444
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets			27	
	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		0	30	0
	31	Paid-in or capital surplus, or land, building or equipment fund		0	31	0
	32	Retained earnings, endowment, accumulated income, or other funds		765,026,263	32	745,442,572
	33	Total net assets or fund balances		765,026,263	33	745,442,572
	34	Total liabilities and net assets/fund balances		1,112,249,471	34	1,126,552,016

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,516,797,916
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,497,728,565
3	Revenue less expenses Subtract line 2 from line 1	3	19,069,351
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	765,026,263
5	Net unrealized gains (losses) on investments	5	8,020,000
6	Donated services and use of facilities	6	0
7	Investment expenses	7	0
8	Prior period adjustments	8	0
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-46,673,042
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	745,442,572

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☑ Both consolidated and separate basis			
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

Additional Data

Software ID:

Software Version:

EIN: 04-2674079

Name: Tufts Associated Health Maintenance Organization Inc

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ROBERT SPELLMAN Chairman of the Board	9 0 0 0	X		X				60,000	0	0
MARY ANNA SULLIVAN DIRECTOR	3 0 0 0	X						0	0	0
GREG TRANTER DIRECTOR	4 0 0 0	X						33,000	0	0
SUSAN WINDHAM-BANNISTER DIRECTOR	4 0 0 0	X						34,000	0	0
JAMES ROOSEVELT CHIEF EXECUTIVE OFFICER	30 0 20 0	X		X				0	1,816,682	386,889
PETER DROTCH DIRECTOR	3 0 0 0	X						31,000	0	0
HARRIS BERMAN Director (TRM 6/15)	2 0 0 0	X						0	0	0
JACKIE JENKINS-SCOTT DIRECTOR	3 0 1 0	X						31,500	1,000	0
Inna Simmons DIRECTOR	3 0 0 0	X						30,000	0	0
JAMES MCNULTY DIRECTOR	4 0 0 0	X						33,000	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
THOMAS O'NEILL III DIRECTOR	3 0 3 0	X						27,500	3,500	0
Bertram Scott Director	1 0 0 0	X						9,000	0	0
THOMAS CROSWELL PRESIDENT & COO	20 0 30 0			X				0	1,229,228	133,697
UMESH KURPAD SVP & CFO	25 0 25 0			X				0	792,831	110,432
PATRICIA TREBINO SVP OF OPERATIONS & CIO	31 0 19 0			X				0	726,742	101,003
LOIS CORNELL CAO & GENERAL COUNSEL	30 0 20 0			X				0	765,310	104,840
PATRICIA BLAKE SVP PRESIDENT SENIOR PRODUCTS	50 0 0 0			X				0	650,558	98,095
PAUL KASUBA SVP & CMO	28 0 22 0			X				0	590,974	110,753
TRACEY CARTER SVP & CHIEF ACTUARY	42 0 8 0			X				0	582,421	134,270
MARC SPOONER SVP President Commercial Pdts	15 0 35 0			X				0	606,647	95,876

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
CHRISTOPHER GORTON SVP PRESIDENT Public Plans	0 0 50 0			X				0	583,930	89,934
ROLAND PRICE TREASURER & VP	26 0 24 0			X				0	415,255	102,084
Marc Backon SVP & CSM OFFICER, Comrcl prdt	15 0 35 0			X				0	286,934	54,619
AIDA MAGARACE VP OF FINANCE & CONTROLLER	25 0 25 0					X		0	496,079	72,235
LYDIA GREENE VP, HR & DIVERSITY	40 0 10 0					X		0	466,067	74,128
JOSEPH IMBIMBO VP OF TECHNOLOGY OPERATIONS	36 0 14 0					X		0	431,212	87,930
MIRIAM SULLIVAN VP OF PHARMACY & HLTH PRGRMS	36 0 14 0					X		0	420,467	62,921
Debra Poskanzer VP of Med mngmt & quality	18 0 32 0					X		0	411,063	58,149
Davey Scoon Former Chairman (RET 6/14)	0 0 0 0						X	0	106,615	0
Brian Pagliaro SVP & CSMO,COMM PDTS(TRM11/14)	0 0 0 0						X	0	285,941	2,629

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
Information about Schedule D (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
Tufts Associated Health Maintenance Organization Inc

Employer identification number
04-2674079

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

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

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

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

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

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

☐ Preservation of land for public use (e g , recreation or education)
☐ Preservation of an historically important land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements.

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

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

			Amount
b	If "Yes," explain the arrangement in Part XIII and complete the following table		
c	Beginning balance	1c	
d	Additions during the year	1d	
e	Distributions during the year	1e	
f	Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII . . . . . ☐

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

		(a)Current year	(b)Prior year	b (c)Two years back	(d)Three years back	(e)Four years back
1a	Beginning of year balance					
b	Contributions					
c	Net investment earnings, gains, and 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 current year end balance (line 1g, column (a)) held as

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶
- c Temporarily restricted endowment ▶

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

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

		Yes	No
(i) unrelated organizations	3a(i)		
(ii) related organizations	3a(ii)		
b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?	3b		

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	Accumulated (c)depreciation	(d)Book value
1a Land		14,052,397		14,052,397
b Buildings		110,423,850	18,868,881	91,554,969
c Leasehold improvements				
d Equipment				
e Other		37,640,625	16,799,999	20,840,626
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* ▶				126,447,992

Part VII **Investments—Other Securities.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶		

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

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) must equal Form 990, Part X, col (B) line 13)* ▶		

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

(a) Description	(b) Book value
See Additional Data Table	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 15)* . . . . . ▶	72,936,072

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

1. (a) Description of liability	(b) Book value
Federal income taxes	0
Claims Payable	199,602,300
Due from affiliates	16,893,792
ACA Risk adjustment	585,705
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	217,081,797

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

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

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

1	Total revenue, gains, and other support per audited financial statements			1	2,513,262,678
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d	0		
e	Add lines **2a** through **2d**			2e	0
3	Subtract line **2e** from line **1**			3	2,513,262,678
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	3,427,056		
b	Other (Describe in Part XIII)	4b	108,182		
c	Add lines **4a** and **4b**			4c	3,535,238
5	Total revenue Add lines **3** and **4c.**(This must equal Form 990, Part I, line 12)			5	2,516,797,916

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

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

1	Total expenses and losses per audited financial statements			1	2,494,301,509
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII)	2d	0		
e	Add lines **2a** through **2d**			2e	0
3	Subtract line **2e** from line **1**			3	2,494,301,509
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	3,427,056		
b	Other (Describe in Part XIII)	4b			
c	Add lines **4a** and **4b**			4c	3,427,056
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	2,497,728,565

Part XIII Supplemental Information

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

Return Reference	Explanation
RECONCILIATION OF REVENUE PER AUDITED FINANCIAL STMTS WITH REVENUE PER 990	SCHEDULE D, PART XI, LINE 4B RENTAL INCOME NOT RECORDED ON FINANCIAL STATEMENTS $108,182

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 04-2674079

Name: Tufts Associated Health Maintenance Organization Inc

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

(a) Description	(b) Book value
(1) INTEREST RECEIVABLE	1,423,135
(2) PHARMACY REBATES RECEIVABLE	10,373,974
(3) MEDASSURANT/INGENIX RECEIVABLE	2,343,018
(4) A/R SETTLEMENT - MP	21,794,429
(5) DUE FROM TBA	12,577,903
(6) DUE FROM THP	3,848,241
(7) DUE FROM THFIC	18,943
(8) DUE FROM Tufts HP Foundation	29,116
(9) CMS SUBSIDY CLEARING	20,352,894
(10) A/R OTHER - ADCO	174,419

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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," on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
Tufts Associated Health Maintenance Organization Inc

Employer identification number
04-2674079

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☑ Yes ☐ No

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000 Part II can be duplicated if additional space is needed

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of 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 listed in the line 1 table . . . . . ▶ 30

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

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22
Part III can be duplicated if additional space is needed

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance

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

Return Reference	Explanation
Form 990, Schedule I	DESCRIPTION OF ORGANIZATION'S PROCEDURES FOR MONITORING THE USE OF GRANTS THE ORGANIZATION ONLY CONTRIBUTES TO TAX-EXEMPT ORGANIZATIONS UNDER 501(C) AND CERTAIN GOVERNMENTAL UNITS THE ORGANIZATION CONTRIBUTES TO WELL ESTABLISHED, NON-PROFIT ORGANIZATIONS THAT HAVE ESTABLISHED POLICIES AND PROCEDURES FOR MONITORING THE USE OF FUNDS

Additional Data

Software ID:
Software Version:
EIN: 04-2674079
Name: Tufts Associated Health Maintenance Organization Inc

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Alzheimer's Association 480 Pleasant Street Watertown, MA 02472	04-2731194	501(C)(3)	25,000				Hope on the Harbor
Associated Industries of Massachusetts 1 Beacon Street Floor 16 Boston, MA 02108	04-1045830	501(C)(6)	25,000				Annual Meeting and Centennial Gala
Berklee School of Music 1140 Boylston Street Boston, MA 02215	04-2300472	501(C)(3)	20,000				Encore Gala

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Big Sister Association 161 Massachusetts AVENUE Boston, MA 02115	04-2150651	501(C)(3)	10,000				Annual Big in Boston
Boston Symphony Orchestra 301 Massachusetts Avenue Boston, MA 02115	04-2103550	501(C)(3)	14,000				ANNUAL PRESIDENTS & CHRISTMAS AT POPS
Cardinal Cushing Centers 405 Washington Street Hanover, MA 02339	04-2104871	501(C)(3)	10,000				Springtime Gala

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Catholic Charities Greater Boston 75 Kneeland Street Boston, MA 02111	04-2534041	501(C)(3)	10,000				Annual Spring Celebration
Community Labor United 6 Beacon Street Suite 910 Boston, MA 02108	20-3404034	501(C)(3)	10,000				Annual Salt of the Earth Awards
Dimock Center 55 Dimock Street Roxbury, MA 02119	04-3487827	501(C)(3)	15,000				Annual Steppin' Out

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Environmental League of Massachusetts 14 Beacon Street Boston, MA 02108	04-2760271	501(C)(3)	10,000				Annual membership dues
Greater Boston Chamber of Commerce 265 Franklin St Boston, MA 02110	04-1103090	501(C)(6)	10,000				Annual Meeting & Dinner
Hasbro Children's Hosp A Lifespan Partner Post Office Box H Providence, RI 02901	05-0468736	501(C)(3)	16,000				Play-Doh Ball

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Health Care for All 30 Winter St 10th Fl Boston, MA 02108	04-3071598	501(C)(3)	10,000				Annual For the People Event
Joselin Diabetes Center 1 Joselin Place Boston, MA 02215	04-2203836	501(C)(3)	10,000				Annual High Hopes Gala
March of Dimes 1275 Mamaroneck Ave White Plains, NY 10605	13-1846366	501(C)(3)	15,000				Signature Chefs Auction & Black Ties for Babies

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Massachusetts Health Council 200 Reservoir St 101 Needham, MA 02494	04-2296739	501(C)(3)	10,000				Annual Award Dinner Gala
MA League of Community Health Centers 40 Court St 10th Fl Boston, MA 02108	04-2507409	501(C)(3)	25,000				50th Anniversary
Massachusetts Women's Political Caucus 92 South Street Boston, MA 02110	04-2738443	501(C)(3)	10,000				Annual Good Guys Award

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
National Braille Press 88 Saint Stephen St Boston, MA 02115	04-2104740	501(C)(3)	10,000				A Million Laughs for Literacy Gala
New England Council 98 N Washington St 201 Boston, MA 02114	04-1661090	501(C)(3)	15,000				Annual Dinner
NEHI (New England Healthcare Institute) One Broadway 15th Fl Cambridge, MA 02142	01-0624865	501(C)(3)	10,000				Annual Innovators in Health Awards & Meeting

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
IrnWkrs Dis cnl of New Eglnd Hlth & Wlfr Fd 161 GRANITE AVE DORCHESTER, MA 02124	04-2163872	501(C)(9)	10,000				Annual Scholarships
Operation ABLE 131 Tremont St Boston, MA 02111	04-2761871	501(C)(3)	10,000				Starfish Thrower Award Gala
Perkins School for the Blind 175 N Beacon St Watertown, MA 02472	04-2103616	501(C)(3)	25,000				Annual Perkins Possibility Gala

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Reliant Medical Group Foundation 630 Plantation St Worcester, MA 01605	22-2912515	501(C)(3)	20,000				Annual Drive for a Difference Golf Classic
The Family Pantry of Cape Cod 133 Queeen Anne RD Harwich, MA 02645	22-3079904	501(C)(3)	10,000				Summer Gala
The Schwartz Center 205 Portland Street Boston, MA 02114	04-1564655	501(C)(3)	15,000				Annual Compassionate Healthcare Dinner

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Tufts Medical Center 800 Washington St Boston, MA 02111	04-3400317	501(C)(3)	15,000				Annual Working Wonders
UMass Medical SchoolUmass Memorial 333 South St 450 Shrewsbury, MA 01545	04-3167352	501(C)(3)	12,500				Annual Winter Ball
Vinfen Corporation 62 Harvard St Brookline, MA 02445	04-2632219	501(C)(3)	15,000				Healing Art of Music Concert with LSO

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Wheelock College 200 The Riverway Boston, MA 02215	04-2103639	501(C)(3)	10,000				Annual Passion for Action
Whittier Street Health Center 20 Whittier Street Roxbury, MA 02120	04-2619517	501(C)(3)	15,000				Roast Reunion & Men's Health Summit
YWCA Boston 140 Clarendon St 403 Boston, MA 02116	04-2103548	501(C)(3)	10,000				Academy of Women Achievers Luncheon

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**

▶ **Attach to Form 990.**

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
Tufts Associated Health Maintenance Organization Inc

Employer identification number
04-2674079

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☑ Tax idemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e g , maid, chauffeur, chef)		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	**2**	Yes	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	☑ Compensation committee	☑ Written employment contract		
	☑ Independent compensation consultant	☑ Compensation survey or study		
	☑ Form 990 of other organizations	☑ Approval by the board or compensation committee		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**	Yes	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," on line 5a or 5b, describe in Part III			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**	Yes	
b	Any related organization?	**6b**	Yes	
	If "Yes," on line 6a or 6b, describe in Part III			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

Part II **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

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

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title	**(B)** Breakdown of W-2 and/or 1099-MISC compensation			**(C)** Retirement and other deferred compensation	**(D)** Nontaxable benefits	**(E)** Total of columns (B)(i)-(D)	**(F)** Compensation in column(B) reported as deferred on prior Form 990
	(i) Base compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable compensation				
See Additional Data Table							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information

Return Reference	Explanation
SUPPLEMENTAL COMPENSATION INFORMATION	SCHEDULE J, PART I, LINE 1a TAX INDEMNIFICATION AND GROSS-UP PAYMENTS ROLAND PRICE RECEIVED A GROSSED UP ONE-TIME BONUS FOR EXEMPLARY PERFORMANCE, TREATED AS TAXABLE COMPENSATION MARC BACKON RECEIVED GROSS UP PAYMENTS AS PART OF A RELOCATION AGREEMENT, TREATED AS TAXABLE COMPENSATION SCHEDULE J, PART I, LINE 4A BRIAN PAGLIARO RECEIVED $77,746 IN SEVERANCE
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 ON SCHEDULE J PART II COLUMN C REFLECT BOTH THE EMPLOYEE DEFERRALS AS WELL AS THE EMPLOYER CONTRIBUTIONS TO THE ESP
FORM 990, SCHEDULE J, LINE 6	THE OFFICERS AND KEY EMPLOYEES LISTED ON PART VII OF TUFTS HEALTH PLAN PARTICIPATE IN AN EXECUTIVE INCENTIVE PLAN THAT 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 NET EARNINGS

Additional Data

Software ID:
Software Version:
EIN: 04-2674079
Name: Tufts Associated Health Maintenance Organization Inc

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation (i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
1JAMES ROOSEVELT CHIEF EXECUTIVE OFFICER	(I)	0	0	0	0	0	0	0
	(II)	851,714	830,421	134,547	375,962	- 10,927	- 2,203,571	0
1THOMAS CROSWELL PRESIDENT & COO	(I)	0	0	0	0	0	0	0
	(II)	635,526	495,710	97,992	127,302	- 6,395	- 1,362,925	0
2UMESH KURPADSVP & CFO	(I)	0	0	0	0	0	0	0
	(II)	438,616	299,356	54,859	94,481	- 15,951	- 903,263	0
3PATRICIA TREBINO SVP OF OPERATIONS & CIO	(I)	0	0	0	0	0	0	0
	(II)	402,212	274,510	50,020	85,190	- 15,813	- 827,745	0
4LOIS CORNELL CAO & GENERAL COUNSEL	(I)	0	0	0	0	0	0	0
	(II)	424,230	289,537	51,543	88,902	- 15,938	- 870,150	0
5PATRICIA BLAKE SVP PRESIDENT SENIOR PRODUCTS	(I)	0	0	0	0	0	0	0
	(II)	362,561	247,448	40,549	82,456	- 15,639	- 748,653	0
6PAUL KASUBASVP & CMO	(I)	0	0	0	0	0	0	0
	(II)	348,908	238,130	3,936	95,072	- 15,681	- 701,727	0
7TRACEY CARTER SVP & CHIEF ACTUARY	(I)	0	0	0	0	0	0	0
	(II)	324,321	221,349	36,751	118,807	- 15,463	- 716,691	0
8MARC SPOONER SVP President Commercial Pdts	(I)	0	0	0	0	0	0	0
	(II)	346,154	225,225	35,268	80,294	- 15,582	- 702,523	0
9CHRISTOPHER GORTON SVP PRESIDENT Public Plans	(I)	0	0	0	0	0	0	0
	(II)	353,749	232,062	-1,881	78,245	- 11,689	- 673,864	0
10ROLAND PRICE TREASURER & VP	(I)	0	0	0	0	0	0	0
	(II)	242,050	143,513	29,692	91,835	- 10,249	- 517,339	0
11AIDA MAGARACE VP OF FINANCE & CONTROLLER	(I)	0	0	0	0	0	0	0
	(II)	299,101	160,393	36,585	66,192	- 6,043	- 568,314	0
12LYDIA GREENE VP, HR & DIVERSITY	(I)	0	0	0	0	0	0	0
	(II)	283,028	151,774	31,265	63,623	- 10,505	- 540,195	0
13JOSEPH IMBIMBO VP OF TECHNOLOGY OPERATIONS	(I)	0	0	0	0	0	0	0
	(II)	260,254	139,561	31,397	77,079	- 10,851	- 519,142	0
14MIRIAM SULLIVAN VP OF PHARMACY & HLTH PRGRMS	(I)	0	0	0	0	0	0	0
	(II)	260,024	139,438	21,005	52,502	- 10,419	- 483,388	0
15Marc Backon SVP & CSM OFFICER, Comrcl prdt	(I)	0	0	0	0	0	0	0
	(II)	255,013	0	31,921	53,019	- 1,600	- 341,553	0
16Debra Poskanzer VP of Med mngmt & quality	(I)	0	0	0	0	0	0	0
	(II)	291,738	94,802	24,523	55,674	- 2,475	- 469,212	0
17Brian Pagliaro SVP & CSMO,COMM PDTS (TRM11/14)	(I)	0	0	0	0	0	0	0
	(II)	0	208,195	77,746	0	- 2,629	- 288,570	0
18Davey Scoon Former Chairman (RET 6/14)	(I)	0	0	0	0	0	0	0
	(II)	106,615	0	0	0	- 0	- 106,615	0

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization	Employer identification number
Tufts Associated Health Maintenance Organization Inc	04-2674079

Return Reference	Explanation
ORGANIZATION'S MISSION STATEMENT	FORM 990, PART III, LINE 1 TUFTS ASSOCIATED HEALTH MAINTENANCE ORGANIZATION, INC 'S (TAHMO) MISSION IS TO IMPROVE THE HEALTH AND WELLNESS OF THE DIVERSE COMMUNITIES IT SERVES TAHMO IS RESPONSIBLE FOR ARRANGING THE DELIVERY OF COMPREHENSIVE, PREVENTIVE AND THERAPEUTIC HEALTH CARE SERVICES TO SUBSCRIBING INDIVIDUALS IN RETURN FOR A FIXED MONTHLY PAYMENT SERVICES ARE PROVIDED THROUGH A CONTRACTED NETWORK OF INDEPENDENT PROVIDER GROUPS AND HOSPITALS WITHIN THE SERVICE AREA TAHMO PRODUCTS ARE AVAILABLE TO ALL SIZE EMPLOYER GROUPS, INCLUDING A MERGED SMALL GROUP AND INDIVIDUAL MARKET, AND ARE BASED ON COMMUNITY RATING METHODOLOGIES TAHMO ALSO OFFERS PRODUCTS TO INDIVIDUALS WHO ARE MEDICARE AND/ OR MEDICAID ELIGIBLE TAHMO PROVIDES A BROAD RANGE OF PROGRAMS DESIGNED TO EDUCATE ITS MEMBERS IN HEALTH MAINTENANCE AND DISEASE PREVENTION TAHMO IS DEDICATED TO OFFERING A VARIETY OF QUALITY, INNOVATIVE HEALTH COVERAGE OPTIONS AT THE LOWEST COST, AND TO IMPROVING ACCESS TO AFFORDABLE HEALTH CARE BY DEVELOPING AND EMPLOYING STRATEGIES THAT IMPROVE THE ALLOCATION OF HEALTH CARE RESOURCES IN ADDITION TO PROVIDING THESE SERVICES TO ITS MEMBERS, TAHMO IS DEDICATED TO PROVIDING AND FUNDING HEALTH PROGRAMS THAT BENEFIT THE COMMUNITY TAHMO SERVES PROGRAM SERVICE ACCOMPLISHMENTS FORM 990, PART III, LINE 4A HMO TAHMO'S MAIN PRODUCT IS ITS COMMERCIAL HMO IN 2015, THE HMO PROVIDED AFFORDABLE HEALTH COVERAGE TO APPROXIMATELY 207,067 MEMBERS TAHMO STRIVES TO PROVIDE HMO COVERAGE THAT IS AFFORDABLE, AND PROVIDES ACCESS TO TOP QUALITY HEALTH CARE SERVICES TAHMO ALSO PROVIDES PROGRAMS THAT TARGET THE IMPROVEMENT OF THE HEALTH OF ITS MEMBERS, AS WELL AS THE COMMUNITY AT LARGE QUALITY IN THE NATIONAL COMMITTEE FOR QUALITY ASSURANCE (NCQA) 2015-2016 RANKINGS, TAHMO WAS ONE OF ONLY 13 PLANS IN THE COUNTRY TO BE RATED 5 OUT OF 5 FOR ITS EXCELLENCE IN PROVIDING INNOVATIVE, HIGH-QUALITY HEALTH CARE COVERAGE TO ITS HMO AND POS MEMBERS TAHMO HAS ATTAINED NCQA'S HIGHEST RATING SINCE 1996 TAHMO HAS ALSO IMPLEMENTED PROGRAMS WITH PROVIDERS THAT FOCUS ON THE QUALITY OF HEALTH CARE SERVICES PROVIDED AND, IN SOME INSTANCES, WHICH TAILOR REIMBURSEMENT FOR SERVICES BASED IN PART ON QUALITY STANDARDS TAHMO PROVIDES SPECIALTY CARE MANAGEMENT SERVICES FOR ITS MEMBERS WITH COMPLEX MEDICAL AND BEHAVIORAL HEALTH CONDITIONS TAHMO MEMBERS RECEIVE TARGETED HEALTH REMINDERS TO ENCOURAGE PREVENTIVE HEALTH CARE, SUCH AS FOR FLU VACCINES AND PNEUMOVAX TAHMO'S CARE MANAGERS ASSIST MEMBERS WHO ARE ILL OR DISABLED IN NAVIGATING THE HEALTH CARE SYSTEM AND PROVIDE REFERRALS TO COMMUNITY RESOURCES OUR ONLINE HEALTH AND WELLNESS RESOURCE CENTER, AVAILABLE TO THE COMMUNITY AT LARGE, INCLUDES A LIBRARY OF TOOLS AND READY-MADE PRINT AND ELECTRONIC MATERIALS THESE RESOURCES HELP TO ENCOURAGE HEALTHY BEHAVIORS, INCREASE DEMAND FOR PREVENTIVE HEALTH, AND DRIVE ENGAGEMENT IN PROGRAMS THAT EDUCATE AND EMPOWER HEALTHIER LIFESTYLES AND REDUCE HEALTH RISKS TOPICS INCLUDE PREVENTIVE CARE BENEFITS, HEALTHY EATING AND WEIGHT CONTROL, EXERCISE AND FITNESS, MANAGING STRESS AND HEART HEALTH, CANCER PREVENTION, AND TOBACCO CESSATION WE ALSO OFFER A VARIETY OF WELLNESS PROGRAMS AT THE WORKSITE SUCH AS FLU SHOTS, CHOLESTEROL SCREENINGS, STRESS MANAGEMENT, AND MORE OUR CERTIFIED WELLNESS CONSULTANTS CAN HELP EMPLOYERS FORM A WELLNESS COMMITTEE, ASSESS THE NEEDS OF EMPLOYEES, ASSIST WITH A PERSONAL HEALTH ASSESSMENT CAMPAIGN, AND PROVIDE GUIDANCE ON SUPPORTING A 'CULTURE OF WELLNESS ' TAHMO'S ONLINE MEMBER PORTAL SERVES AS A CENTRAL HUB FOR LIFESTYLE MANAGEMENT PROGRAM COMPONENTS, HEALTH AND WELLNESS CONTENT, AND TOOLS THE PORTAL OFFERS A PERSONAL HEALTH ASSESSMENT AND RESOURCES DESIGNED TO ENCOURAGE INDIVIDUALS TO LEAD HEALTHIER LIVES BASED ON THEIR INTERESTS, OVERALL HEALTH CONDITION, AND MANY OTHER PERSONAL ATTRIBUTES TAHMO ALSO PUBLISHES WELL! MAGAZINE ONCE A YEAR IN APRIL THE MAGAZINE IS AN EDUCATIONAL RESOURCE ON TOPICS PERTAINING TO ACCESS TO CARE, PREVENTIVE CARE, HEALTH INFORMATION AND HEALTH CARE REMINDERS IT ALSO PROVIDES INFORMATION FOR MEMBERS ON HOW TO GET THE MOST OF TUFTS HEALTH PLAN'S BENEFITS WELL IS MAILED TO COMMERCIAL MEMBERS' HOMES AND IS AVAILABLE TO THE PUBLIC ON THE PUBLIC WEBSITE HTTPS //TUFTSHEALTHPLAN COM/MEMBER/HEALTH-INFORMATION-TOOLS/WELL-MAGAZINE ACCESS TAHMO'S MEMBERS HAVE ACCESS TO MORE THAN 113 HOSPITALS, 35,800 PRIMARY CARE PROVIDERS AND SPECIALISTS, AND 13,350 ALLIED HEALTH PROFESSIONALS, AS WELL AS CONDITION MANAGEMENT PROGRAMS, PREVENTION AND WELLNESS PROGRAMS AFFORDABILITY TAHMO'S GOAL IS TO PROVIDE THE HIGHEST QUALITY HEALTH CARE SERVICES AT THE LOWEST COST TO AS MANY MASSACHUSETTS AND RHODE ISLAND RESIDENTS AS POSSIBLE. UNDER THE DIRECTION OF ITS CHIEF MEDICAL DIRECTOR, TAHMO HAS DESIGNED HEALTH MANAGEMENT PROGRAMS TO SIMULTANEOUSLY LOWER MEDICAL COSTS AND IMPROVE QUALITY AND OUTCOMES BY LOWERING MEDICAL COSTS, TAHMO IS ABLE TO OFFER COMPETITIVE PREMIUM RATES AND PROVIDE COVERAGE TO MORE PEOPLE TAHMO MEMBERS RECEIVE DISCOUNTS ON A VARIETY OF SERVICES TO MAINTAIN A HEALTHY LIFESTYLE, AND ONLINE TOOLS TO MAXIMIZE BENEFITS OFFERED AND TO MAKE INFORMED HEALTH CARE DECISIONS EXAMPLES INCLUDE DISCOUNTS ON MEMBERSHIPS IN PARTICIPATING FITNESS CLUBS, NUTRITIONAL COUNSELING VISITS, WEIGHT LOSS PROGRAMS, AND DISCOUNTED MEMBERSHIP IN THE APPALACHIAN MOUNTAIN CLUB - A NONPROFIT ORGANIZATION THAT ENCOURAGES OUTDOOR PHYSICAL ACTIVITY RECOGNIZING THAT STRESS IS A UNIQUE CONTRIBUTOR TO POOR HEALTH, TAHMO ALSO PROVIDES DISCOUNTS TO MEMBERS FOR A MINDFULNESS AND STRESS REDUCTION PROGRAM, MASSAGE THERAPY, ACUPUNCTURE,AND OTHER SERVICES AND PRODUCTS RELATED TO STRESS RELIEF TAHMO IS COMMITTED TO IMPROVING THE HEALTH OF THE COMMUNITY AS WELL AS THAT OF ITS MEMBERS THE ORGANIZATION TAKES THIS COMMITMENT SERIOUSLY AND HAS A DEDICATED COMMUNITY PARTNERSHIP PROGRAM THAT PROVIDES IN-KIND AND FINANCIAL SUPPORT TO NOT-FOR-PROFIT PROGRAMS THROUGHOUT MASSACHUSETTS SUPPORT IS BROAD BASED AND REFLECTS DIVERSE SPONSORSHIP OF ORGANIZATIONS THAT PROMOTE IMPROVED COMMUNITY HEALTH SOME EXAMPLES OF PHILANTHROPY INCLUDE FUNDING TO HEALTH CARE FOR ALL, THE ALZHEIMER'S ASSOCIATION, AND THE MASSACHUSETTS ASSOCIATION FOR MENTAL HEALTH TUFTS HEALTH PLAN FOUNDATION, INC TO PROVIDE COMMUNITY BENEFITS ABOVE AND BEYOND ITS REGULAR LINES OF BUSINESS, TUFTS ASSOCIATED HEALTH MAINTENANCE ORGANIZATION, INC (TAHMO) ESTABLISHED THE TUFTS HEALTH PLAN FOUNDATION, A 501(C)(3) CHARITABLE AND SUPPORTING ORGANIZATION OF TAHMO THE FOUNDATION ALIGNED ITS MISSION TO THAT OF TUFTS HEALTH PLAN TO LEVERAGE THE PLAN'S GREATEST ASSET (ITS PEOPLE) IN A MORE DELIBERATE WAY ON BEHALF OF COMMUNITY TO IMPROVE THE HEALTH AND WELLNESS OF THE DIVERSE COMMUNITIES WE SERVE. THE FOUNDATION ACHIEVES THIS MISSION PRIMARILY THROUGH COMMUNITY INVESTMENTS AND CONVENING ACTIVITIES THAT ARE FOCUSED ON HEALTHY LIVING WITH AN EMPHASIS ON OLDER ADULTS, PARTICULARLY THE MOST VULNERABLE IN OUR SOCIETY IN 2015, THE FOUNDATION MADE 66 GRANTS TOTALING NEARLY $2 9 MILLION TO NONPROFITS, THE GRANTS ENGAGE MORE THAN 500 COMMUNITY-BASED ORGANIZATIONS SUMMARY IN SUMMARY, TAHMO IS DEDICATED TO OFFERING A VARIETY OF QUALITY,INNOVATIVE HEALTH COVERAGE OPTIONS AT THE LOWEST COST AND TO IMPROVING ACCESS TO AFFORDABLE HEALTH CARE BY DEVELOPING AND EMPLOYING STRATEGIES THAT IMPROVE THE ALLOCATION OF HEALTH CARE RESOURCES IN ADDITION TO PROVIDING THESE SERVICES TO ITS MEMBERS, TAHMO IS DEDICATED TO PROVIDING AND FUNDING HEALTH PROGRAMS THAT BENEFIT THE COMMUNITY TAHMO SERVES MEDICARE ADVANTAGE FORM 990, PART III, LINE 4B TAHMO ALSO OFFERS PRODUCTS TO MEDICARE ELIGIBLE ENROLLEES IN 2015, TUFTS HEALTH PLAN MEDICARE PREFERRED (TUFTS MEDICARE PREFERRED) PROVIDED AFFORDABLE HEALTH COVERAGE TO APPROXIMATELY 114,097 MEMBERS IN MASSACHUSETTS TUFTS MEDICARE PREFERRED STRIVES TO PROVIDE COVERAGE OPTIONS THAT ARE AFFORDABLE AND PROVIDE ACCESS TO TOP QUALITY HEALTH CARE SERVICES FOR SENIORS TUFTS MEDICARE PREFERRED ALSO OFFERS PROGRAMS THAT TARGET THE IMPROVEMENT OF THE HEALTH OF ITS MEMBERS, AS WELL AS THE COMMUNITY AT LARGE. WITHIN THE MASSACHUSETTS MEDICARE ADVANTAGE MARKET, TUFTS MEDICARE PREFERRED IS THE MARKET LEADER WITH 50% MARKET SHARE - COVERING MORE INDIVIDUALS THROUGH MEDICARE ADVANTAGE PRODUCTS THAN ANY OTHER CARRIER TUFTS MEDICARE PREFERRED ALSO OFFERS CARE MANAGEMENT AND CONDITION MANAGEMENT SERVICES TO MEMBERS AND PUBLISHES WELL! MAGAZINE FOR ITS MEDICARE POPULATION TWO TIMES A YEAR. THE MAGAZINE IS AN EDUCATIONAL RESOURCE ON TOPICS PERTAINING TO SAFETY, ACCESS TO CARE, PREVENTIVE CARE,HEALTH INFORMATION AND HEALTH CARE REMINDERS, TARGETED TO ITS SPECIFIC POPULATION IT ALSO PROVIDES INFORMATION FOR MEMBERS ON HOW TO GET THE MOST OF TUFTS HEALTH PLAN'S BENEFITS WELL IS MAILED TO MEMBERS' HOMES AND IS AVAILABLE TO THE PUBLIC ON THE TUFTS MEDICARE PREFERRED WEBSITE DUAL-ELIGIBLE PROGRAM FORM 990, PART III, LINE 4C THE ORGANIZATION ALSO PROVIDES ACCESS TO AFFORDABLE CARE THROUGH a DUAL-ELIGIBLE PROGRAM TAHMO PROVIDES COVERAGE

Return Reference	Explanation
Family or business relationships	FORM 990, PART VI, LINE 2 THE FOLLOWING PEOPLE SERVED AS A BOARD MEMBER AND/OR OFFICER FOR TUFTS HEALTH PLAN FOUNDATION, INC JAMES ROOSEVELT JACKIE JENKINS-SCOTT THOMAS P O'NEILL, III LOIS CORNELL UMESH KURPAD ROLAND PRICE PATRICIA BLAKE THE FOLLOWING PEOPLE SERVED AS A BOARD MEMBER AND/OR OFFICER FOR TUFTS ASSOCIATED HEALTH PLANS, INC JAMES ROOSEVELT PAUL KASUBA THOMAS CROSWELL PATRICIA TREBINO LOIS CORNELL UMESH KURPAD ROLAND PRICE PATRICIA BLAKE TRACEY CARTER MARC SPOONER CHRISTOPHER GORTON ROBERT SPELLMAN MARC BACKON THE FOLLOWING PEOPLE SERVED AS A BOARD MEMBER AND/OR OFFICER FOR TOTAL HEALTH PLAN, INC JAMES ROOSEVELT THOMAS CROSWELL UMESH KURPAD PAUL KASUBA (UNTIL JUNE 2015) PATRICIA TREBINO (UNTIL JUNE 2015) LOIS CORNELL ROLAND PRICE PATRICIA BLAKE (UNTIL JUNE 2015) TRACEY CARTER (UNTIL JUNE 2015) MARC SPOONER (UNTIL JUNE 2015) CHRISTOPHER GORTON (UNTIL JUNE 2015) THE FOLLOWING PEOPLE SERVED AS A BOARD MEMBER AND/OR OFFICER FOR TUFTS INSURANCE COMPANY JAMES ROOSEVELT THOMAS CROSWELL LOIS CORNELL UMESH KURPAD ROLAND PRICE ROBERT SPELLMAN THE FOLLOWING PEOPLE SERVED AS A BOARD MEMBER AND/OR OFFICER FOR TUFTS BENEFIT ADMINISTRATORS, INC JAMES ROOSEVELT THOMAS CROSWELL LOIS CORNELL UMESH KURPAD ROLAND PRICE THE FOLLOWING PEOPLE SERVED AS A BOARD MEMBER AND/OR OFFICER FOR TUFTS BROKERAGE CORPORATION, INC JAMES ROOSEVELT THOMAS CROSWELL LOIS CORNELL UMESH KURPAD ROLAND PRICE THE FOLLOWING PEOPLE SERVED AS A BOARD OF MANAGERS MEMBER OR OFFICER FOR CHRISTIE STUDENT HEALTH PLANS LLC THOMAS CROSWELL UMESH KURPAD THE FOLLOWING PEOPLE SERVED AS A BOARD MEMBER OR OFFICER FOR TUFTS HEALTH PUBLIC PLANS, INC CHRISTOPHER GORTON THOMAS CROSWELL UMESH KURPAD JAMES ROOSEVELT LOIS CORNELL ROLAND PRICE

Return Reference	Explanation
Delegation of control of management duties	FORM 990, PART VI, LINE 3 TUFTS ASSOCIATED HEALTH MAINTENANCE ORGANIZATION, INC IS MANAGED BY TUFTS ASSOCIATED HEALTH PLANS, INC , (TAHP) ITS WHOLLY OWNED SUBSIDIARY TAHP PERFORMS MANAGEMENT, ADMINISTRATIVE, AND MARKETING SERVICES FOR TAHMO, INCLUDING EMPLOYEE DECISIONS AND SUPERVISING AND PLANNING AND EXECUTING BUDGETS AND FINANCIAL OPERATIONS ALL OF THE OFFICERS, KEY EMPLOYEES, AND HIGHEST COMPENSATED EMPLOYEES LISTED IN PART VII, SECTION A ARE EMPLOYEES OF TAHP THEIR COMPENSATION IS LISTED IN PART VII, SECTION A AND SCHEDULE J FORM 990, Part VI, Line 8b FOR MAJORITY OF THE TIME, THE ORGANIZATION CONTEMPORANEOUSLY DOCUMENTS MEETINGS HELD AND WRITTEN ACTIONS UNDERTAKEN BY ITS COMMITTEES HOWEVER, ON LIMITED OCCASIONS, A COMMITTEE MAY HAVE A SERIES OF CONFERENCE CALLS AND MINUTES FOR THOSE CALLS ARE NOT APPROVED UNTIL THE NEXT IN-PERSON MEETING, WHICH MAY BE MORE THAN SIXTY DAYS LATER

Return Reference	Explanation
Process used to review the Form 990	FORM 990, PART VI, LINE 11B THE FORM 990 IS PREPARED IN OUR FINANCE DEPARTMENT, WITH ASSISTANCE FROM OUR EXTERNAL ACCOUNTANTS, ERNST & YOUNG INFORMATION IS PROVIDED BY OUR FINANCE DEPARTMENT, GOVERNANCE MANAGER, COMPLIANCE & PRIVACY OFFICER, AND INTERNAL LEGAL COUNSEL 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 2016, IT IS FORWARDED ON TO OUR BOARD OF DIRECTORS AND IT IS THEN SUBMITTED FOR FILING

Return Reference	Explanation
Monitoring and enforcement of compliance with conflict of interest policy	FORM 990, PART VI, LINE 12C THE TUFTS HEALTH PLAN (THP) CONFLICT OF INTEREST POLICY IS REVIEWED ANNUALLY AND REVISED AS NEEDED THE POLICY REQUIRES MANAGERS WHO OVERSEE OUTSIDE RELATIONSHIPS, AS WELL AS ALL DIRECTORS, AVPS, VPS, SVPS, THE PRESIDENT AND CEO, AND THE BOARD OF DIRECTORS TO ATTEST ANNUALLY THAT THEY WILL ABIDE BY THE POLICY IT ALSO REQUIRES THEM TO SUBMIT AN ANNUAL DISCLOSURE STATEMENT TO THE COMPLIANCE & PRIVACY OFFICER, LISTING ANY OUTSIDE RELATIONSHIPS, INCLUDING FINANCIAL AND/OR BOARD RELATIONSHIPS, THAT THEY OR A FAMILY MEMBER HAVE WITH THP'S SUPPLIERS, PURCHASERS, PROVIDERS AND/OR COMPETITORS THERE IS A PROTOCOL TO REVIEW ANY DISCLOSURE THAT MIGHT BE A POTENTIAL CONFLICT OF INTEREST ALSO, ALL EMPLOYEES ARE REQUIRED TO REPORT THE OFFER BY AN OUTSIDE ENTITY OF ANY GIFTS, HONORARIA OR COVERAGE OF BUSINESS EXPENSES TO THE COMPLIANCE & PRIVACY OFFICER AND A SENIOR LEADER BOTH MUST APPROVE BEFORE ACCEPTANCE IS ALLOWED THE LEVELS OF REVIEW ARE FOR BOARD MEMBERS, THE BOARD CHAIR, CEO, AND BOARD AUDIT & COMPLIANCE COMMITTEE CHAIR - ONCE DISCLOSURES ARE REVIEWED AND APPROVED, THEY ARE COMMUNICATED TO THE GOVERNANCE MANAGER AND TO THE COMPLIANCE AND PRIVACY OFFICER FOR TUFTS HEALTH PLAN MANAGEMENT, THE COMPLIANCE AND PRIVACY OFFICER, CHIEF COMPLIANCE & ETHICS OFFICER, AND GENERAL COUNSEL DISCLOSURES THAT NEED FURTHER REVIEW ARE BROUGHT TO THE BOARD AUDIT & COMPLIANCE COMMITTEE CHAIR IF A CONFLICT OF INTEREST DOES EXIST, A TRANSACTION WITH THE ENTITY WITH WHICH THERE IS A CONFLICT MAY BE UNDERTAKEN ONLY IF ALL OF THE FOLLOWING ARE OBSERVED 1 THE CONFLICTING INTEREST IS FULLY DISCLOSED, 2 THE PERSON WITH THE CONFLICT OF INTEREST MAY PRESENT INFORMATION, BUT THEN SHALL BE EXCUSED FROM FURTHER DISCUSSION AND FROM THE DECISION REGARDING APPROVING SUCH TRANSACTION, 3 IF PRACTICAL, A COMPETITIVE BID OR COMPARABLE VALUATION EXISTS, AND 4 THE BOARD (OR A DULY CONSTITUTED COMMITTEE THEREOF OR BOARD APPOINTEE) OR THE CHIEF COMPLIANCE & ETHICS OFFICER HAS DETERMINED THAT THE TRANSACTION IS IN THE BEST INTEREST OF THE ORGANIZATION ALL NEW HIRES, AND ALL EMPLOYEES ON AN ANNUAL BASIS, COMPLETE COMPLIANCE TRAINING THAT ADDRESSES CONFLICT OF INTEREST AND REQUIRES THE EMPLOYEE TO ATTEST THAT THEY DO NOT HAVE ANY POTENTIAL CONFLICTING RELATIONSHIPS THAT THEY HAVE NOT DISCLOSED TO THE PROPER LEVEL OF MANAGEMENT AND TO THE COMPLIANCE & PRIVACY OFFICER

Return Reference	Explanation
Process for determining compensation	FORM 990, PART VI, LINE 15 THE COMPENSATION COMMITTEE (THE "COMMITTEE") OF THE BOARD OF DIRECTORS (THE "BOARD") OF TUFTS ASSOCIATED HEALTH MAINTENANCE ORGANIZATION, INC (TUFTS HP OR THE "COMPANY") REVIEWS AND ADMINISTERS TOTAL REMUNERATION OPPORTUNITIES, POLICIES, PROGRAMS, AND MAJOR CHANGES IN TUFTS HP'S 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 THE COMMITTEE REPORTS TO THE FULL BOARD OF DIRECTORS FOR CEO COMPENSATION, THE COMMITTEE REVIEWS THE INFORMATION DESCRIBED BELOW AND RECOMMENDS THE CEO'S COMPENSATION TO THE FULL BOARD FOR ITS APPROVAL THE COMMITTEE REVIEWS AND APPROVES COMPENSATION RECOMMENDATIONS FROM THE CEO FOR OTHER EXECUTIVES, AND PROVIDES A REPORT TO THE FULL BOARD ON THIS INFORMATION 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 COMPARABILITY DATA AND REASONABLENESS 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 - 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 - ANNUAL INCENTIVE COMPENSATION - THE COMPANY'S GOAL IS TO PROVIDE COMPETITIVE AND REASONABLE OPPORTUNITIES UNDER THE TERMS OF AN EXECUTIVE ANNUAL INCENTIVE PLAN FOR THE SELECTED POSITIONS WHICH ARE RESPONSIBLE FOR ACHIEVING PERFORMANCE GOALS THAT REFLECT THE OVERALL MISSION OF THE COMPANY, AND THE STRATEGIC DIRECTION OF THE COMPANY FOR THE PERFORMANCE 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 EXECUTIVE BENCHMARKING IS COMPLETED ON AN ANNUAL BASIS FOR THE CEO, BENCHMARKING IS COMPLETED BY THE EXTERNAL CONSULTANT ENGAGED BY THE COMPENSATION COMMITTEE FOR ALL OTHER OFFICERS, BENCHMARKING IS COMPLETED BY AN EXTERNAL CONSULTANT EVERY TWO YEARS, AND BY THE INTERNAL COMPENSATION TEAM ON ALTERNATING YEARS THE ANALYSIS COMPLETED IN Q4, 2014 WAS COMPLETED BY THE EXTERNAL CONSULTANT ENGAGED BY THE COMMITTEE FOR THE CEO, AND BY THE INTERNAL COMPENSATION TEAM FOR ALL OTHER OFFICERS TO COMPLETE THE ANALYSIS, THE CONSULTANT AND THE INTERNAL COMPENSATION TEAM - COLLECTED RELEVANT INFORMATION REGARDING THE COMPANY'S OPERATIONS, COMPLEXITY, STRUCTURE, SIZE, AND SCOPE, AS WELL AS RELEVANT BACKGROUND ON THE EXECUTIVES' DUTIES AND SCOPE OF RESPONSIBILITIES, - DETERMINED THE SURVEY SOURCES TO USE IN THE ANALYSIS, BASED ON THE COMPANY'S COMPETITIVE MARKET FOR EXECUTIVE POSITIONS (AS DESCRIBED ABOVE), - MATCHED THE COMPANY'S EXECUTIVE POSITIONS IN THE SURVEYS BASED ON THE COMPANY'S SIZE COMPLEXITY, AND SCOPE, AS WELL AS ACCORDING TO SPECIFIC POSITION RESPONSIBILITIES AND REPORTING RELATIONSHIPS, - VALIDATED THE SURVEY SOURCES AND MARKET MATCHES WITH THE INTERNAL COMPENSATION TEAM TO ENSURE CONSISTENCY, - REVIEWED, COMPILED, AND SUMMARIZED THE DATA IN REPORT FORM THE REPORT SUMMARIZING THE RESULTS OF THE ANALYSIS WAS PRESENTED TO THE COMPENSATION COMMITTEE FOR DISCUSSION AND DELIBERATION DOCUMENTATION 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 MEETING MINUTES

Return Reference	Explanation
Process for making documents available to the public	FORM 990, PART VI, LINE 19 OUR GOVERNING DOCUMENTS ARE PUBLICLY FILED AND AVAILABLE UPON REQUEST OUR CONFLICTS OF INTEREST POLICY IS ALSO AVAILABLE UPON REQUEST OUR ANNUAL FINANCIAL REPORT AND QUARTERLY FINANCIAL UPDATES ARE POSTED ON OUR PUBLIC WEBSITE AND ARE ALSO AVAILABLE TO THE PUBLIC UPON REQUEST Part VII, Section A SUPPLEMENTAL COMPENSATION INFORMATION Dr Berman and Dr Sullivan DID NOT EARN COMPENSATION IN 2015 IN LIEU OF COMPENSATION, TUFTS associated health maintenance organization, inc DONATED AN AMOUNT EQUIVALENT TO THE COMPENSATION they WOULD HAVE OTHERWISE RECEIVED TO A DESIGNATED CHARITY

Return Reference	Explanation
OTHER CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 9 RENTAL INCOME NOT RECORDED ON FINANCIAL STATEMENTS ($108,182) Change in nonadmitted assets ($46,564,860)

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990. ▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
Tufts Associated Health Maintenance Organization Inc

Employer identification number
04-2674079

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) Section 512(b)(13) controlled entity? No
(1)TUFTS HEALTH PLAN FOUNDATION INC 705 MOUNT AUBURN STREET WATERTOWN, MA 02472 26-1374263	GRANT MAKING	MA	501(c)(3)	11a	TAHMO		No
(2)TUFTS HEALTH PUBLIC PLANS INC 705 MOUNT AUBURN STREET WATERTOWN, MA 02472 80-0721489	HEALTH PLAN	MA	501(c)(4)	N/A	TAHMO		No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1) CHRISTIE STUDENT HEALTH PLANS LLC 80 HAYDEN AVE LEXINGTON, MA 02141 46-1875544	INSURANCE	MA	TAHP									
(2) KAISER PERMANENTE VENTURES LLC 1 KAISER PL OAKLAND, CA 94612	HEALTHCARE	DE	NA									

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity? Yes	(i) No
See Additional Data Table									

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

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

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

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

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

Part VI **Unrelated Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII Supplemental Information

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

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 04-2674079

Name: Tufts Associated Health Maintenance Organization Inc

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) TUFTS ASSOCIATED HEALTH PLANS INC 705 MOUNT AUBURN STREET WATERTOWN, MA 02472 04-2985923	MANAGEMENT SV	DE	TAHMO	C CORP	308,595,572	151,385,168	100 000 %	Yes	
(1) TUFTS INSURANCE COMPANY 705 MOUNT AUBURN STREET WATERTOWN, MA 02472 04-3319729	INSURANCE	MA	TAHP	C CORP	263,681,856	98,235,198	100 000 %	Yes	
(2) TUFTS BENEFIT ADMINISTRATORS INC 705 MOUNT AUBURN STREET WATERTOWN, MA 02472 04-3270923	TPA	MA	TAHP	C CORP	58,950,099	10,256,695	100 000 %	Yes	
(3) TOTAL HEALTH PLAN INC 705 MOUNT AUBURN STREET WATERTOWN, MA 02472 04-2918943	TPA	MA	TAHP	C CORP	39,953,256	27,527,938	100 000 %	Yes	
(4) TAHP BROKERAGE CORPORATION 705 MOUNT AUBURN STREET WATERTOWN, MA 02472 04-3072692	BROKERAGE COM	MA	TAHP	C CORP	0	197,579	100 000 %	Yes	
(5) Integra Partners holdings Inc 100 Wall St Ste 2502 New York, NY 10005 45-3032233	med eqpmt & sppls	NY	TAHMO	C CORP	45,366,208	155,275,753	91 600 %	Yes	
(6) Tufts Health Freedom Plans Inc 705 Mount Auburn Street Watertown, MA 02472 30-0858646	Joint Venture	MA	TAHMO	C CORP	0	12,483,381	51 000 %	Yes	
(7) Tufts Health Freedom Insurance Company 11 South Main St ste 600 Concord, NH 03301 47-3788473	insurance	NH	TAHMO	C CORP	14,499	14,639,181	100 000 %	Yes	

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

	(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(1)	TUFTS ASSOCIATED HEALTH PLANS INC	P	149,200	ACCRUAL
(1)	TUFTS INSURANCE COMPANY	R	35,400,000	ACCRUAL
(2)	TOTAL HEALTH PLAN INC	S	1,800,000	ACCRUAL
(3)	TOTAL HEALTH PLAN INC	R	3,232,614	ACCRUAL
(4)	TUFTS BENEFIT ADMINISTRATORS INC	R	85,620,000	ACCRUAL
(5)	TUFTS HEALTH PLAN FOUNDATION INC	S	1,503,200	ACCRUAL
(6)	TUFTS HEALTH PLAN FOUNDATION INC	R	2,106,000	ACCRUAL
(7)	TUFTS HEALTH PUBLIC PLANS INC	S	3,030,000	ACCRUAL
(8)	Tufts Health Freedom Insurance Company	R	1,100,000	ACCRUAL