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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 10-01-2015 , and ending 09-30-2016

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

C Name of organization
UMass Memorial Health Care Inc & Affiliates

Doing business as

Number and street (or P O box if mail is not delivered to street address) | Room/suite
306 Belmont Street

City or town, state or province, country, and ZIP or foreign postal code
Worcester, MA 01604

D Employer identification number
91-2155626

E Telephone number
(508) 334-0496

G Gross receipts $ 2,415,912,142

F Name and address of principal officer
Sergio Melgar
306 Belmont Street
Worcester, MA 01604

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

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

H(c) Group exemption number ▶ 3642

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

J Website: ▶ www.umassmemorial.org

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

L Year of formation

M State of legal domicile

Part I Summary

1 Briefly describe the organization's mission or most significant activities
UMASS MEMORIAL HEALTH CARE IS COMMITTED TO IMPROVING THE HEALTH OF THE PEOPLE OF CENTRAL NEW ENGLAND THROUGH EXCELLENCE IN CLINICAL CARE, SERVICE, TEACHING AND RESEARCH

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

Activities & Governance

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	166
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	89
5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)	**5**	14,420
6	Total number of volunteers (estimate if necessary)	**6**	1,307
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	3,570,189
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	579,995

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	14,499,867	13,874,385
9	Program service revenue (Part VIII, line 2g)	2,510,679,190	2,351,102,309
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	41,297,302	6,124,340
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	11,103,132	9,584,610
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,577,579,491	2,380,685,644
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	4,483,733	2,312,920
14	Benefits paid to or for members (Part IX, column (A), line 4)		0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	1,277,516,317	1,221,720,336
16a	Professional fundraising fees (Part IX, column (A), line 11e)	323,352	64,000
b	Total fundraising expenses (Part IX, column (D), line 25) ▶635,354		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	1,201,618,437	1,117,155,900
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	2,483,941,839	2,341,253,156
19	Revenue less expenses Subtract line 18 from line 12	93,637,652	39,432,488

Revenue

Expenses

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	2,290,835,371	1,818,569,543
21	Total liabilities (Part X, line 26)	1,382,662,313	1,256,756,697
22	Net assets or fund balances Subtract line 21 from line 20	908,173,058	561,812,846

Net Assets or Fund Balances

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 — 2017-08-03 Date

Sergio Melgar EVP/CFO/Treasurer
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
Rachel Spurlock	Rachel Spurlock			P00520729

Firm's name ▶ CROWE HORWATH LLP — Firm's EIN ▶ 35-0921680

Firm's address ▶ 175 Powder Forest Drive, Simsbury, CT 060897902 — Phone no (860) 678-9200

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

UMASS MEMORIAL HEALTH CARE IS COMMITTED TO IMPROVING THE HEALTH OF THE PEOPLE OF CENTRAL NEW ENGLAND THROUGH EXCELLENCE IN CLINICAL CARE, SERVICE, TEACHING AND RESEARCH

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☑ No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ Yes ☑ No

If "Yes," describe these changes on Schedule O

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

4a	(Code See Additional Data)	(Expenses $	1,312,284,260	including grants of $	2,293,555)	(Revenue $	1,578,234,928)
4b	(Code See Additional Data)	(Expenses $	459,464,553	including grants of $	0)	(Revenue $	392,769,783)
4c	(Code See Additional Data)	(Expenses $	218,494,804	including grants of $	0)	(Revenue $	285,306,676)

See Additional Data

4d	Other program services (Describe in Schedule O)						
	(Expenses $	76,701,756	including grants of $	19,365)	(Revenue $	92,837,675)	
4e	**Total program service expenses ▶**	2,066,945,373					

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**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	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	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	Yes	
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	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	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	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	Yes	
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	Yes	
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	Yes	
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	Yes	

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**	Yes	
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**	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		No
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *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**	Yes	
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**	Yes	
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**	Yes	
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**		No
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**		No
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**	Yes	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *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	1,620		
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	14,420		
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		No
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		No
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		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .		7f		No
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**	166		
	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**	89		
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?			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?				No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?				No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?				No
6	Did the organization have members or stockholders?			Yes	
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?			Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?			Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?			Yes	
b	Each committee with authority to act on behalf of the governing body?			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*				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 ▶ Robert Feldmann 306 Belmont Street Worcester, MA 01604 (508) 334-0496

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)** ▶								19,884,388	7,684,396	5,414,083

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 ▶ 2,658

			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**	Yes	

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
UMass Memorial Shields Pharmacy 25 Rockwood Road Marshfield, MA 02050	Pharmacy Management Services	19,418,849
Xerox Business Services LLC PO Box 201322 Dallas, TX 75320	I/S Management Services	17,651,003
Quest Diagnostics Inc PO Box 51048 Los Angeles, CA 90074	Laboratory Services	10,477,702
Innerwireless Inc 1155 Kas Drive Richardson, TX 75080	Consulting Services	9,072,656
SODEXO INC & AFFILIATES PO BOX 360170 PITTSBURGH, PA 152515170	Dietary Management Services	6,084,221

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 ▶ 201

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	364,455			
	d	Related organizations . . . 1d	841,042			
	e	Government grants (contributions) 1e	10,868,394			
	f	All other contributions, gifts, grants, and similar amounts not included above 1f	1,800,494			
	g	Noncash contributions included in lines 1a-1f $	5,834			
	h	**Total.** Add lines 1a-1f . . . . . ▶	13,874,385			
Program Service Revenue		Business Code				
	2a	NET PATIENT SERVICE REVENUE	622110	2,080,346,810	2,080,346,810	
	b	Transitional payments	622110	25,976,496	25,976,496	
	c	SPECIAL MEDICAID PAYMENTS	622110	196,003,744	196,003,744	
	d	AFFILIATE RELATED PROGRAMS	622110	8,305,494	8,305,494	
	e	OTHER PSR & JV income	622110	40,469,765	38,034,601	2,435,164
	f	All other program service revenue		0	0	0
	g	**Total.** Add lines 2a-2f . . . . . ▶		2,351,102,309		
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		5,662,159	58,510	8,123
	4	Income from investment of tax-exempt bond proceeds . . ▶				
	5	Royalties . . . . . ▶				
		(i) Real / (ii) Personal				
	6a	Gross rents: 2,745,836				
	b	Less rental expenses: 1,454,635				
	c	Rental income or (loss): 1,291,201 / 0				
	d	Net rental income or (loss) . . . . . ▶		1,291,201		1,291,201
		(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory: 33,099,803 / 801,134				
	b	Less cost or other basis and sales expenses: 32,155,965 / 1,282,791				
	c	Gain or (loss): 943,838 / -481,657				
	d	Net gain or (loss) . . . . . ▶		462,181	8,947	453,234
	8a	Gross income from fundraising events (not including $ 364,455 of contributions reported on line 1c) See Part IV, line 18 . . a 336,811				
	b	Less direct expenses . . . b 333,107				
	c	Net income or (loss) from fundraising events . . ▶		3,704		3,704
	9a	Gross income from gaming activities See Part IV, line 19 . . . a				
	b	Less direct expenses . . . b				
	c	Net income or (loss) from gaming activities . . . ▶				
	10a	Gross sales of inventory, less returns and allowances . a				
	b	Less cost of goods sold . . b				
	c	Net income or (loss) from sales of inventory . . ▶				
		Miscellaneous Revenue / Business Code				
	11a	Lab services: 621500		1,126,902		1,126,902
	b	Cafeteria income: 722514		6,746,695		6,746,695
	c	Other income: 900099		381,216	381,216	
	d	All other revenue		34,892	33,244	0 1,648
	e	**Total.** Add lines 11a-11d . . . . . ▶		8,289,705		
	12	**Total revenue.** See Instructions . . . . . ▶		2,380,685,644	2,349,149,062	3,570,189 14,092,008

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	2,293,555	2,293,555		
2 Grants and other assistance to domestic individuals See Part IV, line 22	19,365	19,365		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	20,973,671	14,779,530	6,194,141	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	830,241	768,436	61,805	
7 Other salaries and wages	941,290,531	811,822,891	129,146,899	320,741
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	66,849,598	57,674,874	9,171,986	2,738
9 Other employee benefits	128,886,215	106,582,643	22,288,414	15,158
10 Payroll taxes	62,890,080	53,699,708	9,180,206	10,166
11 Fees for services (non-employees)				
a Management	23,977,410	23,977,410		
b Legal	775,714	309,066	466,648	
c Accounting	144,424	4,628	139,796	
d Lobbying	251,639	251,639		
e Professional fundraising services See Part IV, line 17	64,000			64,000
f Investment management fees	415,857	15,949	399,908	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	315,631,600	305,011,299	10,515,629	104,672
12 Advertising and promotion	377,360	139,062	238,268	30
13 Office expenses	20,078,277	14,946,610	5,120,362	11,305
14 Information technology	6,310,345	5,165,443	1,144,902	
15 Royalties				
16 Occupancy	57,922,688	54,868,006	3,054,682	
17 Travel	2,049,101	1,944,328	104,124	649
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	1,746,271	1,226,920	518,788	563
20 Interest	12,283,313	11,859,393	423,920	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	109,886,318	105,059,205	4,827,113	
23 Insurance	30,725,415	29,236,039	1,489,376	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a Medical supplies	274,420,140	274,412,912	7,228	
b System overhead activities	175,508,772	113,441,720	62,067,052	
c Purchased Services	46,358,519	43,354,428	2,969,384	34,707
d Other direct expenses	17,097,263	16,972,304	124,559	400
e All other expenses	21,195,474	17,108,010	4,017,239	70,225
25 **Total functional expenses.** Add lines 1 through 24e	2,341,253,156	2,066,945,373	273,672,429	635,354
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		119,788,165	1	191,489,188
	2	Savings and temporary cash investments		65,070,897	2	63,766,485
	3	Pledges and grants receivable, net		562,552	3	287,699
	4	Accounts receivable, net		250,995,615	4	233,620,773
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		4,703,689	5	4,939,026
	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		33,456,546	7	708,634
	8	Inventories for sale or use		29,117,718	8	33,651,047
	9	Prepaid expenses and deferred charges		22,899,661	9	10,196,362
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 1,701,073,995			
	b	Less accumulated depreciation	10b 1,087,059,979	583,528,506	10c	614,014,016
	11	Investments—publicly traded securities		72,182,619	11	106,919,586
	12	Investments—other securities See Part IV, line 11		519,994,237	12	247,650,026
	13	Investments—program-related See Part IV, line 11		63,800,082	13	77,551,505
	14	Intangible assets		0	14	0
	15	Other assets See Part IV, line 11		524,735,084	15	233,775,196
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		2,290,835,371	16	1,818,569,543
Liabilities	17	Accounts payable and accrued expenses		286,431,598	17	262,689,839
	18	Grants payable		338,032	18	1,009,563
	19	Deferred revenue		6,297,369	19	8,501,757
	20	Tax-exempt bond liabilities		327,411,105	20	375,930,725
	21	Escrow or custodial account liability Complete Part IV of Schedule D		0	21	14,680
	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		43,756,483	23	6,003,466
	24	Unsecured notes and loans payable to unrelated third parties		50,000,000	24	55,000,000
	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		668,427,726	25	547,606,667
	26	**Total liabilities.** Add lines 17 through 25		1,382,662,313	26	1,256,756,697
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		747,417,618	27	463,903,452
	28	Temporarily restricted net assets		76,999,973	28	43,180,568
	29	Permanently restricted net assets		83,755,467	29	54,728,826
		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		0	32	0
	33	Total net assets or fund balances		908,173,058	33	561,812,846
	34	Total liabilities and net assets/fund balances		2,290,835,371	34	1,818,569,543

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	2,380,685,644
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,341,253,156
3	Revenue less expenses Subtract line 2 from line 1	3	39,432,488
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	908,173,058
5	Net unrealized gains (losses) on investments	5	7,229,277
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-393,021,977
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	561,812,846

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	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	Yes	

Additional Data

Software ID: 15000238
Software Version: 2015v3.0
EIN: 91-2155626
Name: UMass Memorial Health Care Inc & Affiliates

Form 990, Part III, Line 4a

4a (Code) (Expenses $ 1,312,284,260 including grants of $ 2,293,555) (Revenue $ 1,578,234,928)

UMASS MEMORIAL MEDICAL CENTER UMASS MEMORIAL MEDICAL CENTER IS COMMITTED TO IMPROVING THE HEALTH OF THE PEOPLE OF CENTRAL NEW ENGLAND THROUGH EXCELLENCE IN CLINICAL CARE, SERVICE, TEACHING AND RESEARCH UMASS MEMORIAL MEDICAL CENTER DOES THIS BY PROVIDING INPATIENT AND OUTPATIENT HEALTH CARE SERVICES TO THE RESIDENTS OF CENTRAL NEW ENGLAND WITHOUT REGARD TO THEIR ABILITY TO PAY FY 2016 KEY STATISTICS - TOTAL DISCHARGES 38,444 TOTAL SURGICAL CASES 28,711 TOTAL ER VISITS 136,097

Form 990, Part III, Line 4b

4b	(Code	) (Expenses $	459,464,553	including grants of $	0) (Revenue $	392,769,783)	

UMASS MEMORIAL MEDICAL GROUP THE UMASS MEMORIAL MEDICAL GROUP IS A MULTISPECIALTY GROUP PRACTICE OF PHYSICIANS WHOSE MISSION AND PURPOSE IS TO SUPPORT THE CLINICAL, EDUCATIONAL, RESEARCH AND COMMUNITY SERVICE MISSIONS OF UMASS MEMORIAL HEALTH CARE AND UMASS MEMORIAL MEDICAL CENTER UMASS MEMORIAL MEDICAL GROUP ACCOMPLISHES THIS MISSION BY PROVIDING MEDICAL CARE TO RESIDENTS OF CENTRAL NEW ENGLAND WITHOUT REGARD TO THEIR ABILITY TO PAY

Form 990, Part III, Line 4c

4c	(Code	) (Expenses $	218,494,804	including grants of $	0) (Revenue $	285,306,676)	

UMASS MEMORIAL COMMUNITY HOSPITALS THE UMASS MEMORIAL COMMUNITY HOSPITALS (CLINTON HOSPITAL, HEALTH ALLIANCE HOSPITALS, INC , MARLBOROUGH HOSPITAL) ARE COMMITTED TO IMPROVING THE HEALTH OF THE PEOPLE OF THE COMMUNITIES THAT THEY SERVE THROUGH EXCELLENCE IN CLINICAL CARE AND SERVICE EACH OF THESE HOSPITALS ACCOMPLISHES THIS GOAL BY PROVIDING INPATIENT AND OUTPATIENT HEALTH CARE SERVICES TO THE RESIDENTS OF THEIR COMMUNITIES WITHOUT REGARD TO THEIR ABILITY TO PAY FY 2016 KEY STATISTICS - TOTAL DISCHARGES 11,372 TOTAL SURGICAL CASES 7,578 TOTAL ER VISITS 86,749

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

(Code) (Expenses $ 76,701,756 including grants of $ 19,365) (Revenue $ 92,837,675)

OTHER UMASS MEMORIAL ENTITIES - UMASS MEMORIAL HAS A NUMBER OF SUBSIDIARY ENTITIES THAT FUNCTION PRIMARILY TO DELIVER HEALTH CARE TO PATIENTS OR TO SUPPORT THE DELIVERY OF HEALTH CARE TO PATIENTS OF UMASS MEMORIAL THEY ACCOMPLISH THIS THROUGH THE DELIVERY OF HEALTH CARE SERVICES WITHOUT REGARD TO THE PATIENT'S ABILITY TO PAY THEY ALSO ACCOMPLISH THIS BY PROVIDING SUPPORT, OR PATIENT ADVOCACY SERVICES TO THE PATIENTS OF UMASS MEMORIAL, CENTRAL NEW ENGLAND, AND OTHER GEOGRAPHIES

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			
David L Bennett Chairperson, UMM Health Care, Inc	1 0 1 0	X		X				0	0	0
John Bronhard Treasurer, HealthAlliance Hospitals, Inc	40 0 0	X		X				302,079	0	14,638
Douglas S Brown Secretary, UMM Health Care, Inc , Officer/Dir various	5 0 40 0	X		X				0	738,024	254,799
Fernando Catalina MD Chairperson, HealthAlliance Hospitals, Inc	1 0 0	X		X				0	0	0
Lisa Colombo President, Clinton Hospital Association, Director of Hospitals Inc	40 0 0	X		X				34,042	0	2,038
Sheila Daly President until 1/16, Clinton Hospital Association, Director Community Hospitals Inc	40 0 0	X		X				299,827	0	59,230
Eric W Dickson MD President & CEO/Director, UMM Health Care, Inc , Officer/Dir various	5 0 40 0	X		X				0	1,435,121	399,010
Paul D'Onfro Vice Chairperson, HealthAlliance Hospitals, Inc	1 0 0	X		X				0	0	0
David Fairchild MD President/Director until 5/15, UMM Accountable Care Organization, Inc	40 0 0	X		X				182,869	0	52,463
John Greenwood President/Director, UMM Accountable Care Organization, Inc	40 0 0	X		X				304,633	0	96,328

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			
Cheryl M Lapriore President/Director, UMM Health Ventures, Inc	5 0 40 0	X		X				0	391,257	119,278
William McGrail Esquire Chairperson, Clinton Hospital Association	1 0 0	X		X				0	0	0
Sergio Melgar Treasurer, UMM Health Care, Inc , Officer/Dir various	5 0 40 0	X		X				0	825,672	118,182
Patrick Muldoon President, UMM Med Ctr, Inc ,	40 0 0	X		X				909,316	0	367,582
Michael D Murphy Vice Chairperson, Marlborough Hospital	1 0 0	X		X				0	0	0
Steven Roach President/Director, Marlborough Hospital	40 0 0	X		X				431,989	0	85,818
Richard Siegrist Vice Chairperson, UMM Health Care, Inc	1 0 1 0	X		X				0	0	0
Dana E Swenson President/Director, UMM Realty, Inc	5 0 40 0	X		X				0	300,894	115,187
Stephen E Tosi MD President, UMM Med Group, Inc , Director various	40 0 0	X		X				1,140,830	0	108,842
Deborah Weymouth President/Director, HealthAlliance Hospitals, Inc	40 0 0	X		X				473,564	0	82,099

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			
Douglas Ziedonis MD President/Director, UMBHS, Inc	20.0 0	X		X				251,258	0	43,599
Howard Alfred MD Director, UMM Accountable Care Organization, Inc	37.0 0	X						245,366	0	25,670
Gail Allen Director, HealthAlliance Hospitals, Inc	1.0 0	X						0	0	0
Michael W Ames Director, Clinton Hospital Association	1.0 0	X						0	0	0
Robert Babineau Jr MD Director until 2/16, HealthAlliance Hospitals, Inc	1.0 0	X						0	0	0
Peter Bagley MD Director, UMM Accountable Care Organization, Inc	27.0 0	X						372,165	0	123,586
Richard K Bennett Director, UMM Health Care, Inc	1.0 1.0	X						0	0	0
Norman Boudreau Director until 2/16, HealthAlliance Hospitals, Inc	1.0 0	X						0	0	0
Leslie Bovenzi Director, HealthAlliance Hospitals, Inc	1.0 0	X						0	0	0
Alan P Brown MD Director, UMM Behavioral Health System, Inc	31.0 0	X						204,327	0	36,125

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
John H Budd Director until 3/16, UMM Health Ventures, Inc	1 0 0	X						0	0	0
Daniel Carlucci MD Director, Marlborough Hospital	32 0 0	X						34,736	0	2,787
J Paul Cherubini Director until 4/16, Clinton Hospital Association	1 0 0	X						0	0	0
John Clementi Director, HealthAlliance Hospitals, Inc	1 0 0	X						0	0	0
Andrew Cocchiarella MD Director until 3/16, Marlborough Hospital	40 0 0	X						398,749	0	39,444
Michael Collins MD Director, UMM Health Care, Inc	1 0 1 0	X						0	0	0
Benjamin H Colonero Jr Director, Marlborough Hospital	1 0 0	X						0	0	0
Edward J Connor Director, Clinton Hospital Association	1 0 0	X						0	0	0
William Corbett MD Director, Marlborough Hospital	40 0 0	X						516,030	0	204,950
Lois D Cornell Director until 6/16, UMM Health Care, Inc	1 0 1 0	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Frederick G Crocker Director, UMM Health Ventures, Inc	1 0 0	X						0	0	0
J Christopher Cutler FACHE Director, UMM Medical Group, Inc	1 0 0	X						0	0	0
Edward D'Alelio Director, UMM Health Care, Inc	1 0 1 0	X						0	0	0
Dix F Davis Director, UMM Realty, Inc	1 0 0	X						0	0	0
Arthur P DiGeronimo Jr Director until 2/16, HealthAlliance Hospitals, Inc	1 0 0	X						0	0	0
David Duncan Director until 8/3/15, Coordinated Primary Care, Inc	40 0 0	X						108,991	0	18,481
Jordan Eisenstock MD Director, UMM Accountable Care Organization, Inc	40 0 0	X						190,976	0	11,218
Kimberly Eisenstock MD Director, Marlborough Hospital	40 0 0	X						265,082	0	38,431
Robert Farragher Director, Clinton Hospital Association	1 0 0	X						0	0	0
Lynne Farrell Director, HealthAlliance Home Health and Hospice, Inc	1 0 0	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
R Kevin Ferguson MD Director, UMM Med Group, Inc	40 0 0	X						251,753	0	38,016
Robert W Finberg MD Director, UMM Health Care, Inc	20 0 5 0	X						931,279	0	137,315
William Fischer Director, Marlborough Hospital	1 0 0	X						0	0	0
Roger Fitch Director until 5/16, UMM Behavioral Health System, Inc	1 0 0	X						0	0	0
Terence Flotte MD Director, UMM Health Care, Inc	1 0 1 0	X						0	0	0
Amy Grassette Director, UMM Behavioral Health System, Inc	1 0 0	X						0	0	0
Elvira Guardiola Director, UMM Health Care, Inc	1 0 1 0	X						0	0	0
Christie Hager Director, HealthAlliance Hospitals, Inc	1 0 0	X						0	0	0
David Harlan MD Director, UMM Accountable Care Organization, Inc	20 0 0	X						160,770	0	34,529
Clark Henebry Director until 4/16, Clinton Hospital Association	1 0 0	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Francis Hurley Director, Marlborough Hospital	1 0 0	X						0	0	0
Carlos Iitsuka Director until 7/16, UMM Health Ventures, Inc	5 0 40 0	X						0	381,923	66,666
Joanne Johnson Director, UMM Behavioral Health System, Inc	1 0 0	X						0	0	0
Paul Kangas Director, UMM Health Care, Inc	1 0 1 0	X						0	0	0
Kathryn Kennedy MD Director, UMM Med Group, Inc	36 0 0	X						299,215	0	42,714
Peter Knox Director, UMM Health Care, Inc	1 0 1 0	X						0	0	0
Barbara Kupfer Director, UMM Accountable Care Organization, Inc	1 0 0	X						0	0	0
Daniel H Lasser MD Director, UMM Med Group, Inc	20 0 0	X						269,280	0	88,938
John Latimer MD Director until 10/16, HealthAlliance Hospitals, Inc	1 0 0	X						0	0	0
Shipen Li MD Director, HealthAlliance Hospitals, Inc	40 0 0	X						324,282	0	38,420

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			
Harris L MacNeill Director, UMM Health Care, Inc	10 10	X						0	0	0
Michael Mahan Director, HealthAlliance Hospitals, Inc	10 0	X						0	0	0
Edward Manzi Director, UMM Behavioral Health System, Inc	10 0	X						0	0	0
Donata Martin Director, HealthAlliance Hospitals, Inc	10 0	X						0	0	0
Luis J Maseda Director, Clinton Hospital Association	10 0	X						0	0	0
Lalita Matta MD Director, UMM Accountable Care Organization, Inc	10 0	X						0	0	0
Jessica McGarry Director, UMM Behavioral Health System, Inc	10 0	X						0	0	0
Antonia McGuire Director, UMM Accountable Care Organization, Inc	10 0	X						0	0	0
Cynthia M McMullen EdD Director, UMM Behavioral Health System, Inc	10 0	X						0	0	0
Mary Ellen McNamara Director, UMM Health Care, Inc	10 10	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Anthony J Mercadante Director, HealthAlliance Home Health and Hospice, Inc	1.0 0.0	X						0	0	0
Nicholas Mercadante MD Director, HealthAlliance Hospitals, Inc	1.0 0.0	X						0	0	0
Jeffrey N Metzmaker MD Director, UMM Med Group, Inc	29.0 0.0	X						431,059	0	40,121
Ann K Molloy Director, Marlborough Hospital	1.0 0.0	X						0	0	0
Dominic Nompleggi MD Director, UMM Med Group, Inc	29.0 0.0	X						384,353	0	42,729
Jim Notaro Director, UMM Behavioral Health System, Inc	1.0 0.0	X						0	0	0
O Nsidinanya Okike MD Director, UMM Health Care, Inc	40.0 5.0	X						333,857	0	3,916
Daniel O'Leary MD Director, Coordinated Primary Care, Inc	25.0 0.0	X						231,203	0	8,517
Edward J Parry III Director, UMM Health Care, Inc	1.0 1.0	X						0	0	0
Robert J Paulhus Jr Director, Clinton Hospital Association	1.0 0.0	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Jeanne Paulino Director, Clinton Hospital Association	1 0 0	X						0	0	0
Raymond Pawlicki Director, UMM Health Care, Inc	1 0 1 0	X						0	0	0
Chris Philbin Director, Clinton Hospital Association	5 0 40 0	X						0	240,505	54,767
Michael Pici MD Director, UMM Accountable Care Organization, Inc	1 0 0	X						0	0	0
Philip E Purcell Director, Marlborough Hospital	1 0 0	X						0	0	0
Gerard P Richer Director, Marlborough Hospital	1 0 0	X						0	0	0
Michael Rivard Director, HealthAlliance Hospitals, Inc	1 0 0	X						0	0	0
Catherine Rossi Director, Clinton Hospital Association	5 0 40 0	X						0	224,807	79,676
Carol Sanchez Director until 3/16, Marlborough Hospital	1 0 0	X						0	0	0
Paulette Seymour-Route PhD Director, UMM Health Care, Inc	1 0 1 0	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Vibha Sharma MD Director, Marlborough Hospital	1 0 0	X						0	0	0
John Shea Esquire Director, UMM Behavioral Health System, Inc	1 0 0	X						0	0	0
Robert Leslie Shelton MD Director, HealthAlliance Hospitals, Inc	1 0 0	X						0	0	0
Habib A Sioufi MD Director, Clinton Hospital Association	40 0 0	X						98,182	0	28,675
Markian Stecyk MD Director until 3/16, Marlborough Hospital	1 0 0	X						0	0	0
David Walton Director, Marlborough Hospital	1 0 0	X						0	0	0
Mary Whitney Director, HealthAlliance Hospitals, Inc	1 0 0	X						0	0	0
Jack Wilson Director, UMM Health Care, Inc	1 0 1 0	X						0	0	0
Lynda M Young MD Director, UMM Health Care, Inc	1 0 1 0	X						38,186	0	109
Maureen Croteau Assistant Clerk, Clinton Hospital Association	40 0 0			X				56,311	0	23,751

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Ann-Maria D'Ambra Assistant Secretary, Marlborough Hospital	40.0 0			X				51,669	0	24,532
Deborah Ekstrom President until 1/16, Community HealthLink, Inc	40.0 0			X				262,264	0	101,325
Katharine Bolland Eshghi Assistant Secretary, UMM Health Care, Inc	5.0 40.0			X				0	446,099	99,297
Nicole Gagne President, Community HealthLink, Inc	40.0 0			X				138,931	0	51,329
John Glassburn Secretary, UMM Community Hospitals, Inc	5.0 40.0			X				0	183,869	27,316
Steven McCue Treasurer, Marlborough Hospital	40.0 0			X				203,530	0	36,233
Lynn A Morin Assistant Clerk, HealthAlliance Hospitals, Inc	40.0 0			X				88,305	0	7,392
William O'Brien Secretary, UMBHS, Inc	5.0 40.0			X				0	128,872	56,969
Jeffrey Olson Treasurer, Clinton Hospital Assoc	40.0 0			X				165,334	0	43,829
Jeanne Shirshac Treasurer, UMM Accountable Care Organization, Inc	5.0 40.0			X				0	242,946	51,524

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			
Francis W Smith Secretary, UMM Medical Group, Inc	5 0 40 0			X				0	211,110	44,651
Michele Streeter Treasurer, UMM Med Group, Inc	40 0 0			X				543,626	0	200,156
James P Cyr Sr VP, Operations (UMMMC)	40 0 5 0				X			348,466	0	167,720
Therese Day VP, Finance / CFO of Med Center	40 0 5 0				X			370,867	0	137,469
Robert Feldmann VP, Corporate Controller	5 0 40 0				X			0	355,276	109,162
Barbara Fisher Sr VP, Operations (UMMMC)	40 0 5 0				X			353,025	0	170,362
Patricia George VP & Deputy CIO, until 11/15	5 0 40 0				X			0	386,592	51,347
Margaret Hudlin MD CMO/VP Perioperative Svcs, until 9/1/16	40 0 5 0				X			546,659	0	61,664
Cathy Jewell Sr VP, Chief Nursing Officer	40 0 5 0				X			352,592	0	137,588
Bart Metzger Sr VP, Chief HR Officer	5 0 40 0				X			0	359,315	51,512

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

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
John T Randolph VP, Chief Corporate Compliance	5 0 40 0				X			0	273,396	126,045
Alice Shakman Sr VP, Operations (UMMMC)	40 0 5 0				X			352,925	0	125,192
Jeffrey A Smith MD Executive VP, COO	40 0 5 0				X			385,203	0	39,390
Timothy Tarnowski Sr VP, Chief Info Officer	5 0 40 0				X			0	558,717	92,115
Diane Thompson Sr VP, Chief Nursing Officer until 4/9/15	40 0 5 0				X			549,531	0	24,956
David C Ayers MD Physician, Chair of Orthopedics and Physical Rehab - Med Group	33 0 0					X		664,005	0	42,147
Adel Bozorgzadeh MD Physician, Chief of Organ Transplantation - Med Group	32 0 0					X		737,836	0	42,729
Demetrius Litwin MD Physician, Chair of Surgery Dept - Med Group	28 0 0					X		741,852	0	45,385
Ajit S Puri MD Physician, Division Chief of Neuroimaging and Intervention - Med Group	40 0 0					X		690,581	0	38,256
Jennifer Walker MD Physician, Division Chief of Cardiac Surgery - Med Group	30 0 0					X		635,639	0	41,378

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			
Sharon Hylka Former Sr VP, Hospital Admin until 1/14	0 0						X	298,006	0	109
Robert A Phillips MD Former Med Dir, Heart & Vascular COE, until 6/7/13	0 0						X	783,997	0	109
Arthur M Pappas MD Former Director UMM Community Hospitals, Inc until 3/27/13	0 0						X	13,781	0	2,129
Michael J Cofone Former Officer/Director until 6/14, HealthAlliance Hospitals, Inc	0 0						X	93,335	0	12,518
Candra D Szymanski Former Interim President/Director until 12/13, Marlborough Hospital	0 0						X	35,868	0	1,608

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ **Attach to Form 990 or Form 990-EZ.**

▶ **Information about Schedule A (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
UMass Memorial Health Care Inc & Affiliates

Employer identification number
91-2155626

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

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).**(Attach Schedule E (Form 990 or 990-EZ))

3 ☑ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9 ☐ An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See**section 509(a)(2).** (Complete Part III)

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

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization

f Enter the number of supported organizations . . . . . _____

g Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii)EIN	(iii) Type of organization (described on lines 1- 9 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
Total						

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)** (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any unusual grants)						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11 **Total support.** Add lines 7 through 10						

12 Gross receipts from related activities, etc (see instructions) **12**

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f)) **14**

15 Public support percentage for 2014 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2015.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support test—2014.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

17a **10%-facts-and-circumstances test—2015.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

b **10%-facts-and-circumstances test—2014.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ ☐

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support.** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13 **Total support.** (Add lines 9, 10c, 11, and 12)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2014 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2015** (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from **2014** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2015.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support tests—2014.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A and C If you checked 11c of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A and D, and complete Part V)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in* ***Part VI*** *how the supported organizations are designated If designated by class or purpose, describe the designation If historic and continuing relationship, explain*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2)*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* ***Part VI.***	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990)*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part II of Schedule L (Form 990)*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? *If "Yes," provide detail in* ***Part VI.***	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI.***	9b		
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* ***Part VI.***	9c		
10a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer b below*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)*	10b		
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in Part VI*	11c		

Part IV Supporting Organizations (continued)

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year **(see instructions)**

- **a** ☐ The organization satisfied the Activities Test. Complete **line 2** below.
- **b** ☐ The organization is the parent of each of its supported organizations. Complete **line 3** below.
- **c** ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).

			Yes	No
2	Activities Test. **Answer (a) and (b) below.**			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	2b		
3	Parent of Supported Organizations. **Answer (a) and (b) below.**			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI.*	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*	3b		

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

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

Section A - Adjusted Net Income

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

Section B - Minimum Asset Amount

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

Section C - Distributable Amount

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

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

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 **Total annual distributions.** Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2015 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2015			
a			
b			
c			
d From 2013.			
e From 2014.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7 $			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 **Excess distributions carryover to 2016.** Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b			
c Excess from 2013.			
d From 2014.			
e From 2015.			

Part VI **Supplemental Information.**

Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

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SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527
▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.
▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

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

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

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

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

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

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

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

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

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV

2 Political expenditures ▶ $ _____

3 Volunteer hours _____

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

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

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

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

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

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

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

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

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

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

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

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

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

A Check ▶ ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

B Check ▶ ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b	Total lobbying expenditures to influence a legislative body (direct lobbying)		
c	Total lobbying expenditures (add lines 1a and 1b)		
d	Other exempt purpose expenditures		
e	Total exempt purpose expenditures (add lines 1c and 1d)		
f	Lobbying nontaxable amount Enter the amount from the following table in both columns		
g	Grassroots nontaxable amount (enter 25% of line 1f)		
h	Subtract line 1g from line 1a If zero or less, enter -0-		
i	Subtract line 1f from line 1c If zero or less, enter -0-		

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over $500,000	20% of the amount on line 1e
Over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000
Over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000
Over $17,000,000	$1,000,000

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?

☐ Yes ☐ No

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

	For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity	(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		251,639
j	Total Add lines 1c through 1i			251,639
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

Return Reference	Explanation
Schedule C, Part II-B, Line 1 DETAILED DESCRIPTION OF THE LOBBYING ACTIVITY	Amounts represent percentage of lobbying expenses included in membership dues
Schedule C, Part II-B, Line 1 DETAILED DESCRIPTION OF THE LOBBYING ACTIVITY	Amounts represent percentage of lobbying expenses included in membership dues

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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
UMass Memorial Health Care Inc & Affiliates

Employer identification number
91-2155626

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part IV Escrow and Custodial Arrangements.

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

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

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

		Amount
c Beginning balance	1c	14,575
d Additions during the year	1d	2,998
e Distributions during the year	1e	2,893
f Ending balance	1f	14,680

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	117,475,856	115,101,660	112,462,194	109,418,023	98,294,963
b Contributions	174,883	5,757,118			2,557,800
c Net investment earnings, gains, and losses	5,899,351	-2,182,362	9,419,969	8,142,465	12,021,986
d Grants or scholarships					
e Other expenditures for facilities and programs	44,636,958	1,200,560	4,425,190	5,098,294	3,456,726
f Administrative expenses			2,355,313		
g End of year balance	78,913,132	117,475,856	115,101,660	112,462,194	109,418,023

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

- a Board designated or quasi-endowment ▶ 0 %
- b Permanent endowment ▶ 69 %
- c Temporarily restricted endowment ▶ 31 %

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

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

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

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

Part VI Land, Buildings, and Equipment.

Complete if the organization answered 'Yes' 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		8,807,895		8,807,895
b Buildings		816,592,345	502,096,923	314,495,422
c Leasehold improvements		22,955,026	12,110,854	10,844,172
d Equipment		749,226,170	568,859,754	180,366,416
e Other		103,492,559	3,992,448	99,500,111
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* ▶				614,014,016

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) BENEFICIAL INTEREST IN TRUSTS	66,380,579	F
(B) COMMONWEALTH PROFESSIONAL ASSURANCE COMPANY LTD		
(C) BIO VENTURES		
(D) UNITS IN INVESTMENT PARTNERSHIP	181,269,447	F
(E) OTHER		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶	247,650,026	

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
(1) DUE FROM RELATED PARTIES	2,432,911
(2) CSV LIFE INSURANCE	
(3) MALPRACTICE TAIL COVERAGE	33,862,724
(4) LONG TERM SECURITY DEPOSITS	63,722
(5) OTHER NON-CURRENT ASSETS	471,544
(6) RECEIVABLE FROM MEDICAID	179,005,364
(7) DUE FROM THIRD PARTIES	17,877,251
(8) CASH SECURITY	14,680
(9) DEFERRED TAX ASSET	47,000
Total. *(Column (b) must equal Form 990, Part X, col (B) line 15)* . . . . . ▶	233,775,196

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	
See Additional Data Table	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	547,606,667

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

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

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

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

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

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

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

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID: 15000238
Software Version: 2015v3.0
EIN: 91-2155626
Name: UMass Memorial Health Care Inc & Affiliates

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

(a) Description	(b) Book value
(1) DUE FROM RELATED PARTIES	2,432,911
(2) CSV LIFE INSURANCE	
(3) MALPRACTICE TAIL COVERAGE	33,862,724
(4) LONG TERM SECURITY DEPOSITS	63,722
(5) OTHER NON-CURRENT ASSETS	471,544
(6) RECEIVABLE FROM MEDICAID	179,005,364
(7) DUE FROM THIRD PARTIES	17,877,251
(8) CASH SECURITY	14,680
(9) DEFERRED TAX ASSET	47,000

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

1 (a) Description of Liability	(b) Book Value
DUE TO UMASS MEDICAL SCHOOL	139,559,305
THIRD PARTY LIABILITIES	68,355,031
DUE TO RELATED PARTIES	3,409,148
ACCRUED PENSION POST RETIREMENT BENEFITS	287,876,097
O/S LOSS RESERVES	
ESTIMATED MALPRACTICE COSTS	33,862,724
OTHER	1,792,489
ANNUITY PAYABLE	
LT LIABILITY ARO	9,858,847
ACCRUED LT LIABILITIES	842,901
CLAIMS RESERVE	89,125
MEDICARE RESERVES	30,000
NOTE PAYABLE TO AFFILIATES (MC AND UMBHS)	
OTHER LOSS RESERVE	1,931,000

Supplemental Information

Return Reference	Explanation
Schedule D, Part V, Line 3a (i) Sch d, part v, line 3a(i)	HEALTHALLIANCE HOSPITAL - YES BANK OF AMERICA MERRILL LYNCH HOLDS THE BERNARD W DOYLE TRUS T FOR HEALTHALLIANCE HOSPITAL DISTRIBUTIONS ARE PAID TO HEALTHALLIANCE HOSPITAL BANK OF AMERICA MERRILL LYNCH IS AN UNRELATED ORGANIZATION BNY MELLON WEALTH MANAGEMENT HOLDS TH E FOLLOWING TRUSTS FOR HEALTHALLIANCE HOSPITAL TRUST U/WILL PART 11 WILLIAM H CROPPER TRU ST U/WILL PART 15 WILLIAM H CROPPER TRUST U/WILL PART 18 WILLIAM H CROPPER TRUST UNDER 2ND CODICIL OF WILL OF WILLIAM H CROPPER TRUST UNDER 4TH CODICIL WILLIAM H CROPPER DISTRIBUTI ONS ARE PAID TO HEALTHALLIANCE HOSPITAL BNY MELLON WEALTH MANAGEMENT IS AN UNRELATED ORGA NIZATION

Supplemental Information

Return Reference	Explanation
Schedule D, Part V Endowment Funds	The Medical Center's endowment funds are the beneficial interest in the funds held by the UMMHC (Parent EIN 04-3358566)

Supplemental Information

Return Reference	Explanation
Schedule D, Part V, Line 1e Endowment Funds - Other expenditures for facilities and programs	UMMHC (Parent) was previously included in the group return #3642 EIN 91-2155626 however ef fective 9/30/16 the Parent has been removed from the group return and is reported on a sta nd alone Form 990 Line 1e Other expenditures for facilities and programs includes the rem oval of the Parent's endowment funds of ($43,468,455)

Supplemental Information

Return Reference	Explanation
Schedule D, Part IV, Line 1b Agent, trustee, custodian, or other intermediary arrangement	Tenant security deposits for UMass Memorial Realty, Inc

Supplemental Information

Return Reference	Explanation
Schedule D, Part IV, Line 2b Explanation of escrow agreement	Tenant security deposits for UMass Memorial Realty, Inc These will be returned once the tenant vacates the property

Supplemental Information

Return Reference	Explanation
Schedule D, Part V, Line 4 Intended uses of endowment funds	MEDICAL CENTER - THE MEDICAL CENTER'S BENEFICIAL INTEREST IN FUNDS ARE HELD BY THE PARENT, A RELATED ORGANIZATION THE INTENDED USE OF THE ORGANIZATION'S ENDOWMENT FUNDS ARE DIRECTED IN ACCORDANCE WITH THE DONOR'S INTENT, INCLUDING THE PRESERVATION OF THE ORIGINAL GIFT AND VARIOUS PURPOSES INCLUDING CHARITY CARE, MEDICAL EDUCATION, RESEARCH, HEALTH CARE SERVICES, BUILDINGS AND EQUIPMENT HEALTHALLIANCE HOSPITAL - THE INTENDED USE OF THE ORGANIZATION'S ENDOWMENT FUNDS ARE DIRECTED IN ACCORDANCE WITH THE DONOR'S INTENT, INCLUDING THE PRESERVATION OF THE ORIGINAL GIFT AND VARIOUS PURPOSES INCLUDING CHARITY CARE, MEDICAL EDUCATION, RESEARCH, HEALTH CARE SERVICES, BUILDINGS AND EQUIPMENT CLINTON HOSPITAL - THE INTENDED USE OF THE ORGANIZATION'S ENDOWMENT FUNDS ARE DIRECTED IN ACCORDANCE WITH THE DONOR'S INTENT, INCLUDING THE PRESERVATION OF THE ORIGINAL GIFT AND VARIOUS PURPOSES INCLUDING CHARITY CARE, MEDICAL EDUCATION, RESEARCH, HEALTH CARE SERVICES, BUILDINGS AND EQUIPMENT MARLBOROUGH HOSPITAL - THE INTENDED USE OF THE ORGANIZATION'S ENDOWMENT FUNDS ARE DIRECTED IN ACCORDANCE WITH THE DONOR'S INTENT, INCLUDING THE PRESERVATION OF THE ORIGINAL GIFT AND VARIOUS PURPOSES INCLUDING CHARITY CARE, MEDICAL EDUCATION, RESEARCH, HEALTH CARE SERVICES, BUILDINGS AND EQUIPMENT

Supplemental Information

Return Reference	Explanation
Schedule D, Part X, Line 2 FIN 48 (ASC 740) footnote	Income Taxes The System follows a two-step approach for the financial statement recogniti on and measurement of a tax position taken or expected to be taken on a tax return The su bstantial majority of UMass Memorial and its affiliate entities are recognized by the Inte rnal Revenue Service as tax-exempt under Section 501(c)(3) of the Internal Revenue Code A ccordingly, these entities will not incur any liability for federal income taxes except fo r tax on unrelated business income Certain affiliates are taxable entities The measureme nt of the amounts recorded as a provision for income taxes based upon the aforementioned a pproach was $301,000 and $94,500 for the years ended September 30, 2016 and 2015, respecti vely, and is recorded as part of supplies and other expense in the accompanying consolidat ed statements of operations The System does not believe it has any significant uncertain tax positions

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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a

▶ Attach to Form 990 or Form 990-EZ

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
UMass Memorial Health Care Inc & Affiliates

Employer identification number
91-2155626

Part I **Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities Check all that apply

- **a** ☑ Mail solicitations
- **b** ☐ Internet and email solicitations
- **c** ☐ Phone solicitations
- **d** ☑ In-person solicitations
- **e** ☑ Solicitation of non-government grants
- **f** ☑ Solicitation of government grants
- **g** ☑ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☑ **Yes** ☐ **No**

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization

	(i) Name and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? Yes	**(iii)** No	**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col **(i)**	**(vi)** Amount paid to (or retained by) organization
1	JNB ASSOCIATES 21 WATER STREET AMESBURY, MA 01913	FUNDRAISING		No		64,000	-64,000
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total		▶			0	64,000	-64,000

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

MA, NH

Part II Fundraising Events.

Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than $15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than $5,000.

		(a) Event #1 CNEHA GOLF TOURNAMENT (event type)	(b) Event #2 CLINTON GOLF TOURNAMENT (event type)	(c) Other events 5 (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	275,898	121,789	303,579	701,266
	2 Less Contributions	144,331	65,407	154,717	364,455
	3 Gross income (line 1 minus line 2)	131,567	56,382	148,862	336,811
Direct Expenses	4 Cash prizes				
	5 Noncash prizes	30,154		22,164	52,318
	6 Rent/facility costs	78,751	21,805	53,661	154,217
	7 Food and beverages	0	24,859	16,995	41,854
	8 Entertainment				
	9 Other direct expenses	22,662	9,718	52,338	84,718
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				333,107
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				3,704

Part III Gaming.

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

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

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

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

b If "No," explain _____

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

b If "Yes," explain _____

11 Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No

13 Indicate the percentage of gaming activity conducted in

a The organization's facility	**13a**	%
b An outside facility	**13b**	%

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

Name ▶ ----------

Address ▶ ----------

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

b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____

c If "Yes," enter name and address of the third party

Name ▶ ----------

Address ▶ ----------

16 Gaming manager information

Name ▶ ----------

Gaming manager compensation ▶ $ ----------

Description of services provided ▶ ----------

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $

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

Return Reference	Explanation
Schedule G, Part II	PART II COL A EVENT #1 1 THE HOSPITAL GOLF TOURNAMENT WAS HELD BY CENTRAL NEW ENGLAND HEALTHALLIANCE, INC COL B EVENT #2 2 THE HOSPITAL GOLF TOURNAMENT WAS HELD BY BY CLINTON HOSPITAL ASSOCIATION COL C OTHER EVENTS 3 SPEAKEASY HELD BY HEALTHALLIANCE HOSPITALS 4 LOVELIGHT HELD BY HEALTHALLIANCE HOME HEALTH AND HOSPICE, INC 5 GALA BALL WAS HELD BY CENTRAL NEW ENGLAND HEALTHALLIANCE, INC 6 GOLF TOURNAMENT WAS HELD BY MARLBOROUGH HOSPITAL, INC 7 MENTAL HEALTH MONTH EVENT WAS HELD BY COMMUNITY HEALTHLINK, INC

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SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ Complete if the organization answered "Yes" on Form 990, Part IV, question 20.
▶ Attach to Form 990.
▶ Information about Schedule H (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
UMass Memorial Health Care Inc & Affiliates

Employer identification number
91-2155626

Part I Financial Assistance and Certain Other Community Benefits at Cost

			Yes	No
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a	Yes	
b	If "Yes," was it a written policy?	1b	Yes	
2	If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year			
	☑ Applied uniformly to all hospital facilities ☐ Applied uniformly to most hospital facilities ☐ Generally tailored to individual hospital facilities			
3	Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year			
a	Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing *free* care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for *free* care	3a	Yes	
	☐ 100% ☐ 150% ☑ 200% ☐ Other _____ %			
b	Did the organization use FPG as a factor in determining eligibility for providing *discounted* care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care	3b	Yes	
	☐ 200% ☐ 250% ☐ 300% ☐ 350% ☐ 400% ☑ Other 60000 %			
c	If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care			
4	Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4	Yes	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	Yes	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b	Yes	
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligibile for free or discounted care?	5c		No
6a	Did the organization prepare a community benefit report during the tax year?	6a	Yes	
b	If "Yes," did the organization make it available to the public?	6b	Yes	
	Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H			

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			37,936,908	22,992,218	14,944,690	0 80 %
b Medicaid (from Worksheet 3, column a)			381,007,912	338,124,618	42,883,294	2 31 %
c Costs of other means-tested government programs (from Worksheet 3, column b)			16,411,581	16,319,433	92,148	0 %
d **Total** Financial Assistance and Means-Tested Government Programs	0	0	435,356,401	377,436,269	57,920,132	3 12 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			4,038,253	2,203,184	1,835,069	0 10 %
f Health professions education (from Worksheet 5)			234,163,901	128,897,437	105,266,464	5 66 %
g Subsidized health services (from Worksheet 6)			89,010,247	71,335,252	17,674,995	0 95 %
h Research (from Worksheet 7)			153,202	49,850	103,352	0 01 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			2,238,059	2,238,059	0	0 %
j **Total.** Other Benefits	0	0	329,603,662	204,723,782	124,879,880	6 72 %
k **Total.** Add lines 7d and 7j	0	0	764,960,063	582,160,051	182,800,012	9 83 %

Part II Community Building Activities

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

		(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1	Physical improvements and housing			7,799	0	7,799	0 %
2	Economic development			0	0	0	0 %
3	Community support			8,806		8,806	0 %
4	Environmental improvements			0	0	0	0 %
5	Leadership development and training for community members			0	0	0	0 %
6	Coalition building			1,190	0	1,190	0 %
7	Community health improvement advocacy			0	0	0	0 %
8	Workforce development			146,727	0	146,727	0 01 %
9	Other					0	0 %
10	Total	0	0	164,522	0	164,522	0 01 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

				Yes	No
1	Did the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15?		1	Yes	
2	Enter the amount of the organization's bad debt expense Explain in Part VI the methodology used by the organization to estimate this amount	2	26,537,000		
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit	3	1,445,372		
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements				

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	393,264,874
6	Enter Medicare allowable costs of care relating to payments on line 5	6	407,766,841
7	Subtract line 6 from line 5 This is the surplus (or shortfall)	7	-14,501,967
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6 Check the box that describes the method used		

☐ Cost accounting system ☑ Cost to charge ratio ☐ Other

Section C. Collection Practices

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

Part IV Management Companies and Joint Ventures

(owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

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

Part V Facility Information

Section A. Hospital Facilities

(list in order of size from largest to smallest—see instructions)
How many hospital facilities did the organization operate during the tax year? **4**

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

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

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group UMASS MEMORIAL MEDICAL CENTER INC

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

			Yes	No
Community Health Needs Assessment				
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	**1**		No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	**2**		No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	**3**	Yes	
	If "Yes," indicate what the CHNA report describes (check all that apply)			
a	☑ A definition of the community served by the hospital facility			
b	☑ Demographics of the community			
c	☑ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	☑ How data was obtained			
e	☑ The significant health needs of the community			
f	☑ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	☑ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	☑ The process for consulting with persons representing the community's interests			
i	☑ Information gaps that limit the hospital facility's ability to assess the community's health needs			
j	☑ Other (describe in Section C)			
4	Indicate the tax year the hospital facility last conducted a CHNA 20 14			
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	**5**	Yes	
6 a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	**6a**		No
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities?" If "Yes," list the other organizations in Section C	**6b**	Yes	
7	Did the hospital facility make its CHNA report widely available to the public?	**7**	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a	☑ Hospital facility's website (list url) http //www umassmemorialhealthcare org/sites/umass-memorial-hospital			
b	☑ Other website (list url) http //www worcesterma gov/uploads/e3/8b/e38b32c7d4a96243c9c48bbd3250b00e/ch			
c	☑ Made a paper copy available for public inspection without charge at the hospital facility			
d	☑ Other (describe in Section C)			
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	**8**	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy 20 15			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	**10**	Yes	
a	If "Yes" (list url) https //www umassmemorialhealthcare org/sites/umass-memorial-hospital/files/Documents/CB%			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	**10b**		No
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed			
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	**12a**		No
b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	**12b**		
c	If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $			

Part V Facility Information *(continued)*

Financial Assistance Policy (FAP)

Name of hospital facility or letter of facility reporting group UMASS MEMORIAL MEDICAL CENTER INC

			Yes	No
13	Did the hospital facility have in place during the tax year a written financial assistance policy that Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	13	Yes	
	If "Yes," indicate the eligibility criteria explained in the FAP			
a	☑ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200 0 % and FPG family income limit for eligibility for discounted care of 600 0 %			
b	☐ Income level other than FPG (describe in Section C)			
c	☐ Asset level			
d	☐ Medical indigency			
e	☑ Insurance status			
f	☑ Underinsurance discount			
g	☐ Residency			
h	☐ Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	Yes	
15	Explained the method for applying for financial assistance?	15	Yes	
	If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)			
a	☑ Described the information the hospital facility may require an individual to provide as part of his or her application			
b	☑ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	☑ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	☐ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	☐ Other (describe in Section C)			
16	Included measures to publicize the policy within the community served by the hospital facility?	16	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a	☑ The FAP was widely available on a website (list url) See Sch H, Part V, Section B, Line 16i			
b	☑ The FAP application form was widely available on a website (list url) See Sch H, Part V, Section B, Line 16i			
c	☑ A plain language summary of the FAP was widely available on a website (list url) See Sch H, Part V, Section B, Line 16i			
d	☑ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	☑ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	☑ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g	☑ Notice of availability of the FAP was conspicuously displayed throughout the hospital facility			
h	☑ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	☑ Other (describe in Section C)			

Billing and Collections

17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment?	17	Yes	
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Actions that require a legal or judicial process			
d	☐ Other similar actions (describe in Section C)			
e	☑ None of these actions or other similar actions were permitted			

Part V Facility Information *(continued)*

UMASS MEMORIAL MEDICAL CENTER INC

Name of hospital facility or letter of facility reporting group

			Yes	No
19	Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	19		No
	If "Yes," check all actions in which the hospital facility or a third party engaged			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Actions that require a legal or judicial process			
d	☐ Other similar actions (describe in Section C)			
20	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply)			
a	☑ Notified individuals of the financial assistance policy on admission			
b	☑ Notified individuals of the financial assistance policy prior to discharge			
c	☑ Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills			
d	☑ Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy			
e	☐ Other (describe in Section C)			
f	☐ None of these efforts were made			
Policy Relating to Emergency Medical Care				
21	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	21	Yes	
	If "No," indicate why			
a	☐ The hospital facility did not provide care for any emergency medical conditions			
b	☐ The hospital facility's policy was not in writing			
c	☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d	☐ Other (describe in Section C)			
Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)				
22	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care			
a	☐ The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b	☐ The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c	☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d	☑ Other (describe in Section C)			
23	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?	23		No
	If "Yes," explain in Section C			
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?	24		No
	If "Yes," explain in Section C			

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group HEALTHALLIANCE HOSPITAL INC

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 2

			Yes	No
Community Health Needs Assessment				
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1		No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2		No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	3	Yes	
	If "Yes," indicate what the CHNA report describes (check all that apply)			
a	☑ A definition of the community served by the hospital facility			
b	☑ Demographics of the community			
c	☑ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	☑ How data was obtained			
e	☑ The significant health needs of the community			
f	☑ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	☑ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	☑ The process for consulting with persons representing the community's interests			
i	☑ Information gaps that limit the hospital facility's ability to assess the community's health needs			
j	☑ Other (describe in Section C)			
4	Indicate the tax year the hospital facility last conducted a CHNA 20 15			
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes	
6a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	Yes	
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities?" If "Yes," list the other organizations in Section C	6b	Yes	
7	Did the hospital facility make its CHNA report widely available to the public?	7	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a	☑ Hospital facility's website (list url) http //www umassmemorialhealthcare org/sites/umass-memorial-hospital/files/Documents/Members/5-21-15			
b	☐ Other website (list url)			
c	☑ Made a paper copy available for public inspection without charge at the hospital facility			
d	☑ Other (describe in Section C)			
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy 20 16			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes	
a	If "Yes" (list url) www healthalliance com			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b		No
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed			
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a		No
b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b		
c	If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $			

Part V Facility Information *(continued)*

Financial Assistance Policy (FAP)

HEALTHALLIANCE HOSPITAL INC

Name of hospital facility or letter of facility reporting group

			Yes	No
13	Did the hospital facility have in place during the tax year a written financial assistance policy that Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	13	Yes	
	If "Yes," indicate the eligibility criteria explained in the FAP			
a	☑ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200 0 % and FPG family income limit for eligibility for discounted care of 600 0 %			
b	☐ Income level other than FPG (describe in Section C)			
c	☐ Asset level			
d	☐ Medical indigency			
e	☑ Insurance status			
f	☑ Underinsurance discount			
g	☐ Residency			
h	☐ Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	Yes	
15	Explained the method for applying for financial assistance?	15	Yes	
	If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)			
a	☑ Described the information the hospital facility may require an individual to provide as part of his or her application			
b	☑ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	☑ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	☑ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	☐ Other (describe in Section C)			
16	Included measures to publicize the policy within the community served by the hospital facility?	16	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a	☑ The FAP was widely available on a website (list url) https //www umassmemorialhealthcare org/healthalliance-hospital			
b	☑ The FAP application form was widely available on a website (list url) https //www umassmemorialhealthcare org/healthalliance-hospital			
c	☑ A plain language summary of the FAP was widely available on a website (list url) https //www umassmemorialhealthcare org/healthalliance-hospital			
d	☑ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	☑ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	☑ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g	☐ Notice of availability of the FAP was conspicuously displayed throughout the hospital facility			
h	☐ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	☑ Other (describe in Section C)			

Billing and Collections

17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment?	17	Yes	
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Actions that require a legal or judicial process			
d	☐ Other similar actions (describe in Section C)			
e	☑ None of these actions or other similar actions were permitted			

Part V Facility Information *(continued)*

HEALTHALLIANCE HOSPITAL INC

Name of hospital facility or letter of facility reporting group

			Yes	No
19	Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	**19**		No
	If "Yes," check all actions in which the hospital facility or a third party engaged			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Actions that require a legal or judicial process			
d	☐ Other similar actions (describe in Section C)			
20	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply)			
a	☑ Notified individuals of the financial assistance policy on admission			
b	☐ Notified individuals of the financial assistance policy prior to discharge			
c	☑ Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills			
d	☑ Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy			
e	☑ Other (describe in Section C)			
f	☐ None of these efforts were made			
Policy Relating to Emergency Medical Care				
21	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	**21**	Yes	
	If "No," indicate why			
a	☐ The hospital facility did not provide care for any emergency medical conditions			
b	☐ The hospital facility's policy was not in writing			
c	☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d	☐ Other (describe in Section C)			
Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)				
22	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care			
a	☐ The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b	☐ The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c	☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d	☑ Other (describe in Section C)			
23	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?	**23**		No
	If "Yes," explain in Section C			
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?	**24**		No
	If "Yes," explain in Section C			

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group MARLBOROUGH HOSPITAL

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 3

			Yes	No
Community Health Needs Assessment				
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1		No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2		No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	3	Yes	
	If "Yes," indicate what the CHNA report describes (check all that apply)			
a	☑ A definition of the community served by the hospital facility			
b	☑ Demographics of the community			
c	☑ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	☑ How data was obtained			
e	☑ The significant health needs of the community			
f	☑ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	☑ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	☑ The process for consulting with persons representing the community's interests			
i	☑ Information gaps that limit the hospital facility's ability to assess the community's health needs			
j	☐ Other (describe in Section C)			
4	Indicate the tax year the hospital facility last conducted a CHNA 20 13			
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes	
6a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	Yes	
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities?" If "Yes," list the other organizations in Section C	6b	Yes	
7	Did the hospital facility make its CHNA report widely available to the public?	7	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a	☑ Hospital facility's website (list url) http //www umassmemorialhealthcare org/marlborough-hospital			
b	☑ Other website (list url) http //www mwhealth org/Portals/0/Uploads/Documents/MetroWestCommunityHealth Assessment2016 pdf			
c	☑ Made a paper copy available for public inspection without charge at the hospital facility			
d	☐ Other (describe in Section C)			
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy 20 13			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes	
a	If "Yes" (list url) http //www umassmemorialhealthcare org/about-us/community-benefits-program/marlborough-h			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b		No
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed			
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a		No
b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b		
c	If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $			

Part V Facility Information *(continued)*

Financial Assistance Policy (FAP)

MARLBOROUGH HOSPITAL

Name of hospital facility or letter of facility reporting group

			Yes	No
	Did the hospital facility have in place during the tax year a written financial assistance policy that			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	13	Yes	
	If "Yes," indicate the eligibility criteria explained in the FAP			
a	☑ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200 0 % and FPG family income limit for eligibility for discounted care of 600 0 %			
b	☐ Income level other than FPG (describe in Section C)			
c	☐ Asset level			
d	☐ Medical indigency			
e	☑ Insurance status			
f	☑ Underinsurance discount			
g	☐ Residency			
h	☐ Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	Yes	
15	Explained the method for applying for financial assistance?	15	Yes	
	If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)			
a	☑ Described the information the hospital facility may require an individual to provide as part of his or her application			
b	☑ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	☑ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	☐ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	☐ Other (describe in Section C)			
16	Included measures to publicize the policy within the community served by the hospital facility?	16	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a	☑ The FAP was widely available on a website (list url) https //www umassmemorialhealthcare org/marlborough-hospital/financial-counseling			
b	☑ The FAP application form was widely available on a website (list url) https //www umassmemorialhealthcare org/marlborough-hospital/financial-counseling			
c	☑ A plain language summary of the FAP was widely available on a website (list url) https //www umassmemorialhealthcare org/marlborough-hospital/financial-counseling			
d	☑ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	☑ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	☑ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g	☑ Notice of availability of the FAP was conspicuously displayed throughout the hospital facility			
h	☑ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	☑ Other (describe in Section C)			

Billing and Collections

17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment?	17	Yes	
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Actions that require a legal or judicial process			
d	☐ Other similar actions (describe in Section C)			
e	☑ None of these actions or other similar actions were permitted			

Part V Facility Information *(continued)*

MARLBOROUGH HOSPITAL

Name of hospital facility or letter of facility reporting group

			Yes	No
19	Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	**19**		No
	If "Yes," check all actions in which the hospital facility or a third party engaged			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Actions that require a legal or judicial process			
d	☐ Other similar actions (describe in Section C)			
20	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply)			
a	☑ Notified individuals of the financial assistance policy on admission			
b	☑ Notified individuals of the financial assistance policy prior to discharge			
c	☑ Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills			
d	☑ Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy			
e	☐ Other (describe in Section C)			
f	☐ None of these efforts were made			
Policy Relating to Emergency Medical Care				
21	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	**21**	Yes	
	If "No," indicate why			
a	☐ The hospital facility did not provide care for any emergency medical conditions			
b	☐ The hospital facility's policy was not in writing			
c	☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d	☐ Other (describe in Section C)			
Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)				
22	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care			
a	☐ The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b	☐ The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c	☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d	☑ Other (describe in Section C)			
23	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?	**23**		No
	If "Yes," explain in Section C			
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?	**24**		No
	If "Yes," explain in Section C			

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group CLINTON HOSPITAL ASSOCIATION

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 4

			Yes	No
Community Health Needs Assessment				
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1		No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2		No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	3	Yes	
	If "Yes," indicate what the CHNA report describes (check all that apply)			
a	☑ A definition of the community served by the hospital facility			
b	☑ Demographics of the community			
c	☑ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	☑ How data was obtained			
e	☑ The significant health needs of the community			
f	☑ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	☑ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	☑ The process for consulting with persons representing the community's interests			
i	☑ Information gaps that limit the hospital facility's ability to assess the community's health needs			
j	☐ Other (describe in Section C)			
4	Indicate the tax year the hospital facility last conducted a CHNA 20 14			
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes	
6a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	Yes	
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities?" If "Yes," list the other organizations in Section C	6b	Yes	
7	Did the hospital facility make its CHNA report widely available to the public?	7	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a	☑ Hospital facility's website (list url) https //www umassmemorialhealthcare org/sites/umass-memorial-hospital/files/Documents/Members/Clinto			
b	☑ Other website (list url) http //chna9 com/index html			
c	☑ Made a paper copy available for public inspection without charge at the hospital facility			
d	☑ Other (describe in Section C)			
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy 20 15			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes	
a	If "Yes" (list url) clintonhospital org			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b		No
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed			
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a		No
b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b		
c	If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $			

Part V Facility Information *(continued)*

Financial Assistance Policy (FAP)

Name of hospital facility or letter of facility reporting group CLINTON HOSPITAL ASSOCIATION

			Yes	No
13	Did the hospital facility have in place during the tax year a written financial assistance policy that Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	13	Yes	
a	☑ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200 0 % and FPG family income limit for eligibility for discounted care of 600 0 %			
b	☐ Income level other than FPG (describe in Section C)			
c	☐ Asset level			
d	☐ Medical indigency			
e	☑ Insurance status			
f	☑ Underinsurance discount			
g	☐ Residency			
h	☐ Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	Yes	
15	Explained the method for applying for financial assistance?	15	Yes	
	If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)			
a	☑ Described the information the hospital facility may require an individual to provide as part of his or her application			
b	☑ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	☑ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	☐ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	☐ Other (describe in Section C)			
16	Included measures to publicize the policy within the community served by the hospital facility?	16	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a	☑ The FAP was widely available on a website (list url) See Sch H, Part V, Section B, Line 16i			
b	☑ The FAP application form was widely available on a website (list url) See Sch H, Part V, Section B, Line 16i			
c	☑ A plain language summary of the FAP was widely available on a website (list url) See Sch H, Part V, Section B, Line 16i			
d	☑ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	☑ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	☑ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g	☑ Notice of availability of the FAP was conspicuously displayed throughout the hospital facility			
h	☑ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	☑ Other (describe in Section C)			

Billing and Collections

17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment?	17	Yes	
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Actions that require a legal or judicial process			
d	☐ Other similar actions (describe in Section C)			
e	☑ None of these actions or other similar actions were permitted			

Part V Facility Information *(continued)*

CLINTON HOSPITAL ASSOCIATION

Name of hospital facility or letter of facility reporting group

			Yes	No
19	Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	**19**		No
	If "Yes," check all actions in which the hospital facility or a third party engaged			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Actions that require a legal or judicial process			
d	☐ Other similar actions (describe in Section C)			
20	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply)			
a	☑ Notified individuals of the financial assistance policy on admission			
b	☑ Notified individuals of the financial assistance policy prior to discharge			
c	☑ Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills			
d	☑ Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy			
e	☐ Other (describe in Section C)			
f	☐ None of these efforts were made			
Policy Relating to Emergency Medical Care				
21	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	**21**	Yes	
	If "No," indicate why			
a	☐ The hospital facility did not provide care for any emergency medical conditions			
b	☐ The hospital facility's policy was not in writing			
c	☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d	☐ Other (describe in Section C)			
Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)				
22	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care			
a	☐ The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b	☐ The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c	☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d	☑ Other (describe in Section C)			
23	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?	**23**		No
	If "Yes," explain in Section C			
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?	**24**		No
	If "Yes," explain in Section C			

Part V **Facility Information** *(continued)*

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

Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation

Part V **Facility Information** *(continued)*

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility
(list in order of size, from largest to smallest)

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

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

Part VI Supplemental Information

Provide the following information

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II and Part III, lines 2, 3, 4, 8 and 9b

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B

3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy

4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves

5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc)

6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

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

Form and Line Reference	Explanation
Schedule H, Part II, Line 2 COMMUNITY BUILDING ACTIVITIES	Part II Community Building Community Building - Describe how the organization's community building activities, as reported in Part II promote the health of the communities the organization serves UMass Memorial provides workforce development and job skills training to underserved, inner-city youth through its Building Brighter Futures with Youth program (BBFWY) The program provides summer employment for youth ages 16 to 24 Founded in 2005 by the hospital through a collaborative effort with the City of Worcester, Worcester Community Action Council and other organizations, BBFWY matches placements to selected participants and offers them valuable on-the-job experience by hospital staff from departments throughout the Medical Center The program helps to leverage additional state funding for the city UMass Memorial employs 50 youth each summer as part of the city's summer job employment effort Five inner city youth were placed in positions at the Grant Square community garden in the Bell Hill neighborhood through this program In collaboration with the University of Massachusetts Medical School, Worcester Public Schools, Boys & Girls Club and the City of Worcester Youth Opportunities Office, UMass Memorial also holds a Health Career Expo for approximately 600 high school students included an introduction to over 30 health care careers and contact with local resources and nine colleges The hospital also participates in neighborhood improvement activities in Bell Hill including the United Way Day of Caring HealthAlliance Part II, Community Building For Workforce Development HealthAlliance has provided financial assistance to students who wish to pursue a career in the health care field via an internship program providing financial assistance and experience through hand on practice and observation For Community Support, Community emergency preparedness and drills are conducted in collaboration with the Leominster and Fitchburg Fire Departments and local EMS Marlborough Hospital Part II Community Building Activities Marlborough Hospital provides assistance to cognitively challenged post grad students aged 18 to 22 by helping them gain work/life skills to assist them in their transition from a school environment to a work and community setting Additionally, disadvantaged students, including both economically or disengaged youth at risk, learn the tools to overcome barriers and move into self sustaining employment in sectors of the economy where there is a need Clinton Hospital Part II Community Building Clinton Hospital is working to address basic, social and personal needs as a way to improve their communities' health Clinton Hospital provides high school students with the opportunity of a health career preparation program The program exposes students to health career possibilities, role models and how health organizations operate, it is also an opportunity for practical experience to learn by doing and applying the knowledge The students learn new skills and develop their own personal and professional interests They also expand their educational opportunities, personal network and make connections This program was developed and implemented in response to an identified need in the community Workforce Development is identified as a need nationally and in its most recent community health needs assessment Clinton Hospital partnered with the Clinton public high school and the Workforce Investment Board to implement the program

Form and Line Reference	Explanation
Schedule H, Part VI, Line 7 SCH H, PART VI, LINE 7	ALL FOUR HOSPITAL'S FILE INDIVIDUAL COMMUNITY BENEFIT REPORTS WITH THE MASSACHUSETTS ATTORNEY GENERAL'S OFFICE

Form and Line Reference	Explanation
Schedule H, Part I, Line 7g Subsidized Health Services	NOT APPLICABLE

Form and Line Reference	Explanation
Schedule H, Part I, Line 7 Bad Debt Expense excluded from financial assistance calculation	0

Form and Line Reference	Explanation
Schedule H, Part I, Line 7 Costing Methodology used to calculate financial assistance	The Cost to Charge Ratio is utilized to calculate amounts reported for each line in Part I, Line 7

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

Form and Line Reference	Explanation
Schedule H, Part III, Line 2 Bad debt expense - methodology used to estimate amount	Bad Debt is calculated utilizing an aged Bad Debt Model Significant Analysis was reviewed by Revenue Reporting and Patient Accounting that verified the majority of what the Model considers Bad Debt will more than likely be written off as Admin Allowances Based on the Meditech/Soarian/Ambulance Variance Summary output per payer and review of the other analysis prepared, it was determined and approved that the Provision as a result of the Model should represent only the following reserves 1) Self Pay 2) FreeCare 3) Guarantor As such, the remaining reserves calculated on all other payers are included in Payment Systems Contractual reserves and Admin Allowance reserves Bad Debt Recoveries (payments on accounts written off as Bad Debt) are recorded on the Financial statements as a reduction to Bad Debt Expense Bad Debt Expense of 26,537,000 is net of these recoveries

Form and Line Reference	Explanation
Schedule H, Part III, Line 3 Bad Debt Expense Methodology	Costing methodology multiplied the gross patient service revenue by the ratio of costs to charges calculated as reported in hospitals DHCFP 403 Hospital Statement of Costs, Revenues & Statistics Although our financial assistance policies and procedures make every effort to identify those patients who are eligible for financial assistance before the billing process begins, often it is not possible to make an appropriate determination until after the billing and collection collection cycle has commenced The rationale for including bad debt amounts in community benefits would be to account for those patients who were classified as bad debt expense, but would have qualified for financial assistance if sufficient information had been available to make a determination of their eligibility

Form and Line Reference	Explanation
Schedule H, Part III, Line 4 Bad debt expense - financial statement footnote	Footnote 2, page 10 of Audited Financial Statements Allowance for Doubtful Accounts Patient accounts receivable are reduced by an allowance for doubtful accounts In evaluating the collectability of patient accounts receivable, the System analyzes its past history and identifies trends for each of its major categories of revenue (inpatient, outpatient and professional) to estimate the appropriate allowance for doubtful accounts and provision for bad debts Management regularly reviews data about these major categories of revenue in evaluating the sufficiency of the allowance for doubtful accounts Throughout the year, the System, after all reasonable collection efforts have been exhausted, will write off the difference between the standard rates (or discounted rates if negotiated) and the amounts actually collected against the allowance for doubtful accounts In addition to the review of the categories of revenue, management monitors the write offs against established allowances as of a point in time to determine the appropriateness of the underlying assumptions used in estimating the allowance for doubtful accounts Patient accounts receivable is presented net of an allowance for doubtful accounts of $50,834,000 and $55,445,000 as of September 30, 2016 and 2015, respectively, in the consolidated balance sheets Management attributes this change in the allowance for doubtful accounts due to a decrease in accounts receivable and improvement in the aging where more current accounts are reflected in the current year Bad debt expense for nonpatient related accounts receivable is reflected in operating expense on the statements of operations Patient related bad debt expense is reflected as a reduction in patient service revenue in the statements of operations

Form and Line Reference	Explanation
Schedule H, Part III, Line 8 Community benefit & methodology for determining medicare costs	THE MEDICARE COSTS ARE OBTAINED FROM THE COST REPORT FOR INPATIENT PSYCHIATRIC CAPITAL AND OUTPATIENT SERVICES IN ADDITION, FEE BASED SERVICES, SUCH AS LABS, PT, OT, ETC, ARE DETERMINED THROUGH PS&R CHARGES TIMES OUTPATIENT COST TO CHARGE RATIO

Form and Line Reference	Explanation
Schedule H, Part III, Line 9b Collection practices for patients eligible for financial assistance	A Exemption From Self-Pay Billing and Collection Action- UMMHC will not initiate Self-Pay billing and collection activity in the following instances 1 Upon sufficient proof that a patient is a recipient of Emergency Aid to the Elderly, Disabled and Children (EAEDC), or enrolled in MassHealth, Health Safety Net, the Children's Medical Security Plan whose family income is equal or less than 300% of the FPL or Low Income Patient designation with the exception of Dental-Only Low Income patients as determined by the office of Medicaid with the exception of co-pays and deductibles required under the Program of Assistance 2 The hospital has placed the account in legal or administrative hold status and/or specific payment arrangements have been made with the patient or guarantor 3 Medical Hardship bills that exceed the medical hardship contribution 4 Medical Hardship contributions that remains outstanding during a patient's MassHealth or Low Income Patient eligibility period 5 Unless UMMHC has checked the EVS system to determine if the patient has filed an application for MassHealth 6 For Partial Health Safety Net eligible patients, with the exception of any deductibles required 7 UMMHC may bill for Health Safety Net eligible and Medical Hardship patients for non-medically necessary services provided at the request of the patient and for which the patient has agreed by written consent 8 UMMHC may bill a Low Income Patient at their request in order to allow the patient to meet the required CommonHealth One-Time Deductible

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 16a FAP website	- UMASS MEMORIAL MEDICAL CENTER, INC Line 16a URL See Sch H, Part V, Section B, Line 16i, - HEALTHALLIANCE HOSPITAL, INC Line 16a URL https //www umassmemorialhealthcare org/healthalliance-hospital, - MARLBOROUGH HOSPITAL Line 16a URL https //www umassmemorialhealthcare org/marlborough-hospital/financial-counseling, - CLINTON HOSPITAL ASSOCIATION Line 16a URL See Sch H, Part V, Section B, Line 16i,

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 16b FAP Application website	- UMASS MEMORIAL MEDICAL CENTER, INC Line 16b URL See Sch H, Part V, Section B, Line 16i, - HEALTHALLIANCE HOSPITAL, INC Line 16b URL https //www umassmemorialhealthcare org/healthalliance-hospital, - MARLBOROUGH HOSPITAL Line 16b URL https //www umassmemorialhealthcare org/marlborough-hospital/financial-counseling, - CLINTON HOSPITAL ASSOCIATION Line 16b URL See Sch H, Part V, Section B, Line 16i,

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 16c FAP plain language summary website	- UMASS MEMORIAL MEDICAL CENTER, INC Line 16c URL See Sch H, Part V, Section B, Line 16i, - HEALTHALLIANCE HOSPITAL, INC Line 16c URL https //www umassmemorialhealthcare org/healthalliance-hospital, - MARLBOROUGH HOSPITAL Line 16c URL https //www umassmemorialhealthcare org/marlborough-hospital/financial-counseling, - CLINTON HOSPITAL ASSOCIATION Line 16c URL See Sch H, Part V, Secton B, Line 16i,

Form and Line Reference	Explanation
Schedule H, Part VI, Line 2 Needs assessment	In addition to conducting the Community Health Needs Assessment (CHNA), UMass Memorial Med ical Center assesses the health care needs of the community it serves by working closely w ith the Worcester Division of Public Health on an on-going basis Community Benefits staff hold leadership roles and/or participate in multiple coalitions and efforts focused on ad dressing priority areas identified in the CHNA and aligned with strategies of the Communit y Health Improvement Plan In 2016, the Vice President of Community Relations co-led the e stablishment of the Coalition for a Healthy Greater Worcester, a healthy communities coali tion that coordinates and provides accountability for CHIP Priority Area Working Groups an d includes a subcommittee for oversight of DoN funds distribution The hospital also works closely with the Worcester Free Clinics Coalition, the Worcester Public Schools and two c ommunity health centers (Family Health Center of Worcester and the Edward M Kennedy Commu nity Health Center) on an ongoing basis through its Ronald McDonald Care Mobile program an d Prevention and Wellness Trust Fund Pediatric Asthma intervention UMass Memorial Medical Center completed its CHNA by assembling a diverse group of community stakeholders that in clude, but are not limited to, members of health and human service organizations, philanth ropy, communities of color, neighborhood residents and the Worcester Division of Public He alth as part of the group that assisted and guided the assessment process The hospital's Community Benefit Implementation Strategy is aligned with the CHIP The other needs that a re not included in the CHNA/CHIP are not being addressed because they are not a part of th e nine identified priority CHIP Domain areas and due to limited funding The following str ategies were conducted to complete the assessment * Conducted key informant interviews an d focus groups with community-based organizations and residents * Conducted outreach effor ts to medically-underserved populations and convene meetings with neighborhood/community g roups * Reviewed primary and secondary data * Conducted online community survey * Organize d community forums to share findings and release of final report * Organized task forces f or further action to identify priority areas The following sources inform and enhance our efforts to identify priorities and unmet needs * U S Census 2010 * Healthy People 2020 * National Prevention Strategy * Massachusetts Department of Education Reports including lo cal enrollment and language data * Massachusetts Department of Employment and Training * H ospital utilization data * Massachusetts Department of Public Health/ MassCHIP * Data from various City of Worcester departments including, but not limited to, the local Division o f Public Health, Neighborhood Services and Police * Information collected from health car e providers, community groups/underserved populations and individuals who have expertise o n community health issues HealthAlliance Hospital In addition to conducting the Communit y Health Needs Assessment (CHNA), UMass Memorial - HealthAlliance Hospital assesses the he alth care needs of the community it serves by working with the Community Health Network fo r North Central Mass (CHNA9) The Community Benefits Team at UMass Memorial - HealthAllian ce Hospital hold leadership roles in and/or participate in several coalitions, committees and boards that focus on addressing the priority areas identified The Manager of Marketin g, Public Relations and Community Relations served as a team leader for the most recent Co mmunity Health Improvement Plan with the CHNA9 Members of the Community Benefits Team als o work closely with the Leominster and Fitchburg Public Schools, Community Health Center, the Spanish American Center and United Neighbors of Fitchburg The CHNA comprehensive proc ess consisted of collecting quantitative and qualitative data through focus groups with co mmunity members and interviews with community members and community leaders Participants were from community-based organizations, educational, civic, governmental, faith-based pro fessionals, health care providers, and others We make a strong effort to ensure racial/et hnic, socioeconomic and geographic diversity in the composition of all focus groups and in terviews The Community Health Needs Assessment was conducted with HealthAlliance Hospital and Heywood Healthcare (Heywood Hospital and Athol Hospital) Marlborough Hospital In ad dition to conducting the Community Health Needs Assessment (CHNA), Marlborough Hospital as sesses the health care needs of the community it serves by working closely with its Commun ity Benefits Advisory Committee (CBAC) The CBAC, is chaired by the president of the Boys and Girls Club of Metrowest who is also a hospital trustee Other CBAC members include rep resentatives from the Hudson and Marlborough Public Schools and the Boards of Health, agen cies that focus on addiction and recovery services

Form and Line Reference	Explanation
Schedule H, Part VI, Line 2 Needs assessment	, the Council on Aging, the Marlborough Community Development Corporation, Wellness Council members and residents of the community The CBAC helps to identify programs in support of the community priorities, provides feedback on an on-going basis and focuses on addressing priority areas identified in the CHNA and aligned with strategies of the Community Health Improvement Plan The CHNA is comprised of qualitative and quantitative data collected through a community engagement process In addition, the Community Benefits Advisory Council, comprised of members of different agencies and businesses in the area, helps to identify programs in support of the community priorities Clinton Hospital In addition to conducting the Community Health Needs Assessment (CHNA), UMass Memorial - Clinton Hospital assesses the health care needs of the community it serves by working closely with the Community Health Network Area of North Central Massachusetts (CHNA-9) on an on-going basis to develop, implement and integrate community projects to effectively utilize community resources to create healthier communities Community Benefits staff hold leadership roles and/or participate in multiple coalitions and efforts focused on addressing priority areas identifie d in the CHNA and that are aligned with strategies of the Community Health Improvement Plan (CHIP) In 2016, the Manager of Community Benefits co-led the Health Living priority area working group, one of the CHIP Priority Area Working Groups The hospital also works closely with the Minority Coalition-Health Health Disparities Collaborative Committee which is a core group of hospitals and health centers from the North County region examining their data, identify opportunities to address health disparities and work on the social determinants of health Clinton Hospital conducted the CHNA in collaboration with the Montachusett Public Health Network (MPHN), the Joint Coalition on Health of North Central Massachusetts (JCOH) and Community Health Network Area 9 (CHNA9) in 2014 The JCOH is a group of committed individuals and organizations working collaboratively as catalysts for change and as advocates for the underserved to improve the health and well-being of everyone in North Central Massachusetts The Montachusett Public Health Network (MPHN) is a collaborative committee of all the board of health's covering the Montachusett region (Athol, Gardner, Fitchburg, Leominster, Westminster, Princeton, Sterling, Royalston, Phillipston, Templeton and Clinton) the stated goal of the MPHN is "raising the health status of the residents of our communities to the highest levels anywhere in the country" The Community Health Network of North Central Massachusetts (CHNA 9) is one of 17 CHNAs across Massachusetts, created by the Department of Public Health in 1992 CHNA-9 mission brings together and supports diverse voices to promote health equity in our communities Clinton hospital took into account input from representatives of the community, including diverse members who were interviewed in the Community Health Assessment Focus groups Clinton Hospital utilized the information in the CHNA to collaborate with other community based organizations to adopt implementation strategies that address the unmet health needs of Clinton Hospital's catchment area

Form and Line Reference	Explanation
Schedule H, Part VI, Line 3 Patient education of eligibility for assistance	Financial Counselors, also referred to as Certified Application Counselors (CAC's) are state certified and located on all campus locations CAC's are available to assist underinsured and uninsured patients navigate the medical benefit application process A patient is considered uninsured or "self-pay" if they do not have insurance coverage at the time of service or for some reason the service is not covered by their health insurance A patient is considered underinsured if a patient has health insurance coverage but still has large balances that they are responsible to pay The objective is to ultimately obtain some form of medical coverage or charity care to help the patient pay their hospital and doctor's bills CAC's will take the steps necessary to help patients submit applications to obtain coverage, resolve eligibility issues, upgrade their coverage to coverage that provides more benefits, choose and enroll in a MassHealth or Connector Care Health insurance plan and change these plans when necessary

Form and Line Reference	Explanation
Schedule H, Part VI, Line 4 Community information	Geographical Reach The 2015 Community Health Assessment (CHNA) and subsequent Greater Wor cester Community Health Improvement Plan (CHIP) focuses on the City of Worcester and the o utlying communities of Shrewsbury, Millbury, West Boylston, Leicester, Grafton and Holden, a sub-section of its primary service area This specific geographic area is the focus for the City of Worcester Division of Public Health regionalization initiative, and overlaps with the service area of many other local organizations Focusing UMass Memorial's CHNA on this geographic area facilitates the alignment of the hospital's efforts with community a nd governmental partners, specifically the city health department, the area Federally Qual ified Health Centers, and community-based organizations This focus also facilitates colla boration with the CHIP Advisory Committee that implements key strategies of the CHIP so th at future initiatives can be developed in a more coordinated approach Regional Descriptio n The City of Worcester is very ethnically-diverse, considerably more so than the nation and state overall The number of Hispanics living in the city has grown by 35% over the pa st 10 years Refugees from Iraq currently account for the greatest percentage of new immig rants (51%) followed by refugees from Bhutan, Burma, Liberia and other African nations He alth Resources and Services Administration (HRSA) has designated the City of Worcester a h ealth professional shortage area (HPSA) in primary care, mental health and dental services due to its low income population The City of Worcester has several neighborhoods with a shortage of health providers and HRSA has determined that many census tracts in the city a re medically-underserved areas (MUAs) Economic Characteristics The U S Census data for 2010 indicated that the median household income for Worcester County was $29,316 For the City of Worcester, the region's largest urban area, it was considerably lower at $23,135 According to the census data, of the city's total 181,045 residents, 19 4% are living belo w the poverty level The number of children under the age of 18 living below the poverty l evel rose to 29 6% in 2010 from 25% in 2005-20091 These factors have resulted in a strong need for food assistance services For example, according to the Massachusetts Department of Education, 64% of students in the Worcester Public School system receive free school l unch ---------- 1 U S Census 2010 and 2010 Amer ican Community Survey 1-year estimates, U S Census 2 Massachusetts Executive Office of L abor Workforce and Development 3 Massachusetts Department of Education Demographics Worc ester is the largest site for refugee resettlement in Massachusetts, with more than 1,600 refugees resettled in the city in the past five years As a result, the City of Worcester' s foreign born population is significantly higher than Worcester County as a whole, accoun ting for the majority of this population in the region According to U S Census 2010 figu res, the Hispanic population and other non-Hispanic, non-White ethnic groups in the city h ave notably increased while the white, non-Hispanic population has decreased Reflecting t his diversity, ninety percent of all medical interpretations provided by UMMHC are conduct ed in Spanish, Portuguese, Vietnamese, Arabic, Albanian and American Sign Language The r emaining ten percent are conducted in other "non-primary" languages, the pool of which con sists of 81 different languages The senior population in the region also continues to gro w as baby boomers reach the age of 65 According to the U S Census, residents between the ages of 20-64 account for the majority of the population in Worcester County at 61% Heal thAlliance Hospital Our target populations focus on medically-underserved and vulnerable groups of all ages in North Central Massachusetts Our most vulnerable populations include children, ethnic and linguistic minorities and those living in poverty These populations often become isolated and disenfranchised due to negligence, misperceptions and even fear The Study Area configuration for the current assessment includes the 30 surrounding muni cipalities including nine (9) cities and towns Within the Health Status and Outcomes sect ion of the report, some data sets reflect a further distillation of data from the communit ies of Princeton/East Princeton, Lancaster/South Lancaster, Groton/West Groton, Townsend/ West Townsend, and Winchendon/Winchendon Springs, resulting in a presentation of data from 35 communities The hospital is actively involved in coalition building that focuses on i mproving the health of the community, including the Joint Coalition on Health The Coaliti on has brought positive change to the service area HealthAlliance Hospital is also active ly engaged with the CHNA 9, whose goal is continuous improvement of health status, with a focus on health equality and addressing and elimin

Form and Line Reference	Explanation
Schedule H, Part VI, Line 4 Community information	ating health disparities Marlborough Hospital The City of Marlborough, with a population of 39,818 (July 2015) grew 3 4% from 2010 Marlborough's population is predominately whit e (80%) followed by Hispanic or Latino (10%), other race is 7%, Asian 5%, black or African American 2% and 3% identify themselves as 2 or more races Hudson has a population of 14, 907 with 90% who identify themselves as white, 4% Hispanic or Latino, 2% other, 2% Asian, 1% black or African American and 2% indicate two or more races Quantitative data also ill ustrate that just over three-fourths of the Massachusetts population is white (76 9%) whic h was largely consistent with Marlborough (80%) Both at the state level and in Marlboroug h, the Hispanic population was the next largest racial/ethnic group Hudson's population f ollowed a similar pattern, the proportion of its population that identified as white was e ven larger (90%) followed by Hispanic and Latino English, Portuguese and Spanish are the predominant language for the communities the hospital serves Clinton Hospital Clinton Ho spital primarily serves the communities of Clinton, Berlin, Bolton, Lancaster and Sterling with populations of 13,606, 2,866, 4,897, 7,582 and 9,564 respectively The population of the total service area is 36,759 Clinton has a population of 13,606 The majority of Cli nton residents are White Non-Hispanic (84%), followed by Hispanic (11 6%) and Black Non-Hi spanic (1 80%) The Clinton Hospital Service Area is also primarily White Non-Hispanic (88 %), followed by Hispanic (6 4%), and Black Non-Hispanic (2 8%) Clinton Hospital's Communi ty Benefits Plan focuses on the needs of Clinton due to its large concentration of diverse , vulnerable populations

Form and Line Reference	Explanation
Schedule H, Part VI, Line 5 Promotion of community health	UMass Memorial has a designated Community Benefit department housed within Community Relations that is wholly dedicated to promoting the Community Benefit agenda with a special focus on Community Health Improvement Our Community Benefits staff works very closely with multiple community organizations forging partnerships The hospital has a strong and longstanding partnership with the Worcester Division of Public Health which has resulted in significant opportunities that have leveraged funding and implementation of preventive community-clinical linkages In addition, we work closely with the two Federally Qualified Community Health Centers and leverage internal resources within the system to increase program capacity whenever possible The Community Relations/Community Benefits department works closely with Pedi-Primary Care, Family and Community Medicine, Pedi-Pulmonology and Plumley Village Health Services We also provide medical and dental services to the underserved at 11 neighborhood sites and 20 schools through the UMass Memorial Care Mobile HealthAlliance Hospital HealthAlliance Hospital has a Community Benefit program that is responsible for promoting the Community Benefit agenda focusing on Community Health Improvement Our staff works very closely with multiple community organizations forging partnerships In addition, we leverage internal resources within the system to increase program capacity whenever possible We continue to support health education and screenings related to chronic diseases and prevalent health conditions in the community including mental/behavioral health, lung cancer/smoking cessation, chronic occlusive pulmonary disease (COPD), heart health, depression and nutrition/diabetes The primary driving force behind the UMass Memorial - HealthAlliance Hospital Community Benefits Implementation Plan (through 2015) is the priority needs identified in the Community Health Assessment of North Central MA (CHA-NCMA) and the Montachusett Public Health Network (MPHN) One unique aspect of the current assessment is the level of attention paid to minority health issues In addition, those responsible for gathering qualitative data made every effort to ensure racial/ethnic, socioeconomic, and geographic diversity in the composition of focus groups and with interview participants The result is a much more comprehensive picture of the health status, issues, concerns, and assets of North Central Massachusetts Another key feature of this community health assessment is the amount of collaboration that has gone into gathering and analyzing the data presented herein Marlborough Hospital Marlborough Hospital participates in area events and provides facilities for support groups In addition, whenever possible we leverage internal resources to build capacity in our programming and we have staff that supports Community Benefits activities Clinton Hospital Clinton Hospital's Community Benefits Programs mirror the five core principles outlined by the Public Health Institute in terms of the "emphasis on communities with disproportionate unmet health-related needs, emphasis on primary prevention, building a seamless continuum of care, building community capacity, and collaborative governance " Target populations for Clinton Hospital's Community Benefits initiatives are identified through a community input and planning process, collaborative efforts, and a CHNA which is conducted every three years

Form and Line Reference	Explanation
Schedule H, Part VI, Line 6 Affiliated health care system	Our clinical system is comprised of four hospitals which each site having a dedicated Community Benefits staff that works with their respective communities in conducting a CHNA, a CHIP and an Implementation Strategy HealthAlliance Hospital During fiscal year 2016, UMass Memorial - HealthAlliance Hospital worked with our community partners via the CHNA9 to create a North Central Community Health Improvement Plan (CHIP) The North Central CHIP is based on the 2012 and 2015 Community Health Assessments conducted for our region In the spring and summer of 2015, members of the Community Health Network for North Central Mass (CHNA 9) steering committee analyzed the results of the recent Community Health Assessments and identified four consistent areas of need which became the four Priority Areas To view the CHIP, click visit http //www chna9 com/uploads/3/4/2/5/34257345/11864_chna9_proof_r2 pdf Marlborough Hospital Our clinical system is comprised of four hospitals which each site having a dedicated Community Benefits staff that works with their respective communities in conducting a CHNA, a CHIP and an Implementation Strategy Clinton Hospital Our clinical system is comprised of four hospitals which each site having a dedicated Community Benefits staff that works with their respective communities in conducting a CHNA, a CHIP and an Implementation Strategy

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

Additional Data

Software ID: 15000238
Software Version: 2015v3.0
EIN: 91-2155626
Name: UMass Memorial Health Care Inc & Affiliates

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

Section A. Hospital Facilities

(list in order of size from largest to smallest—see instructions)
How many hospital facilities did the organization operate during the tax year?
4

	Name, address, primary website address, and state license number	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)	Facility reporting group
1	UMASS MEMORIAL MEDICAL CENTER INC 55 LAKE AVE 119 BELMONT STREET WORCESTER,MA 01605 www umassmemorialhealthcare org 2124, 2841	X	X	X	X		X	X			
2	HEALTHALLIANCE HOSPITAL INC 60 HOSPITAL ROAD LEOMINSTER,MA 01453 www umassmemorialhealthcare org/healthalliance-hospital 2127	X	X		X			X			
3	MARLBOROUGH HOSPITAL 157 UNION STREET MARLBOROUGH,MA 01752 www umassmemorialhealthcare org/marlborough-hospital 2103	X	X		X			X			
4	CLINTON HOSPITAL ASSOCIATION 201 HIGHLAND STREET CLINTON,MA 01510 www umassmemorialhealthcare org/clinton-hospital 2126	X	X		X			X			

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

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

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 3 Facility , 1	Facility , 1 - UMass Memorial Medical Center The most recent CHNA also includes an Impact Evaluation Summary (final Appendix) of previous CHNA

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

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

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Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 5 Facility , 1	Facility , 1 - UMass Memorial Medical Center Yes, input from diverse persons who represent the community was taken into account UMass Memorial Medical Center joined efforts with the Worcester Division of Public Health (WDPH), Fallon Health and Common Pathways, a healthy communities coalition that is comprised of 30+ health and human service organizations, in the development of its Community Health Needs Assessment (CHNA) The director of the WDPH, UMass Memorial Vice President of Community Relations, and Fallon Health co-chaired the leadership process to develop a CHNA and Community Health Improvement Plan (CHIP) for the Greater Worcester region During the assessment process, community members were engaged in key informant interviews, focus groups, and community dialogues conducted in several low income/underserved neighborhoods, including Worcester's Bell Hill/Plumley Village neighborhood, which has a large Hispanic, Black and new immigrant population, the Main South area, which is also very low income with significant minority/medically-underserved populations Dialogues were also held at Worcester's two community health centers and ethnic and minority-serving, community and faith-based organizations including, the Albanian Association, African Community Education, the Boys & Girls Club of Worcester, Iglesia Evangelica de Worcester, Grace Christian Centre Church the Green Hill Neighborhood Association and others The dialogues allowed for community members of underserved areas to review and discuss a profile of the region and provide their feedback on community health-related strengths, needs, and a vision for the future Ten community dialogue sessions were held five sessions in Worcester, and five in the outlying communities (Shrewsbury, Grafton, Millbury, West Boylston, Leicester, and Holden) More than a total of 1,777 individuals (including participants in an online community survey) representing diverse institutions and community organizations from across the region worked together to establish a roadmap for the future health of the region The process included a Steering Committee comprised of a diverse number of stakeholders that advised and informed the CHNA

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

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

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Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 6b Facility , 1	Facility , 1 - UMass Memorial Medical Center UMass Memorial conducted the CHNA in collaboration with the Worcester Division of Public Health and Fallon Health Additional partners included YWCA of Central MA South East Asian Coalition March of Dimes Worcester Public Schools Family Health Center of Worcester Edward M Kennedy Health Center UMass Medical School Worcester Police Department Worcester Senior Center Worcester Food & Active Living Policy Council WalkBike Worcester Regional Environmental Council of Worcester MA Department of Public Health United Way of Central MA Clark University Mosakowski Institute for Public Enterprise Worcester Regional Research Bureau

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

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

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Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 7 Facility , 1	Facility , 1 - UMass Memorial Medical Center The CHNA was publicly announced to the community at an event attended by more than 100 community stakeholders and hosted by the Worcester City Manager, Worcester Director of Public Health, Senior Vice President of UMass Memorial Health Care, President of the UMass Memorial Health Care Hospitals and the UMass Memorial Vice President of Community Relations The hospital and WDPH also engaged in various media venues including, print and online articles in local news and community newspapers, CHNA-8, a Healthy Communities Coalition and interviews televised on WCCATV13

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

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

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Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility , 1	Facility , 1 - UMass Memorial Medical Center The hospital conducted its most recent Community Health Needs Assessment in tax year 2014 and developed its implementation strategy The Board of Trustees approved the Community Health Needs Assessment on the last day of the tax year 2014 and implementation strategies were developed and approved in tax year 2015 The prioritization process was lead by the Worcester Division of Public Health, Fallon Health and the hospital Vice President of Community Benefits and included input from approximately 100 community stakeholders This process will result in the development of the 2016 Greater Worcester Community Health Improvement Plan (CHIP) The hospital's Community Benefit Implementation Strategy has alignment with the CHIP The other needs that are not included in the CHNA/CHIP are not being addressed because they are not a part of the identified priority CHIP Domain areas and due to limited funding

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

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

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Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 16 Facility , 1	Facility , 1 - UMass Memorial Medical Center Financial Assistance - UMassMemorial Medical Center employs a staff of Financial Counselors, Certified Application Counselors, Customer Service Representatives and Guarantor Collectors who are available by phone or by appointment to support patients in applying for financial assistance and resolving their medical bills Financial Counselors, Certified Application Counselors, Customer Service Representatives and Guarantor Collectors provide potentially eligible patients with the appropriate methods of applying for health care coverage as listed on the Massachusetts ConnectorCare website

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

Section C. Supplemental Information for Part V, Section B.
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Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 16 Facility , 2	Facility , 2 - UMASS MEMORIAL MEDICAL CENTER Sch H, Part V, Section B, Lines 16 a-c Website for FAP, its application, and its plain language summary https //www umassmemorialhealthcare org/umass-memorial-medical-center/patients-visitors/patient-resources/financial-assistance

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

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Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 18d Facility , 1	Facility , 1 - UMass Memorial Medical Center Medical Center Policy on Liens-No liens will be initiated against a patient's primary residence or motor vehicle without written approval from UMMMC's Board of Trustees All approvals by the Board of Trustees will be made on an individual case basis We also send statements and make phone calls

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

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

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Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 19d Facility , 1	Facility , 1 - UMass Memorial Medical Center UMMMC refers accounts to a credit agency when written off as bad debt for further collections These agencies continue collections without impact to the credit rating

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

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

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Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 22 Facility , 1	Facility , 1 - UMass Memorial Medical Center UMMC utilized the look back method to determine the percentage of the amount generally billed to patients as it applies to this Financial Assistance Policy A combination of the previous year charges and payments for commercial and Medicare insurance products are used to determine the Payment on Account Factor (PAF)

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

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

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Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 24 Facility , 1	Facility , 1 - UMass Memorial Medical Center UMMMC charges all patients the published charge When the patient has been determined for a discount, the discount is then applied to the total charge, and the amount owed by the guarantor is now reduced

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

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

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Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 3 Facility , 1	Facility , 1 - UMass Memorial - HealthAlliance Hospital The Community Health Assessment process consisted of a comprehensive gathering of quantitative (i e , health status indicators) and qualitative data, through focus groups with community members and through interviews with community members and community leaders Participants were drawn from among community-based, educational, civic, governmental, and faith-based professionals, health care providers, and others, and every effort was made to ensure racial/ethnic, socioeconomic, and geographic diversity in the composition of focus groups and interview participants HealthAlliance Hospital collaborated with the Joint Coalition on Health (JCOH) and Heywood Hospital to conduct a comprehensive Community Health Assessment that gathered, analyzed and documented qualitative and quantitative data

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

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

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 5 Facility , 1	Facility , 1 - UMass Memorial - HealthAlliance Hospital The Community Health Assessment process consisted of a comprehensive gathering of Quantitative (i e , health status indicators) and qualitative data, through focus groups with community members and through interviews with community members and community leaders Participants were drawn from among community-based, educational, civic, governmental, and faith-based professionals, health care providers, and others, and every effort was made to ensure racial/ethnic, socioeconomic, and geographic diversity in the composition of focus groups and interview participants HealthAlliance Hospital collaborated with the Joint Coalition on Health (JCOH) and Heywood Hospital to conduct a comprehensive Community Health Assessment (CHA) that gathered, analyzed and documented qualitative and quantitative data Qualitative data for the CHA was gathered through 16 Focus Groups with 228 participants including, public health professionals, social service professionals, clinicians and other medical providers, behavioral health providers, Latino adults and youth, Hmong individuals, Black/African American adults, Brazilian adult women, Veterans, LGBTQ youth, high school students, adults with major mental illness and homeless individuals 26 Key Informant interviews were conducted with individuals representing diverse, low-income and medically-underserved communities and populations of North Central Massachusetts

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

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

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Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 6a Facility , 1	Facility , 1 - UMass Memorial - HealthAlliance Hospital HealthAlliance Hospital conducted a Community Health Needs Assessment with Heywood Healthcare (Heywood Hospital and Athol Hospital)

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

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

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Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 6b Facility , 1	Facility , 1 - UMass Memorial - HealthAlliance Hospital The Community Health Needs Assessment was conducted with input from our community partners Community Health Connections, Heywood Healthcare, Athol Hospital, Heywood Hospital, The Joint Coalition on Health and the Montachusett Public Health Network

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

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

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Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 7 Facility , 1	Facility , 1 - UMass Memorial - HealthAlliance Hospital Community Health Assessment was made available through our website and presentations to various organizations and community forums throughout our service areas The Community Health Assessment is also available upon request You can find the link to our Community Health Needs Assessment here http //www umassmemorialhealthcare org/sites/umass-memorial-hospital/files/Documents/Members/5-21-15%20Final%20Community_Health_Assessment_of_North_Central_MA pdf

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

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

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Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility , 1	Facility , 1 - UMass Memorial - HealthAlliance Hospital The hospital responds to priority health needs in many ways, and in times that are critical for patients in crisis In addition to charity care, indigent care, a significant number of programs and services offered address some of the priority needs identified in the CHNA Our hospital does not have the available resources to develop initiatives to meet all identified health needs, which makes collaboration with community resources critical

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

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

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 16 Facility , 1	Facility , 1 - HealthAlliance Hospital HealthAlliance Hospital Patients who are scheduled to be admitted and have been identified as non insured and/or in need of financial assistance will have an appointment scheduled prior to admission to meet with a Financial Counselor Patients, who are admitted to the hospital through the Emergency Department, will be visited by the Financial Counselor once the patient is on the inpatient floor The meeting will be held with the patient and/or family as the patient's medical condition permits

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

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

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 20 Facility , 1	Facility , 1 - HealthAlliance Hospital 1 Patients with Self-Pay responsibilities, including emergency, elective, scheduled and urgent services will receive an initial bill delineating the services and amounts due for which they are responsible 2 For any Self-Pay responsibilities that remain unpaid after the initial bill, the patient will receive a series of monthly statements for 4 months or until the balance is resolved, the 4th statement indicated as a final notice 3 Provider Accounting Staff will make a telephone call to any patient with an outstanding Self-Pay balance of $1,000 or more during the normal Self-Pay billing and collection process 4 HAH will send a final notice by certified mail for balances over $1,000 where notices have not been returned as "incorrect address" or "undeliverable'' for emergency care patients 5 Additional notices and/or letters may be sent to debtor patients during the billing and collection process in an effort to resolve outstanding balances 6 Returned mail and/or undeliverable mail will be researched by the Provider Accounting staff to obtained valid addresses Databases and prior visit information will be utilized 7 All such efforts to collect balances, as well as any patient initiated inquiries, will be documented on the guarantor's account and available for review

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

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

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 22 Facility , 1	Facility , 1 - HealthAlliance Hospital HealthAlliance charges utilized a lookback method to determine the percentage of the amount generally billed to patients as it applies to this Financial Assistance Policy A combination of the previous year charges and payments for commercial and Medicare insurance products are used to determine the Payment on Account Factor (PAF)

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

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

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 5 Facility , 1	Facility , 1 - Marlborough Hospital The process included gathering community input, as well as analysis of general data collected from the hospital and publicly available data sources The process also incorporated a survey component that was available in English, Spanish and Portuguese, as well as key informant interviews and focus groups Numerous community partners who represent the underserved provided input Partners included Councils on Aging, public schools' nursing directors, Departments of Public Health, Employment Options (a mental health agency), city representatives and members of local faith communities

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

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 6a Facility , 1	Facility , 1 - Marlborough Hospital The CHNA was completed in conjunction with the MetroWest Medical Center

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

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

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 6b Facility , 1	Facility , 1 - Marlborough Hospital The CHNA was completed in conjunction with MetroWest Health Foundation, MetroWest Medical Center, Hudson Health Department, and Framingham Health Department

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

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

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility , 1	Facility , 1 - Marlborough Hospital The hospital responds to priority health needs in many ways, and in times that are critical for patients in crisis In addition to charity care, indigent care, a significant number of programs and services offered address the priority needs identified in the Community Health Needs Assessment (CHNA) Our hospital does not have the available resources to develop initiatives to meet every priority health need identified, which makes collaboration with community agencies critical The hospital is not currently addressing all chronic conditions due to limited resources

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

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

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 16 Facility , 1	Facility , 1 - Marlborough Hospital Financial Assistance - Marlborough Hospital employs Financial Counselors who are available by phone or by appointment to support patients in applying for financial assistance and for help resolving their medical bills Financial Counselors provide potentially eligible patients with the appropriate methods of applying for health care coverage as listed on the Massachusetts ConnectorCare website

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

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

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 18d Facility , 1	Facility , 1 - Marlborough Hospital Policy on Liens-No liens will be initiated against a patient's primary residence or motor vehicle without written approval from Marlborough's Board of Trustees All approvals by the board of Trustees will be made on an individual case bases We also send statements and make phone calls

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

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

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 19d Facility , 1	Facility , 1 - Marlborough Hospital Marlborough engages a third party agency to assist on all self pay accounts at origination They refer accounts to a credit agency when written off as bad debt for further collections These agencies continue collections without impact to the credit rating

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

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

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 22 Facility , 1	Facility , 1 - Marlborough Hospital Marlborough Hospital utilized the look back method to determine the percentage of the amount generally billed to patients as it applies to this Financial Assistance Policy A combination of the previous year charges and payments for commercial and Medicare insurance products are used to determine the Payment on Account Factor (PAF)

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

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

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 24 Facility , 1	Facility , 1 - Marlborough Hospital Marlborough charges all patients the published charge When the patient has been determined for a discount, the discount is then applied to the total charge, and the amount owed by the guarantor is now reduced

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

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

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 5 Facility , 1	Facility , 1 - Clinton Hospital Clinton hospital took into account input from the community health assessment, representatives of the community, including diverse members who were interviewed in the Community Health Assessment Focus groups for gathering qualitative data The hospital reached out to individuals who held membership at the WHEAT Social Services food pantry, and with members of low educational attainment at The Clinton Adult Learning Center, those that live in low-income housing development, and are of Latino/multiracial ethnicity in efforts to ensure racial/ethnic, socioeconomic and geographic diversity were in the composition of the health needs assessment The hospital specifically works on an ongoing basis with these organizations and the Community Health Network Area 9 (CHNA 9), a local coalition of public, non-profit, and private sectors working together to build healthier communities in the North Region of Massachusetts through community-based prevention planning and health promotion Other partners included, The board of health, key stakeholders in health improvement community area residents, coalitions, communities of faith, businesses, and providers of community-based health, education, human services, and local and state governments Clinton Hospital utilized the information to collaborate with other local community based organizations to adopt implementation strategies that address the unmet health needs of Clinton Hospital's catchment area

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

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

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 6a Facility , 1	Facility , 1 - Clinton Hospital Clinton Hospital collaborated with two other hospitals in conducting the Community Health Assessment of North Central Massachusetts in a joint effort between the Massachusetts Department of Public Health's Community Health Network Area of North Central Massachusetts (CHNA 9) and the Joint Coalition on Health (JCOH) assessment They include HealthAlliance, an affiliate of UMass Memorial Health Care and Heywood Hospital Together, these entities have capitalized on their complementary expertise and have produced a document that can be used by stakeholders from every sector of the community to better the health and welfare of residents of North Central Massachusetts

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

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

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 6b Facility , 1	Facility , 1 - Clinton Hospital Clinton Hospital conducted the CHNA with the following listed organizations Partners included The Community Health Network Area of North Central Mass (CHNA 9) The Joint Coalition on Health of North Central Massachusetts The Minority Coalition of North Central Massachusetts The qualitative work was completed with the combined efforts of the Minority Coalition of North Central Massachusetts, the Spanish American Center, Cleghorn Neighborhood Center, Heywood Hospital, HealthAlliance Hospital, WHEAT, Three Pyramids, Beautiful Gate Church, New Hope Community Church, Twin Cities CDC, Gardner CDC, Memorial Congregational Church, Montachusett Opportunity Council and many other agencies and individuals

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

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

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 7 Facility , 1	Facility , 1 - Clinton Hospital Clinton Hospital also presents the Community health assessment to community groups, community advisory committee, and to the hospital's Board of Trustees

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

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

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility , 1	Facility , 1 - Clinton Hospital The hospital responds to priority health needs in many ways, and in times that are critical for North Central MA community, and patients in crisis In addition to charity care, indigent care, several programs and services offered address the some of the priority needs identified in the CHNA Our hospital does not have the available resources to develop initiatives to meet every priority health need identified, which makes collaboration with community assets critical

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

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 16 Facility , 1	Facility , 1 - Clinton Hospital Financial Assistance - Clinton Hospital employs a staff of Financial Counselors, Certified Application Counselors, Customer Service Representatives and Guarantor Collectors who are available by phone or by appointment to support patients in applying for financial assistance and resolving their medical bills Financial Counselors, Certified Application Counselors, Customer Service Representatives and Guarantor Collectors provide potentially eligible patients with the appropriate methods of applying for health care coverage as listed on the Massachusetts ConnectorCare website

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

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

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 16 Facility , 2	Facility , 2 - CLINTON HOSPITAL Sch H, Part V, Section B, Lines 16 a-c Website for FAP, its application, and its plain language summary https //www umassmemorialhealthcare org/clinton-hospital/patients-visitors/patient-resources/financial-counseling

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

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

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 18d Facility , 1	Facility , 1 - Clinton Policy on Liens-No liens will be initiated against a patient's primary residence or motor vehicle without written approval from Clinton's Board of Trustees All approvals by the Board of Trustees will be made on an individual case basis We also send statements and make phone calls

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

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

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 19d Facility , 1	Facility , 1 - Clinton Hospital Clinton refers accounts to a credit agency when written off as bad debt for further collections These agencies continue collections without impact to the credit rating

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

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

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 22 Facility , 1	Facility , 1 - Clinton Hospital Clinton Hospital utilized the look back method to determine the percentage of the amount generally billed to patients as it applies to this Financial Assistance Policy A combination of the previous year charges and payments for commercial and Medicare insurance products are used to determine the Payment on Account Factor (PAF)

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

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

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 24 Facility , 1	Facility , 1 - Clinton Hospital Clinton charges all patients the published charge When the patient has been determined for a discount, the discount is then applied to the total charge, and the amount owed by the guarantor is now reduced

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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
UMass Memorial Health Care Inc & Affiliates

Employer identification number
91-2155626

Part I General Information on Grants and Assistance

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

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

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of 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 . . . . . ▶ 6

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶ 0

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
(1) COMUNITY SUPPORT	8	19,365	0	N/A	N/A

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

Return Reference	Explanation
Schedule I, Part II, Line 1(h) SCHEDULE I, PART II, LINE 1H	MEDICAL CENTER THE STANDARD SET FORTH IS A REASONABLE EXPECTATION THAT THE GRANTS WILL CONTRIBUTE MEANINGFULLY TO EACH OF THE HEALTH CENTER'S ABILITY TO MAINTAIN OR INCREASE THE AVAILABILITY, OR ENHANCE THE QUALITY, OF SERVICES PROVIDED TO A MEDICALLY UNDERSERVED POPULATION SERVICED BY THE HEALTH CENTERS EACH HEALTH CENTER HAS DOCUMENTED THE BASIS FOR SAID REASONABLE EXPECTATION THESE GRANTS REPRESENT HIGHLY COLLABORATIVE PROJECTS AMONG THREE DEPARTMENTS (ORTHOPEDICS, MEDICINE (PHEUMATOLOGY), AND CELL BIOLOGY) THAT FOCUS ON THE ROLE OF MICRORNAS IN THE PATHOGENESIS OF RHEUMATOID ARTHRITIS AND OSTEOARTHRITIS, AND ADDRESS THE POTENTIAL ROLE OF MICRORNAS AS BIOMARKERS OF DISEASE THE PRIMARY OBJECTIVE OF THE PRESENT STUDY IS TO EVALUATE THE SAFETY AND EFFICACY OF PHYSICIAN-MODIFICATION OF FDA-APPROVED OFF-THE-SHELF ENDOVASCULAR GRAFTS IN THE TREATMENT OF PATIENTS WITH COMPLEX ABDOMINAL OR THOROCOABDOMINAL ANEURYSMS OR ULCERS
Schedule I, Part III Schedule I, Part III Type of grant or assistance	Central New England HealthAlliance Community Support is related to the Doyle Community fund that offers annual grant opportunities for non-profits in the community who seek to improve health and wellness and/or who impact our youth at risk and families in need
Schedule I, Part I, Line 2 Procedures for monitoring use of grant funds	MEDICAL CENTER AT REASONABLE INTERVALS RE-EVALUATION OF THE GRANTS WILL OCCUR TO ENSURE THAT THE ARRANGEMENTS ARE EXPECTED TO CONTINUE TO SATISFY THE STANDARD SET FORTH THE HEALTH CENTERS WILL DOCUMENT THE RE-EVALUATION CONTEMPORANEOUSLY MEDICAL CENTER AS PART OF THE FUNDRAISING AGREEMENT, BI-ANNUAL UPDATES WILL BE PROVIDED TO THE SENIOR VICE PRESIDENT FOR OPERATIONS OF THE MEDICAL CENTER RESPONSIBLE FOR THE MUSCULOSKELETAL CENTER OF EXCELLENCE MEDICAL CENTER GRANT FUNDED ON A PER YEAR BASIS FOR THE DURATION OF THE STUDY WITH ANNUAL COST RECONCILIATIONS PERFORMED AND PROVIDED TO THE MEDICAL CENTER

Additional Data

Software ID: 15000238
Software Version: 2015v3.0
EIN: 91-2155626
Name: UMass Memorial Health Care Inc & Affiliates

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
EDWARD M KENNEDY COMMUNITY HEALTH CENTER INC 650 LINCOLN STREET WORCESTER,MA 01605	04-2513817	501(C)(3)	1,000,000	0	N/A	N/A	SUPPORT FOR HEALTH CENTER'S MISSION
FAMILY HEALTH CENTER OF WORCESTER INC 26 QUEEN STREET WORCESTER,MA 01610	04-2485308	501(C)(3)	1,000,000	0	N/A	N/A	SUPPORT FOR HEALTH CENTER'S MISSION
UNIVERSITY OF MA MEDICAL SCHOOL 55 LAKE AVE N WORCESTER,MA 01655	04-3167352	GOVERNMENT	273,555	0	N/A	N/A	$200,000 MUSCULOSKELETAL CENTER OF EXCELLENCE GRANT, $73,555 COMPLEX AORTIC ANEURYSM REPAIR STUDY

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 RIVERBEND OFFICE PARK 200 RESERVIOR STREET NEEDHAM,MA 02494	04-2296739	501 (c)(3)	5,000	0	N/A	N/A	ANNUAL AWARD GALA SPONSORSHIP CENTERPIECE
THE SCHWARTZ CENTER FOR COMPASSIONATE HEALTHCARE 100 CAMBRIDGE STREET SUITE 2100 BOSTON,MA 02114	04-1564655	501(c)(3)	5,000	0	N/A	N/A	20TH ANNUAL KENNETH B SCHWARTZ COMPASSIONATE HEALTHCARE DINNER
PHYSICIANS HEALTH SERVICES 860 WINTER STREET WALTHAM,MA 02451	22-3234975	501(c)(3)	10,000	0	N/A	N/A	SUPPORT OF PHYSICIAN HEALTH SERVICES

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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
UMass Memorial Health Care Inc & Affiliates

Employer identification number
91-2155626

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	☐ 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**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	**2**		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	☑ 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**		No
b	Any related organization?	**6b**		No
	If "Yes," on line 6a or 6b, describe in Part III			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any 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
Schedule J, Part II	THE ABOVE DIRECOTRS RECEIVE NO COMPENSATION FOR THEIR ROLE AS DIRECTORS ALL COMPENSATION RECEIVED RELATES TO THEIR POSITION AS A PHYSICIAN/ADMINISTRATOR
Schedule J, Part I, Line 4a Severance or change-of-control payment	The following individuals received or had deferred severance in the reporting period Included in Sch J Col Biii George, Patricia $ 25,000 Hylka, Sharon $ 256,577 Szymanski, Candra D $ 35,868 Thompson, Diane $ 245,761
Schedule J, Part I, Line 4b Supplemental nonqualified retirement plan	The following individuals participated in, or received payment from, a supplemental nonqualified retirement plan in the reporting period Officers, Directors, Trustees Bolland Eshghi, Katharine $35,381 Brown, Douglas S $51,623 Corbett, William, MD $32,471 Daly, Sheila $38,516 Dickson, Eric W , MD $57,487 Eisenstock, Jordan, MD $6,038 Eisenstock, Kimberly, MD $6,815 Ekstrom, Deborah $14,037 Fairchild, David, MD $36,007 Ferguson, R Kevin, MD $6,941 Finberg, Robert W , MD $640,000 Greenwood, John $16,360 Iitsuka, Carlos $- Lapriore, Cheryl M $79,214 Lasser, Daniel H , MD $24,866 Li, Shipen, MD $7,502 Melgar, Sergio $- Muldoon, Patrick $47,245 Okike, O Nsidinanya, MD $19,000 Philbin, Chris $6,189 Roach, Steven $- Rossi, Catherine $12,218 Shirshac, Jeanne $6,977 Sioufi, Habib A , MD $6,766 Streeter, Michele $29,533 Swenson, Dana E $- Tosi, Stephen E , MD $329,616 Weymouth, Deborah $- Subtotal Off, Dir, Trustees $1,510,802 Key Employees Cyr, James P $39,833 Day, Therese $21,081 Feldmann, Robert $- Fisher, Barbara $34,021 Hudlin, Margaret, MD $114,257 Jewell, Cathy $- Metzger, Bart $- Randolph, John T $- Shakman, Alice $30,620 Smith, Jeffrey A , MD $- Tarnowski, Timothy $- Thompson, Diane $92,217 Subtotal Key Employees $332,029 Top 5 Highest Paid Puri, Ajit S, MD $19,000 Subtotal Top 5 highest paid $19,000 Former Hylka, Sharon $24,850 Pappas, Arthur M , MD $800 Phillips, Robert A , MD $783,997 Subtotal Former $809,647 Total $2,671,478

Additional Data

Software ID: 15000238
Software Version: 2015v3.0
EIN: 91-2155626
Name: UMass Memorial Health Care Inc & Affiliates

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation (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
1 John Bronhard Treasurer, HealthAlliance Hospitals, Inc	(I)	255,323	46,254	502	7,641	6,997	316,717	0
	(II)	0	0	0	0	0	0	0
1 Douglas S Brown Secretary, UMM Health Care, Inc , Officer/Dir various	(I)	0	0	0	0	0	0	0
	(II)	541,141	145,260	51,623	230,248	24,551	992,823	51,623
2 Sheila Daly President until 1/16, Clinton Hospital Association, Director Community Hospitals Inc	(I)	213,597	47,714	38,516	38,666	20,564	359,057	38,516
	(II)	0	0	0	0	0	0	0
3 Eric W Dickson MD President & CEO/Director, UMM Health Care, Inc , Officer/Dir various	(I)	0	0	0	0	0	0	0
	(II)	929,390	446,327	59,404	345,769	53,241	1,834,131	57,487
4 David Fairchild MD President/Director until 5/15, UMM Accountable Care Organization, Inc	(I)	143,812	3,050	36,007	41,611	10,852	235,332	36,007
	(II)	0	0	0	0	0	0	0
5 John Greenwood President/Director, UMM Accountable Care Organization, Inc	(I)	241,822	46,451	16,360	71,711	24,617	400,961	16,360
	(II)	0	0	0	0	0	0	0
6 Cheryl M Lapriore President/Director, UMM Health Ventures, Inc	(I)	0	0	0	0	0	0	0
	(II)	254,023	58,020	79,214	95,921	23,357	510,536	79,214
7 Sergio Melgar Treasurer, UMM Health Care, Inc , Officer/Dir various	(I)	0	0	0	0	0	0	0
	(II)	650,172	175,500	0	79,034	39,149	943,854	0
8 Patrick Muldoon President, UMM Med Ctr, Inc ,	(I)	679,820	182,250	47,245	329,552	38,030	1,276,898	47,245
	(II)	0	0	0	0	0	0	0
9 Steven Roach President/Director, Marlborough Hospital	(I)	342,292	89,697	0	60,319	25,498	517,806	0
	(II)	0	0	0	0	0	0	0
10 Dana E Swenson President/Director, UMM Realty, Inc	(I)	0	0	0	0	0	0	0
	(II)	245,140	55,755	0	92,725	22,462	416,082	0
11 Stephen E Tosi MD President, UMM Med Group, Inc , Director various	(I)	639,056	172,158	329,616	78,643	30,199	1,249,672	329,616
	(II)	0	0	0	0	0	0	0
12 Deborah Weymouth President/Director, HealthAlliance Hospitals, Inc	(I)	387,501	86,063	0	66,454	15,645	555,662	0
	(II)	0	0	0	0	0	0	0
13 Douglas Ziedonis MD President/Director, UMBHS, Inc	(I)	242,528	8,730	0	13,151	30,448	294,857	0
	(II)	0	0	0	0	0	0	0
14 Howard Alfred MD Director, UMM Accountable Care Organization, Inc	(I)	239,396	5,970	0	4,992	20,677	271,036	0
	(II)	0	0	0	0	0	0	0
15 Peter Bagley MD Director, UMM Accountable Care Organization, Inc	(I)	242,330	129,835	0	94,107	29,479	495,751	0
	(II)	0	0	0	0	0	0	0
16 Alan P Brown MD Director, UMM Behavioral Health System, Inc	(I)	181,627	22,700	0	10,624	25,501	240,452	0
	(II)	0	0	0	0	0	0	0
17 Andrew Cocchiarella MD Director until 3/16, Marlborough Hospital	(I)	214,327	184,423	0	13,250	26,194	438,193	0
	(II)	0	0	0	0	0	0	0
18 William Corbett MD Director, Marlborough Hospital	(I)	382,276	101,283	32,471	182,485	22,465	720,980	32,471
	(II)	0	0	0	0	0	0	0
19 Jordan Eisenstock MD Director, UMM Accountable Care Organization, Inc	(I)	147,431	37,507	6,038	9,271	1,948	202,194	6,038
	(II)	0	0	0	0	0	0	0

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
21 Kimberly Eisenstock MD Director, Marlborough Hospital	(I)	227,462	30,805	6,815	13,250	25,181	303,513	6,815
	(II)	0	0	0	0	0	0	0
1 R Kevin Ferguson MD Director, UMM Med Group, Inc	(I)	242,994	1,818	6,941	12,568	25,448	289,769	6,941
	(II)	0	0	0	0	0	0	0
2 Robert W Finberg MD Director, UMM Health Care, Inc	(I)	262,809	28,470	640,000	107,867	29,448	1,068,594	640,000
	(II)	0	0	0	0	0	0	0
3 David Harlan MD Director, UMM Accountable Care Organization, Inc	(I)	150,770	10,000	0	8,414	26,115	195,300	0
	(II)	0	0	0	0	0	0	0
4 Carlos Iitsuka Director until 7/16, UMM Health Ventures, Inc	(I)	0	0	0	0	0	0	0
	(II)	298,073	83,850	0	37,197	29,470	448,589	0
5 Kathryn Kennedy MD Director, UMM Med Group, Inc	(I)	228,415	70,800	0	13,250	29,464	341,929	0
	(II)	0	0	0	0	0	0	0
6 Daniel H Lasser MD Director, UMM Med Group, Inc	(I)	216,871	27,543	24,866	61,058	27,880	358,219	24,866
	(II)	0	0	0	0	0	0	0
7 Shipen Li MD Director, HealthAlliance Hospitals, Inc	(I)	258,138	58,641	7,502	13,250	25,170	362,702	7,502
	(II)	0	0	0	0	0	0	0
8 Jeffrey N Metzmaker MD Director, UMM Med Group, Inc	(I)	311,559	119,500	0	13,250	26,871	471,179	0
	(II)	0	0	0	0	0	0	0
9 Dominic Nompleggi MD Director, UMM Med Group, Inc	(I)	227,976	156,377	0	13,250	29,479	427,081	0
	(II)	0	0	0	0	0	0	0
10 O Nsidinanya Okike MD Director, UMM Health Care, Inc	(I)	126,955	0	206,903	1,587	2,328	337,773	19,000
	(II)	0	0	0	0	0	0	0
11 Daniel O'Leary MD Director, Coordinated Primary Care, Inc	(I)	195,701	33,735	1,767	4,876	3,641	239,720	0
	(II)	0	0	0	0	0	0	0
12 Chris Philbin Director, Clinton Hospital Association	(I)	0	0	0	0	0	0	0
	(II)	197,596	36,720	6,189	28,801	25,965	295,272	6,189
13 Catherine Rossi Director, Clinton Hospital Association	(I)	0	0	0	0	0	0	0
	(II)	179,541	33,048	12,218	54,986	24,690	304,483	12,218
14 Deborah Ekstrom President until 1/16, Community HealthLink, Inc	(I)	201,175	46,021	15,068	72,039	29,286	363,589	14,037
	(II)	0	0	0	0	0	0	0
15 Katharine Bolland Eshghi Assistant Secretary, UMM Health Care, Inc	(I)	0	0	0	0	0	0	0
	(II)	334,982	75,735	35,381	74,940	24,357	545,396	35,381
16 Nicole Gagne President, Community HealthLink, Inc	(I)	109,970	0	28,961	17,931	33,398	190,260	0
	(II)	0	0	0	0	0	0	0
17 John Glassburn Secretary, UMM Community Hospitals, Inc	(I)	0	0	0	0	0	0	0
	(II)	174,318	9,551	0	4,854	22,462	211,185	0
18 Steven McCue Treasurer, Marlborough Hospital	(I)	181,035	22,495	0	13,744	22,489	239,763	0
	(II)	0	0	0	0	0	0	0
19 William O'Brien Secretary, UMBHS, Inc	(I)	0	0	0	0	0	0	0
	(II)	121,856	7,015	0	31,003	25,965	185,841	0

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
41 Jeffrey Olson Treasurer, Clinton Hospital Assoc	(I)	144,343	20,992	0	18,317	25,511	209,163	0
	(II)	0	0	0	0	0	0	0
1 Jeanne Shirshac Treasurer, UMM Accountable Care Organization, Inc	(I)	0	0	0	0	0	0	0
	(II)	199,214	36,755	6,977	26,980	24,545	294,471	6,977
2 Francis W Smith Secretary, UMM Medical Group, Inc	(I)	0	0	0	0	0	0	0
	(II)	196,526	14,584	0	18,175	26,476	255,762	0
3 Michele Streeter Treasurer, UMM Med Group, Inc	(I)	405,034	109,058	29,533	175,084	25,072	743,782	29,533
	(II)	0	0	0	0	0	0	0
4 James P Cyr Sr VP, Operations (UMMMC)	(I)	251,134	57,500	39,833	144,362	23,357	516,186	39,833
	(II)	0	0	0	0	0	0	0
5 Therese Day VP, Finance / CFO of Med Center	(I)	284,949	64,837	21,081	114,112	23,357	508,336	21,081
	(II)	0	0	0	0	0	0	0
6 Robert Feldmann VP, Corporate Controller	(I)	0	0	0	0	0	0	0
	(II)	265,340	89,936	0	83,498	25,664	464,438	0
7 Barbara Fisher Sr VP, Operations (UMMMC)	(I)	259,412	59,592	34,021	145,401	24,962	523,387	34,021
	(II)	0	0	0	0	0	0	0
8 Patricia George VP & Deputy CIO, until 11/15	(I)	0	0	0	0	0	0	0
	(II)	301,124	60,469	25,000	35,957	15,390	437,939	25,000
9 Margaret Hudlin MD CMO/VP Perioperative Svcs, until 9/1/16	(I)	352,077	80,325	114,257	35,700	25,964	608,323	114,257
	(II)	0	0	0	0	0	0	0
10 Cathy Jewell Sr VP, Chief Nursing Officer	(I)	271,469	16,200	64,923	110,865	26,723	490,179	0
	(II)	0	0	0	0	0	0	0
11 Bart Metzger Sr VP, Chief HR Officer	(I)	0	0	0	0	0	0	0
	(II)	275,796	73,918	9,600	32,921	18,590	410,826	0
12 John T Randolph VP, Chief Corporate Compliance	(I)	0	0	0	0	0	0	0
	(II)	222,205	51,190	0	100,688	25,357	399,440	0
13 Alice Shakman Sr VP, Operations (UMMMC)	(I)	263,479	58,826	30,620	113,035	12,157	478,117	30,620
	(II)	0	0	0	0	0	0	0
14 Jeffrey A Smith MD Executive VP, COO	(I)	255,953	129,250	0	26,095	13,295	424,593	0
	(II)	0	0	0	0	0	0	0
15 Timothy Tarnowski Sr VP, Chief Info Officer	(I)	0	0	0	0	0	0	0
	(II)	447,018	101,250	10,449	54,780	37,335	650,832	0
16 Diane Thompson Sr VP, Chief Nursing Officer until 4/9/15	(I)	99,292	45,487	404,752	17,153	7,803	574,487	385,039
	(II)	0	0	0	0	0	0	0
17 David C Ayers MD Physician, Chair of Orthopedics and Physical Rehab - Med Group	(I)	636,255	27,750	0	13,250	28,897	706,152	0
	(II)	0	0	0	0	0	0	0
18 Adel Bozorgzadeh MD Physician, Chief of Organ Transplantation - Med Group	(I)	478,476	259,361	0	13,250	29,479	780,565	0
	(II)	0	0	0	0	0	0	0
19 Demetrius Litwin MD Physician, Chair of Surgery Dept - Med Group	(I)	586,928	154,924	0	13,250	32,135	787,238	0
	(II)	0	0	0	0	0	0	0

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
61 Ajit S Puri MD Physician, Division Chief of Neuroimaging and Intervention - Med Group	(I)	472,848	198,733	19,000	13,250	25,006	728,836	19,000
	(II)	0	0	0	0	0	0	0
1 Jennifer Walker MD Physician, Division Chief of Cardiac Surgery - Med Group	(I)	510,639	125,000	0	13,250	28,128	677,018	0
	(II)	0	0	0	0	0	0	0
2 Sharon Hylka Former Sr VP, Hospital Admin until 1/14	(I)	0	0	298,006	0	109	298,116	281,427
	(II)	0	0	0	0	0	0	0
3 Robert A Phillips MD Former Med Dir, Heart & Vascular COE, until 6/7/13	(I)	0	0	783,997	0	109	784,106	783,997
	(II)	0	0	0	0	0	0	0
4 Arthur M Pappas MD Former Director UMM Community Hospitals, Inc until 3/27/13	(I)	12,981	0	800	2,019	109	15,910	800
	(II)	0	0	0	0	0	0	0
5 Michael J Cofone Former Officer/Director until 6/14, HealthAlliance Hospitals, Inc	(I)	92,441	0	895	2,861	9,657	105,853	0
	(II)	0	0	0	0	0	0	0
6 Candra D Szymanski Former Interim President/Director until 12/13, Marlborough Hospital	(I)	0	0	35,868	1,348	260	37,476	35,868
	(II)	0	0	0	0	0	0	0

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Schedule K (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

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

▶ Attach to Form 990.

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization

UMass Memorial Health Care Inc & Affiliates

Employer identification number

91-2155626

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	MDFA-UMASS MEMORIAL VARIABLE RATE DEMAND REVENUE BONDS SERIES E REISSUED	04-3431814	000000000	04-01-2015	27,290,000	PROCEEDS OF THE BONDS USED TO REISSUE THE OUTSTANDING SERIES E BONDS		X		X		X
B	MDFA-UMASS MEMORIAL VARIABLE RATE DEMAND REVENUE BONDS SERIES F REISSUED	04-3431814	000000000	05-21-2015	27,290,000	PROCEEDS OF THE BONDS USED TO REISSUE THE OUTSTANDING SERIES F BONDS		X		X		X
C	MDFA-MARLBOROUGH HOSPITAL VARIABLE RATE SERIES A	04-3431814	000000000	11-24-2009	9,420,000	PAY OFF HEFA POOL O LOAN, ER RENOVATIONS, EICU EQUIPMENT, CT SCAN LEASE, MAMMOGRAPHY UNIT		X		X		X
D	MHEFA-UMASS MEMORIAL SERIES G	04-2456011	SEEPARTVI	05-27-2010	61,833,656	REFUNDING OF CNEHA SERIES A BOND (1993) AND MEDICAL CENTER OF CENTRAL MA, SERIES B (1992)		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	1,565,000	1,565,000	1,447,000	27,675,000
2	Amount of bonds legally defeased	0	0	0	0
3	Total proceeds of issue	27,290,000	27,290,000	9,420,000	61,833,836
4	Gross proceeds in reserve funds	0	0	0	0
5	Capitalized interest from proceeds	520,873	430,658	1,462,535	14,331,579
6	Proceeds in refunding escrows	27,290,000	27,290,000	0	60,734,797
7	Issuance costs from proceeds	0	0	93,458	1,099,039
8	Credit enhancement from proceeds	0	0	0	0
9	Working capital expenditures from proceeds	0	0	0	0
10	Capital expenditures from proceeds	0	0	9,326,542	0
11	Other spent proceeds	0	0	0	0
12	Other unspent proceeds	0	0	0	0
13	Year of substantial completion	2015	2015	2009	2010

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?	X		X		X			X
15	Were the bonds issued as part of an advance refunding issue?		X		X		X		X
16	Has the final allocation of proceeds been made?	X		X		X		X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

Part III Private Business Use

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

Part III Private Business Use *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?		X		X		X		X
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c	Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		X
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶		0 %		0 %		0 %		0 %
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶		0 %		0 %		0 %		0 %
6	Total of lines 4 and 5		0 %		0 %		0 %		0 %
7	Does the bond issue meet the private security or payment test?		X		X		X		X
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		X
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?	X		X		X		X	

Part IV Arbitrage

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

Part IV Arbitrage *(Continued)*

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

Part V Procedures To Undertake Corrective Action

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

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

Return Reference	Explanation
Schedule K, Part I, Column (c) Series G CUSIP List	57586EUS8, 57586EUT6, 57586EUU3, 57586EUV1, 57586EUW9, 57586EUX7, 57586EUY5, 57586EUZ2, 57586EVA6, 57586EVB4, 57586EVC2, 57586EVD0, 57586EVE8, 57586EVF5, 57586EVG3, 57586EVH1, 57586EVJ7

Return Reference	Explanation
Schedule K, Part I, Column (c) Series H CUSIP List	57583UGP7, 57583UGQ5, 57583UGR3, 57583UGS1, 57583UGT9, 57583UGU6, 57583UGV4, 57583UGW2, 57583UGX0, 57583UGY8, 57583UGZ5, 57583UHA9, 57583UHB7, 57583UHC5

Return Reference	Explanation
Schedule K, Part I, Column (c) Series I CUSIP List	57584XJK8, 57584XJL6, 57584XJM4, 57584XJN2, 57584XJP7, 57584XJQ5, 57584XJR3, 57584XJS1, 57584XJT9, 57584XJU6, 57584XJV4, 57584XJW2, 57584XJX0, 57584XJY8, 57584XJZ5, 57584XKA8, 57584XKB6, 57584XKC4

Return Reference	Explanation
Schedule K, Part V Different Procedures to Undertake Corrective Action	Issuer name MDFA-UMASS MEMORIAL VARIABLE RATE DEMAND REVENUE BONDS, SERIES E REISSUED n/a

Return Reference	Explanation
Schedule K, Part V Different Procedures to Undertake Corrective Action	Issuer name MDFA-UMASS MEMORIAL VARIABLE RATE DEMAND REVENUE BONDS, SERIES F REISSUED n/a

Return Reference	Explanation
Schedule K, Part V Different Procedures to Undertake Corrective Action	Issuer name MDFA-MARLBOROUGH HOSPITAL VARIABLE RATE, SERIES A N/A

Return Reference	Explanation
Schedule K, Part V Different Procedures to Undertake Corrective Action	Issuer name MHEFA-UMASS MEMORIAL, SERIES G COLUMN E ISSUE PRICE OF $61,833,656, ADD INTEREST EARNED ON PROCEEDS OF $180, EQUALS LINE 3 OF $61,833,836

Return Reference	Explanation
Schedule K, Part IV, Line 2c COLUMN D	Issuer name MHEFA-UMASS MEMORIAL, SERIES G The calculation for computing no rebate due was performed on 10/14/2014

Return Reference	Explanation
Schedule K, Part V Different Procedures to Undertake Corrective Action	Issuer name MDFA-UMASS MEMORIAL MASTER LEASE COLUMN E ISSUE PRICE OF $20,000,000, ADD INTEREST EARNED ON PROCEEDS OF $5,301, EQUALS LINE 3 OF $20,005,301

Return Reference	Explanation
Schedule K, Part V Different Procedures to Undertake Corrective Action	Issuer name MDFA-UMASS MEMORIAL, SERIES H N/A

Return Reference	Explanation
Schedule K, Part V Different Procedures to Undertake Corrective Action	Issuer name MDFA-UMASS MEMORIAL MASTER LEASE COLUMN E ISSUE PRICE OF $20,000,000, ADD INTEREST EARNED ON PROCEEDS OF $13,504, EQUALS LINE 3 OF $20,013,504

Return Reference	Explanation
Schedule K, Part V Different Procedures to Undertake Corrective Action	Issuer name MDFA-UMASS MEMORIAL MASTER LEASE COLUMN E ISSUE PRICE OF $20,000,000, ADD INTEREST EARNED ON PROCEEDS OF $723, EQUALS LINE 3 OF $20,000,723

Return Reference	Explanation
Schedule K, Part V Different Procedures to Undertake Corrective Action	Issuer name MDFA - UMASS MEMORIAL, SERIES I COLUMN E ISSUE PRICE OF $194,086,349, ADD INTEREST EARNED ON PROCEEDS OF $353,669, EQUALS LINE 3 OF $194,440,018

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Schedule K (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

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

▶ Attach to Form 990.

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization

UMass Memorial Health Care Inc & Affiliates

Employer identification number

91-2155626

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	MDFA-UMASS MEMORIAL MASTER LEASE	04-3431814	000000000	12-09-2010	20,000,000	CAPITAL EQUIPMENT		X		X		X
B	MDFA-UMASS MEMORIAL SERIES H	04-3431814	SEEPARTVI	08-10-2011	92,293,778	PART REFUND OF MED C VAR RATE SER A (98), REFUND IN FULL OF CNEHA SER B (98) &UMASS MEM SER C (01)		X		X		X
C	MDFA-UMASS MEMORIAL MASTER LEASE	04-3431814	000000000	12-28-2011	20,000,000	CAPITAL EQUIPMENT		X		X		X
D	MDFA-UMASS MEMORIAL MASTER LEASE	04-3431814	000000000	08-14-2013	20,000,000	CAPITAL EQUIPMENT		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	19,127,057	23,135,000	15,674,868	10,105,456
2	Amount of bonds legally defeased	0	0	0	0
3	Total proceeds of issue	20,005,301	92,293,778	20,013,504	20,000,723
4	Gross proceeds in reserve funds	0	0	0	0
5	Capitalized interest from proceeds	1,005,761	20,779,186	957,147	535,906
6	Proceeds in refunding escrows	0	91,058,463	0	0
7	Issuance costs from proceeds	33,031	1,235,315	29,000	36,810
8	Credit enhancement from proceeds	0	0	0	0
9	Working capital expenditures from proceeds	5,301	0	13,504	723
10	Capital expenditures from proceeds	19,966,969	0	19,971,000	19,963,190
11	Other spent proceeds	0	0	0	0
12	Other unspent proceeds	0	0	0	0
13	Year of substantial completion	2011	2011	2013	2013

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?		X	X			X		X
15	Were the bonds issued as part of an advance refunding issue?		X		X		X		X
16	Has the final allocation of proceeds been made?	X		X		X		X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

Part III Private Business Use

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

Part III Private Business Use *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?		X		X		X		X
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c	Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		X
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶		0 %		0 %		0 %		0 %
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶		0 %		0 %		0 %		0 %
6	Total of lines 4 and 5		0 %		0 %		0 %		0 %
7	Does the bond issue meet the private security or payment test?		X		X		X		X
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		X
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?	X		X		X		X	

Part IV Arbitrage

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

Part IV Arbitrage *(Continued)*

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

Part V Procedures To Undertake Corrective Action

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

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

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
▶ Attach to Form 990.
▶ Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
UMass Memorial Health Care Inc & Affiliates

Employer identification number
91-2155626

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	MDFA - UMASS MEMORIAL SERIES I	04-3431814	SEEPARTVI	02-02-2016	194,086,349	REFUNDING IN FULL UMASS MEM SER A REV BONDS (98) AND UMASS MEM SERIES D (05), VARIOUS CONST & EQUIP		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	0			
2	Amount of bonds legally defeased	0			
3	Total proceeds of issue	194,440,018			
4	Gross proceeds in reserve funds	0			
5	Capitalized interest from proceeds	3,451,523			
6	Proceeds in refunding escrows	130,357,177			
7	Issuance costs from proceeds	2,529,172			
8	Credit enhancement from proceeds	0			
9	Working capital expenditures from proceeds	0			
10	Capital expenditures from proceeds	15,495,277			
11	Other spent proceeds	0			
12	Other unspent proceeds	45,863,432			
13	Year of substantial completion				

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?	X							
15	Were the bonds issued as part of an advance refunding issue?		X						
16	Has the final allocation of proceeds been made?		X						
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X							

Part III Private Business Use

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

Part III Private Business Use *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?		X						
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c	Are there any research agreements that may result in private business use of bond-financed property?		X						
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶		0 %						
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶		0 %						
6	Total of lines 4 and 5		0 %						
7	Does the bond issue meet the private security or payment test?		X						
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X						
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?	X							

Part IV Arbitrage

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

Part IV Arbitrage *(Continued)*

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

Part V Procedures To Undertake Corrective Action

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

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

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ.
▶ Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
UMass Memorial Health Care Inc & Affiliates

Employer identification number
91-2155626

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only)

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1 (a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected? Yes	No

2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958 . . . . . ▶ $

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ $

Part II Loans to and/or From Interested Persons.

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

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization? To	From	(e) Original principal amount	(f) Balance due	(g) In default? Yes	No	(h) Approved by board or committee? Yes	No	(i) Written agreement? Yes	No
(1) FLOYD CONNELLY	FORMER EXECUTIVE DIRECTOR OF CMMIC, INC	CSV OF LIFE INSURANCE		X	455,570	335,392		No	Yes		Yes	
(2) THOMAS CUMMINGS	FORMER CEO OF MARLBOROUGH HOSPITAL	CSV OF LIFE INSURANCE		X	302,877	249,690		No	Yes		Yes	
(3) WILLIAM J WILLIAMS	FORMER OFFICER OF HEALTHALLIANCE HOSPITALS, INC	CSV OF LIFE INSURANCE		X	1,981,627	4,353,944		No	Yes		Yes	
Total		▶ $				4,939,026						

Part III Grants or Assistance Benefiting Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

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

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

Part V Supplemental Information

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

Return Reference	Explanation
Schedule L, Part IV Business Transactions Involving Interested Persons	Several of our community hospitals maintain local bank accounts in their respective communities Each also has trustees from these banks on their boards These banking relationships have been assessed, meet fair market value requirements, and are valued well below the disclosure thresholds
Schedule L, Part II Loans from Interested Persons	Amounts due from former officers pertain to split dollar life insurance policies of the respective individuals These policies were originated at various times during the insured's employment with UMass Memorial Health Care, Inc The corresponding policy premiums were funded by the employer as an employee benefit In accordance with IRS Notice 2002-8, Treasury Regulation 1 61-22 and Treasury Regulation 1 7872-15, these payments require classification as loans due from the insured These loan balances are reflected at the lower of the discounted cash surrender value or discounted cumulative premiums paid

Additional Data

Software ID: 15000238
Software Version: 2015v3.0
EIN: 91-2155626
Name: UMass Memorial Health Care Inc & Affiliates

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) Robert A Babineau Jr MD PC	Entity more than 35% owned by Robert A Babineau Jr , M D , Board Director (until 2/16)	52,392	3rd Party Payer Contract Payment		No
(1) 80 Erdman Way LLC	Entity more than 35% owned by John R Clementi, Board Director	100,949	Rental of Property - Expense		No
(2) Princeton Biomedical Inc	Entity more than 35% owned by Eric W Dickson, M D , Officer / Board Director	569,610	Physician Services provided by Princeton Biomedical, Inc , which is contracted through Wachusett Emergency Physicians, PC		No

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(4) Marlboro Internal Medicine PC	Entity more than 35% owned by Lalita Matta, M D , Board Director	40,304	3rd Party Payer Contract Payment		No
(1) Leominster Medical Associates LP	Entity more than 35% owned by Daniel J O'Leary, M D , Board Director	72,073	3rd Party Payer Contract Payment		No
(2) R Leslie Shelton MD PC	Entity more than 35% owned by Robert Leslie Shelton, M D , Board Director	12,670	3rd Party Payer Contract Payment		No

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(7) Ellen Carlucci	Family Member of Daniel Carlucci, M D , Board Director	137,387	Employment Arrangement w/ Marlborough Hospital		No
(1) Joanne D'Onfro	Family Member of Paul D'Onfro, Board Director	68,047	Employment Arrangement w/ HealthAlliance Hospitals, Inc		No
(2) Jordan Eisenstock MD	Family Member of Kimberly Eisenstock, M D , Board Director	102,992	Employment Arrangement w/ UMM Medical Group, Inc		No

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(10) Kimberly Eisenstock MD	Family Member of Jordan Eisenstock, M D , Board Director	306,487	Employment Arrangement w/ UMM Medical Group, Inc		No
(1) Elaine Granville RN	Family Member of Cheryl Lapriore, Officer / Board Director	153,333	Employment Arrangement w/ UMM Medical Center, Inc		No
(2) Eileen Henrickson RN	Family Member of Deborah Ekstrom, Officer (until 1/16)	181,768	Employment Arrangement w/ UMM Medical Center, Inc		No

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(13) Kathleen Hylka	Family Member of Sharon Hylka, Former Key Employee (until 1/14)	171,638	Employment Arrangement w/ UMM Medical Center, Inc		No
(1) Kathryn C May	Family Member of Deborah Ekstrom, Officer (until 1/16)	66,868	Employment Arrangement w/ UMM Medical Center, Inc		No
(2) Joshua P Szymanski	Family Member of Candra Szymanski, Former Board Director (until 12/13)	43,724	Employment Arrangement w/ Marlborough Hospital		No

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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
UMass Memorial Health Care Inc & Affiliates	91-2155626

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 4d Description of other program services	(Expenses $ 76,701,756 including grants of $ 19,365)(Revenue $ 92,837,675) OTHER UMASS MEMORIAL ENTITIES - UMASS MEMORIAL HAS A NUMBER OF SUBSIDIARY ENTITIES THAT FUNCTION PRIMARILY TO DELIVER HEALTH CARE TO PATIENTS OR TO SUPPORT THE DELIVERY OF HEALTH CARE TO PATIENTS OF UMASS MEMORIAL THEY ACCOMPLISH THIS THROUGH THE DELIVERY OF HEALTH CARE SERVICES WITHOUT REGARD TO THE PATIENT'S ABILITY TO PAY THEY ALSO ACCOMPLISH THIS BY PROVIDING SUPPORT, OR PATIENT ADVOCACY SERVICES TO THE PATIENTS OF UMASS MEMORIAL, CENTRAL NEW ENGLAND, AND OTHER GEOGRAPHIES

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 2 Family/business relationships amongst interested persons	MARLBOROUGH HOSPITAL CARLUCCI, DANIEL, BOARD MEMBER ELLEN CARLUCCI - Family relationship, MARLBOROUGH HOSPITAL EISENSTOCK, KIMBERLY (BOARD MEMBER) AND EISENSTOCK, JORDAN (BOARD MEMBER) - Family relationship, ACO EISENSTOCK, JORDAN (BOARD MEMBER) AND EISENSTOCK, KIMBERLY - Family relationship

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 7a Members or stockholders electing members of governing body	THE MAJORITY OF ENTITIES IN THE CONSOLIDATED GROUP HAVE A SOLE MEMBER (UMMHC - Parent) THAT ELECTS THE BOARD OF TRUSTEES. THERE ARE NO CLASSES OF TRUSTEES. THE MAJORITY OF THE ENTITIES RESERVE TO THE MEMBER THE POWER TO REMOVE TRUSTEES, TO FILL VACANCIES, AND TO INCREASE OR DECREASE THE SIZE OF THE BOARD

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 7b Decisions requiring approval by members or stockholders	THE MAJORITY OF THE ENTITIES IN THE CONSOLIDATED GROUP HAVE A SOLE MEMBER (UMMHC - Parent) WITH THE RIGHT TO APPROVE OR RATIFY DECISIONS OF THE ENTITY, WHICH IS EXERCISED BY THAT M EMBER'S BOARD OF TRUSTEES THERE ARE NO CLASSES OF TRUSTEES OR MEMBERS THUS, THE VOTING R IGHTS OF A MEMBER BOARD ARE ABSOLUTE GENERALLY, THE SOLE MEMBER OF EACH ENTITY RESERVES T HE POWER TO APPROVE MAJOR TRANSACTIONS, TO MERGE, CONSOLIDATE OR LIQUIDATE THE CORPORATION 'S ASSETS, TO ADOPT ANNUAL OPERATING AND CAPITAL BUDGETS AND AMENDMENTS, TO ENTER INTO LOA N AGREEMENTS AND/OR GUARANTEES, TO APPOINT AND/OR ELECT THE PRESIDENT AND/OR CEO, TO ELECT AND/OR APPOINT AND REMOVE TRUSTEES, FILL VACANCIES, TO INCREASE OR DECREASE THE SIZE OF T HE BOARD, AND TO APPROVE UNBUDGETED EXPENDITURES

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 11b Review of form 990 by governing body	SECTIONS OF THE CORE FORM 990 RELATED TO EXECUTIVE COMPENSATION AND SCHEDULE J ARE REVIEWED IN DETAIL WITH THE ORGANIZATION'S COMPENSATION COMMITTEE OF THE BOARD THE COMPLIANCE COMMITTEE OF THE BOARD REVIEWS ALL CONTENT ASSOCIATED WITH SCHEDULE L THE AUDIT COMMITTEE OF THE BOARD REVIEWS THE FORM 990, INCLUDING THE ABOVE SCHEDULES AND RECOMMENDS THE FORM 990 TO THE FULL BOARD FOR APPROVAL THE FULL BOARD IS GIVEN ACCESS TO THE FORM 990

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 12c Conflict of interest policy	THE CONFLICT OF INTEREST POLICY REQUIRES BOARD MEMBERS AND MANAGEMENT TO COMPLETE ANNUAL D ISCLOSURE STATEMENTS AND, TO UPDATE THESE DISCLOSURE STATEMENTS FOR SIGNIFICANT CHANGES IN THEIR OUTSIDE GOVERNANCE AND PROFESSIONAL ACTIVITIES OR, FINANCIAL RELATIONSHIPS AS APPRO PRIATE ADDITIONALLY, ALL TRANSACTIONS INVOLVING BOARD MEMBERS OR MANAGEMENT AND THE ORGAN IZATION ARE REQUIRED TO BE APPROVED BY THE COMPLIANCE COMMITTEE OF THE BOARD The follow in g groups of individuals are covered by this policy a All Trustees/Directors all UMM ent ities b UMMHC/UMMMC/UMMMG Dept Heads and above, selected others c Physicians all emplo yed physicians, members of any board committee, members of Medical Staff Executive Committ ees, others as determined appropriate THERE IS ACTIVE MONITORING by the UMMHC Dept of Com pliance AND COMMUNICATION TO ENSURE INDIVIDUALS WITH OUTSIDE RELATIONSHIPS DO NOT INAPPROP RIATELY PARTICIPATE IN BUSINESS DECISIONS OF THE ORGANIZATION, PURCHASING OR RESEARCH DECI SIONS Any conflicts identified are reported to the appropriate officer and/or governing b ody We have an appropriate management plan w ith any individuals w ith outside relationship s that require mitigation Where it is necessary, individuals may provide subject matter e xpertise how ever they have no influence or authorization of decisions for the organization

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 15a Process to establish compensation of top management official	COMPENSATION MATTERS FOR THE CEO AND SENIOR EXECUTIVES ARE GOVERNED AND OVERSEEN BY THE BO ARD OF TRUSTEES OF THE ORGANIZATION THE BOARD APPROVED A COMPENSATION PHILOSOPHY THAT GOV ERNS ALL SUCH DECISIONS THE PHILOSOPHY INCLUDES THE OBJECTIVES OF THE PROGRAM COMPONENTS OF EXECUTIVE COMPENSATION, THE RELEVANT MARKET POSITIONING IN THE MARKET FACTORS CONSIDERE D IN SETTING EXECUTIVE COMPENSATION AND THE IMPORTANCE OF TYING SUCH COMPENSATION TO PERFO RMANCE INDEPENDENT OUTSIDE COMPENSATION CONSULTANTS PROVIDE ADVICE TO THE COMMITTEE AND T HE BOARD REPORT DIRECTLY TO THE COMMITTEE AND NOT TO MANAGEMENT THE COMMITTEE WORKS WITH THESE CONSULTANTS AND WITH LEGAL COUNSEL TO ENSURE THAT ALL COMPENSATION PAID, AS WELL AS THE PROCESS FOLLOWED TO DETERMINE SUCH COMPENSATION IS REASONABLE, MEETS ALL REGULATORY RE QUIREMENTS AND IS COMPETITIVE WITH THE RELEVANT MARKET

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 15b Process to establish compensation of other employees	See the explanation for Part VI, Line 15a

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VIII, Line 11d Other Miscellaneous Revenue	REBATE INCOME - Total Revenue 16992, Related or Exempt Function Revenue 15344, Unrelated Business Revenue 0, Revenue Excluded from Tax Under Sections 512, 513, or 514 1648, Workers compensation refund - Total Revenue 17900, Related or Exempt Function Revenue 17900, Unrelated Business Revenue 0, Revenue Excluded from Tax Under Sections 512, 513, or 514 0,

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part IX, Line 11g Other Fees	Recruitment fees - Total Expense 750929, Program Service Expense 741340, Management and General Expenses 9589, Fundraising Expenses , Clinical engineering services - Total Expe nse 1258781, Program Service Expense 1258781, Management and General Expenses 0, Fundra ising Expenses , Medical School participation payment & MES - Total Expense 152056926, P rogram Service Expense 152056926, Management and General Expenses 0, Fundraising Expense s , Professional Medical Services - Total Expense 21927094, Program Service Expense 219 27094, Management and General Expenses 0, Fundraising Expenses , Transcription Services - Total Expense 4705829, Program Service Expense 3887271, Management and General Expense s 818558, Fundraising Expenses , Answering Services - Total Expense 226164, Program Ser vice Expense 220560, Management and General Expenses 5604, Fundraising Expenses , Colle ction Agency Services - Total Expense 2609738, Program Service Expense 1784422, Manageme nt and General Expenses 825316, Fundraising Expenses , Outside Lab Services - Total Expe nse 14910852, Program Service Expense 14910852, Management and General Expenses 0, Fund raising Expenses , Linen Services - Total Expense 4531299, Program Service Expense 4531 299, Management and General Expenses 0, Fundraising Expenses , Purchased Temporary Help - Total Expense 13126781, Program Service Expense 10814907, Management and General Expen ses 2311874, Fundraising Expenses , Medical School interns and residents services - Tota l Expense 40727472, Program Service Expense 40727472, Management and General Expenses 0 , Fundraising Expenses , Purchased Medical School services - Total Expense 36873047, Pro gram Service Expense 36873047, Management and General Expenses 0, Fundraising Expenses , Neonatology Services - Total Expense 609978, Program Service Expense 487982, Managemen t and General Expenses 121996, Fundraising Expenses , Housekeeping Services - Total Expe nse 3841608, Program Service Expense 3048650, Management and General Expenses 792958, F undraising Expenses , Valet Parking Services - Total Expense 3397912, Program Service Ex pense 2718330, Management and General Expenses 679582, Fundraising Expenses , Coding,Bi lling, and Staffing Services - Total Expense 11701656, Program Service Expense 7948657, Management and General Expenses 3752999, Fundraising Expenses , HR FMLA services - Total Expense 518380, Program Service Expense 414704, Management and General Expenses 103676 , Fundraising Expenses , Landscaping Services - Total Expense 823760, Program Service Ex pense 659005, Management and General Expenses 164755, Fundraising Expenses , Other - To tal Expense 1033394, Program Service Expense 0, Management and General Expenses 928722, Fundraising Expenses 104672,

990 Schedule O, Supplemental Information

Return Reference	Explanation
Exclusion of UMMHC (Parent) from group exemption #3642	UMMHC (Parent) w as previously included in the group return #3642 EIN 91-2155626 how ever ef fective for the year ended 9/30/16 the Parent has been removed from the group return and i s reported on a stand alone Form 990

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part XI, Line 9 Other changes in net assets or fund balances	NET ASSETS RELEASED FROM RESTRICTION (FOR PPE) - 758821, NET ASSETS RELEASED FROM RESTRICT IONS (FOR OPERATIONS) - 1969911, PENSION-RELATED CHANGES OTHER THAN NET PERIODIC BENEFIT C OST - -93808856, TRANSFERS (TO) FROM RELATED PARTIES - -62441635, CHANGE IN BENEFICIAL INT EREST IN PERPETUAL TRUST - -14115, BOOK INVESTMENT DIFFERENCE FROM S CORP K-1 AND OTHER JV K-1'S - 5114324, TEMPORARY RESTRICTED EXPENDITURES - -341180, PLEDGE RECEIVABLES, WRITE O FFS AND ADJUSTMENTS - 17624, MISC - 685, ADJUSTMENT TO REMOVE PARENT FROM GROUP 990 - -24 4277556,

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part XII, Line 2c Change of oversight process or selection process	THE ORGANIZATION'S FINANCIAL STATEMENTS WERE AUDITED BY AN INDEPENDENT ACCOUNTING FIRM ON A CONSOLIDATED BASIS THE ORGANIZATION HAS AN AUDIT COMMITTEE RESPONSIBLE FOR OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS AS WELL AS THE SELECTION OF AN INDEPENDENT ACCOUNTI NG FIRM

990 Schedule O, Supplemental Information

Return Reference	Explanation
Part VI, Line 8a and 8b	The organization documents the board and committee meetings by taking minutes, which include all meeting discussions and actions These written minutes are then approved at the following board and committee meetings

990 Schedule O, Supplemental Information

Return Reference	Explanation
Page 1 Line Hc Members of Group exemption number 3642	The Clinton Hospital Association 201 Highland Street, Clinton, MA 01510 EIN 04-1185520 FY E. 9/30/2016 Marlborough Hospital 157 Union Street, Marlborough, MA 01752 EIN 04-2104693 FYE. 9/30/2016 UMass Memorial Behavioral Health System, Inc 306 Belmont Street, Worcester , MA 01604 EIN 04-3374724 FYE 9/30/2016 UMass Memorial Community Hospitals, Inc 306 Bel mont Street, Worcester, MA 01604 EIN 04-3296271 FYE. 9/30/2016 UMass Memorial Health Vent ures, Inc 306 Belmont Street, Worcester, MA 01604 EIN 22-2605679 FYE. 9/30/2016 UMass Me morial Medical Center, Inc 306 Belmont Street, Worcester, MA 01604 EIN 04-3358564 FYE 9 /30/2016 UMass Memorial Medical Group, Inc 306 Belmont Street, Worcester, MA 01604 EIN 0 4-2911067 FYE 9/30/2016 UMass Memorial Realty, Inc 306 Belmont Street, Worcester, MA 016 04 EIN 04-2805630 FYE 9/30/2016 Community HealthLink, Inc 72 Jaques Avenue, Worcester, MA 01610 EIN 04-2626179 FYE. 9/30/2016 Central New England HealthAlliance, Inc 60 Hospit al Road, Leominster, MA 01453 EIN 04-3172496 FYE. 9/30/2016 Coordinated Primary Care, Inc 60 Hospital Road, Leominster, MA 01453 EIN 04-3210002 FYE. 9/30/2016 HealthAlliance Hom e Health and Hospice, Inc 25 Tucker Road, Leominster, MA 01453 EIN 04-2932308 FYE. 9/30/ 2016 HealthAlliance Hospitals, Inc 60 Hospital Road, Leominster, MA 01453 EIN 04-2103555 FYE. 9/30/2016 UMass Memorial Accountable Care Organization, Inc 306 Belmont Street, Wor cester, MA 01604 EIN 46-2871359 FYE 9/30/2016

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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
UMass Memorial Health Care Inc & Affiliates

Employer identification number
91-2155626

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) No
(1)UMASS MEMORIAL FOUNDATION INC 333 SOUTH STREET SHREWSBURY, MA 01545 04-3108190	FUNDRAISING SUPPORT	MA	501(c)(3	Type II	NA		No
(2)HEALTHALLIANCE REALTY CORPORATION 60 HOSPITAL ROAD LEOMINSTER, MA 01473 04-2560754	REAL ESTATE MANAGEMENT	MA	501(c)(2		NA		No
(3)UMass Memorial Health Care Inc (Parent) 306 Belmont Street Worcester, MA 01604 04-3358566	Management of Healthcare System	MA	501(c)(3	Type III-FI	na		No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) 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
UMASS MEMORIAL MRI OF (1) MALRBOROUGH LLC 157 UNION STREET MARLBOROUGH, MA 01752 20-2293995	MAGNETIC RESONANCE IMAGING	MA	MARLBOROUGH HOSPITAL	Related	583,940	429,221		No			No	56 %
(2) UMASS MEMORIAL HEALTHALLIANCE MRI CENTER LLC 60 HOSPITAL ROAD LEOMINSTER, MA 01453 04-3561571	MAGNETIC RESONANCE IMAGING	MA	NA	Related	1,064,962	1,331,750		No			No	60 %

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity? Yes	(i) No
MEMORIAL OFFICE (1)CONDOMIUM TRUST 306 BELMONT STREET WORCESTER, MA 01604 04-6616900	CONDOMINIUM ASSOCIATION	MA	UMASS MEMORIAL REALTY INC	Trust	0	222,132	53 69 %		No
BIO-LAB INC (disolved (2)123115) 215 WEST STREET MILFORD, MA 01757 04-2708828	CLINICAL LABORATORY	MA	UMASS MEMORIAL HEALTH VENTURES INC	S Corporation	0	0	100 %		
116 BELMONT ST INC CO (3)APPLETON CORP 57 SUFFOLK STREET HOLYOKE, MA 01040 04-2717865	CONDOMINIUM ASSOCIATION	MA	UMASS MEMORIAL REALTY INC	C Corporation	-1,309	164,267	63 04 %		No
(4) Commonwealth Professional Assurance Company Ltd P O Box 1051 GT Grand Cayman, KY11102 CJ 98-0226143	Insurance	CJ	NA	C Corporation					No

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

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

		Yes	No
1	During the tax year, did the 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**	**Yes**	
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**		**No**
o	Sharing of paid employees with related organization(s)	**1o**		**No**
p	Reimbursement paid to related organization(s) for expenses	**1p**	**Yes**	
q	Reimbursement paid by related organization(s) for expenses	**1q**		**No**
r	Other transfer of cash or property to related organization(s)	**1r**		**No**
s	Other transfer of cash or property from related organization(s)	**1s**		**No**

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)HEALTHALLIANCE REALTY INC	J	402,912	FAIR VALUE
(2)HEALTHALLIANCE REALTY INC	P	106,480	FAIR VALUE

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