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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

2016

Open to Public Inspection

A For the 2016 calendar year, or tax year beginning 01-01-2016 , and ending 12-31-2016

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

C Name of organization
TUFTS ASSOCIATED HEALTH MAINTENANCE ORGANIZATION INC
% UMESH KURPAD

Doing business as

Number and street (or P O box if mail is not delivered to street address) | Room/suite
705 MOUNT AUBURN STREET

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

D Employer identification number
04-2674079

E Telephone number
(617) 972-9400

G Gross receipts $ 2,890,390,106

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

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

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

H(c) Group exemption number ▶

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

J Website: ▶ www tuftshealthplan com

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

L Year of formation 1979

M State of legal domicile MA

Part I Summary

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

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

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	12
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	10
5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)	**5**	407
6	Total number of volunteers (estimate if necessary)	**6**	0
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	113,197
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	0	0
9	Program service revenue (Part VIII, line 2g)	2,519,795,535	2,554,120,867
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-3,105,801	-27,735,502
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	108,182	113,197
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,516,797,916	2,526,498,562
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	848,919	607,528
14	Benefits paid to or for members (Part IX, column (A), line 4)	2,203,763,121	2,255,246,318
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	25,285,983	24,033,425
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	267,830,542	249,721,547
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	2,497,728,565	2,529,608,818
19	Revenue less expenses Subtract line 18 from line 12	19,069,351	-3,110,256

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	1,126,552,016	1,200,972,052
21	Total liabilities (Part X, line 26)	381,109,444	432,870,505
22	Net assets or fund balances Subtract line 21 from line 20	745,442,572	768,101,547

Part II Signature Block

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

Sign Here

Signature of officer — Date: 2017-11-14

MAURICE HEBERT SVP -FINANCE
Type or print name and title

Paid Preparer Use Only

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

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

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

Phone no (317) 681-7000

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

SEE SCHEDULE O

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

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

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

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses $ 950,329,815 including grants of $ 256,286) (Revenue $ 1,077,455,325)
See Additional Data

4b (Code) (Expenses $ 1,251,968,724 including grants of $ 328,400) (Revenue $ 1,380,631,372)
See Additional Data

4c (Code) (Expenses $ 37,072,522 including grants of $ 12,315) (Revenue $ 51,774,214)
See Additional Data

4d Other program services (Describe in Schedule O)
(Expenses $ 35,528,130 including grants of $ 10,527) (Revenue $ 44,259,956)

4e **Total program service expenses ▶** 2,274,899,191

Part IV Checklist of Required Schedules

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

Part IV **Checklist of Required Schedules** *(continued)*

			Yes	No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	**20a**		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	**20b**		
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a*	**24a**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		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**	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V **Statements Regarding Other IRS Filings and Tax Compliance**

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	**1a**	13,361		
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**	407		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	**2b**		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .	**3a**		Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .	**3b**		Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . .	**4a**			No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .	**5a**			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	**5b**			No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	**5c**			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .	**6a**			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	**6b**			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	**7a**			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	**7b**			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	**7c**			
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	**7e**			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .	**7f**			
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	**7g**			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	**7h**			
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	**8**			
9a	Did the sponsoring organization make any taxable distributions under section 4966? . . .	**9a**			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .	**9b**			
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	**10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	**11a**			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	**11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	**12a**			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	**12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O	**13a**			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**			
c	Enter the amount of reserves on hand	**13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	**14a**			No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .	**14b**			

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

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	12		
	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	10		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		3	Yes	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		5		No
6	Did the organization have members or stockholders?		6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?		8a	Yes	
b	Each committee with authority to act on behalf of the governing body?		8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*		9		No

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
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		

Section C. Disclosure

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b Sub-Total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶								480,750	14,235,787	1,986,414

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

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
NTT DATA INC, 100 CITY SQUARE BOSTON, MA 02129	OUTSIDE LABOR	9,103,181
CGI TECHNOLOGIES AND SOLUTIONS, 12907 COLLECTIONS CENTER DRIVE CHICAGO, IL 60693	OUTSIDE LABOR	8,298,245
MEDHOK INC, 5550 W IDLEWILD AVE TAMPA, FL 33634	OUTSIDE LABOR	2,531,555
Perficient Inc, 5295 Hollister 2nd Fl HOUSTON, TX 77040	Outside Labor	1,766,939
CLINICAL SUPPORT SERVICE, 701 SENECA STREET BUFFALO, NY 14210	Outsourcing	1,060,385

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 ▶ 73

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns . .	1a			
	b Membership dues . .	1b			
	c Fundraising events . .	1c 0			
	d Related organizations	1d			
	e Government grants (contributions)	1e			
	f All other contributions, gifts, grants, and similar amounts not included above	1f			
	g Noncash contributions included in lines 1a-1f $ 0				
	h Total. Add lines 1a-1f . . . . . ▶	0			
Program Service Revenue		Business Code			
	2a Commercial	524114	1,077,455,325	1,077,455,325	0	0
	b Medicare	524114	1,380,631,372	1,380,631,372	0	0
	c Medicaid	524114	51,774,214	51,774,214	0	0
	d Medicare Complement	524114	43,564,248	43,564,248	0	0
	e All other program service revenue	524114	695,708	695,708	0	0
	f All other program service revenue					
	g Total. Add lines 2a-2f . . . . ▶	2,554,120,867				
	3 Investment income (including dividends, interest, and other similar amounts) . . . . . ▶	15,310,487			15,310,487
	4 Income from investment of tax-exempt bond proceeds ▶	0			
	5 Royalties . . . . . ▶	0			
		(i) Real	(ii) Personal			
	6a Gross rents	113,197				
	b Less rental expenses					
	c Rental income or (loss)	113,197	0			
	d Net rental income or (loss) . . . . . ▶	113,197			113,197	
		(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory	320,845,555				
	b Less cost or other basis and sales expenses	363,891,544				
	c Gain or (loss)	-43,045,989				
	d Net gain or (loss) . . . . . ▶	-43,045,989				-43,045,989
Other Revenue	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . a	0				
	b Less direct expenses . . . b	0				
	c Net income or (loss) from fundraising events . . ▶	0				
	9a Gross income from gaming activities See Part IV, line 19 . . . a	0				
	b Less direct expenses . . . b	0				
	c Net income or (loss) from gaming activities . . ▶	0				
	10a Gross sales of inventory, less returns and allowances . . a	0				
	b Less cost of goods sold . . b	0				
	c Net income or (loss) from sales of inventory . . ▶	0				
	Miscellaneous Revenue	Business Code				
	11a					
	b					
	c					
	d All other revenue					
	e Total. Add lines 11a–11d . . . . . ▶	0				
	12 Total revenue. See Instructions . . . . . ▶	2,526,498,562	2,554,120,867	113,197	-27,735,502

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) Fundraisingexpenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	607,528	607,528		
2 Grants and other assistance to domestic individuals See Part IV, line 22	0	0		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16	0	0		
4 Benefits paid to or for members	2,255,246,318	2,255,246,318		
5 Compensation of current officers, directors, trustees, and key employees	521,550	0	521,550	0
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0	0	0	0
7 Other salaries and wages	18,482,612	18,482,612	0	0
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	0	0	0	0
9 Other employee benefits	5,029,263	5,029,263	0	0
10 Payroll taxes	0	0	0	0
11 Fees for services (non-employees)				
a Management	131,659,971	0	131,659,971	0
b Legal	0	0	0	0
c Accounting	832,849	666,279	166,570	0
d Lobbying	0	0	0	0
e Professional fundraising services See Part IV, line 17	0			0
f Investment management fees	0	0	0	0
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	55,922,812	0	55,922,812	0
12 Advertising and promotion	4,191,499	3,353,199	838,300	0
13 Office expenses	2,391,070	0	2,391,070	0
14 Information technology	492,215	393,772	98,443	0
15 Royalties	0	0	0	0
16 Occupancy	2,871,728	0	2,871,728	0
17 Travel	341,530	0	341,530	0
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	0	0
19 Conferences, conventions, and meetings	344,332	344,332	0	0
20 Interest	0	0	0	0
21 Payments to affiliates	36,431	29,145	7,286	0
22 Depreciation, depletion, and amortization	30,275,846	0	30,275,846	0
23 Insurance	0	0	0	0
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a Licensing fee	-17,723,945	-14,179,156	-3,544,789	0
b Health Assessment	27,938,425	0	27,938,425	0
c INVESTMENT FEES & LOC EXP	3,989,410	0	3,989,410	0
d ALL OTHER EXPENSES	6,157,374	4,925,899	1,231,475	0
e All other expenses				
25 **Total functional expenses.** Add lines 1 through 24e	2,529,608,818	2,274,899,191	254,709,627	0
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)	0			

Part X Balance Sheet

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

			(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing	0	1	0
	2	Savings and temporary cash investments	4,677,281	2	9,578,999
	3	Pledges and grants receivable, net	0	3	0
	4	Accounts receivable, net	7,326,666	4	29,594,370
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	0	5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L	0	6	0
	7	Notes and loans receivable, net	0	7	0
	8	Inventories for sale or use	0	8	0
	9	Prepaid expenses and deferred charges	0	9	0
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D — 10a: 165,021,945			
	b	Less accumulated depreciation — 10b: 41,717,069	126,447,992	10c	123,304,876
	11	Investments—publicly traded securities	915,164,005	11	988,795,013
	12	Investments—other securities See Part IV, line 11	0	12	0
	13	Investments—program-related See Part IV, line 11	0	13	0
	14	Intangible assets	0	14	0
	15	Other assets See Part IV, line 11	72,936,072	15	49,698,794
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	1,126,552,016	16	1,200,972,052
Liabilities	17	Accounts payable and accrued expenses	68,443,356	17	93,994,904
	18	Grants payable	0	18	0
	19	Deferred revenue	10,584,291	19	15,870,750
	20	Tax-exempt bond liabilities	0	20	0
	21	Escrow or custodial account liability Complete Part IV of Schedule D	0	21	0
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L	0	22	0
	23	Secured mortgages and notes payable to unrelated third parties	0	23	0
	24	Unsecured notes and loans payable to unrelated third parties	85,000,000	24	84,291,668
	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	217,081,797	25	238,713,183
	26	**Total liabilities.** Add lines 17 through 25	381,109,444	26	432,870,505
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	745,442,572	27	768,101,547
	28	Temporarily restricted net assets	0	28	0
	29	Permanently restricted net assets	0	29	0
		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		30	
	31	Paid-in or capital surplus, or land, building or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	745,442,572	33	768,101,547
	34	Total liabilities and net assets/fund balances	1,126,552,016	34	1,200,972,052

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	2,526,498,562
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,529,608,818
3	Revenue less expenses Subtract line 2 from line 1	3	-3,110,256
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	745,442,572
5	Net unrealized gains (losses) on investments	5	-30,039,000
6	Donated services and use of facilities	6	0
7	Investment expenses	7	0
8	Prior period adjustments	8	20,175,000
9	Other changes in net assets or fund balances (explain in Schedule O)	9	35,633,231
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	768,101,547

Part XII Financial Statements and Reporting

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

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

Additional Data

Software ID:

Software Version:

EIN: 04-2674079

Name: TUFTS ASSOCIATED HEALTH MAINTENANCE ORGANIZATION INC

Form 990 (2016)

Form 990, Part III, Line 4a:

SEE SCHEDULE O

Form 990, Part III, Line 4b:

SEE SCHEDULE O

Form 990, Part III, Line 4c:

SEE SCHEDULE O

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			
SUSAN WINDHAM-BANNISTER DIRECTOR	3 0 0 0	X						48,000	0	0
PETER DROTCH DIRECTOR	4 0 0 0	X						54,000	0	0
THOMAS CROSWELL PRESIDENT & CEO	20 0 30 0	X		X				0	1,507,185	155,260
JACKIE JENKINS-SCOTT DIRECTOR (LEFT 6/16)	2 0 1 0	X						26,000	3,500	0
Irina Simmons DIRECTOR	3 0 0 0	X						50,500	0	0
JAMES MCNULTY DIRECTOR	3 0 0 0	X						42,500	0	0
THOMAS O'NEILL III DIRECTOR	2 0 3 0	X						41,000	5,000	0
Bertram Scott Director	3 0 0 0	X						40,000	0	0
ROBERT SPELLMAN Chairman of the Board	8 0 0 0	X		X				71,250	0	0
MARY ANNA SULLIVAN DIRECTOR	3 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			
GREG TRANTER DIRECTOR	4 0 0 0	X						48,000	0	0
Eileen Auen DIRECTOR	1 0 0 0	X						21,000	0	0
Frank Torti DIRECTOR	2 0 0 0	X						38,500	0	0
UMESH KURPAD SVP & CFO	25 0 25 0			X				0	899,737	109,704
PATRICIA TREBINO SVP, chief operation officer	31 0 19 0			X				0	777,634	93,442
PATRICIA BLAKE PRESIDENT, SENIOR PRODUCTS	50 0 0 0			X				0	697,535	104,586
PAUL KASUBA SVP & CMO	28 0 22 0			X				0	848,333	108,053
TRACEY CARTER SVP & CHIEF ACTUARY	42 0 8 0			X				0	629,404	129,463
MARC SPOONER President, Commercial Pdts	15 0 35 0			X				0	695,150	236,829
CHRISTOPHER GORTON SVP	0 0 50 0			X				0	659,949	78,186

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			
ROLAND PRICE TREASURER & VP	26 0 24 0			X				0	429,561	93,644
LYDIA GREENE SVP, CHIEF HR OFFICER	30 0 20 0			X				0	514,096	68,272
Marc Backon SVP & CSM OFFICER, Comrcl prdt	15 0 35 0			X				0	578,273	67,695
Mary Mahoney Clerk, SVP, General Counsel	28 0 22 0			X				0	496,716	59,421
Derek Abruzzese SVP, Chief Strategy Officer	25 0 25 0			X				0	461,770	58,604
Maurice Hebert SVP, Fin & Chf Accntng offcr	25 0 25 0			X				0	291,569	42,559
JAMES ROOSEVELT consultant	30 0 20 0					X		0	1,921,209	357,538
AIDA MAGARACE VP OF FIN & CNTRLR (LEFT 8/16)	25 0 25 0					X		0	575,741	15,978
JOSEPH IMBIMBO Chief Technology Officer	36 0 14 0					X		0	458,094	76,053
MIRIAM SULLIVAN VP OF PHARMACY & HLTH PRGRMS	36 0 14 0					X		0	446,858	53,016

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			
Debra Poskanzer VP of Med mngmt & quality	18 0 32 0					X		0	431,835	61,356
LOIS CORNELL FMR CAO & GEN CNSL(Left 12/15)	0 0 0 0						X	0	906,638	16,755

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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

2016

Open to Public Inspection

Name of the organization
TUFTS ASSOCIATED HEALTH MAINTENANCE ORGANIZATION INC

Employer identification number
04-2674079

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

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

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

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

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

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

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

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

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

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

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

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

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

Part IV Escrow and Custodial Arrangements.

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

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

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

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

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

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

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

	(a)Current year	(b)Prior year	(c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

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

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

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

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

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c)Accumulated depreciation	(d)Book value
1a Land		14,052,397		14,052,397
b Buildings		111,914,013	21,659,543	90,254,470
c Leasehold improvements				
d Equipment				
e Other		39,055,535	20,057,526	18,998,009
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* ▶				123,304,876

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)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶		

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

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

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 15)* ▶	

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	0
Claims Payable	210,636,511
Due to Affiliates	14,859,869
ACA Risk adjustment	13,216,803
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	238,713,183

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	2,522,395,955
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d	0		
e	Add lines **2a** through **2d**			2e	0
3	Subtract line **2e** from line **1**			3	2,522,395,955
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	3,989,410		
b	Other (Describe in Part XIII)	4b	113,197		
c	Add lines **4a** and **4b**			4c	4,102,607
5	Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12)			5	2,526,498,562

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	2,525,619,408
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII)	2d	0		
e	Add lines **2a** through **2d**			2e	0
3	Subtract line **2e** from line **1**			3	2,525,619,408
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	3,989,410		
b	Other (Describe in Part XIII)	4b			
c	Add lines **4a** and **4b**			4c	3,989,410
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	2,529,608,818

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:

Software Version:

EIN: 04-2674079

Name: TUFTS ASSOCIATED HEALTH MAINTENANCE ORGANIZATION INC

Supplemental Information

Return Reference	Explanation
RECONCILIATION OF REVENUE PER AUDITED FINANCIAL STMTS WITH REVENUE PER 990	SCHEDULE D, PART XI, LINE 4B RENTAL INCOME NOT RECORDED ON FINANCIAL STATEMENTS $113,197

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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

2016

Open to Public Inspection

Name of the organization
TUFTS ASSOCIATED HEALTH MAINTENANCE ORGANIZATION INC

Employer identification number
04-2674079

Part I General Information on Grants and Assistance

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

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

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

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

	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table								
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 27

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶ 4

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)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

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

Additional Data

Software ID:
Software Version:
EIN: 04-2674079
Name: TUFTS ASSOCIATED HEALTH MAINTENANCE ORGANIZATION INC

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Alzheimer's Association 480 Pleasant Street Watertown, MA 02472	04-2731194	501(C)(3)	30,000				Hope on the Harbor
Associated Industries of Massachusetts 1 Beacon Street Floor 16 Boston, MA 02108	04-1045830	501(C)(6)	15,000				2016 AIM Leader

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
Berklee School of Music 1140 Boylston Street Boston, MA 02215	04-2300472	501(C)(3)	20,000				Berklee Encore Gala
Big Sister Association 161 Massachusetts AVENUE Boston, MA 02115	04-2150651	501(C)(3)	10,000				Big in Boston 2016

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
Boston Symphony Orchestra 301 Massachusetts Avenue Boston, MA 02115	04-2103550	501(C)(3)	7,000				Presidents at Pops
Cardinal Cushing Centers 405 Washington Street Hanover, MA 02339	04-2104871	501(C)(3)	10,000				Springtime Gala 2016

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Catholic Charities Greater Boston 75 Kneeland Street Boston, MA 02111	04-2534041	501(C)(3)	10,000				Food Pantry, Basic Needs
Dimock Center 55 Dimock Street Roxbury, MA 02119	04-3487827	501(C)(3)	15,000				Annual Steppin' Out

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Greater Boston Chamber of Commerce 265 Franklin St Boston, MA 02110	04-1103090	501(C)(6)	12,600				Boston Chamber Annual Meeting
Health Care for All 30 Winter St 10th Fl Boston, MA 02108	04-3071598	501(C)(3)	15,000				Patient-Centered Care For The People 2016

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
Joselin Diabetes Center 1 Joselin Place Boston, MA 02215	04-2203836	501(C)(3)	13,750				High Hopes Gala
March of Dimes 1275 Mamaroneck Ave White Plains, NY 10605	13-1846366	501(C)(3)	13,000				Citizen of the Year & Black Ties for Babies

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Massachusetts Health Council 200 Reservoir St 101 Needham, MA 02494	04-2296739	501(C)(3)	10,000				Annual Award Dinner
Mount Auburn Hospital 18 Tremont St 1120 Cambridge, MA 02138	04-2103606	501(C)(3)	9,500				Annual Party of the Year & Pink Pages

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
National Braille Press 88 Saint Stephen St Boston, MA 02115	04-2104740	501(C)(3)	10,000				A Million Laughs for Literacy Gala
New England Council 98 N Washington St 201 Boston, MA 02114	04-1661090	501(C)(6)	8,000				Annual Dinner

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
NEHI (New England Healthcare Institute) One Broadway 15th Fl Cambridge, MA 02142	01-0624865	501(C)(3)	10,000				Annual Innovators in Health Awards & One Health Care
Operation ABLE 131 Tremont St Boston, MA 02111	04-2761871	501(C)(3)	10,000				Starfish Thrower Award Gala

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Perkins School for the Blind 175 N Beacon St Watertown, MA 02472	04-2103616	501(C)(3)	25,000				Annual Perkins Possibility Gala
The Family Pantry of Cape Cod 133 Queeen Anne RD Harwich, MA 02645	22-3079904	501(C)(3)	10,000				Summer Gala

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
The Schwartz Center 205 Portland Street Boston, MA 02114	04-1564655	501(C)(3)	35,000				Healthcare Dinner & executive sponsorship
Tufts Medical Center 800 Washington St Boston, MA 02111	04-3400317	501(C)(3)	25,000				Working Wonders

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
UMass Medical SchoolUmass Memorial 333 South St 450 Shrewsbury, MA 01545	04-3167352	501(C)(3)	15,000				Winter Ball
Wheelock College 200 The Riverway Boston, MA 02215	04-2103639	501(C)(3)	10,000				Passion for Action

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
Whittier Street Health Center 20 Whittier Street Roxbury, MA 02120	04-2619517	501(C)(3)	10,000				2016 Roast
RELIANT MEDICAL GROUP INC 630 PLANTATION ST WORCESTER, MA 01605	04-2472266	501(C)(3)	25,000				Drive for a Difference, 5K & Bark 1M(sm)

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
Rhode Island Hospital Foundation 167 POINT STREET PROVIDENCE, RI 02903	05-0468736	501(C)(3)	27,500				Hasbro Children's Hospital 2016 Nerf Ball
Associao Caboverdiana de Brockton Inc 575 N Montello St Brockton, MA 02301	04-2636477	501(c)(3)	5,250				Saint John Feast & Cape Verdean Day in Brockton

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Elder Services of Merrimack Valley 360 MERRIMACK ST B5 LAWRENCE, MA 01843	04-2545136	501(C)(3)	5,500				Golf Classic & Annual Gala Dinner
Greater Providence Chamber of Commerce 30 Exchange Terrace Providenc, RI 02903	05-0203250	501(c)(6)	5,500				Fall Golf Classic & Signature Event Bronze Sponsorship

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
Salve Regina University 100 Ochre Point Ave Newport, RI 02840	05-0259080	501(c)(3)	8,000				Corporate Golf Tournament & Governor's Ball

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Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

Compensation Information

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

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

▶ **Attach to Form 990.**

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
TUFTS ASSOCIATED HEALTH MAINTENANCE ORGANIZATION INC

Employer identification number
04-2674079

Part I Questions Regarding Compensation

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

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

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

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

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

Part III Supplemental Information

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

Return Reference	Explanation
See Additional Data	

Additional Data

Software ID:
Software Version:
EIN: 04-2674079
Name: TUFTS ASSOCIATED HEALTH MAINTENANCE ORGANIZATION INC

Part III, Supplemental Information

Return Reference	Explanation
SUPPLEMENTAL COMPENSATION INFORMATION	SCHEDULE J, PART I, LINE 1A TAX INDEMNIFICATION AND GROSS-UP PAYMENTS MARC BACKON RECEIVED GROSS UP PAYMENTS AS PART OF A RELOCATION AGREEMENT, TREATED AS TAXABLE COMPENSATION MAURICE HEBERT RECEIVED GROSS UP PAYMENTS AS PART OF A RELOCATION AGREEMENT, TREATED AS TAXABLE COMPENSATION

Part III, Supplemental Information

Return Reference	Explanation
SCHEDULE J, PART I, LINE 4A	AIDA MAGARACE RECEIVED $106,641 IN SEVERANCE LOIS CORNELL RECEIVED $409,545 IN SEVERANCE

Part III, Supplemental Information

Return Reference	Explanation
SCHEDULE J, PART I, LINE 4B	THE RELATED ORGANIZATION MAINTAINS AN EXECUTIVE SAVINGS PLAN (ESP) FOR ITS SENIOR MANAGERS WITH THE TITLE DIRECTOR AND ABOVE THE NUMBERS LISTED ON SCHEDULE J PART II COLUMN C REFLECT BOTH THE EMPLOYEE DEFERRALS AS WELL AS THE EMPLOYER CONTRIBUTIONS TO THE ESP

Part III, Supplemental Information

Return Reference	Explanation
FORM 990, SCHEDULE J, LINE 6	THE OFFICERS AND KEY EMPLOYEES OF TUFTS ASSOCIATED HEALTH MAINTENANCE ORGANIZATION, INC (TAHMO) LISTED ON PART VII PARTICIPATE IN AN EXECUTIVE INCENTIVE PLAN THAT IS BASED ON THE OVERALL ANNUAL SUCCESS OF THE ORGANIZATION THE ORGANIZATION'S GOALS ARE ESTABLISHED EARLY IN THE YEAR AND APPROVED BY ITS INDEPENDENT BOARD OF DIRECTORS ONE OF THE COMPONENTS OF THE PLAN IS BASED ON MEETING TARGETED NET EARNINGS

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation (i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
1JAMES ROOSEVELT consultant	(I)	0	0	0	0	0	0	0
	(II)	619,024	944,551	357,634	351,798	-5,740	-2,278,747	141,857
1THOMAS CROSWELL PRESIDENT & CEO	(I)	0	0	0	0	0	0	0
	(II)	842,576	563,839	100,770	149,157	-6,103	-1,662,445	98,202
2UMESH KURPADSVP & CFO	(I)	0	0	0	0	0	0	0
	(II)	502,131	340,498	57,108	94,646	-15,058	-1,009,441	62,781
3PATRICIA TREBINO SVP, chief operation officer	(I)	0	0	0	0	0	0	0
	(II)	413,861	312,238	51,535	77,772	-15,670	-871,076	56,690
4LOIS CORNELL FMR CAO & GEN CNSL(Left 12/15)	(I)	0	0	0	0	0	0	0
	(II)	14,685	329,330	562,623	10,600	-6,155	-923,393	60,374
5PATRICIA BLAKE PRESIDENT, SENIOR PRODUCTS	(I)	0	0	0	0	0	0	0
	(II)	373,061	281,456	43,018	89,024	-15,562	-802,121	50,056
6PAUL KASUBASVP & CMO	(I)	0	0	0	0	0	0	0
	(II)	359,013	270,857	218,463	92,432	-15,621	-956,386	130,331
7TRACEY CARTER SVP & CHIEF ACTUARY	(I)	0	0	0	0	0	0	0
	(II)	339,976	251,771	37,657	114,020	-15,443	-758,867	43,659
8MARC SPOONER President, Commercial Pdts	(I)	0	0	0	0	0	0	0
	(II)	383,789	271,705	39,656	221,224	-15,605	-931,979	46,871
9CHRISTOPHER GORTONSVP	(I)	0	0	0	0	0	0	0
	(II)	372,233	277,153	10,563	72,128	-6,058	-738,135	10,426
10ROLAND PRICE TREASURER & VP	(I)	0	0	0	0	0	0	0
	(II)	249,060	147,638	32,863	83,458	-10,186	-523,205	29,028
11AIDA MAGARACE VP OF FIN & CNTRLR (LEFT 8/16)	(I)	0	0	0	0	0	0	0
	(II)	201,123	182,437	192,181	10,600	-5,378	-591,719	37,690
12LYDIA GREENE SVP, CHIEF HR OFFICER	(I)	0	0	0	0	0	0	0
	(II)	310,351	172,633	31,112	57,780	-10,492	-582,368	35,095
13JOSEPH IMBIMBO Chief Technology Officer	(I)	0	0	0	0	0	0	0
	(II)	267,792	158,742	31,560	60,873	-15,180	-534,147	31,418
14MIRIAM SULLIVAN VP OF PHARMACY & HLTH PRGRMS	(I)	0	0	0	0	0	0	0
	(II)	267,555	158,602	20,701	42,682	-10,334	-499,874	26,002
15Marc Backon SVP & CSM OFFICER, Comrcl prdt	(I)	0	0	0	0	0	0	0
	(II)	353,147	205,218	19,908	66,376	-1,319	-645,968	67
16Debra Poskanzer VP of Med mngmt & quality	(I)	0	0	0	0	0	0	0
	(II)	300,188	113,238	18,409	45,949	-15,407	-493,191	29,174
17Mary Mahoney Clerk, SVP, General Counsel	(I)	0	0	0	0	0	0	0
	(II)	319,329	147,608	29,779	58,216	-1,205	-556,137	0
18Derek Abruzzese SVP, Chief Strategy Officer	(I)	0	0	0	0	0	0	0
	(II)	275,000	167,736	19,034	43,400	-15,204	-520,374	0
19Maurice Hebert SVP, Fin & Chf Accntng offcr	(I)	0	0	0	0	0	0	0
	(II)	228,847	0	62,722	32,977	-9,582	-334,128	0

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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

2016

Open to Public Inspection

Name of the organization
TUFTS ASSOCIATED HEALTH MAINTENANCE ORGANIZATION INC

Employer identification number
04-2674079

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Return Reference	Explanation
ORGANIZATION'S MISSION STATEMENT	FORM 990, PART III, LINE 1 TUFTS ASSOCIATED HEALTH MAINTENANCE ORGANIZATION, INC 'S (TAHMO) MISSION IS TO IMPROVE THE HEALTH AND WELLNESS OF THE DIVERSE COMMUNITIES IT SERVES TAHM O IS RESPONSIBLE FOR ARRANGING THE DELIVERY OF COMPREHENSIVE, PREVENTIVE AND THERAPEUTIC H EALTH CARE SERVICES TO SUBSCRIBING INDIVIDUALS IN RETURN FOR A FIXED MONTHLY PAYMENT SERV ICES ARE PROVIDED THROUGH A CONTRACTED NETWORK OF INDEPENDENT PROVIDER GROUPS AND HOSPITAL S WITHIN THE SERVICE AREA TAHMO PRODUCTS ARE AVAILABLE TO ALL SIZE EMPLOYER GROUPS, INCLU DING A MERGED SMALL GROUP AND INDIVIDUAL MARKET, AND ARE BASED ON COMMUNITY RATING METHODO LOGIES TAHMO ALSO OFFERS PRODUCTS TO INDIVIDUALS WHO ARE MEDICARE AND/ OR MEDICAID ELIGIB LE TAHMO PROVIDES A BROAD RANGE OF PROGRAMS DESIGNED TO EDUCATE ITS MEMBERS IN HEALTH MAI NTENANCE AND DISEASE PREVENTION TAHMO IS DEDICATED TO OFFERING A VARIETY OF QUALITY, INNO VATIVE HEALTH COVERAGE OPTIONS AT THE LOWEST COST, AND TO IMPROVING ACCESS TO AFFORDABLE H EALTH CARE BY DEVELOPING AND EMPLOYING STRATEGIES THAT IMPROVE THE ALLOCATION OF HEALTH CA RE RESOURCES IN ADDITION TO PROVIDING THESE SERVICES TO ITS MEMBERS, TAHMO IS DEDICATED T O PROVIDING AND FUNDING HEALTH PROGRAMS THAT BENEFIT THE COMMUNITY TAHMO SERVES PROGRAM S ERVICE ACCOMPLISHMENTS FORM 990, PART III, LINE 4A HMO TAHMO'S MAIN PRODUCT IS ITS COMMERC IAL HMO IN 2016, THE HMO PROVIDED AFFORDABLE HEALTH COVERAGE TO APPROXIMATELY 181,995 MEM BERS TAHMO STRIVES TO PROVIDE HMO COVERAGE THAT IS AFFORDABLE, AND PROVIDES ACCESS TO TOP QUALITY HEALTH CARE SERVICES TAHMO ALSO PROVIDES PROGRAMS THAT TARGET THE IMPROVEMENT OF THE HEALTH OF ITS MEMBERS, AS WELL AS THE COMMUNITY AT LARGE QUALITY IN THE NATIONAL CO MMITTEE FOR QUALITY ASSURANCE (NCQA) 2016-2017 RATINGS, TAHMO WAS ONE OF ONLY 13 PLANS IN THE COUNTRY TO BE RATED 5 OUT OF 5 FOR ITS EXCELLENCE IN PROVIDING INNOVATIVE, HIGH-QUALIT Y HEALTH CARE COVERAGE TO ITS HMO AND POS MEMBERS TAHMO HAS ATTAINED NCQA'S HIGHEST RATIN G SINCE 1996 TAHMO HAS ALSO IMPLEMENTED PROGRAMS WITH PROVIDERS THAT FOCUS ON THE QUALITY OF HEALTH CARE SERVICES PROVIDED AND, IN SOME INSTANCES, WHICH TAILOR REIMBURSEMENT FOR S ERVICES BASED IN PART ON QUALITY STANDARDS TAHMO PROVIDES SPECIALTY CARE MANAGEMENT SERVI CES FOR ITS MEMBERS WITH COMPLEX MEDICAL AND BEHAVIORAL HEALTH CONDITIONS TAHMO MEMBERS R ECEIVE TARGETED HEALTH REMINDERS TO ENCOURAGE PREVENTIVE HEALTH CARE, SUCH AS FOR FLU VACC INES AND PNEUMOVAX TAHMO'S CARE MANAGERS ASSIST MEMBERS WHO ARE ILL OR DISABLED IN NAVIGA TING THE HEALTH CARE SYSTEM AND PROVIDE REFERRALS TO COMMUNITY RESOURCES OUR ONLINE HEALT H AND WELLNESS RESOURCE CENTER, AVAILABLE TO THE COMMUNITY AT LARGE, INCLUDES A LIBRARY OF TOOLS AND READY-MADE PRINT AND ELECTRONIC MATERIALS THESE RESOURCES HELP TO ENCOURAGE HE ALTHY BEHAVIORS, INCREASE DEMAND FOR PREVENTIVE HEALTH, AND DRIVE ENGAGEMENT IN PROGRAMS T HAT EDUCATE AND EMPOWER HEALTHIER LIFESTYLES AND REDUCE HEALTH RISKS TOPICS INCLUDE PREVE NTIVE CARE BENEFITS, HEALTHY E

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ORGANIZATION'S MISSION STATEMENT	ATING AND WEIGHT CONTROL, EXERCISE AND FITNESS, MANAGING STRESS AND HEART HEALTH, CANCER P REVENTION, AND TOBACCO CESSATION WE ALSO OFFER A VARIETY OF WELLNESS PROGRAMS AT THE WORK SITE SUCH AS FLU SHOTS, CHOLESTEROL SCREENINGS, STRESS MANAGEMENT, AND MORE OUR CERTIFIED WELLNESS CONSULTANTS CAN HELP EMPLOYERS FORM A WELLNESS COMMITTEE, ASSESS THE NEEDS OF EM PLOYEES, ASSIST WITH A PERSONAL HEALTH ASSESSMENT CAMPAIGN, AND PROVIDE GUIDANCE ON SUPPOR TING A 'CULTURE OF WELLNESS ' TAHMO'S ONLINE MEMBER PORTAL SERVES AS A CENTRAL HUB FOR LIF ESTYLE MANAGEMENT PROGRAM COMPONENTS, HEALTH AND WELLNESS CONTENT, AND TOOLS THE PORTAL O FFERS A PERSONAL HEALTH ASSESSMENT AND RESOURCES DESIGNED TO ENCOURAGE INDIVIDUALS TO LEAD HEALTHIER LIVES BASED ON THEIR INTERESTS, OVERALL HEALTH CONDITION, AND MANY OTHER PERSON AL ATTRIBUTES TAHMO ALSO PUBLISHES WELL! MAGAZINE ONCE A YEAR IN APRIL THE MAGAZINE IS A N EDUCATIONAL RESOURCE ON TOPICS PERTAINING TO ACCESS TO CARE, PREVENTIVE CARE, HEALTH INF ORMATION AND HEALTH CARE REMINDERS IT ALSO PROVIDES INFORMATION FOR MEMBERS ON HOW TO GET THE MOST OF TUFTS HEALTH PLAN'S BENEFITS WELL IS MAILED TO COMMERCIAL MEMBERS' HOMES AND IS AVAILABLE TO THE PUBLIC ON THE PUBLIC WEBSITE HTTPS //TUFTSHEALTHPLAN COM/MEMBER/HEALT H-INFORMATION-TOOLS/WELL-MAGAZINE ACCESS TAHMO'S MEMBERS HAVE ACCESS TO MORE THAN 109 HOS PITALS, 38,816 PRIMARY CARE PROVIDERS AND SPECIALISTS, AND 14,310 ALLIED HEALTH PROFESSION ALS, AS WELL AS CONDITION MANAGEMENT PROGRAMS, PREVENTION AND WELLNESS PROGRAMS AFFORDABI LITY TAHMO'S GOAL IS TO PROVIDE THE HIGHEST QUALITY HEALTH CARE SERVICES AT THE LOWEST CO ST TO AS MANY MASSACHUSETTS AND RHODE ISLAND RESIDENTS AS POSSIBLE UNDER THE DIRECTION OF ITS CHIEF MEDICAL DIRECTOR, TAHMO HAS DESIGNED HEALTH MANAGEMENT PROGRAMS TO SIMULTANEOUS LY LOWER MEDICAL COSTS AND IMPROVE QUALITY AND OUTCOMES BY LOWERING MEDICAL COSTS, TAHMO IS ABLE TO OFFER COMPETITIVE PREMIUM RATES AND PROVIDE COVERAGE TO MORE PEOPLE TAHMO MEMB ERS RECEIVE DISCOUNTS ON A VARIETY OF SERVICES TO MAINTAIN A HEALTHY LIFESTYLE, AND ONLINE TOOLS TO MAXIMIZE BENEFITS OFFERED AND TO MAKE INFORMED HEALTH CARE DECISIONS EXAMPLES I NCLUDE DISCOUNTS ON MEMBERSHIPS IN PARTICIPATING FITNESS CLUBS, NUTRITIONAL COUNSELING VIS ITS, WEIGHT LOSS PROGRAMS, AND DISCOUNTED MEMBERSHIP IN THE APPALACHIAN MOUNTAIN CLUB - A NONPROFIT ORGANIZATION THAT ENCOURAGES OUTDOOR PHYSICAL ACTIVITY RECOGNIZING THAT STRESS IS A UNIQUE CONTRIBUTOR TO POOR HEALTH, TAHMO ALSO PROVIDES DISCOUNTS TO MEMBERS FOR A MIN DFULNESS AND STRESS REDUCTION PROGRAM, MASSAGE THERAPY, ACUPUNCTURE, AND OTHER SERVICES AN D PRODUCTS RELATED TO STRESS RELIEF TAHMO IS COMMITTED TO IMPROVING THE HEALTH OF THE COM MUNITY AS WELL AS THAT OF ITS MEMBERS THE ORGANIZATION TAKES THIS COMMITMENT SERIOUSLY AN D HAS A DEDICATED COMMUNITY PARTNERSHIP PROGRAM THAT PROVIDES IN-KIND AND FINANCIAL SUPPOR T TO NOT-FOR-PROFIT PROGRAMS THROUGHOUT MASSACHUSETTS SUPPORT IS BROAD BASED AND REFLECTS DIVERSE SPONSORSHIP OF ORGANI

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ORGANIZATION'S MISSION STATEMENT	ZATIONS THAT PROMOTE IMPROVED COMMUNITY HEALTH SOME EXAMPLES OF PHILANTHROPY INCLUDE FUND ING TO HEALTH CARE FOR ALL, THE ALZHEIMER'S ASSOCIATION, AND THE MASSACHUSETTS ASSOCIATION FOR MENTAL HEALTH TUFTS HEALTH PLAN FOUNDATION, INC TO PROVIDE COMMUNITY BENEFITS ABOVE AND BEYOND ITS REGULAR LINES OF BUSINESS, TUFTS ASSOCIATED HEALTH MAINTENANCE ORGANIZATIO N, INC (TAHMO) ESTABLISHED THE TUFTS HEALTH PLAN FOUNDATION, A 501(C) (3) CHARITABLE AND SUPPORTING ORGANIZATION OF TAHMO THE FOUNDATION ALIGNED ITS MISSION TO THAT OF TUFTS HEAL TH PLAN TO LEVERAGE THE PLAN'S GREATEST ASSET (ITS PEOPLE) IN A MORE DELIBERATE WAY ON BEH ALF OF COMMUNITY TO IMPROVE THE HEALTH AND WELLNESS OF THE DIVERSE COMMUNITIES WE SERVE THE FOUNDATION ACHIEVES THIS MISSION PRIMARILY THROUGH COMMUNITY INVESTMENTS AND CONVENING ACTIVITIES THAT ARE FOCUSED ON HEALTHY LIVING WITH AN EMPHASIS ON OLDER ADULTS, PARTICULA RLY THE MOST VULNERABLE IN OUR SOCIETY IN 2016, THE FOUNDATION MADE 44 GRANTS TOTALING NE ARLY $2 9 MILLION TO NONPROFITS, THE GRANTS ENGAGE MORE THAN 550 COMMUNITY-BASED ORGANIZAT IONS SUMMARY IN SUMMARY, TAHMO IS DEDICATED TO OFFERING A VARIETY OF QUALITY, INNOVATIVE HEALTH COVERAGE OPTIONS AT THE LOWEST COST AND TO IMPROVING ACCESS TO AFFORDABLE HEALTH C ARE BY DEVELOPING AND EMPLOYING STRATEGIES THAT IMPROVE THE ALLOCATION OF HEALTH CARE RESO URCES IN ADDITION TO PROVIDING THESE SERVICES TO ITS MEMBERS, TAHMO IS DEDICATED TO PROVI DING AND FUNDING HEALTH PROGRAMS THAT BENEFIT THE COMMUNITY TAHMO SERVES MEDICARE ADVANTA GE FORM 990, PART III, LINE 4B TAHMO ALSO OFFERS PRODUCTS TO MEDICARE ELIGIBLE ENROLLEES IN 2016, TUFTS HEALTH PLAN MEDICARE PREFERRED (TUFTS MEDICARE PREFERRED) PROVIDED AFFORDAB LE HEALTH COVERAGE TO APPROXIMATELY 116,642 MEMBERS IN MASSACHUSETTS TUFTS MEDICARE PREFE RRED STRIVES TO PROVIDE COVERAGE OPTIONS THAT ARE AFFORDABLE AND PROVIDE ACCESS TO TOP QUA LITY HEALTH CARE SERVICES FOR SENIORS TUFTS MEDICARE PREFERRED ALSO OFFERS PROGRAMS THAT TARGET THE IMPROVEMENT OF THE HEALTH OF ITS MEMBERS, AS WELL AS THE COMMUNITY AT LARGE WI THIN THE MASSACHUSETTS MEDICARE ADVANTAGE MARKET, TUFTS MEDICARE PREFERRED IS THE MARKET L EADER WITH 50 4% MARKET SHARE - COVERING MORE INDIVIDUALS THROUGH MEDICARE ADVANTAGE PRODU CTS THAN ANY OTHER CARRIER TUFTS MEDICARE PREFERRED ALSO OFFERS CARE MANAGEMENT AND CONDI TION MANAGEMENT SERVICES TO MEMBERS AND PUBLISHES WELL! MAGAZINE FOR ITS MEDICARE POPULATI ON ONCE A YEAR THE MAGAZINE IS AN EDUCATIONAL RESOURCE ON TOPICS PERTAINING TO SAFETY, A CCESS TO CARE, PREVENTIVE CARE, HEALTH INFORMATION AND HEALTH CARE REMINDERS, TARGETED TO ITS SPECIFIC POPULATION IT ALSO PROVIDES INFORMATION FOR MEMBERS ON HOW TO GET THE MOST O F TUFTS HEALTH PLAN'S BENEFITS WELL IS MAILED TO MEMBERS' HOMES AND IS AVAILABLE TO THE P UBLIC ON THE TUFTS MEDICARE PREFERRED WEBSITE

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DUAL-ELIGIBLE PROGRAM	FORM 990, PART III, LINE 4C THE ORGANIZATION ALSO PROVIDES ACCESS TO AFFORDABLE CARE THROUGH A DUAL-ELIGIBLE PROGRAM TAHMO PROVIDES COVERAGE FOR PEOPLE AGE 65 OR OLDER WHO ARE ELIGIBLE FOR MASSHEALTH STANDARD, HAVE BOTH MEDICARE PART A AND B, AND HAVE NOT BEEN DIAGNOSED AS HAVING END STAGE RENAL DISEASE THIS PROGRAM, CALLED SENIOR CARE OPTIONS, INTEGRATES MEDICAID AND MEDICARE BENEFITS AND SERVICES, PROVIDING THOSE ELIGIBLE WITH COORDINATED HIGH-QUALITY AND COST-EFFECTIVE HEALTH CARE FORM 990, PART III, LINE 4D MEDICARE COMPLEMENT TAHMO PROVIDES COVERAGE FOR MEMBERS OF ELIGIBLE EMPLOYER GROUPS WHO ARE ENROLLED IN MEDICARE PARTS A AND B THIS PROGRAM IS CALLED TUFTS MEDICARE COMPLEMENT (TMC) PLAN AND IS A MANAGED CARE PLAN THAT COMPLEMENTS A MEMBER'S EXISTING MEDICARE COVERAGE IT IS OFFERED TO TUFTS HEALTH PLAN MEMBERS IN ELIGIBLE EMPLOYER GROUPS WHO ARE ENROLLED IN MEDICARE PARTS A AND B THE TMC PLAN REQUIRES MEMBERS TO CHOOSE A PRIMARY CARE PHYSICIAN (PCP) WHO IS RESPONSIBLE FOR MANAGING OR PROVIDING THE MEMBER'S CARE Family or business relationships FORM 990, PART VI, LINE 2 THE FOLLOWING PEOPLE SERVED AS A BOARD MEMBER AND/OR OFFICER FOR TUFTS HEALTH PLAN FOUNDATION, INC THOMAS CROSWELL JACKIE JENKINS-SCOTT THOMAS P O'NEILL, III MARY MAHONEY UMESH KURPAD ROLAND PRICE PATRICIA BLAKE THE FOLLOWING PEOPLE SERVED AS A BOARD MEMBER AND/OR OFFICER FOR TUFTS ASSOCIATED HEALTH PLANS, INC THOMAS CROSWELL PAUL KASUBA PATRICIA TREBINO MARY MAHONEY UMESH KURPAD ROLAND PRICE PATRICIA BLAKE TRACEY CARTER MARC SPOONER CHRISTOPHER GORTON ROBERT SPELLMAN DEREK ABRUZZESE LYDIA GREENE MAURICE HEBERT (as of 4/25/16) MARC BACKON THE FOLLOWING PEOPLE SERVED AS A BOARD MEMBER AND/OR OFFICER FOR TOTAL HEALTH PLAN, INC THOMAS CROSWELL UMESH KURPAD MARY MAHONEY ROLAND PRICE THE FOLLOWING PEOPLE SERVED AS A BOARD MEMBER AND/OR OFFICER FOR TUFTS INSURANCE COMPANY THOMAS CROSWELL MARY MAHONEY UMESH KURPAD ROLAND PRICE TRICIA TREBINO ROBERT SPELLMAN THE FOLLOWING PEOPLE SERVED AS A BOARD MEMBER AND/OR OFFICER FOR TUFTS BENEFIT ADMINISTRATORS, INC THOMAS CROSWELL MARY MAHONEY UMESH KURPAD ROLAND PRICE THE FOLLOWING PEOPLE SERVED AS A BOARD MEMBER AND/OR OFFICER FOR TUFTS BROKERAGE CORPORATION, INC THOMAS CROSWELL MARY MAHONEY UMESH KURPAD ROLAND PRICE THE FOLLOWING PEOPLE SERVED AS A BOARD OF MANAGERS MEMBER OR OFFICER FOR CHRISTIE STUDENT HEALTH PLANS LLC THOMAS CROSWELL UMESH KURPAD DEREK ABRUZZESE THE FOLLOWING PEOPLE SERVED AS A BOARD MEMBER OR OFFICER FOR TUFTS HEALTH PUBLIC PLANS, INC CHRISTOPHER GORTON THOMAS CROSWELL UMESH KURPAD MARY MAHONEY ROLAND PRICE THE FOLLOWING PEOPLE SERVED AS A BOARD MEMBER FOR INTEGRA PARTNERS HOLDINGS, INC THOMAS CROSWELL UMESH KURPAD CHRISTOPHER GORTON GREG TRANTOR (AS OF 12/7/16) GREG TRANTOR (AS OF 12/7/16)

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

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Process used to review the Form 990	FORM 990, PART VI, LINE 11B THE FORM 990 IS PREPARED IN OUR FINANCE DEPARTMENT, WITH ASSISTANCE FROM OUR EXTERNAL ACCOUNTANTS, ERNST & YOUNG INFORMATION IS PROVIDED BY OUR FINANCE DEPARTMENT, GOVERNANCE MANAGER, COMPLIANCE & PRIVACY OFFICER, AND INTERNAL LEGAL COUNSEL CERTAIN SECTIONS OF THE FORM ARE REVIEWED BY A NUMBER OF SENIOR MANAGERS, OUR CHIEF FINANCIAL OFFICER REVIEWS THE FORM IN ITS ENTIRETY ONCE THE FORM IS COMPLETE, IN NOVEMBER 2017, IT IS FORWARDED ON TO OUR BOARD OF DIRECTORS AND IT IS THEN SUBMITTED FOR FILING

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MONITORING AND ENFORCEMENT OF COMPLIANCE WITH CONFLICT OF	INTEREST POLICY FORM 990, PART VI, LINE 12C THE TUFTS HEALTH PLAN (THP) CONFLICT OF INTEREST POLICY IS REVIEWED ANNUALLY AND REVISED AS NEEDED THE POLICY REQUIRES MANAGERS WHO OVERSEE OUTSIDE RELATIONSHIPS, AS WELL AS ALL DIRECTORS, AVPS, VPS, SVPS, THE PRESIDENT AND CEO, AND THE BOARD OF DIRECTORS TO ATTEST ANNUALLY THAT THEY WILL ABIDE BY THE POLICY IT ALSO REQUIRES THEM TO SUBMIT AN ANNUAL DISCLOSURE STATEMENT TO THE SENIOR MANAGER, COPORATE COMPLIANCE, LISTING ANY OUTSIDE RELATIONSHIPS, INCLUDING FINANCIAL AND/OR BOARD RELATIONSHIPS, THAT THEY OR A FAMILY MEMBER HAVE WITH THP'S SUPPLIERS, PURCHASERS, PROVIDERS AND/OR COMPETITORS THERE IS A PROTOCOL TO REVIEW ANY DISCLOSURE THAT MIGHT BE A POTENTIAL CONFLICT OF INTEREST ALSO, ALL EMPLOYEES ARE REQUIRED TO REPORT THE OFFER BY AN OUTSIDE ENTITY OF GIFTS OVER $100, HONORARIA OR COVERAGE OF BUSINESS EXPENSES TO THE SENIOR MANAGER, CORPORTATE COMPLIANCE AND A SENIOR LEADER BOTH MUST APPROVE BEFORE ACCEPTANCE IS ALLOWED THE LEVELS OF REVIEW ARE FOR BOARD MEMBERS, THE BOARD CHAIR, CEO, AND BOARD AUDIT & COMPLIANCE COMMITTEE CHAIR - ONCE DISCLOSURES ARE REVIEWED AND APPROVED, THEY ARE COMMUNICATED TO THE GOVERNANCE MANAGER AND TO THE COMPLIANCE AND PRIVACY OFFICER FOR TUFTS HEALTH PLAN MANAGEMENT, THE SENIOR MANAGER, CORPORATE COMPLIANCE, CHIEF COMPLIANCE & ETHICS OFFICER, AND GENERAL COUNSEL DISCLOSURES THAT NEED FURTHER REVIEW ARE BROUGHT TO THE BOARD AUDIT & COMPLIANCE COMMITTEE CHAIR IF A CONFLICT OF INTEREST DOES EXIST, A TRANSACTION WITH THE ENTITY WITH WHICH THERE IS A CONFLICT MAY BE UNDERTAKEN ONLY IF ALL OF THE FOLLOWING ARE OBSERVED 1 THE CONFLICTING INTEREST IS FULLY DISCLOSED, 2 THE PERSON WITH THE CONFLICT OF INTEREST MAY PRESENT INFORMATION, BUT THEN SHALL BE EXCUSED FROM FURTHER DISCUSSION AND FROM THE DECISION REGARDING APPROVING SUCH TRANSACTION, 3 IF PRACTICAL, A COMPETITIVE BID OR COMPARABLE VALUATION EXISTS, AND 4 THE BOARD (OR A DULY CONSTITUTED COMMITTEE THEREOF OR BOARD APPOINTEE) OR THE CHIEF COMPLIANCE & ETHICS OFFICER HAS DETERMINED THAT THE TRANSACTION IS IN THE BEST INTEREST OF THE ORGANIZATION ALL NEW HIRES, AND ALL EMPLOYEES ON AN ANNUAL BASIS, COMPLETE COMPLIANCE TRAINING THAT ADDRESSES CONFLICT OF INTEREST AND REQUIRES THE EMPLOYEE TO ATTEST THAT THEY DO NOT HAVE ANY POTENTIAL CONFLICTING RELATIONSHIPS THAT THEY HAVE NOT DISCLOSED TO THE PROPER LEVEL OF MANAGEMENT AND TO THE SENIOR MANAGER, CORPORATE COMPLIANCE

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Return Reference	Explanation
Process for determining compensation	FORM 990, PART VI, LINE 15 THE COMPENSATION COMMITTEE (THE "COMMITTEE") OF THE BOARD OF DI RECTORS (THE "BOARD") OF TUFTS ASSOCIATED HEALTH MAINTENANCE ORGANIZATION, INC (TUFTS HP OR THE "COMPANY") REVIEWS AND ADMINISTERS TOTAL REMUNERATION OPPORTUNITIES, POLICIES, PROG RAMS, AND MAJOR CHANGES IN TUFTS HP'S BENEFIT PLANS THAT ARE APPLICABLE TO THE OFFICERS AN D EXECUTIVES OF THE COMPANY (THE "EXECUTIVES" - THESE INCLUDE THE CEO AND ALL SENIOR VICE PRESIDENTS), AS WELL AS TO THE GENERAL AUDITOR, CHIEF COMPLIANCE & ETHICS OFFICER, AND ANY OTHER INDIVIDUAL OR GROUPS THE COMMITTEE DEEMS APPROPRIATE BASED ON ITS NTERPRETATION OF THE DEFINITION OF "DISQUALIFIED PERSONS" IN SECTION 4958 OF THE INTERNAL REVENUE CODE OF 1 986 THE COMMITTEE IS COMPRISED OF INDEPENDENT DIRECTORS OF THE COMPANY THE COMMITTEE REP ORTS TO THE FULL BOARD OF DIRECTORS FOR CEO COMPENSATION, THE COMMITTEE REVIEWS THE INFOR MATION DESCRIBED BELOW AND RECOMMENDS THE CEO'S COMPENSATION TO THE FULL BOARD FOR ITS APP ROVAL THE COMMITTEE REVIEWS AND APPROVES COMPENSATION RECOMMENDATIONS FROM THE CEO FOR OT HER EXECUTIVES, AND PROVIDES A REPORT TO THE FULL BOARD ON THIS INFORMATION IT IS THE BOA RD'S INTENTION THAT THE COMMITTEE WILL PERFORM ITS DUTIES IN A MANNER THAT WILL ESTABLISH A PRESUMPTION THAT THE TOTAL REMUNERATION OFFERED TO EXECUTIVES AND OTHER "DISQUALIFIED PE RSONS" ARE REASONABLE COMPARABILITY DATA AND REASONABLENESS THE TOTAL COMPENSATION OPPORT UNITIES PROVIDED TO EXECUTIVES OF THE COMPANY ARE INTENDED TO BE COMPETITIVE WITH, AND IN REASONABLE COMPARISON TO, THOSE OPPORTUNITIES PROVIDED BY ORGANIZATIONS IN THOSE BUSINESS SECTORS WITH WHICH THE COMPANY COMPETES FOR EXECUTIVE TALENT THE BOARD BELIEVES THAT SUCH COMPETITORS ARE NOT LIMITED TO OTHER HEALTHCARE INSTITUTIONS AND THAT COMPARISONS SHOULD BE MADE TO THE COMPENSATION PRACTICES OF A CROSS-SECTION OF BUSINESS SECTORS IN BOTH FOR-P ROFIT AND NOT-FOR-PROFIT ORGANIZATIONS, WHEN APPROPRIATE THE COMMITTEE RETAINS INDEPENDEN T COMPENSATION CONSULTANTS TO PROVIDE DATA AS NECESSARY, AND ALSO USES AVAILABLE SOURCES O F INDEPENDENT DATA ON COMPENSATION PEER ORGANIZATIONS AND PUBLISHED SURVEY SOURCES WILL B E APPROVED BY THE COMMITTEE BASED ON ITS REASONABLE DETERMINATION THE COMMITTEE MAY ALSO RELY ON MEMBERS OF MANAGEMENT AND OUTSIDE ADVISORS, CONSULTANTS, AND COUNSEL TO PROVIDE MA RKET DATA REPORTS, ANALYSIS, AND OPINIONS WITH RESPECT TO COMPENSATION-RELATED MATTERS TH E DATA REVIEWED CONSISTS OF COMPARABLE, RELEVANT MARKET DATA FOR THE COMPANY'S POSITIONS F ROM PUBLISHED SURVEYS, AND OTHER AVAILABLE SOURCES, OF HEALTH AND MANAGED CARE INSTITUTION S AND THE GENERAL INDUSTRY OTHER SURVEYS OF SPECIALIZED SKILL SETS OR EMPLOYEE ATTRIBUTES CRITICAL TO THE SUCCESS OF THE COMPANY, E G , ACTUARIAL, LEGAL, ETC , ARE ALSO INCORPORAT ED AS NEEDED, ALONG WITH GEOGRAPHIC REFERENCES TO THE BOSTON AND NEW ENGLAND LABOR MARKETS THE COMMITTEE WILL RELY ON THIS MARKET DATA TO ASSESS, DETERMINE, AND VALIDATE COMPENSAT ION LEVELS FOR THE COMPANY'S E

990 Schedule O, Supplemental Information

Return Reference	Explanation
Process for determining compensation	XECUTIVES THE COMMITTEE USES THIS DATA IN ITS REVIEW OF - SETTING BASE SALARIES - IN LIG HT OF MARKET DATA AND THE INDIVIDUAL'S PERFORMANCE, BACKGROUND, EXPERIENCES, AND PERSONAL SKILLS BASE SALARY WILL BE SET SO THAT THE TARGETED POSITIONING OF AN EXECUTIVE IS AT THE 50TH PERCENTILE FOR EACH POSITION ACTUAL BASE SALARY MAY VARY BASED ON SKILLS, BACKGROUN D, AND EXPERIENCE - ANNUAL INCENTIVE COMPENSATION - THE COMPANY'S GOAL IS TO PROVIDE COMP ETITIVE AND REASONABLE OPPORTUNITIES UNDER THE TERMS OF AN EXECUTIVE ANNUAL INCENTIVE PLAN FOR THE SELECTED POSITIONS WHICH ARE RESPONSIBLE FOR ACHIEVING PERFORMANCE GOALS THAT REF LECT THE OVERALL MISSION OF THE COMPANY, AND THE STRATEGIC DIRECTION OF THE COMPANY FOR TH E PERFORMANCE YEAR THE COMMITTEE MAKES EVERY EFFORT TO ESTABLISH A PRESUMPTION THAT THE T OTAL REMUNERATION OPPORTUNITIES PROVIDED TO EXECUTIVES ARE REASONABLE, AS SUCH PRESUMPTION IS CONTEMPLATED IN SECTION 4958 OF THE INTERNAL REVENUE CODE OF 1986, AS AMENDED FROM TIM E TO TIME IN ESTABLISHING THE PRESUMPTION OF REASONABLENESS, THE COMMITTEE MAY ENGAGE THE PROFESSIONAL SERVICES OF INDEPENDENT LEGAL COUNSEL, COMPENSATION EXPERTS, ACCOUNTANTS, AN D OTHER EXPERTS AND ADVISORS TIMING EXECUTIVE BENCHMARKING IS COMPLETED EVERY TWO YEARS F OR THOSE INDIVIDUALS UNDER THE COMPENSATION COMMITTEES PURVIEW BY THE EXTERNAL CONSULTANT ENGAGED BY THE COMPENSATION COMMITTEE TO COMPLETE THE ANALYSIS, THE CONSULTANT - COLLECT ED RELEVANT INFORMATION REGARDING THE COMPANY'S OPERATIONS, COMPLEXITY, STRUCTURE, SIZE, A ND SCOPE, AS WELL AS RELEVANT BACKGROUND ON THE EXECUTIVES' DUTIES AND SCOPE OF RESPONSIBI LITIES, - DETERMINED THE SURVEY SOURCES TO USE IN THE ANALYSIS, BASED ON THE COMPANY'S COM PETITIVE MARKET FOR EXECUTIVE POSITIONS (AS DESCRIBED ABOVE), - MATCHED THE COMPANY'S EXEC UTIVE POSITIONS IN THE SURVEYS BASED ON THE COMPANY'S SIZE COMPLEXITY, AND SCOPE, AS WELL AS ACCORDING TO SPECIFIC POSITION RESPONSIBILITIES AND REPORTING RELATIONSHIPS, - VALIDATE D THE SURVEY SOURCES AND MARKET MATCHES WITH THE INTERNAL COMPENSATION TEAM TO ENSURE CONS ISTENCY, - REVIEWED, COMPILED, AND SUMMARIZED THE DATA IN REPORT FORM THE REPORT SUMMARIZ ING THE RESULTS OF THE ANALYSIS WAS PRESENTED TO THE COMPENSATION COMMITTEE FOR DISCUSSION AND DELIBERATION DOCUMENTATION A SUMMARY OF THE DISCUSSIONS AND DELIBERATIONS OF THE COM MITTEE ARE DOCUMENTED IN THE MEETING MINUTES, WHICH ARE REVIEWED AND APPROVED BY THE COMMI TTEE COPIES OF ALL MEETING MATERIALS DISTRIBUTED PRIOR TO AND DURING THE MEETING ARE MAIN TAINED IN THE CORPORATE RECORDS ALONG WITH MEETING MINUTES

990 Schedule O, Supplemental Information

Return Reference	Explanation
Process for making documents available to the public	FORM 990, PART VI, LINE 19 OUR GOVERNING DOCUMENTS ARE PUBLICLY FILED AND AVAILABLE UPON REQUEST OUR CONFLICTS OF INTEREST POLICY IS ALSO AVAILABLE UPON REQUEST OUR ANNUAL FINANCIAL REPORT AND QUARTERLY FINANCIAL UPDATES ARE POSTED ON OUR PUBLIC WEBSITE AND ARE ALSO AVAILABLE TO THE PUBLIC UPON REQUEST PART VII, SECTION A SUPPLEMENTAL COMPENSATION INFORMATION DR SULLIVAN DID NOT EARN COMPENSATION IN 2016 IN LIEU OF COMPENSATION, TUFTS ASSOCIATED HEALTH MAINTENANCE ORGANIZATION, INC DONATED AN AMOUNT EQUIVALENT TO THE COMPENSATION SHE WOULD HAVE OTHERWISE RECEIVED TO A DESIGNATED CHARITY

990 Schedule O, Supplemental Information

Return Reference	Explanation
OTHER CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 9 Change in nonadmitted assets $35,746,428 RENTAL INCOME NOT RECORDED ON FINANCIAL STATEMENTS ($113,197)

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493318060937

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

2016

Open to Public Inspection

Name of the organization
TUFTS ASSOCIATED HEALTH MAINTENANCE ORGANIZATION INC

Employer identification number
04-2674079

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) No
(1)TUFTS HEALTH PLAN FOUNDATION INC 705 MOUNT AUBURN STREET WATERTOWN, MA 02472 26-1374263	GRANT MAKING	MA	501(c)(3)	12a	TAHMO		No
(2)TUFTS HEALTH PUBLIC PLANS 705 MOUNT AUBURN STREET WATERTOWN, MA 02472 80-0721489	HEALTH PLAN	MA	501(c)(4)	N/A	TAHMO		No
(3)TUFTS HEALTH PLAN INC 705 MOUNT AUBURN STREET watertown, MA 02472 81-4089215	health plan	MA	501(C)(4)	N/A	TAMHO		No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1) Christie Student Health Plans 80 Hayden Ave Lxngtn, MA 02141 46-1875544	Insurance	MA	TAHP									51 000 %
(2) Kaiser Permanente Ventures LLC 1 Kaiser Pl Oakland, CA 94612	Healthcare	CA	NA									

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

See Additional Data Table

(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

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

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

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

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

See Additional Data Table

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

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

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

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

Part VII Supplemental Information

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

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 04-2674079

Name: TUFTS ASSOCIATED HEALTH MAINTENANCE ORGANIZATION INC

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1) TUFTS ASSOCIATED HEALTH PLANS INC 705 MOUNT AUBURN STREET WATERTOWN, MA 02472 04-2985923	MANAGEMENT SV	DE	TAHMO	C CORP	320,657,101	154,995,139	100 000 %	Yes	
(1) TUFTS INSURANCE COMPANY 705 MOUNT AUBURN STREET WATERTOWN, MA 02472 04-3319729	INSURANCE	MA	TAHP	C CORP	259,024,172	102,106,523	100 000 %	Yes	
(2) TUFTS BENEFIT ADMINISTRATORS INC 705 MOUNT AUBURN STREET WATERTOWN, MA 02472 04-3270923	TPA	MA	TAHP	C CORP	48,489,915	19,582,725	100 000 %	Yes	
(3) TOTAL HEALTH PLAN INC 705 MOUNT AUBURN STREET WATERTOWN, MA 02472 04-2918943	TPA	MA	TAHP	C CORP	49,960,013	50,371,575	100 000 %	Yes	
(4) TAHP BROKERAGE CORPORATION 705 MOUNT AUBURN STREET WATERTOWN, MA 02472 04-3072692	BROKERAGE COM	MA	TAHP	C CORP	0	197,139	100 000 %	Yes	
(5) Integra Partners holdings Inc 100 Wall St Ste 2502 New York, NY 10005 45-3032233	MED EQPMT & SPPLS	NY	TAHMO	C CORP	122,043,686	155,181,062	91 600 %	Yes	
(6) Tufts Health Freedom Plans Inc 705 Mount Auburn Street Watertown, MA 02472 30-0858646	Joint Venture	MA	TAHMO	C CORP	0	13,418,482	51 000 %	Yes	
(7) Tufts Health Freedom Insurance Company 11 South Main St ste 600 Concord, NH 03301 47-3788473	insurance	NH	TAHMO	C CORP	8,529,508	20,110,886	100 000 %	Yes	

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

	(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(1)	TUFTS ASSOCIATED HEALTH PLANS INC	P	137,000,000	ACCRUAL
(1)	TUFTS INSURANCE COMPANY	S	3,100,000	ACCRUAL
(2)	TUFTS INSURANCE COMPANY	R	34,400,000	ACCRUAL
(3)	TOTAL HEALTH PLAN INC	S	7,100,000	ACCRUAL
(4)	TOTAL HEALTH PLAN INC	R	24,800,000	ACCRUAL
(5)	TUFTS BENEFIT ADMINISTRATORS INC	R	110,600,000	ACCRUAL
(6)	TUFTS HEALTH PLAN FOUNDATION INC	S	200,000	ACCRUAL
(7)	TUFTS HEALTH PLAN FOUNDATION INC	R	836,000	ACCRUAL
(8)	TUFTS HEALTH PUBLIC PLANS INC	S	4,745,000	ACCRUAL
(9)	TUFTS HEALTH PUBLIC PLANS INC	R	1,500,000	ACCRUAL
(10)	TUFTS HEALTH FREEDOM INSURANCE COMPANY	S	4,340,000	ACCRUAL
(11)	TUFTS HEALTH FREEDOM INSURANCE COMPANY	R	710,000	ACCRUAL