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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

**2017**

**Open to Public Inspection**

**A For the 2017 calendar year, or tax year beginning 01-01-2017 , and ending 12-31-2017**

**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 $ 2,747,938,641

**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

Activities & Governance

| | | | |
|---|---|---|---|
| **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** | 13 |
| **4** | Number of independent voting members of the governing body (Part VI, line 1b) | **4** | 11 |
| **5** | Total number of individuals employed in calendar year 2017 (Part V, line 2a) | **5** | 374 |
| **6** | Total number of volunteers (estimate if necessary) | **6** | 0 |
| **7a** | Total unrelated business revenue from Part VIII, column (C), line 12 | **7a** | 88,166 |
| **b** | Net unrelated business taxable income from Form 990-T, line 34 | **7b** | 0 |

| | | Prior Year | Current Year |
|---|---|---|---|
| **8** | Contributions and grants (Part VIII, line 1h) | 0 | 0 |
| **9** | Program service revenue (Part VIII, line 2g) | 2,554,120,867 | 2,555,327,301 |
| **10** | Investment income (Part VIII, column (A), lines 3, 4, and 7d ) | -27,735,502 | 2,716,198 |
| **11** | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 113,197 | 645,465 |
| **12** | Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 2,526,498,562 | 2,558,688,964 |
| **13** | Grants and similar amounts paid (Part IX, column (A), lines 1–3 ) | 607,528 | 10,432,898 |
| **14** | Benefits paid to or for members (Part IX, column (A), line 4) | 2,255,246,318 | 2,198,843,502 |
| **15** | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) | 24,033,425 | 22,981,440 |
| **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) | 249,721,547 | 241,374,163 |
| **18** | Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25) | 2,529,608,818 | 2,473,632,003 |
| **19** | Revenue less expenses Subtract line 18 from line 12 | -3,110,256 | 85,056,961 |

Revenue

Expenses

| | | Beginning of Current Year | End of Year |
|---|---|---|---|
| **20** | Total assets (Part X, line 16) | 1,200,972,052 | 1,086,814,837 |
| **21** | Total liabilities (Part X, line 26) | 432,870,505 | 442,528,365 |
| **22** | Net assets or fund balances Subtract line 21 from line 20 | 768,101,547 | 644,286,472 |

Net Assets or Fund Balances

## Part II Signature Block

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

**Sign Here**

Signature of officer — Date: 2018-11-13

EDWARD TEXERIA VP, CONTROLLER
Type or print name and title

**Paid Preparer Use Only**

| Print/Type preparer's name | Preparer's signature | Date | Check ☐ if self-employed | PTIN |
|---|---|---|---|---|
| EILEEN WEBB | EILEEN WEBB | | | P01641852 |

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

Firm's address ▶ 2100 ONE PPG PLACE
PITTSBURGH, PA 15222

Phone no (412) 644-7800

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 $ 965,718,587 including grants of $ 4,734,388 ) (Revenue $ 1,159,592,687 )
See Additional Data

**4b** (Code ) (Expenses $ 1,165,489,351 including grants of $ 5,191,603 ) (Revenue $ 1,271,578,202 )
See Additional Data

**4c** (Code ) (Expenses $ 63,809,583 including grants of $ 354,330 ) (Revenue $ 86,785,880 )
See Additional Data

**4d** Other program services (Describe in Schedule O )
(Expenses $ 30,458,816 including grants of $ 152,577 ) (Revenue $ 37,370,532 )

**4e** **Total program service expenses ▶** 2,225,476,337

**Part IV Checklist of Required Schedules**

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

**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** | 13,454 | | |
| **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** | 374 | | |
| **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 | 13 | | |
| | 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 | 11 | | |
| 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 | Yes | |
| 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 | Yes | |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? | | 7a | Yes | |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | | 7b | Yes | |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following | | | | |
| a | The governing body? | | 8a | Yes | |
| b | Each committee with authority to act on behalf of the governing body? | | 8b | Yes | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O* | | 9 | | No |

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

| | | | Yes | No |
|---|---|---|---|---|
| 10a | 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 | | | | | | | | | | |
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**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 | | | | | | | | | | |
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| | | | | | | | | | | |
| **1b Sub-Total** ▶ | | | | | | | | | | |
| **c Total from continuation sheets to Part VII, Section A** ▶ | | | | | | | | | | |
| **d Total (add lines 1b and 1c)** ▶ | | | | | | | | 527,000 | 12,991,707 | 2,033,177 |

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

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

## Section B. Independent Contractors

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

| (A) Name and business address | (B) Description of services | (C) Compensation |
|---|---|---|
| CGI TECHNOLOGIES AND SOLUTIONS,<br>12907 COLLECTIONS CENTER DRIVE<br>CHICAGO, IL 60693 | OUTSIDE LABOR | 7,337,715 |
| NTT DATA INC,<br>100 CITY SQUARE<br>BOSTON, MA 02129 | OUTSIDE LABOR | 6,032,315 |
| DELOITTE CONSULTING LLP,<br>200 BERKLEY STREET<br>BOSTON, MA 02116 | OUTSIDE LABOR | 2,140,926 |
| MEDHOKINC,<br>5550 WIDLEWILD AVE<br>TAMPA, FL 33634 | OUTSIDE LABOR | 1,371,714 |
| MAGELLAN BEHAVIORAL HEALTH,<br>PO BOX 785341<br>PHILADELPHIA, PA 19178 | OUTSOURCING | 1,228,129 |

**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 ▶ 5

**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 | | | |
| | 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 $ _____ | | | | |
| | h **Total.** Add lines 1a-1f . . . . . ▶ | 0 | | | |

| Program Service Revenue | Business Code | | | | |
|---|---|---|---|---|---|
| 2a COMMERCIAL | 524114 | 1,159,592,687 | 1,159,592,687 | 0 | 0 |
| b ~~MEDICARE~~ | 524114 | 1,271,578,202 | 1,271,578,202 | 0 | 0 |
| c ~~MEDICAID~~ | 524114 | 86,785,880 | 86,785,880 | 0 | 0 |
| d ~~MEDICARE COMPLEMENT~~ | 524114 | 37,370,532 | 37,370,532 | 0 | 0 |
| e | | | | | |
| f All other program service revenue | | | | | |
| g **Total.** Add lines 2a–2f . . . . ▶ | | 2,555,327,301 | | | |

| Other Revenue | | | | | |
|---|---|---|---|---|---|
| 3 Investment income (including dividends, interest, and other similar amounts) . . . . . ▶ | | 18,899,107 | | | 18,899,107 |
| 4 Income from investment of tax-exempt bond proceeds ▶ | | 0 | | | |
| 5 Royalties . . . . . ▶ | | 0 | | | |
| | (i) Real / (ii) Personal | | | | |
| 6a Gross rents | 88,166 | | | | |
| b Less rental expenses | | | | | |
| c Rental income or (loss) | 88,166 / 0 | | | | |
| d Net rental income or (loss) . . . . . ▶ | | 88,166 | | 88,166 | |
| | (i) Securities / (ii) Other | | | | |
| 7a Gross amount from sales of assets other than inventory | 173,066,768 | | | | |
| b Less cost or other basis and sales expenses | 189,249,677 | | | | |
| c Gain or (loss) | -16,182,909 | | | | |
| d Net gain or (loss) . . . . . ▶ | | -16,182,909 | | | -16,182,909 |
| 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 OTHER INCOME | 524114 | 557,299 | 557,299 | | |
| b | | | | | |
| c | | | | | |
| d All other revenue . . . . | | | | | |
| e **Total.** Add lines 11a–11d . . . . . ▶ | | 557,299 | | | |
| **12 Total revenue.** See Instructions . . . . . ▶ | | 2,558,688,964 | 2,555,884,600 | 88,166 | 2,716,198 |

**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 | 10,432,898 | 10,432,898 | | |
| 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 | | | |
| 4 Benefits paid to or for members | 2,198,843,502 | 2,198,843,502 | | |
| 5 Compensation of current officers, directors, trustees, and key employees . . . . | 575,500 | 0 | 575,500 | 0 |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . | 0 | 0 | 0 | 0 |
| 7 Other salaries and wages | 17,321,536 | 17,321,536 | 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 . . . . . | 5,084,404 | 5,084,404 | 0 | 0 |
| 10 Payroll taxes . . . . . | 0 | 0 | 0 | 0 |
| 11 Fees for services (non-employees) | | | | |
| a Management . . . . . | 150,594,458 | 0 | 150,594,458 | 0 |
| b Legal . . . . . | 0 | 0 | 0 | 0 |
| c Accounting . . . . . | 1,147,797 | 918,238 | 229,559 | 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) | 55,353,849 | | 55,353,849 | |
| 12 Advertising and promotion . . . . | 4,448,694 | 3,558,955 | 889,739 | 0 |
| 13 Office expenses . . . . . | 1,006,502 | 0 | 1,006,502 | 0 |
| 14 Information technology . . . . . | 526,494 | 421,195 | 105,299 | 0 |
| 15 Royalties . . | 0 | 0 | 0 | 0 |
| 16 Occupancy . . . . . | 3,404,114 | 0 | 3,404,114 | 0 |
| 17 Travel . . . . . | 383,787 | 0 | 383,787 | 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 . . . . | 412,567 | 412,567 | 0 | 0 |
| 20 Interest . . . . . | 0 | 0 | 0 | 0 |
| 21 Payments to affiliates . . . . . | 3,262 | 2,610 | 652 | 0 |
| 22 Depreciation, depletion, and amortization . . | 32,891,836 | 0 | 32,891,836 | 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 | -21,655,204 | -17,324,163 | -4,331,041 | |
| b HEALTH ASSESSMENT | 1,303,128 | | 1,303,128 | |
| c INVESTMENT FEES & LOC EXP | 4,297,135 | | 4,297,135 | |
| d ALL OTHER EXPENSES | 7,255,744 | 5,804,595 | 1,451,149 | |
| e All other expenses | | | | |
| 25 **Total functional expenses.** Add lines 1 through 24e | 2,473,632,003 | 2,225,476,337 | 248,155,666 | 0 |
| 26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720) | | | | |

## Part X Balance Sheet

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

| | | | (A) Beginning of year | | (B) End of year |
|---|---|---|---|---|---|
| Assets | 1 | Cash–non-interest-bearing | 0 | 1 | 0 |
| | 2 | Savings and temporary cash investments | 9,578,999 | 2 | 52,761,886 |
| | 3 | Pledges and grants receivable, net | 0 | 3 | 0 |
| | 4 | Accounts receivable, net | 29,594,370 | 4 | 7,903,940 |
| | 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: 189,703,721 | | | |
| | b | Less accumulated depreciation — 10b: 63,047,943 | 123,304,876 | 10c | 126,655,778 |
| | 11 | Investments—publicly traded securities | 988,795,013 | 11 | 700,438,609 |
| | 12 | Investments—other securities See Part IV, line 11 | 0 | 12 | 129,574,016 |
| | 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 | 49,698,794 | 15 | 69,480,608 |
| | 16 | **Total assets.** Add lines 1 through 15 (must equal line 34) | 1,200,972,052 | 16 | 1,086,814,837 |
| Liabilities | 17 | Accounts payable and accrued expenses | 93,994,904 | 17 | 101,619,881 |
| | 18 | Grants payable | 0 | 18 | 0 |
| | 19 | Deferred revenue | 15,870,750 | 19 | 14,087,512 |
| | 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 | 84,291,668 | 24 | 75,791,671 |
| | 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 | 238,713,183 | 25 | 251,029,301 |
| | 26 | **Total liabilities.** Add lines 17 through 25 | 432,870,505 | 26 | 442,528,365 |
| 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 | 768,101,547 | 27 | 644,286,472 |
| | 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 | 768,101,547 | 33 | 644,286,472 |
| | 34 | Total liabilities and net assets/fund balances | 1,200,972,052 | 34 | 1,086,814,837 |

## 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 | 2,558,688,964 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 2,473,632,003 |
| 3 | Revenue less expenses Subtract line 2 from line 1 | 3 | 85,056,961 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 768,101,547 |
| 5 | Net unrealized gains (losses) on investments | 5 | -13,494,000 |
| 6 | Donated services and use of facilities | 6 | |
| 7 | Investment expenses | 7 | |
| 8 | Prior period adjustments | 8 | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | -195,378,036 |
| 10 | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 644,286,472 |

## 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 (2017)

**Form 990, Part III, Line 4a:**

ONE OF TAHMO'S LARGEST PRODUCTS IS ITS COMMERCIAL HMO  IN 2017, THE HMO PROVIDED AFFORDABLE HEALTH COVERAGE TO APPROXIMATELY 182,344 MEMBERS SEE SCHEDULE O

**Form 990, Part III, Line 4b:**

TAHMO OFFERS PRODUCTS TO MEDICARE ELIGIBLE ENROLLEES IN 2017, TUFTS HEALTH PLAN MEDICARE PREFERRED (TRUFTS MEDICARE PREFERRED) PROVIDED AFFORDABLE HEALTH COVERAGE TO APPROXIMATELY 111,043 MEMBERS IN MASSACHUSETTS SEE SCHEDULE O

**Form 990, Part III, Line 4c:**

THE ORGANIZATION PROVIDES ACCESS TO AFFORDABLE CARE THROUGH A DUAL-ELIGIBLE PROGRAM 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<br>DIRECTOR | 4 0<br>0 0 | X | | | | | | 54,500 | 0 | 0 |
| PETER DROTCH<br>DIRECTOR | 5 0<br>0 0 | X | | | | | | 59,000 | 0 | 0 |
| THOMAS CROSWELL<br>PRESIDENT & CEO | 20 0<br>30 0 | X | | X | | | | 0 | 1,730,340 | 170,133 |
| Irina Simmons<br>DIRECTOR | 3 0<br>0 0 | X | | | | | | 48,000 | 0 | 0 |
| JAMES MCNULTY<br>DIRECTOR (UNTIL 6/17) | 2 0<br>0 0 | X | | | | | | 28,000 | 0 | 0 |
| THOMAS O'NEILL III<br>DIRECTOR | 5 0<br>3 0 | X | | | | | | 42,500 | 5,500 | 0 |
| Bertram Scott<br>Director | 3 0<br>0 0 | X | | | | | | 42,000 | 0 | 0 |
| ROBERT SPELLMAN<br>Chairman of the Board | 8 0<br>0 0 | X | | X | | | | 75,000 | 0 | 0 |
| MARY ANNA SULLIVAN<br>DIRECTOR | 4 0<br>0 0 | X | | | | | | 0 | 0 | 0 |
| GREG TRANTER<br>DIRECTOR | 5 0<br>0 0 | X | | | | | | 58,000 | 0 | 0 |

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

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W- 2/1099-MISC) | (E) Reportable compensation from related organizations (W- 2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|---|---|---|---|---|---|---|---|---|---|
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| Eileen Auen<br>DIRECTOR | 30<br>00 | X | | | | | | 45,000 | 0 | 0 |
| Frank Torti<br>DIRECTOR | 30<br>00 | X | | | | | | 41,000 | 0 | 0 |
| MICHAEL J MCCOLGAN<br>DIRECTOR (FROM 7/17) | 10<br>00 | X | | | | | | 17,500 | 0 | 0 |
| JEFF A WEISS<br>DIRECTOR (FROM 6/17) | 10<br>00 | X | | | | | | 16,500 | 0 | 0 |
| UMESH KURPAD<br>SVP & CFO | 25 0<br>25 0 | | | X | | | | 0 | 905,836 | 109,883 |
| PATRICIA TREBINO<br>SVP, chief operation officer | 25 0<br>25 0 | | | X | | | | 0 | 739,509 | 96,411 |
| PATRICIA BLAKE<br>PRESIDENT, SENIOR PRODUCTS | 50 0<br>00 | | | X | | | | 0 | 633,740 | 127,760 |
| PAUL KASUBA<br>SVP & CMO | 25 0<br>25 0 | | | X | | | | 0 | 608,553 | 112,975 |
| TRACEY CARTER<br>SVP & CHIEF ACTUARY | 25 0<br>25 0 | | | X | | | | 0 | 583,996 | 153,024 |
| MARC SPOONER<br>EXEC VP, COMMERCIAL & GOV Pdts | 25 0<br>25 0 | | | X | | | | 0 | 677,514 | 222,081 |

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

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W- 2/1099-MISC) | (E) Reportable compensation from related organizations (W- 2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|---|---|---|---|---|---|---|---|---|---|
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| CHRISTOPHER GORTON<br>SVP (UNTIL 12/31/17) | 0 0<br>50 0 | | | X | | | | 0 | 679,750 | 82,933 |
| ROLAND PRICE<br>TREASURER & VP | 26 0<br>24 0 | | | X | | | | 0 | 399,457 | 97,361 |
| LYDIA GREENE<br>SVP, CHIEF HR OFFICER | 25 0<br>25 0 | | | X | | | | 0 | 527,791 | 70,244 |
| Marc Backon<br>PRESIDENT, Comrcl prdt | 15 0<br>35 0 | | | X | | | | 0 | 573,624 | 76,938 |
| Mary Mahoney<br>Clerk, SVP, CHIEF LEGAL OFC | 25 0<br>25 0 | | | X | | | | 0 | 555,713 | 65,760 |
| Derek Abruzzese<br>SVP, Chief Strategy Officer | 25 0<br>25 0 | | | X | | | | 0 | 451,936 | 144,721 |
| Maurice Hebert<br>SVP, Fin & Chf Accntng offcr | 25 0<br>25 0 | | | X | | | | 0 | 616,703 | 88,852 |
| KRISTIN LEWIS<br>SVP, CHIEF PUB AFFAIRS OFFICER | 20 0<br>30 0 | | | X | | | | 0 | 392,724 | 102,078 |
| JAMES ROOSEVELT<br>consultant | 20 0<br>30 0 | | | | | X | | 0 | 780,968 | 93,949 |
| JOSEPH IMBIMBO<br>Chief Technology Officer | 36 0<br>14 0 | | | | | X | | 0 | 414,711 | 71,548 |

**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 | | | |
| MIRIAM SULLIVAN<br>VP OF PHARMACY & HLTH PRGRMS | 25 0<br>25 0 | | | | | X | | 0 | 411,889 | 57,221 |
| CYNTHIA N ROSENBERG<br>VP, CMO SP (UNTIL 7/17) | 50 0<br>0 0 | | | | | X | | 0 | 442,245 | 27,806 |
| SONIA HAGOPIAN<br>VP, CORPORATE COMMUNICATIONS | 25 0<br>25 0 | | | | | X | | 0 | 434,978 | 61,499 |
| LOIS CORNELL<br>FMR CAO&GEN CNSL(UNTIL 12/15) | 0 0<br>0 0 | | | | | | X | 0 | 424,230 | 0 |

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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

**2017**

**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 | | 111,827,165 | 24,365,608 | 87,461,557 |
| c Leasehold improvements | | | | |
| d Equipment | | | | |
| e Other | | 63,824,159 | 38,682,335 | 25,141,824 |
| **Total.** Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c) )* ▶ | | | | 126,655,778 |

**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) INVESTMENT IN TAHP | 37,667,862 | C |
| (B) INVESTMENT INTEGRA | 89,367,232 | C |
| (C) COMMON STOCKS - INTEGRA | 2,538,922 | F |
| (D) | | |
| (E) | | |
| (F) | | |
| (G) | | |
| (H) | | |
| **Total.** *(Column (b) must equal Form 990, Part X, col (B) line 12 )* ▶ | 129,574,016 | |

**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 | 231,274,701 |
| DUE TO AFFILIATES | 13,545,669 |
| CMS SUBSIDY CLEARING | 6,208,931 |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| **Total.** *(Column (b) must equal Form 990, Part X, col (B) line 25 )* ▶ | 251,029,301 |

**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 | 2,554,303,663 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12 | | | | |
| a | Net unrealized gains (losses) on investments | 2a | | | |
| b | Donated services and use of facilities | 2b | | | |
| c | Recoveries of prior year grants | 2c | | | |
| d | Other (Describe in Part XIII ) | 2d | | | |
| e | Add lines **2a** through **2d** | | | 2e | |
| 3 | Subtract line **2e** from line **1** | | | 3 | 2,554,303,663 |
| 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 | 4,297,135 | | |
| b | Other (Describe in Part XIII ) | 4b | 88,166 | | |
| c | Add lines **4a** and **4b** | | | 4c | 4,385,301 |
| 5 | Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12 ) | | | 5 | 2,558,688,964 |

## 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 | 2,469,334,868 |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25 | | | | |
| a | Donated services and use of facilities | 2a | | | |
| b | Prior year adjustments | 2b | | | |
| c | Other losses | 2c | | | |
| d | Other (Describe in Part XIII ) | 2d | | | |
| e | Add lines **2a** through **2d** | | | 2e | |
| 3 | Subtract line **2e** from line **1** | | | 3 | 2,469,334,868 |
| 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 | 4,297,135 | | |
| b | Other (Describe in Part XIII ) | 4b | | | |
| c | Add lines **4a** and **4b** | | | 4c | 4,297,135 |
| 5 | Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18 ) | | | 5 | 2,473,632,003 |

## 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 |
|---|---|
| FORM 990, SCHEDULE D, PART X, LINE 2 | ASC 740 (FKA FIN 48) FOOTNOTE IN 2017, THE AUDITED FINANCIAL STATEMENTS FOR THE TUFTS ASSOCIATED HEALTH MAINTENANCE ORGANIZATION DID NOT DISCLOSE AN ASC 740 FOOTNOTE RECONCILIATION OF REVENUE PER AUDITED FINANCIAL STMTS WITH REVENUE PER 990 SCHEDULE D, PART XI, LINE 4B RENTAL INCOME NOT RECORDED ON FINANCIAL STATEMENTS $88,166 FORM 990, SCHEDULE D, PART X, LINE 2 |

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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

**2017**

**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 noncash assistance | (h) Purpose of grant or assistance |
|---|---|---|---|---|---|---|---|
| (1) See Additional Data | | | | | | | |
| (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 . . . . . ▶ 17

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶ 5

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

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

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

| Return Reference | Explanation |
|---|---|
| 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<br>309 WAVERLEY OAKS ROAD<br>WALTHAM, MA 02452 | 13-3039601 | 501(C)(3) | 30,000 | | | | Hope on the Harbor |
| Associated Industries of Massachusetts<br>1 Beacon Street Floor 16<br>Boston, MA 02108 | 04-1045830 | 501(C)(6) | 21,000 | | | | 2017/2018 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 |
|---|---|---|---|---|---|---|---|
| Boston Symphony Orchestra<br>301 Massachusetts Avenue<br>Boston, MA 02115 | 04-2103550 | 501(C)(3) | 7,000 | | | | Presidents at Pops |
| Greater Boston Chamber of Commerce<br>265 Franklin St<br>Boston, MA 02110 | 04-1103090 | 501(C)(6) | 14,800 | | | | Boston Chamber |

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

| **(a)** Name and address of organization or government | **(b)** EIN | **(c)** IRC section if applicable | **(d)** Amount of cash grant | **(e)** Amount of non-cash assistance | **(f)** Method of valuation (book, FMV, appraisal, other) | **(g)** Description of non-cash assistance | **(h)** Purpose of grant or assistance |
|---|---|---|---|---|---|---|---|
| Health Care for All<br>30 Winter St 10th Fl<br>Boston, MA 02108 | 04-3071598 | 501(C)(3) | 10,000 | | | | For The People 2017 |
| New England Council<br>98 N Washington St 201<br>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 |
|---|---|---|---|---|---|---|---|
| Operation ABLE OF GREATER BOSTON INC<br>131 Tremont St<br>Boston, MA 02111 | 04-2761871 | 501(C)(3) | 10,000 | | | | Starfish thrower |
| Project Hope<br>444 Harrison Avenue<br>Dorchester, MA 02125 | 04-2748880 | 501(C)(3) | 10,000 | | | | RISE & SHINE |

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

| **(a)** Name and address of organization or government | **(b)** EIN | **(c)** IRC section if applicable | **(d)** Amount of cash grant | **(e)** Amount of non-cash assistance | **(f)** Method of valuation (book, FMV, appraisal, other) | **(g)** Description of non-cash assistance | **(h)** Purpose of grant or assistance |
|---|---|---|---|---|---|---|---|
| Reliant Medical Group Foundation INC<br>630 Plantation St<br>Worcester, MA 01605 | 22-2912515 | 501(C)(3) | 25,000 | | | | CHARITY AUCTION |
| The Family Pantry of Cape Cod<br>133 Queeen Anne RD<br>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 FOR COMPASSIONATE HEALTHCARE<br>205 Portland Street<br>Boston, MA 02114 | 04-1564655 | 501(C)(3) | 35,000 | | | | Healthcare Dinner & executive sponsorship |
| FENWAY COMMUNITY HEALTH CENTER INC<br>1340 BOYLSTON ST<br>BOSTON, MA 02215 | 04-2510564 | 501(c)(3) | 6,000 | | | | 2017 HEALTH SPONSOR |

**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 |
|---|---|---|---|---|---|---|---|
| WATERTOWN POLICE EMPLOYEES ASSOCIATION<br>552 MAIN STREET<br>WATERTOWN, MA 02472 | 04-6063845 | 501(c)(5) | 15,000 | | | | POLICE FINISH STRONG RACE |
| MASSACHUSETTES ALLIANCE OF PORTUGUESE SPEAKERS<br>1046 CAMBRIDGE ST<br>CAMBRIDGE, MA 02139 | 04-2596270 | 509(A)(2) | 10,000 | | | | 2017 AWARDS 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 AUTISM PROJECT<br>1516 ATWOOD AVE<br>JOHNSTON, RI 02919 | 05-0512037 | 501(c)(3) | 6,000 | | | | 2017 IMAGINE WALK YEAR END DONATION |
| HUMAN RIGHTS CAMPAIGN<br>1640 RHODE ISLAND AVE NW<br>WASHINGTON, DC 20036 | 52-1243457 | 501(c)(4) | 7,825 | | | | ANNUAL NE 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 |
|---|---|---|---|---|---|---|---|
| CHILDREN'S FRIEND AND SERVICE<br>153 SUMMER ST<br>PROVIDENCE, RI 02903 | 05-0258819 | 501(C)(3) | 5,750 | | | | 2017 Holiday Drive |
| Associao Caboverdiana de Brockton Inc<br>575 N MONTELLO ST<br>BROCKTON, MA 02301 | 04-2636477 | 501(c)(3) | 7,000 | | | | ANNUAL EVENTS |

**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 |
|---|---|---|---|---|---|---|---|
| ENHANCE ASIAN COMMUNITY ON HEALTH INC<br>257 NORTHAMPTON ST 510<br>BOSTON, MA 02118 | 47-2130807 | 501(C)(3) | 6,000 | | | | CHINESE NEW YEAR HEALTH FORUMS |
| FISHING PARTNERSHIP HEALTH PLAN<br>30 Chestnut Ave 2<br>BURLINGTON, MA 01803 | 04-3436352 | 509(a)(2) | 7,500 | | | | FISHING PARTNERSHIP SUPPORT SERVICES |

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

| **(a)** Name and address of organization or government | **(b)** EIN | **(c)** IRC section if applicable | **(d)** Amount of cash grant | **(e)** Amount of non-cash assistance | **(f)** Method of valuation (book, FMV, appraisal, other) | **(g)** Description of non-cash assistance | **(h)** Purpose of grant or assistance |
|---|---|---|---|---|---|---|---|
| TUFTS HEALTH PLAN FOUNDATION INC<br>705 MOUNT AUBURN STREET<br>WATERTOWN, MA 02472 | 26-1374263 | 501(c)(3) | 10,059,975 | | | | GRANTS TO RELATED ORGANIZATIONS |
| NAMI MASSACHUSETTS<br>529 MAIN ST 1M17<br>BOSTON, MA 02129 | 04-2777012 | 509(A)(2) | 10,000 | | | | NAMIWALKS MASS 2017 END OF YEAR DONATION |

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493317068138

# 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

**2017**

**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** | | |
| **2** | Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a? | **2** | | |
| **3** | Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III | | | |
| | ☑ Compensation committee | ☑ Written employment contract | | |
| | ☑ Independent compensation consultant | ☑ Compensation survey or study | | |
| | ☑ Form 990 of other organizations | ☑ Approval by the board or compensation committee | | |
| **4** | During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization | | | |
| **a** | Receive a severance payment or change-of-control payment? | **4a** | Yes | |
| **b** | Participate in, or receive payment from, a supplemental nonqualified retirement plan? | **4b** | Yes | |
| **c** | Participate in, or receive payment from, an equity-based compensation arrangement? | **4c** | | No |
| | If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III | | | |
| | **Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.** | | | |
| **5** | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of | | | |
| **a** | The organization? | **5a** | | No |
| **b** | Any related organization? | **5b** | | No |
| | If "Yes," on line 5a or 5b, describe in Part III | | | |
| **6** | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of | | | |
| **a** | The organization? | **6a** | 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 nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III | **7** | | No |
| **8** | Were any amounts reported on Form 990, Part VII, paid or 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 | | | | | | | |
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## Part III Supplemental Information

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

| Return Reference | Explanation |
|---|---|
| SCHEDULE J, PART I, LINE 3 | THE COMPENSATION COMMITTEE (THE "COMMITTEE") OF THE BOARD OF DIRECTORS (THE "BOARD") OF TUFTS HEALTH PLAN, INC (TUFTS HP OR THE "COMPANY") REVIEWS AND ADMINISTERS TOTAL REMUNERATION OPPORTUNITIES, POLICIES, PROGRAMS, AND MAJOR CHANGES IN TUFTS HP'S BENEFIT PLANS THAT ARE APPLICABLE TO THE OFFICERS AND EXECUTIVES OF THE COMPANY (THE "EXECUTIVES" - THESE INCLUDE THE CEO 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 INTERPRETATION OF THE DEFINITION OF "DISQUALIFIED PERSONS" IN SECTION 4958 OF THE INTERNAL REVENUE CODE OF 1986 THE COMMITTEE IS COMPRISED OF INDEPENDENT DIRECTORS OF THE COMPANY PRIOR TO THE RESTRUCTURING DESCRIBED IN RESPONSE TO PART VI, LINE4, THIS COMMITTEE RESIDED AT THE TAHMO LEVEL THE COMMITTEE REPORTS TO THE FULL BOARD OF DIRECTORS FOR CEO COMPENSATION, THE COMMITTEE REVIEWS THE INFORMATION DESCRIBED BELOW AND RECOMMENDS THE CEO'S COMPENSATION TO THE FULL BOARD FOR ITS APPROVAL THE COMMITTEE REVIEWS AND APPROVES COMPENSATION RECOMMENDATIONS FROM THE CEO FOR OTHER EXECUTIVES, AND PROVIDES A REPORT TO THE FULL BOARD ON THIS INFORMATION IT IS THE BOARD'S INTENTION THAT THE COMMITTEE WILL PERFORM ITS DUTIES IN A MANNER THAT WILL ESTABLISH A PRESUMPTION THAT THE TOTAL REMUNERATION OFFERED TO EXECUTIVES AND OTHER "DISQUALIFIED PERSONS" ARE REASONABLE COMPARABILITY DATA AND REASONABLENESS THE TOTAL COMPENSATION OPPORTUNITIES PROVIDED TO EXECUTIVES OF THE COMPANY ARE INTENDED TO BE COMPETITIVE WITH, AND IN REASONABLE COMPARISON TO, THOSE OPPORTUNITIES PROVIDED BY ORGANIZATIONS IN THOSE BUSINESS SECTORS WITH WHICH THE COMPANY COMPETES FOR EXECUTIVE TALENT THE BOARD BELIEVES THAT SUCH COMPETITORS ARE NOT LIMITED TO OTHER HEALTHCARE INSTITUTIONS AND THAT COMPARISONS SHOULD BE MADE TO THE COMPENSATION PRACTICES OF A CROSS-SECTION OF BUSINESS SECTORS IN BOTH FOR-PROFIT AND NOT-FOR-PROFIT ORGANIZATIONS, WHEN APPROPRIATE THE COMMITTEE RETAINS INDEPENDENT COMPENSATION CONSULTANTS TO PROVIDE DATA AS NECESSARY, AND ALSO USES AVAILABLE SOURCES OF INDEPENDENT DATA ON COMPENSATION PEER ORGANIZATIONS AND PUBLISHED SURVEY SOURCES WILL BE APPROVED BY THE COMMITTEE BASED ON ITS REASONABLE DETERMINATION THE COMMITTEE MAY ALSO RELY ON MEMBERS OF MANAGEMENT AND OUTSIDE ADVISORS, CONSULTANTS, AND COUNSEL TO PROVIDE MARKET DATA REPORTS, ANALYSIS, AND OPINIONS WITH RESPECT TO COMPENSATION-RELATED MATTERS THE DATA REVIEWED CONSISTS OF COMPARABLE, RELEVANT MARKET DATA FOR THE COMPANY'S POSITIONS FROM PUBLISHED SURVEYS, AND OTHER AVAILABLE SOURCES, OF HEALTH AND MANAGED CARE INSTITUTIONS AND THE GENERAL INDUSTRY OTHER SURVEYS OF SPECIALIZED SKILL SETS OR EMPLOYEE ATTRIBUTES CRITICAL TO THE SUCCESS OF THE COMPANY, E G , ACTUARIAL, LEGAL, ETC , ARE ALSO INCORPORATED AS NEEDED, ALONG WITH GEOGRAPHIC REFERENCES TO THE BOSTON AND NEW ENGLAND LABOR MARKETS THE COMMITTEE WILL RELY ON THIS MARKET DATA TO ASSESS, DETERMINE, AND VALIDATE COMPENSATION LEVELS FOR THE COMPANY'S EXECUTIVES THE COMMITTEE USES THIS DATA IN ITS REVIEW OF - SETTING BASE SALARIES - IN LIGHT OF MARKET DATA AND THE INDIVIDUAL'S PERFORMANCE, BACKGROUND, EXPERIENCES, AND PERSONAL SKILLS BASE SALARY WILL BE SET SO THAT THE TARGETED POSITIONING OF AN EXECUTIVE IS AT THE 50TH PERCENTILE FOR EACH POSITION ACTUAL BASE SALARY MAY VARY BASED ON SKILLS, BACKGROUND, AND EXPERIENCE - ANNUAL INCENTIVE COMPENSATION - THE COMPANY'S GOAL IS TO PROVIDE COMPETITIVE AND REASONABLE OPPORTUNITIES UNDER THE TERMS OF AN EXECUTIVE ANNUAL INCENTIVE PLAN FOR THE SELECTED POSITIONS WHICH ARE RESPONSIBLE FOR ACHIEVING PERFORMANCE GOALS THAT REFLECT THE OVERALL MISSION OF THE COMPANY, AND THE STRATEGIC DIRECTION OF THE COMPANY FOR THE PERFORMANCE YEAR THE COMMITTEE MAKES EVERY EFFORT TO ESTABLISH A PRESUMPTION THAT THE TOTAL REMUNERATION OPPORTUNITIES PROVIDED TO EXECUTIVES ARE REASONABLE, AS SUCH PRESUMPTION IS CONTEMPLATED IN SECTION 4958 OF THE INTERNAL REVENUE CODE OF 1986, AS AMENDED FROM TIME TO TIME IN ESTABLISHING THE PRESUMPTION OF REASONABLENESS, THE COMMITTEE MAY ENGAGE THE PROFESSIONAL SERVICES OF INDEPENDENT LEGAL COUNSEL, COMPENSATION EXPERTS, ACCOUNTANTS, AND OTHER EXPERTS AND ADVISORS TIMING EXECUTIVE BENCHMARKING IS COMPLETED EVERY TWO YEARS FOR THOSE INDIVIDUALS UNDER THE COMPENSATION COMMITTEE'S PURVIEW BY THE EXTERNAL CONSULTANT ENGAGED BY THE COMPENSATION COMMITTEE TO COMPLETE THE ANALYSIS, THE CONSULTANT - COLLECTED RELEVANT INFORMATION REGARDING THE COMPANY'S OPERATIONS, COMPLEXITY, STRUCTURE, SIZE, AND SCOPE, AS WELL AS RELEVANT BACKGROUND ON THE EXECUTIVES' DUTIES AND SCOPE OF RESPONSIBILITIES, - DETERMINED THE SURVEY SOURCES TO USE IN THE ANALYSIS, BASED ON THE COMPANY'S COMPETITIVE MARKET FOR EXECUTIVE POSITIONS (AS DESCRIBED ABOVE), - MATCHED THE COMPANY'S EXECUTIVE POSITIONS IN THE SURVEYS BASED ON THE COMPANY'S SIZE COMPLEXITY, AND SCOPE, AS WELL AS ACCORDING TO SPECIFIC POSITION RESPONSIBILITIES AND REPORTING RELATIONSHIPS, - VALIDATED THE SURVEY SOURCES AND MARKET MATCHES WITH THE INTERNAL COMPENSATION TEAM TO ENSURE CONSISTENCY, - REVIEWED, COMPILED, AND SUMMARIZED THE DATA IN REPORT FORM THE REPORT SUMMARIZING THE RESULTS OF THE ANALYSIS WAS PRESENTED TO THE COMPENSATION COMMITTEE FOR DISCUSSION AND DELIBERATION DOCUMENTATION A SUMMARY OF THE DISCUSSIONS AND DELIBERATIONS OF THE COMMITTEE ARE DOCUMENTED IN THE MEETING MINUTES, WHICH ARE REVIEWED AND APPROVED BY THE COMMITTEE COPIES OF ALL MEETING MATERIALS DISTRIBUTED PRIOR TO AND DURING THE MEETING ARE MAINTAINED IN THE CORPORATE RECORDS ALONG WITH MEETING MINUTES SCHEDULE J, PART I, LINE 4A LOIS CORNELL RECEIVED $424,230 IN SEVERANCE CYNTHIA ROSENBERG RECEIVED $103,000 IN SEVERANCE |
| SCHEDULE J, PART I, LINE 4B | THE RELATED ORGANIZATION MAINTAINS AN EXECUTIVE SAVINGS PLAN (ESP) FOR ITS SENIOR MANAGERS WITH THE TITLE DIRECTOR AND ABOVE THE NUMBERS LISTED ON SCHEDULE J PART II COLUMN C REFLECT BOTH THE EMPLOYEE DEFERRALS AS WELL AS THE EMPLOYER CONTRIBUTIONS TO THE ESP |
| FORM 990, SCHEDULE J, LINE 6 | THE OFFICERS AND KEY EMPLOYEES 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 |

# Additional Data

**Software ID:**

**Software Version:**

**EIN:** 04-2674079

**Name:** TUFTS ASSOCIATED HEALTH MAINTENANCE ORGANIZATION INC

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

| (A) Name and Title | | (B) Breakdown of W-2 and/or 1099-MISC compensation | | | (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 | | | | |
| 1JAMES ROOSEVELT consultant | (I) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (II) | 348,614 | 332,594 | 99,760 | 93,949 | 0 | 874,917 | 99,760 |
| 1THOMAS CROSWELL PRESIDENT & CEO | (I) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (II) | 890,865 | 706,350 | 133,125 | 163,839 | 6,294 | 1,900,473 | 130,657 |
| 2UMESH KURPAD SVP & CFO | (I) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (II) | 518,959 | 315,155 | 71,722 | 98,619 | 11,264 | 1,015,719 | 73,546 |
| 3PATRICIA TREBINO SVP, chief operation officer | (I) | 0 | 0 | | 0 | 0 | 0 | 0 |
| | (II) | 426,229 | 258,841 | 54,439 | 80,174 | 16,237 | 835,920 | 59,872 |
| 4LOIS CORNELL FMR CAO&GEN CNSL(UNTIL 12/15) | (I) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (II) | 0 | 0 | 424,230 | 0 | 0 | 424,230 | 0 |
| 5PATRICIA BLAKE PRESIDENT, SENIOR PRODUCTS | (I) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (II) | 384,210 | 204,158 | 45,372 | 111,599 | 16,161 | 761,500 | 52,924 |
| 6PAUL KASUBA SVP & CMO | (I) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (II) | 369,742 | 196,470 | 42,341 | 96,764 | 16,211 | 721,528 | 50,532 |
| 7TRACEY CARTER SVP & CHIEF ACTUARY | (I) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (II) | 356,910 | 186,172 | 40,914 | 136,962 | 16,062 | 737,020 | 47,124 |
| 8MARC SPOONER EXEC VP, COMMERCIAL & GOV Pdts | (I) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (II) | 420,383 | 210,480 | 46,651 | 205,836 | 16,245 | 899,595 | 54,120 |
| 9CHRISTOPHER GORTON SVP (UNTIL 12/31/17) | (I) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (II) | 396,719 | 202,989 | 80,042 | 76,643 | 6,290 | 762,683 | 21,523 |
| 10ROLAND PRICE TREASURER & VP | (I) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (II) | 256,503 | 107,092 | 35,862 | 86,798 | 10,563 | 496,818 | 30,199 |
| 11LYDIA GREENE SVP, CHIEF HR OFFICER | (I) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (II) | 320,312 | 170,205 | 37,274 | 61,816 | 8,428 | 598,035 | 39,852 |
| 12JOSEPH IMBIMBO Chief Technology Officer | (I) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (II) | 275,022 | 115,146 | 24,543 | 56,290 | 15,258 | 486,259 | 33,268 |
| 13MIRIAM SULLIVAN VP OF PHARMACY & HLTH PRGRMS | (I) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (II) | 275,550 | 115,044 | 21,295 | 46,486 | 10,735 | 469,110 | 26,782 |
| 14Marc Backon PRESIDENT, Comrcl prdt | (I) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (II) | 370,619 | 193,323 | 9,682 | 75,554 | 1,384 | 650,562 | 7,890 |
| 15Mary Mahoney Clerk, SVP, CHIEF LEGAL OFC | (I) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (II) | 337,588 | 176,093 | 42,032 | 64,496 | 1,264 | 621,473 | 40,288 |
| 16Derek Abruzzese SVP, Chief Strategy Officer | (I) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (II) | 282,932 | 150,343 | 18,661 | 128,928 | 15,793 | 596,657 | 27,500 |
| 17Maurice Hebert SVP, Fin & Chf Accntng offcr | (I) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (II) | 360,098 | 264,034 | -7,429 | 72,677 | 16,175 | 705,555 | 0 |
| 18CYNTHIA N ROSENBERG VP, CMO SP (UNTIL 7/17) | (I) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (II) | 205,625 | 88,839 | 147,781 | 17,267 | 10,539 | 470,051 | 0 |
| 19SONIA HAGOPIAN VP, CORPORATE COMMUNICATIONS | (I) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (II) | 224,592 | 93,769 | 116,617 | 45,919 | 15,580 | 496,477 | 0 |

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

| (A) Name and Title | | (B) Breakdown of W-2 and/or 1099-MISC compensation | | | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|---|---|---|---|---|---|---|---|---|
| | | (i) Base Compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| **21**KRISTIN LEWIS<br>SVP, CHIEF PUB AFFAIRS OFFICER | (I) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (II) | 263,731 | 106,141 | 22,852 | 86,354 | 15,724 | 494,802 | 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

**2017**

**Open to Public Inspection**

Name of the organization
TUFTS ASSOCIATED HEALTH MAINTENANCE ORGANIZATION INC

**Employer identification number**
04-2674079

**990 Schedule O, Supplemental Information**

| 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 ONE OF TAHMO'S LARGEST PRODUCTS IS ITS COMMERCIAL HMO IN 2017, THE HMO PROVIDED AFFORDABLE HEALTH COVERAGE TO APPROXIMATELY 182,344 MEMBERS TAHMO STRIVES TO PROVIDE HMO COVERAGE THAT IS AFFORDABLE, AND PROVIDES AC CESS TO TOP QUALITY HEALTH CARE SERVICES TAHMO ALSO PROVIDES PROGRAMS THAT TARGET THE IMP ROVEMENT OF THE HEALTH OF ITS MEMBERS, AS WELL AS THE COMMUNITY AT LARGE QUALITY IN THE NATIONAL COMMITTEE FOR QUALITY ASSURANCE (NCQA) 2017-2018 RATINGS, TAHMO WAS ONE OF ONLY 1 3 PLANS IN THE COUNTRY TO BE RATED 5 OUT OF 5 FOR ITS EXCELLENCE IN PROVIDING INNOVATIVE, HIGH-QUALITY HEALTH CARE COVERAGE TO ITS HMO AND POS MEMBERS TAHMO HAS ATTAINED NCQA'S HI GHEST RATING SINCE 1996 TAHMO HAS ALSO IMPLEMENTED PROGRAMS WITH PROVIDERS THAT FOCUS ON THE QUALITY OF HEALTH CARE SERVICES PROVIDED AND, IN SOME INSTANCES, WHICH TAILOR REIMBURS EMENT FOR SERVICES BASED IN PART ON QUALITY STANDARDS TAHMO PROVIDES SPECIALTY CARE MANAG EMENT SERVICES FOR ITS MEMBERS WITH COMPLEX MEDICAL AND BEHAVIORAL HEALTH CONDITIONS TAHM O MEMBERS RECEIVE TARGETED HEALTH REMINDERS TO ENCOURAGE PREVENTIVE HEALTH CARE, SUCH AS F OR FLU VACCINES AND PNEUMOVAX TAHMO'S CARE MANAGERS ASSIST MEMBERS WHO ARE ILL OR DISABLE D IN NAVIGATING THE HEALTH CARE SYSTEM AND PROVIDE REFERRALS TO COMMUNITY RESOURCES OUR O NLINE HEALTH AND WELLNESS RESOURCE CENTER, AVAILABLE TO THE COMMUNITY AT LARGE, INCLUDES A LIBRARY OF TOOLS AND READY-MADE PRINT AND ELECTRONIC MATERIALS THESE RESOURCES HELP TO E NCOURAGE HEALTHY BEHAVIORS, INCREASE DEMAND FOR PREVENTIVE HEALTH, AND DRIVE ENGAGEMENT IN PROGRAMS THAT EDUCATE AND EMPOWER HEALTHIER LIFESTYLES AND REDUCE HEALTH RISKS TOPICS IN CLUDE PREVENTIVE CARE BENEFITS |

## 990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|---|
| ORGANIZATION'S MISSION STATEMENT | , HEALTHY EATING AND WEIGHT CONTROL, EXERCISE AND FITNESS, MANAGING STRESS AND HEART HEALT H, CANCER PREVENTION, AND TOBACCO CESSATION WE ALSO OFFER A VARIETY OF WELLNESS PROGRAMS AT THE WORKSITE SUCH AS FLU SHOTS, CHOLESTEROL SCREENINGS, STRESS MANAGEMENT, AND MORE OU R CERTIFIED WELLNESS CONSULTANTS CAN HELP EMPLOYERS FORM A WELLNESS COMMITTEE, ASSESS THE NEEDS OF EMPLOYEES, ASSIST WITH A PERSONAL HEALTH ASSESSMENT CAMPAIGN, AND PROVIDE GUIDANC E ON SUPPORTING A 'CULTURE OF WELLNESS ' TAHMO'S ONLINE MEMBER PORTAL SERVES AS A CENTRAL HUB FOR LIFESTYLE MANAGEMENT PROGRAM COMPONENTS, HEALTH AND WELLNESS CONTENT, AND TOOLS T HE PORTAL OFFERS A PERSONAL HEALTH ASSESSMENT AND RESOURCES DESIGNED TO ENCOURAGE INDIVIDU ALS TO LEAD HEALTHIER LIVES BASED ON THEIR INTERESTS, OVERALL HEALTH CONDITION, AND MANY O THER PERSONAL ATTRIBUTES TAHMO ALSO PUBLISHES WELL! MAGAZINE ONCE A YEAR IN APRIL THE MA GAZINE IS AN EDUCATIONAL RESOURCE ON TOPICS PERTAINING TO ACCESS TO CARE, PREVENTIVE CARE, HEALTH INFORMATION AND HEALTH CARE REMINDERS IT ALSO PROVIDES INFORMATION FOR MEMBERS ON HOW TO GET THE MOST OF TUFTS HEALTH PLAN'S BENEFITS WELL IS MAILED TO COMMERCIAL MEMBERS ' HOMES AND IS AVAILABLE TO THE PUBLIC ON THE PUBLIC WEBSITE HTTPS //TUFTSHEALTHPLAN COM/M EMBER/HEALTH-INFORMATION-TOOLS/WELL-MAGAZINE ACCESS TAHMO'S MEMBERS HAVE ACCESS TO MORE T HAN 108 HOSPITALS, 40,000 PRIMARY CARE PROVIDERS AND SPECIALISTS, AND 19,000 ALLIED HEALTH PROFESSIONALS, AS WELL AS CONDITION MANAGEMENT PROGRAMS, PREVENTION AND WELLNESS PROGRAMS AFFORDABILITY TAHMO'S GOAL IS TO PROVIDE THE HIGHEST QUALITY HEALTH CARE SERVICES AT TH E LOWEST COST TO AS MANY MASSACHUSETTS AND RHODE ISLAND RESIDENTS AS POSSIBLE UNDER THE D IRECTION OF ITS CHIEF MEDICAL DIRECTOR, TAHMO HAS DESIGNED HEALTH MANAGEMENT PROGRAMS TO S IMULTANEOUSLY LOWER MEDICAL COSTS AND IMPROVE QUALITY AND OUTCOMES BY LOWERING MEDICAL CO STS, TAHMO IS ABLE TO OFFER COMPETITIVE PREMIUM RATES AND PROVIDE COVERAGE TO MORE PEOPLE TAHMO MEMBERS RECEIVE DISCOUNTS ON A VARIETY OF SERVICES TO MAINTAIN A HEALTHY LIFESTYLE, AND ONLINE TOOLS TO MAXIMIZE BENEFITS OFFERED AND TO MAKE INFORMED HEALTH CARE DECISIONS EXAMPLES INCLUDE DISCOUNTS ON MEMBERSHIPS IN PARTICIPATING FITNESS CLUBS, NUTRITIONAL COU NSELING VISITS, WEIGHT LOSS PROGRAMS RECOGNIZING THAT STRESS IS A UNIQUE CONTRIBUTOR TO P OOR HEALTH, TAHMO ALSO PROVIDES DISCOUNTS TO MEMBERS FOR A MINDFULNESS AND STRESS REDUCTIO N PROGRAM, MASSAGE THERAPY, ACUPUNCTURE, AND OTHER SERVICES AND PRODUCTS RELATED TO STRESS RELIEF TAHMO IS COMMITTED TO IMPROVING THE HEALTH OF THE COMMUNITY AS WELL AS THAT OF IT S MEMBERS THE ORGANIZATION TAKES THIS COMMITMENT SERIOUSLY AND HAS A DEDICATED COMMUNITY PARTNERSHIP PROGRAM THAT PROVIDES IN-KIND AND FINANCIAL SUPPORT TO NOT-FOR-PROFIT PROGRAMS THROUGHOUT MASSACHUSETTS SUPPORT IS BROAD BASED AND REFLECTS DIVERSE SPONSORSHIP OF ORGA NIZATIONS THAT PROMOTE IMPROVED COMMUNITY HEALTH SOME EXAMPLES OF PHILANTHROPY INCLUDE FU NDING TO HEALTH CARE FOR ALL, |

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| ORGANIZATION'S MISSION STATEMENT | THE ALZHEIMER'S ASSOCIATION, AND THE MASSACHUSETTS ASSOCIATION FOR MENTAL HEALTH TUFTS HE ALTH PLAN FOUNDATION, INC TO PROVIDE COMMUNITY BENEFITS ABOVE AND BEYOND ITS REGULAR LINE S OF BUSINESS, TUFTS ASSOCIATED HEALTH MAINTENANCE ORGANIZATION, INC (TAHMO) ESTABLISHED THE TUFTS HEALTH PLAN FOUNDATION, A 501(C) (3) CHARITABLE AND SUPPORTING ORGANIZATION OF T AHMO THE FOUNDATION ALIGNED ITS MISSION TO THAT OF TUFTS HEALTH PLAN TO LEVERAGE THE PLAN 'S GREATEST ASSET (ITS PEOPLE) IN A MORE DELIBERATE WAY ON BEHALF OF COMMUNITY TO IMPROVE THE HEALTH AND WELLNESS OF THE DIVERSE COMMUNITIES WE SERVE THE FOUNDATION ACHIEVES THIS MISSION PRIMARILY THROUGH COMMUNITY INVESTMENTS AND CONVENING ACTIVITIES THAT ARE FOCUSED ON HEALTHY LIVING WITH AN EMPHASIS ON OLDER ADULTS, PARTICULARLY THE MOST VULNERABLE IN O UR SOCIETY IN 2017, THE FOUNDATION MADE 46 GRANTS TOTALING NEARLY $3 12 MILLION TO NONPRO FITS, THE GRANTS ENGAGE MORE THAN 550 COMMUNITY-BASED ORGANIZATIONS SUMMARY IN SUMMARY, TAHMO IS DEDICATED TO OFFERING A VARIETY OF QUALITY, INNOVATIVE HEALTH COVERAGE OPTIONS AT THE LOWEST COST AND TO IMPROVING ACCESS TO AFFORDABLE HEALTH CARE BY DEVELOPING AND EMPLO YING STRATEGIES THAT IMPROVE THE ALLOCATION OF HEALTH CARE RESOURCES IN ADDITION TO PROVI DING THESE SERVICES TO ITS MEMBERS, TAHMO IS DEDICATED TO PROVIDING AND FUNDING HEALTH PRO GRAMS THAT BENEFIT THE COMMUNITY TAHMO SERVES MEDICARE ADVANTAGE FORM 990, PART III, LINE 4B TAHMO ALSO OFFERS PRODUCTS TO MEDICARE ELIGIBLE ENROLLEES IN 2017, TUFTS HEALTH PLAN MEDICARE PREFERRED (TUFTS MEDICARE PREFERRED) PROVIDED AFFORDABLE HEALTH COVERAGE TO APPRO XIMATELY 111,043 MEMBERS IN MASSACHUSETTS TUFTS MEDICARE PREFERRED STRIVES TO PROVIDE COV ERAGE OPTIONS THAT ARE AFFORDABLE AND PROVIDE ACCESS TO TOP QUALITY HEALTH CARE SERVICES F OR SENIORS TUFTS MEDICARE PREFERRED ALSO OFFERS PROGRAMS THAT TARGET THE IMPROVEMENT OF T HE HEALTH OF ITS MEMBERS, AS WELL AS THE COMMUNITY AT LARGE WITHIN THE MASSACHUSETTS MEDI CARE ADVANTAGE MARKET, TUFTS MEDICARE PREFERRED IS THE MARKET LEADER WITH 39 7% MARKET SHA RE - COVERING MORE INDIVIDUALS THROUGH MEDICARE ADVANTAGE PRODUCTS THAN ANY OTHER CARRIER TUFTS MEDICARE PREFERRED ALSO OFFERS CARE MANAGEMENT AND CONDITION MANAGEMENT SERVICES TO MEMBERS AND PUBLISHES WELLI MAGAZINE FOR ITS MEDICARE POPULATION ONCE A YEAR THE MAGAZI NE IS AN EDUCATIONAL RESOURCE ON TOPICS PERTAINING TO SAFETY, ACCESS TO CARE, PREVENTIVE C ARE, HEALTH INFORMATION AND HEALTH CARE REMINDERS, TARGETED TO ITS SPECIFIC POPULATION IT ALSO PROVIDES INFORMATION FOR MEMBERS ON HOW TO GET THE MOST OF TUFTS HEALTH PLAN'S BENEF ITS WELL IS MAILED TO MEMBERS' HOMES AND IS AVAILABLE TO THE PUBLIC ON THE TUFTS MEDICARE PREFERRED WEBSITE |

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| Return Reference | Explanation |
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| DUAL-ELIGIBLE PROGRAM | FORM 990, PART III, LINE 4C THE ORGANIZATION ALSO PROVIDES ACCESS TO AFFORDABLE CARE THROU GH A DUAL-ELIGIBLE PROGRAM TAHMO PROVIDES COVERAGE FOR PEOPLE AGE 65 OR OLDER WHO ARE ELI GIBLE FOR MASSHEALTH STANDARD, HAVE BOTH MEDICARE PART A AND B, AND HAVE NOT BEEN DIAGNOSE D AS HAVING END STAGE RENAL DISEASE THIS PROGRAM, CALLED SENIOR CARE OPTIONS, INTEGRATES MEDICAID AND MEDICARE BENEFITS AND SERVICES, PROVIDING THOSE ELIGIBLE WITH COORDINATED HIG H-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 MEDICA RE PARTS A AND B THIS PROGRAM IS CALLED TUFTS MEDICARE COMPLEMENT (TMC) PLAN AND IS A MAN AGED CARE PLAN THAT COMPLEMENTS A MEMBER'S EXISTING MEDICARE COVERAGE IT IS OFFERED TO TU FTS HEALTH PLAN MEMBERS IN ELIGIBLE EMPLOYER GROUPS WHO ARE ENROLLED IN MEDICARE PARTS A A ND B THE TMC PLAN REQUIRES MEMBERS TO CHOOSE A PRIMARY CARE PHYSICIAN (PCP) WHO IS RESPON SIBLE FOR MANAGING OR PROVIDING THE MEMBER'S CARE FAMILY OR BUSINESS RELATIONSHIPS FORM 9 90, PART VI, LINE 2 THE FOLLOWING PEOPLE SERVED AS A BOARD MEMBER AND/OR OFFICER FOR TUFTS HEALTH PLAN, INC THOMAS CROSWELL EILEEN AUEN PETER DROTCH JAMES MCNULTY - THROUGH JUNE 4 , 2017 THOMAS P O'NEILL, III BERTRAM SCOTT IRINA SIMMONS ROBERT SPELLMAN MARY ANNA SULLIV AN, M D FRANK TORTI, M D GREG TRANTER SUSAN WINDHAM BANNISTER JEFF WEISS - AS OF JUNE 5, 2017 MICHAEL MCCOLGAN - AS OF JULY 1, 2017 DEREK ABRUZZESE MARC BACKON PATRICIA BLAKE TRA CEY CARTER CHRISTOPHER GORTON - THROUGH OCTOBER 17, 2017 LYDIA GREENE MAURICE HEBERT PAUL KASUBA, M D UMESH KURPAD MARY O'TOOLE MAHONEY, ESQ MARC SPOONER PATRICIA TREBINO ROLAND PRICE KRISTIN LEWIS - AS OF DECEMBER 7, 2017 THE FOLLOWING PEOPLE SERVED AS A BOARD MEMBER AND/OR OFFICER FOR TUFTS HEALTH PLAN FOUNDATION, INC THOMAS CROSWELL THOMAS P O'NEILL, III MARY MAHONEY UMESH KURPAD ROLAND PRICE PATRICIA BLAKE - THROUGH JUNE 4, 2017 LYDIA GRE ENE - AS OF JUNE 5, 2017 THE FOLLOWING PEOPLE SERVED AS A BOARD MEMBER AND/OR OFFICER FOR TUFTS ASSOCIATED HEALTH PLANS, INC THOMAS CROSWELL PAUL KASUBA PATRICIA TREBINO MARY MAHO NEY UMESH KURPAD ROLAND PRICE PATRICIA BLAKE TRACEY CARTER MARC SPOONER CHRISTOPHER GORTON - THROUGH 10/17/17 ROBERT SPELLMAN DEREK ABRUZZESE LYDIA GREENE MAURICE HEBERT MARC BACKO N KRISTIN LEWIS (AS OF 12/7/17) THE FOLLOWING PEOPLE SERVED AS A BOARD MEMBER AND/OR OFFIC ER 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 THOM AS CROSWELL MARY MAHONEY UMESH KURPAD ROLAND PRICE TRICIA TREBINO ROBERT SPELLMAN THE FOLL OWING 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 MAH ONEY UMESH KURPAD ROLAND PRICE |

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| Return Reference | Explanation |
|---|---|
| DUAL-ELIGIBLE PROGRAM | THE FOLLOWING PEOPLE SERVED AS A BOARD MEMBER OR OFFICER FOR TUFTS HEALTH PUBLIC PLANS, I NC CHRISTOPHER GORTON - THROUGH 10/17/17 THOMAS CROSWELL UMESH KURPAD MARY MAHONEY ROLAND PRICE MARC SPOONER - AS OF DECEMBER 11,2017 THE FOLLOWING PEOPLE SERVED AS A BOARD MEMBER FOR INTEGRA PARTNERS HOLDINGS, INC THOMAS CROSWELL UMESH KURPAD CHRISTOPHER GORTON - TH ROUGH 10/17/17 GREG TRANTOR THE FOLLOWING PEOPLE SERVED AS A MANAGER OF THE BOARD MANAGERS OF CAREPARTNERS OF CONNECTICUT HOLDING,LLC DEREK ABRUZZESE - AS OF AUGUST 18, 2017 PATRI CIA BLAKE - AS OF AUGUST 18, 2017 THE FOLLOWING PEOPLE SERVED AS A BOARD MEMBER AND/OR OFF ICER OF CAREPARTNERS OF CONNECTICUT, INC DEREK ABRUZZES AS OF AUGUST 23, 2017 PATRICIA BL AKE AS OF AUGUST 23, 2017 ROLAND PRICE AS OF AUGUST 23, 2017 THE FOLLOWING PEOPLE SERVED A S A BOARD MEMBER AND/OR OFFICER OF TUFTS HEALTH FREEDOM PLANS, INC DEREK ABRUZZESE MARC S POONER ROLAND PRICE THE FOLLOWING PEOPLE SERVED AS A BOARD MEMBER AND/OR OFFICER OF TUFTS HEALTH FREEDOM INSURANCE COMPANY DEREK ABRUZZESE MARC SPOONER ROLAND PRICE |

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| Return Reference | Explanation |
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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 CHANGES TO GOVERNING DOCUMENTS FORM 990, PART VI, LINE 4 On October 1, 2017, the Tufts Health Plan corporate family went through a restructuring whereby Tufts Health Plan, Inc (THPI), a newly created entity, became the sole corporate member of the Organization Previously, the Organization had no corporate members The Organizationss bylaws were amended, effective October 1, 2017, to add that THPI was now the Organizations sole corporate member and to make additional changes due to this fact MEMBERS OR STOCKHOLDERS FORM 990, PART VI, LINE 6 PRIOR TO OCTOER 1, 2017, THE RESPONSE WAS "NO" EFFECTIVE OCTOBER 1, 2017, TUFTS HEALTH PLAN, INC (THPI) IS THE SOLE CORPORATE MEMBER OF THE ORGANIZATION POWER TO ELECT OR APPOINT MEMBERS FORM 990, PART VI, LINE 7A PRIOR TO OCTOBER 1, 2017, THE RESPONSE WAS "NO" EFFECTIVE OCTOBER 1, 2017, THPI AS THE SOLE CORPORATE MEMBER OF THE ORGANIZATION ELECTS THE MEMBERS OF THE ORGANIZATION'S GOVERNING BODY DECISIONS RESERVED TO MEMBERS OR STOCKHOLDERS FORM 990, PART VI, LINE 7B PRIOR TO OCTOBER 1, 2017, THE RESPONSE WAS "NO" EFFECTIVE OCTOBER 1, 2017, THPI, AS THE SOLE CORPORATE MEMBER OF THE ORGANIZATION, HAS THE RIGHT TO MAKE CERTAIN DECISIONS REGARDING THE ORGANIZATION, AND IS REQUIRED TO APPROVE ANY CHANGES TO THE ORGANIZATION'S BYLAWS 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 |

## 990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|---|
| Process used to review the Form 990 | FORM 990, PART VI, LINE 11B THE FORM 990 IS PREPARED IN OUR FINANCE DEPARTMENT, WITH ASSISTANCE FROM OUR EXTERNAL ACCOUNTANTS, ERNST & YOUNG INFORMATION IS PROVIDED BY OUR FINANCE DEPARTMENT, GOVERNANCE MANAGER, COMPLIANCE & PRIVACY OFFICER, AND INTERNAL LEGAL COUNSEL CERTAIN SECTIONS OF THE FORM ARE REVIEWED BY A NUMBER OF SENIOR MANAGERS, OUR CHIEF FINANCIAL OFFICER REVIEWS THE FORM IN ITS ENTIRETY ONCE THE FORM IS COMPLETE, IN NOVEMBER 2018, IT IS FORWARDED ON TO OUR BOARD OF DIRECTORS AND IT IS THEN SUBMITTED FOR FILING |

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| Return Reference | Explanation |
|---|---|
| MONITORING AND ENFORCEMENT OF COMPLIANCE WITH CONFLICT OF | INTEREST POLICY FORM 990, PART VI, LINE 12C THE TUFTS HEALTH PLAN (THP) CONFLICT OF INTEREST POLICY IS REVIEWED ANNUALLY AND REVISED AS NEEDED THE POLICY REQUIRES MANAGERS WHO OVERSEE OUTSIDE RELATIONSHIPS, AS WELL AS ALL DIRECTORS, AVPS, VPS, SVPS, EVPS, 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, CORPORATE 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, CORPORATE 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 |
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| 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 HEALTH PLAN, INC (TUFTS HP OR THE "COMPANY") REVIEWS AND A DMINISTERS TOTAL REMUNERATION OPPORTUNITIES, POLICIES, PROGRAMS, AND MAJOR CHANGES IN TUFT S HP'S BENEFIT PLANS THAT ARE APPLICABLE TO THE OFFICERS AND EXECUTIVES OF THE COMPANY (TH E "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 INTERPRETATION OF THE DEFINITION OF "DISQUALIFIE D PERSONS" IN SECTION 4958 OF THE INTERNAL REVENUE CODE OF 1986 THE COMMITTEE IS COMPRISE D OF INDEPENDENT DIRECTORS OF THE COMPANY PRIOR TO THE RESTRUCTURING DESCRIBED IN RESPONSE TO PART VI, LINE 4, THIS COMMITTEE RESIDED AT THE TAHMO LEVEL THE COMMITTEE REPORTS TO T HE FULL BOARD OF DIRECTORS FOR CEO COMPENSATION, THE COMMITTEE REVIEWS THE INFORMATION DE SCRIBED BELOW AND RECOMMENDS THE CEO'S COMPENSATION TO THE FULL BOARD FOR ITS APPROVAL TH E COMMITTEE REVIEWS AND APPROVES COMPENSATION RECOMMENDATIONS FROM THE CEO FOR OTHER EXECU TIVES, AND PROVIDES A REPORT TO THE FULL BOARD ON THIS INFORMATION IT IS THE BOARD'S INTE NTION THAT THE COMMITTEE WILL PERFORM ITS DUTIES IN A MANNER THAT WILL ESTABLISH A PRESUMP TION THAT THE TOTAL REMUNERATION OFFERED TO EXECUTIVES AND OTHER "DISQUALIFIED PERSONS" AR E REASONABLE COMPARABILITY DATA AND REASONABLENESS THE TOTAL COMPENSATION OPPORTUNITIES P ROVIDED TO EXECUTIVES OF THE COMPANY ARE INTENDED TO BE COMPETITIVE WITH, AND IN REASONABL E COMPARISON TO, THOSE OPPORTUNITIES PROVIDED BY ORGANIZATIONS IN THOSE BUSINESS SECTORS W ITH WHICH THE COMPANY COMPETES FOR EXECUTIVE TALENT THE BOARD BELIEVES THAT SUCH COMPETIT ORS ARE NOT LIMITED TO OTHER HEALTHCARE INSTITUTIONS AND THAT COMPARISONS SHOULD BE MADE T O THE COMPENSATION PRACTICES OF A CROSS-SECTION OF BUSINESS SECTORS IN BOTH FOR-PROFIT AND NOT-FOR-PROFIT ORGANIZATIONS, WHEN APPROPRIATE THE COMMITTEE RETAINS INDEPENDENT COMPENS ATION CONSULTANTS TO PROVIDE DATA AS NECESSARY, AND ALSO USES AVAILABLE SOURCES OF INDEPEN DENT DATA ON COMPENSATION PEER ORGANIZATIONS AND PUBLISHED SURVEY SOURCES WILL BE APPROVE D BY THE COMMITTEE BASED ON ITS REASONABLE DETERMINATION THE COMMITTEE MAY ALSO RELY ON M EMBERS OF MANAGEMENT AND OUTSIDE ADVISORS, CONSULTANTS, AND COUNSEL TO PROVIDE MARKET DATA REPORTS, ANALYSIS, AND OPINIONS WITH RESPECT TO COMPENSATION-RELATED MATTERS THE DATA RE VIEWED CONSISTS OF COMPARABLE, RELEVANT MARKET DATA FOR THE COMPANY'S POSITIONS FROM PUBLI SHED SURVEYS, AND OTHER AVAILABLE SOURCES, OF HEALTH AND MANAGED CARE INSTITUTIONS AND THE GENERAL INDUSTRY OTHER SURVEYS OF SPECIALIZED SKILL SETS OR EMPLOYEE ATTRIBUTES CRITICAL TO THE SUCCESS OF THE COMPANY, E G , ACTUARIAL, LEGAL, ETC , ARE ALSO INCORPORATED AS NEE DED, ALONG WITH GEOGRAPHIC REFERENCES TO THE BOSTON AND NEW ENGLAND LABOR MARKETS THE COM MITTEE WILL RELY ON THIS MARKE |

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| Return Reference | Explanation |
|---|---|
| Process for determining compensation | T DATA TO ASSESS, DETERMINE, AND VALIDATE COMPENSATION LEVELS FOR THE COMPANY'S EXECUTIVES THE COMMITTEE USES THIS DATA IN ITS REVIEW OF - SETTING BASE SALARIES - IN LIGHT OF MAR KET DATA AND THE INDIVIDUAL'S PERFORMANCE, BACKGROUND, EXPERIENCES, AND PERSONAL SKILLS B ASE SALARY WILL BE SET SO THAT THE TARGETED POSITIONING OF AN EXECUTIVE IS AT THE 50TH PER CENTILE FOR EACH POSITION ACTUAL BASE SALARY MAY VARY BASED ON SKILLS, BACKGROUND, AND EX PERIENCE - ANNUAL INCENTIVE COMPENSATION - THE COMPANY'S GOAL IS TO PROVIDE COMPETITIVE A ND REASONABLE OPPORTUNITIES UNDER THE TERMS OF AN EXECUTIVE ANNUAL INCENTIVE PLAN FOR THE SELECTED POSITIONS WHICH ARE RESPONSIBLE FOR ACHIEVING PERFORMANCE GOALS THAT REFLECT THE OVERALL MISSION OF THE COMPANY, AND THE STRATEGIC DIRECTION OF THE COMPANY FOR THE PERFORM ANCE YEAR THE COMMITTEE MAKES EVERY EFFORT TO ESTABLISH A PRESUMPTION THAT THE TOTAL REMU NERATION OPPORTUNITIES PROVIDED TO EXECUTIVES ARE REASONABLE, AS SUCH PRESUMPTION IS CONTE MPLATED IN SECTION 4958 OF THE INTERNAL REVENUE CODE OF 1986, AS AMENDED FROM TIME TO TIME IN ESTABLISHING THE PRESUMPTION OF REASONABLENESS, THE COMMITTEE MAY ENGAGE THE PROFESSI ONAL SERVICES OF INDEPENDENT LEGAL COUNSEL, COMPENSATION EXPERTS, ACCOUNTANTS, AND OTHER E XPERTS AND ADVISORS TIMING EXECUTIVE BENCHMARKING IS COMPLETED EVERY TWO YEARS FOR THOSE INDIVIDUALS UNDER THE COMPENSATION COMMITTEES PURVIEW BY THE EXTERNAL CONSULTANT ENGAGED B Y THE COMPENSATION COMMITTEE TO COMPLETE THE ANALYSIS, THE CONSULTANT - COLLECTED RELEVA NT INFORMATION REGARDING THE COMPANY'S OPERATIONS, COMPLEXITY, STRUCTURE, SIZE, AND SCOPE, AS WELL AS RELEVANT BACKGROUND ON THE EXECUTIVES' DUTIES AND SCOPE OF RESPONSIBILITIES, - DETERMINED THE SURVEY SOURCES TO USE IN THE ANALYSIS, BASED ON THE COMPANY'S COMPETITIVE MARKET FOR EXECUTIVE POSITIONS (AS DESCRIBED ABOVE), - MATCHED THE COMPANY'S EXECUTIVE POS ITIONS IN THE SURVEYS BASED ON THE COMPANY'S SIZE COMPLEXITY, AND SCOPE, AS WELL AS ACCORD ING TO SPECIFIC POSITION RESPONSIBILITIES AND REPORTING RELATIONSHIPS, - VALIDATED THE SUR VEY SOURCES AND MARKET MATCHES WITH THE INTERNAL COMPENSATION TEAM TO ENSURE CONSISTENCY, - REVIEWED, COMPILED, AND SUMMARIZED THE DATA IN REPORT FORM THE REPORT SUMMARIZING THE R ESULTS OF THE ANALYSIS WAS PRESENTED TO THE COMPENSATION COMMITTEE FOR DISCUSSION AND DELI BERATION DOCUMENTATION A SUMMARY OF THE DISCUSSIONS AND DELIBERATIONS OF THE COMMITTEE AR E DOCUMENTED IN THE MEETING MINUTES, WHICH ARE REVIEWED AND APPROVED BY THE COMMITTEE COP IES OF ALL MEETING MATERIALS DISTRIBUTED PRIOR TO AND DURING THE MEETING ARE MAINTAINED 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 2017 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 TRANSFER OF INTEREST IN THPP TO PARENT (229,154,000) CONTRIBUTION TO PARENT (55,000,000) Change in nonadmitted assets 88,864,130 RENTAL INCOME NOT RECORDED ON FINANCIAL STATEMENTS (88,166) ---------- TOTAL (195,378,036) |

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# SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

## Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

**2017**

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | (g) Section 512(b)(13) controlled entity? Yes | (g) Section 512(b)(13) controlled entity? No |
|---|---|---|---|---|---|---|---|
| **(1)**TUFTS HEALTH PLAN FOUNDATION INC<br>705 MOUNT AUBURN STREET<br>WATERTOWN, MA 02472<br>26-1374263 | GRANT MAKING | MA | 501(c)(3) | 12A | TAHMO | | No |
| **(2)**TUFTS HEALTH PUBLIC PLANS INC<br>705 MOUNT AUBURN STREET<br>WATERTOWN, MA 02472<br>80-0721489 | HMO | MA | 501(c)(4) | N/A | THPI | | No |
| **(3)**TUFTS HEALTH PLAN INC<br>705 MOUNT AUBURN STREET<br>watertown, MA 02472<br>81-4089215 | HEALTHCARE | MA | 501(C)(4) | N/A | NA | | No |
| **(4)**CARPARTNERS OF CONNECTICUT INC<br>705 MOUNT AUBURN STREET<br>WATERTOWN, MA 02472<br>82-2604728 | HMO | CT | 501(C)(4) | N/A | TAHMO | | No |
| | | | | | | | |
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**Part III** **Identification of Related Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Predominant income(related, unrelated, excluded from tax under sections 512-514) | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproportionate allocations? 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)** CAREPARTNERS OF CT HOLDINGS LLC<br>705 MOUNT AUBURN STREET<br>WATERTOWN, MA 02472<br>82-3129930 | HOLDING COMPANY | CT | TAHMO | RELATED | | | | | | Yes | | 51 000 % |
| **(2)** KAISER PERMANENTE VENTURES LLC<br>1 KAISER PL<br>OAKLAND, CA 94612 | HEALTHCARE | CA | NA | | | | | | | | | |
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**Part IV** **Identification of Related Organizations Taxable as a Corporation or Trust** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (g) Share of end-of-year assets | (h) Percentage ownership | (i) Section 512(b)(13) controlled entity? Yes | (i) No |
|---|---|---|---|---|---|---|---|---|---|
| See Additional Data Table | | | | | | | | | |
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**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 | Yes | |
| **c** Gift, grant, or capital contribution from related organization(s) | 1c | | No |
| **d** Loans or loan guarantees to or for related organization(s) | 1d | | No |
| **e** Loans or loan guarantees by related organization(s) | 1e | | No |
| **f** Dividends from related organization(s) | 1f | | No |
| **g** Sale of assets to related organization(s) | 1g | | No |
| **h** Purchase of assets from related organization(s) | 1h | | No |
| **i** Exchange of assets with related organization(s) | 1i | | No |
| **j** Lease of facilities, equipment, or other assets to related organization(s) | 1j | | No |
| **k** Lease of facilities, equipment, or other assets from related organization(s) | 1k | | No |
| **l** Performance of services or membership or fundraising solicitations for related organization(s) | 1l | | No |
| **m** Performance of services or membership or fundraising solicitations by related organization(s) | 1m | | No |
| **n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | 1n | Yes | |
| **o** Sharing of paid employees with related organization(s) | 1o | Yes | |
| **p** Reimbursement paid to related organization(s) for expenses | 1p | Yes | |
| **q** Reimbursement paid by related organization(s) for expenses | 1q | Yes | |
| **r** Other transfer of cash or property to related organization(s) | 1r | Yes | |
| **s** Other transfer of cash or property from related organization(s) | 1s | Yes | |

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

See Additional Data Table

| (a) Name of related organization | (b) Transaction type (a-s) | (c) Amount involved | (d) Method of determining amount involved |
|---|---|---|---|
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**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 | |
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**Part VII** **Supplemental Information**

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

# 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 |
| TUFTS ASSOCIATED HEALTH PLANS INC<br>705 MOUNT AUBURN STREET<br>WATERTOWN, MA 02472<br>04-2985923 | MANAGEMENT SV | DE | TAHMO | C CORP | 353,833,790 | 162,861,970 | 100 000 % | Yes | |
| TUFTS INSURANCE COMPANY<br>705 MOUNT AUBURN STREET<br>WATERTOWN, MA 02472<br>04-3319729 | INSURANCE | MA | TAHP | C CORP | 279,678,095 | 98,087,909 | 100 000 % | Yes | |
| TUFTS BENEFIT ADMINISTRATORS INC<br>705 MOUNT AUBURN STREET<br>WATERTOWN, MA 02472<br>04-3270923 | TPA | MA | TAHP | C CORP | 50,750,249 | 12,425,084 | 100 000 % | Yes | |
| TOTAL HEALTH PLAN INC<br>705 MOUNT AUBURN STREET<br>WATERTOWN, MA 02472<br>04-2918943 | TPA | MA | TAHP | C CORP | 60,182,567 | 38,259,614 | 100 000 % | Yes | |
| TAHP BROKERAGE CORPORATION<br>705 MOUNT AUBURN STREET<br>WATERTOWN, MA 02472<br>04-3072692 | BROKERAGE COM | MA | TAHP | C CORP | 0 | 196,664 | 100 000 % | Yes | |
| Integra Partners holdings Inc<br>100 Wall St Ste 2502<br>New York, NY 10005<br>45-3032233 | MED EQPMT & SPPLS | NY | TAHMO | C CORP | 120,059,067 | 132,491,636 | 91 600 % | Yes | |
| Tufts Health Freedom Plans Inc<br>705 Mount Auburn Street<br>Watertown, MA 02472<br>30-0858646 | Joint Venture | MA | TAHP | C CORP | 0 | 10,840,248 | 51 000 % | Yes | |
| Tufts Health Freedom Insurance Company<br>11 South Main St ste 600<br>Concord, NH 03301<br>47-3788473 | insurance | NH | THFP | C CORP | 47,354,043 | 26,821,134 | 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 |
|---|---|---|---|
| TUFTS ASSOCIATED HEALTH PLANS INC | P | 149,600,000 | ACCRUAL |
| TUFTS INSURANCE COMPANY | R | 50,895,000 | ACCRUAL |
| TOTAL HEALTH PLAN INC | S | 1,720,000 | ACCRUAL |
| TOTAL HEALTH PLAN INC | R | 7,950,000 | ACCRUAL |
| TUFTS BENEFIT ADMINISTRATORS INC | R | 111,700,000 | ACCRUAL |
| TUFTS HEALTH PLAN FOUNDATION INC | p | 1,583,500 | ACCRUAL |
| TUFTS HEALTH PUBLIC PLANS INC | S | 3,249,000 | ACCRUAL |
| TUFTS HEALTH PUBLIC PLANS INC | R | 580,000 | ACCRUAL |
| TUFTS HEALTH FREEDOM INSURANCE COMPANY | S | 17,250,000 | ACCRUAL |
| TUFTS HEALTH PLAN FOUNDATION INC | B | 10,059,975 | ACCRUAL |
| TUFTS HEALTH PLAN FOUNDATION INC | Q | 887,000 | ACCRUAL |
| TUFTS HEALTH PUBLIC PLANS INC | B | 25,000,000 | ACCRUAL |