

**CitizenAudit.org**



Part III

Statement of Program Service Accomplishments

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

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1

Briefly describe the organization's mission

WE STRIVE TO HEAL, TO COMFORT, TO TEACH, TO LEARN, AND TO SEEK THE KNOWLEDGE TO PROMOTE HEALTH AND PREVENT DISEASE OUR PATIENTS AND THEIR FAMILIES ARE AT THE CENTER OF EVERYTHING WE DO WE DEDICATE OURSELVES TO FURTHERING OUR RICH TRADITION OF HEALTH CARE INNOVATION, LEADERSHIP, CHARITY AND THE HIGHEST STANDARD OF CARE TO ALL IN OUR COMMUNITY TO PROVIDE LONG-TERM CARE FOR CHILDREN WHO ARE SEVERELY MENTALLY HANDICAPPED AND/OR MULTIPLY PHYSICALLY HANDICAPPED RENTAL SERVICE PROGRAMS TO PROMOTE THE INTEREST OF TUFTS MEDICAL CENTER, INC AND ITS AFFILIATED ORGANIZATIONS BY ACQUIRING, MANAGING, MAINTAINING, DEVELOPING, LEASING AND DISPOSING OF REAL ESTATE PROPERTIES NEW ENGLAND QUALITY ALLIANCE, INC OPERATES FOR THE PURPOSE OF SUPPORTING ACTIVITIES OF TUFTS MEDICAL CENTER PARENT, INC AND ITS AFFILIATES

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 \$ 524,205,671 including grants of \$ ) (Revenue \$ 680,772,750 )

TUFTS MEDICAL CENTER, INC LOCATED IN BOSTON, MA OPERATES A 415 BED ACUTE-CARE GENERAL HOSPITAL ESTABLISHED TO PROVIDE HEALTHCARE SERVICES PRIMARILY IN THE GREATER BOSTON AREA, WHICH ALSO ATTRACTS PATIENTS FROM ELSEWHERE IN NEW ENGLAND AND BEYOND NEW ENGLAND LONG-TERM CARE, INC OPERATES AN 80 BED NURSING HOME SPECIALIZING IN THE CARE OF CHILDREN WHO ARE SEVERELY MENTALLY HANDICAPPED AND/OR MULTIPLY PHYSICALLY HANDICAPPED NEW ENGLAND QUALITY CARE ALLIANCE, INC OPERATES FOR THE PURPOSE OF SUPPORTING ACTIVITIES OF TUFTS MEDICAL CENTER PARENT, INC AND ITS AFFILIATES NEQCA INTEGRATES COMMUNITY AND ACADEMIC PHYSICIANS DEDICATED TO PROVIDING COMPREHENSIVE, INNOVATIVE, HIGH QUALITY AFFORDABLE HEALTH CARE THAT BRINGS VALUE TO THEIR PATIENTS AND THE COMMUNITY, AND EXPANDS THE TEACHING AND RESEARCH MISSION OF TUFTS MEDICAL CENTER, INC TUFTS MEDICAL CENTER REAL ESTATE COMPANY, INC PROVIDES RENTAL SERVICE PROGRAMS TO PROMOTE THE INTEREST OF TUFTS MEDICAL CENTER, INC AND ITS AFFILIATED ORGANIZATIONS BY ACQUIRING, MAINTAINING, MANAGING, DEVELOPING, LEASING, AND DISPOSING OF REAL ESTATE PROPERTY

4b

(Code ) (Expenses \$ 36,820,914 including grants of \$ ) (Revenue \$ 438,465 )

TUFTS MEDICAL CENTER, INC ADMINISTERS PROGRAMS FOR APPROZIMATELY 445 RESIDENTS, INTERNS AND FELLOWS IN 19 SPECIALTIES AND 26 SUBSPECIALTIES WHO ROTATE TO APPROXIMATELY 26 HOSPITALS AND OTHER ORGANIZATIONS LOCATED PRIMARILY IN THE GREATER BOSTON AREA

4c

(Code ) (Expenses \$ 47,260,323 including grants of \$ ) (Revenue \$ 481,919 )

TUFTS MEDICAL CENTER, INC ENGAGES IN RESEARCH ACTIVITIES FUNDED BY GRANTS AND CONTRACTS FOR U S GOVERNMENT AGENCIES AND OTHER PRIVATE SOURCES

4d

Other program services (Describe in Schedule O )

(Expenses \$ including grants of \$ ) (Revenue \$ )











4e

Total program service expenses

608,286,908

Part IV

Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 	2 Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 	3	No
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 	4 Yes	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III 	5	No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 	6	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8	No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 	9	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 Yes	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. 	11a Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 	11b	No
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	No
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 	12b Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 	14b Yes	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV 	15	No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 	16	No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17 Yes	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18 Yes	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 	20a Yes	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b Yes	

Part IV

Checklist of Required Schedules (continued)

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

Part V

Statements Regarding Other IRS Filings and Tax Compliance

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	518
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	6,075
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (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	Yes
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	No
b	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	Yes
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	No
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?	9a	
b	Did the 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? <b>Note.</b> 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 . . . . .		
	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 . . . . .		
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	No
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	No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .	4	No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .	5	No
6	Did the organization have members or stockholders? . . . . .	6	No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? . . . . .	7a	No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .	7b	No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a	The governing body? . . . . .	8a	Yes
b	Each committee with authority to act on behalf of the governing body? . . . . .	8b	Yes
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . .	9	No

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

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

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. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> 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, physical address, and telephone number of the person who possesses the books and records of the organization ▶KATHLEEN DAVIS 800 WASHINGTON STREET BOSTON,MA 02111 (617) 636-5000

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

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

Form **990** (2013)

## Part VII

<b>1b</b>	<b>Sub-Total</b>			
<b>c</b>	<b>Total from continuation sheets to Part VII, Section A</b>			
<b>d</b>	<b>Total (add lines 1b and 1c)</b>	7,693,500	3,984,714	1,489,229

6 2 1

<b>3</b>	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .
<b>4</b>	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> . . . . .
<b>5</b>	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .

## Section B. Independent Contractors

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
TUFTS SHARED SERVICES 171 HARRISON AVE BOSTON MA 02111	UTILITIES & PARKING	13,645,446
PEROT SYSTEMS 2300 W PLANO PARKWAY PLANO TX 75075	INFO TECH SERVICES	3,871,925
PRATT MEDICAL GROUP INC 800 WASHINGTON STREET BOSTON MA 02111	PHYSICIAN SERVICES	3,350,519
PRATT PEDIATRIC ASSOCIATES INC 800 WASHINGTON STREET BOSTON MA 02111	PHYSICIAN SERVICES	1,599,402
PRATT ANESTHESIOLOGY ASSOCIATION INC 800 WASHINGTON STREET BOSTON MA 02111	PHYSICIAN SERVICES	1,286,610

\$100,000 of compensation from the organization ▶321

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	1,583,551			
	d	Related organizations . . . . . 1d				
	e	Government grants (contributions) 1e	35,337,686			
	f	All other contributions, gifts, grants, and similar amounts not included above 1f	16,499,890			
	g	Noncash contributions included in lines 1a-1f \$				
	h	Total. Add lines 1a-1f . . . . .	53,421,127			
Program Service Revenue	2a	NET PATIENT SERV REV				
		Business Code				
		900099	594,140,084	594,140,084		
	b	RESEARCH & MISC REV	54,511,230	54,511,230		
	c	DEFERRED GAIN	6,295,524	6,295,524		
	d	OVERHEAD RECOVERY	1,037,660	1,037,660		
	e	RESIDENTS & INTERN REV	438,465	438,465		
	f	All other program service revenue	25,270,171	25,270,171		
	g	Total. Add lines 2a-2f . . . . .	681,693,134			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) . . . . .	1,052,187		25,228	1,026,959
	4	Income from investment of tax-exempt bond proceeds . . . . .				
	5	Royalties . . . . .	596,391			596,391
	6a	(i) Real				
		1,580,892				
		(ii) Personal				
	b	Less rental expenses	458,707			
	c	Rental income or (loss)	1,122,185			
	d	Net rental income or (loss) . . . . .	1,122,185			1,122,185
	7a	(i) Securities				
		19,607,967				
		(ii) Other				
	b	Less cost or other basis and sales expenses	0			
	c	Gain or (loss)	19,607,967			
	d	Net gain or (loss) . . . . .	19,607,967			19,607,967
	8a	Gross income from fundraising events (not including \$ 1,583,551 of contributions reported on line 1c) See Part IV, line 18 . . . . .				
		a	151,709			
	b	Less direct expenses . . . . . b	717,520			
	c	Net income or (loss) from fundraising events . . . . .	-565,811			-565,811
	9a	Gross income from gaming activities See Part IV, line 19 . . . . .				
		a				
	b	Less direct expenses . . . . . b				
	c	Net income or (loss) from gaming activities . . . . .				
	10a	Gross sales of inventory, less returns and allowances . . . . .				
		a				
	b	Less cost of goods sold . . . . . b				
	c	Net income or (loss) from sales of inventory . . . . .				
	Miscellaneous Revenue		Business Code			
	11a					
	b					
	c					
	d	All other revenue . . . . .				
	e	Total. Add lines 11a-11d . . . . .				
	12	Total revenue. See Instructions . . . . .	756,927,180	681,693,134	25,228	21,787,691

Part IX

Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21.				
2	Grants and other assistance to individuals in the United States. See Part IV, line 22.				
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16.				
4	Benefits paid to or for members.				
5	Compensation of current officers, directors, trustees, and key employees.	9,724,348	1,431,710	7,919,035	373,603
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).				
7	Other salaries and wages.	277,044,708	249,793,151	26,112,610	1,138,947
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	10,145,679	9,163,555	1,010,207	-28,083
9	Other employee benefits.	31,315,270	28,564,505	2,397,885	352,880
10	Payroll taxes.	26,081,736	23,039,270	3,042,466	
11	Fees for services (non-employees):				
a	Management.	3,048,478	1,097,452	1,951,026	
b	Legal.	1,280,553	460,458	820,095	
c	Accounting.	372,927		372,927	
d	Lobbying.	267,945		267,945	
e	Professional fundraising services. See Part IV, line 17.	301,070			301,070
f	Investment management fees.				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	66,039,866	45,219,621	20,101,468	718,777
12	Advertising and promotion.	3,906,796	3,438,917	467,879	
13	Office expenses.	6,778,069	3,506,886	3,174,185	96,998
14	Information technology.	617,109	413,326	202,576	1,207
15	Royalties.	32,093	23,428	8,665	
16	Occupancy.	35,197,868	15,024,427	20,172,084	1,357
17	Travel.	1,700,546	1,467,011	219,144	14,391
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19	Conferences, conventions, and meetings.	3,865	3,865		
20	Interest.	19,261,041	19,261,041		
21	Payments to affiliates.				
22	Depreciation, depletion, and amortization.	21,112,035	10,052,809	11,058,784	442
23	Insurance.	6,439,942	5,792	6,434,150	
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	SUPPLIES	120,621,542	120,621,542		
b	PHYSICIAN PRACTICE FEES	47,270,350	47,254,279	16,071	
c	EQUIPMENT	9,791,058	8,883,389	898,963	8,706
d	BAD DEBT	6,034,177	6,034,177		
e	All other expenses	17,919,756	13,526,297	1,340,996	3,052,463
25	<b>Total functional expenses.</b> Add lines 1 through 24e.	722,308,827	608,286,908	107,989,161	6,032,758
26	<b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X

Balance Sheet

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

				(A)		(B)
				Beginning of year		End of year
Assets	1	Cash—non-interest-bearing		68,209,990	1	60,004,931
	2	Savings and temporary cash investments		57,903,203	2	60,369,010
	3	Pledges and grants receivable, net		6,034,955	3	6,541,338
	4	Accounts receivable, net		89,019,761	4	85,853,205
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	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			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		10,661,440	8	10,184,725
	9	Prepaid expenses and deferred charges		2,092,192	9	2,711,813
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a418,954,724			
	b	Less accumulated depreciation	10b269,662,070	149,063,837	10c	149,292,654
	11	Investments—publicly traded securities		292,218,524	11	306,305,352
	12	Investments—other securities See Part IV, line 11		11,229,092	12	12,664,928
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets		177,946	14	98,859
	15	Other assets See Part IV, line 11		94,098,040	15	87,823,879
	16	Total assets. Add lines 1 through 15 (must equal line 34)		780,708,980	16	781,850,694
Liabilities	17	Accounts payable and accrued expenses		148,030,567	17	150,087,326
	18	Grants payable			18	
	19	Deferred revenue		35,013,831	19	30,670,749
	20	Tax-exempt bond liabilities		206,836,519	20	204,283,166
	21	Escrow or custodial account liability Complete Part IV of Schedule D			21	
	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			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties		581,452	24	494,784
	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		237,523,640	25	215,388,917
	26	Total liabilities. Add lines 17 through 25		627,986,009	26	600,924,942
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets		142,317,897	27	168,732,036
	28	Temporarily restricted net assets		5,210,894	28	6,794,078
	29	Permanently restricted net assets		5,194,180	29	5,399,638
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> 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		152,722,971	33	180,925,752
	34	Total liabilities and net assets/fund balances		780,708,980	34	781,850,694

Part XI Reconciliation 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	756,927,180
2	Total expenses (must equal Part IX, column (A), line 25) . . . . .	2	722,308,827
3	Revenue less expenses Subtract line 2 from line 1 . . . . .	3	34,618,353
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . . .	4	152,722,971
5	Net unrealized gains (losses) on investments . . . . .	5	138,378
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	-6,553,950
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	180,925,752

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 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? 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 <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
2b	Were the organization's financial statements audited by an independent accountant? 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 <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
2c	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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
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?	Yes	
3b	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	Yes	

## Additional Data

**Software ID:**  
**Software Version:**  
**EIN:** 27-0440772  
**Name:** TUFTS MEDICAL CENTER GROUP RETURN

**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			
PAULO ANDRE MD TRUSTEE	1 00 0 00	X						0	0	0
AHMED BASHEER MD TRUSTEE	1 00 0 00	X						0	0	0
CONRAD BENOIT DO TRUSTEE	1 00 0 00	X						0	0	0
HARRIS BERMAN MD TRUSTEE	1 00 0 00	X						0	0	0
DEB BLAZEY-MARTIN TRUSTEE	1 00 0 00	X						0	0	0
CHUCK CASSIDY MD TRUSTEE	1 00 0 00	X						0	0	0
DAVID CHUNG MD TRUSTEE	1 00 0 00	X						0	0	0
JOSEPH P CAMPANELLI TRUSTEE	1 00 0 00	X						0	0	0
OLIVIA HO CHENG TRUSTEE	1 00 0 00	X						0	0	0
MICHELE CRAGE MD TRUSTEE/CHAIR	1 00 0 00	X						0	0	0
DANIEL J DOHERTY TRUSTEE	1 00 0 00	X						0	0	0
DAN DRISCOLL TRUSTEE	1 00 0 00	X						0	0	0
GRACE K FEY TRUSTEE	1 00 0 00	X						0	0	0
THOMAS J HOLLISTER TRUSTEE/CHAIRMAN	1 00 0 00	X						0	0	0
SCOTT KIRSCHNER TRUSTEE	1 00 0 00	X						0	0	0
MARVIN A KONSTAM MD TRUSTEE	1 00 39 00	X						0	500,334	56,215
JC KRYDER MD TRUSTEE	1 00 0 00	X						0	0	0
SUSAN WINSTON LEFF TRUSTEE	1 00 0 00	X						0	0	0
JOSEPH B LEADER MD TRUSTEE	1 00 0 00	X						0	0	0
GENIA LONG TRUSTEE	1 00 0 00	X						0	0	0
BOB MCGOWEN MD TRUSTEE	1 00 0 00	X						0	0	0
WILLIAM C MACKEY MD TRUSTEE	1 00 39 00	X						0	500,772	56,170
RICHARD J MEELIA TRUSTEE	1 00 0 00	X						0	0	0
ANTHONY P MONACO MD PHD TRUSTEE	1 00 0 00	X						0	0	0
PAUL R MURPHY ESQ TRUSTEE	1 00 0 00	X						0	0	0



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

[illegible]

SCHEDULE A

(Form 990 or 990EZ)

Department of the  
Treasury  
Internal Revenue Service

Public Charity Status and Public Support

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

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**  
▶ **Information about Schedule A (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2013

Open to Public  
Inspection

<b>Name of the organization</b> TUFTS MEDICAL CENTER GROUP RETURN	<b>Employer identification number</b> 27-0440772
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Part I

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

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

- 1

☐

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

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E )
- 3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state \_\_\_\_\_
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II )
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☐

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II )
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II )
- 9

☐

An organization that normally receives (1) more than 33<sup>1</sup>/<sub>3</sub>% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33<sup>1</sup>/<sub>3</sub>% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III )
- 10

☐

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

☒

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

a

☒

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Non-functionally integrated

e

☒

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

f

☐

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

g

☐

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

(i)

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

(ii)

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

(iii)

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

h

☐

Provide the following information about the supported organization(s)

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

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

Part II

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

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV )						
11 Total support (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here . . . . . ▶						

Section C. Computation of Public Support Percentage						
14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))		14				
15 Public support percentage for 2012 Schedule A, Part II, line 14		15				
16a 33 1/3% support test—2013. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization						▶
b 33 1/3% support test—2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization						▶
17a 10%-facts-and-circumstances test—2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization						▶
b 10%-facts-and-circumstances test—2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization						▶
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions						▶

Part IIIPart III

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

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage		
15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2013. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
b 33 1/3% support tests—2012. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶		

**Part IV**   **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference	Explanation	
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Additional Data

Software ID:

Software Version:

EIN: 27-0440772

Name: TUFTS MEDICAL CENTER GROUP RETURN

Form 990, Sch A, Part I, Line 11h - Provide the following information about the supported organization(s).

(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section )	(iv) Is the organization in (i) listed in your governing document?		(v) Did you notify the organization in (i) of your support?		(vi) Is the organization in (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
(A) TUFTS MEDICAL CENTER INC	043400617	3	Yes			No	Yes		0
(A) TUFTS MEDICAL CENTER REAL ESTATE COMPANY INC	042772654	11, TYPE I	Yes			No	Yes		0
(B) NEW ENGLAND LONG- TERM CARE	042912578	3	Yes			No	Yes		0
(C) NEW ENGLAND QUALITY CARE ALLIANCE INC	043040427	11, TYPE I	Yes			No	Yes		0

SCHEDULE C  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Political Campaign and Lobbying Activities

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

OMB No 1545-0047

2013

Open to Public Inspection

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

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

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

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

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

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

Name of the organization TUFTS MEDICAL CENTER GROUP RETURN	Employer identification number 27-0440772
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1	Provide a description of the organization’s direct and indirect political campaign activities in Part IV	
2	Political expenditures	▶ \$
3	Volunteer hours	

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

1	Enter the amount of any excise tax incurred by the organization under section 4955	▶ \$
2	Enter the amount of any excise tax incurred by organization managers under section 4955	▶ \$
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4a	Was a correction made?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b	If "Yes," describe in Part IV	

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

1	Enter the amount directly expended by the filing organization for section 527 exempt function activities	▶ \$
2	Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities	▶ \$
3	Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b	▶ \$
4	Did the filing organization file <b>Form 1120-POL</b> for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5	Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization’s funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV	

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

Part II-A

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

- A
- Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)
- B
- Check ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)															
b Total lobbying expenditures to influence a legislative body (direct lobbying)															
c Total lobbying expenditures (add lines 1a and 1b)															
d Other exempt purpose expenditures															
e Total exempt purpose expenditures (add lines 1c and 1d)															
f Lobbying nontaxable amount Enter the amount from the following table in both columns															
<table><tr><td>If the amount on line 1e, column (a) or (b) is:</td><td>The lobbying nontaxable amount is:</td></tr><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
g Grassroots nontaxable amount (enter 25% of line 1f)															
h Subtract line 1g from line 1a If zero or less, enter -0-															
i Subtract line 1f from line 1c If zero or less, enter -0-															
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No													

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B

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

For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		267,945
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?		No	
j	Total. Add lines 1c through 1i.			267,945
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A

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

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

Part III-B

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

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

Part IV

Supplemental Information

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

Return Reference	Explanation

[illegible]

SCHEDULE D  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization TUFTS MEDICAL CENTER GROUP RETURN	Employer identification number 27-0440772
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Part I

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

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <div><input type="checkbox"/> Yes<input type="checkbox"/> No</div>	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds 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? <div><input type="checkbox"/> Yes<input type="checkbox"/> No</div>	

Part II

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

1

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

☐ Preservation of land for public use (e g , recreation or 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
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

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, and enforcing conservation easements during the year ▶\_\_\_\_\_

7

Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 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" to 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) Revenues included in Form 990, Part VIII, line 1

▶ \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X

▶ \$ \_\_\_\_\_

2

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

a

Revenues included in 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" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No
- b

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

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	
- 2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes

☐ No
- b

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

☐

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

	(a)Current year	(b)Prior year	b (c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance . . . . .	5,292,000	5,125,000	4,278,000	4,068,000	3,941,000
b Contributions . . . . .	205,000	151,000	451,000	248,000	87,000
c Net investment earnings, gains, and losses	346,000	325,000	284,000	47,000	195,000
d Grants or scholarships . . . . .					
e Other expenditures for facilities and programs . . . . .	425,000	309,000	-112,000	85,000	155,000
f Administrative expenses . . . . .					
g End of year balance . . . . .	5,418,000	5,292,000	5,125,000	4,278,000	4,068,000

- 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

99 650 %

c

Temporarily restricted endowment

0 350 %
- The percentages in 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
- (i) unrelated organizations . . . . .

3a(i)

☐ Yes

☐ No

(ii) related organizations . . . . .

3a(ii)

☐ Yes

☐ No
- b

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

☐ Yes

☐ No
- 4

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

**Part VI Land, Buildings, and Equipment.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land . . . . .		7,506,867		7,506,867
b Buildings . . . . .		178,351,046	101,208,836	77,142,210
c Leasehold improvements . . . . .		11,971,970	7,253,353	4,718,617
d Equipment . . . . .		206,563,396	161,199,881	45,363,515
e Other . . . . .		14,561,445		14,561,445
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				149,292,654



Part XI

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

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

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

Part XII

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

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

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

Part XIII

Supplemental Information

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

Return Reference	Explanation
PART V, LINE 4	THE ORGANIZATION'S ENDOWMENT CONSISTS OF APPROXIMATELY 50 FUNDS ESTABLISHED FOR A VARIETY OF PURPOSES. FOR THE PURPOSES OF DISCLOSURE, ENDOWMENT FUNDS INCLUDE DONOR-RESTRICTED ENDOWMENT FUNDS. THE ORGANIZATION HAS ADOPTED INVESTMENT AND SPENDING POLICIES FOR ENDOWMENT ASSETS THAT ATTEMPT TO PROVIDE A PREDICTABLE STREAM OF FUNDING TO THE PROGRAMS SUPPORTED BY ITS ENDOWMENT WHILE SEEKING TO MAINTAIN THE PURCHASING POWER OF THE ENDOWMENT ASSETS.

[illegible]

SCHEDULE F  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" to Form 990,  
Part IV, line 14b, 15, or 16.

▶ Attach to Form 990. ▶ See separate instructions.

▶ Information about Schedule F (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2013

Open to Public  
Inspection

Name of the organization  
TUFTS MEDICAL CENTER GROUP RETURN

Employer identification number  
27-0440772

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

- 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☐ Yes ☐ No
- 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- 3 Activites per Region (The following Part I, line 3 table can be duplicated if additional space is needed )

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
( 1 ) CENTRAL AMERICA AND THE CARIBBEAN	0	0	PROGRAM SERVICES	SELF-INSURANCE	1,538,930
( 2 ) CENTRAL AMERICA AND THE CARIBBEAN	0	0	INVESTMENTS	SELF-INSURANCE	120,000
( 3 )					
( 4 )					
( 5 )					
3a Sub-total	0	0			1,658,930
b Total from continuation sheets to Part I	0	0			0
c Totals (add lines 3a and 3b)	0	0			1,658,930

**Part II**

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
( 1 )									
( 2 )									
( 3 )									
( 4 )									

- 2    Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . ▶ \_\_\_\_\_
- 3    Enter total number of other organizations or entities . . . . . ▶ \_\_\_\_\_

Part III

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
( 1 )							
( 2 )							
( 3 )							
( 4 )							
( 5 )							
( 6 )							
( 7 )							
( 8 )							
( 9 )							
( 10 )							
( 11 )							
( 12 )							
( 13 )							
( 14 )							
( 15 )							
( 16 )							
( 17 )							
( 18 )							

**Part IV Foreign Forms**

- 1

Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)*

☒ Yes

☐ No
- 2

Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)*

☐ Yes

☒ No
- 3

Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)*

☒ Yes

☐ No
- 4

Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)*

☒ Yes

☐ No
- 5

Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships. (see Instructions for Form 8865)*

☐ Yes

☒ No
- 6

Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713).*

☐ Yes

☒ No

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 27-0440772

**Name:** TUFTS MEDICAL CENTER GROUP RETURN

### **Part V** Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

SCHEDULE G  
(Form 990 or 990-EZ)

Supplemental Information Regarding  
Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.  
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.  
▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2013

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Name of the organization  
TUFTS MEDICAL CENTER GROUP RETURN

Employer identification number  
27-0440772

Part I

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

1

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

a

☒

Mail solicitations

e

☒

Solicitation of non-government grants

b

☒

Internet and email solicitations

f

☐

Solicitation of government grants

c

☐

Phone solicitations

g

☒

Special fundraising events

d

☒

In-person solicitations

2a

Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☒ Yes

☐ No

b

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

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1 HARRIS CONNECT LLC 1400-A CROSSWAYS BLVD  CHESAPEAKE, VA 23320	DIRECT MAIL PACKAGES		No	27,363	129,333	0
2 GRENZEBACH GLIER AND ASSOCIATES 401 N MICHIGAN AVENUE SUITE 2800  CHICAGO, IL 60611	STRATEGIC CAPITAL CAMPAIGN CONSULTING		No	0	12,137	0
3 MINELLI INC 175 PORTLAND STREET  BOSTON, MA 02114	CAMPAIGN PRESENTATIONS AND MATERIALS		No	0	88,600	0
4 THOMPSON HABIB DENISON 80 HAYDEN AVENUE SUITE 300  LEXINGTON, MA 02421	ONLINE FUNDRAISING CONSULTING		No	0	71,000	0
5						
6						
7						
8						
9						
10						
Total . . . . . ▶				27,363	301,070	

3

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

MA

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		WORKING WONDERS (event type)	COUNTRY HEALS (event type)	2 (total number)	(add col (a) through col (c))
Revenue	1	Gross receipts . . . .	1,004,325	267,168	463,767
	2	Less Contributions . . .	936,245	258,393	388,913
	3	Gross income (line 1 minus line 2) . . . .	68,080	8,775	74,854
Direct Expenses	4	Cash prizes . . . .		800	800
	5	Noncash prizes . . .		283	15,875
	6	Rent/facility costs . . .	18,715	1,340	6,500
	7	Food and beverages .	112,776	10,858	44,307
	8	Entertainment . . . .	186	9,947	400
	9	Other direct expenses .	281,740	106,239	107,554
	10	Direct expense summary Add lines 4 through 9 in column (d) . . . . . ▶			(717,520)
	11	Net income summary Subtract line 10 from line 3, column (d) . . . . . ▶			-565,811

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

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

9 Enter the state(s) in which the organization operates gaming activities \_\_\_\_\_

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

b If "No," explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

b If "Yes," explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_


Does the organization operate gaming activities with nonmembers? ☐ Yes ☐ No

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



<b>13</b> Indicate the percentage of gaming activity operated in							
<b>a</b> The organization's facility	<table><tr><td><b>13a</b></td><td>%</td></tr><tr><td><b>b</b> An outside facility</td><td><table><tr><td><b>13b</b></td><td>%</td></tr></table></td></tr></table>	<b>13a</b>	%	<b>b</b> An outside facility	<table><tr><td><b>13b</b></td><td>%</td></tr></table>	<b>13b</b>	%
<b>13a</b>	%						
<b>b</b> An outside facility	<table><tr><td><b>13b</b></td><td>%</td></tr></table>	<b>13b</b>	%				
<b>13b</b>	%						

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

Name  .....

Address  .....

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


**b** If "Yes," enter the amount of gaming revenue received by the organization  \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party  \$ \_\_\_\_\_


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

Name  .....

Address  .....

**16** Gaming manager information

Name  .....


Gaming manager compensation  \$ .....

Description of services provided  .....

☐ Director/officer ☐ Employee ☐ Independent contractor

**17** Mandatory distributions

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

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

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

Return Reference	Explanation
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SCHEDULE H  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Hospitals

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

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization  
TUFTS MEDICAL CENTER GROUP RETURN

Employer identification number  
27-0440772

Part I

Financial Assistance and Certain Other Community Benefits at Cost

		Yes	No	
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a . . . .	1a	Yes	
b	If "Yes," was it a written policy? . . . . .	1b	Yes	
2	If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year  <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities			
3	Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year  a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for <i>free</i> care  <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input checked="" type="checkbox"/> Other <u>12500 0000000000 %</u>  b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care . . . . .  <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input checked="" type="checkbox"/> Other <u>37500 0000000000 %</u>  c If the organization used factors other than FPG in determining eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care  4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"? . . . . .	3a	Yes	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year? . . . . .	3b	Yes	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount? . . . . .	4	Yes	
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care? . . . . .	5a	Yes	
6a	Did the organization prepare a community benefit report during the tax year? . . . . .	5b		No
b	If "Yes," did the organization make it available to the public? . . . . .	5c		
	Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H	6a	Yes	
		6b	Yes	

7

Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1) . . . .			11,892,000	2,368,776	9,523,224	1 320 %
b Medicaid (from Worksheet 3, column a) . . . . .			136,124,191	106,190,043	29,934,148	4 140 %
c Costs of other means-tested government programs (from Worksheet 3, column b) . .						
d <b>Total</b> Financial Assistance and Means-Tested Government Programs . .			148,016,191	108,558,819	39,457,372	5 460 %
<b>Other Benefits</b>						
e Community health improvement services and community benefit operations (from Worksheet 4) . . . .		23,441	389,094		389,094	0 050 %
f Health professions education (from Worksheet 5) . . . .	37	552,098	26,079,862	9,640,473	16,439,389	2 280 %
g Subsidized health services (from Worksheet 6) . . . .			127,861,596	113,719,072	14,142,524	1 960 %
h Research (from Worksheet 7)			65,258,408	44,443,610	20,814,798	2 880 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)		65,213	4,038,304		4,038,304	0 560 %
j <b>Total</b> Other Benefits . . . .	37	640,752	223,627,264	167,803,155	55,824,109	7 730 %
k <b>Total</b> . Add lines 7d and 7j . .	37	640,752	371,643,455	276,361,974	95,281,481	13 190 %

Part IICommunity Building Activities

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1Physical improvements and housing						
2Economic development			245,870		245,870	0.030 %
3Community support						
4Environmental improvements						
5Leadership development and training for community members						
6Coalition building						
7Community health improvement advocacy						
8Workforce development		39	49,559		49,559	0.010 %
9Other						
10Total		39	295,429		295,429	0.040 %

Part IIIBad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

1Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?

1Yes

2Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.

22,782,359

3Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.

3

4Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.

Section B. Medicare

5Enter total revenue received from Medicare (including DSH and IME).

5139,189,978

6Enter Medicare allowable costs of care relating to payments on line 5.

6146,420,967

7Subtract line 6 from line 5. This is the surplus (or shortfall).

7-7,230,989

8Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used.

☒ Cost accounting system☐ Cost to charge ratio☐ Other

Section C. Collection Practices

9aDid the organization have a written debt collection policy during the tax year?

9aYes

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

9bYes

Part IVManagement Companies and Joint Ventures

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

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

**Part V Facility Information**

**Section A. Hospital Facilities**

(list in order of size from largest to smallest—see instructions)  
How many hospital facilities did the organization operate during the tax year?  
**1**

Name, address, primary website address, and state license number

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

Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

Name of hospital facility or facility reporting group

If reporting on Part V, Section B for a single hospital facility only: line number of hospital facility (from Schedule H, Part V, Section A )1

	Yes	No
<b>Community Health Needs Assessment</b> (Lines 1 through 8c are optional for tax years beginning on or before March 23, 2012)		
<b>1</b> During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 9 . . . . . If "Yes," indicate what the CHNA report describes (check all that apply)	<b>1</b> Yes	
<b>a</b> <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
<b>b</b> <input checked="" type="checkbox"/> Demographics of the community		
<b>c</b> <input type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
<b>d</b> <input checked="" type="checkbox"/> How data was obtained		
<b>e</b> <input checked="" type="checkbox"/> The health needs of the community		
<b>f</b> <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
<b>g</b> <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
<b>h</b> <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
<b>i</b> <input type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
<b>j</b> <input type="checkbox"/> Other (describe in Part VI)		
<b>2</b> Indicate the tax year the hospital facility last conducted a CHNA 20 <u>12</u>		
<b>3</b> In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted . . . . .	<b>3</b> Yes	
<b>4</b> Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI . . . . .	<b>4</b>	No
<b>5</b> Did the hospital facility make its CHNA report widely available to the public? . . . . . If "Yes," indicate how the CHNA report was made widely available (check all that apply)	<b>5</b> Yes	
<b>a</b> <input checked="" type="checkbox"/> Hospital facility's website (list url) <u>WWW.TUFTSMEDICALCENTER.ORG/COMMHEALTH</u>		
<b>b</b> <input type="checkbox"/> Other website (list url) _____		
<b>c</b> <input checked="" type="checkbox"/> Available upon request from the hospital facility		
<b>d</b> <input type="checkbox"/> Other (describe in Part VI)		
<b>6</b> If the hospital facility addressed needs identified in its most recently conducted CHNA, indicate how (check all that apply as of the end of the tax year)		
<b>a</b> <input checked="" type="checkbox"/> Adoption of an implementation strategy that addresses each of the community health needs identified through the CHNA		
<b>b</b> <input checked="" type="checkbox"/> Execution of the implementation strategy		
<b>c</b> <input type="checkbox"/> Participation in the development of a community-wide plan		
<b>d</b> <input type="checkbox"/> Participation in the execution of a community-wide plan		
<b>e</b> <input type="checkbox"/> Inclusion of a community benefit section in operational plans		
<b>f</b> <input type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the CHNA		
<b>g</b> <input checked="" type="checkbox"/> Prioritization of health needs in its community		
<b>h</b> <input checked="" type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community		
<b>i</b> <input type="checkbox"/> Other (describe in Part VI)		
<b>7</b> Did the hospital facility address all of the needs identified in its most recently conducted CHNA? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs . . . . .	<b>7</b>	No
<b>8a</b> Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)? . . . . .	<b>8a</b>	No
<b>b</b> If "Yes" to line 8a, did the organization file Form 4720 to report the section 4959 excise tax? . . . . .	<b>8b</b>	
<b>c</b> If "Yes" to line 8b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V

Facility Information (continued)

Financial Assistance Policy		Yes	No		
<b>9</b> Did the hospital facility have in place during the tax year a written financial assistance policy that Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?		<b>9</b>	Yes		
<b>10</b> Used federal poverty guidelines (FPG) to determine eligibility for providing <i>free</i> care? . . . . . If "Yes," indicate the FPG family income limit for eligibility for free care <u>125 00000000000000</u> % If "No," explain in Part VI the criteria the hospital facility used		<b>10</b>	Yes		
<b>11</b> Used FPG to determine eligibility for providing <i>discounted</i> care? . . . . . If "Yes," indicate the FPG family income limit for eligibility for discounted care <u>375 00000000000000</u> % If "No," explain in Part VI the criteria the hospital facility used		<b>11</b>	Yes		
<b>12</b> Explained the basis for calculating amounts charged to patients? . . . . . If "Yes," indicate the factors used in determining such amounts (check all that apply)		<b>12</b>	Yes		
<b>a</b> <input checked="" type="checkbox"/> Income level					
<b>b</b> <input checked="" type="checkbox"/> Asset level					
<b>c</b> <input checked="" type="checkbox"/> Medical indigency					
<b>d</b> <input checked="" type="checkbox"/> Insurance status					
<b>e</b> <input checked="" type="checkbox"/> Uninsured discount					
<b>f</b> <input checked="" type="checkbox"/> Medicaid/Medicare					
<b>g</b> <input checked="" type="checkbox"/> State regulation					
<b>h</b> <input checked="" type="checkbox"/> Residency					
<b>i</b> <input type="checkbox"/> Other (describe in Part VI)					
<b>13</b> Explained the method for applying for financial assistance? . . . . .		<b>13</b>	Yes		
<b>14</b> Included measures to publicize the policy within the community served by the hospital facility? . . . . . If "Yes," indicate how the hospital facility publicized the policy (check all that apply)		<b>14</b>	Yes		
<b>a</b> <input type="checkbox"/> The policy was posted on the hospital facility's website					
<b>b</b> <input checked="" type="checkbox"/> The policy was attached to billing invoices					
<b>c</b> <input checked="" type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms					
<b>d</b> <input checked="" type="checkbox"/> The policy was posted in the hospital facility's admissions offices					
<b>e</b> <input checked="" type="checkbox"/> The policy was provided, in writing, to patients on admission to the hospital facility					
<b>f</b> <input checked="" type="checkbox"/> The policy was available upon request					
<b>g</b> <input type="checkbox"/> Other (describe in Part VI)					
Billing and Collections					
<b>15</b> Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment? . . . . .		<b>15</b>	Yes		
<b>16</b> Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP					
<b>a</b> <input type="checkbox"/> Reporting to credit agency					
<b>b</b> <input type="checkbox"/> Lawsuits					
<b>c</b> <input type="checkbox"/> Liens on residences					
<b>d</b> <input type="checkbox"/> Body attachments					
<b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C)					
<b>17</b> Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? . . . . .				<b>17</b>	No
If "Yes," check all actions in which the hospital facility or a third party engaged					
<b>a</b> <input type="checkbox"/> Reporting to credit agency					
<b>b</b> <input type="checkbox"/> Lawsuits					
<b>c</b> <input type="checkbox"/> Liens on residences					
<b>d</b> <input type="checkbox"/> Body attachments					
<b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C)					

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

- 18** Indicate which efforts the hospital facility made before initiating any of the actions listed in line 17 (check all that apply)
- a** ☐ Notified individuals of the financial assistance policy on admission
  - b** ☐ Notified individuals of the financial assistance policy prior to discharge
  - c** ☐ Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills
  - d** ☐ Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy
  - e** ☐ Other (describe in Section C)

**Policy Relating to Emergency Medical Care**

		Yes	No
<b>19</b>	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? . . . . .	Yes	
If "No," indicate why			
<b>a</b>	<input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
<b>b</b>	<input type="checkbox"/> The hospital facility's policy was not in writing		
<b>c</b>	<input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)		
<b>d</b>	<input type="checkbox"/> Other (describe in Part VI)		

**Charges to Individuals Eligible for Assistance under the FAP (FAP-Eligible Individuals)**

<b>20</b>	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care		
<b>a</b>	<input type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged		
<b>b</b>	<input type="checkbox"/> The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged		
<b>c</b>	<input type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged		
<b>d</b>	<input checked="" type="checkbox"/> Other (describe in Part VI)		
<b>21</b>	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? . . . . .		No
If "Yes," explain in Part VI			
<b>22</b>	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? . . . . .		No
If "Yes," explain in Part VI			

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

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

[illegible]

Part V

Facility Information (continued)

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

How many non-hospital health care facilities did the organization operate during the tax year? **1**

Name and address		Type of Facility (describe)
<b>1</b>	NEW ENGLAND LONG-TERM CARE INC 78 BOSTON ROAD BILLERICA, MA 01862	LONG-TERM ACUTE-CARE FACILITY
<b>2</b>		
<b>3</b>		
<b>4</b>		
<b>5</b>		
<b>6</b>		
<b>7</b>		
<b>8</b>		
<b>9</b>		
<b>10</b>		

Part VI

Supplemental Information

Provide the following information

- 1
- Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II and Part III, lines 2, 3, 4, 8 and 9b
- 2
- Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B
- 3
- Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy
- 4
- Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves
- 5
- Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc )
- 6
- Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served
- 7
- State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

Form and Line Reference	Explanation
PART I, LINE 7	THE COSTING METHODOLOGY IS BASED ON A COST ACCOUNTING SYSTEM WHICH TAKES INTO CONSIDERATION ALL INPATIENT AND OUTPATIENT ACTIVITY FOR ALL AREAS OF THE HOSPITAL INCLUDING ALL PAYER SOURCES THE COSTS UTILIZED ARE BASED ON ACTUAL COSTS FROM THIS SYSTEM, ALLOCATED TO INDIVIDUAL PATIENT ENCOUNTERS

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 1, REQUIRED DESCRIPTIONS	<p>HOSPITAL BACKGROUND TUFTS MEDICAL CENTER WAS ESTABLISHED OVER 200 YEARS AGO BY COMPASSIONATE BOSTONIANS, INCLUDING SAMUEL ADAMS AND PAUL REVERE AND IT EMBODIES THE SPIRIT OF ITS FOUNDERS TODAY THROUGH THE DELIVERY OF COMPASSIONATE CARE, EMBARKING ON CUTTING EDGE RESEARCH AND TEACHING THE NEXT GENERATION OF CAREGIVERS. FOUNDED AS THE BOSTON DISPENSARY WITH SOME OF ITS ORIGINAL BENEFACTORS INCLUDING PEOPLE LIKE PAUL REVERE AND SAMUEL ADAMS, IT WAS THE FIRST PERMANENT MEDICAL FACILITY IN NEW ENGLAND AND ONE OF THE OLDEST IN THE COUNTRY. PART OF ITS ORIGINAL MISSION WAS TO GUARANTEE THAT THE POOR PEOPLE OF BOSTON HAD ACCESS TO HIGH QUALITY MEDICAL CARE. THAT GOAL REMAINS INTACT TODAY. OVER THE PAST TWO CENTURIES, NUMEROUS DEVELOPMENTS IN HEALTH CARE DELIVERY AS WELL AS ADVANCES IN BIOMEDICAL RESEARCH HAVE BEEN BASED AT WHAT IS NOW CALLED TUFTS MEDICAL CENTER. THE INSTITUTION CONTINUES TO BE DEDICATED TO ITS MISSION OF MAINTAINING ITS TRADITION OF HEALTH CARE INNOVATION, LEADERSHIP, EDUCATION, CHARITY AND HIGH QUALITY CARE AND SERVICE TO ITS PATIENT POPULATION. THE FLOATING HOSPITAL FOR CHILDREN BEGAN AS A FLOATING SHIP, BOSTON FLOATING HOSPITAL FOR CHILDREN, SAILING IN BOSTON HARBOR IN 1894. THE MISSION OF THE SHIP WAS TO BRING ILL URBAN CHILDREN OUT ON TO THE HARBOR TO EXPERIENCE THE HEALING QUALITIES OF THE FRESH SEA AIR AND SUNSHINE. DURING ITS 31 YEARS AT SEA, THE BOSTON FLOATING HOSPITAL FOR CHILDREN WAS THE SITE OF MANY IMPORTANT MEDICAL ADVANCES, INCLUDING THE DEVELOPMENT OF BABY FORMULA AND THE HUMAN MILK BANK. THE FLOATING HOSPITAL BEGAN PROVIDING CARE ON LAND IN 1927, WHERE IT CONTINUED ITS PIONEERING MISSION BY ESTABLISHING THE CONCEPT OF CARING FOR THE "WHOLE CHILD" RATHER THAN SIMPLY TREATING A CHILD'S ILLNESS. TODAY THE FLOATING HOSPITAL IS FORMALLY KNOWN AS THE FLOATING HOSPITAL FOR CHILDREN AT TUFTS MEDICAL CENTER. IT HAS GROWN TO BECOME A WORLD-CLASS PEDIATRIC INSTITUTION OFFERING A COMPREHENSIVE RANGE OF SERVICES FROM PREVENTION AND PRIMARY CARE TO THE MOST SOPHISTICATED TREATMENT OF RARE AND UNUSUAL CONDITIONS. IN 1965 THE BOSTON DISPENSARY, THE FLOATING HOSPITAL FOR CHILDREN AND THE PRATT CLINIC/NEW ENGLAND CENTER HOSPITAL MERGED TO FORM THE NEW ENGLAND MEDICAL CENTER HOSPITALS. IN 1971 THE INSTITUTION CHANGED ITS NAME TO TUFTS - NEW ENGLAND MEDICAL CENTER. TUFTS MEDICAL CENTER BECAME THE OFFICIAL NAME OF THE MEDICAL CENTER IN 2008, AS THE INSTITUTION SOUGHT A CHANGE TO REFLECT ITS ROLE AS THE PRINCIPAL TEACHING HOSPITAL FOR THE TUFTS UNIVERSITY SCHOOL OF MEDICINE. HOSPITAL TODAY TODAY, TUFTS MEDICAL CENTER IS A 415 BED AND 24 BASSINET ROBUST ORGANIZATION, PROVIDING COMPREHENSIVE CARE FROM ROUTINE MEDICAL CARE TO TREATING THE MOST COMPLEX DISEASES AFFECTING ADULTS AND CHILDREN. TUFTS MEDICAL CENTER IS ALSO HOME TO FLOATING HOSPITAL FOR CHILDREN, A FULL-SERVICE CHILDREN'S HOSPITAL DEDICATED EXCLUSIVELY TO ALL LEVELS OF PEDIATRIC CARE FROM THE TINIEST OF NEWBORNS TO MATURING ADOLESCENTS, BOTH OF WHICH ARE STILL DEDICATED TO THE MISSION OF SERVING BOSTON AND OTHER RESIDENTS IN NEED OF QUALITY HEALTH CARE AND HEALTH EDUCATION TO IMPROVE AND MAINTAIN THE GOOD HEALTH OF ALL FAMILY MEMBERS. TUFTS MEDICAL CENTER'S FOCUS IS TERTIARY AND QUATERNARY CARE, PROVIDING THE MOST ADVANCED TREATMENTS FOR THE MOST COMPLEX AND SERIOUS ILLNESSES AND INJURIES. THE MEDICAL CENTER PROVIDES HEART, KIDNEY AND BONE MARROW TRANSPLANTS, SERVES AS A LEVEL I TRAUMA CENTER, PROVIDES COMPREHENSIVE NEUROLOGICAL AND NEUROSURGICAL CARE, AND OFFERS CUTTING-EDGE CANCER TREATMENTS. TUFTS MEDICAL CENTER SERVES AN INCREDIBLY DIVERSE POPULATION OF PATIENTS, APPROXIMATELY 70% OF THE POPULATION IS WHITE, 10% IS BLACK, 10% IS ASIAN AND 9% IS HISPANIC. ALONG WITH SERVING AN ETHNICALLY DIVERSE POPULATION, TUFTS MEDICAL CENTER PROVIDES CARE TO THE SECOND HIGHEST CONCENTRATION OF MEDICAID PATIENTS (26 PERCENT OF THE HOSPITAL'S PATIENT POPULATION) OF ALL ACADEMIC MEDICAL CENTERS IN THE CITY OF BOSTON. THE HOSPITAL ALSO SERVES A LARGE MEDICARE POPULATION, WHICH MAKES UP ALMOST 32 PERCENT OF THE PATIENT POPULATION. TUFTS MEDICAL CENTER PROVIDES A MULTIDISCIPLINARY APPROACH TO THE CARE OF ITS PATIENTS. DUE TO ITS INTIMATE SIZE, PHYSICIANS FROM ONE DEPARTMENT EASILY COMMUNICATE WITH MEMBERS OF OTHER DEPARTMENTS AND DIVISIONS TO BRING IN PERSPECTIVES FROM ALL GROUPS TO DETERMINE THE RIGHT TREATMENT PLAN FOR EACH PATIENT. REFERRING PHYSICIANS, THE PATIENT AND FAMILY MEMBERS ARE VITAL MEMBERS OF THE MULTIDISCIPLINARY TEAM AT TUFTS MEDICAL CENTER AND ARE INSTRUMENTAL IN THE DECISION-MAKING PROCESS. THE HOSPITAL'S FOCUS AND MISSION EVERY DAY IS TO IMPROVE THE LIVES OF CHILDREN AND THEIR FAMILIES. MISSION AND OBJECTIVES TUFTS MEDICAL CENTER AND FLOATING HOSPITAL FOR CHILDREN CARRY OUT A TRIPARTITE MISSION EVERY DAY, PURSUING EXCELLENCE IN CARE FOR ADULT AND PEDIATRIC PATIENTS, TEACHING THE NEXT GENERATIONS OF CAREGIVERS AND PURSUING GROUNDBREAKING RESEARCH. COMPASSIONATE, PATIENT-CENTERED CARE IS ONE OF THE MEDICAL CENTER'S HALLMARKS. THE MEDICAL CENTER OFFERS A FULL</p>

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 1, REQUIRED DESCRIPTIONS	<p>RANGE OF SERVICES FROM PRIMARY CARE TO SOME OF THE MOST COMPLEX TREATMENTS, INCLUDING-SUR GERIES, CANCER CARE, ORTHOPEDICS, OBSTETRICS AND GYNECOLOGY, FULL CARDIOVASCULAR CARE, NEU ROLOGY AND NEUROSURGERY, OPHTHALMOLOGY, TRANSPLANT SURGERY, WEIGHT AND WELLNESS SERVICES A MULTIDISCIPLINARY APPROACH ENSURES BOTH COMPLETE AND THOROUGH CONSIDERATION OF TREATMENT OPTIONS FOR OUR PATIENTS TUFTS MEDICAL CENTER ALSO PROVIDES EMERGENCY CARE AND IS AN AME RICAN COLLEGE OF SURGEONS CERTIFIED LEVEL 1 ADULT AND LEVEL 1 PEDIATRIC,TRAUMA CENTER MISSION STATEMENTTUFTS MEDICAL CENTER AND FLOATING HOSPITAL FOR CHILDREN'S MISSION IS AS FOLLO WS "WE STRIVE TO HEAL, TO COMFORT, TO TEACH, TO LEARN AND TO SEEK THE KNOWLEDGE TO PROMOTE HEALTH AND PREVENT DISEASE OUR PATIENTS AND THEIR FAMILIES ARE AT THE CENTER OF EVERYTHI NG WE DO WE DEDICATE OURSELVES TO FURTHERING OUR RICH TRADITION OF HEALTH CARE INNOVATION , LEADERSHIP, CHARITY AND THE HIGHEST STANDARD OF CARE AND SERVICE TO ALL IN OUR COMMUNITY "PATIENT CARE, TEACHING AND TRAININGTUFTS MEDICAL CENTER GROWS FUTURE GENERATIONS OF MEDI CAL PROFESSIONALS BY PROVIDING OUTSTANDING CLINICAL TRAINING AND EXPERIENCE TO MEDICAL STU DENTS AND THE RESIDENTS AS THE PRINCIPAL TEACHING HOSPITAL OF TUFTS UNIVERSITY SCHOOL OF MEDICINE, TUFTS MEDICAL CENTER WORKS COLLABORATIVELY WITH THE MEDICAL SCHOOL BY SHARING ST AFF, PROVIDING PHYSICIAN TIME FOR TEACHING AND CURRICULUM DEVELOPMENT, AND SHARING OVERSIG HT OF DEPARTMENT LEADERSHIP AMONG BOTH INSTITUTIONS ALL FULL-TIME PHYSICIANS AT TUFTS MED ICAL CENTER AND FLOATING HOSPITAL FOR CHILDREN HOLD FACULTY APPOINTMENTS AT TUFTS UNIVERSI TY SCHOOL OF MEDICINE TUFTS MEDICAL CENTER AND FLOATING HOSPITAL FOR CHILDREN MAINTAIN A ROBUST GRADUATE MEDICAL EDUCATION PROGRAM, RECRUITING APPROXIMATELY 455 RESIDENTS AND FELL OWS FROM AROUND THE WORLD TEACHING AT TUFTS MEDICAL CENTER IS INTEGRATED INTO THE CARE EX PERIENCE AND AS AN ACADEMIC MEDICAL CENTER THIS ALSO MEANS WE PROVIDE AND MAINTAIN A NUMBE R OF ACUTE CARE SERVICES THAT ARE NOT PROVIDED BY ALL HOSPITALS SOME OF THESE VITAL COMMU NITY SERVICES INCLUDE INPATIENT AND OUTPATIENT ADULT PSYCHIATRIC SERVICES, OUTPATIENT PEDI ATRIC PSYCHIATRIC SERVICES AND CONSULTATIONS, EMERGENCY AND TRAUMA CARE, AS WELL AS NEONAT AL INTENSIVE CARE RESEARCHTUFTS MEDICAL CENTER AND FLOATING HOSPITAL FOR CHILDREN ARE PION EERS IN GROUNDBREAKING RESEARCH INCLUDING NUMEROUS CLINICAL TRIALS TAKING PLACE IN BOSTON IT RANKS AMONG THE TOP 15 PERCENT OF THE NATION'S INDEPENDENT HOSPITALS THAT RECEIVE FEDE RAL RESEARCH FUNDS AND HAS PIONEERED GROUNDBREAKING RESEARCH INVOLVING CLINICAL TRIALS FUN DED BY THE NATIONAL INSTITUTES OF HEALTH, PRIVATE FOUNDATIONS, INDUSTRY, AND PRIVATE INDIV IDUALS OUR RESEARCH MISSION IS NOT ONLY TO ADVANCE KNOWLEDGE BUT TO TRAIN PHYSICIANS AND NON-CLINICIANS TO BECOME THE INVESTIGATORS OF THE FUTURE TUFTS MEDICAL CENTER RESEARCH HA S LED TO THE DISCOVERY OF DRUGS THAT PREVENT THE BODY'S REJECTION OF TRANSPLANTED ORGANS, COINING THE TERM "IMMUNOSUPPRESSION," AND ALSO BROUGHT TO LIGHT THE LINK BETWEEN OBESITY A ND HEART DISEASE ONE NEWLY FUNDED PROJECT LED BY THE TUFTS CLINICAL AND TRANSLATIONAL SCI ENCE INSTITUTE (CTSI) WILL HELP BUILD THE CAPACITY OF COMMUNITY-BASED, NON-HEALTH CARE PRO VIDERS TO IDENTIFY CONSTITUENT NEEDS AND DOCUMENT THE BENEFITS OF INITIATIVES TO ADDRESS T HOSE NEEDS THIS CAPACITY BUILDING EFFORT WILL SUPPORT AND COMPLEMENT THE ONGOING EFFORTS TO WORK WITH LOCAL HEALTHCARE ORGANIZATIONS, AS WELL AS COMMUNITY AND INDUSTRY GROUPS TO T URN GROUNDBREAKING LABORATORY RESEARCH INTO WIDELY-USED TREATMENTS FOR PATIENTS IN A FASTE R, MORE PRODUCTIVE MANNER THIS EFFORT CONTINUES TO FOSTER COLLABORATION BETWEEN THE GENER AL LAY COMMUNITY, COMMUNITY-BASED ORGANIZATIONS, THE CLINICAL PRACTITIONERS AND ACADEMIA T O TRAIN PHYSICIANS FOR WORK IN UNDER-SERVED COMMUNITIES</p>

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 1, REQUIRED DESCRIPTIONS (CONTINUED)	TUFTS MEDICAL CENTER'S CANCER CENTER CONTINUES ITS EFFORTS TO INCREASE THE REPRESENTATION OF LINGUISTIC AND ETHNIC MINORITIES IN CLINICAL TRIALS THE CANCER CENTER HAS BEEN ATTEMPTING TO TRANSLATE INFORMATION FROM SURVEYS INTO OUTREACH AND EDUCATIONAL EFFORTS TO FOSTER A GREATER AWARENESS ABOUT CLINICAL TRIALS, THEIR AVAILABILITY AND THE BENEFITS OF PARTICIPATING IN CLINICAL TRIALS

Form and Line Reference	Explanation
PART II, COMMUNITY BUILDING ACTIVITIES	<p>WORKFORCE DEVELOPMENT AND TRAININGTUFTS MEDICAL CENTER IS ONE OF THE LARGEST EMPLOYERS IN THE CITY OF BOSTON AND EMPLOYS ALMOST 5,000 PEOPLE TUFTS MEDICAL CENTER EMPLOYS A DIVERSE WORKFORCE TO FILL POSITIONS RANGING FROM ADMINISTRATIVE, TECHNICAL, AND HOSPITALITY RELATED, SUCH AS PATIENT TRANSPORT, FOOD SERVICES, AND ENVIRONMENTAL SERVICES TO RESEARCH AND DIRECT PATIENT CARE ROLES APPROXIMATELY 32% OF THE MEDICAL CENTER'S WORKFORCE IS DERIVED FROM RESIDENTS OF THE CITY OF BOSTON THE MEDICAL CENTER HAS CONSISTENTLY PUT AN EMPHASIS ON RECRUITING FROM THE CHINATOWN COMMUNITY THE EDUCATIONAL AND LINGUISTIC REQUIREMENTS OF POSITIONS AT THE MEDICAL CENTER HAVE OFTEN MADE IT DIFFICULT TO RECRUIT LARGE NUMBERS OF LOCAL RESIDENTS INTO POSITIONS IN THE MEDICAL FIELD THE MEDICAL CENTER HAS SOUGHT TO ADDRESS THESE ISSUES BY WORKING WITH LOCAL COMMUNITY ORGANIZATIONS TO PROVIDE LANGUAGE SKILLS AND BASIC EDUCATION CLASSES FOR COMMUNITY MEMBERS AND CURRENT EMPLOYEES TUFTS MEDICAL CENTER CONDUCTS AND PARTICIPATES IN MANY WORKFORCE DEVELOPMENT AND TRAINING INITIATIVES TO ADDRESS SOME OF THE EDUCATIONAL, SKILL AND LINGUISTIC ISSUES TO PROVIDE CAREER TRAINING AND PROMOTION OPPORTUNITIES SOME OF THE PROGRAMS TUFTS MEDICAL CENTER HAS EMBARKED UPON ARE THE CAREER EXPLORATION EVENTAN ANNUAL EVENT WHERE EMPLOYEES HAVE THE OPPORTUNITY TO MEET WITH DEPARTMENT REPRESENTATIVES WHO SHARE THEIR EXPERIENCES EDUCATIONAL PARTNERS, TERI COLLEGE ACCESS AND THE TUFTS MEDICAL CENTER BENEFITS DEPARTMENT PROVIDE INFORMATION ABOUT OUR ONSITE WORKPLACE EDUCATION PROGRAM FOR ESOL, THE COLLEGE ENTRANCE PROCESS, CERTIFICATE AND ASSOCIATE DEGREE PROGRAMS AND EDUCATIONAL FINANCING OPTIONS TUFTS MEDICAL CENTER EXTERNSHIP PROGRAMA CAREER TRAINING PROGRAM ESTABLISHED TO ASSIST INNER-CITY ADULT STUDENTS TO PREPARE FOR THE WORKFORCE BY PROVIDING CERTIFICATE PROGRAMS THAT TYPICALLY TEACH MEDICAL ASSISTANT, MEDICAL ADMINISTRATIVE ASSISTANT, ADMINISTRATIVE ASSISTANT, CODING AND BILLING SKILLS TO MEMBERS OF THE FOLLOWING COMMUNITY ORGANIZATIONS - ASIAN AMERICAN CIVIC ASSOCIATION- BOSTON CAREER INSTITUTE- BUNKER HILL COMMUNITY COLLEGE- EVEREST INSTITUTE- GIBBS COLLEGE- HEALTH TRAINING CENTER- HORIZON LEARNING CENTER- JEWISH VOCATIONAL SERVICES- TARE TRAINING CENTER- MEDICAL PROFESSIONAL INSTITUTE- SALTER SCHOOL- YMCA TRAINING, INC THE STUDENTS FROM THESE PROGRAMS COME TO TUFTS MEDICAL CENTER TO COMPLETE A REQUIRED INTERNSHIP IN PREPARATION FOR THEIR CERTIFICATION, TYPICALLY 160 HOURS, DURING WHICH TIME THEY WORK IN A SUPERVISED ENVIRONMENT, UTILIZING THE SKILLS FROM THEIR RESPECTIVE PROGRAMS WITH A GOAL OF FUTURE EMPLOYMENT THESE INTERNSHIPS WILL TYPICALLY LEAD TO JOB OPPORTUNITIES FOR ADMINISTRATIVE ASSISTANT, PATIENT SERVICES COORDINATOR, UNIT COORDINATOR, AND PHLEBOTOMIST POSITIONS IN FISCAL YEAR 2014, APPROXIMATELY 70 STUDENTS COMPLETED THE PROGRAM HIRING OPPORTUNITIES ARE POSSIBLE FOLLOWING THE EXTERNSHIPS OTHER WORKFORCE DEVELOPMENT ACTIVITIESPARTICIPATION IN THE HIGHER EDUCATION/REGIONAL HOSPITAL WORKING GROUP SPONSORED BY THE DEPARTMENT OF EDUCATION AND THE BOSTON HEALTHCARE CAREERS CONSORTIUM SPONSORED BY THE BOSTON PRIVATE INDUSTRY COUNCIL THESE GROUPS INCLUDE REPRESENTATIVES OF GOVERNMENT AGENCIES, ACADEMIC INSTITUTIONS, WORKFORCE DEVELOPMENT REPRESENTATIVES FROM LOCAL HOSPITALS AND COMMUNITY HEALTH CENTERS, AND OTHER WORKFORCE DEVELOPMENT ORGANIZATIONS THESE GROUPS FOCUS ON ADDRESSING HIGHER EDUCATION, TRAINING AND EMPLOYER NEEDS TUFTS MEDICAL CENTER IS COMMITTED TO A DIVERSE WORKFORCE AND TO PROVIDING EQUAL OPPORTUNITIES TO ALL MEMBERS OF THE COMMUNITY AND BEYOND THROUGH ITS REGULAR RECRUITMENT CHANNELS THE MEDICAL CENTER REACHES OUT TO THE GENERAL EMPLOYMENT POPULATION, AS WELL AS TARGETED MINORITY POPULATIONS, INCLUDING THE LOCAL CHINATOWN COMMUNITY THESE EFFORTS ARE MADE THROUGH EMPLOYMENT POSTING COMPANIES, SUCH AS MONSTER COM AND LOCAL OUTLETS SUCH AS THE BILINGUAL SAMPAN NEWSPAPER IN THE NEXT SEVERAL YEARS THE HEALTHCARE INDUSTRY WILL CONTINUE TO SEE SIGNIFICANT CHANGES TO THE INDUSTRY PROPELLING IT FORWARD WITH ADVANCES IN MEDICAL SCIENCE, TECHNOLOGY, PATIENT DEMOGRAPHICS AND ECONOMICS, AS WELL AS CHANGES TO MODELS OF CARE DELIVERY WHICH WILL CHALLENGE EVEN THE MOST PREPARED AND ORGANIZED WORKFORCE THESE CHANGES WILL MEAN A TRUE DEDICATION TO EMPLOYEE RECRUITMENT, RETENTION AND TRAINING, IT WILL MEAN TRAINING IN MANY DIFFERENT SETTINGS, FROM EXPERIENTIAL LEARNING IN A TEAM ENVIRONMENT, WEB-BASED INSTRUCTION AND INCREASED SIMULATION-TRAINING THE FUTURE DEVELOPMENT PROPOSED IN THIS IMP WILL HELP ENSURE TUFTS MEDICAL CENTER HAS THE FACILITIES TO MEET THE DEMANDS OF AN EVER CHANGING INDUSTRY AND WORKFORCE</p>

Form and Line Reference	Explanation
PART III, LINE 2	THE HOSPITAL RECORDS BAD DEBTS BASED ON CHARGES THE BAD DEBT COSTS PROVIDED HEREIN ARE BASED ON THESE CHARGES MULTIPLIED BY THE HOSPITAL'S COST-TO-CHARGE RATIO OF 43.4%

Form and Line Reference	Explanation
PART III, LINE 4	THE ORGANIZATION'S PROVISION FOR BAD DEBT IS DESCRIBED ON PAGE 12 OF THE AUDITED FINANCIAL STATEMENTS (ATTACHED) THE FOLLOWING IS EXCERPTED FROM THAT FOOTNOTE "PROVISION FOR BAD DEBTS - ACCOUNTS RECEIVABLE ARE REDUCED BY AN ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS IN EVALUATING THE COLLECTABILITY OF ACCOUNTS RECEIVABLE, THE ORGANIZATION ANALYZES ITS PAST HISTORY AND IDENTIFIES TRENDS FOR EACH OF ITS MAJOR PAYOR SOURCES OF REVENUE TO ESTIMATE THE APPROPRIATE ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS AND PROVISION FOR BAD DEBTS MANAGEMENT REGULARLY REVIEWS DATA ABOUT THESE MAJOR PAYOR SOURCES OF REVENUE IN EVALUATING THE SUFFICIENCY OF THE ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS FOR RECEIVABLES ASSOCIATES WITH SERVICES PROVIDED TO PATIENTS WHO HAVE THIRD-PARTY COVERAGE, THE ORGANIZATION ANALYSES CONTRACTUALLY DUE AMOUNTS AND HISTORIC PAYMENT TRENDS AND RECORDS ESTIMATED CONTRACTUAL ALLOWANCES FOR RECEIVABLES ASSOCIATED WITH SELF-PAY PATIENTS, THE ORGANIZATION RECORDS A SIGNIFICANT PROVISION FOR BAD DEBTS IN THE PERIOD OF SERVICE ON THE BASIS OF ITS PAST EXPERIENCE, WHICH INDICATES THE MANY PATIENTS ARE UNABLE OR UNWILLING TO PAY THE PORTION OF THEIR BILL FOR WHICH THEY ARE FINANCIALLY RESPONSIBLE THE DIFFERENCE BETWEEN THE STANDARD RATES AND THE AMOUNTS ACTUALLY COLLECTED AFTER ALL REASONABLE COLLECTION EFFORTS HAVE BEEN EXHAUSTED IS CHARGED OFF AGAINST THE ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS "

Form and Line Reference	Explanation
PART III, LINE 8	COSTS ARE ALLOCATED TO PATIENT ENCOUNTERS BASED ON A COST ACCOUNTING SYSTEM

Form and Line Reference	Explanation
PART III, LINE 9B	TUFTS MEDICAL CENTER'S FINANCIAL COORDINATION OFFICE IDENTIFIES AND ASSISTS THOSE PATIENTS THAT HAVE NO INSURANCE OR WHO ARE UNDERINSURED WE WILL PROCESS ON-LINE APPLICATIONS FOR STATE PROGRAMS IN ACCORDANCE WITH THE ESTABLISHED MASS HEALTH GUIDELINES THE GUIDELINES ARE BASED ON 200% OF THE FEDERAL POVERTY GUIDELINES FINANCIAL ASSISTANCE IS ALSO EXTENDED TO OUT-OF-STATE/COUNTRY PATIENTS WITH NO INSURANCE IN ACCORDANCE WITH THE TUFTS MEDICAL CENTER'S FINANCIAL ASSISTANCE POLICY A NOTICE OF FINANCIAL ASSISTANCE IS LOCATED ON THE PATIENT BILL AND THE HOSPITAL WEB-SITE IT IS ALSO POSTED IN VARIOUS STRATEGIC LOCATIONS THROUGHOUT THE HOSPITAL THE FINANCIAL COORDINATION OFFICE IS OPEN MONDAY THRU FRIDAY FROM 8 00 A M TO 4 40 P M THE MAIN NUMBER FOR THE FINANCIAL COORDINATION OFFICE IS 617-636-6013

Form and Line Reference	Explanation
PART VI, LINE 2	<p>TUFTS MEDICAL CENTER CONDUCTS REGULAR COMMUNITY HEALTH NEEDS ASSESSMENTS TO DEVELOP APPROPRIATE PRIORITIES FOR ITS COMMUNITY BENEFITS PROGRAMMING THE NEED ASSESSMENTS INCLUDE REVIEW OF PUBLIC HEALTH DATA AVAILABLE FROM THE MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH (DPH) AND FROM THE BOSTON PUBLIC HEALTH COMMISSION (BPHC) AND ITS REGULAR REPORTS ON THE HEALTH OF THE CITY AND THE HEALTH OF INDIVIDUAL NEIGHBORHOODS THESE DATA ARE REVIEWED WITH COMMUNITY MEMBERS, SERVICE PROVIDERS, AND OTHER KEY INFORMANTS WHO SERVE ON ADVISORY COMMITTEES THAT GUIDE SPECIFIC COMMUNITY BENEFITS EFFORTS SUCH AS THE ASIAN AND DORCHESTER HEALTH INITIATIVES THE COMBINATION OF STATISTICAL DATA AND DATA FROM KEY INFORMANTS HELP TO IDENTIFY PRIORITIES THAT REFLECT NEEDS IN REAL TIME AS WELL AS COMMUNITY MEMBERS' ASSESSMENTS AND PERCEPTIONS OF ISSUES AND NEEDS WHICH GUIDE THE TARGETING OF RESOURCES AND PROGRAMMING THAT MAY NOT BE REFLECTED IN PUBLICLY AVAILABLE SOURCES</p> <p>TUFTS MEDICAL CENTER BEGAN ITS DATA COLLECTION FOR ITS TRI-ANNUAL NEEDS ASSESSMENT IN THE FALL OF 2012 THIS INCLUDED THE REVIEW OF AVAILABLE HEALTH DATA FROM THE BOSTON PUBLIC HEALTH COMMISSION AND KEY INFORMANT INTERVIEWS FROM EACH OF THE THREE COMMUNITIES WE WORK WITH CHINATOWN, DORCHESTER AND SOUTH BOSTON THE INITIAL ANALYSIS OF THE DATA WAS REVIEWED BY ADVISORY COMMITTEES AND PRIORITIES WERE IDENTIFIED FOR TWO OF THE GRANT FUNDED INITIATIVES THE MEDICAL CENTER'S COMMUNITY HEALTH NEEDS ASSESSMENT WAS COMPLETED IN FY 13 AND THE IMPLEMENTATION PLAN INCLUDED IDENTIFYING NEW GRANTEEES FOR BOTH THE ASIAN AND DORCHESTER HEALTH INITIATIVES THROUGH OPEN AND COMPETITIVE PROCUREMENT PROCESSES SEVEN APPLICANTS WERE SELECTED FOR THE ASIAN HEALTH INITIATIVE AND FIVE FOR THE DORCHESTER HEALTH INITIATIVE GRANTEEES WERE AWARDED FUNDS TO PROVIDE HEALTH PROMOTION ACTIVITIES WHICH REFLECTED THE HEALTH PRIORITIES FOR THE RESPECTIVE NEIGHBORHOODS BOSTON'S DIVERSE ASIAN AND MINORITY COMMUNITIES CONTINUE TO GROW AND ARE DISPERSED THROUGHOUT THE CITY'S MANY NEIGHBORHOODS AND SURROUNDING COMMUNITIES TO ENSURE THAT THE MEDICAL CENTER CONTINUES TO MEET THE HEALTHCARE NEEDS OF THE GROWING POPULATIONS, HOSPITAL-BASED PROGRAMS SUCH AS INTERPRETER SERVICES, ASIAN ACCESS PROGRAM, ASIAN CLINICAL SERVICES AND THE JOSIAH QUINCY SCHOOL PSYCHIATRY CONSULTATION PROGRAM WERE ESTABLISHED AND CONTINUE TO THRIVE TODAY</p>

Form and Line Reference	Explanation
PART VI, LINE 3	PATIENTS ARE INFORMED ABOUT FINANCIAL ASSISTANCE AND FINANCIAL COORDINATION RESOURCES OFFERED BY THE HOSPITAL THROUGH SEVERAL DIFFERENT MEDIUMS AND AT SEVERAL DIFFERENT POINTS IN THEIR EXPERIENCE WITH THE HOSPITAL PATIENTS ARE PROVIDED AN OPPORTUNITY TO HAVE AN IN PERSON DISCUSSION WITH A FINANCIAL COORDINATOR ABOUT INSURANCE COVERAGE AND FINANCIAL HARDSHIP DURING THE INITIAL REGISTRATION PROCESS IF A PATIENT EXPRESSES THE NEED FOR INSURANCE OR FINANCIAL ASSISTANCE A FINANCIAL COORDINATOR WILL WORK WITH THEM TO APPLY FOR ANY AVAILABLE AND APPROPRIATE SERVICES SHOULD A PATIENT QUALIFY FOR MEDICARE OR MEDICAID ASSISTANCE OF ANY FORM, E G COMMONWEALTH CARE, THE COUNSELOR OR FINANCIAL COORDINATOR WILL ALSO ASSIST THE PATIENT IN APPLYING FOR ANY OTHER SOCIAL SERVICES THEY MAY FIND HELPFUL, SUCH AS FOOD AND NUTRITION SERVICES PATIENTS ARE NOTIFIED OF THEIR RIGHTS AND AVAILABLE FINANCIAL RESOURCES THROUGH A VARIETY OF OTHER MEASURES AS WELL, INCLUDING INFORMATION ON SEVERAL DIFFERENT PAGES AND LANDING POINTS ON THE TUFTS MEDICAL CENTER AND FLOATING HOSPITAL FOR CHILDREN WEBSITE, IN WRITTEN INFORMATION PROVIDED AT DISCHARGE, ON ANY BILLING STATEMENTS THEY RECEIVE AND IN POSTINGS THROUGHOUT THE HOSPITAL IN ALL WAITING AREAS AND CLINICS

Form and Line Reference	Explanation
PART VI, LINE 4	<p>TUFTS MEDICAL CENTER'S LOCATION IN THE HEART OF BOSTON'S CHINATOWN DISTRICT PLAYS AN INTEGRAL ROLE IN SHAPING AND DRIVING THE MISSION OF THE MEDICAL CENTER. OUR POSITION AS A PART OF THE FABRIC OF THE CHINATOWN COMMUNITY HAS INFORMED SOME OF THE CLINICAL DIRECTION OF THE INSTITUTION AND INSPIRED THE MEDICAL CENTER TO PURSUE RESPONSES TO MEET THE SPECIFIC NEEDS OF THE COMMUNITY. THIS CAN BE EXPERIENCED IN THE ASIAN PEDIATRIC AND ADOLESCENT CLINIC, WHICH WAS DEVELOPED IN DIRECT RESPONSE TO A COMMUNITY NEED FOR AN ACCESSIBLE, MULTI-CULTURAL AND MULTI-LINGUAL PRIMARY CARE PRACTICE FOR THE CHILDREN AND FAMILIES OF THE ASIAN AMERICAN COMMUNITY. CHINATOWN IS NOT ONLY HOME TO MANY CHINESE AMERICANS, IT IS CONSIDERED A GATEWAY FOR MANY NEW CHINESE IMMIGRANTS ARRIVING IN THE UNITED STATES. RECOGNIZING THE NEEDS OF THE CHINATOWN COMMUNITY AND THE NEEDS OF MANY NEW IMMIGRANTS TO THIS COUNTRY, TUFTS MEDICAL CENTER ESTABLISHED THE ASIAN ACCESS PROGRAM. THE ASIAN ACCESS PROGRAM SERVES THOUSANDS OF CLIENTS EACH YEAR BY PROVIDING THEM WITH ASSISTANCE TO ACCESS AND NAVIGATE THE MEDICAL CENTER, AS WELL AS THE MANY OTHER SOCIAL SERVICES OFFERED BY THE COMMONWEALTH OF MASSACHUSETTS AND THE FEDERAL GOVERNMENT. THE IMPORTANCE OF THIS PROGRAM TO THE ASIAN COMMUNITY AND HIGH DEMAND FOR SERVICES PROMPTED THE HOSPITAL TO EXPAND THE PROGRAM IN 2011 AND PROVIDE GREATER ACCESSIBILITY TO THE CLINIC SERVICES WITH A NEW STREET SIDE LOCATION ON KNEELAND STREET. TUFTS MEDICAL CENTER PAYS CLOSE ATTENTION TO THE PUBLIC HEALTH NEEDS SPECIFIC TO THE ASIAN AMERICAN COMMUNITY. INFORMATION ABOUT THE STATUS OF THE HEALTH OF THE COMMUNITY IS GATHERED THROUGH FORMAL AND INFORMAL CHANNELS. UTILIZING REPORTS OF THE BOSTON PUBLIC HEALTH COMMISSION WHICH CONSISTENTLY DOCUMENT THE HEALTH STATUS OF THE POPULATION, IN CONJUNCTION WITH INPUT FROM COMMUNITY ADVISORY GROUPS, THE MEDICAL CENTER SEEKS TO EVALUATE AND UNDERSTAND THE HEALTH NEEDS AND CONCERNS OF THE COMMUNITY. THE MEDICAL CENTER HAS USED THIS METHOD TO DEVELOP PROGRAMS AND SERVICES ADDRESSING CHRONIC DISEASES SUCH AS MENTAL HEALTH, ASTHMA, SMOKING CESSATION, DIABETES, AND OBESITY. THE ASIAN PSYCHIATRY PROGRAM HAS BEEN ESTABLISHED FOR MANY YEARS AT THE MEDICAL CENTER TO RECOGNIZE AND ADDRESS THE SENSITIVE CULTURAL ISSUES AROUND MENTAL HEALTH TREATMENT IN THE ASIAN COMMUNITY. THE ASTHMA PREVENTION AND MANAGEMENT INITIATIVE HAS PROVIDED CULTURALLY TARGETED OUTREACH AND EDUCATION MATERIALS TO HELP REDUCE THE HIGH RATES OF CHILDHOOD ASTHMA WITHIN THE ASIAN COMMUNITY. TUFTS MEDICAL CENTER HAS ALSO DEVELOPED PROGRAMS FOCUSED ON THE TREATMENT AND PREVENTION OF SPECIFIC DISEASES PREVALENT WITHIN THE COMMUNITY, SUCH AS HEPATITIS B SERVICE. TUFTS MEDICAL CENTER SERVES AN INCREDIBLY DIVERSE POPULATION OF PATIENTS, APPROXIMATELY 70% OF THE POPULATION IS WHITE, 10% IS BLACK, 10% IS ASIAN AND 9% IS HISPANIC. ALONG WITH SERVING AN ETHNICALLY DIVERSE POPULATION, TUFTS MEDICAL CENTER PROVIDES CARE TO THE SECOND HIGHEST CONCENTRATION OF MEDICAID PATIENTS (25 PERCENT OF THE HOSPITAL'S PATIENT POPULATION) OF ALL ACADEMIC MEDICAL CENTERS IN THE CITY OF BOSTON. THE HOSPITAL ALSO SERVES A LARGE MEDICARE POPULATION, WHICH MAKES UP ALMOST 32 PERCENT OF THE PATIENT POPULATION. TUFTS MEDICAL CENTER PROVIDES ITS PATIENTS WITH A FULL SPECTRUM OF HEALTHCARE SERVICES, PROVIDING THE HIGHEST LEVEL OF TERTIARY AND QUATERNARY CARE TO PATIENTS FROM THE SMALLEST OF NEONATES TO THE MOST COMPLEX GERIATRIC PATIENTS WITH MULTIPLE DIAGNOSES. PRIMARY SERVICE AREA COMMUNITIES LOCATED IN THE HEART OF CHINATOWN, TUFTS MEDICAL CENTER SERVES A DYNAMIC POPULATION FROM THE ENTIRE EASTERN COAST OF MASSACHUSETTS BUT THREE BOSTON NEIGHBORHOODS REMAIN THE FOCUS OF COMMUNITY BENEFITS PROGRAMMING. THESE ARE CHINATOWN (AND THE DISPERSED BOSTON ASIAN COMMUNITY), SOUTH BOSTON AND DORCHESTER CHINATOWN AND THE ASIAN COMMUNITY. BOSTON'S CHINATOWN IS THE SMALLEST OF THE CITY'S NEIGHBORHOODS, LOCATED IN DOWNTOWN BOSTON NEAR MAJOR TRANSPORTATION NODES FOR NORTH-SOUTH AND EAST-WEST AUTOMOTIVE TRAVEL (I-93 AND I-90), TRAIN AND BUS TRAVEL (MBTA ORANGE AND SILVER LINES), AND THE CITY'S DOWNTOWN RETAIL, FINANCIAL AND THEATER DISTRICTS. ITS 42 ACRES INCLUDE A ROBUST RESIDENTIAL, ECONOMIC AND SERVICE HUB FOR GREATER BOSTON'S CHINESE AND ASIAN COMMUNITY. MORE THAN 9,100 PEOPLE LIVE IN CHINATOWN ACCORDING TO THE 2000 U.S. CENSUS, MAKING IT ONE OF THE MOST DENSELY POPULATED NEIGHBORHOODS IN THE CITY OF BOSTON. IT IS A COMMUNITY WHERE MANY NEW IMMIGRANTS SETTLE AND WHERE APPROXIMATELY 35% OF THE RESIDENTS DESCRIBE THEMSELVES AS SPEAKING ENGLISH "NOT WELL" OR "NOT AT ALL", APPROXIMATELY ONE-FIFTH OF THE POPULATION IS OVER THE AGE OF 65, AND ONE-FIFTH IS DISPROPORTIONATELY LOW-INCOME. HEALTH DATA FOR CHINATOWN IS OFTEN INTEGRATED WITH DATA FROM THE ADJOINING NEIGHBORHOODS, MAKING IT DIFFICULT TO IDENTIFY HEALTH TRENDS, LET ALONE BRING TO THE SURFACE HEALTH DISPARITIES SPECIFIC TO ITS ASIAN RESIDENTS. THE BPHC HAS CONSISTENTLY PROVIDED CITYWIDE HEALTH DATA FOR ASIANS IN BOSTON.</p>

Form and Line Reference	Explanation
PART VI, LINE 4	<p>ON TO PROVIDE A HOLISTIC VIEW OF THEIR NEEDS, THOUGH DATA MAY BE LIMITED BY NOT SURVEYING NON-ENGLISH SPEAKING RESIDENTS THE MOST RECENT AVAILABLE REPORT FOR THE BOSTON ASIAN COMMUNITY FROM 2004 AND UPDATED HEALTH DATA FOR RESIDENTS OF BOSTON (2011 AND 2012) CONTINUES TO ILLUSTRATE THAT THE HEALTH ISSUES SUCH AS CANCER, HEART DISEASE AND STROKE CONTINUE TO BE OF PARTICULAR CONCERN ALL OF THIS DATA, ALONG WITH INPUT FROM ADVISORY COMMITTEE MEMBERS, LED TO THE PRIORITIES FOR THE MEDICAL CENTER'S ASIAN HEALTH INITIATIVE IN 2013 AND GUIDED THE EMPHASIS AND FUNDING FOR THE THREE-YEAR INITIATIVE PHYSICAL AND EMOTIONAL HEALTH DORCHESTER NORTH AND SOUTH DORCHESTER ARE AMONG THE LARGEST NEIGHBORHOODS IN BOSTON AND REFLECT THE CITY'S ECONOMIC, LINGUISTIC AND CULTURAL DIVERSITY TOGETHER THEY HAVE A POPULATION OF OVER 128,000 RESIDENTS, OR APPROXIMATELY 20% OF THE CITY'S POPULATION CENSUS DATA INDICATES THAT 30% OF THE POPULATION IS UNDER THE AGE OF 17, AND 32% ARE BETWEEN THE AGES OF 25 AND 44 HEALTH DATA FROM THE BPHC IN 2011 INDICATED THAT DORCHESTER CONTINUED TO HAVE THE HIGHEST BIRTH AND INFANT MORTALITY RATES IN THE CITY, A HIGH INCIDENCE OF VIOLENCE RELATED INJURIES, THE SECOND HIGHEST HOMICIDE RATE AMONG BOSTON NEIGHBORHOODS, A HIGH ASTHMA HOSPITALIZATION RATE AMONG CHILDREN UNDER THE AGE OF 5, 50% OF THE ADULT POPULATION WERE CONSIDERED TO BE OBESE OR OVERWEIGHT THE HEALTH ISSUES IDENTIFIED AS PRIORITIES FOR THE MEDICAL CENTER'S DORCHESTER HEALTH INITIATIVE IN 2013 AND ITS THREE-YEAR FUNDING CYCLE PHYSICAL AND EMOTIONAL HEALTH AND YOUTH VIOLENCE PREVENTION FOUR OF THE DORCHESTER HEALTH INITIATIVE GRANTEEES HAVE REPORTED AN INCREASE IN MENTAL HEALTH ISSUES FOR YOUTH AND YOUNG ADULTS THAT THEY ATTRIBUTE TO THE CONTINUED VIOLENCE IN THE COMMUNITY TRAUMA FROM EXPERIENCING AND/OR WITNESSING VIOLENT ACTS, THE LOSS OF FRIENDS AND FAMILY MEMBERS, AND STRESS FROM CONSTANT THREATS OF VIOLENCE SOUTH BOSTON SOUTH BOSTON IS A COMMUNITY OF APPROXIMATELY 30,000 RESIDENTS AND IS A NEIGHBORHOOD IN TRANSITION HISTORICALLY CONSIDERED A FAMILY, WORKING-CLASS COMMUNITY, WITH A SIGNIFICANT NUMBER OF PUBLIC HOUSING DEVELOPMENTS, A FLURRY OF NEW CONSTRUCTION AND CONVERSIONS OF MULTI-FAMILY HOUSING TO CONDOMINIUMS CONTINUE AND MANY LONG TIME RESIDENTS ARE PRICED OUT OF THE CURRENT HOUSING MARKET HEALTH DATA FROM THE 2006 BPHC REPORT ON THE "HEALTH OF SOUTH BOSTON" AND THE "HEALTH OF BOSTON 2007" IDENTIFIED HIGH RATES OF ALCOHOL AND DRUG ABUSE AND THE HIGHEST MORTALITY RATE ASSOCIATED WITH SUBSTANCE ABUSE THE INCIDENCE OF LOW-BIRTH RATES WAS 8.5% SOUTH BOSTON'S HEALTH EDUCATION AND PUBLIC HEALTH ISSUES ARE ADDRESSED THROUGH MULTIPLE PROGRAMS ESTABLISHED BY TUFTS MEDICAL CENTER INCLUDING SUBSTANCE ABUSE, SPECIFICALLY OPIOID DEPENDENCE TREATMENT AND MENTAL HEALTH PROGRAMS THAT ARE BASED IN THE COMMUNITY CARE TO BOSTON RESIDENTS AND SURROUNDING COMMUNITIES TUFTS MEDICAL CENTER BELIEVES THAT CARING FOR OUR COMMUNITY HAPPENS BOTH WITHIN AND OUTSIDE THE WALLS OF OUR INSTITUTION A GREAT DEAL OF DATA HAS SHOWN THAT MANY BARRIERS EXIST TO HINDER PATIENT ACCESS TO HIGH QUALITY HEALTHCARE TO INCREASE ACCESS OF HOSPITAL SERVICES TO ALL OF OUR COMMUNITIES THE MEDICAL CENTER CONTINUES A LONG-STANDING COMMITMENT TO INCREASE CULTURAL COMPETENCY AMONG OUR MEDICAL PROVIDERS AND TO REMOVE LANGUAGE BARRIERS WHEREVER POSSIBLE THE WORKING DEFINITION OF CULTURAL COMPETENCY THAT HELPS SHAPE AND DRIVE POLICIES AND CARE DELIVERY AT THE HOSPITAL IS AS FOLLOWS THE ABILITY TO UNDERSTAND AND RESPECT THE DIFFERENCES AMONG PEOPLE, AND USE OUR UNDERSTANDING, TO INFLUENCE OUR INTERACTIONS WITH ONE ANOTHER THIS INVOLVES DEVELOPING THE CAPABILITY TO DELIVER PATIENT-CENTERED SERVICES CONSISTENT WITH THE NEEDS AND EXPECTATIONS OF VARIOUS CULTURES</p>

Form and Line Reference	Explanation
PART VI, LINE 6	<p>COMMUNITY HOSPITAL PARTNERSHIPSTUFTS MEDICAL CENTER HAS A RICH HISTORY OF PROVIDING MEDICAL CARE TO THE BOSTON COMMUNITY SINCE ITS FOUNDING IN 2009 TUFTS MEDICAL CENTER LAUNCHED ITS DISTRIBUTED ACADEMIC MEDICAL CENTER MODEL, WHICH PARTNERS WITH COMMUNITY HOSPITALS TO KEEP MORE CARE LOCALLY IN THE COMMUNITY TUFTS MEDICAL CENTER IS PROUD TO PARTNER WITH EXCELLENT COMMUNITY HOSPITALS TO DELIVER THE HIGHEST QUALITY CARE IN THE MOST CONVENIENT MANNER FOR PATIENTS WE STRONGLY BELIEVE THAT WHEN ACADEMIC MEDICAL CENTERS AND COMMUNITY HOSPITALS WORK SIDE-BY-SIDE, THE PATIENT AND THE HEALTH CARE SYSTEM BENEFIT THROUGH OUR DISTRIBUTED ACADEMIC MEDICAL CENTER MODEL, WE BRING TUFTS MEDICAL CENTER AND FLOATING HOSPITAL FOR CHILDREN PHYSICIANS TO THE COMMUNITY - SAVING PATIENTS THE DRIVE INTO DOWNTOWN BOSTON AND TAKING ADVANTAGE OF THE EXCELLENT HOSPITALS IN THE CITIES AND TOWNS SURROUNDING BOSTON WE ALSO CONSULT CLOSELY WITH OUR TALENTED PHYSICIAN COLLEAGUES WHO ARE PROVIDING OUTSTANDING SERVICES IN THE COMMUNITY ALREADY AND WHEN EXCEPTIONALLY COMPLEX CARE IS NEEDED, THESE PARTNERSHIPS MEAN THE TRANSFER TO BOSTON IS WELL COORDINATED BETWEEN PHYSICIANS AND COMFORTABLE FOR THE PATIENT AND FAMILY MEMBERS THROUGH PARTNERSHIPS WITH OTHER AREA HOSPITALS AND MEDICAL CENTERS, DOCTORS FROM TUFTS MC AND FLOATING HOSPITAL STAFF VARIOUS COMMUNITY MEDICAL FACILITIES THIS ALLOWS MORE PATIENTS TO RECEIVE TOP-QUALITY CARE IN A LOCATION CLOSE TO HOME TUFTS MC SPECIALISTS SEE PATIENTS AND PERFORM SOME TREATMENTS AND PROCEDURES LOCALLY WHEN HIGH-LEVEL ADVANCED CARE IS NEEDED, TUFTS MC DOCTORS WORK WITH THE COMMUNITY PHYSICIANS TO ENSURE A SMOOTH PATIENT TRANSITION TO TUFTS MEDICAL CENTER IN BOSTON TUFTS MC AND FLOATING HOSPITAL MAKE EXCELLENT CLINICAL PARTNERS FOR TWO MAIN REASONS FIRST, WE WORK WITH OUR PARTNER HOSPITALS TO KEEP MOST MEDICAL CARE LOCAL THIS IS THE MOST CONVENIENT OPTION FOR PATIENTS AND THE MOST COST-EFFECTIVE OPTION FOR BOTH PATIENTS AND PROVIDERS SECOND, TUFTS MEDICAL CENTER AND FLOATING HOSPITAL PROVIDE HIGH-QUALITY CARE AT REASONABLE COSTS-IN FACT, A REPORT BY THE MASSACHUSETTS ATTORNEY GENERAL'S OFFICE SAID THAT WE ARE THE MOST AFFORDABLE ADVANCED CARE OPTION IN BOSTON PATIENTS MAY EXPERIENCE OUR AFFILIATION WITH COMMUNITY HOSPITALS IN ANY NUMBER OF WAYS, SUCH AS - A PEDIATRIC HOSPITALIST- CARING FOR A SICK CHILD ON THE PEDIATRIC UNIT OF A COMMUNITY HOSPITAL- A CARDIOLOGIST PERFORMING CARDIAC CATHETERIZATIONS IN THE COMMUNITY- OUR EXPERT WEIGHT AND WELLNESS CENTER TEAM PROVIDING SUPPORT AND SURGERIES IN THE COMMUNITY - OUR TRAUMA TEAM PREPARING FOR AN URGENT TRANSFER FROM A COMMUNITY HOSPITAL- OUR NEUROLOGY TEAM PROVIDING A CONSULT ON A STROKE PATIENT IN A COMMUNITY EMERGENCY DEPARTMENT- CARDIOLOGY EXPERTS FROM THROUGHOUT THE REGION MEETING TO DISCUSS BEST PRACTICE FOR TREATING HEART FAILURE PATIENTS- COORDINATED CARE PROTOCOLS BETWEEN INSTITUTIONS AND CARE SETTINGSADULT AFFILIATE HOSPITALSMETROWEST MEDICAL CENTER (FRAMINGHAM, MA)PEDIATRIC AFFILIATE HOSPITALSLAWRENCE GENERAL HOSPITAL (LAWRENCE, MA)LOWELL GENERAL HOSPITAL (LOWELL, MA)METROWEST MEDICAL CENTER (FRAMINGHAM, MA)SIGNATURE HEALTHCARE BROCKTON HOSPITAL (BROCKTON, MA)</p>

Form and Line Reference	Explanation
PART VI, LINE 7, REPORTS FILED WITH STATES	MA

Form and Line Reference	Explanation
PART VI, LINE 5	<p>COMMUNITY BENEFITS MISSIONTUFTS MEDICAL CENTER'S COMMUNITY BENEFITS PLAN FOCUSES ON THREE BROAD AREAS - IDENTIFYING OPPORTUNITIES FOR PUBLIC HEALTH RELATED COLLABORATIONS WITHIN TH E COMMUNITIES WE SERVE - INCREASING THE MEDICAL CENTER'S CAPACITY TO BE USER FRIENDLY TO A LL PATIENTS AND VISITORS - CREATING PARTNERSHIPS WITH COMMUNITY HEALTH CENTERS IN A MANNER THAT BUILDS CAPACITY WITHIN COMMUNITY ORGANIZATIONS TO HELP MEET THE HEALTH NEEDS OF THE COMMUNITY COMMUNITY BENEFITS PROGRAMSTHE MEDICAL CENTER'S OFFICE OF COMMUNITY HEALTH IMPRO VEMENT PROGRAMS OVERSEES THREE DIRECT GRANT INITIATIVES TO SUPPORT COMMUNITY-BASED PROGRAM S THAT ADDRESS A WIDE RANGE OF HEALTH CONCERNS AND RACIAL AND ETHNIC DISPARITIES THE PARE NT-TO-PARENT PROGRAM, ASIAN HEALTH INITIATIVE AND DORCHESTER HEALTH INITIATIVE IT ALSO OV ERSEES THE SUMMER INTERNSHIP PROGRAM FOR BOSTON HIGH SCHOOL STUDENTS AND THE ASTHMA PREVEN TION AND MANAGEMENT INITIATIVE (APMI) THE SUMMER INTERNSHIPS OFFER SUMMER JOBS TO STUDENT S FROM THE JOSIAH QUINCY UPPER SCHOOL, BOSTON LATIN SCHOOL, CHARLESTOWN HIGH SCHOOL, SOUTH BOSTON HIGH SCHOOL AND OTHERS SCHOOLS, TO HELP STUDENTS BUILD SKILL SETS AND WORK EXPERIE NCES, AND PROMOTE INTEREST IN CAREERS IN HEALTHCARE THE ASTHMA PREVENTION AND MANAGEMENT INITIATIVE (APMI) WAS LAUNCHED TO REDUCE A HEALTH DISPARITY IN THE ASIAN COMMUNITY BY WORK ING WITH ASTHMATIC YOUTH WHO ATTEND NEARBY SCHOOLS WITH A THREE PRONG APPROACH AN ASTHMA CLINIC, COMMUNITY AND SCHOOL-BASED EDUCATION AND A HOME VISITING PROGRAM TUFTS MEDICAL CEN TER'S PARENT-TO-PARENT (P2P) INITIATIVEINFANT MORTALITY RATES IN BOSTON'S POOR AND MINORIT Y NEIGHBORHOODS ARE DISPROPORTIONATELY HIGH WOMEN AND CHILDREN IN THESE COMMUNITIES OFTEN LACK ACCESS TO PRENATAL CARE, PREVENTION HEALTH SERVICES, PROPER NUTRITION, COMMUNITY SUP PORTS, AND SOCIAL SERVICES ALL OF THESE FACTORS INFLUENCE HEALTH OUTCOMES FOR INFANTS AND YOUNG CHILDREN, THE MEDICAL CENTER'S PARENT TO PARENT (P2P) INITIATIVE SEEKS TO HELP ADDR ESS THESE ISSUES THE MEDICAL CENTER'S P2P INITIATIVE IS A COMPETITIVE GRANT WHICH ENABLES ESTABLISHED P2P PROVIDERS TO INTEGRATE EFFORTS WITHIN THEIR SITES TO PROVIDE FOR MORE COM PREHENSIVE AND INTEGRATED APPROACHES TO MEETING THE NEEDS OF EXPECTANT MOTHERS MANY BARRIE RS EXIST THAT CAN PREVENT WOMEN AND MOTHERS FROM GETTING THE CARE THEY NEED INCLUDING LACK OF CHILDCARE, DISTRUST OR FEAR OF MEDICAL PROFESSIONALS, LANGUAGE OR CULTURAL DIFFERENCES , FINANCIAL ISSUES AND UNSTABLE HOUSING P2P STRIVES TO REMOVE BARRIERS TO HEALTH CARE BY IMPROVING ACCESS TO RESOURCES WOMEN NEED TO CARE FOR THEMSELVES AND THEIR FAMILIES P2P AL SO PROVIDES TRAINING AND INFORMATION ON PARENTING SKILLS, ACCESSING EMPLOYMENT, AND ACCESS ING SOCIAL SERVICES P2P IS A PARTNERSHIP BETWEEN TUFTS MEDICAL CENTER AND PROGRAM SITES I N THE DORCHESTER AND CHINATOWN NEIGHBORHOODS OF BOSTON THE PRIMARY GOAL OF P2P IS TO REDU CE LOW BIRTH WEIGHT AND INFANT MORTALITY BY IMPROVING ACCESS TO HEALTH CARE FOR PREGNANT WOMEN AND THEIR CHILDREN P2P REDEFINES PRENATAL CARE TO INCLUDE SOCIAL SERVICES, EDUCATION AND ADVOCACY MATERNAL AND CHILD HEALTH OUTREACH WORKERS ARE TRAINED TO PROVIDE ACCESS TO SOCIAL SUPPORTS AND MEDICAL SERVICES FOR PREGNANT WOMEN, MOTHERS AND THEIR YOUNG CHILDREN P2P OUTREACH WORKERS ARE WORKING IN THEIR COMMUNITIES TO HELP PREGNANT WOMEN AND NEW MOTH ERS GET THE CARE THEY NEED THEY ARE FROM DIVERSE ETHNIC AND CULTURAL BACKGROUNDS AND MANY SPEAK ENGLISH AS A SECOND LANGUAGE EACH OUTREACH WORKER IS BASED AT A PROGRAM SITE AND P ROVIDES SERVICES SUCH AS - REFERRALS TO SOCIAL SERVICES AND PRE-AND POST-NATAL CARE- PAREN TING SKILLS TRAINING AND HEALTH EDUCATION- INTERPRETATION AND TRANSLATION SERVICES- CASE M ANAGEMENT- ADVOCACY ON ISSUES RELATED TO HEALTH CARE, HOUSING, INSURANCE, TRANSPORTATION, CHILD CARE, STATE AND FEDERAL PROGRAMS, AND COMMUNITY SUPPORTSCOORDINATION OF SERVICESTUFT S MEDICAL CENTER'S ASIAN HEALTH INITIATIVEIN RESPONSE TO THE HEALTH NEEDS OF THE CHINATOWN COMMUNITY, TUFTS MEDICAL CENTER, IN CONSULTATION WITH CHINATOWN COMMUNITY ORGANIZATIONS, ESTABLISHED THE ASIAN HEALTH INITIATIVE (AHI) AND ITS ADVISORY COMMITTEE IN 1995 THE AHI IDENTIFIES PUBLIC HEALTH ISSUES OF PARTICULAR PREVALENCE OR CONCERN TO THE LOCAL ASIAN COM MUNITY AND SEEKS TO WORK COLLABORATIVELY WITH LOCAL COMMUNITY-BASED ORGANIZATIONS TO HELP ADDRESS THOSE HEALTH ISSUES IN A CULTURALLY AND LINGUISTICALLY APPROPRIATE SETTING SINCE I TS INCEPTION, FUNDED PROGRAMS AND PROJECTS HAVE ADDRESSED HEALTH CONCERNS INCLUDING TUBER CULOSIS, HYPERTENSION, HEPATITIS B, CHRONIC DISEASE PREVENTION, DOMESTIC AND YOUTH VIOLENC E, AND THE IMPORTANCE OF PRIMARY CARE AND UNDERSTANDING THE AMERICAN HEALTH CARE SYSTEM T HE AHI CONVENES WITH THE ADVISORY COMMITTEE AS WELL AS GRANT RECIPIENTS SEVERAL TIMES EACH YEAR TO RECEIVE PROGRAM UPDATES, DISCUSS PRESSING HEALTH CONCERNS WITHIN THE ASIAN COMMUN ITY AND CONSIDER FUNDING PRIORITIES AND DISTRIBUTION IT ALSO PROVIDES TECHNICAL ASSISTANC E TO INDIVIDUAL ORGANIZATIONS AS REQUESTED AND FEA</p>

Form and Line Reference	Explanation
PART VI, LINE 5	<p>SIBLE BECAUSE OF THE DIVERSITY OF THE PROGRAMS AND ORGANIZATIONS SUPPORTED, THE AHI HAS BEEN ABLE TO REACH A BROAD SEGMENT OF THE ASIAN COMMUNITY, FROM INFANTS TO SENIOR CITIZENS IN 2013 THE PRIORITIES FOR ASIAN HEALTH INITIATIVE WERE SET AND GUIDED THE EMPHASES AND FUNDING FOR THE THREE-YEAR INITIATIVE TO CHRONIC DISEASE WHICH FOCUSED ON OBESITY, DIABETES AND TOBACCO USE AND SMOKING CESSATION SOME OF THE PROJECTS FUNDED THROUGH THE AHI ARE ASIAN AMERICAN CIVIC ASSOCIATION THE SAMPAN NEWSPAPER OFFERS AN EXPANDED BIWEEKLY, BILINGUAL HEALTH PAGE, TWO SPECIAL HEALTH EDITIONS AND AN ON-LINE INTERACTIVE DIALOGUE WITH READERS ABOUT HEALTH TOPICS AND CONCERNS ASIAN SPECTRUM THE BILINGUAL CHINESE CABLE ACCESS PROGRAM IS DEVELOPING EDUCATIONAL SEGMENTS ON DIABETES AND BREAST CANCER FOR BROADCAST TO THE BOSTON, MALDEN AND QUINCY COMMUNITIES THE BROADCASTS WILL ALSO BE AVAILABLE ON ASIAN SPECTRUM'S WEBSITE AND DVDS FOR EACH SERIES WILL BE AVAILABLE TO THE GENERAL PUBLIC BOSTON ASIAN YOUTH ESSENTIAL SERVICE THE PROGRAM GOAL FOR "TEENS GOING HEALTHY" IS HELPING YOUTH AND TEENS ACQUIRE THE INFORMATION AND SKILLS TO IMPLEMENT HEALTHY LIFESTYLES THAT INCLUDE HEALTHY FOOD CHOICES AND REGULAR EXERCISE BOSTON CHINATOWN NEIGHBORHOOD CENTER THE FOCUS OF BCNC'S NEW PROGRAM IS HELPING ADULTS DEAL WITH THE STRESS OF THE IMMIGRATION EXPERIENCE AND ITS EFFECT ON THEIR PHYSICAL AND EMOTIONAL HEALTH, AND THE HEALTH OF THE FAMILY GREATER BOSTON CHINESE GOLDEN AGE CENTER THE BETTER MANAGEMENT OF CHRONIC DISEASES PROGRAM HAS BEEN DESIGNED TO HELP ASIAN SENIORS TO BETTER MANAGE THEIR CHRONIC DISEASES, AVOID THE CONSEQUENCES OF POOR MANAGEMENT, ENJOY BETTER HEALTH AND CONTINUED INDEPENDENCE SOUTH COVE MANOR BREAKFAST SEMINARS HAVE BEEN DESIGNED TO ADDRESS THE INTERESTS AND NEEDS OF PARTICIPANTS HEALTH TOPICS WILL BE FACILITATED WITH THE GOAL OF MAKING REQUESTED INFORMATION AVAILABLE, HELPING SENIORS TO APPLY THE NEW KNOWLEDGE TO MAINTAIN THEIR HEALTH AND INDEPENDENCE WANG YMCA OF CHINATOWN THE SENIOR STRENGTH AND MOVEMENT PROGRAM IS DESIGNED TO OFFER AN EXERCISE PROGRAM TO INCREASE STRENGTH, FLEXIBILITY AND BALANCE TO RETARD MUSCLE AND BONE LOSS AND PREVENT FALL AND INJURIES TUFTS MEDICAL CENTER'S DORCHESTER HEALTH INITIATIVE TUFTS MEDICAL CENTER ESTABLISHED THE DORCHESTER HEALTH INITIATIVE (DHI) TO ADDRESS HEALTH ISSUES DISPROPORTIONATELY AFFECTING RESIDENTS OF THE VARIOUS DORCHESTER NEIGHBORHOODS THROUGH THE DHI, TUFTS MEDICAL CENTER PROVIDES GRANT FUNDING TO INNOVATIVE PROGRAMS ADDRESSING THE PRIORITY HEALTH NEEDS OF THE DORCHESTER COMMUNITY IDENTIFIED WITH THE ASSISTANCE OF THE DHI ADVISORY COMMITTEE THE DHI ADVISORY COMMITTEE IS COMPRISED OF COMMUNITY STAKEHOLDERS WITH EXPERIENCE IN SERVING THE NEEDS OF DORCHESTER RESIDENTS, PUBLIC HEALTH AND CITY OFFICIALS AND HOSPITAL REPRESENTATIVES THE BOSTON PUBLIC HEALTH COMMISSION (BPHC) REPORTED IN THE HEALTH OF BOSTON 2010 REPORT THAT THE MINORITY POPULATION IN BOSTON IS MORE LIKELY TO BE LIVING BELOW THE POVERTY LEVEL, MORE LIKELY TO BE UNINSURED, AND MORE LIKELY TO HAVE INADEQUATE HEALTH CARE ADDITIONALLY, THE HEALTH OF BOSTON 2004 REPORT SHOWED THAT MINORITY RESIDENTS ARE DISPROPORTIONATELY AFFECTED BY DOMESTIC VIOLENCE, MAJOR HEALTH PROBLEMS LIKE CARDIOVASCULAR DISEASE AND DIABETES, AND INFANT MORTALITY DORCHESTER SPECIFIC DATA SUPPORTS THE FINDINGS OF THE BPHC, AND DORCHESTER, WITH ITS HIGH MINORITY POPULATION, CONSISTENTLY RANKS AMONG THE HIGHEST FOR MOST OF THE MORE SERIOUS HEALTH ISSUES AMONG BOSTON'S RESIDENTS PAST DHI HEALTH PRIORITIES HAVE INCLUDED VIOLENCE, ASTHMA, CARDIOVASCULAR DISEASE, AND INFANT MORTALITY AND MORBIDITY</p>

Form and Line Reference	Explanation
PART VI, LINE 5 (CONTINUED)	<p>CURRENT PROJECTS FUNDED THROUGH THE DHI INCLUDE BIRD STREET COMMUNITY CENTER THE CASE MAN AGEMENT PROGRAM OFFERS INDIVIDUALIZED SERVICES TO COURT INVOLVED YOUTH TO PROMOTE HEALTHY LIFESTYLE CHOICES AN ARRAY OF SERVICES INCLUDING WORKSHOPS ON ANGER MANAGEMENT AND PERSON AL COACHING HELPS YOUTH TO SUCCESSFULLY COMPLETE THE COURT PROCESS AND TO IDENTIFY AND SUC CEED WITH THEIR PERSONAL, ACADEMIC AND CAREER GOALS BOYS &amp; GIRLS CLUBS OF DORCHESTER THE FIT CLUB PROGRAM HAS BEEN DESIGNED TO FOSTER INTELLIGENCE IN TEENS &amp; TWEENS BY PROMOTIN G HEALTH BY INCREASING ACCESS TO HEALTHY FOODS, PHYSICAL ACTIVITIES, EDUCATIONAL ACTIVITIE S TO BETTER UNDERSTAND THEIR MENTAL HEALTH AND COMBAT BULLYING AND VIOLENCE THE PROGRAM F OCUSES ON ENGAGING TEENS AND TWEENS OF ALL ABILITIES DORCHESTER HOUSE MULTI-SERVICE CENTER OFFERS THE HEALTHY WEIGHT FOR LIFE CLINIC TO HELP PEDIATRIC PATIENTS WHO HAVE DIAGNOSED AS OBESE TO LEARN ABOUT NUTRITION, ADOPT HEALTHY FOOD CHOICES AND ENGAGE IN REGULAR PHYSIC AL ACTIVITIES PROGRAM ACTIVITIES HAVE BEEN DESIGNED TO INCLUDE PARENTS AND SIBLINGS KIT C LARK SENIOR SERVICES THE FIT-4-LIFE PROJECT HELPS SENIORS TO IMPROVE THEIR HEALTH BY MORE EFFECTIVELY MANAGE THEIR CHRONIC ILLNESSES SO THEY MAY ENJOY A HIGHER QUALITY OF LIFE WIT H IMPROVED STAMINA, FLEXIBILITY AND BALANCE PROJECT R I G H T WAS AWARDED A SPECIAL PLAN NING TO GRANT TO BETA TEST THE STRUCTURE AND ACTIVITIES DEVELOPED TO END VIOLENCE AGAINST WOMEN LIVING IN THE GROVE HALL NEIGHBORHOOD OF BOSTON SPORTSMEN'S TENNIS &amp; ENRICHMENT CENTER THE GENERATING EXCELLENT MENTOR (GEM) PROGRAM REPRESENTS AN ENHANCEMENT TO THE VOLLEY AGAINST VIOLENCE - A MULTI-COMPONENT PROGRAM WHICH INCLUDES TENNIS LESSONS AND ACADEMIC S SUPPORT THE ENHANCEMENT IS PROVIDING MENTORS TO 165 YOUTH AND THEN TRAINING THEM TO BECOME MENTORS THEMSELVES OTHER COMMUNITY BENEFITS PROGRAMSCOMMUNITY HEALTH CENTERSANOTHER ON-GO ING PRIORITY FOR TUFTS MEDICAL CENTER IS BUILDING THE CAPACITY OF COMMUNITY HEALTH CENTERS TO SERVE THEIR PATIENTS, AND MORE EFFECTIVELY IMPROVE THE OVERALL HEALTH STATUS OF THEIR PATIENT POPULATIONS TUFTS MEDICAL CENTER CONTINUES TO SUPPORT AND WORK WITH THREE HEALTH CENTERS SOUTH BOSTON COMMUNITY HEALTH CENTER, SOUTH END COMMUNITY HEALTH CENTER, AND NEPO NSET HEALTH CENTER, AS WELL AS PROVIDE PROGRAMMATIC FUNDING TO SEVERAL MORE HEALTH CENTERS IN SURROUNDING COMMUNITIES THE PROGRAMMING THAT HAS BEEN DEVELOPED THROUGH THE PARTNERSHI PS WITH COMMUNITY HEALTH CENTERS INCLUDES INCREASING ACCESS TO PRIMARY CARE AND PREVENTATI VE MEDICINE, INCREASING ACCESS TO PRENATAL CARE AND REDUCING INFANT MORTALITY FOR THE INCR EASINGLY DIVERSE PATIENT POPULATIONS SERVED BY THE HEALTH CENTERS SOUTH BOSTON BEHAVIORAL HEALTH CLINICTUFTS MEDICAL CENTER'S SOUTH BOSTON BEHAVIORAL HEALTH CLINIC IS A SATELLITE C OMMUNITY PSYCHIATRIC CLINIC OF TUFTS MEDICAL CENTER SERVING ADULTS, CHILDREN, AND ADOLESCE NTS IT IS LOCATED 10 MINUTES FROM THE HOSPITAL AND IS A TRAINING SITE FOR BOTH THE GENERA L PSYCHIATRY AND THE CHILD/ADOLESCENT PSYCHIATRY RESIDENCY PROGRAMS COMPREHENSIVE SERVICES AVAILABLE AT THE CLINIC INCLUDE INDIVIDUAL PSYCHOTHERAPY, GROUP PSYCHOTHERAPY, FAMILY PS YCHOTHERAPY, PSYCHOPHARMACOLOGY EVALUATION AND MANAGEMENT, AND SUBSTANCE ABUSE SERVICES S ERVICES ARE PROVIDED BY A MULTIDISCIPLINARY TEAM OF ADULT AND CHILD/ADOLESCENT PSYCHIATRIS TS, LICENSED INDEPENDENT CLINICAL SOCIAL WORKERS, LICENSED PSYCHOLOGIST, LICENSED MENTAL H EALTH COUNSELOR, PSYCHIATRIC CLINICAL NURSE SPECIALIST, AS WELL AS PSYCHIATRIC RESIDENTS A ND SOCIAL WORK INTERNS THE CLINIC HAS THE SPECTRUM OF SERVICES AND EXPERTISE TO DIAGNOSE A ND TREAT A VAST ARRAY OF PSYCHIATRIC DISORDERS INCLUDING MOOD AND ANXIETY DISORDERS, PSYCH OTIC DISORDERS, PERSONALITY DISORDERS, POST TRAUMATIC STRESS DISORDER, AND MAJOR DEPRESSIV E DISORDER THE CUSHING HOUSETUFTS MEDICAL CENTER ALSO PROVIDES SIGNIFICANT SUPPORT TO THE CUSHING HOUSE OF SOUTH BOSTON THE CUSHING HOUSE IS OPERATED BY THE GAVIN FOUNDATION, INC THE MISSION OF THE PROGRAM IS TO PROVIDE A STABILIZING TRANSITIONAL CARE RESIDENCE FOR SU BSTANCE ABUSING YOUNG MEN AND WOMEN WHO ARE UNABLE TO BE SERVED IN A LESS RESTRICTIVE FACI LITY THE TYPICAL CLIENT IS DIAGNOSED WITH MODERATE TO SEVERE SUBSTANCE ABUSE AND IN NEED OF SUPPORT RESIDENTS HAVE EVIDENCE OF DIFFICULTY WITH TRADITIONAL INSTITUTIONS AND/OR SOM E EXPERIENCE WITH THE COURT, SOCIAL SERVICE OR YOUTH SERVICES SYSTEM THE PROGRAM PROVIDES A NURTURING, STRUCTURED AND SAFE ENVIRONMENT FOR YOUNGSTERS WHO ARE LIVING IN DISORGANIZED , FRAGMENTED AND DYSFUNCTIONAL CIRCUMSTANCES IT PROMOTES SELF-CARE, SELF-RELIANCE AND COM MUNITY RESPONSIBILITY, BOTH THROUGH STRUCTURED ACTIVITIES AND THE EXPERIENCE OF LIVING IN THIS RESIDENTIAL ENVIRONMENT MAYOR'S SUMMER JOBS PROGRAMTUFTS MEDICAL CENTER PARTICIPATES IN THE MAYOR'S SUMMER JOBS PROGRAM, PARTNERSHIP WITH THE BOSTON PRIVATE INDUSTRY COUNCIL, LAST YEAR PLACING MORE THAN 40 HIGH SCHOOL STUDENTS IN 20 DEPARTMENTS STUDENTS CAME FROM BOSTON PUBLIC SCHOOLS INCLUDING JOSIAH QUINCY UPPE</p>

Form and Line Reference	Explanation
PART VI, LINE 5 (CONTINUED)	R SCHOOL, BOSTON LATIN SCHOOL, CHARLESTOWN HIGH SCHOOL, AND SOUTH BOSTON HIGH SCHOOLS THE PROGRAM PROVIDES BOSTON HIGH SCHOOL STUDENTS WITH AN OPPORTUNITY TO BUILD THEIR SKILL SET S, JOB EXPERIENCE, OFFER THEIR CULTURAL AND LINGUISTIC SKILLS IN SOME CASES, AND HELPS TO CREATE INTEREST IN THE NEXT GENERATION OF WORKERS TO CONSIDER HEALTHCARE CAREERS PILOT PAY MENTSMUCH OF TUFTS MEDICAL CENTER'S PROPERTY IS TAX-EXEMPT, HOWEVER TUFTS MEDICAL CENTER C ONTRIBUTES ANNUAL PAYMENTS TO THE CITY THROUGH A PAYMENT IN LIEU OF TAXES (PILOT) AGREEMEN T WITH THE CITY OF BOSTON TUFTS MEDICAL CENTER HAS DEVOTED MORE THAN \$1 8 MILLION IN FUND ING ANNUALLY TO COMMUNITY BENEFIT PROGRAMMING THAT DIRECTLY BENEFITS RESIDENTS OF BOSTON TUFTS MEDICAL CENTER'S PILOT CONTRIBUTION TOTALED OVER \$2 6 MILLION IN FISCAL YEAR 2014

Additional Data

Software ID:  
Software Version:  
EIN: 27-0440772  
Name: TUFTS MEDICAL CENTER GROUP RETURN

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

Form and Line Reference	Explanation
TUFTS MEDICAL CENTER, INC	PART V, SECTION B, LINE 3 TUFTS MEDICAL CENTER ENSURED IN-PUT FROM COMMUNITY STAKEHOLDERS IN IDENTIFYING CRITICAL HEALTH ISSUES AND IN ESTABLISHING ITS COMMUNITY BENEFITS PLAN IN TWO WAYS KEY INFORMANT INTERVIEWS WERE CONDUCTED IN EACH OF THE THREE BOSTON NEIGHBORHOODS FROM WHICH THE MEDICAL CENTER HISTORICALLY AND CURRENTLY DRAWS MANY OF ITS PATIENTS THE RESULTS OF THE KEY INFORMANT INTERVIEWS AND A SUMMARY OF CRITICAL HEALTH ISSUES FOR EACH NEIGHBORHOOD WAS REVIEWED BY AN ADVISORY COMMITTEE COMPRISED OF COMMUNITY RESIDENTS, LEADERS AND SERVICE PROVIDERS WHO HELPED TO ESTABLISH PRIORITIES FOR EACH OF THE GRANT FUNDED INITIATIVES THE ADVISORS REPRESENTED ORGANIZATIONS OFFERING A WIDE SPECTRUM OF SERVICES AND BROUGHT TO THE COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS THEIR EXTENSIVE KNOWLEDGE ABOUT THE MANY ISSUES WHICH AFFECT THE PHYSICAL AND EMOTIONAL HEALTH OF THEIR CONSTITUENTS THEIR CONSTITUENTS INCLUDED SENIORS, FAMILIES, INDIVIDUALS, YOUTH AND CHILDREN ONE ADVISOR REPRESENTED A NEIGHBORHOOD RESIDENT ASSOCIATION, BUT IN HER PROFESSIONAL CAPACITY, SHE IS AN ADMINISTRATOR FOR A PRIMARY CARE PRACTICE WHICH INCLUDES MANY PATIENTS FROM HER NEIGHBORHOOD KEY INFORMANTS FOR THE COMMUNITY HEALTH NEEDS ASSESSMENT INCLUDED THE FOLLOWING DEBBIE BACKUS, EXECUTIVE DIRECTOR/CASTLE SQUARE TENANTS ORGANIZATIONFONG CHEUNG, PROPERTY MANAGER/TAI TUNG VILLAGESANDRA LEE, PROGRAM DIRECTOR/BOSTON CHINATOWN NEIGHBORHOOD CENTERSAMUEL TSOI, MEMBER/BOSTON CHINESE EVANGELICAL CHURCHVICTORIA YUE, YOUTH WORKER/BOSTON CHINATOWN NEIGHBORHOOD CENTERMELODY TSANG, COORDINATOR/ASIAN AMERICAN CIVIC ASSOCIATIONEUGENE WELCH, EXECUTIVE DIRECTOR/SOUTH COVE COMMUNITY HEALTH CENTERKEVIN CASEY, EXECUTIVE DIRECTOR/HHSI NEPONSET HEALTH CENTERANNE GREENBAUM, MEMBER/HEALTHY DORCHESTER/MASS IN MOTIONNAM PHAM, EXECUTIVE DIRECTOR/VIETNAMESE AMERICAN INITIATIVE FOR DEVELOPMENTIRA SCHLOSSER, DIRECTOR OF POLICY (FORMER)/DORCHESTER HOUSE MULTI-SERVICE CENTERPHILIP SEVERIN, MD, MEDICAL DIRECTOR/CODMAN SQUARE HEALTH CENTERKAREN VAN UNEN, CHIEF OPERATING OFFICER (FORMER) DOTWELLHARRY DUVAL, EXECUTIVE DIRECTOR/SOUTH BOSTON BOYS & GIRLS CLUBWILLIAM HALPIN, EXECUTIVE DIRECTOR/SOUTH BOSTON COMMUNITY HEALTH CENTERNISHA THAKRA, MD, MEDICAL DIRECTOR/SOUTH BOSTON COMMUNITY HEALTH CENTERMAYRA HOWARD/SBCHC INSTITUTE FOR A HEALTHIER COMMUNITYLINDA DORAN/SBCHC INSTITUTE FOR A HEALTHIER COMMUNITYJOHN MCGAHAN, EXECUTIVE DIRECTOR/GAVIN FOUNDATIONKAY WALSH, COORDINATOR/SOUTH BOSTON CAN REDUCE UNDERAGE DRINKINGMELISSA LICHENBERG/SOUTH BOSTON CAN REDUCE UNDERAGE DRINKINGCOMMUNITY MEMBERS SERVING ON THE ASIAN AND DORCHESTER HEALTH INITIATIVES WHO HELPED TO IDENTIFY HEALTH PRIORITIES FOR THE TWO GRANT-FUNDED COMMUNITY BENEFITS PROGRAMS INCLUDED LI CHEN, ADMINISTRATOR/SOUTH COVE NURSING MANORMARY CHIN, PRESIDENT/ASIAN AMERICAN CIVIC ASSOCIATIONMARIE MOY, CO-CHAIR/CHINATOWN RESIDENT ASSOCIATIONRUTH MOY, EXECUTIVE DIRECTOR/GREATER BOSTON CHINESE GOLDEN AGE CENTERWILLIAM MOY, CO-MODERATOR/CHINATOWN-SOUTH COVE NEIGHBORHOOD COUNCILBEVERLY WING, MEMBER/THE CHINATOWN COALITIONPHUOC CAO, DIRECTOR/FOOD STAMP/MA DEPARTMENT OF TRANSITIONAL ASSISTANCEKEVIN CASEY, EXECUTIVE DIRECTOR/HHSI NEPONSET HEALTH CENTERCHRASANDRA REEVES/ROGERSON COMMUNITIESIRA SCHLOSSER, FORMER POLICY DIRECTOR/DORCHESTER HOUSE MULTI-SERVICE CENTERFROM TUFTS MEDICAL CENTER'S BOARD OF GOVERNORS AND MEDICAL STAFF, THE FOLLOWING ALSO SERVE ON THE ADVISORY COMMITTEES FOR THE ASIAN AND DORCHESTER HEALTH INITIATIVES MARY MAHONYROBERT BLOOMBERGPHIL BROWNLAUREL LESLIE, MDJOE TOOMEY

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

Form and Line Reference	Explanation
TUFTS MEDICAL CENTER, INC	PART V, SECTION B, LINE 7 NEIGHBORHOOD SPECIFIC HEALTH DATA COMPILED BY THE BOSTON PUBLIC HEALTH COMMISSION (BPHC) WAS REVIEWED AS PART OF THE CHNA PROCESS AND PRIORITIES WERE IDENTIFIED WITH THE IN-PUT OF COMMUNITY ADVISORS BASED UPON THEIR FAMILIARITY WITH THEIR RESPECTIVE COMMUNITIES FOR TUFTS MEDICAL CENTER'S IMPLEMENTATION PLAN SOME HEALTH ISSUES SUCH AS A HIGH RATE OF SEXUALLY TRANSMITTED DISEASES ARE BEING ADDRESSED BY A CITY-WIDE EFFORT LED BY THE BPHC WHICH TUFTS MEDICAL CENTER SUPPORTS AND WERE NOT IDENTIFIED BY OUR COMMUNITY STAKEHOLDERS AS PRIORITIES FOR COMMUNITY INITIATIVES TUFTS MEDICAL CENTER'S EFFORTS TO ADDRESS PRIORITIZED HEALTH ISSUES INCLUDES NOT ONLY GRANT FUNDING TO COMMUNITY-BASED ORGANIZATIONS TO INTEGRATE HEALTH EDUCATION AND PREVENTION SERVICES INTO THEIR CORE PROGRAMMING, BUT INCLUDES DEPARTMENTAL EFFORTS TO ADDRESS SPECIFIC HEALTH DISPARITIES FOR THE COMMUNITIES THE MEDICAL CENTER SERVES AND COLLABORATIONS WITH BOTH COMMUNITY AND INSTITUTIONAL PARTNERS TO ADDRESS HEALTH ISSUES THAT AN INDIVIDUAL INSTITUTION CANNOT BECAUSE OF LIMITED RESOURCES

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

Form and Line Reference	Explanation
TUFTS MEDICAL CENTER, INC	<p>PART V, SECTION B, LINE 20D THE HOSPITAL DOES NOT ADJUST OUR CHARGES FOR FAP ELIGIBLE PATIENTS, BUT WE DO DISCOUNT BILLS FINANCIAL ASSISTANCE AND/OR DISCOUNTED FEES FOR EMERGENCIES AND MEDICALLY NECESSARY SERVICES AS DEFINED UNDER TITLE XVIII OF THE FEDERAL SOCIAL SECURITY ACT AND BASED ON THE CLINICAL JUDGMENT OF THE PROVIDER WILL BE AVAILABLE TO THE UNINSURED AND UNDERINSURED PATIENT WHO DOES NOT QUALIFY FOR ANY FEDERALLY FUNDED PROGRAMS INITIAL SCREENING FOR ALL PATIENTS WILL BE FOR FEDERALLY FUNDED PROGRAMS A SELF PAY PATIENT MASSACHUSETTS OR OUT OF STATE RESIDENT I MASSACHUSETTS RESIDENTS WILL BE SCREENED FOR ELIGIBILITY FOR ANY APPLICABLE GOVERNMENT PROGRAMS INCLUDING MASS HEALTH, THE HEALTH SAFETY NET PROGRAM, PARTIAL HSN, MEDICAL HARDSHIP, MEDICARE, AND OTHER GOVERNMENT PROGRAMS II THE OUT OF STATE RESIDENT WILL BE SCREENED FOR GOVERNMENT PROGRAMS IN THEIR STATE OF RESIDENCE, MEDICARE, AND OTHER PROGRAMS AS OFFERED BY THEIR HOME STATE III IF INELIGIBLE FOR GOVERNMENT PROGRAMS, PATIENT WILL BE SCREENED FOR FINANCIAL ASSISTANCE ELIGIBILITY VIA THE FINANCIAL ASSISTANCE APPLICATION/DETERMINATION OF ELIGIBILITY FORM 1 PATIENTS WITH INCOME BELOW 125% OF THE FEDERAL POVERTY GUIDELINES (FPG) MAY QUALIFY TO HAVE ALL DEBT INCURRED FORGIVEN 2 PATIENTS WITH INCOME ABOVE 125% BUT NOT EXCEEDING 375% OF THE FPG MAY QUALIFY FOR A REDUCTION OF THEIR DEBT BASED ON A SLIDING SCALE IV IF INELIGIBLE FOR GOVERNMENT PROGRAMS OR FINANCIAL ASSISTANCE 1 PATIENTS WHO DO NOT QUALIFY FOR FEDERALLY FUNDED COVERAGE OR WHOSE INCOME EXCEEDS 375% OF THE FPG WILL BE OFFERED A 30% DISCOUNT OF ESTIMATED CHARGES 2 AN ADDITIONAL 5% DISCOUNT OF ESTIMATED CHARGES WILL BE EXTENDED IF THE DISCOUNTED PAYMENT AMOUNT IS MADE IN FULL PRIOR TO THE DATE OF SERVICE, ON THE DATE OF SERVICE, OR AT DISCHARGE 3 DEPOSITS WILL BE REQUIRED OF THE SELF-PAY PATIENT AT THE DATE OF SERVICE FOR THE FOLLOWING SERVICES, A CLINIC OFFICE VISIT \$150 00 B EMERGENCY DEPARTMENT VISIT \$360 00 V PAYMENT PLAN OPTIONS WILL BE MADE AVAILABLE TO THE SELF-PAY PATIENT FOR THEIR FINANCIAL RESPONSIBILITY BASED ON THE APPROVED MONTHLY PAYMENT PLAN GRID A SIGNED PAYMENT AGREEMENT WILL BE EXECUTED WITH THE PATIENT BY THE FINANCIAL COORDINATOR, AND FILED WITH THE PATIENT'S ACCOUNT B UNDERINSURED AND INSURED PATIENT I PAYMENT PLAN OPTIONS WILL BE OFFERED TO THE UNDERINSURED OR INSURED PATIENT FOR THEIR FINANCIAL RESPONSIBILITY (CO-PAYMENT, DEDUCTIBLE, CO-INSURANCE) II DISCOUNTS MAY NOT BE OFFERED FOR PATIENT FINANCIAL RESPONSIBILITY AMOUNTS (CO-PAYMENT, DEDUCTIBLE, CO-INSURANCE) WHEN A THIRD PARTY PAYER IS THE PRIMARY PAYER, UNLESS THE MEDICALLY NECESSARY SERVICES ARE NON-COVERED BY THE SPECIFIC INSURANCE POLICY C CATASTROPHIC MEDICAL EXPENSE I A PATIENT WHO DOES NOT QUALIFY AS FINANCIALLY NEEDY, BUT WHOSE PATIENT RESPONSIBILITY PAYMENTS SPECIFIC TO TREATMENT AT TUFTS MEDICAL CENTER FOR MEDICALLY NECESSARY SERVICES, EVEN AFTER PAYMENT FROM THIRD PARTY PAYERS, EXCEED 30% OF THE FAMILY UNIT'S GROSS INCOME WILL BE RECOGNIZED AS HAVING A CATASTROPHIC MEDICAL EXPENSE ANY PATIENT RESPONSIBILITY FOR SERVICES WITHIN A 12-MONTH PERIOD MAY BE WRITTEN OFF TO FINANCIAL ASSISTANCE UNDER THE CATASTROPHIC EXPENSE D INTERNATIONAL PATIENT I THE SELF-PAY INTERNATIONAL PATIENT WILL BE OFFERED A 35% DISCOUNT ON ESTIMATED CHARGES IF PAID PRIOR TO SERVICE, AT THE POINT OF SERVICE, OR AT DISCHARGE E MOTOR VEHICLE ACCIDENT (MVA) OR WORK RELATED INJURY I CHARGES INCURRED AS A RESULT OF AN MVA OR WORK RELATED INJURY, WHEN THERE IS PENDING LITIGATION AND THE EXPECTATION OF A SETTLEMENT OR JUDGMENT EXISTS, ARE NOT ELIGIBLE FOR THE TUFTS FINANCIAL ASSISTANCE OR DISCOUNT PROGRAMS</p>

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" to Form 990, Part IV, line 23.  
▶ Attach to Form 990. ▶ See separate instructions.

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

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization  
TUFTS MEDICAL CENTER GROUP RETURN

Employer identification number  
27-0440772

Part I

Questions Regarding Compensation

	Yes	No
<div><div>1a</div><div>Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items</div><div><div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Discretionary spending account</div></div><div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div></div></div>		
<div><div>b</div><div>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</div></div>	1b	
<div><div>2</div><div>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?</div></div>	2	
<div><div>3</div><div>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</div><div><div><div><input checked="" type="checkbox"/> Compensation committee</div><div><input checked="" type="checkbox"/> Independent compensation consultant</div><div><input type="checkbox"/> Form 990 of other organizations</div></div><div><div><input checked="" type="checkbox"/> Written employment contract</div><div><input checked="" type="checkbox"/> Compensation survey or study</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div></div></div>		
<div><div>4</div><div>During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization</div></div>		
<div><div>a</div><div>Receive a severance payment or change-of-control payment?</div></div>	4a	Yes
<div><div>b</div><div>Participate in, or receive payment from, a supplemental nonqualified retirement plan?</div></div>	4b	Yes
<div><div>c</div><div>Participate in, or receive payment from, an equity-based compensation arrangement?</div></div> <div>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III</div>	4c	No
<div><div></div><div>Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.</div></div>		
<div><div>5</div><div>For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of</div></div>		
<div><div>a</div><div>The organization?</div></div>	5a	No
<div><div>b</div><div>Any related organization?</div></div> <div>If "Yes," to line 5a or 5b, describe in Part III</div>	5b	No
<div><div>6</div><div>For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of</div></div>		
<div><div>a</div><div>The organization?</div></div>	6a	No
<div><div>b</div><div>Any related organization?</div></div> <div>If "Yes," to line 6a or 6b, describe in Part III</div>	6b	No
<div><div>7</div><div>For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III</div></div>	7	No
<div><div>8</div><div>Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III</div></div>	8	No
<div><div>9</div><div>If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?</div></div>	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 in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

**Note.** The sum of columns (B)(i)-(iii) 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 reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
See Additional Data Table								

Part III Supplemental Information

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

Return Reference	Explanation
PART 1, LINE 4A	ERIC J BEYER RECEIVED A SEPARATION AGREEMENT PAYMENT OF \$148,498
PART 1, LINE 4B	SECTION 457(F) RETIREMENT PLAN EMPLOYER DEFERRALS CHIBUEZE OKEY AGBA, \$56,811 JEFFREY A WEINSTEIN, \$47,350 NANCY FALIK-SHENDELL, \$49,236 DENISE M SCHEPICI, \$39,984 DEBORAH C JOELSON, \$44,733 CATHERINE SQUIRES, \$32,464 PATRICIA HAYWARD, \$26,928 WILLIAM J SHICKOLOVICH, \$37,008 THERESE HUDSON-JINKS, \$29,217 SUSAN BLANCHARD, \$26,361 KRISTINE HANSCOM, \$28,282 ERIC BEYER, \$186,038 (PAID OUT IN CALENDAR YEAR 2013 AND INCLUDED IN 2013 W-2)
SCHEDULE J, PART II	ERIC BEYER SEPARATED FROM TUFTS MEDICAL CENTER IN SEPTEMBER 2013. COMPENSATION REPORTED FOR ERIC BEYER IN SCHEDULE J, PART II, COLUMN B (III) INCLUDES A SEPARATION AGREEMENT PAYMENT IN THE AMOUNT OF \$148,498. COLUMN B(III) ALSO INCLUDES PAYOUT OF DEFERRED COMPENSATION IN THE AMOUNT OF \$285,123 REPRESENTING AMOUNTS EARNED BY MR. BEYER FROM 2011 THROUGH 2013 AS PART OF THE ORGANIZATION'S SECTION 457(F) DEFERRED COMPENSATION PLAN. ALL AMOUNTS PAID TO MR. BEYER WERE IN ACCORDANCE WITH MR. BEYER'S EMPLOYMENT AGREEMENT WITH TUFTS MEDICAL CENTER, AS APPROVED BY THE EXECUTIVE COMPENSATION COMMITTEE OF THE BOARD OF TRUSTEES.

Additional Data

Software ID:

Software Version:

EIN: 27-0440772

Name: TUFTS MEDICAL CENTER GROUP RETURN

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
MARVIN A KONSTAM MD TRUSTEE	(i)	0	0	0	0	0	0	0
	(ii)	476,040	0	24,294	35,700	20,515	556,549	0
WILLIAM C MACKEY MD TRUSTEE	(i)	0	0	0	0	0	0	0
	(ii)	462,670	28,571	9,531	35,700	20,470	556,942	0
DEEB N SALEM MD TRUSTEE	(i)	0	0	0	0	0	0	0
	(ii)	511,429	168,280	13,808	35,700	20,515	749,732	0
PAUL SUMMERGRAD MD TRUSTEE	(i)	0	0	0	0	0	0	0
	(ii)	296,970	25,697	28,398	35,700	20,213	406,978	0
MICHAEL WAGNER MD TRUSTEE/PRESIDENT/CEO	(i)	0	0	0	0	0	0	0
	(ii)	477,771	0	24,380	35,700	20,455	558,306	0
DAVID E WAZER MD TRUSTEE	(i)	0	0	0	0	0	0	0
	(ii)	597,570	91,485	8,487	35,700	19,765	753,007	0
CHIBUEZE OKEY AGBA SENIOR VP/TREASURER/CFO/TRUSTEE	(i)	416,167	0	4,713	61,911	26,915	509,706	0
	(ii)	0	0	0	0	0	0	0
JEFFREY A WEINSTEIN TRUSTEE/SENIOR VP/CLERK	(i)	333,729	1,366	9,066	52,450	17,370	413,981	0
	(ii)	0	0	0	0	0	0	0
JEFFREY I LASKER MD TRUSTEE/PRESIDENT/CEO/CMO	(i)	433,573	0	515	65,800	24,703	524,591	0
	(ii)	0	0	0	0	0	0	0
MICHAEL CANTOR MD TRUSTEE/QUALITY MEDICAL DIRECTOR	(i)	339,715	0	117	5,100	24,648	369,580	0
	(ii)	0	0	0	0	0	0	0
JOHN SCHREIBER MD MPH TRUSTEE	(i)	0	0	0	0	0	0	0
	(ii)	481,670	42,026	8,961	35,700	20,506	588,863	0
NATHAN GAGNE CFO/TREASURER	(i)	172,486	0	70	3,425	4,227	180,208	0
	(ii)	0	0	0	0	0	0	0
CRAIG WILLIAMS SR VP/COO	(i)	349,423	0	1,236	885	25,514	377,058	0
	(ii)	0	0	0	0	0	0	0
SAUL WEINGART CHIEF MEDICAL OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	201,518	0	5,158	0	10,145	216,821	0
THERESE HUDSON-JINKS SENIOR VP AND CNO	(i)	244,053	12,174	3,346	34,317	10,497	304,387	0
	(ii)	0	0	0	0	0	0	0
SUSAN BLANCHARD VP FOR RESEARCH ADMN	(i)	211,794	0	1,858	30,755	22,071	266,478	0
	(ii)	0	0	0	0	0	0	0
BROOKE TYSON-HYNES VP EXTERNAL AFFAIRS	(i)	224,515	4,373	790	21,806	22,795	274,279	0
	(ii)	0	0	0	0	0	0	0
WILLIAM SHICKOLOVICH SENIOR VP OPERATIONS MGMT/CIO	(i)	297,210	230	1,606	42,108	25,800	366,954	0
	(ii)	0	0	0	0	0	0	0
CATHERINE SQUIRES VP FOR DEVELOPMENT	(i)	263,984	0	3,867	37,564	22,775	328,190	0
	(ii)	0	0	0	0	0	0	0
KRISTINE HANSCOM VP FINANCE	(i)	227,781	0	1,184	31,908	22,293	283,166	0
	(ii)	0	0	0	0	0	0	0

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
DEBORAH JOELSON SR VP STRATEGIC SERVICES	(i) (ii)	332,715 0	708 0	8,859 0	49,833 0	12,382 0	404,497 0	0 0
DENISE SCHEPICI SR VP CLINICAL SERVICES	(i) (ii)	283,324 0	590 0	2,829 0	45,084 0	16,641 0	348,468 0	0 0
SUSAN FAHMY VP STR PLANNING & BUS DVP	(i) (ii)	173,969 0	0 0	885 0	3,500 0	2,424 0	180,778 0	0 0
PATRICIA HAYWARD VP HUMAN RESOURCES	(i) (ii)	234,727 0	0 0	5,388 0	31,768 0	16,043 0	287,926 0	0 0
BETSY ELTONHEAD CHIEF OPERATING OFFICER	(i) (ii)	217,474 0	5,500 0	335 0	13,310 0	24,619 0	261,238 0	0 0
JEFFREY SYREK VICE PRESIDENT	(i) (ii)	205,789 0	0 0	78 0	3,924 0	24,616 0	234,407 0	0 0
LINDA FISHER DIR PATIENT CARE SERVICES	(i) (ii)	214,874 0	0 0	3,616 0	4,413 0	13,226 0	236,129 0	0 0
NANCY WETHERBEE DIRECTOR OF ORBIT	(i) (ii)	207,972 0	100,000 0	831 0	3,409 0	6,857 0	319,069 0	0 0
GEORGE MORAN PRESIDENT OF PNA	(i) (ii)	202,458 0	0 0	0 0	0 0	472 0	202,930 0	0 0
PETER NEUMANN SPECIAL & SCIENTIFIC STAFF	(i) (ii)	215,922 0	0 0	3,642 0	20,645 0	21,608 0	261,817 0	0 0
ERIC J BEYER FORMER PRESIDENT/CEO	(i) (ii)	622,647 0	210,000 0	441,182 0	9,258 0	39,103 0	1,322,190 0	0 0
NANCY SHENDELL- FALIK FORMER SENIOR VP AND CNO	(i) (ii)	187,742 0	0 0	923 0	53,035 0	13,200 0	254,900 0	0 0
ROBERT LORANGER FORMER DIRECTOR OF FACILITIES	(i) (ii)	13,725 0	0 0	174,469 0	572 0	0 0	188,766 0	0 0

Schedule K  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

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

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization  
TUFTS MEDICAL CENTER GROUP RETURN

Employer identification number  
27-0440772

Part I

Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A MASSACHUSETTS DEVELOPMENT FINANCE AUTHORITY	04-3431814	57583UBK3	04-07-2011	211,676,381	SEE SUPPLEMENTAL INFORMATION		X		X		X

Part II

Proceeds

		A		B		C		D	
1	Amount of bonds retired								
2	Amount of bonds legally defeased								
3	Total proceeds of issue	211,676,381							
4	Gross proceeds in reserve funds	17,354,555							
5	Capitalized interest from proceeds								
6	Proceeds in refunding escrows	92,990,593							
7	Issuance costs from proceeds	3,282,323							
8	Credit enhancement from proceeds								
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds	71,262,797							
11	Other spent proceeds								
12	Other unspent proceeds	26,786,113							
13	Year of substantial completion								
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?	X							
15	Were the bonds issued as part of an advance refunding issue?		X						
16	Has the final allocation of proceeds been made?	X							
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X							

Part III

Private Business Use

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

Part III

Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?							
		X						
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?							
c	Are there any research agreements that may result in private business use of bond-financed property?							
		X						
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?							
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government							
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government							
6	Total of lines 4 and 5							
7	Does the bond issue meet the private security or payment test?							
		X						
8a	Has there been a sale or disposition of any of the bond financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?							
		X						
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of							
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?							
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?							
	X							

Part IV

Arbitrage

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

Part IV

Arbitrage (Continued)

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

Part V

Procedures To Undertake Corrective Action

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

Part VI

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

Return Reference	Explanation
PART I, LINE A, COLUMN F	DESCRIPTION OF BOND PURPOSE THE ISSUANCE OF BONDS AND THE LOAN OF THE PROCEEDS THEREOF IS TO (1) REFINANCE CERTAIN OUTSTANDING INDEBTEDNESS OF OR ISSUED FOR THE BENEFIT OF THE INSTITUTION, AS FUTHER IDENTIFIED BELOW, (2) FINANCE CONSTRUCTION, RENOVATION AND IMPROVEMENTS AT AND ACQUISTIONS AND EQUIPMENT FOR THE ACUTE CARE HOSPITAL AND RELATED FACILITIES OWNED AND/OR OPERATED BY TUFTS MEDICAL CENTER, (3) FUND A DEBT SERVICE RESERVE FUND, AND (4) PAY CERTAIN COSTS OF ISSUANCE OF THE BONDS FURTHER IDENTIFICATION OF BOND PURPOSE - REFINANCINGS SERIES G BONDS ISSUED 01/05/1994 SERIES H BONDS ISSUED 11/13/2002 SIEMENS LEASE ISSUED 06/10/2009 GE LEASE ISSUED 06/10/2009 BOA LEASE ISSUED 01/22/2008

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 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](http://www.irs.gov/form990).

OMB No 1545-0047

2013

Open to Public  
Inspection

Name of the organization TUFTS MEDICAL CENTER GROUP RETURN	Employer identification number 27-0440772
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990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11	
FORM 990, PART VI, SECTION B, LINE 12C	THE ORGANIZATION ENFORCES COMPLIANCE BY PROCEDURES INCLUDING ANNUAL DISCLOSURE AND REVIEW OF SUCH DISCLOSURE BY MANAGEMENT CONFLICTS ARE RESOLVED BY THE APPROPRIATE HEAD OF THE DEPARTMENT AND REVIEWED BY LEGAL THE JOINT COMPLIANCE COMMITTEE WILL DISCUSS ANY APPEAL
FORM 990, PART VI, SECTION B, LINE 15	THE EXECUTIVE COMPENSATION COMMITTEE OF THE BOARD OF TRUSTEES MET ON DECEMBER 11, 2012 TO REVIEW EXECUTIVE COMPENSATION FOR 2013 SULLIVAN AND COTTER, AN INDEPENDENT CONSULTANT TO THE BOARD, PROVIDED A COMPETITIVENESS ASSESSMENT BASED ON COMPARATOR INFORMATION INCLUDING NATIONAL, NORTHEAST AND BOSTON AREA DATA TOTAL COMPENSATION FOR THE EXECUTIVE GROUP, INCLUDING THE PRESIDENT/CEO, COO AND VICE PRESIDENTS, WAS DETERMINED TO BE CONSERVATIVE AND WELLS WITHIN MARKET AVERAGES THE PROCESS HAS NOT CHANGED SINCE THEN THE LAST MEETING WAS HELD DECEMBER 11, 2012
FORM 990, PART VI, SECTION C, LINE 19	THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS WILL BE MADE AVAILABLE TO THE PUBLIC UPON REQUEST EITHER BY MAIL OR IN PERSON AT THE OFFICE, DEPENDING ON THE FORM OF THE REQUEST
FORM 990, PART VI, SECTION B , LINE 16A	TUFTS MEDICAL CENTER, INC OWNS 45% INTEREST IN PROVIDER NETWORK ALLIANCE, LLC NEW ENGLAND QUALITY CARE ALLIANCE, INC OWNS 10% INTEREST IN PROVIDER NETWORK ALLIANCE, LLC
FORM 990, PART VI, SECTION B , LINE 16B	THE ORGANIZATION ROUTINELY CONSULTS WITH INTERNAL AND OUTSIDE COUNSEL PRIOR TO ENTERING INTO JOINT VENTURE ARRANGEMENTS THE ORGANIZATION IS CURRENTLY CONSIDERING IMPLEMENTATION OF WRITTEN POLICIES AND PROCEDURES TO EVALUATE PARTICIPATION OF JOINT VENTURE ARRANGEMENTS TO SAFEGUARD THE ORGANIZATION'S EXEMPT STATUS WITH RESPECT TO SUCH ARRANGEMENTS
FORM 990, PART XI, LINE 9	TRANSFER OF NET ASSETS -3,390,698 PENSION-RELATED ADJUSTMENTS -2,296,866 NET ASSETS RELEASED FROM RESTRICTIONS 1,788,342 OTHER ADJUSTMENTS -2,654,728

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. ▶ See separate instructions.  
▶ Information about Schedule R (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization  
TUFTS MEDICAL CENTER GROUP RETURN

Employer identification number  
27-0440772

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.					
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
See Additional Data Table							

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) Disproporionate 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	

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	No
(1) TUFTS MEDICAL CENTER INDEMNITY CO LTD  800 WASHINGTON STREET BOSTON, MA 02111 98-0444573	CAPTIVE INSURANCE	CJ	TUFTS MEDICAL CENTER INC	C	420,000	88,620,000	100 000 %	Yes	
(2) LIABILITY LIMITED INC  800 WASHINGTON STREET BOSTON, MA 02111 04-2946650	INACTIVE	MA	TMC PARENT	C				Yes	

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

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

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

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

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

[illegible]

**Part VII**   **Supplemental Information**

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

Return Reference	Explanation
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Additional Data

Software ID:

Software Version:

EIN: 27-0440772

Name: TUFTS MEDICAL CENTER GROUP RETURN

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(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	No
(1) PRATT ANESTHESIOLOGY ASSOCIATES INC  800 WASHINGTON STREET BOSTON, MA 02111 04-3418395	MEDICAL SERVICES	MA	501(C)(3)	LINE 9	TUFTS MEDICAL CENTER PHYSICIANS ORG INC	Yes	
(1) PRATT MEDICAL AND SURGICAL ASSOCIATES INC  800 WASHINGTON STREET BOSTON, MA 02111 04-3148397	MEDICAL SERVICES	MA	501(C)(3)	LINE 9	TUFTS MEDICAL CENTER PHYSICIANS ORG INC	Yes	
(2) PRATT NEUROLOGY ASSOCIATES INC  800 WASHINGTON STREET BOSTON, MA 02111 04-3148384	MEDICAL SERVICES	MA	501(C)(3)	LINE 9	TUFTS MEDICAL CENTER PHYSICIANS ORG INC	Yes	
(3) PRATT OBGYN ASSOCIATES INC  800 WASHINGTON STREET BOSTON, MA 02111 04-3148385	MEDICAL SERVICES	MA	501(C)(3)	LINE 9	TUFTS MEDICAL CENTER PHYSICIANS ORG INC	Yes	
(4) PRATT OPHTHALMOLOGY ASSOCIATES INC  800 WASHINGTON STREET BOSTON, MA 02111 04-3148392	MEDICAL SERVICES	MA	501(C)(3)	LINE 9	TUFTS MEDICAL CENTER PHYSICIANS ORG INC	Yes	
(5) PRATT ORTHOPEDIC ASSOCIATES INC  800 WASHINGTON STREET BOSTON, MA 02111 20-5129051	MEDICAL SERVICES	MA	501(C)(3)	LINE 9	TUFTS MEDICAL CENTER PHYSICIANS ORG INC	Yes	
(6) PRATT OTOLARYNGOLOGY  800 WASHINGTON STREET BOSTON, MA 02111 04-3148381	MEDICAL SERVICES	MA	501(C)(3)	LINE 9	TUFTS MEDICAL CENTER PHYSICIANS ORG INC	Yes	
(7) PRATT PATHOLOGY ASSOCIATES INC  800 WASHINGTON STREET BOSTON, MA 02111 04-3148393	MEDICAL SERVICES	MA	501(C)(3)	LINE 9	TUFTS MEDICAL CENTER PHYSICIANS ORG INC	Yes	
(8) PRATT PEDIATRIC ASSOCIATES INC  800 WASHINGTON STREET BOSTON, MA 02111 04-3148394	MEDICAL SERVICES	MA	501(C)(3)	LINE 9	TUFTS MEDICAL CENTER PHYSICIANS ORG INC	Yes	
(9) PRATT PSYCHIATRIC ASSOCIATES INC  800 WASHINGTON STREET BOSTON, MA 02111 04-3148387	MEDICAL SERVICES	MA	501(C)(3)	LINE 9	TUFTS MEDICAL CENTER PHYSICIANS ORG INC	Yes	
(10) PRATT RADIOLOGY ASSOCIATES INC  800 WASHINGTON STREET BOSTON, MA 02111 04-3148388	MEDICAL SERVICES	MA	501(C)(3)	LINE 9	TUFTS MEDICAL CENTER PHYSICIANS ORG INC	Yes	
(11) PRATT RADIATION ONCOLOGY ASSOCIATES INC  800 WASHINGTON STREET BOSTON, MA 02111 04-3148389	MEDICAL SERVICES	MA	501(C)(3)	LINE 9	TUFTS MEDICAL CENTER PHYSICIANS ORG INC	Yes	
(12) PRATT REHABILITATION MEDICINE ASSOCIATES INC  800 WASHINGTON STREET BOSTON, MA 02111 04-3148378	MEDICAL SERVICES	MA	501(C)(3)	LINE 9	TUFTS MEDICAL CENTER PHYSICIANS ORG INC	Yes	
(13) PRATT SURGICAL ASSOCIATES INC  800 WASHINGTON STREET BOSTON, MA 02111 04-3148376	MEDICAL SERVICES	MA	501(C)(3)	LINE 9	TUFTS MEDICAL CENTER PHYSICIANS ORG INC	Yes	
(14) PRATT UROLOGY ASSOCIATES INC  800 WASHINGTON STREET BOSTON, MA 02111 04-3148379	MEDICAL SERVICES	MA	501(C)(3)	LINE 9	TUFTS MEDICAL CENTER PHYSICIANS ORG INC	Yes	
(15) NEW ENGLAND MEDICAL CENTER INC  800 WASHINGTON STREET BOSTON, MA 02111 04-3096445	MEDICAL SERVICES	MA	501(C)(3)	LINE 9	TUFTS MEDICAL CENTER PHYSICIANS ORG INC	Yes	
(16) PRATT MEDICAL GROUP INC  800 WASHINGTON STREET BOSTON, MA 02111 04-2743894	MEDICAL SERVICES	MA	501(C)(3)	LINE 9	TUFTS MEDICAL CENTER PHYSICIANS ORG INC	Yes	
(17) TUFTS MEDICAL CENTER PHYSICIANS ORG INC  800 WASHINGTON STREET BOSTON, MA 02111 04-3044706	MEDICAL SERVICES	MA	501(C)(3)	LINE 9	TUFTS MEDICAL CENTER PARENT INC	Yes	
(18) TUFTS SHARED SERVICES INC  171 HARRISON STREET BOSTON, MA 02111 23-7000827	COORDINATE HEALTH & EDUCATIONAL SERVICES	MA	501(C)(3)	LINE 11C, III-FI			No

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

(a) Name of other organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
NOTE PAYBALE TO INDEMNITY COMPANY	E	75,000	BOOK BASIS
PRATT ORTHOPEDIC ASSOCIATES INC	M	211,615	BOOK BASIS
PRATT NEUROLOGY ASSOCIATES INC	M	97,778	BOOK BASIS
PRATT NEUROSURGERY ASSOCIATES INC	M	1,314,611	BOOK BASIS
PRATT ANESTHESIOLOGY ASSOCIATES INC	M	4,414,784	BOOK BASIS
PRATT OBGYN ASSOCIATES INC	M	598,945	BOOK BASIS
PRATT OPHTHAMOLOGY ASSOCIATES INC	L	4,481,787	BOOK BASIS
PRATT PATHOLOGY ASSOCIATES INC	M	1,203,259	BOOK BASIS
PRATT PEDIATRIC ASSOCIATES INC	M	1,952,273	BOOK BASIS
PRATT PSYCHIATRIC ASSOCIATES INC	L	160,190	BOOK BASIS
PRATT RADIOLOGY ASSOCIATES INC	M	1,666,100	BOOK BASIS
PRATT RADIATION ONCOLOGY ASSOCIATES INC	M	291,455	BOOK BASIS
PRATT REHABILITATION MEDICINE ASSOCIATES INC	L	368,027	BOOK BASIS
PRATT SURGICAL ASSOCIATES INC	M	2,102,695	BOOK BASIS
PRATT UROLOGY ASSOCIATES INC	L	468,868	BOOK BASIS
PRATT DERMATOLOGY ASSOCIATES INC	L	90,934	BOOK BASIS
PRATT MEDICAL GROUP INC	L	10,102,543	BOOK BASIS
TMC PHYSICIAN ORGANIZATION INC	M	8,102,007	BOOK BASIS
NEW ENGLAND MEDICAL CENTER	L	86,195	BOOK BASIS
TMC PHYSICIAN ORGANIZATION INC	J	390,020	BOOK BASIS

**TY 2013 Affiliate Listing****Name:** TUFTS MEDICAL CENTER GROUP RETURN**EIN:** 27-0440772**TY 2013 Affiliate Listing**

<b>Name</b>	<b>Address</b>	<b>EIN</b>	<b>Name control</b>
NEW ENGLAND QUALITY CARE ALLIANCE INC	800 WASHINGTON STREET BOX 468 BOSTON, MA 021111533	04-3040427	NEWE
NEW ENGLAND LONG-TERM CARE INC	800 WASHINGTON STREET BOX 468 BOSTON, MA 021111533	04-2912578	NEWE
TUFTS MEDICAL CENTER REAL ESTATE COMPANY INC	800 WASHINGTON STREET BOX 468 BOSTON, MA 021111533	04-2772654	TUFT
TUFTS MEDICAL CENTER INC	800 WASHINGTON STREET BOX 468 BOSTON, MA 021111533	04-3400617	TUFT

# Tufts Medical Center Parent, Inc. and Affiliates

Combined Financial Statements as of and for the  
Years Ended September 30, 2014 and 2013,  
Supplemental Schedules as of and for the  
Year Ended September 30, 2014, and  
Independent Auditors' Report

# TUFTS MEDICAL CENTER PARENT, INC. AND AFFILIATES

## TABLE OF CONTENTS

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	<b>Page</b>
INDEPENDENT AUDITORS' REPORT	1–2
COMBINED FINANCIAL STATEMENTS AS OF AND FOR THE YEARS ENDED SEPTEMBER 30, 2014 AND 2013	
Balance Sheets	3
Statements of Operations	4
Statements of Changes in Net Assets	5
Statements of Cash Flows	6
Notes to Combined Financial Statements	7–38
SUPPLEMENTAL COMBINING SCHEDULES AS OF AND FOR THE YEAR ENDED SEPTEMBER 30, 2014	39
Combining Balance Sheet Information	40–41
Combining Statement of Operations Information	42
Balance Sheet Information — Tufts Medical Center Physicians Organization, Inc (TMCPO)	43–44
Statement of Operations Information — Tufts Medical Center Physicians Organization, Inc (TMCPO)	45–46

## INDEPENDENT AUDITORS' REPORT

To the Board of Trustees of  
Tufts Medical Center Parent, Inc  
Boston, Massachusetts

We have audited the accompanying combined financial statements of Tufts Medical Center Parent, Inc and Affiliates (the "Organization"), which comprise the combined balance sheets as of September 30, 2014 and 2013, and the related combined statements of operations, changes in net assets, and cash flows for the years then ended, and the related notes to the combined financial statements

### Management's Responsibility for the Combined Financial Statements

Management is responsible for the preparation and fair presentation of these combined financial statements in accordance with accounting principles generally accepted in the United States of America. This includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of combined financial statements that are free from material misstatement, whether due to fraud or error

### Auditors' Responsibility

Our responsibility is to express an opinion on these combined financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the combined financial statements are free of material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the combined financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the combined financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the Organization's preparation and fair presentation of the combined financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Organization's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the combined financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

## Opinion

In our opinion, the combined financial statements referred to above present fairly, in all material respects, the financial position of Tufts Medical Center Parent, Inc. and Affiliates as of September 30, 2014 and 2013, and the results of their operations, their changes in net assets, and their cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America

## Report on Supplemental Combining Schedules

Our audits were conducted for the purpose of forming an opinion on the combined financial statements as a whole. The supplemental combining schedules listed in the table of contents are presented for the purpose of additional analysis of the combined financial statements rather than to present the financial position, results of operations, and cash flows of the individual companies, and are not a required part of the combined financial statements. These supplemental combining schedules are the responsibility of the Organization's management and were derived from and relate directly to the underlying accounting and other records used to prepare the combined financial statements. Such supplemental combining schedules have been subjected to the auditing procedures applied in our audits of the combined financial statements and certain additional procedures, including comparing and reconciling such schedules directly to the underlying accounting and other records used to prepare the combined financial statements or to the combined financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, such supplemental combining schedules are fairly stated in all material respects in relation to the combined financial statements as a whole.

*Deloitte + Touche LLP*

December 24, 2014

# TUFTS MEDICAL CENTER PARENT, INC. AND AFFILIATES

## COMBINED BALANCE SHEETS AS OF SEPTEMBER 30, 2014 AND 2013 (Amounts in thousands)

	2014	2013
<b>ASSETS</b>		
CURRENT ASSETS		
Cash and cash equivalents	\$113,868	\$148,155
Short-term investments	8,507	108,303
Patient accounts receivable—less allowance for uncollectible accounts of \$12,824 in 2014 and \$37,826 in 2013	84,601	79,916
Prepaid expenses, other current assets, and other receivables—less allowance for uncollectible accounts of \$547 in 2014 and \$569 in 2013	50,806	51,640
Assets limited as to use	8,866	7,221
Supplies	10,185	10,661
Estimated third-party payor settlements		388
Total current assets	276,833	406,284
BOARD-DESIGNATED INVESTMENTS	267,652	114,237
ASSETS LIMITED AS TO USE	139,214	156,023
PROPERTY AND EQUIPMENT—Net	154,001	151,274
OTHER ASSETS—Net	16,225	16,443
TOTAL	<u>\$853,925</u>	<u>\$844,261</u>
<b>LIABILITIES AND NET ASSETS</b>		
CURRENT LIABILITIES		
Line of credit	\$ -	\$ 6,000
Accounts payable and accrued liabilities	124,464	123,742
Accrued employee benefits and compensation	44,963	42,859
Professional liability costs	10,078	5,071
Deferred gain	6,296	6,296
Estimated third-party payor settlements	10,809	15,850
Current portion of long-term debt	5,341	5,325
Total current liabilities	201,951	205,143
OTHER LIABILITIES		
Long-term debt	295,842	301,230
Estimated third-party payor settlements	9,404	10,279
Professional liability costs	59,972	67,180
Deferred gain	12,135	18,431
Accrued pension liability	36,977	38,107
Other long-term liabilities	17,158	11,197
Total liabilities	<u>633,439</u>	<u>651,567</u>
CONTINGENCIES (Note 15)		
NET ASSETS		
Unrestricted	207,603	181,676
Temporarily restricted	7,484	5,824
Permanently restricted	5,399	5,194
Total net assets	<u>220,486</u>	<u>192,694</u>
TOTAL	<u>\$853,925</u>	<u>\$844,261</u>

See notes to combined financial statements

# TUFTS MEDICAL CENTER PARENT, INC. AND AFFILIATES

## COMBINED STATEMENTS OF OPERATIONS FOR THE YEARS ENDED SEPTEMBER 30, 2014 AND 2013 (Amounts in thousands)

	2014	2013
<b>OPERATING REVENUE</b>		
Net patient service revenue (net of contractual allowances and discounts)	\$ 732.698	\$ 721.889
Provision for uncollectible accounts	<u>(9.537)</u>	<u>(14.935)</u>
Net patient service revenue—net of provision for uncollectible accounts	723.161	706.954
Other operating revenue	125.501	102.952
Direct revenue from research and other sponsored programs	36.991	34.004
Indirect revenue from research and other sponsored programs	13.663	13.136
Gain on sale of property	6.296	6.296
Net assets released from restrictions used for operations	<u>3.075</u>	<u>2.978</u>
Total operating revenue	<u>908.687</u>	<u>866.320</u>
<b>OPERATING EXPENSES</b>		
Salaries and wages	435.944	429.839
Employee benefits	101.245	98.431
Supplies and other	205.040	186.903
Purchased services	76.604	65.058
Depreciation and amortization	21.862	21.073
Interest	19.284	14.162
Direct expenses—grants and contracts	36.991	34.004
Restricted net assets—expenses	<u>3.075</u>	<u>2.978</u>
Total operating expenses	<u>900.045</u>	<u>852.448</u>
<b>INCOME FROM OPERATIONS</b>	<u>8.642</u>	<u>13.872</u>
<b>NONOPERATING REVENUE AND EXPENSE</b>		
Investment income	2.364	3.019
Change in fair value and realized gain on sale of investments	18.923	8.194
Unrestricted gifts—net of expenses	(775)	(604)
Sundry gifts—net of expenses	<u>(1.244)</u>	<u>146</u>
Total nonoperating revenue and expense	<u>19.268</u>	<u>10.755</u>
<b>EXCESS OF REVENUE OVER EXPENSES</b>	27.910	24.627
<b>OTHER CHANGES IN UNRESTRICTED NET ASSETS</b>		
Change in net unrealized gains and losses on investments	139	(1.467)
Net assets released from restrictions for purchase of equipment	175	
Pension-related adjustments	<u>(2.297)</u>	<u>28.350</u>
<b>INCREASE IN UNRESTRICTED NET ASSETS</b>	<u>\$ 25.927</u>	<u>\$ 51.510</u>

See notes to combined financial statements

# TUFTS MEDICAL CENTER PARENT, INC. AND AFFILIATES

## COMBINED STATEMENTS OF CHANGES IN NET ASSETS FOR THE YEARS ENDED SEPTEMBER 30, 2014 AND 2013 (Amounts in thousands)

	2014	2013
<b>UNRESTRICTED NET ASSETS</b>		
Excess of revenue over expenses	\$ 27,910	\$ 24,627
Other changes in unrestricted net assets		
Change in net unrealized gains and losses on investments	139	(1,467)
Net assets released from restrictions for purchase of equipment	175	
Pension-related adjustments	(2,297)	28,350
	<u>25,927</u>	<u>51,510</u>
Increase in unrestricted net assets		
<b>TEMPORARILY RESTRICTED NET ASSETS</b>		
Income from restricted investments	300	87
Gifts and bequests	4,267	2,688
Net assets released from restrictions	(3,250)	(2,978)
Net realized and unrealized gains on investments	343	395
	<u>1,660</u>	<u>192</u>
Increase in temporarily restricted net assets		
<b>PERMANENTLY RESTRICTED NET ASSETS</b>		
Gifts and bequests	205	151
	<u>205</u>	<u>151</u>
Increase in permanently restricted net assets		
<b>INCREASE IN NET ASSETS</b>	27,792	51,853
<b>NET ASSETS—Beginning of year</b>	<u>192,694</u>	<u>140,841</u>
<b>NET ASSETS—End of year</b>	<u>\$ 220,486</u>	<u>\$ 192,694</u>

See notes to combined financial statements

# TUFTS MEDICAL CENTER PARENT, INC. AND AFFILIATES

## COMBINED STATEMENTS OF CASH FLOWS FOR THE YEARS ENDED SEPTEMBER 30, 2014 AND 2013 (Amounts in thousands)

	2014	2013
CASH FLOWS FROM OPERATING ACTIVITIES		
Increase in net assets	\$ 27.792	\$ 51.853
Adjustments to reconcile increase in net assets to net cash provided by operating activities		
Depreciation and amortization	21.862	21.073
Provision for uncollectible accounts	9.537	14.935
Net realized and unrealized gains and losses on investments	(19.405)	(7.122)
Net gain on sale of property	(6.296)	(6.296)
Restricted gifts, grants, and bequests	(4.472)	(2.839)
Pension-related adjustments	2.297	(28.350)
Equity interest in earnings of joint ventures	(1.199)	(1.406)
(Decrease) increase in cash resulting from change in		
Patient accounts receivable	(14.222)	(4.252)
Cash received for leasehold improvements		(1.325)
Prepaid expenses, other current assets, and other receivables	1.115	40.873
Supplies	476	(1.505)
Other assets	(1.302)	501
Accounts payable and accrued liabilities	1.860	(9.169)
Accrued employee benefits and compensation	2.104	1.262
Professional liability costs	(2.201)	(225)
Estimated third-party payor settlements	(5.528)	4.593
Other long-term liabilities	565	3.735
Net cash provided by operating activities	<u>12.983</u>	<u>76.336</u>
CASH FLOWS FROM INVESTING ACTIVITIES		
Purchase of property and equipment	(25.431)	(18.878)
Proceeds from distributions of equity interest in joint ventures	1.293	1.486
Purchases of securities available for sale	(321.555)	(188.249)
Proceeds from sales and maturities of securities available for sale	<u>304.412</u>	<u>72.278</u>
Net cash used in investing activities	<u>(41.281)</u>	<u>(133.363)</u>
CASH FLOWS FROM FINANCING ACTIVITIES		
Payments on long-term debt	(5.238)	(2.360)
Restricted gifts, grants, and bequests	5.336	2.134
Debt issuance costs		(2.239)
Proceeds from bond financing		100.000
Payments on notes payable	(87)	(77)
Payment on commercial line of credit	(6.000)	
Proceeds from commercial line of credit		6.000
Net cash (used in) provided by financing activities	<u>(5.989)</u>	<u>103.458</u>
NET (DECREASE) INCREASE IN CASH AND CASH EQUIVALENTS	<u>(34.287)</u>	<u>46.431</u>
CASH AND CASH EQUIVALENTS—Beginning of year	<u>148.155</u>	<u>101.724</u>
CASH AND CASH EQUIVALENTS—End of year	<u>\$ 113.868</u>	<u>\$ 148.155</u>
SUPPLEMENTAL DISCLOSURE OF CASH FLOW INFORMATION—Cash paid for interest	<u>\$ 18.572</u>	<u>\$ 13.321</u>

See notes to combined financial statements

# TUFTS MEDICAL CENTER PARENT, INC. AND AFFILIATES

## NOTES TO COMBINED FINANCIAL STATEMENTS AS OF AND FOR THE YEARS ENDED SEPTEMBER 30, 2014 AND 2013 (Amounts in thousands)

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### 1. DESCRIPTION OF THE ORGANIZATION

Tufts Medical Center Parent, Inc. (the "Parent") is the sole corporate member of Tufts Medical Center, Inc. (the "Hospital"), Tufts Medical Center Real Estate Company, Inc. ("Real Estate"), The Cameron M. Neely Foundation for Cancer Care, Inc. ("Neely Foundation"), New England Quality Care Alliance, Inc. (NEQCA), and New England Long-Term Care, Inc. (NELTC). The Parent is also the majority owner of Liability Limited, Inc. (LL). Tufts Medical Center Physicians Organization, Inc. (TMCPO) is a controlled affiliate of the Parent and the sole corporate member of a number of physician practices. These practices provide patient care, teaching, and administrative services to the Hospital. The combined financial statements include the accounts of the Parent and its controlled affiliates (collectively, the "Organization").

Effective November 1, 2013, the Parent entered into a joint venture with VHS Acquisition Subsidiary Number 9, Inc. ("Vanguard") and NEQCA to govern the joint ownership and operation of Provider Network Alliance, LLC (PNA). PNA was formed to establish a network of contracted hospitals, physicians, ancillary health providers, and other health care practitioners to provide health care services. On November 1, 2013, the Organization received approximately \$1.1 million from Vanguard in exchange for a 45% membership interest in PNA. Additionally, the Parent transferred 10% of its membership interest in PNA to NEQCA. Effective November 8, 2013, the Parent transferred 100% of its remaining membership ownership in PNA to the Hospital, which represents 45% of the total outstanding membership interests in PNA.

The Tufts Medical Center, Inc. Obligated Group (the "Obligated Group") consists of the Hospital and Real Estate.

The Hospital has a 100% interest in Tufts Medical Center Indemnity Company Ltd. (TMCIC), a Cayman Islands captive insurance company (see Note 15).

The Hospital, located in Boston, Massachusetts, operates an acute care general hospital established to provide health care services to patients, primarily in the greater Boston area. The Hospital also treats patients from elsewhere in New England and beyond. In addition, the Hospital conducts research and provides education for physicians and other health care professionals through its affiliation with Tufts University School of Medicine. As such, revenue in the accompanying combined statements of operations includes revenue derived from direct patient care and research and educational activities.

### 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

**Reporting Entity**—The combined financial statements include the accounts of the Parent and its controlled affiliates. The Parent accounts for its interest in its controlled affiliates using the cost method of accounting. Significant intercompany accounts and transactions among the combined organizations have been eliminated in preparing the combined financial statements. The assets of any member of the Organization may not be available to meet the obligations of other members in the Organization, except as disclosed in Note 11.

**Basis of Presentation**—The combined financial statements have been presented in conformity with accounting principles generally accepted in the United States of America (“generally accepted accounting principles”) consistent with the Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 954, *Health Care Entities*, and other pronouncements applicable to health care organizations

**Use of Estimates**—The preparation of combined financial statements in accordance with generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the combined financial statements. Estimates also affect the reported amounts of revenue and expenses during the reporting period. Significant estimates include the allowances for uncollectible accounts and contractual allowances, estimated third-party payor settlements, self-insurance program liabilities, pension costs and the related obligations, asset retirement obligations, contingencies, and the valuation of certain investments. Actual results could differ from those estimates.

**Cash and Cash Equivalents**—Cash and cash equivalents include investments in highly liquid debt instruments with maturities of three months or less when purchased, excluding amounts classified as assets limited as to use.

**Investments and Investment Income**—Investments in equity securities with readily determinable fair values and all investments in debt securities are recorded at fair value. Investments in venture capital, real estate limited partnerships, hedge funds, and absolute return funds (collectively, “alternative investments”) that were held by the Organization as of October 1, 2008, are recorded at historical cost and are subject to impairment considerations. During 2014 and 2013, the Organization did not record any impairment on alternative investments. The accounting for the investments held in the Hospital’s defined benefit pension plan (“Benefit Plan”) is discussed in Note 9.

Certain investments are included in pooled investment funds directed by the Hospital. Investment income and gains and losses are allocated to participants based on their respective shares of the pool.

The Organization elected the fair value option for certain of its pooled investments effective October 1, 2008. Additionally, the Organization elected the fair value option for all alternative investments purchased after October 1, 2008. The Organization made this election to reflect changes in fair value of its investments, including both increases and decreases and whether realized or unrealized, in its excess of revenue over expenses. The Organization recognized changes in fair value of investments totaling \$8,226 and \$1,601 in 2014 and 2013, respectively, within the excess of revenue over expenses. Unrealized gains and losses on investments for which the Organization has not elected the fair value option are excluded from the excess of revenue over expenses and reported as a change in net assets, except that declines in fair value that are judged to be other than temporary are reported as realized losses. These investments are periodically reviewed for impairment to determine if such declines are other than temporary. In 2014 and 2013, the Organization did not report any such impairment.

Investments, in general, are exposed to various risks, such as interest rate, credit, and overall market volatility. As such, it is reasonably possible that changes in the values of investments will occur in the near term and that such changes could materially affect the amounts reported in the combined balance sheets, statements of operations, and changes in net assets.

The Organization has the ability to liquidate its alternative investments only periodically in accordance with the provisions of the respective fund agreements (see Note 18).

**Assets Limited as to Use**—Assets limited as to use include assets held in trust under debt agreements, funds held for self-insurance liabilities and letter of credit agreements, and assets that are temporarily or permanently restricted by donors. Amounts required to meet current liabilities of the Organization are reported in current assets in the accompanying combined balance sheets.

**Contributions and Promises to Give**—Unconditional promises to give that are expected to be collected within one year are recorded at estimated net realizable value and are included in prepaid expenses, other current assets, and other receivables in the accompanying combined balance sheets. Unconditional promises to give that are expected to be collected in future years are recorded at the present value of their estimated future cash flows and are included in other assets in the accompanying combined balance sheets. The discounts on those amounts are computed using risk-free interest rates applicable to the years in which the promises are received. Amortization of the discounts is included in temporarily restricted gifts and bequests in the accompanying combined statements of operations. Conditional promises to give are not included as support until the conditions are substantially met. Unrestricted contributions are reported as unrestricted gifts—net of expenses.

**Property and Equipment**—Property and equipment acquisitions are recorded at cost or, if received by gift or donation, at fair market value at the date of the gift. Depreciation is computed over the estimated useful life of each class of depreciable asset using the straight-line method. The estimated useful lives of buildings and building improvements range from 10 to 50 years. The lives of major movable and fixed equipment range from three to 20 years.

**Gifts of Long-Lived Assets**—Gifts of long-lived assets, such as property or equipment, are recorded directly to unrestricted net assets and are excluded from the excess of revenue over expenses, unless explicit donor stipulations specify how the donated assets must be used. Gifts of long-lived assets with explicit restrictions that specify how the assets are to be used and gifts of cash or other assets that must be used to acquire long-lived assets are reported as an increase in temporarily restricted net assets. Absent explicit donor stipulations about how long those long-lived assets must be maintained, expirations of donor restrictions are reported when the donated or acquired long-lived assets are placed in service.

**Cost of Borrowing**—Interest costs incurred on borrowed funds during the period of construction of capital assets, net of investment income on borrowed assets held by trustees, are capitalized as a component of the cost of acquiring those assets. Approximately \$474 and \$247 was capitalized during 2014 and 2013, respectively. Deferred financing costs are amortized over the periods the related obligations are outstanding. At September 30, 2014 and 2013, net deferred financing costs totaled \$4,043 and \$4,265, respectively, and are included in other assets in the accompanying combined financial statements. Accumulated amortization of deferred financing costs totaled \$647 and \$425 at September 30, 2014 and 2013, respectively.

**Impairment of Long-Lived Assets**—Long-lived assets to be held and used are reviewed for impairment whenever circumstances indicate that the carrying amount of an asset may not be recoverable. Long-lived assets to be disposed of are reported at the lower of the carrying amount or fair value, less cost to sell.

**Temporarily and Permanently Restricted Net Assets**—Temporarily restricted net assets are those whose use by the Organization has been limited by donors to a specific time period or purpose. Permanently restricted net assets are those which have been restricted by donors to be maintained by the Organization in perpetuity.

**Excess of Revenue over Expenses**—The combined statements of operations include excess of revenue over expenses. Changes in unrestricted net assets which are excluded from excess of revenue over expenses, consistent with industry practice, include changes in unrealized gains and losses on investments other than those on which other-than-temporary losses are recognized or for which the fair value option has been elected, permanent transfers of assets to and from affiliates for other than goods and services, contributions of long-lived assets (including assets acquired using contributions which by donor restriction were to be used for the purposes of acquiring such assets), and pension-related adjustments.

**Combined Statements of Operations**—The Organization has elected to report transactions deemed by management to be ongoing, major, or central to the provision of acute care hospital services as revenue and expenses and peripheral or incidental transactions as nonoperating revenue and expense. Accordingly, investment income, the change in fair value of investments for which the Organization has elected the fair value option and realized gains and losses on sale of investments, unrestricted gifts, and development expenses are reported as nonoperating revenue and expense. In addition, sundry revenue and expenses are reported as nonoperating. The Organization is also separately reporting direct and indirect revenue from research and other sponsored programs as part of operating revenue and direct expenses associated with grants and contracts, and expenses funded by restricted net assets as part of operating expenses.

**Revenue Recognition**—The Organization has agreements with third-party payors that provide for payments at amounts different from its established rates. Net patient service revenue is reported at the estimated net realizable amounts from patients, third-party payors, and others for services rendered, including estimated retroactive adjustments under reimbursement agreements with third-party payors.

Under the terms of various agreements, regulations, and statutes, certain elements of third-party reimbursement are subject to negotiation, audit, and/or final determination by the third-party payors. As a result, there is at least a reasonable possibility that recorded estimates will change by a material amount in the near term. Variances between preliminary estimates of net patient service revenue and final third-party settlements are included in net patient service revenue in the year in which the settlement or change in estimate occurs. Changes in contractual allowances related to prior-year receivables are also recorded in the current-year net patient service revenue. Changes in prior-year estimates increased net patient service revenue by approximately \$12.562 and \$12.667 during 2014 and 2013, respectively.

**Other Operating Revenue**—The Hospital has other revenue recorded that consists primarily of retail pharmacy, medical resident FICA tax recovery, and Electronic Health Record (EHR) stimulus revenue. TMCPO also has other revenue recorded due to contracts with various medical facilities to provide services of physicians. In addition, NEQCA has other revenue recorded related to infrastructure payments, delegated program and risk-based efficiency payments.

**Meaningful Use**—The Hospital is in the process of fully implementing EHR technology. During 2014 and 2013, the Hospital qualified and applied for meaningful use incentive payments from Medicare related to the implementation of EHR and recognized \$1.487 and \$2.064, respectively. Additionally, payments from Medicaid were received of \$1.503 and \$0 in 2014 and 2013, respectively. TMCPO also received payments from Medicaid related to the implementation of EHR of \$170 and \$459 in 2014 and 2013, respectively. Additionally, payments from Medicare were received of \$2.275 and \$2.258 in 2014 and 2013, respectively. Such amounts were recorded as other operating revenue in the accompanying combined statements of operations.

**Supplies**—Supplies, consisting primarily of medical/surgical supplies and pharmaceuticals, are stated at the lower of cost, based upon the first-in, first-out method, or market

**Professional Liability Costs**—The Organization is self-insured for certain professional liability claims (see Note 15). Estimated losses and claims are accrued as incurred. The Organization has provided for the cost of claims paid during the current period, as well as estimates of the liability for claims not yet paid, in the accompanying combined financial statements.

The liability for malpractice losses and loss-adjustment expenses includes an amount, based on an independent actuarial study discounted at a rate of 4% and 3% at September 30, 2014 and 2013, respectively, for losses for incurred but not reported claims determined from loss reports, individual cases, and based on past experience. Such liabilities are necessarily based on estimates, and while management believes that the amount is adequate, the ultimate liability may be in excess of or less than the amounts provided. As a result, there is at least a reasonable possibility that recorded estimates will change by a material amount in the near term. The methods for making such estimates and for establishing the resulting liability are periodically reviewed and any adjustments are reflected in the combined statements of operations in the year in which the change occurs.

**Income Taxes**—With the exception of TMCIC and LL, the Parent and its affiliates have been recognized by the Internal Revenue Service (IRS) as tax-exempt organizations under Section 501(c)(3) of the Internal Revenue Code (the “Code”), and, accordingly, are exempt from federal income taxes on related income pursuant to Section 501(a) of the Code. TMCIC is registered under the laws of the Cayman Islands and is exempt from local income, profits, and capital gains taxes until 2023.

An income tax provision has been provided for on the operating results of the taxable corporation. Deferred tax assets and liabilities are determined based on the differences between financial statement carrying amounts and the tax basis of assets and liabilities, using currently enacted tax rates. The income tax provisions and tax assets and liabilities are immaterial.

**Research Grants and Contracts**—Revenue related to research grants and contracts is recognized as the related costs are incurred. Indirect costs relating to certain government grants and contracts are reimbursed at fixed rates negotiated with the government agencies. Research grants and contracts have been accounted for as exchange transactions. Amounts received in advance of incurring the related expenditures are recorded as unexpended research grants and are included with accounts payable and accrued liabilities in the accompanying combined balance sheets.

**Asset Retirement Obligations**—The Organization recognizes the liability for conditional asset retirement obligations when the Organization has a legal obligation to perform asset retirement activities. Substantially all of the asset retirement obligations relate to estimated costs to remove asbestos that is contained within the Organization’s facilities. The adjustments to the carrying amount of the asset retirement obligation in 2014 and 2013 were primarily attributable to accretion expense and were not significant.

**Accounting for Defined Benefit Pension and Other Postretirement Plans**—The Organization recognizes the overfunded or underfunded status of its Benefit Plan and postretirement plans as an asset or liability in its combined balance sheets. Changes in the funded status of the plans are reported as a change in unrestricted net assets presented below the excess of revenues over expenses in the combined statements of operations and changes in net assets in the year in which the changes occur.

**Provision for Bad Debts**—Accounts receivable are reduced by an allowance for uncollectible accounts. In evaluating the collectability of accounts receivable, the Organization analyzes its past history and identifies trends for each of its major payor sources of revenue to estimate the appropriate allowance for uncollectible accounts and provision for bad debts. Management regularly reviews data about these major payor sources of revenue in evaluating the sufficiency of the allowance for uncollectible accounts. For receivables associated with services provided to patients who have third-party coverage, the Organization analyzes contractually due amounts and historic payment trends and records estimated contractual allowances. For receivables associated with self-pay patients, the Organization records a significant provision for bad debts in the period of service on the basis of its past experience, which indicates that many patients are unable or unwilling to pay the portion of their bill for which they are financially responsible. The difference between the standard rates and the amounts actually collected after all reasonable collection efforts have been exhausted is charged off against the allowance for uncollectible accounts.

The Organization's allowance for uncollectible accounts for all patients decreased from 47% of accounts receivable at September 30, 2013, to 15% of accounts receivable at September 30, 2014. In addition, the Organization's write-offs, net of recoveries, decreased \$5,609 from \$18,673 for fiscal year 2013 to \$13,064 for fiscal year 2014. The changes were a result of management's review of historical trends in uncollectible accounts, determination of reserves, including the impact of the provisions of the Affordable Care Act and modifications in the reporting methodology for the allowance for uncollectible accounts and contractual reserves. The Organization has not changed its charity care or uninsured discount policies during fiscal years 2013 or 2014. The Organization does not maintain a material allowance for uncollectible accounts from third-party payors, nor did it have significant bad debt write-offs from third-party payors.

Net patient service revenue (after contractual allowances and discounts), recognized during the years ended September 30, 2014 and 2013, from the Organization's major payor sources, is as follows:

	2014	2013
Medicare	\$ 229,568	\$ 229,086
Medicaid	145,056	126,960
Other third-party payors	60,902	75,861
Managed care	279,766	273,553
Self pay	<u>17,406</u>	<u>16,429</u>
Total of all payors	<u>\$ 732,698</u>	<u>\$ 721,889</u>

### 3. CHARITY CARE

**Charity Care**—The Organization provides care without charge or at amounts less than its established rates to patients who meet certain criteria under its charity care policy. Because the Organization does not pursue collection of amounts determined to qualify as charity care, they are not reported as net patient service revenue.

**Health Safety Net Fund (HSN) (Formerly, Uncompensated Care Pool)**—The Commonwealth of Massachusetts (the "Commonwealth") operates the HSN, which was created by the Commonwealth's Health Care Reform Act to replace the state's Uncompensated Care Pool. The HSN allocates the cost of uncompensated care among the hospitals in the Commonwealth. Hospitals have been assessed a uniform allowance based on estimates of the statewide cost of uncompensated care and have been reimbursed for a portion of the cost of uncompensated care, subject to certain limitations. Reimbursable uncompensated

care includes net charity care and certain bad debts related to emergency services. Hospitals' recoveries from the HSN are based on a payment method that is claims based and uses Medicare principles. Reimbursement from the HSN for uncompensated care is recorded in net patient service revenue in the combined statements of operations. The Commonwealth has determined final settlements with respect to the HSN for all years prior to 2007.

The Organization provided charity care, based on charges forgone, of approximately \$29,587 in 2014 and \$27,646 in 2013. The estimated cost of the charity care provided amounted to \$11,892 in 2014 and \$9,211 in 2013. The estimated cost of charity care is based on the relationship of patient care service charges to the related costs applied to charity care charges.

#### 4. THIRD-PARTY REIMBURSEMENT

**Medicare**—The Organization is subject to a federal prospective payment system for most Medicare inpatient hospital services and outpatient services. Under this prospective payment methodology, Medicare pays a prospectively determined per-discharge or per-visit rate for nonphysician services. These rates vary according to the Diagnosis Related Group (DRG) or Ambulatory Payment Classification (APC) of each patient. The Organization also receives Medicare reimbursement for the program's share of direct and indirect cost of medical education. The Organization is reimbursed for certain reimbursable items at an interim rate, with final settlement determined after submission of annual cost reports and audits thereon by the Medicare fiscal intermediary. Limited outpatient services are reimbursed according to fee screens.

**Other Payor Arrangements**—The Organization has entered into other payment arrangements with Medicaid and certain indemnity and managed care payors. The basis for payment under these agreements includes prospectively determined rates per discharge and per day, discounts from established charges, and fee screens. Certain "pay for performance" contracts also provide for payments that are based upon meeting agreed-upon quality and efficiency measures.

#### 5. PREPAID EXPENSES, OTHER CURRENT ASSETS, AND OTHER RECEIVABLES

Prepaid expenses, other current assets, and other receivables as of September 30, 2014 and 2013, consisted of the following:

	2014	2013
Grants and other sponsored activities	\$ 7,399	\$ 7,141
Contracted services	31,832	34,962
Current portion of pledges receivable	1,936	1,655
Prepaid expenses, other current assets, and other receivables	<u>10,186</u>	<u>8,451</u>
	51,353	52,209
Less allowance for uncollectible accounts	<u>(547)</u>	<u>(569)</u>
Total	<u>\$ 50,806</u>	<u>\$ 51,640</u>

Included in contracted services in the above table are \$13,645 and \$21,237 at September 30, 2014 and 2013, respectively, related to Blue Cross Blue Shield settlements.

## 6. INVESTMENTS AND ASSETS LIMITED AS TO USE

Investments and assets limited as to use as of September 30, 2014 and 2013, consisted of the following

	<b>2014</b>	<b>2013</b>
Cash and short-term investments	\$ 61,514	\$ 173,924
US government and agency obligations	3,454	1,396
Common collective trusts, mutual funds and limited partnerships	244,793	169,471
Due from broker	17,856	
Absolute return and hedge funds	<u>71,736</u>	<u>          </u>
	<u>399,353</u>	<u>344,791</u>
Alternative investments (at cost)		
Absolute return and hedge funds	22,336	38,156
Venture capital funds	<u>2,550</u>	<u>2,837</u>
	<u>24,886</u>	<u>40,993</u>
Total	<u>\$ 424,239</u>	<u>\$ 385,784</u>

The estimated fair value of the Organization's alternative investments, which are carried at cost, approximated \$33,820 and \$57,274 at September 30, 2014 and 2013, respectively

Investments and assets limited as to use are reported in the accompanying combined balance sheets as of September 30, 2014 and 2013, as follows

	<b>2014</b>	<b>2013</b>
Short-term investments	<u>\$ 8,507</u>	<u>\$ 108,303</u>
Board-designated investments	<u>267,652</u>	<u>114,237</u>
Assets limited as to use		
Held in trust under bond indenture agreements—debt service reserve funds	26,221	24,225
Deferred compensation investment	1,907	
Held in trust under bond indenture agreements—project funds	26,786	49,658
Funds held for self-insurance liabilities	63,101	78,946
Due from broker	17,856	
Temporarily restricted	6,810	5,221
Permanently restricted	<u>5,399</u>	<u>5,194</u>
Total assets limited as to use	<u>148,080</u>	<u>163,244</u>
Total	<u>\$ 424,239</u>	<u>\$ 385,784</u>

Investment income and gains (losses) for cash and cash equivalents, short-term investments, board-designated investments, and assets limited as to use for the years ended September 30, 2014 and 2013, consisted of the following

	<b>2014</b>	<b>2013</b>
Nonoperating revenue		
Investment income	\$ 2,364	\$ 3,019
Change in fair value and realized gain on sale of investments	<u>18,923</u>	<u>8,194</u>
	<u>21,287</u>	<u>11,213</u>
Other changes in unrestricted net assets—change in net unrealized gains and losses on investments	<u>139</u>	<u>(1,467)</u>
Changes in temporarily restricted net assets		
Income from restricted investments	300	87
Net realized and unrealized gains on investments	<u>343</u>	<u>395</u>
	<u>643</u>	<u>482</u>
Total	<u><u>\$ 22,069</u></u>	<u><u>\$ 10,228</u></u>

The amortized cost and estimated fair value of investments held at TMCIC in securities classified as available for sale as of September 30, 2014 and 2013, are as follows

	<b>Amortized Cost</b>	<b>Gross Unrealized Gains</b>	<b>Gross Unrealized Losses</b>	<b>Estimated Fair Value</b>
<b>2014</b>				
Common collective trusts—equity funds	\$ 20,362	\$ 3,148	\$ -	\$ 23,510
Common collective trusts—debt funds	33,632	1,481		35,113
Alternative Investments	<u>4,200</u>	<u>278</u>	<u>      </u>	<u>4,478</u>
	<u><u>\$ 58,194</u></u>	<u><u>\$ 4,907</u></u>	<u><u>\$ -</u></u>	<u><u>\$ 63,101</u></u>
<b>2013</b>				
Common collective trusts—equity funds	\$ 21,627	\$ 720	\$ -	\$ 22,347
Common collective trusts—debt funds	<u>56,000</u>	<u>599</u>	<u>      </u>	<u>56,599</u>
	<u><u>\$ 77,627</u></u>	<u><u>\$ 1,319</u></u>	<u><u>\$ -</u></u>	<u><u>\$ 78,946</u></u>

Proceeds from sales of available-for-sale securities held by TMCIC were \$43,944 and \$87,375 in 2014 and 2013, respectively. Gross realized gains on those sales were \$1,349 and \$10,900 in 2014 and 2013, respectively. There were no realized losses on those sales in 2014 and 2013.

## 7. PROPERTY AND EQUIPMENT

Property and equipment—net as of September 30, 2014 and 2013, consisted of the following

	2014	2013
Land and land improvements	\$ 7,506	\$ 7,507
Buildings and building improvements	180,007	176,652
Leasehold improvements	14,814	10,472
Major movable and fixed equipment	<u>213,396</u>	<u>200,255</u>
	415,723	394,886
Less accumulated depreciation	<u>(276,407)</u>	<u>(255,654)</u>
	139,316	139,232
Construction and projects in progress	<u>14,685</u>	<u>12,042</u>
Property and equipment—net	<u>\$ 154,001</u>	<u>\$ 151,274</u>

The estimated cost of completion of construction and projects in progress approximated \$13,161 and \$11,902 at September 30, 2014 and 2013, respectively

At September 30, 2014 and 2013, \$776 and \$1,914, respectively, of property and equipment purchases and costs related to construction projects were included in accounts payable

Depreciation expense for the years ended September 30, 2014 and 2013, was \$21,531 and \$20,824, respectively

## 8. JOINT VENTURES

The Organization's investments in joint ventures totaled \$3,683 and \$3,766 at September 30, 2014 and 2013, respectively, and are reported with other assets in the accompanying combined balance sheets

Investments in joint ventures as of September 30, 2014 and 2013, consist of the following

Name of Joint Venture	2014				
	Ownership Percentage	Total Assets	Long-Term Debt	Share of Net Assets	Share of Earnings
PROP, LLC	24.50 %	\$ 17,616	\$ 2,519	\$ 3,207	\$ 701
W Suburban Eye Surgery Center	21.28	<u>4,269</u>	<u>295</u>	<u>476</u>	<u>498</u>
		<u>\$ 21,885</u>	<u>\$ 2,814</u>	<u>\$ 3,683</u>	<u>\$ 1,199</u>
Name of Joint Venture	2013				
	Ownership Percentage	Total Assets	Long-Term Debt	Share of Net Assets	Share of Earnings
PROP, LLC	24.50 %	\$ 17,688	\$ 1,297	\$ 3,263	\$ 968
W Suburban Eye Surgery Center	23.26	<u>4,196</u>	<u>841</u>	<u>503</u>	<u>438</u>
		<u>\$ 21,884</u>	<u>\$ 2,138</u>	<u>\$ 3,766</u>	<u>\$ 1,406</u>

The Organization's share of earnings in its joint ventures totaled approximately \$1.199 and \$1.406 for the years ended September 30, 2014 and 2013, respectively, and are reported as other operating revenue in the accompanying combined statements of operations. Distributions from the above joint ventures to the Organization totaled \$1.293 and \$1.486 for the years ended September 30, 2014 and 2013, respectively.

## 9. PENSION BENEFITS

**Tufts Medical Center Pension Plan**—The Benefit Plan has been amended to freeze benefits for all employees, and effective August 1, 2005, to eliminate participation of all new employees. The Benefit Plan excludes contracted registered nurses. Benefits for the Benefit Plan are based on years of service and average compensation over the highest five consecutive years of service.

On December 1, 2012, terminated vested participants in the Benefit Plan were offered a lump-sum payment of their earned benefit in the Benefit Plan. 235 terminated vested participants elected to accept the offer resulting in benefit payments of approximately \$5.400 during the year ended September 30, 2013, which are included in the benefits paid line in the table below.

The funded status of the Benefit Plan as of September 30, based on September 30 asset values, as well as the amounts recognized in the accompanying combined balance sheets as of September 30, 2014 and 2013, was as follows:

	2014	2013
Change in benefit obligation		
Benefit obligation—beginning of year	\$ 147,645	\$ 170,979
Service cost	5,923	6,472
Interest cost	7,221	6,281
Benefits paid	(5,002)	(9,698)
Actuarial loss (gain)	8,742	(26,389)
	<u>164,529</u>	<u>147,645</u>
Change in plan assets		
Fair value of plan assets—beginning of year	109,990	106,631
Actual return on plan assets	13,206	5,557
Benefits paid	(5,002)	(9,698)
Employer contribution	10,000	7,500
	<u>128,194</u>	<u>109,990</u>
Accrued pension liability	<u>\$ (36,335)</u>	<u>\$ (37,655)</u>
Accumulated benefit obligation	<u>\$ 149,140</u>	<u>\$ 128,285</u>

Unrestricted net assets at September 30, 2014 and 2013, include unrecognized actuarial losses of \$34,542 and \$32,245, respectively. Approximately \$2.118 of the unrecognized loss at September 30, 2014, is expected to be recognized in net periodic pension costs in 2015.

Components of the Benefit Plan's net periodic pension cost for the years ended September 30, 2014 and 2013, are as follows

	2014	2013
Service cost—benefits earned during the period	\$ 5,923	\$ 6,472
Interest cost on projected benefit obligation	7,221	6,281
Expected return on plan assets	(8,727)	(8,319)
Amortization of net loss	<u>1,966</u>	<u>4,723</u>
Net periodic pension cost	<u>\$ 6,383</u>	<u>\$ 9,157</u>

The assumptions used in the measurement of the projected benefit obligation and net periodic pension for the years ended September 30, 2014 and 2013, were as follows

	2014	2013
Weighted-average assumptions to determine benefit obligations		
Discount rate	4.37 %	5.00 %
Rate of compensation increase	3.00	3.00
Assumptions to determine net cost		
Discount rate	5.00	3.74
Rate of compensation increase	3.00	3.00
Expected return on plan assets	7.00	7.75

The Benefit Plan asset allocations as of September 30, 2014 and 2013, were as follows

Asset Class	Target Range Allocation	Percentage of Plan Assets at September 30	
		2014	2013
Domestic equity	8%–16%	14 %	14 %
International equity	8–20	16	17
Fixed income	31–45	38	36
Absolute return and hedge funds	20–30	25	24
Venture capital	0–5	1	1
Real assets	4–12	4	5
Cash and short-term investments	0–4	<u>2</u>	<u>3</u>
		<u>100 %</u>	<u>100 %</u>

The investment policy and strategy, as established by the Hospital's Investment Committee, is to provide for growth of capital with a moderate level of volatility by investing assets based on the target allocations stated above. The Hospital plans to reallocate its investments periodically to meet the above-target allocations. The Hospital also plans to review its investment policy periodically to determine if the policy should be changed.

The expected long-term rate of return for the Benefit Plan's total assets is based on the expected return of each of the above categories, weighted based on the median of the target allocation for each class. Equity securities are expected to return 10% to 11% over the long term, while cash and fixed income are expected to return between 4% and 6%, and alternative investments are expected to return 7% to 9%.

The expected cash flows of the Benefit Plan as of September 30, 2014, were as follows

Expected employer contributions for fiscal year ending September 30, 2015	<u>\$ 10,000</u>
Estimated future benefit payments reflecting expected future service for the fiscal year ending September 30	
2015	\$ 7,145
2016	7,145
2017	7,454
2018	7,918
2019	8,433
2020–2024	50,306

**Hospital Retirement Savings Plan**—The Hospital has a defined contribution plan pursuant to Section 403(b) of the Code, which covers substantially all of its employees. Contributions to the plan are based on a defined percentage of eligible employees' salaries. The Hospital's contributions to the plan approximated \$2,855 and \$2,853 for the years ended September 30, 2014 and 2013, respectively.

**TMCPO Plans**—TMCPO has a defined contribution plan, which covers substantially all of its employees. Contributions to the plan are based on a defined percentage of eligible employees' salaries. Total contributions to this plan approximated \$12,026 and \$12,036 for the years ended September 30, 2014 and 2013, respectively.

TMCPO also maintains a tax-deferred savings plan for its employees, which allows participants to make contributions through salary reductions pursuant to Section 401(k) of the Code. TMCPO makes no contributions to this plan.

## 10. CONCENTRATION OF CREDIT RISK

The Organization receives a significant portion of its payments for services rendered from a limited number of government and commercial third-party payors, including Medicare, Medicaid, and various managed care organizations. A significant portion of the accounts receivable from managed care organizations is derived from three Massachusetts companies. Although management expects amounts recorded as net accounts receivable at September 30, 2014 and 2013, to be collectible, this concentration of credit risk is expected to continue in the near term.

The Organization grants credit to patients, most of whom are local residents. The Organization generally does not require collateral or other security in extending credit to patients, however, it routinely obtains assignment of (or is otherwise entitled to receive) patients' benefits payable under their health insurance programs, plans, or policies (e.g., Medicare, Medicaid, managed care organizations, and commercial insurance policies). Net patient accounts receivable as of September 30, 2014 and 2013, consisted of the following:

	2014	2013
Managed care	72 %	57 %
Medicare	9	16
Medicaid	13	11
Workers' compensation, self pay, commercial, and other	<u>6</u>	<u>16</u>
Total	<u>100 %</u>	<u>100 %</u>

## 11. LONG-TERM DEBT

Long-term debt as of September 30, 2014 and 2013, consisted of the following

	2014	2013
Massachusetts Development Finance Agency revenue bonds (MDFA)		
Fixed-rate serial and term revenue bonds due January 1, 2015, through 2041 in annual amounts ranging from \$2,595 to \$13,555 at rates ranging from 5.0% to 7.25% ("Series I")	\$ 202,900	\$ 205,370
Tufts Medical Center Taxable revenue bonds		
Fixed-rate term revenue bonds due January 1, 2015, through 2038 in annual amounts ranging from \$2,030 to \$13,150 at rates ranging from 5.37% to 7.00% ("Series 2013")	97,232	100,000
Non-interest-bearing commercial loan, imputed 5% interest rate, through 2018	495	581
Unaccreted premium—Series I	1,383	1,467
Unamortized discount—Series 2013	(827)	(863)
Total long-term debt	301,183	306,555
Less current portion	(5,341)	(5,325)
Long-term debt—net of current portion	<u>\$ 295,842</u>	<u>\$ 301,230</u>

**Series 2013 Taxable Bonds**—On August 7, 2013, the Obligated Group issued a taxable bond offering for \$100 million named the "Tufts Medical Center Taxable Bond, Series 2013." The Series 2013 bonds are payable under a bond indenture dated August 1, 2013, between the Obligated Group and US Bank, N.A. acting as bond trustee. The Series 2013 bonds were secured by Obligation No. 3 issued under the Master Trust Indenture and Mortgage and Security Agreement, dated April 1, 2011, as part of the Series I bonds issued in April 2011 and follow the same annual reporting requirements of the Series I bonds. The Series 2013 bonds were issued as follows: a 10-year note for \$25.6 million at a rate of 5.373%, a 15-year note for \$14.4 million at a rate of 6.323%, and a 25-year note for \$60.0 million at a rate of 7.000% to yield 7.125%. The Series 2013 bonds mature on January 1 of 2023, 2028, and 2038, respectively.

**Series I Tax-Exempt Bonds**—On April 1, 2011, the Obligated Group issued a tax-exempt bond offering for \$210 million named the "Massachusetts Development Finance Agency Revenue Bonds - Tufts Medical Center Issue Series I." The Series I bonds are payable under a bond indenture dated April 1, 2011, between the Obligated Group and US Bank, N.A. acting as bond trustee. The Series I bonds were secured by Obligation No. 1 issued under the Master Trust Indenture and Mortgage and Security Agreement, dated April 1, 2011. The Series I bonds were issued as a fixed rate serial and term revenue bond due from January 1, 2012, through 2041 in annual amounts ranging from \$2,270 to \$13,555 at rates ranging from 4.00% to 7.25%. The Series I bonds mature on January 1 of 2041.

**Collateral**—The Obligated Group has pledged its gross receipts and a mortgage on certain property as collateral under the MDFA bond issues. The Obligated Group is jointly and severally liable for repayment of the MDFA revenue bonds. The loan agreement requires that the Obligated Group maintain certain debt service funds and debt service reserve funds, which amounted to \$26,221 and \$24,225 at September 30, 2014 and 2013, respectively. Such amounts are included in assets limited as to use in the accompanying combined balance sheets.

**Principal Payments and Sinking Fund Requirements**—Aggregate principal payments and sinking fund requirements on long-term debt for the next five years and thereafter are as follows

**Years Ending  
September 30**

2015	\$ 5,341
2016	5,631
2017	5,937
2018	6,261
2019	6,488
Thereafter	<u>270,969</u>
Total	<u>\$ 300,627</u>

**Debt Covenants**—The Obligated Group’s loan agreements contain covenants that require the maintenance of certain financial ratios. The agreements also provide for restrictions on, among other things, transfers, additional indebtedness, and dispositions of property. For the years ended September 30, 2014 and 2013, the Obligated Group was in compliance with its financial debt covenants.

**Line of Credit**—On September 7, 2012, the Hospital entered into a two-year committed revolving line of credit with a local bank for \$11,000. The terms of the line of credit include a borrowing rate of London InterBank Offered Rate (LIBOR), plus 150 basis points and a nonusage fee of 10 basis points annually. The line of credit is secured under the Master Trust Agreement for the Series I bonds for the Obligated Group. At September 30, 2014 and 2013, the balance outstanding on the line of credit was \$0 and \$6,000, respectively. Additionally, on September 7, 2014, the Hospital signed an amendment on this facility to extend the maturity date of the line to September 8, 2015.

**Letter of Credit**—The Hospital had a letter of credit with a local bank for \$3,000 as collateral to support the corporate workers’ compensation policy. This letter of credit was cancelled on June 14, 2014, as it was no longer required by the workers’ compensation policy.

## 12. TEMPORARILY AND PERMANENTLY RESTRICTED NET ASSETS

**Temporarily Restricted Net Assets**—Temporarily restricted net assets, including accumulated net gains on permanently restricted net assets that are available for appropriation by the Board of Trustees (the “Board”) in accordance with state law as of September 30, 2014 and 2013, are available for the following purposes:

	2014	2013
Research and general activities	\$ 5,448	\$ 5,105
Purchase of capital	1,886	558
Charity care	131	63
Accumulated net gains on investments	<u>19</u>	<u>98</u>
	<u>\$ 7,484</u>	<u>\$ 5,824</u>

**Permanently Restricted Net Assets**—The earnings on permanently restricted net assets are restricted for research and development and charity care. Permanently restricted net assets amounted to \$5,399 and \$5,194 at September 30, 2014 and 2013, respectively.

In March 2009, the Organization obtained a judgment from a court (the "Court") authorizing that up to \$10,000 of permanently restricted net asset be released from donor restrictions to the extent and for the duration determined by the Organization to be necessary to permit the Organization to satisfy the unrestricted days-cash-on-hand covenant of the Organization's debt agreements. Accordingly, the Organization recorded a transfer of \$10,000 from permanently restricted net assets to unrestricted net assets in 2009. If the Organization determines that the need to report the funds as unrestricted no longer exists, then the Organization is required to notify the Massachusetts Attorney General's office and such amounts will be reclassified to permanently restricted net assets.

**Endowment Funds**—The Organization's endowment consists of approximately 50 funds established for a variety of purposes. For the purposes of this disclosure, endowment funds include donor-restricted endowment funds. As required by generally accepted accounting principles, net assets associated with endowment funds are classified and reported based on the existence or absence of donor-imposed restrictions.

**Interpretation of Relevant Law**—The Organization has interpreted state law as requiring realized and unrealized gains of permanently restricted net assets to be retained in a temporarily restricted net asset classification until appropriated by the Board and expended. State law allows the Board to appropriate so much of the net appreciation of permanently restricted net assets as is prudent considering the Organization's long- and short-term needs, present and anticipated financial requirements, expected total return on its investments, price-level trends, and general economic conditions. In 2014 and 2013, \$425 and \$309, respectively, was appropriated.

As a result of this interpretation, the Organization classifies as permanently restricted net assets (a) the original value of the gifts donated to the permanent endowment when explicit donor stipulations requiring permanent maintenance of the historical fair value are present and (b) the original value of the subsequent gifts to the permanent endowment when explicit donor stipulations requiring permanent maintenance of the historical fair value are present. The remaining portion of the donor-restricted endowment fund composed of accumulated gains not required to be maintained in perpetuity is classified as temporarily restricted net assets until those amounts are appropriated for expenditure in a manner consistent with the donor's stipulations. The Organization considers the following factors in making a determination to appropriate or accumulate donor-restricted endowment funds: duration and preservation of the fund, purposes of the donor-restricted endowment funds, general economic conditions, the possible effect of inflation and deflation, the expected total return from income and the appreciation of investments, other resources of the Organization, and the investment policies of the Organization.

**Endowment Net Asset Composition and Changes in Endowment Net Assets**—A summary of the endowment net asset composition by type of fund as of September 30, 2014 and 2013, and the changes therein for the years then ended, is as follows

	Temporarily Restricted	Permanently Restricted	Total
Endowment net assets—October 1, 2012	\$ 82	\$ 5,043	\$ 5,125
Investment return—net appreciation	325		325
Appropriations of endowment assets for expenditure	(309)		(309)
Gifts	<u>      </u>	<u>151</u>	<u>151</u>
Endowment net assets—September 30, 2013	98	5,194	5,292
Investment return—net appreciation	346		346
Appropriations of endowment assets for expenditure	(425)		(425)
Gifts	<u>      </u>	<u>205</u>	<u>205</u>
Endowment net assets—September 30, 2014	<u>\$ 19</u>	<u>\$ 5,399</u>	<u>\$ 5,418</u>

**Funds with Deficiencies**—From time to time, the fair value of assets associated with individual donor-restricted endowment funds may fall below the level that the donor requires the Organization to retain as a fund of perpetual duration. There was no deficiency of this nature as of September 30, 2014 and 2013.

**Investment Return Objectives and Spending Policy**—The Organization has adopted investment and spending policies for endowment assets that attempt to provide a predictable stream of funding to the programs supported by its endowment while seeking to maintain the purchasing power of the endowment assets. Endowment assets include those assets of donor-restricted funds that the organization must hold in perpetuity or for a donor-specified period(s). Under this policy, the endowment assets are invested in a manner to generate returns at least equal to and preferably greater than the consumer price index. To satisfy its long-term rate-of-return objectives, the Organization targets a diversified asset allocation that places a greater emphasis on equity-based investments within prudent risk constraints.

### 13. PLEDGES RECEIVABLE

Pledges receivable include donor contributions that are not expected to be collected within one year. These amounts are reported at their present value, discounted at 4.7% as of September 30, 2014 and 2013. Pledges receivable as of September 30, 2014 and 2013, were as follows:

	2014	2013
Due in less than one year	\$ 1,936	\$ 1,655
Due thereafter	<u>474</u>	<u>1,673</u>
	2,410	3,328
Present value discount	<u>(21)</u>	<u>(75)</u>
Total	<u>\$ 2,389</u>	<u>\$ 3,253</u>

Pledges due within one year are reported in other receivables (see Note 5) in the accompanying combined balance sheets. Amounts due thereafter are reported in other assets.

#### 14. OPERATING LEASES

The Organization leases equipment and buildings under various noncancelable operating lease agreements. Future minimum lease payments required under noncancelable operating leases with terms of one year or more as of September 30, 2014, consist of the following:

<b>Years Ending September 30</b>	
2015	\$ 19,993
2016	17,312
2017	16,713
2018	15,449
2019	14,099
Thereafter	<u>102,971</u>
	<u>\$ 186,537</u>

Rental expense for the years ended September 30, 2014 and 2013, was \$23,434 and \$22,497, respectively. The Organization also has equipment leases with rental payments that are based on usage, which amounted to \$2,927 and \$3,348 for the years ended September 30, 2014 and 2013, respectively.

**Sale and Leaseback of Property**—In 2007, Real Estate entered into a sale and leaseback transaction, whereby Real Estate sold buildings and land with a combined net book value of \$5,594 for net proceeds of \$114,455, and the Hospital leased a majority of the same buildings back over a period of 10 years. A gain of \$107,281 was realized on the transaction, net of \$1,580 that was transferred to a trustee and held in escrow for capital repairs. Of the total gain, \$62,955 was deferred and is being recognized ratably over the life of the lease and \$44,326 was recognized in 2007. During 2014 and 2013, \$6,295 and \$6,296, respectively, of the deferred gain was amortized and included as part of the gain on sale of property in the accompanying combined statements of operations.

#### 15. MALPRACTICE AND OTHER CONTINGENCIES

**General and Professional Liability Insurance**—Prior to October 1, 2006, the Parent and its affiliates purchased general and professional liability insurance policies from affiliated entities under retrospectively rated policies. Effective October 1, 2006, the Parent and its affiliates address their general and professional liability expense, in part, by depositing funds with TMCIC that utilizes these funds to pay claims, and in part, to purchasing commercial excess liability insurance. The commercial insurance generally provides coverage on a “claims-made” basis. Under the claims-made policies, claims based on occurrences during their term but reported subsequently will be uninsured should the policy not be renewed or replaced with other coverage. Management has the intention of renewing its insurance policies in the future and believes it will have the ability to obtain such policy renewals.

TMCIC reinsures a portion of its risks in order to limit its exposure to losses. Reinsurance contracts do not relieve the Organization from its obligations to policyholders. Failure of reinsurers to honor their obligations could result in losses to the Organization. Consequently, the Organization evaluates the financial condition of its reinsurers to minimize its exposure to significant losses from reinsurer insolvencies.

Reinsurance recoverables were based on actuarial reports prepared by independent consulting actuaries. At September 30, 2014 and 2013, reinsurance recoverables of \$4,834 and \$4,981, respectively, were recorded as other assets. There were no specifically identified claims subject to reinsurance recoverables at September 30, 2014 and 2013, or deducted from losses incurred and paid during the years then ended. Activity in the accrual for professional liability and retrospective premium adjustment costs recorded by TMCIC is summarized in the following table. The table does not include the professional liability costs recorded by entities other than TMCIC.

Balance—beginning of year	\$ 15,782	\$ 19,139
Less reinsurance recoverables	<u>4,981</u>	<u>5,966</u>
Net balance—beginning of year	<u>10,801</u>	<u>13,173</u>
Incurred related to		
Current year	568	536
Prior years	<u>(192)</u>	<u>276</u>
Total incurred	<u>376</u>	<u>812</u>
Paid related to—prior years	<u>114</u>	<u>(1,000)</u>
Retrospective premium—transfer of retrospective premium credit	<u>(2,328)</u>	<u>(2,184)</u>
Net balance—end of year	8,963	10,801
Plus reinsurance recoverables	<u>4,834</u>	<u>4,981</u>
Balance—September 30	<u>\$ 13,797</u>	<u>\$ 15,782</u>

Losses, loss-adjustment expenses, and retrospective premium adjustments as of September 30, 2014 and 2013, consist of the following:

	<b>2014</b>	<b>2013</b>
Losses payable	\$ 718	\$ 231
Reported losses, loss-adjustment expenses, and margin for adverse development	5,699	6,538
Margin for retrospective premium adjustment due to the Hospital and TMCPO	<u>7,380</u>	<u>9,013</u>
	<u>\$ 13,797</u>	<u>\$ 15,782</u>

**Employee Health Insurance**—Effective January 1, 2007, the Organization established a self-insurance plan to provide medical benefits to its employees and their dependents. The Organization is responsible for the administration of the plan and to pay eligible claims. The Organization maintains a stop-loss insurance policy to limit its exposure on claims to \$350 per person per year, with a lifetime maximum of \$2,000. The Organization has recorded a liability of approximately \$4,169 and \$3,651 at September 30, 2014 and 2013, respectively, to provide for claims made and claims incurred but not reported. The liability is included in accrued employee benefits and compensation in the accompanying combined balance sheets.

**Workers' Compensation Insurance**—Effective December 1, 2007, the Organization became self-insured for workers' compensation and in conjunction obtained a letter of credit. At September 30, 2013, the letter of credit was for \$3,000. This agreement was cancelled on June 14, 2014, as it was no longer required by the workers' compensation policy. The Organization has recorded a liability of approximately \$6,379 and \$5,337 at September 30, 2014 and 2013, respectively. This liability is included in accounts payable and accrued liabilities in the accompanying combined balance sheets.

**Collective Bargaining Agreement**—The Organization is subject to a collective bargaining agreement with respect to registered nurses. The current agreement was ratified and extended for two years starting on July 1, 2014. The current agreement covers approximately 1,200 registered nurses.

**Contingencies**—The Parent and its affiliates are parties in various legal proceedings and potential claims arising in the ordinary course of its business, including a number of pending actions seeking damages for alleged medical malpractice. In addition, the health care industry as a whole is subject to numerous laws and regulations of federal, state, and local governments. Compliance with these laws and regulations is subject to government review and interpretation, as well as regulatory actions, which could result in the imposition of significant fines and penalties, as well as significant repayments of previously billed and collected revenue from patient services. Management believes that the Organization individually and collectively is in compliance with laws and regulations and does not believe that these matters will have a material adverse effect on the Organization's combined financial statements.

**Contingent Gains**—Employers (typically hospitals and medical schools) and individual taxpayers (medical residents) began filing FICA refund claims in the 1990s based on a position that medical residents are students eligible for the FICA tax exemption under the Code's Section 3121(b)(10). This is referred to as the student exception. The employers' FICA claims were for both the employer and employee withholdings. The IRS held certain claims in suspense because there was a dispute as to whether the student FICA tax exception applied.

In March 2010, the IRS made an administrative determination to accept the position that medical residents are exempted from FICA taxes for tax periods ending before April 1, 2005, when new IRS regulations went into effect.

The Organization has previously received resident FICA refunds for the 1998–2000 period. In addition, the Organization has filed protective claims for 1996 and 1997 and 2001 through March 31, 2005. In September 2012, the Organization received notice from the IRS that the claims for 2001 through March 31, 2005, were resolved. In October 2012, the Organization received notice from the IRS that the claims for 1996 and 1997 were resolved. The employer portion of claims for these periods, including interest and net of fees, amounts to \$0 and \$1,506 in 2014 and 2013, respectively, and was included in other operating revenue in the accompanying combined statements of operations.

## 16. RELATED-PARTY TRANSACTIONS

**Tufts Shared Services, Inc.**—Tufts Shared Services, Inc. is a charitable corporation that provides services (primarily utility and other support services) to the Organization and Tufts University (“Tufts”). The governing Board consists of equal representation from the Hospital and Tufts. The Organization reports its share of expenses from shared services provided directly to the Hospital in its combined financial statements. Such expenses approximated \$13,567 and \$13,739 for the years ended September 30, 2014 and 2013, respectively.

**Heart Center of MetroWest, Inc.**—Effective July 1, 2011, TMCPO and the Hospital had a Master Affiliation Agreement with Heart Center of MetroWest, Inc. (“Heart Center”). TMCPO is the sole corporate member of Heart Center. This agreement has an initial term of five years as of July 1, 2011, and a renewable term each year thereafter.

## 17. FAIR VALUE MEASUREMENTS

Generally accepted accounting principles establish a fair value hierarchy that distinguishes between market participant assumptions based on market data obtained from sources independent of the reporting entity (observable inputs that are classified within Levels 1 and 2 of the hierarchy) and the reporting entity’s own assumption about market participant assumptions (unobservable inputs classified within Level 3 of the hierarchy).

The Organization's financial assets that are measured at fair value on a recurring basis as of September 30, 2014, are as follows

	Quoted Prices in Active Markets (Level 1)	Other Observable Inputs (Level 2)	Unobservable Inputs (Level 3)	Total
Cash and short-term investments	<u>\$ 61,484</u>	<u>\$ 30</u>	<u>\$ -</u>	<u>\$ 61,514</u>
Debt instrument—federal agency bonds	<u>-</u>	<u>3,454</u>	<u>-</u>	<u>3,454</u>
Common collective trusts and mutual funds				
Fixed-income funds	35,129	52,654		87,783
Equity funds	<u>52,593</u>	<u>87,236</u>	<u>17,181</u>	<u>157,010</u>
Total common collective trusts and mutual funds	<u>87,722</u>	<u>139,890</u>	<u>17,181</u>	<u>244,793</u>
Absolute return and hedge funds	<u>-</u>	<u>26,164</u>	<u>45,572</u>	<u>71,736</u>
Total assets at fair value	<u>\$ 149,206</u>	<u>\$ 169,538</u>	<u>\$ 62,753</u>	381,497
Absolute return and hedge funds (at cost)				<u>24,886</u>
Total				<u>\$ 406,383</u>

The Organization's financial assets that are measured at fair value on a recurring basis as of September 30, 2013, are as follows

	<b>Quoted Prices in Active Markets (Level 1)</b>	<b>Other Observable Inputs (Level 2)</b>	<b>Unobservable Inputs (Level 3)</b>	<b>Fair Value</b>
Cash and short-term investments	<u>\$ 173,910</u>	<u>\$ 14</u>	<u>\$ -</u>	<u>\$ 173,924</u>
Debt instrument—federal agency bonds	<u>                    </u>	<u>1,396</u>	<u>                    </u>	<u>1,396</u>
Common collective trusts and mutual funds				
Fixed-income funds	12,035	32,970		45,005
Equity funds	<u>29,104</u>	<u>95,362</u>	<u>                    </u>	<u>124,466</u>
Total common collective trusts and mutual funds	<u>41,139</u>	<u>128,332</u>	<u>-</u>	<u>169,471</u>
Total	<u>\$ 215,049</u>	<u>\$ 129,742</u>	<u>\$ -</u>	<u>\$ 344,791</u>

The changes in fair value of the Hospital's Level 3 assets above for the year ended September 30, 2014, are as follows

	<b>Equity Funds</b>	<b>Absolute Return and Hedge Funds</b>	<b>Total</b>
Balance—October 1, 2013	\$ -	\$ -	\$ -
Purchases of investments	16,200	44,700	60,900
Change in fair value	<u>981</u>	<u>872</u>	<u>1,853</u>
Balance—September 30, 2014	<u>\$ 17,181</u>	<u>\$ 45,572</u>	<u>\$ 62,753</u>

The Organization's financial assets of the Benefit Plan that are measured at fair value on a recurring basis as of September 30, 2014, are as follows

	<b>Quoted Prices in Active Markets (Level 1)</b>	<b>Other Observable Inputs (Level 2)</b>	<b>Unobservable Inputs (Level 3)</b>	<b>Fair Value</b>
Cash and short-term investments	<u>\$ 3,021</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 3,021</u>
Common collective trusts and mutual funds				
Domestic equity		3,149	15,048	18,197
International equity	7,174	13,414		20,588
Fixed income		47,803		47,803
Real assets	<u>2,009</u>	<u>2,895</u>	<u>298</u>	<u>5,202</u>
Total common collective trusts and mutual funds	<u>9,183</u>	<u>67,261</u>	<u>15,346</u>	<u>91,790</u>
Other funds				
Absolute return and hedge funds		14,557	18,017	32,574
Venture capital funds			809	809
Total other funds	<u>-</u>	<u>14,557</u>	<u>18,826</u>	<u>33,383</u>
Total	<u>\$ 12,204</u>	<u>\$ 81,818</u>	<u>\$ 34,172</u>	<u>\$ 128,194</u>

The Organization's financial assets of the Benefit Plan that are measured at fair value on a recurring basis as of September 30, 2013, are as follows

	<b>Quoted Prices in Active Markets (Level 1)</b>	<b>Other Observable Inputs (Level 2)</b>	<b>Unobservable Inputs (Level 3)</b>	<b>Fair Value</b>
Cash and short-term investments	<u>\$ 5.936</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 5.936</u>
Common collective trusts and mutual funds				
Domestic equity		3.234	10.685	13.919
International equity	14.011	5.681		19.692
Fixed income		39.080		39.080
Real assets	<u>1.742</u>	<u>2.691</u>	<u>494</u>	<u>4.927</u>
Total common collective trusts and mutual funds	<u>15.753</u>	<u>50.686</u>	<u>11.179</u>	<u>77.618</u>
Other funds				
Absolute return and hedge funds		6.659	18.955	25.614
Venture capital funds			822	822
Total other funds	<u>-</u>	<u>6.659</u>	<u>19.777</u>	<u>26.436</u>
Total	<u>\$ 21.689</u>	<u>\$ 57.345</u>	<u>\$ 30.956</u>	<u>\$ 109.990</u>

The changes in fair value of the Benefit Plan's Level 3 assets above for the years ended September 30, 2014 and 2013, are as follows

	<b>Common Collective Trusts— Domestic Equity</b>	<b>Common Collective Trusts— Real Assets</b>	<b>Absolute Return and Hedge Funds</b>	<b>Venture Capital Funds</b>	<b>Total</b>
Balance—October 1, 2012	\$ 8,531	\$ 1,384	\$ 20,796	\$ 1,118	\$ 31,829
Change in fair value	1,415	(475)	1,976	(296)	2,620
Transfers out of Level 3			(2,904)		(2,904)
Purchases of investments	739	70	2,588		3,397
Sales of investments		(485)	(3,501)		(3,986)
Balance—September 30, 2013	10,685	494	18,955	822	30,956
Change in fair value	4,363	(218)	564	(13)	4,696
Transfers out of Level 3			(7,299)		(7,299)
Purchases of investments		22	6,866		6,888
Sales of investments			(1,069)		(1,069)
Balance—September 30, 2014	<u>\$ 15,048</u>	<u>\$ 298</u>	<u>\$ 18,017</u>	<u>\$ 809</u>	<u>\$ 34,172</u>

The Organization uses the following fair value hierarchy to present its fair value disclosures

*Level 1*—Quoted (unadjusted) prices for identical assets or liabilities in active markets. Active markets are those in which transactions for the asset or liability occur with sufficient frequency and volume to provide pricing information on an ongoing basis.

*Level 2*—Other observable inputs, either directly or indirectly, including

- Quoted prices for similar assets in active markets
- Quoted prices for identical or similar assets in nonactive markets (few transactions, limited information, noncurrent prices, high variability over time, etc.)
- Inputs other than quoted prices that are observable for the asset (interest rates, yield curves, volatilities, default rates, etc.)
- Inputs that are derived principally from or corroborated by other observable market data

*Level 3*—Unobservable inputs that cannot be corroborated by observable market data

**Transfers between Levels**—The availability of observable market data is monitored to assess the appropriate classification of financial instruments within the fair value hierarchy. Changes in economic conditions or model-based valuation techniques may require the transfer of financial instruments from one fair value level to another. In such instances, the transfer is reported at the beginning of the reporting period. For the years ended September 30, 2014 and 2013, there were transfers from Level 3 to Level 2 of \$7,299 and \$2,904, respectively. These transfers were the result of expiration of redemption restrictions on certain investments carried at NAV.

**Asset Valuation Techniques**—Valuation technologies maximize the use of relevant observable inputs and minimize the use of unobservable inputs. The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at September 30, 2014 and 2013.

The valuation of the Organization's investments is reviewed quarterly by the Organization's Investment Committee ("Committee"). The Committee is appointed by the Board and is responsible for the administration and oversight of the investment valuation policies and procedures. The fair value of investments is determined in accordance with the current fair value guidance and as described below. Net asset value (NAV) would not be used as a practical expedient for fair value when it is determined to be probable that the investment would sell for an amount different than the reported NAV. In such situations, management would estimate the fair value of the investment in good faith based on the available information and will update the fair value methodology if a significant event occurs that has the potential of impacting the ultimate value of the investment.

*Cash and Short-Term Investments*—The carrying value of cash and short-term investments approximates fair value as maturities are less than three months and/or include money market funds that are based on quoted prices and actively traded.

*Debt Instruments*—The estimated fair values of debt securities are based on quoted market prices.

*Mutual Funds*—The fair values of mutual funds are based on quoted market prices or net assets value. These funds are required to publish their daily NAV and to transact at that price. The mutual funds held by the Organization are deemed to be actively traded.

*Common Collective Trusts*—The estimated fair values of common collective trusts are determined based upon information provided by the fund managers. Such information is generally based on the pro rata interest in the net assets of the underlying investments, which approximates fair value. The Organization's interest in common collective trusts may be redeemed at NAV at least monthly with no redemption restrictions, and there are no unfunded commitments.

*Alternative Investments*—The estimated fair values of limited partnerships and limited liability corporations, including absolute return, hedge, and venture capital funds (alternative investments) accounted for at fair value, for which no quoted market prices are readily available, are determined based upon information provided by the fund managers. Such information is generally based on the pro rata interest in the net assets of the underlying investments, which approximates fair value.

The following methods and assumptions were used by the Organization in estimating the fair value of its financial instruments that are not measured at fair value on a recurring basis for disclosures in the combined financial statements:

*Receivables and Payables*—The carrying value of the Organization's receivables and payables approximates fair value, as maturities are very short term.

*Long-Term Debt*—The estimated fair value of the Organization's bonds is based on current traded value. Such amounts at September 30, 2014 and 2013, are as follows:

	<b>2014</b>	<b>2013</b>
Carrying amount	\$ 300,688	\$ 305,974
Estimated fair value	343,541	333,244

The estimated fair value of the remaining long-term debt approximates its carrying amount. The fair value inputs for long-term debt are Level 2.

## 18. NAV PER SHARE

A summary of the Organization's investments with a reported NAV as of September 30, 2014, is as follows

Investment Fair Value*	Carrying Value	Fair Value	Fair Value/ Carrying Value	Frequency	Redemption	Notice
	Corporate	Corporate	Pension	Restrictions	Restrictions	Period
	Investments	Investments	Investments			(Days)
Adage Capital Partners L.P. <sup>(a)</sup>	\$ 17,181	\$ 17,181	\$ 15,048	Quarterly	Redemption gate of 20% One-year lockup (expiring 6/30/15)	60
John Bristol Equity <sup>(a)</sup>			3,149	Daily	None	
1607 Capital <sup>(b)</sup>	12,240	12,240	5,314	Monthly	None	10
Neon Chickadee Fund <sup>(b)</sup>	2,361	2,361	1,406	Quarterly	Redemption gate of 10% with 60 days notice	90 60
Overlook Partners Fund <sup>(c)</sup>	1,226	1,226	858	Quarterly	None	60
IPMA GEM (c)	7,426	7,426		Daily	None	5
IPMCB GEM (c)			5,835	Daily	None	7
Luxor Bridgewater <sup>(d)</sup>	5,359	5,359		Monthly, Friday following first Tuesday	None	17
Kory <sup>(d)</sup>	4,102	4,102		Quarterly	Minimum withdrawal of \$250K (subject to GP waiver)	45 Days plus 5 Business Days
Skybridge <sup>(d)</sup>	5,252	5,252		Quarterly	None	60
Moore Macro <sup>(d)</sup>	2,029	2,029		Quarterly	None	60
Laurion <sup>(d)</sup>	2,000	2,000		Monthly	None	60
Renaissance Instl Equity <sup>(d)</sup>	9,607	9,607	4,445	Monthly	None	45
Davidson Kempner <sup>(d)</sup>	3,175	3,175	3,351	Quarterly	None	65
Forester Partners <sup>(d)</sup>	5,480	5,480	3,866	Annually—Quarter End after Anniversary	Two-year lockup (expiring 2/1/2016)	95
Hoplite Offshore Fund Ltd. <sup>(d)</sup>	6,155	6,155	1,544	Quarterly	One-year lockup (expiring 11/1/2014)	45
Claren Road Credit Fund <sup>(d)</sup>	2,980	2,980	1,502	Quarterly	One-year lockup (expiring 5/1/15, 7/1/15 and 8/1/15 respectively)	45
Cevian Capital II <sup>(d)</sup>	1,908	1,908	1,806	Every 36 Months on Quarter-end or after Anniversary	Rolling Three-year lockup (expiring 4/1/17 and 7/1/17 respectively)	90
Archipelago Holdings Ltd. <sup>(d)</sup>	3,277	3,277		Quarterly	One-year lockup (expired 11/1/14)	45
Crestwood Capital <sup>(d)</sup>	2,018	2,018	1,633	Quarterly	One-year lockup (expiring 01/01/2015)	60
Alkeon <sup>(d)</sup>	2,878	2,878		Monthly	One-year lockup (expiring 2/1/2015)	20 Days plus 5 Business days
Force Capital II <sup>(d)</sup>	2,082	2,082		Quarterly	One-year lockup (expiring 10/1/2014)	45
Blue Mountain <sup>(d)</sup>	3,175	3,175		Quarterly	One-year lockup (expiring 10/1/2014) (25% Calendar Qtr)	95
TBC Offshore Fund Ltd. <sup>(d)</sup>	3,042	3,042	1,546	Quarterly—25% limit	Two-year lock-up (expiring 7/1/16 & 8/1/16 respectively)	60
Ironwood <sup>(d)</sup>	3,131	3,131		Semiannual (1/31 & 7/31 respectively)	5% holdback, 1 Year Lockup (expiring 7/31/15)	95
Millennium <sup>(d)</sup>	1,998	1,998		Quarterly—25% limit	4% Early withdrawal fee, One year lockup (expires 1/1/2015)	90 Days plus 5 Business days
OZ Overseas Fund II <sup>(d)</sup>	2,970	2,970		Quarterly	2% early withdrawal fee, 2 year lock-up (expired 2/1/16)	30 Days plus 5 Business days
The Weatherlow Offshore Fund I Ltd. <sup>(d)</sup>	2,670	4,007		Quarterly	None	65
The Weatherlow Offshore Fund II Ltd. <sup>(d)</sup>			2,997	Quarterly	None	65

(Continued)

Investment Fair Value*	Carrying Value	Fair Value	Fair Value/Carrying Value	Frequency	Redemption	Notice
	Corporate	Corporate	Pension	Restrictions	Restrictions	Period
	Investments	Investments	Investments			(Days)
Davidson Kempner Institutional Partners <sup>(a)</sup>	4 100	5 488		Quarterly		65
Canyon Value Realization Fund <sup>(d)</sup>	2 000	3 862		Quarterly — 25% limit	None	72
Elliot International Ltd <sup>(d)</sup>	2 000	2 637	2 012	25% Semiannually	Redemption gate of 25% nonconsecutive quarters	60
BlueCrest AllBlue Ltd <sup>(d)</sup>	2 000	2 121	1 617	Quarterly	None	33
Archipelago Holdings Ltd <sup>(d)</sup>	3 665	5 006		Quarterly	None	45
Conatus Capital Overseas Ltd <sup>(d)</sup>	2 000	2 709	2 077	Quarterly	Redemption gate of 25%	65
LIM Asia <sup>(d)</sup>			1 313	Quarterly	None	45
Octavian Offshore <sup>(d)</sup>			402	Quarterly	None	60
Owl Creek Overseas Fund <sup>(d)</sup>			72	Quarter-end	One-year lockup	65
Highline Capital International <sup>(d)</sup>			2 390	Quarterly	on after anniversary redemption gate of 25%	30
Blue Harbour <sup>(e)</sup>	2 500	3 422		Annually	Monthly redemption of 5% fee	90
					Quarter-end on after investment anniversary One Year lockup (Expiring 5/1/15)	
Venture Capital Investments <sup>(e)</sup>	2 550	3 407	1 108	(1)	(1)	(1)
T Rowe Price New Era Fund <sup>(f)</sup>	2 086	2 086	1 784	Daily	None	
Harvest MLP Income Fund II LLC <sup>(f)</sup>	3 242	3 242		Monthly	None	30
ETAP Fund Ltd <sup>(f)</sup>	1 400	1 490	1 112	Monthly	None	5
IR&M Treasury Portfolio <sup>(g)</sup>	3 454	3 454		Daily	None	
IR&M Core Bond <sup>(g)</sup>	30 785	30 785		Monthly	None	5
IR&M Long Duration Bonds <sup>(g)</sup>			47 803	Daily	None	
PIMCO All Asset All Authority Fund <sup>(g)</sup>	8 989	8 989		Daily	None	
Loomis Credit Asset Fund <sup>(g)</sup>	7 552	7 552		Semi-monthly 1st Business Day and 15th Calendar Day	None	30
Vanguard PLC <sup>(h)</sup>	17 538	17 538		Daily	None	
Alliance Bernstein American Income <sup>(h)</sup>	16 362	16 362		Daily	None	
Alliance Bernstein Global Bond <sup>(h)</sup>	10 277	10 277		Daily	None	
Franklin GLB SM MDCP GW <sup>(h)</sup>	5 971	5 971		Daily	None	
MFS Meridian <sup>(h)</sup>	2 040	2 040		Daily	None	
Principal GLB <sup>(h)</sup>	2 044	2 044		Daily	None	
Schroder ISF Global <sup>(h)</sup>	4 390	4 390		Daily	None	
HPC Millennium Intl <sup>(h)</sup>	4 478	4 478		Quarterly — 25% limit	4% Early withdrawal fee	90 Days plus 5 Business Days
Total Investments with NAV	<u>\$257 145</u>	<u>\$266 408</u>	<u>\$115 990</u>			

(Continued)

A summary of the Organization's investments with a reported NAV as of September 30, 2013, is as follows

Investment Fair Value*	Carrying Value	Fair Value	Fair Value/ Carrying Value	Frequency Restrictions	Redemption Restrictions	Notice Period (Days)
	Corporate Investments	Corporate Investments	Pension Investments			
Adage Capital Partners L.P. <sup>(a)</sup>	\$ 8 250	\$ 13 192	\$10 685	Quarterly	Redemption gate of 20% one-year lockup	60
John Bristol Equity <sup>(a)</sup>			3 234	Daily	None	
1607 Capital <sup>(b)</sup>	8 266	8 266	4 886	Monthly	None	10
Overlook Partners Fund <sup>(c)</sup>	1 079	1 079	795	Quarterly	None	60
The Weatherlow Offshore Fund II Ltd. <sup>(d)</sup>	2 670	3 639	2 697	Quarterly	sixty-five days prior to completion of three-year lockup choose to stay as Type II investor for another three years withdraw assets or change to Type I investor	65
Davidson Kempner Institutional Partners <sup>(d)</sup>	2 600	3 677	2 995	Quarterly	Redemption gate of 10%	65
Bennett Offshore Restructuring Fund <sup>(d)</sup>	2 000	2 251	1 743	Quarterly	Declining fee for early withdrawal under two years	45
Octavian Offshore <sup>(d)</sup>			567	Quarterly	None	60
Owl Creek Overseas Fund <sup>(d)</sup>			132	Quarter-end on after anniversary	One-year lockup redemption gate of 25%	
Canyon Value Realization Fund <sup>(d)</sup>	2 000	3 502		Quarterly	None	70
Elliot International Ltd. <sup>(d)</sup>	2 000	2 374	1 479	Quarterly	Two-year lockup redemption gate of 25% nonconsecutive quarters	60
LIM Asia <sup>(d)</sup>			1 204	Quarterly	None	45
Bain Absolute Return Cayman Ltd. <sup>(d)</sup>			1 132	Monthly	None	15
BlueCrest AllBlue Ltd. <sup>(d)</sup>	2 000	1 962	1 452			
Barlow Partners <sup>(d)</sup>	3 306	4 066		Annually	One-year lockup	60
Archipelago Holdings Ltd. <sup>(d)</sup>	3 165	3 955		Quarterly	One-year lockup	45
Renaissance Instl Equity <sup>(d)</sup>	2 514	4 851	3 756	Monthly	None	35
Conatus Capital Overseas Ltd. <sup>(d)</sup>	2 000	2 443	1 883	Quarterly	Subject to a one-year lockup redemption gate of 25%	65
Forester Partners <sup>(d)</sup>			3 495	Annually	None	95
Crestwood Capital <sup>(d)</sup>			1 096	Quarterly	One-year lockup	60
Highline Capital International <sup>(d)</sup>			1 983	Quarterly	Monthly redemption of 5% fee	30
Blue Harbour <sup>(e)</sup>	1 500	2 109		Annually	Quarter-end on after investment anniversary	90
Venture Capital Investments <sup>(e)</sup>	2 837	3 352	1 316	(i)	(i)	(i)
ETAP Fund Ltd. <sup>(f)</sup>	1 400	1 517	1 142	Monthly	None	5
Harvest MLP Income Fund II LLC <sup>(f)</sup>	1 108	1 108		Daily	None	
T Rowe Price New Era Fund <sup>(f)</sup>			1 549	Daily	None	
PIMCO All Asset All Authority Fund <sup>(g)</sup>	8 871	8 871		Daily		
IR&M Core Bond <sup>(g)</sup>	22 991	22 991		Daily	None	
IR&M Treasury Portfolio <sup>(g)</sup>	1 396	1 396		Daily	None	
IR&M Long Duration Bonds <sup>(g)</sup>			39 078	Daily	None	
Loomis Credit Asset Fund <sup>(g)</sup>	7 072	7 072		Daily	None	
Lazard Emerging Income Ltd. <sup>(g)</sup>	2 750	2 760		Monthly	None	60
AllianceBernstein American Income S1 Shares <sup>(h)</sup>	9 111	9 111		Daily	None	
AllianceBernstein American Income S12 Shares <sup>(h)</sup>	16 011	16 011		Daily	None	
Franklin Global Small Mid Cap I Shares <sup>(h)</sup>	6 275	6 275		Daily	None	
MFS Emerging Markets Debt Debt I Shares <sup>(h)</sup>	4 114	4 114		Monthly	None	
PIMCO Total Return Institutional Class <sup>(h)</sup>	12 160	12 160		Daily	None	
PIMCO Unconstrained Bond Institutional <sup>(h)</sup>	8 046	8 046		Daily	None	
Schroder ISF Global Convertible Bond <sup>(h)</sup>	4 143	4 143		Daily	None	
Vanguard S&P 500 ETF <sup>(h)</sup>	16 072	16 072		Daily	None	
Principal Preferred Securities Institutional <sup>(h)</sup>	3 014	3 014		Daily	None	
Total investments with NAV	<u>\$170 721</u>	<u>\$185 379</u>	<u>\$88 299</u>			

\* The fair value of investments has been estimated using the NAV of the investment. Such fair values are determined based on information provided by the fund managers. Because of the inherent uncertainty of valuation, the values for the investments may differ significantly from the values that would have been used had a ready market for these investments existed, and the differences could be material.

(a) US Equity Investments—The goal of these funds is to provide returns that are superior to the S&P 500 index.

- (b) Global excluding US Equity Investments—The goal of these funds is to provide returns that are superior to the MSCI Index. These managers invest in companies that exclude US-based organizations.
- (c) Emerging Market Investments—The goal of these funds is to provide returns that are superior to the MSCI Emerging Markets Index. These managers invest in companies in emerging markets, such as Latin America and Asia.
- (d) Marketable Alternative Investments—These include absolute return and equity hedge fund managers. The goal of these funds is to provide protection to the respective asset pools for both the corporate and retirement plan assets against extreme market lows and market highs. The funds mainly take long short positions in publicly traded securities both within and outside the US market.
- (e) Venture Capital Investments—The primary purpose of these investments is to make venture capital investments, principally by investing in equity or equity-oriented securities of privately held companies.
- (f) Real Asset Investments—These funds' objectives are to provide a diversified portfolio of traditional investments and maintain a low correlation of both stocks and bonds.
- (g) Fixed Income—The goal of these funds is to provide returns that are superior to the Barclays Aggregate Bond Index. These funds primarily all have daily liquidity with no restrictions or notice periods.
- (h) Cayman Investments—Funds held offshore for TMCIC. These funds are invested in low-risk investments, such as fixed-income and bond funds. They are privately invested with Morgan Stanley Smith Barney. The funds accept redemptions at least weekly and have no restrictions.
- (i) Liquidity data not available, funds are considered to be highly illiquid.

## 19. FUNCTIONAL EXPENSES

The Organization provides general health care services to residents within its geographic location. Expenses related to providing these services for the years ended September 30, 2014 and 2013, are as follows:

	2014	2013
Health care services	\$ 688,236	\$ 670,151
Research	49,210	46,924
General and administrative	121,453	100,138
Depreciation and amortization	21,862	21,073
Interest	<u>19,284</u>	<u>14,162</u>
Total	<u>\$ 900,045</u>	<u>\$ 852,448</u>

Fund-raising expenses of \$3,057 and \$2,931 for the years ended September 30, 2014 and 2013, respectively, have been recorded in unrestricted gifts—net of expenses.

## 20. SUBSEQUENT EVENTS

**Wellforce Inc.**—Effective October 1, 2014, the Parent finalized an agreement with Circle Health, Inc. to establish a new health care system. Under this agreement, the Parent and Circle Health, Inc. have formed a new parent organization named Wellforce Inc. Wellforce Inc. represents a unique model that will improve coordination of care and enable clinicians to better serve the health needs of communities while enhancing the affordability of care. The Parent, Circle Health, Inc., and Wellforce Inc. will be governed by separate boards of trustees and chief executive officers. Effective October 1, 2014, Wellforce Inc. became the sole corporate member of the Parent.

**PNA** — On December 15, 2014, PNA signed an agreement with Steward Healthcare System LLC ("Steward") and Steward Healthcare Network, Inc. (Steward Network") to sell a 30% membership interest in PNA to Steward for approximately \$1.3 million. As a result of this transaction, the Hospital and Vanguard each reduced their membership interest in PNA to 30%.

The Organization has evaluated subsequent events through December 24, 2014, which is the date the combined financial statements were issued

\* \* \* \* \*

## **SUPPLEMENTAL COMBINING SCHEDULES**

# TUFTS MEDICAL CENTER PARENT, INC. AND AFFILIATES

## SUPPLEMENTAL COMBINING BALANCE SHEET INFORMATION

AS OF SEPTEMBER 30, 2014

(Amounts in thousands)

	Tufts Medical Center, Inc	Tufts Medical Center Indemnity Company Ltd	Eliminations	Tufts Medical Center, Inc and Affiliates	Tufts Medical Center Parent, Inc	Tufts Medical Center Real Estate Company, Inc	New England Long-Term Care, Inc	Provider Network Alliance LLC	Neely Foundation	New England Quality Care Alliance, Inc	Tufts Medical Center Physicians Organization, Inc	Eliminations	Combined Total
<b>ASSETS</b>													
CURRENT ASSETS													
Cash and cash equivalents	\$ 44,381	\$ 1,989	\$ -	\$ 46,370	\$ -	\$ -	\$3,674	\$585	\$1,071	\$51,871	\$10,297	\$ -	\$113,868
Short-term investments	8,507			8,507									8,507
Patient accounts receivable—net	67,342			67,342			703				16,556		84,601
Prepaid expenses, other current assets, and other receivables—net	30,535	350	(5,400)	25,485			69	53	9	18,003	13,582	(6,395)	50,806
Assets limited as to use	8,866			8,866									8,866
Supplies	10,185			10,185									10,185
Due from affiliates	<u>6,524</u>		<u>(718)</u>	<u>5,806</u>	<u>1,422</u>	<u>2,699</u>	<u>859</u>				<u>7,651</u>	<u>(18,437)</u>	<u>-</u>
Total current assets	176,340	2,339	(6,118)	172,561	1,422	2,699	5,305	638	1,080	69,874	48,086	(24,832)	276,833
BOARD-DESIGNATED INVESTMENTS	230,765			230,765		12,665			3,774	20,448			267,652
ASSETS LIMITED AS TO USE	58,167	80,957		139,124					90				139,214
PROPERTY AND EQUIPMENT—Net	145,074			145,074		301	2,869		314	1,048	4,395		154,001
DUE FROM AFFILIATES—Net of current portion						12,136						(12,136)	-
OTHER ASSETS—Investments in affiliates	120		(120)										-
OTHER ASSETS—Net	<u>43,935</u>	<u>5,324</u>	<u>(37,380)</u>	<u>11,879</u>			<u>2</u>			<u>99</u>	<u>36,624</u>	<u>(32,379)</u>	<u>16,225</u>
TOTAL	<u>\$654,401</u>	<u>\$88,620</u>	<u>\$(43,618)</u>	<u>\$699,403</u>	<u>\$1,422</u>	<u>\$27,801</u>	<u>\$8,176</u>	<u>\$638</u>	<u>\$5,258</u>	<u>\$91,469</u>	<u>\$89,105</u>	<u>\$(69,347)</u>	<u>\$853,925</u>

(Continued)

# TUFTS MEDICAL CENTER PARENT, INC. AND AFFILIATES

## SUPPLEMENTAL COMBINING BALANCE SHEET INFORMATION

AS OF SEPTEMBER 30, 2014

(Amounts in thousands)

	Tufts Medical Center, Inc	Tufts Medical Center Indemnity Company Ltd	Eliminations	Tufts Medical Center, Inc and Affiliate, Inc	Tufts Medical Center Parent, Inc	Tufts Medical Center Real Estate Company, Inc	New England Long-Term Care, Inc	Provider Network Alliance, LLC	Neely Foundation	New England Quality Care Alliance, Inc	Tufts Medical Center Physicians Organization, Inc	Eliminations	Combined Total
<b>LIABILITIES AND NET ASSETS</b>													
<b>CURRENT LIABILITIES</b>													
Accounts payable and accrued liabilities	\$ 64,828	\$ 75	\$ -	\$ 64,903	\$ -	\$ -	\$ 432	\$ 443	\$ 1	\$52,687	\$ 6,539	\$ (541)	\$124,464
Accrued employee benefits and compensation	31,575			31,575			481		10	1,141	11,756		44,963
Professional liability costs	5,400			5,400							4,678		10,078
Deferred gain						6,296							6,296
Due to affiliates	5,956	8,098	(718)	13,336	1,000				15	169	3,871	(18,391)	
Estimated third-party payor settlements	10,809			10,809									10,809
Current portion of long-term debt	5,341			5,341				1,000				(1,000)	5,341
Total current liabilities	123,909	8,173	(718)	131,364	1,000	6,296	913	1,443	26	53,997	26,844	(19,932)	201,951
<b>OTHER LIABILITIES</b>													
Long-term debt	295,842			295,842									295,842
Estimated third-party payor settlements	8,155			8,155						1,249			9,404
Due to affiliates	12,136			12,136								(12,136)	
Professional liability costs	32,136	5,699	(3,054)	34,781							27,836	(2,645)	59,972
Deferred gain						12,135							12,135
Accrued pension liability	36,977			36,977									36,977
Other long-term liabilities	11,133	74,628	(39,726)	46,035				229		4,370	1,653	(35,129)	17,158
Total liabilities	520,288	88,500	(43,498)	565,290	1,000	18,431	913	1,672	26	59,616	56,333	(69,842)	633,439
<b>NET ASSETS</b>													
Unrestricted	121,994	120	(120)	121,994	422	9,370	7,263	(1,034)	5,142	31,779	32,172	495	207,603
Temporarily restricted	6,720			6,720					90	74	600		7,484
Permanently restricted	5,399			5,399									5,399
Total net assets	134,113	120	(120)	134,113	422	9,370	7,263	(1,034)	5,232	31,853	32,772	495	220,486
<b>TOTAL</b>	<b>\$654,401</b>	<b>\$88,620</b>	<b>\$(43,618)</b>	<b>\$699,403</b>	<b>\$1,422</b>	<b>\$27,801</b>	<b>\$8,176</b>	<b>\$ 638</b>	<b>\$5,258</b>	<b>\$91,469</b>	<b>\$89,105</b>	<b>\$(69,347)</b>	<b>\$853,925</b>

(Concluded)

# TUFTS MEDICAL CENTER PARENT, INC. AND AFFILIATES

## SUPPLEMENTAL COMBINING STATEMENT OF OPERATIONS INFORMATION

FOR THE YEAR ENDED SEPTEMBER 30, 2014

(Amounts in thousands)

	Tufts Medical Center, Inc	Tufts Medical Center Indemnity Company Ltd	Eliminations	Tufts Medical Center, Inc and Affiliates	Tufts Medical Center Parent, Inc	Tufts Medical Center Real Estate Company, Inc	New England Long-Term Care Inc	Liability Limited, Inc	Provider Network Alliance, LLC	Neely Foundation	New England Quality Care Alliance, Inc	Tufts Medical Center Physicians Organization, Inc	Eliminations	Combined Total
OPERATING REVENUE														
Net patient service revenue	\$582,973	\$ -	\$ -	\$582,973	\$ -	\$ -	\$11,167	\$ -	\$ -	\$ -	\$ -	\$138,558	\$ -	\$732,698
Provision for uncollectible accounts	6,034			6,034								3,503		9,537
Net patient service revenue—net of provision for uncollectible accounts	576,939	-	-	576,939	-	-	11,167	-	-	-	-	135,055	-	723,161
Other operating revenue	50,033	383		50,416	91	168			1,914	586	25,270	88,596	(41,540)	125,501
Direct revenue from research and other sponsored programs	36,991			36,991										36,991
Indirect revenue from research and other sponsored programs	13,663			13,663										13,663
Gain on sale of property						6,296								6,296
Net assets released from restrictions used for operations	2,426			2,426								649		3,075
Total operating revenue	680,052	383	-	680,435	91	6,464	11,167	-	1,914	586	25,270	224,300	(41,540)	908,687
OPERATING EXPENSES														
Salaries and wages	292,848			292,848			6,670		278	136	9,959	165,975	(39,922)	435,944
Employee benefits	61,988			61,988			1,185		83	42	2,021	36,184	(258)	101,245
Supplies and other	177,247	504		177,751	4,850		1,785		299	276	2,074	20,161	(2,156)	205,040
Purchased services	64,325			64,325	90		996		2,265	1	4,433	4,494		76,604
Depreciation and amortization	20,464			20,464			333			84	315	666		21,862
Interest	19,261			19,261					23					19,284
Direct expenses—grants and contracts	36,991			36,991										36,991
Restricted net assets—expenses	2,426			2,426								649		3,075
Total operating expenses	675,550	504	-	676,054	4,940	-	10,969	-	2,948	539	18,802	228,129	(42,336)	900,045
INCOME (LOSS) FROM OPERATIONS	4,502	(121)		4,381	(4,849)	6,464	198		(1,034)	47	6,468	(3,829)	796	8,642
NONOPERATING REVENUE (EXPENSE)														
Investment income	938	37		975		71				25	44	1,249		2,364
Change in fair value and realized gain on sale of investments	16,709			16,709		1,364				446	404			18,923
Unrestricted gifts—net of expenses	(775)			(775)										(775)
Sundry gifts—net of expenses	(1,635)			(1,635)						256		135		(1,244)
Total nonoperating revenue (expense)	15,237	37	-	15,274	-	1,435	-	-	-	727	448	1,384	-	19,268
EXCESS (DEFICIENCY) OF REVENUE OVER EXPENSES	19,739	(84)		19,655	(4,849)	7,899	198		(1,034)	774	6,916	(2,445)	796	27,910
OTHER CHANGES IN UNRESTRICTED NET ASSETS														
Change in net unrealized gains and losses on investments	138	84		222								(83)		139
Net assets released from restrictions for purchase of equipment	175			175										175
Transfer of net assets	1,674			1,674	5,247	(6,295)		(576)	1,540	(500)	(58)	(1,032)		-
Pension-related adjustments	(2,297)			(2,297)										(2,297)
INCREASE (DECREASE) IN UNRESTRICTED NET ASSETS	\$ 19,429	\$ -	\$ -	\$ 19,429	\$ 398	\$ 1,604	\$ 198	\$ (576)	\$ 506	\$ 274	\$ 6,858	\$ (3,560)	\$ 796	\$ 25,927

## TUFTS MEDICAL CENTER PARENT, INC. AND AFFILIATES

### COMBINING SUPPLEMENTAL BALANCE SHEET INFORMATION—TUFTS MEDICAL CENTER PHYSICIANS ORGANIZATION, INC. (TMCPO) AS OF SEPTEMBER 30, 2014 (Amounts in thousands)

	Pratt Anesthesiology Associates, Inc	New England Medical Center Group Practice, Inc	Pratt Medical & Surgical Dermatology Associates, Inc	Pratt Otolaryngology Head & Neck Surgery Associates, Inc	Pratt Neurology Associates, Inc	Pratt OB/GYN Associates, Inc	Pratt Ophthalmology Associates, Inc	Pratt Pathology Associates, Inc	Pratt Pediatrics Associates, Inc
<b>ASSETS</b>									
CURRENT ASSETS									
Cash and cash equivalents	\$ -	\$ -	\$ -	\$-	\$ -	\$ -	\$ -	\$ -	\$ -
Patient accounts receivable—net	1,542	864	310	527	251	1,100	1,774	377	1,976
Prepaid expenses, other current assets, and other receivables—net	295		43	117	112	82	543	47	1,260
Due from affiliates	<u>453</u>	<u>138</u>	<u>691</u>	<u>24</u>	<u>316</u>	<u>242</u>	<u>436</u>	<u>4,170</u>	<u>499</u>
Total current assets	2,290	1,002	1,044	668	679	1,424	2,753	4,594	3,735
PROPERTY AND EQUIPMENT—Net					9	29	1,736	52	109
OTHER ASSETS—Net						31	553		6
TOTAL	<u>\$2,290</u>	<u>\$1,002</u>	<u>\$1,044</u>	<u>\$ 668</u>	<u>\$688</u>	<u>\$ 1,484</u>	<u>\$5,042</u>	<u>\$4,646</u>	<u>\$ 3,850</u>
<b>LIABILITIES AND NET ASSETS</b>									
CURRENT LIABILITIES									
Account payable and accrued liabilities	\$ 557	\$ 104	\$ 93	\$ 56	\$156	\$ 187	\$ 369	\$ 73	\$ 663
Accrued employee benefits and compensation	182	395	53	161	121	125	1,008	298	181
Professional liability costs									
Due to affiliates	<u>522</u>	<u>1,013</u>	<u>50</u>	<u>698</u>	<u>33</u>	<u>3,768</u>	<u>492</u>	<u>21</u>	<u>5,796</u>
Total current liabilities	1,261	1,512	196	915	310	4,080	1,869	392	6,640
OTHER LIABILITIES									
Professional liability costs—net of current portion									
Other long-term liabilities							702		
Total liabilities	<u>1,261</u>	<u>1,512</u>	<u>196</u>	<u>915</u>	<u>310</u>	<u>4,080</u>	<u>2,571</u>	<u>392</u>	<u>6,640</u>
NET ASSETS (DEFICIT)									
Unrestricted	1,029	(510)	848	(247)	378	(2,596)	2,471	4,254	(2,790)
Temporarily restricted									
Total net assets (deficit)	<u>1,029</u>	<u>(510)</u>	<u>848</u>	<u>(247)</u>	<u>378</u>	<u>(2,596)</u>	<u>2,471</u>	<u>4,254</u>	<u>(2,790)</u>
TOTAL	<u>\$2,290</u>	<u>\$1,002</u>	<u>\$1,044</u>	<u>\$ 668</u>	<u>\$688</u>	<u>\$ 1,484</u>	<u>\$5,042</u>	<u>\$4,646</u>	<u>\$ 3,850</u>

(Continued)

## TUFTS MEDICAL CENTER PARENT, INC. AND AFFILIATES

### COMBINING SUPPLEMENTAL BALANCE SHEET INFORMATION—TUFTS MEDICAL CENTER PHYSICIANS ORGANIZATION, INC. (TMCPO)

AS OF SEPTEMBER 30, 2014

(Amounts in thousands)

	Pratt Psychiatry Associates, Inc	Pratt Radiology Associates, Inc	Pratt Radiation Oncology Associates, Inc	Pratt Rehabilitation Medicine Associates, Inc	Pratt Surgery Associates, Inc	Pratt Urology Associates, Inc	Pratt Medical Group, Inc	Pratt Orthopedics Associates, Inc	Tufts Medical Center Physicians Organization, Inc	Eliminations	TMCPO Combined
<b>ASSETS</b>											
CURRENT ASSETS											
Cash and cash equivalents	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 718	\$ -	\$ 9,579	\$ -	\$10,297
Patient accounts receivable—net	241	725	597	102	1,185	189	3,912	907	(23)		16,556
Prepaid expenses, other current assets, and other receivables—net	867	413	295	11	189	108	3,746	70	5,384		13,582
Due from affiliates	<u>113</u>	<u>213</u>	<u>1,399</u>	<u>439</u>	<u>339</u>	<u>27</u>	<u>1,661</u>	<u>2,761</u>	<u>25,119</u>	<u>(31,389)</u>	<u>7,651</u>
Total current assets	1,221	1,351	2,291	552	1,713	324	10,037	3,738	40,059	(31,389)	48,086
PROPERTY AND EQUIPMENT—Net					72	35	2,077		276		4,395
OTHER ASSETS—Net	<u>      </u>	<u>      </u>	<u>2,566</u>	<u>      </u>	<u>      </u>	<u>      </u>	<u>256</u>	<u>      </u>	<u>33,212</u>	<u>      </u>	<u>36,624</u>
TOTAL	<u>\$ 1,221</u>	<u>\$1,351</u>	<u>\$4,857</u>	<u>\$552</u>	<u>\$ 1,785</u>	<u>\$ 359</u>	<u>\$12,370</u>	<u>\$3,738</u>	<u>\$73,547</u>	<u>\$(31,389)</u>	<u>\$89,105</u>
<b>LIABILITIES AND NET ASSETS</b>											
CURRENT LIABILITIES											
Account payable and accrued liabilities	\$ 173	\$ 235	\$ 115	\$ 85	\$ 213	\$ 34	\$ 1,415	\$ 140	\$ 1,871	\$ -	\$ 6,539
Accrued employee benefits and compensation	321	487	354	14	298	109	2,591	914	4,144		11,756
Professional liability costs									4,678		4,678
Due to affiliates	<u>2,743</u>	<u>729</u>	<u>18</u>	<u>27</u>	<u>5,374</u>	<u>871</u>	<u>2,150</u>	<u>42</u>	<u>10,913</u>	<u>(31,389)</u>	<u>3,871</u>
Total current liabilities	3,237	1,451	487	126	5,885	1,014	6,156	1,096	21,606	(31,389)	26,844
OTHER LIABILITIES											
Professional liability costs—net of current portion									27,836		27,836
Other long-term liabilities	<u>      </u>	<u>      </u>	<u>      </u>	<u>      </u>	<u>      </u>	<u>      </u>	<u>1,486</u>	<u>      </u>	<u>(535)</u>	<u>      </u>	<u>1,653</u>
Total liabilities	<u>3,237</u>	<u>1,451</u>	<u>487</u>	<u>126</u>	<u>5,885</u>	<u>1,014</u>	<u>7,642</u>	<u>1,096</u>	<u>48,907</u>	<u>(31,389)</u>	<u>56,333</u>
NET ASSETS (DEFICIT)											
Unrestricted	(2,016)	(100)	4,370	426	(4,100)	(655)	4,128	2,642	24,640		32,172
Temporarily restricted	<u>      </u>	<u>      </u>	<u>      </u>	<u>      </u>	<u>      </u>	<u>      </u>	<u>600</u>	<u>      </u>	<u>      </u>	<u>      </u>	<u>600</u>
Total net assets (deficit)	<u>(2,016)</u>	<u>(100)</u>	<u>4,370</u>	<u>426</u>	<u>(4,100)</u>	<u>(655)</u>	<u>4,728</u>	<u>2,642</u>	<u>24,640</u>	<u>-</u>	<u>32,772</u>
TOTAL	<u>\$ 1,221</u>	<u>\$1,351</u>	<u>\$4,857</u>	<u>\$552</u>	<u>\$ 1,785</u>	<u>\$ 359</u>	<u>\$12,370</u>	<u>\$3,738</u>	<u>\$73,547</u>	<u>\$(31,389)</u>	<u>\$89,105</u>

(Concluded)

## TUFTS MEDICAL CENTER PARENT, INC. AND AFFILIATES

### COMBINING SUPPLEMENTAL STATEMENT OF OPERATIONS INFORMATION—TUFTS MEDICAL CENTER PHYSICIANS ORGANIZATION, INC. (TMCPO) FOR THE YEAR ENDED SEPTEMBER 30, 2014

(Amounts in thousands)

	Pratt Anesthesiology Associates, Inc	New England Medical Center Group Practice, Inc	Pratt Medical & Surgical Dermatology Associates, Inc	Pratt Otolaryngology Head & Neck Surgery Associates, Inc	Pratt Neurology Associates, Inc	Pratt OB/GYN Associates, Inc	Pratt Ophthalmology Associates, Inc	Pratt Pathology Associates, Inc	Pratt Pediatrics Associates, Inc
OPERATING REVENUE									
Net patient service revenue	\$13,874	\$4,891	\$3,079	\$3,473	\$2,105	\$8,646	\$18,059	\$3,351	\$16,641
Provision for uncollectible accounts	<u>293</u>	<u>72</u>	<u>71</u>	<u>73</u>	<u>52</u>	<u>138</u>	<u>340</u>	<u>82</u>	<u>443</u>
Net patient service revenue—net of provision for uncollectible accounts	13,581	4,819	3,008	3,400	2,053	8,508	17,719	3,269	16,198
Other operating revenue	6,035	1,683	798	471	900	3,453	5,202	1,763	11,601
Net assets released from restrictions used for operations	<u>      </u>	<u>      </u>	<u>      </u>	<u>      </u>	<u>      </u>	<u>      </u>	<u>      </u>	<u>      </u>	<u>      </u>
Total operating revenue	<u>19,616</u>	<u>6,502</u>	<u>3,806</u>	<u>3,871</u>	<u>2,953</u>	<u>11,961</u>	<u>22,921</u>	<u>5,032</u>	<u>27,799</u>
OPERATING EXPENSES									
Salaries and wages	15,238	5,500	2,655	2,612	1,974	8,401	13,571	3,522	20,233
Employee benefits	3,074	707	585	623	536	1,902	2,898	827	5,091
Supplies and other	2,001	913	554	628	376	2,796	5,744	494	3,398
Purchased services	45		5	15		12	404	72	127
Depreciation and amortization	8		6		2	3	347	8	15
Restricted net assets—expenses	<u>      </u>	<u>      </u>	<u>      </u>	<u>      </u>	<u>      </u>	<u>      </u>	<u>      </u>	<u>      </u>	<u>      </u>
Total operating expenses	<u>20,366</u>	<u>7,120</u>	<u>3,805</u>	<u>3,878</u>	<u>2,888</u>	<u>13,114</u>	<u>22,964</u>	<u>4,923</u>	<u>28,864</u>
INCOME (LOSS) FROM OPERATIONS	<u>(750)</u>	<u>(618)</u>	<u>1</u>	<u>(7)</u>	<u>65</u>	<u>(1,153)</u>	<u>(43)</u>	<u>109</u>	<u>(1,065)</u>
NONOPERATING REVENUE AND EXPENSE									
Investment income							472		
Sundry gifts — net of expenses	<u>      </u>	<u>      </u>	<u>      </u>	<u>      </u>	<u>      </u>	<u>      </u>	<u>135</u>	<u>      </u>	<u>      </u>
Total nonoperating income	<u>      </u>	<u>      </u>	<u>      </u>	<u>      </u>	<u>      </u>	<u>      </u>	<u>607</u>	<u>      </u>	<u>      </u>
EXCESS (DEFICIENCY) OF REVENUE OVER EXPENSES	(750)	(618)	1	(7)	65	(1,153)	564	109	(1,065)
OTHER CHANGES IN UNRESTRICTED NET ASSETS									
Change in net unrealized gains and losses on investments				(3)			(27)		
Transfer of net assets	<u>      </u>	<u>      </u>	<u>      </u>	<u>      </u>	<u>      </u>	<u>      </u>	<u>      </u>	<u>      </u>	<u>      </u>
INCREASE (DECREASE) IN UNRESTRICTED NET ASSETS	<u>\$ (750)</u>	<u>\$ (618)</u>	<u>\$ 1</u>	<u>\$ (10)</u>	<u>\$ 65</u>	<u>\$ (1,153)</u>	<u>\$ 537</u>	<u>\$ 109</u>	<u>\$ (1,065)</u>

(Continued)

## TUFTS MEDICAL CENTER PARENT, INC. AND AFFILIATES

### COMBINING SUPPLEMENTAL STATEMENT OF OPERATIONS INFORMATION—TUFTS MEDICAL CENTER PHYSICIANS ORGANIZATION, INC. (TMCPO) FOR THE YEAR ENDED SEPTEMBER 30, 2014

(Amounts in thousands)

	Pratt Psychiatry Associates, Inc	Pratt Radiology Associates, Inc	Pratt Radiation Oncology Associates, Inc	Pratt Rehabilitation Medicine Associates, Inc	Pratt Surgery Associates, Inc	Pratt Urology Associates, Inc	Pratt Medical Group, Inc	Pratt Orthopedics Associates, Inc	Tufts Medical Center Physicians Organization, Inc	TMCPO Combined
OPERATING REVENUE										
Net patient service revenue	\$2 099	\$ 6 688	\$3 954	\$ 948	\$ 8 467	\$1 673	\$34 692	\$5 918	\$ -	\$138 558
Provision for uncollectible accounts	<u>66</u>	<u>318</u>	<u>132</u>	<u>27</u>	<u>198</u>	<u>40</u>	<u>897</u>	<u>261</u>	<u>—</u>	<u>3 503</u>
Net patient service revenue— net of provision for uncollectible accounts	2 033	6 370	3 822	921	8 269	1 633	33 795	5 657		135 055
Other operating revenue	6 985	4 322	1 199	319	4 794	668	32 512	1 163	4 728	88 596
Net assets released from restrictions used for operations	<u>—</u>	<u>—</u>	<u>—</u>	<u>—</u>	<u>—</u>	<u>—</u>	<u>649</u>	<u>—</u>	<u>—</u>	<u>649</u>
Total operating revenue	<u>9 018</u>	<u>10 692</u>	<u>5 021</u>	<u>1 240</u>	<u>13 063</u>	<u>2 301</u>	<u>66 956</u>	<u>6 820</u>	<u>4 728</u>	<u>224 300</u>
OPERATING EXPENSES										
Salaries and wages	5 834	7 834	4 054	801	10 223	1 991	47 452	4 852	9 228	165 975
Employee benefits	1 443	1 675	691	224	2 040	379	11 091	754	1 644	36 184
Supplies and other	574	1 443	796	207	1 890	275	8 291	903	(11 132)	20 161
Purchased services	1 115	23	47	22	76	—	82	23	2 424	4 494
Depreciation and amortization	—	—	—	—	11	5	209	—	64	666
Restricted net assets—expenses	<u>—</u>	<u>—</u>	<u>—</u>	<u>—</u>	<u>—</u>	<u>—</u>	<u>649</u>	<u>—</u>	<u>—</u>	<u>649</u>
Total operating expenses	<u>8 966</u>	<u>10 975</u>	<u>5 588</u>	<u>1 254</u>	<u>14 240</u>	<u>2 650</u>	<u>67 774</u>	<u>6 532</u>	<u>2 228</u>	<u>228 129</u>
INCOME (LOSS) FROM OPERATIONS	<u>52</u>	<u>(283)</u>	<u>(567)</u>	<u>(14)</u>	<u>(1 177)</u>	<u>(349)</u>	<u>(818)</u>	<u>288</u>	<u>2 500</u>	<u>(3 829)</u>
NONOPERATING REVENUE AND EXPENSE										
Investment income	—	—	612	—	—	—	8	—	157	1 249
Sundry gifts — net of expenses	<u>—</u>	<u>—</u>	<u>—</u>	<u>—</u>	<u>—</u>	<u>—</u>	<u>—</u>	<u>—</u>	<u>—</u>	<u>135</u>
Total nonoperating income	<u>-</u>	<u>-</u>	<u>612</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>8</u>	<u>-</u>	<u>157</u>	<u>1 384</u>
EXCESS (DEFICIENCY) OF REVENUE OVER EXPENSES	52	(283)	45	(14)	(1 177)	(349)	(810)	288	2 657	(2 445)
OTHER CHANGES IN UNRESTRICTED NET ASSETS										
Change in net unrealized gains and losses on investments	—	—	(44)	—	—	—	325	—	(12)	(83)
Transfer of net assets	<u>—</u>	<u>—</u>	<u>—</u>	<u>—</u>	<u>—</u>	<u>—</u>	<u>—</u>	<u>—</u>	<u>(1 354)</u>	<u>(1 032)</u>
INCREASE (DECREASE) IN UNRESTRICTED NET ASSETS	<u>\$ 52</u>	<u>\$ (283)</u>	<u>\$ 1</u>	<u>\$ (14)</u>	<u>\$ (1 177)</u>	<u>\$ (349)</u>	<u>\$ (485)</u>	<u>\$ 288</u>	<u>\$ 1 291</u>	<u>\$ (3 560)</u>

(Continued)