### Return of Organization Exempt From Income Tax

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

Department of the Treasury

Do not enter Social Security numbers on this form as it may be made public.
 Information about Form 990 and its instructions is at www.irs.gov/form990.

20**19** Open to Public

OMB No. 1545-0047

| AF                             | or th         | The 2019 calendar year, or tax year beginning $07/01$ , 201  | 9. and endir     | na              |                              | 06/5                    | 30, <b>20</b> 2 |                    |
|--------------------------------|---------------|--|------------------|-----------------|------------------------------|-------------------------|-----------------|--------------------|
|                                | •••••         | C Name of organization   | o, and onan      |                 | mployer ic                   |                         | ion numbe       | -                  |
| <b>B</b> c                     | heck if ap    | UMASS MEDICAL SCHOOL FOUNDATION, INC.  |                  |                 |                              |                         |                 |                    |
|                                | Addre         | ess Daing Rusiness As  |                  | 0               | 4-310                        | 8190                    |                 |                    |
| X                              | chang<br>Name | e change Number and street (or P.O. box if mail is not delivered to street address)  | Room/suite       |                 | elephone r                   |                         |                 |                    |
|                                | -             | Ireturn 333 SOUTH STREET   | 290              | (50             | )8) 85                       | 56-898                  | 89              |                    |
|                                | -             | City or town, state or province, country, and ZIP or foreign postal code   |                  |                 |                              |                         |                 |                    |
|                                | Amer          | Nded SHREWSBURY, MA 01545  |                  | <b>G</b> G      | ross recei                   | pts \$                  |                 |                    |
|                                |               | E Name and address of principal officer: MTCHAEL F COLLINS   | M.D              |                 | Is this a gro                |                         | for Y           | es X N             |
|                                | _ pendi       | 333 SOUTH STREET, 4TH FLOOR, SHREWSBURY, M   | A 01545          |                 | subordinate<br>Are all subor |                         | ded?            | es No              |
| ī                              | Tax-ex        | xempt status: X 501(c)(3) 501(c) ( ) ◀ (insert no.) 4947(a)(1  |                  |                 |                              |                         | see instruction | ıs)                |
| J                              | Websi         | ite: ▶ WWW.UMASSMED.EDU/ADVANCEMENT/   | <u> </u>         | H(c) (          | Group exen                   | nption num <sup>i</sup> | ber 🕨           |                    |
| к                              | Form          | of organization: X Corporation Trust Association Other ►   | L Year c         | of formation: 1 | 998 <b>M</b>                 | State of                | legal domi      | cile: MA           |
|                                | art I         | Summary  |                  |                 | I                            |                         |                 |                    |
|                                | 1             | Briefly describe the organization's mission or most significant activities: SEE S  | SCHEDULE         | 0.              |                              |                         |                 |                    |
| ė                              |               | ,  |                  |                 |                              |                         |                 |                    |
| ano                            |               |  |                  |                 |                              |                         |                 |                    |
| Governance                     | 2             | Check this box      if the organization discontinued its operations or disposed of the organization discontinued its operations or disposed of the organization discontinued its operations of the organization dits operation | sed of more th   | an 25% of its   | net asse                     | <br>ts.                 |                 |                    |
| ĝ                              | 3             | Number of voting members of the governing body (Part VI, line 1a)  |                  |                 |                              | 3                       |                 | 2.                 |
| യ്<br>ഗ                        |               | Number of independent voting members of the governing body (Part VI, line 1b)  |                  |                 |                              | 4                       |                 | 0.                 |
| Activities &                   |               | Total number of individuals employed in calendar year 2019 (Part V, line 2a)   |                  |                 |                              | 5                       |                 | 0.                 |
| ₹i                             |               | Total number of volunteers (estimate if necessary)   |                  |                 |                              | 6                       |                 | 510.               |
| Ă                              | 7a            | Total unrelated business revenue from Part VIII, column (C), line 12   |                  |                 |                              | 7a                      |                 | 0                  |
|                                |               | Net unrelated business taxable income from Form 990-T, line 34   |                  |                 |                              | 7b                      |                 | 0                  |
|                                |               |  |                  | Pric            | or Year                      |                         | Curren          |                    |
| e                              | 8             | Contributions and grants (Part VIII, line 1h)  | PY FOR           |                 |                              | 0.                      |                 | 0                  |
| ent                            | 9             | Program service revenue (Part VIII, line 2g)   |                  |                 |                              | 0.                      |                 | 0                  |
| Revenue                        | 10            |  |                  |                 |                              | 0.                      |                 | 0                  |
|                                | 11            | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)   |                  |                 |                              | 0.                      |                 | 0                  |
|                                | 12            | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)   |                  |                 |                              | 0.                      |                 | 0                  |
|                                |               | Grants and similar amounts paid (Part IX, column (A), lines 1-3)   |                  |                 |                              | 0.                      |                 | 0                  |
|                                | 14            | Benefits paid to or for members (Part IX, column (A), line 4)  |                  |                 |                              | 0.                      |                 | 0                  |
| ses                            | 15            | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)  |                  |                 |                              | 0.                      |                 | 0                  |
| Expenses                       | 16a           | Professional fundraising fees (Part IX, column (A), line 11e)  |                  |                 |                              | 0.                      |                 | 0                  |
| ĔX                             | D             | Total fundraising expenses (Part IX, column (D), line 25)  |                  |                 | 470,5                        | 16                      |                 | 198,302            |
|                                | 17            | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)   |                  |                 | 470,5                        |                         |                 | 198,302<br>198,302 |
|                                |               | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)  |                  |                 | 470,5                        |                         |                 | 198,302<br>198,302 |
| r se                           | 19            | Revenue less expenses. Subtract line 18 from line 12   | <u></u>          | Beginning o     |                              |                         | End of          |                    |
| ets o                          | 20            | Total assets (Part X, line 16)   |                  |                 | 286,0                        |                         |                 | 964,519            |
| Asse                           | 21            | Total liabilities (Part X, line 26)  |                  |                 | 286,0                        |                         |                 | 964,519            |
| Net Assets or<br>Fund Balances | 22            | Net assets or fund balances. Subtract line 21 from line 20   |                  | .,              |                              | 0.                      |                 | 0                  |
|                                | rt II         | Signature Block  | <u></u>          |                 |                              |                         |                 |                    |
| Un                             | der nei       | nalties of perium. I declare that I have examined this return including accompanying sche  | dules and state  | ments, and to   | the best c                   | of my knc               | wledge an       | d belief, it is    |
| true                           | e, corre      | ect, and complete Bigher ation of preparer (other than officer) is based on all information of w   | hich preparer ha | as any knowled  | ge.                          |                         |                 |                    |
|                                |               | ► John R. Hayes, Jr.   |                  |                 | 5/1                          | L2/202                  | 1               |                    |
| Sign                           |               | Signature of officer<br>Signature of officer<br>Jack   |                  |                 | Date                         |                         |                 |                    |
| Не                             | re            | JOHN R. HAYES, JR. TREAS   | SURER            |                 |                              |                         |                 |                    |
|                                |               | Type or print name and title   |                  |                 |                              |                         |                 |                    |
|                                |               | Print/Type preparer's name Preparer's signature  | Date             | 0               | Check                        | if PTI                  | N               |                    |
| Paic                           |               | EMILY UPSTROM  | 05/10/           |                 | self-employ                  | yed P(                  | 017654          | 98                 |
|                                | parer<br>Only | Firm's name FRNST & YOUNG U.S. LLP   |                  | Firm's          | s EIN 🕨                      | 34-65                   | 565596          |                    |
|                                |               | Firm's address 🕨 833 EAST MICHIGAN STREET MILWAUKEE, W   |                  | Phone           |                              | 414-2                   | 274-87          | 40                 |
| Мау                            | / the I       | RS discuss this return with the preparer shown above? (see instructions)   | <u></u>          |                 |                              |                         | X Yes           | No                 |
| For                            | Pape          | rwork Reduction Act Notice, see the separate instructions.   |                  |                 |                              |                         | Form S          | <b>990</b> (2019)  |



(Rev. January 2020)

### Application for Automatic Extension of Time To File an **Exempt Organization Return**

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

File a separate application for each return. ► Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

#### Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

| Type or print  | Name of exempt organization or other filer, see instructions.<br>THE UMASS MEDICAL SCHOOL FOUNDATION, INC.    | Taxpayer identification number (TIN)<br>04-3108190 |
|--|---|--|
| File by the<br>due date for<br>filing your<br>return. See<br>instructions. | Number, street, and room or suite no. If a P.O. box, see instructions.<br>333 SOUTH STREET, ROOM 290          |  |
|  | City, town or post office, state, and ZIP code. For a foreign address, see instructions. SHREWSBURY, MA 01545 |  |

Enter the Return Code for the return that this application is for (file a separate application for each return)

| Application<br>Is For                    | Return<br>Code | Application<br>Is For             | Return<br>Code |
|--|----------------|-----------------------------------|----------------|
| Form 990 or Form 990-EZ                  | 01             | Form 990-T (corporation)          | 07             |
| Form 990-BL                              | 02             | Form 1041-A                       | 08             |
| Form 4720 (individual)                   | 03             | Form 4720 (other than individual) | 09             |
| Form 990-PF                              | 04             | Form 5227                         | 10             |
| Form 990-T (sec. 401(a) or 408(a) trust) | 05             | Form 6069                         | 11             |
| Form 990-T (trust other than above)      | 06             | Form 8870                         | 12             |

The books are in the care of ► JENNIFER ROBINSON

| Telephone No.              | 508-856-1507                  | Fax No. ►   | 508-856-5188 | <u></u> |
|----------------------------|-------------------------------|---|--------------|---------|
| If this is for a Group Ret |                               | our digit Group Exemption<br>If it is for part of the group | Number (GEN) |         |
| a list with the names and  | TINs of all members the exter | nsion is for.   |              |         |

- MAY 15 , 20 21, to file the exempt organization return for I request an automatic 6-month extension of time until 1 the organization named above. The extension is for the organization's return for:
  - ► Calendar year 20 or

1 -

| - | · · · · · · · · · · · · · · · · · · ·  |        |      | 14 - 14 - 14 - 14 - 14 - 14 - 14 - 14 - | States and a state of the state of the | ILINE OO | 00   | 20 |  |
|---|--|--------|------|---|--|----------|------|----|--|
|   | The second secon | JULY 1 | . 20 | 19                                      | and ending                             | JUNE 30  | . 20 | 20 |  |
|   | ✓ tax year beginning   | JULII  |      |   | and chang                              |          | -,   |    |  |
|   |  |        |      |   |  |          |      |    |  |

- If the tax year entered in line 1 is for less than 12 months, check reason: 🗌 Initial return 2 Change in accounting period
- 3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less 3a |\$ any nonrefundable credits. See instructions. If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and b \$ estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by C 3c \$ using EFTPS (Electronic Federal Tax Payment System). See instructions.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

| UMASS | MEDICAL | SCHOOL | FOUNDATION, | INC. |
|-------|---------|--------|-------------|------|

| -          | m 990 (2019)            |                          |  |                                    | Page <b>2</b>                    |
|------------|-------------------------|--------------------------|--|------------------------------------|----------------------------------|
| Pa         |                         | t of Program Service     |  |                                    | X                                |
| 1          |                         | e organization's mission | response or note to any line in this Pa  |                                    | A                                |
| •          | SEE SCHEDULE            | •                        |  |                                    |                                  |
|            |                         |                          |  |                                    |                                  |
|            |                         |                          |  |                                    |                                  |
|            | Did the second start    |                          | e de la companya de la |                                    |                                  |
| 2          | prior Form 990 or       | 990-EZ?                  | ficant program services during the y   |                                    |                                  |
| 3          |                         | nese new services on S   | , or make significant changes in   | how it conducts any program        | m                                |
| 5          |                         |                          | , or make significant changes in   |                                    |                                  |
|            | If "Yes," describe th   | nese changes on Sche     | dule O.  |                                    |                                  |
| 4          | expenses. Section       | 501(c)(3) and 501(c)     | ervice accomplishments for each of<br>(4) organizations are required to re<br>or each program service reported.  |                                    |                                  |
| 4a         | (Code:                  | ) (Expenses \$           | 0. including grants of \$  | 0.) (Revenue \$                    | 0.)                              |
|            | ATTACHMENT              |                          |  | /(!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!! | ,                                |
|            |                         |                          |  |                                    |                                  |
|            |                         |                          |  |                                    |                                  |
|            |                         |                          |  |                                    |                                  |
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|            |                         |                          |  |                                    |                                  |
|            |                         |                          |  |                                    |                                  |
|            |                         |                          |  |                                    |                                  |
| 4b         | (Code:                  | _) (Expenses \$          | including grants of \$   | ) (Revenue \$                      | )                                |
|            |                         |                          |  |                                    |                                  |
|            |                         |                          |  |                                    |                                  |
|            |                         |                          |  |                                    |                                  |
|            |                         |                          |  |                                    |                                  |
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|            |                         |                          |  |                                    |                                  |
|            |                         |                          |  |                                    |                                  |
|            |                         |                          |  |                                    |                                  |
| <u>4</u> c | (Code:                  | ) (Expenses \$           | including grants of \$   | ) (Revenue \$                      | )                                |
| 70         | (0000.                  | _)(Expenses @            |  |                                    | /                                |
|            |                         |                          |  |                                    |                                  |
|            |                         |                          |  |                                    |                                  |
|            |                         |                          |  |                                    |                                  |
|            |                         |                          |  |                                    |                                  |
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|            |                         |                          |  |                                    |                                  |
|            |                         |                          |  |                                    |                                  |
|            |                         |                          |  |                                    |                                  |
|            |                         |                          |  |                                    |                                  |
| 4d         |                         | vices (Describe on Sch   | edule O.)  |                                    |                                  |
|            | (Expenses \$            | including gr             |  | ue \$ )                            |                                  |
| 4e         | Total program serv      | vice expenses 🕨          | 0.   |                                    |                                  |
| 9E1        | 020 2.000<br>93870A F22 | 7                        | V 19-8.3F  |                                    | Form <b>990</b> (2019)<br>PAGE 2 |
|            | JJUIUA FZZ              | 1                        | vO.Jr  |                                    | FAGE Z                           |

| -    | 990 (2019)  |     | F      | Page 3   |
|------|---|-----|--------|----------|
| 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,"   |     | res    |          |
| 1    | complete Schedule A.  | 1   | х      |          |
| 2    | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?   | 2   |        | x        |
| 3    | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to  | -   |        | <u> </u> |
| -    | candidates for public office? If "Yes," complete Schedule C, Part I   | 3   |        | Х        |
| 4    | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)   |     |        |          |
|      | election in effect during the tax year? If "Yes," complete Schedule C, Part II  | 4   |        | Х        |
| 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   |        | X        |
| 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   |        | X        |
| 7    | Did the organization receive or hold a conservation easement, including easements to preserve open space,   |     |        | 37       |
| •    | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II  | 7   |        | X        |
| 8    | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"   | 8   |        | x        |
| 9    | <i>complete Schedule D, Part III</i><br>Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a                                   | 0   |        |          |
| 3    | 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   |        | x        |
| 10   | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments  | -   |        | <u> </u> |
|      | or in quasi endowments? If "Yes," complete Schedule D, Part V   | 10  |        | X        |
| 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.  |     |        |          |
| а    | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"  |     |        |          |
|      | complete Schedule D, Part VI  | 11a |        | X        |
| 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 |        | X        |
| С    | 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 |        | X        |
| d    | Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets   |     | 37     |          |
|      | reported in Part X, line 16? If "Yes," complete Schedule D, Part IX   | 11d | X<br>X | <u> </u> |
|      | Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>  | 11e | Λ      | <u> </u> |
| T    | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses   | 11f |        | x        |
| 122  | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X  | 111 |        |          |
| 120  | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII.   | 12a |        | x        |
| b    | Was the organization included in consolidated, independent audited financial statements for the tax year? If  | 120 |        | <u> </u> |
|      | "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional  | 12b | Х      |          |
| 13   | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E   | 13  |        | X        |
| 14 a | Did the organization maintain an office, employees, or agents outside of the United States?   | 14a |        | X        |
|      | 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 |        | X        |
| 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  |        | X        |
| 16   | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other  |     |        | 37       |
| 4-   | assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV   | 16  |        | X        |
| 17   | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on  |     |        | v        |
| 40   | Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)  | 17  |        | X        |
| 18   | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on<br>Part VIII lines 1c and 8a2 If "Yes," complete Schedule G. Part II          | 10  |        | x        |
| 19   | Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i><br>Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? | 18  |        |          |
| 19   | If "Yes," complete Schedule G, Part III   | 19  |        | x        |
| 20 a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H   | 20a |        | X        |
|      | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?  | 20a |        |          |
| 21   | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or   |     |        |          |
|      | domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II   | 21  |        | X        |

| Part | V Checklist of Required Schedules (continued)   |           |          |          |
|------|---|-----------|----------|----------|
|      |   |           | Yes      | No       |
| 22   | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on                                       |           |          |          |
|      | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III   | 22        |          | X        |
| 23   | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the   |           |          |          |
|      | organization's current and former officers, directors, trustees, key employees, and highest compensated   |           |          |          |
|      | employees? If "Yes," complete Schedule J.   | 23        | Х        |          |
| 24 a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than   |           |          |          |
|      | \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b                                       |           |          |          |
|      | through 24d and complete Schedule K. If "No," go to line 25a  | 24a       |          | X        |
| b    | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?   | 24b       |          |          |
|      | 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       |          |          |
| Ь    | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?   | 24d       |          |          |
|      | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit  |           |          | <u> </u> |
| 200  | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I   | 25a       |          | x        |
| h    | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior                                    | 254       |          |          |
| U    | year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?  |           |          |          |
|      |   | 0.51      |          | x        |
| ~~   | If "Yes," complete Schedule L, Part I   | 25b       |          |          |
| 26   | Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current                                     |           |          |          |
|      | or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%   |           |          |          |
|      | controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II.   | 26        |          | X        |
| 27   | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key                                   |           |          |          |
|      | employee, creator or founder, substantial contributor or employee thereof, a grant selection committee  |           |          |          |
|      | member, or to a 35% controlled entity (including an employee thereof) or family member of any of these  |           |          |          |
|      | persons? If "Yes," complete Schedule L, Part III  | 27        |          | X        |
| 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):  |           |          |          |
| а    | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If                                    |           |          |          |
|      | "Yes," complete Schedule L, Part IV   | 28a       |          | X        |
| b    | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV   | 28b       |          | Х        |
|      | A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If   |           |          |          |
|      | "Yes," complete Schedule L, Part IV   | 28c       |          | Х        |
| 29   | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M  | 29        |          | Х        |
| 30   | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified                                      |           |          |          |
|      | conservation contributions? If "Yes," complete Schedule M   | 30        |          | x        |
| 31   | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I                                  | 31        |          | x        |
| 32   | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"   | - 51      |          |          |
| 32   |   | 22        |          | x        |
| 22   | <i>complete Schedule N, Part II</i> .<br>Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | 32        |          |          |
| 33   |   |           |          | v        |
| • •  | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I   | 33        |          | X        |
| 34   | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,                                      |           | v        |          |
|      | or IV, and Part V, line 1.  | 34        | X        |          |
|      | Did the organization have a controlled entity within the meaning of section 512(b)(13)?   | 35a       |          | X        |
| b    | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a   |           |          |          |
|      | controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2   | 35b       |          | <u> </u> |
| 36   | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable  |           |          |          |
|      | related organization? If "Yes," complete Schedule R, Part V, line 2.  | 36        |          | X        |
| 37   | Did the organization conduct more than 5% of its activities through an entity that is not a related organization                                    |           |          |          |
|      | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  | 37        |          | X        |
| 38   | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and  |           |          |          |
|      | 19? Note: All Form 990 filers are required to complete Schedule O.  | 38        | Х        |          |
| 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  | <u></u> . | <u>.</u> |          |
|      |   |           | Yes      | No       |
| 1a   | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable  |           |          |          |
|      | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable <b>1b</b> 0.  |           |          |          |
|      | Did the organization comply with backup withholding rules for reportable payments to vendors and  |           |          |          |
| 3    | reportable gaming (gambling) winnings to prize winners?   | 1c        |          |          |
| JSA  |   |           | 990      | (2019)   |

Form 990 (2019)

| Pert V         Statements Regarding Other IRS Filings and Tax Compliance (continued)         Ve         No           2a Ener the number of employees reported on Form W-3, Transmital of Wage and Tax   2a   0.         0. <th>Form</th> <th>990 (2019)</th> <th></th> <th>F</th> <th>Page 5</th>  | Form | 990 (2019)   |            | F   | Page 5 |
|---|------|--|------------|-----|--------|
| 2a       Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax<br>Statements, filed for the calendar year anding with or within the year covered by this return.       2a       0.         2b       if at least on o is reported on line 2a, difference and power that returns?<br>Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e</i> /le (see instructions).       3a       X         3b       Dat the organization have unrelated business gress income of 31.000 or more during the safer and year, diff the organization have unrelated business gress income of 31.000 or more during the safer and year, diff the organization have an unrelated business gress income of 31.000 or more during the safer and year, diff the doragin country is a safer transaction at any time safer authority over, a financial account?       3b       4a       X         41       Yes, 'meer the name of the foreign country is be required to a shelf transaction at any time during the tax year?       5a       X       bit any taxable party notify the organization that was or is a party to a prohibited tax shelf transaction and years of the organization and years of the organization and years of the organization and years of the safe of the during that safe and contributions or gifts were not tax deductible contributions unser satisment that such contributions or gifts were not tax deductible contributions unser section 170(c).       6a       X         5b       D the organization and years of the value of the goods or services provided?       7b       7c       X         6b       D the organization and yearest the during the yeare?       7d       7c <th>Par</th> <th>t V Statements Regarding Other IRS Filings and Tax Compliance (continued)</th> <th></th> <th></th> <th></th>  | Par  | t V Statements Regarding Other IRS Filings and Tax Compliance (continued)  |            |     |        |
| Statements, filed for the calendar year ending with or within the year covered by this return. <ul> <li>2</li> <li>Note: If the sum of lines 1, a dura 16 are granted feederal employment tax returns?</li> <li>3</li> <li>4</li> <li>4</li></ul>   |      |  |            | Yes | No     |
| b if at least on line barrator year sharp much the year value of the attraguing factures and years and year of the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-the</i> (see instructions). <b>3a X 3b D</b> the organization have unrelated business gross income of \$10,000 or more during the year?. <b>3b X A</b> than ythme during the calendar year, dith the organization have an explanation on Schedule 0 <b>3b X X A</b> than ythme the hanne of the foreign country <b>X</b> <i>I</i> "No" to line 3b, provide an explanation on Schedule 0 <b>3c X A</b> than ythme the hanne of the foreign country <b>X</b> <i>I</i> "No" to line 3b, provide an explanation on Schedule 0 <b>3c X A</b> than ythme the hanne of the foreign country <b>X</b> <i>I</i> "No" to line 3b, provide an explanation on Schedule 0 <b>3c A</b> than ythme the hanne of the foreign country <b>X</b> <i>I</i> "No" to line 3b, provide an explanation of the financial account? <b>4a A</b> than ythme the name of the foreign country <b>X</b> <i>I</i> "No" to line 3b, provide an explanation and prinancial Accounts (FBAR). <b>5a X X b I</b> "Yes," enter the name of the organization that it was or is a party to a prohibited tax shelter transaction 7 <b>5b X X b I</b> "Yes," did the organization apter neo that adducture ontributions or gifts were not tax adducture for enot tax deducture ontributions or <b>7</b> "Yes," did the organization neotive educture contributions and yearses that are normally as a contribution and partly for goods and services provided 1 the payor? <b>7 C C C C C C D D D D D D D D D D</b>   | 2a   | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax  |            |     |        |
| Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-life</i> (see instructions).         Image: Comparison have unrelated builts gross income of 31,000 or more during the year?         Image: Comparison have unrelated builts gross income of 31,000 or more during the year?         Image: Comparison have unrelated builts gross income of 31,000 or more during the year?         Image: Comparison have unrelated builts gross income framework in the foreign country (such as a bank account, securities account, or other financial account);         Image: Comparison have unrelated builts gross income framework in the CNN for 114, Report of Foreign Bank and Financial Accounts (FEAR).         Image: Comparison have unrul gross receipts that are normally greater than \$100,000, and did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible contributions under section 170(c).         Image: Comparization for the period of the year is a party to a prohibited tax shelfer transaction 7 did the organization noticity the organization account is a party to a prohibited tax shelfer transaction 7 did the organization include with every solicitation and express statement that such contributions or gifts were not tax deductible contributions under section 170(c).         Image: Comparison that may receive deductible contributions under section 170(c).         Image: Comparison for the period of the year is a party to a period of the year is a party to a period of the isolation and services provided?         Image: Comparison for the year isolation for the year isolatiso therefore the period of the year isolation for the yea |      | Statements, filed for the calendar year ending with or within the year covered by this return 2a 0.  |            |     |        |
| 3a Did the organization have unrelated business gross income of \$1,000 or more during the yea?,,,,,,,, .   | b    | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?   | 2b         |     |        |
| 3a       Diff Yes, 'has if field a Form 990-To this year? If 'No' is the 3b, provide an explanation on Schedule 0       3b         4a       At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, at inancial account of retring noturity year has a back account, securities account, or other financial accounts (FEAR).         b       T'yes, 'enter the name of the foreign country >  |      | Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  |            |     |        |
| 4a A rany time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial accountin a foreign country (stuch as a bank account, secountiles account), or other financial account)?.       4a       x         b If 'yes, 'reter the name of the foreign country >       See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FEAR).       5a       X         b Ud any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction at my time during the super?       5a       X         c If 'yes' (in lies 5a or 5b, dift de organization in fait was not a prohibited tax shelter transaction?       5b       X         c If 'yes' (in lies 5a or 5b, dift de organization include with every solicitation an express statement that such contributions of a statistic solicit any contributions that ware net tax deductible?       6b       X         0 Dift de organization include with every solicitation an express statement that such contributions and arrives, provided the payon?       7a       X         7b       Organizations that may receive deductible contributions query solicitation and partly for owhint it was required to file form 8282?       7d       X         7d       Yes, 'indicate the number of Forms 8282 filed during the year       7d       X       7t       X         11 'Yes, 'indicate the number of Forms 8282 filed during the year?       7d       7t       X       7t       X         12 If  | 3a   | Did the organization have unrelated business gross income of \$1,000 or more during the year?  | 3a         |     | X      |
| a financial account in a foreign country (such as a bank account, securities account, or other financial account)?       4a       X         b If "Ves," enter the name of the foreign country b       5a       Was the organization a party to a prohibited tax shelter transaction at any time during the tax shelter transaction?       5a       Xa         5a Was the organization aparty to a prohibited tax shelter transaction at any time during the tax shelter transaction?       5c       Xa         5a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization include with every solicitation an express statement that such contributions?       5c       5c         b If "Yes," did the organization noticy the donor of the value of the goods or services provided?       7b       7b         7 Organization sective a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor?       7a       X         b If "Yes," idicate the number of Form \$282?       7b       7c       X         7 Did the organization receive any premiums, directly or indirectly, on a personal benefit contract?       7c       X         7 If the erganization incluse the spote function of the value of the goods or services provided?       7d       7d       7d         7 Did the organization notify the donor of the value of the goods or services provided?       7d       7d       7d       7d       7d       7d       7d       7d <t< th=""><td>b</td><td>If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O</td><td>3b</td><td></td><td></td></t<>   | b    | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O  | 3b         |     |        |
| a financial account in a foreign country (such as a bank account, securities account, or other financial account)?       4a       X         b If "Ves," enter the name of the foreign country b       5a       Was the organization a party to a prohibited tax shelter transaction at any time during the tax shelter transaction?       5a       Xa         5a Was the organization aparty to a prohibited tax shelter transaction at any time during the tax shelter transaction?       5c       Xa         5a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization include with every solicitation an express statement that such contributions?       5c       5c         b If "Yes," did the organization noticy the donor of the value of the goods or services provided?       7b       7b         7 Organization sective a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor?       7a       X         b If "Yes," idicate the number of Form \$282?       7b       7c       X         7 Did the organization receive any premiums, directly or indirectly, on a personal benefit contract?       7c       X         7 If the erganization incluse the spote function of the value of the goods or services provided?       7d       7d       7d         7 Did the organization notify the donor of the value of the goods or services provided?       7d       7d       7d       7d       7d       7d       7d       7d <t< th=""><td>4a</td><td>At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,</td><td></td><td></td><td></td></t<>  | 4a   | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,                                      |            |     |        |
| b If "Yes," enter the name of the foreign county b  |      |  | 4a         |     | Х      |
| See instructions for Hilling requirements for FirCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR),       5a         Sa Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?       5b       X         5b Did any taxable party notify the organization file Form 8886-17?       5c       5c       5c         6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible contributions under section 170(c).       6b       7c         7 Organization include with every solicitation an express statement that such contributions of gifts were not tax deductible?       7e       X         8 If "Yes," to did the organization notify the door of the value of the goods or services provided?       7e       X         9 If "Yes," indicate the number of Forms 8282 file during the year       Zd       7e       X         9 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7e       X         9 Did the organization make any taxable distributions under section 4966?       9a       7e       X         9 Did the organization make any taxable distributions under section 4966?       9a       7e       X         11 Was, "indicate the number of Forms 8282 file during the year?       Zd       7f       7d       7d       7d   | b    |  |            |     |        |
| 5a       Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?       5a       ×         b       Did any taxable party notify the organization file Form 8886-T?       5c       ×         6a       Dees the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles a charitable contributions?       5c         7       Organization neave annual gross receipts that are normally greater than \$100,000, and did the organization subtict any contributions that were not tax deductibles a charitable contributions?       6b         7       Organization receive a payment in excess of \$75 made parity as a contribution and parity for goods and services provided to the payor?       7a       X         b       Did the organization notify the donor of the value of the goods or services provided?       7a       X         7       Did the organization receive any premiums, directly or indirectly, to pay premiums on a personal benefit contract?       7a       X         7       Teg       X       7f       X       7f         8       Sponsoring organization receive any taxibe diffuse tau property for which it was ponsoring organization maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make a distributions to a donor, donor advised, rund maintained by the sponsoring organization sinclude on Part VIII, line 12.       10a       11a       11a       11a  |      |  |            |     |        |
| b Did any taxable party notify the organization file Form 886-17?       5b       ×         c If 'Yes' to line 5a or 5b, did the organization file Form 8866-17?       5c       5c         Ga Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual ross receives the any toxication and express statement that such contributions or glfs were not tax deductible?       5c       5c         7 Organizations that may receive deductible contributions under section 170(c).       6b       5c       5c         7 Organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?       7a       X         6 Did the organization notify the donor of the value of the goods or services provided?       7c       X         7 Did the organization notify the donor of the value of the goods or services provided?       7c       X         7 Did the organization notify the donor of the value of the goods or services provided?       7c       X         8 Di 'Yee,'' indicate the number of Forms 8282 filed during the year       7d       7c       X         9 If the organization received a contribution of qualified intellectual property. did the organization file Serm 8289 ar required?       7d       X         9 If the organization neceives any transbe distributions under section 49667       9a       9b       50         9 Di dhe sponsoring organization maintaining doora dvised funds  | 5a   |  | 5a         |     | Х      |
| c If Yes' to line 5a or 5b, did the organization file Form 8886-72       5c         6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solid any contributions that were not tax deductible as charitable contributions?       5c         6a Does the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?       6a       X         7 Organizations that may receive deductible as charitable contributions or gifts were not tax deductible?       7c       7a       X         7 Organizations that may receive deductible contributions under section 170(c).       7a       X         a Did the organization necleve a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?       7a       X         7 Organization solid, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?       7d       X         9 Did the organization receive any funds, directly or indirectly, on pay premiums on a personal benefit contract?       7t       X         9 If the organization received a contribution of qualified intellecual property (du dho organization?       7a       X         9 Sponsoring organization maintaining door advised funds.       8 control file Form 8282       7t       X         16 the sponsoring organizations maintaining door advised funds.       9a       9b       9a       9a   |      |  | 5b         |     | Х      |
| 6a       X         6a       X         b If "Yes," did the organization schort at were not tax deductible as charitable contributions?       6a       X         b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?       6b       7a         7 Organizations that may receive deductible contributions under section 170(c).       a Did the organization notify the donor of the value of the goods or services provided?       7b       7c       X         c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?       7c       X       7f       X         d If "Yes," indicate the number of Forms 8282 filed during the year.       [Zd]       7d       X         f Id the organization cerving thy fand, directly or indirectly, to pay premiums on a personal benefit contract?       7r       X         g If the organization received a contribution of qualified intellectual property, did the organization file Form 108-C2.       7h       8         9 Sponsoring organizations maintaining door advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?       9a       9b       9b       9b       9b       9b       10b       9b       11a       10a       10a       10a       10a       10a       10a       10a       1   |      |  | 5c         |     |        |
| organization solicit any contributions that were not tax deductible a charitable contributions?       6a       X         b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?       6b       6b         7 Organizations that may receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?       7a       X         7 bit 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       X         7 bit the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file form 8282? number of Forms 8282 filed during the year       7d       7d       X         7 bit the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7t       X         7 bit the organization receive a contribution of qualified intelecula property (at the organization file a Form 108-C?, the sponsoring organization make any taxable distributions under section 4966?       9a       9a         9 bit the sponsoring organization make any taxable distributions under section 4966?       9a       9a       9b         10 at the sponsoring organization make any taxable distributions under solution (100 paintation received from them.)       11a       11a       12a         11 bit consonering organization make a distribution to a donor, donor advised fund aniantained by the sponso  |      | -  |            |     |        |
| b       If "Yes," did the organization include with every solicitation an express statement that such contributions or grits were not tax deductible?       6b         7       Organizations that may receive deductible contributions under section 170(c).       a) Did the organization neceive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?       7a       X         b       If "Yes," did the organization notify the donor of the value of the goods or services provided?       7c       X         c       Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?       7c       X         d       If "Yes," indicate the number of Forms 8282 filed during the year       7d       7e       X         g       Did the organization numing the year, pay premiums, directly or indirectly, to pay premiums con a personal benefit contract?       7r       X         g       If the organization neceive a contribution of cars, basis, ariptanes, or other vehicles, did the organization file a Form 10889 as required?       7d       X         g       Sponsoring organization make any taxable distributions under section 4966?       9a       9a       9b       9b       9b       9c         10       Section 501(c)(7) organizations. Enter:       a       11a       11a       12a       12a       12a       12a       12a       12a   |      |  | 6a         |     | Х      |
| gifts were not tax deductible?       6b         7       Organizations that may receive adpayment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?       7a       Xa         b If "Yes," did the organization notify the donor of the value of the goods or services provided?       7a       Xa         c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?       7c       Xa         c Did the organization receive any funds, directly or indirectly, on a personal benefit contract?       7d       7d       Xa         g If the organization received a contribution of qualified intellectual property, did the organization file Form 8289 as required?       7f       Xa         g If the organization received a contribution of qualified intellectual property, did the organization file Form 8289 as required?       7f       7f       Xa         g If the organization neceived a contribution of qualified intellectual property, did the organization file Form 8289 as required?       7g       7f       7f       7f       7f       7f       7g       7g       7f       7d       7g       7g       7f       7d       7g       7g       7f       7g       7f       7g       7f       7d       7g       7f       7d       7g       7d       7d       7a       2a       7g       7g <td< th=""><td>b</td><td></td><td></td><td></td><td></td></td<>   | b    |  |            |     |        |
| 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       X         b If "Yes," did the organization notify the donor of the value of the goods or services provided?       7b       7c       X         c Did the organization notify the donor of the value of the goods or services provided?       7c       X       Tc       X         d If "Yes," indicate the number of Forms 8282 field during the year       7d       7e       X         d If "Yes," indicate the number of Forms 8282 field during the year       7d       7e       X         f Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7f       7f       X         g If the organization received a contribution of qualified intellectual property, did the organization feeded a contribution of cars, basts airplanes, or other vehicles, did the organization face sequired?       7h       X         8       Sponsoring organization make any taxable distributions under section 4966?       9a       9a       9a       9a       9a       9a       9b       9a       9b       9b       9a       9b       9b       9b       9a       9a       9a       9a       9a       9a       9b       9a       9b       9a  |      |  | 6b         |     |        |
| a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods<br>and services provided to the payor?       7a       X         b If "Yes," did the organization notify the donor of the value of the goods or services provided?       7b       7b         c Did the organization notify the donor of the value of the goods or services provided?       7c       X         d If "Yes," indicate the number of Forms 8282 filed during the year       7d       7c       X         e Did the organization receive any funds, directly or indirectly, on a personal benefit contract?       7c       X         f If the organization received a contribution of qualified intellectual propenty, did the organization file Form 8089 as required?       7f       X         g If the organization received a contribution of qualified intellectual propenty, did the organization file Form 8089 as required?       7f       X         g If the organization received a contribution of qualified intellectual propenty, did the organization file Form 8098 as required?       7h       X         g Did the sponsoring organization make and stributions under section 4966?       9a       9a       9b         9 Sponsoring organization make a distribution to a doried disclintes       10a       10a       10b       11a         11 Section 501(c)(7) organizations. Enter:       11a       10b       12a       11a       12a       11a       11a       11a       11  | 7    |  |            |     |        |
| and services provided to the payor?       7a       X         b If "Yes," did the organization notify the donor of the value of the goods or services provided?       7b       7c       X         c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?       7c       X         d If "Yes," indicate the number of Forms 8282 filed during the year       7d       X       7c       X         d If "Yes," indicate the number of Forms 8282 filed during the year       7d       X       X       7c       X         g If the organization receive any funds, directly or indirectly, to pay permiums on a personal benefit contract?       7f       X       X         g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 8899 as required?       7g       X         g If the organization maintaining donor advised funds.       Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?       9a       9a       9b       9c       9c  |      |  |            |     |        |
| b       If "Yes," did the organization notify the donor of the value of the goods or services provided?       7b         c       Did the organization notify the donor of the value of the goods or services provided?       7c       X         d       If "Yes," indicate the number of Forms 8282 filed during the year       [7d]       7e       X         d       If "Yes," indicate the number of Forms 8282 filed during the year       [7d]       7e       X         d       If the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7e       X         f       Did the organization during the year, pay premiums, directly or indirectly, no a personal benefit contract?       7f       X         f       Did the organization during the year, pay premiums, directly or indirectly, no a personal benefit contract?       7f       X         f       Did the sponsoring organizations maintaining donor advised funds.       Did the sponsoring organizations maintained by the sponsoring organizations maintained be distributions under section 4966?       9a       9b         f       Did the sponsoring organizations. Enter:       10a       10b       10b       10b         f       Section 501(c)(12) organizations. Enter:       11a       10b       10b       12a         f       Section 501(c)(12) organizations. Enter::       11a       10b       12a   | -    |  | 7a         |     | Х      |
| c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 82827       7c       X         d If Yes," indicate the number of Forms 8282 filed during the year       7d       7e       X         f Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7e       X         f Uf the organization received a contribution of qualified intellectual property, did the organization file Form 1098-C?.       7f       X         g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 1098-C?.       7h       X         8 Sponsoring organizations maintaining donor advised funds.       8       8       8         9 Did the sponsoring organization make any taxable distributions under section 4966?       9a       9a       9b       9a       9a       9b   | b    |  | 7b         |     |        |
| required to file Form 8282?       7c       X         d If "Yes," indicate the number of Forms 8282 filed during the year       7d       X         e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7f       X         g If the organization receive any tonds, directly or indirectly, on a personal benefit contract?       7f       X         g If the organization receive any tonds, directly or indirectly, did the organization file Form 899 as required?       7g       7h       X         g If the organization receive any tonds, directly or indirectly, did the organization file a Form 1098-C2.       7h       X         8 Sponsoring organizations maintaining donor advised funds.       Did the sponsoring organization make any taxable distributions under section 4966?       9a       9a       9b         9 Sponsoring organization make any taxable distributions under section 4966?       9a       9b       9b <t< th=""><td></td><td></td><td></td><td></td><td></td></t<>   |      |  |            |     |        |
| d If "Yes," indicate the number of Forms 8282 filed during the year   | Ŭ    |  | 7c         |     | х      |
| e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7r       X         f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?       7r       X         g If the organization received a contribution of qualified intellectual property, did the organization file a Form 1089-C?.       7h       X         8 Sponsoring organizations maintaining donor advised funds.       80 a serequired?       7h       8         9 Sponsoring organizations maintaining donor advised funds.       9a       9a       9a         9 Did the sponsoring organization make any taxable distributions under section 4966?       9a       9a         9 Did the sponsoring organizations. Enter:       10a       10a       9b         11 Section 501(c)(7) organizations. Enter:       10a       10b       11a       12a         12 Section 501(c)(2) organizations. Enter:       11a       10b       12a       11a       12a         13 Section 501(c)(2) organizations. Enter:       11b       12a       11a       12a       12a         14 Section 501(c)(2) organizations. Enter:       11b       12a       11b       12a       12a         13 Section 501(c)(2) organizations. Enter:       11b       11b       12a       12a       12a       12a       12a       12   | Ь    |  |            |     |        |
| f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?       7t       X         g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7g       7g         h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?.       7h       7g         8 Sponsoring organizations maintaining door advised funds.       10i da donor advised funds.       8         9 Sponsoring organization make any taxable distributions under section 4966?       9a       9a         10 the sponsoring organization make any taxable distributions under section 4966?       9a       9b         10 the sponsoring organizations. Enter:       10a       10b       9b         11 Section 501(c)(12) organizations. Enter:       11a       10b       11b       12a         12 Section 501(c)(12) organizations. Enter:       11a       11b       12a       12a         13 Section 501(c)(12) organizations. Enter:       11a       11b       12a       12a         13 Section 501(c)(12) organization file trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a       12a         14 Section 501(c)(29) qualified nonprofit health insurance issuers.       13a       13a       14b       14a         15 Section 501(c)(29) qualifie  |      |  | 7e         |     | Х      |
| g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7g         R       Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make axis sholdings at any time during the year?       8         9       Sponsoring organizations maintaining donor advised funds.       8         9       Sponsoring organizations maintaining donor advised funds.       8         0       Sponsoring organizations maintaining donor advised funds.       9a         0       bid the sponsoring organization make any taxable distributions under section 4966?       9a         0       Section 501(c)(7) organizations. Enter:       10a         10       Section 501(c)(12) organizations. Enter:       10a         11       Section 501(c)(12) organizations. Enter:       11b         12       Section 501(c)(12) organizations. Enter:       11b         13       Gross income from members or shareholders.       11b         14       Did the arganization licensed to issue qualified health plans in more than one state?       11b         12       Section 501(c)(29) qualified nonprofit health insurance issuers.       12b         13       Section 501(c)(29) qualified health plans in more than one state?       13a         14       Did the organization licensed to issue qualified he   |      |  |            |     | X      |
| h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?       7h         8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?       8a         9 Sponsoring organization make any taxable distributions under section 4966?       9a         9 b       9a         9 b       9b         10 Section 501(c)(7) organizations. Enter:       10a         a lnitiation fees and capital contributions included on Part VIII, line 12       10a         11 Section 501(c)(12) organizations. Enter:       10a         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         13 Section 501(c)(29) qualified nonprofit health insurance issuers.       13a         a Is the organization is licensed to issue qualified health plans in more than one state?       13a         Note: See the instructions for additional information the organization must report on Schedule O.       14a       X         b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O       14a       X   |      |  |            |     |        |
| 8       Sponsoring organizations maintaining donor advised funds.         9       Sponsoring organizations maintaining donor advised funds.         a       Did the sponsoring organization make any taxable distributions under section 4966?       9a         9       Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?       9b         10       Section 501(c)(7) organizations. Enter:       a linitiation fees and capital contributions included on Part VIII, line 12       10a         11       Section 501(c)(12) organizations. Enter:       a Gross income from members or shareholders.       11a         a       Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b       12a         12       Section 501(c)(12) organizations. Enter:       a Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b       12a         12       Section 501(c)(2) ongualified nonprofit health insurance issuers.       a Is the organization licensed to issue qualified health plans in more than one state?       13a         13       Section 501(c)(29) qualified nonprofit health plans in more than one state?       13a         14       Did the organization is licensed to issue qualified health plans .       13b       13c         14       Did the organization subject to the section 4960 tax on  | -    |  |            |     |        |
| sponsoring organization have excess business holdings at any time during the year?       8         9       Sponsoring organizations maintaining donor advised funds.       9         a Did the sponsoring organization make any taxable distributions under section 4966?       9a         b Did the sponsoring organization make any taxable distributions under section 4966?       9a         10       Section 501(c)(7) organizations. Enter:       10a         a Gross income from members or shareholders       11a       10b         11       Section 501(c)(12) organizations. Enter:       11a       11b         a Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b       12a         12       Section 501(c)(12) organization interest received or accrued during the year       12b       12a         13       Section 501(c)(29) qualified nonprofit health plans in more than one state?       13a       13a         13       Enter the amount of reserves the organization is required to maintain by the states in which the organization subject to thes equired to maintain by the states in which the organization subject to thes equired to an explanation on Schedule O       14a       X         14       Did the organization subject to the section 4960 tax on payment(s) dimore than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       14a       X         14       D   | _    |  |            |     |        |
| 9       Sponsoring organizations maintaining door advised funds.         a       Did the sponsoring organization make any taxable distributions under section 4966?       9a         b       Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?       9b         10       Section 501(c)(7) organizations. Enter:       10a         a       Initiation fees and capital contributions included on Part VIII, line 12       10a         11       Section 501(c)(12) organizations. Enter:       10a         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         12a       Section 501(c)(2) qualified nonprofit health insurance issuers.       11b       12a         13       Section 501(c)(2) qualified nonprofit health plans in more than one state?       13a         13       Section 501(c)(2) qualified nealth plans in more than one state?       13a         14       Did the organization is licensed to issue qualified health plans in more than one state?       14a       X         14       Did the organization receive any payments for indoor tanning services during the tax year?       14a       X         15       Is the organization subject to the sectin 4960 tax on payment(s) of more than \$1,000  | 0    |  | 8          |     |        |
| a Did the sponsoring organization make any taxable distributions under section 4966?       9a         b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?       9b         10 Section 501(c)(7) organizations. Enter:       10a       10b         a Initiation fees and capital contributions included on Part VIII, line 12  | ٥    |  | -          |     |        |
| b Did the sponsoring organization make a distribution to a donor dovisor, or related person?       9b         10       Section 501(c)(7) organizations. Enter:       10a       10a         a Initiation fees and capital contributions included on Part VIII, line 12   | -    |  | <b>9</b> a |     |        |
| 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:       11a         a Gross income from members or shareholders.       11a         b Gross income from other sources (Do not net amounts due or paid to other sources)       11b         12a       Section 501(c)(29) qualified nonprofit health insurance issuers.       12b         a Is the organization licensed to issue qualified health plans in more than one state?       13a         Note: See the instructions for additional information the organization must report on Schedule O.       13b         b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O       14a         X       14b       14a         X       16       X   |      |  |            |     |        |
| a Initiation fees and capital contributions included on Part VIII, line 12  |      |  | 50         |     |        |
| 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.)       11a       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       12a         13 Section 501(c)(29) qualified nonprofit health insurance issuers.       13a       13a         a Is the organization licensed to issue qualified health plans in more than one state?       13b       13a         14a Did the organization receive any payments for indoor tanning services during the tax year?       14a       X         b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O       14b       14b         15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15       X         16       X  |      |  |            |     |        |
| 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)       11b         12a       Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       12b       12a         13       Section 501(c)(29) qualified nonprofit health plans in more than one state?       13a         Note: See the instructions for additional information the organization must report on Schedule O.       13a         b Enter the amount of reserves the organization is licensed to issue qualified health plans       13b       13a         14a       Did the organization receive any payments for indoor tanning services during the tax year?       14a       X         15       Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15       X         16       X   |      |  |            |     |        |
| a Gross income from members or shareholders       11a       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       11b         12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a         13 Section 501(c)(29) qualified nonprofit health insurance issuers.       12b       12a         13 Section 501(c)(29) qualified nonprofit health insurance issuers.       13a         a Is the organization licensed to issue qualified health plans in more than one state?       13a         Note: See the instructions for additional information the organization must report on Schedule O.       13a         b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans       13a         14a Did the organization receive any payments for indoor tanning services during the tax year?       14a       X         15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15       X         16       X   |      |  |            |     |        |
| 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         12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a         13 Section 501(c)(29) qualified nonprofit health insurance issuers.       12b       13a         13 Section 501(c)(29) qualified nonprofit health plans in more than one state?       13a         Note: See the instructions for additional information the organization must report on Schedule O.       13a         b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans       13b         13a       13a       13a         14a       13b       13c         14a       13c       14a         15       15       14b         15       15       15         16       15       15   |      |  |            |     |        |
| against amounts due or received from them.)       11b       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       12a         13 Section 501(c)(29) qualified nonprofit health insurance issuers.       12b       13a         a Is the organization licensed to issue qualified health plans in more than one state?       13a         Note: See the instructions for additional information the organization must report on Schedule O.       13b       13a         c Enter the amount of reserves the organization is required to maintain by the states in which the organization receive any payments for indoor tanning services during the tax year?       14a       X         14a Did the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       14b       14b         15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15 X       15 X         16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?       16 X   |      |  |            |     |        |
| 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  | a    |  |            |     |        |
| b       If "Yes," enter the amount of tax-exempt interest received or accrued during the year   | 120  |  | 12a        |     |        |
| 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?       13a         Note: See the instructions for additional information the organization must report on Schedule O.       13a         b       Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans       13b         c       Enter the amount of reserves on hand       13c         14a       Did the organization receive any payments for indoor tanning services during the tax year?       14a         15       Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15         16       X  |      |  | 120        |     |        |
| a Is the organization licensed to issue qualified health plans in more than one state?       13a         Note: See the instructions for additional information the organization must report on Schedule O.       13a         b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans       13b         c Enter the amount of reserves on hand       13c         14a Did the organization receive any payments for indoor tanning services during the tax year?       14a         x       b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> 14b         15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15         x       If "Yes," see instructions and file Form 4720, Schedule N.       16         x       X       X  |      |  |            |     |        |
| Note: See the instructions for additional information the organization must report on Schedule O.       Image: Description of the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  | -    |  | 132        |     |        |
| b Enter the amount of reserves the organization is required to maintain by the states in which<br>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         b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O       14b         15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15         If "Yes," see instructions and file Form 4720, Schedule N.       15         If s the organization an educational institution subject to the section 4968 excise tax on net investment income?       16  | а    |  | 100        |     |        |
| the organization is licensed to issue qualified health plans       13b       13b         c Enter the amount of reserves on hand       13c       14a         14a Did the organization receive any payments for indoor tanning services during the tax year?       14a       X         b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O       14b       14b         15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15       X         If "Yes," see instructions and file Form 4720, Schedule N.       16       X   | L    |  |            |     |        |
| c Enter the amount of reserves on hand       13c       14a       X         14a Did the organization receive any payments for indoor tanning services during the tax year?       14a       X         b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O       14b       14b         15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15       X         If "Yes," see instructions and file Form 4720, Schedule N.       16       X  | a    |  |            |     |        |
| <ul> <li>14a Did the organization receive any payments for indoor tanning services during the tax year?</li> <li>14a X</li> <li>b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i></li> <li>15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?</li> <li>15 Is the organization and file Form 4720, Schedule N.</li> <li>16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?</li> </ul>  | _    |  |            |     |        |
| <ul> <li>b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i></li></ul>   |      |  | 142        |     | x      |
| <ul> <li>15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?</li></ul>  |      |  |            |     |        |
| excess parachute payment(s) during the year?       15       X         If "Yes," see instructions and file Form 4720, Schedule N.       16       X         16       X  |      |  | 140        |     |        |
| If "Yes," see instructions and file Form 4720, Schedule N.         16         X   | 15   |  | 15         |     | x      |
| 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  |      |  | 15         |     | - 21   |
| is the organization an educational institution subject to the section 4900 excise tax on het investment income?   | 4.0  |  | 16         |     | x      |
|   | 10   | Is the organization an educational institution subject to the section 4968 excise tax on net investment income?<br>If "Yes." complete Form 4720. Schedule O. | 10         |     |        |

Form **990** (2019)

|       | 000 | (2040) | ` |
|-------|-----|--------|---|
| FUIII | 990 | (2019) | , |

| Part VI   | Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a '                 | 'No  |
|-----------|---|------|
|           | response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instruction | ons. |
|           | Check if Schedule O contains a response or note to any line in this Part VI   | Х    |
| 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 <b>1a</b> 2  |                   |           |        |
|          | 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 on Schedule O.   |                   |           |        |
| b        | Enter the number of voting members included on line 1a, above, who are independent 1b 0.   |                   |           |        |
| 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                 | Х         |        |
| 3        | Did the organization delegate control over management duties customarily performed by or under the direct  |                   |           |        |
|          | supervision of officers, directors, trustees, or key employees to a management company or other person?  | 3                 |           | Х      |
| 4        | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?   | 4                 | Х         |        |
| 5        | Did the organization become aware during the year of a significant diversion of the organization's assets?   | 5                 |           | Х      |
| 6        | Did the organization have members or stockholders?   | 6                 |           | Х      |
| 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                |           | Х      |
| 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                |           | Х      |
| 8        | Did the organization contemporaneously document the meetings held or written actions undertaken during   |                   |           |        |
|          | the year by the following:   |                   | v         |        |
| а        | The governing body?  | 8a                | Х         | X      |
| b        | Each committee with authority to act on behalf of the governing body?  | 8b                |           | Λ      |
| 9        | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at   |                   |           | x      |
| Saati    | the organization's mailing address? If "Yes," provide the names and addresses on Schedule O  | 9<br>Codo         | )         | л      |
| Secu     | on B. Policies (This Section B requests information about policies not required by the internal Revenue  | Coue              | .)<br>Yes | No     |
| 40-      | Did the encoderation have least chartene have a officience?  | 10a               |           | X      |
| -        | Did the organization have local chapters, branches, or affiliates?   | 104               |           |        |
| 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               |           |        |
| 110      | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  | 11a               | Х         |        |
| 11a<br>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               | Х         |        |
| b        | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give   |                   |           |        |
|          | rise to conflicts?   | 12b               | Х         |        |
| с        | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"  |                   |           |        |
| Ū        | describe in Schedule O how this was done   | 12c               | Х         |        |
| 13       | Did the organization have a written whistleblower policy?  | 13                | Х         |        |
| 14       | Did the organization have a written document retention and destruction policy?   | 14                | Х         |        |
| 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?  |                   |           |        |
| а        |  |                   |           | Х      |
| b        |  | 15a               |           |        |
|          | The organization's CEO, Executive Director, or top management official   | 15a<br>15b        |           | Х      |
|          | The organization's CEO, Executive Director, or top management official   |                   |           | X      |
| 16a      | The organization's CEO, Executive Director, or top management official   |                   |           |        |
|          | The organization's CEO, Executive Director, or top management official   |                   |           | X<br>X |
|          | The organization's CEO, Executive Director, or top management official   | 15b               |           |        |
|          | The organization's CEO, Executive Director, or top management official   | 15b<br>16a        |           |        |
| b        | The organization's CEO, Executive Director, or top management official   | 15b               |           |        |
| b        | The organization's CEO, Executive Director, or top management official   | 15b<br>16a        |           |        |
| b        | The organization's CEO, Executive Director, or top management official   | 15b<br>16a<br>16b |           | Х      |

(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

 Own website
 Another's website
 X
 Upon request
 Other (explain on Schedule O)

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records ► JENNIFER ROBINSON 333 SOUTH STREET SHREWSBURY, MA 01545 508-856-8989

JSA

| Independent Contractors | Part VII | Compensation of  | of Officers, | Directors, | Trustees, | Key | Employees, | Highest | Compensated | Employees, | and |
|-------------------------|----------|------------------|--------------|------------|-----------|-----|------------|---------|-------------|------------|-----|
|                         |          | Independent Cont | itractors    |            |           |     |            |         |             |            |     |

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

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

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

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

|                              |                        | (C)   |                       |         |              |                              |        |                          |                              |                          |  |
|------------------------------|------------------------|---|-----------------------|---------|--------------|------------------------------|--------|--------------------------|------------------------------|--------------------------|--|
| (A)                          | (B)                    |   | Position              |         |              |                              |        | (D)                      | (E)                          | (F)                      |  |
| Name and title               | Average                | (do not check more than one                                   |                       |         |              |                              |        | Reportable               | Reportable                   | Estimated amount         |  |
|                              | hours<br>per week      | box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | compensation<br>from the | compensation<br>from related | of other                 |  |
|                              | (list any              |   |                       |         |              |                              |        | organization             | organizations                | compensation<br>from the |  |
|                              | hours for              | Individual trustee<br>or director                             | Institutional trustee | Officer | Key employee | high                         | Former | (W-2/1099-MISC)          | (W-2/1099-MISC)              | organization and         |  |
|                              | related                | idua  | utio                  | er      | mp           | est o                        | ēr     |                          |                              | related organizations    |  |
|                              | organizations<br>below | or tru  | nal t                 |         | loye         | l ⊕ m                        |        |                          |                              |                          |  |
|                              | dotted line)           | stee  | rust                  |         | e            | bens                         |        |                          |                              |                          |  |
|                              |                        |   | ee                    |         |              | Highest compensated employee |        |                          |                              |                          |  |
|                              |                        |   |                       |         |              |                              |        |                          |                              |                          |  |
| (1) ERIC W. DICKSON, M.D.    | 1.00                   |   |                       |         |              |                              |        |                          |                              |                          |  |
| DIRECTOR (RESIGNED 1/1/20)   | 39.00                  | X   |                       |         |              |                              |        | 0.                       | 2,317,497.                   | 410,261.                 |  |
| (2) MICHAEL F. COLLINS, M.D. | 1.00                   |   |                       |         |              |                              |        |                          |                              |                          |  |
| PRES./CHIEF EXEC. OFFICER    | 39.00                  | X   |                       | Х       |              |                              |        | 0.                       | 1,188,847.                   | 83,005.                  |  |
| (3)JOHN R. HAYES, JR.        | 1.00                   |   |                       |         |              |                              |        |                          |                              |                          |  |
| TREASURER                    | 39.00                  | Х   |                       | Χ       |              |                              |        | 0.                       | 346,119.                     | 74,929.                  |  |
| _(4)                         |                        |   |                       |         |              |                              |        |                          |                              |                          |  |
|                              |                        |   |                       |         |              |                              |        |                          |                              |                          |  |
| (5)                          |                        |   |                       |         |              |                              |        |                          |                              |                          |  |
|                              |                        |   |                       |         |              |                              |        |                          |                              |                          |  |
| (6)                          |                        |   |                       |         |              |                              |        |                          |                              |                          |  |
| (7)                          |                        |   |                       |         |              |                              |        |                          |                              |                          |  |
| _(1)                         |                        |   |                       |         |              |                              |        |                          |                              |                          |  |
| (8)                          |                        |   |                       |         |              |                              |        |                          |                              |                          |  |
| _(0)                         |                        |   |                       |         |              |                              |        |                          |                              |                          |  |
| (9)                          |                        |   |                       |         |              |                              |        |                          |                              |                          |  |
|                              |                        |   |                       |         |              |                              |        |                          |                              |                          |  |
| (10)                         |                        |   |                       |         |              |                              |        |                          |                              |                          |  |
|                              |                        |   |                       |         |              |                              |        |                          |                              |                          |  |
| (11)                         |                        |   |                       |         |              |                              |        |                          |                              |                          |  |
|                              |                        |   |                       |         |              |                              |        |                          |                              |                          |  |
| <u>(12)</u>                  |                        |   |                       |         |              |                              |        |                          |                              |                          |  |
|                              |                        |   |                       |         |              |                              |        |                          |                              |                          |  |
| (13)                         |                        |   |                       |         |              |                              |        |                          |                              |                          |  |
|                              |                        |   |                       |         |              |                              |        |                          |                              |                          |  |
| (14)                         |                        |   |                       |         |              |                              |        |                          |                              |                          |  |
|                              |                        |   |                       |         |              |                              |        |                          |                              |                          |  |

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|    | 990 (2019)  |   |   |                       |         |              |                              | 1           |  |  | (                     | Page 8   |
|----|---|---|---|-----------------------|---------|--------------|------------------------------|-------------|--|--|-----------------------|--|
| Ра | t VII Section A. Officers, Directors, Tr  |   | ey Enr  | nplo                  |         |              | and H                        | ligi        | -  | Ed Employ<br>(E)   | yees (c               |  |
|    | (A)<br>Name and title   | (B)<br>Average<br>hours per<br>week (list any<br>hours for<br>related | (C)<br>Position<br>(do not check more than or<br>box, unless person is both a<br>officer and a director/truste<br>약 코 코 요 중 말 표 |                       |         |              | is both<br>or/trust          | an<br>ee)   | (D)<br>Reportable<br>compensation<br>from<br>the<br>orreprised | Reportable<br>compensation from<br>related<br>organizations<br>(W-2/1099-MISC) | on from<br>d<br>tions | (F)<br>Estimated<br>amount of<br>other<br>compensation<br>from the |
|    |   | organizations<br>below dotted<br>line)                                | Individual trustee<br>or director   | Institutional trustee | Officer | Key employee | Highest compensated employee | Former      | organization<br>(W-2/1099-MISC)                                | (W-2/1099  | -10113C)              | organization<br>and related<br>organizations                       |
|    |   | +   | -   |                       |         |              |                              |             |  |  |                       |  |
|    |   |   |   |                       |         |              |                              |             |  |  |                       |  |
|    |   |   | -   |                       |         |              |                              |             |  |  |                       |  |
|    |   |   |   |                       |         |              |                              |             |  |  |                       |  |
|    |   |   |   |                       |         |              |                              |             |  |  |                       |  |
|    |   |   |   |                       |         |              |                              |             |  |  |                       |  |
|    |   |   |   |                       |         |              |                              |             |  |  |                       |  |
|    |   | +   |   |                       |         |              |                              |             |  |  |                       |  |
|    |   | +   |   |                       |         |              |                              |             |  |  |                       |  |
|    |   | +   | -   |                       |         |              |                              |             |  |  |                       |  |
|    |   | +   | _   |                       |         |              |                              |             |  |  |                       |  |
|    | Sub-total<br>Total from continuation sheets to Part VII, S  | ection A  |   | •••                   |         | •••          |                              |             | 0.   |  | 0.                    | 568,195.<br>0.   |
|    | Total (add lines 1b and 1c)   | limited to t  |   | liste                 |         |              |                              | ►<br>o re   | 0.<br>eceived more than  |  |                       | 568,195.   |
| •  | Did the organization list any former offic  |   |   |                       | ·oto    | •            |                              |             | lovoo or birboo  |  | atad                  | Yes No   |
|    | employee on line 1a? If "Yes," complete Sched   | ule J for su  | ch ina  | livid                 | ual     | • •          |                              | ••          |  |  | • • •                 | 3 X  |
| 4  | For any individual listed on line 1a, is the organization and related organizations gr individual       | eater than  | \$15  | 50,0                  | 00?     | P If         | "Yes                         | s," (       | complete Schedu  | sation from<br>Ile J for   | the<br>such           | 4 X  |
| 5  | Did any person listed on line 1a receive or for services rendered to the organization? <i>If "Y</i>     | accrue co   | mpen  | sati                  | on f    | fron         | n any                        | un          | related organizati   |  |                       | 5 X  |
| Se | tion B. Independent Contractors   | <i>,</i>  |   |                       |         |              | 00011                        | <i>p</i> o. |  |  |                       |  |
| 1  | Complete this table for your five highest com<br>compensation from the organization. Report or<br>year. |   |   |                       |         |              |                              |             |  |  |                       |  |
|    | (A)<br>Name and business add  | dress   |   |                       |         |              |                              |             | (B)<br>Description of se                                       | ervices  | C                     | <b>(C)</b><br>ompensation  |
| NO | NE  |   |   |                       |         |              |                              | +           |  |  |                       |  |
|    |   |   |   |                       |         |              |                              | +           |  |  |                       |  |
| 2  | Total number of independent contractors (i  | ncludina bi   | ut not  | t lin                 | niter   | d tr         | thos                         | ie li       | isted above) who   | received   |                       |  |
| _  | more than \$100,000 in compensation from th   |   |   |                       |         | 0            |                              |             |  |  |                       |  |

Form 990 (2019)

| Pai  | rt VII   | —   | line in this Dart V         | /111   |   |   |
|--|----------|---|-----------------------------|--|---|---|
|  |          | Check if Schedule O contains a response or note to an | (A)<br>(A)<br>Total revenue | (B)<br>Related or exempt<br>function revenue | <b>(C)</b><br>Unrelated<br>business revenue | (D)<br>Revenue excluded<br>from tax under<br>sections 512-514 |
| Contributions, Gifts, Grants and Other Similar Amounts | 1a<br>b  | Federated campaigns   1a     Membership dues   1b     |                             |  |   |   |
| ۵ŭ   | c        | Fundraising events 1c 0.                              |                             |  |   |   |
| iifts<br>ar A  | d        | Related organizations 1d                              |                             |  |   |   |
| ي»<br>Bil  | е        | Government grants (contributions) 1e                  |                             |  |   |   |
| Sil  | f        | All other contributions, gifts, grants,               |                             |  |   |   |
| her  |          | and similar amounts not included above  If            |                             |  |   |   |
| ĞË   | g        | Noncash contributions included in                     |                             |  |   |   |
| u pu   |          | lines 1a-1f   |                             |  |   |   |
| a O  | h        | Total. Add lines 1a-1f                                | 0.                          |  |   |   |
|  |          | Business Code   |                             |  |   |   |
| Program Service<br>Revenue                             | 2a       |   |                             |  |   |   |
| Ser  | b        |   |                             |  |   |   |
| , en Ce  | c        |   |                             |  |   |   |
| gra<br>Re  | d        |   |                             |  |   |   |
| õ  | е        |   |                             |  |   |   |
| <u>а</u> .   | f        | All other program service revenue                     | 0.                          |  |   |   |
|  | g        | Total. Add lines 2a-2f                                | 0.                          |  |   |   |
|  | 3        | Investment income (including dividends, interest, and | 0.                          |  |   |   |
|  |          | other similar amounts).                               | 0.                          |  |   |   |
|  | 4        | Income from investment of tax-exempt bond proceeds    | 0.                          |  |   |   |
|  |          | (i) Real (ii) Personal                                |                             |  |   |   |
|  | 6a       | Gross rents 6a  |                             |  |   |   |
|  | b        | Less: rental expenses <b>6b</b>                       |                             |  |   |   |
|  | c        | Rental income or (loss) 6c                            |                             |  |   |   |
|  | d        | Net rental income or (loss)                           | 0.                          |  |   |   |
|  | 7a       | Gross amount from (i) Securities (ii) Other           |                             |  |   |   |
|  |          | sales of assets                                       |                             |  |   |   |
|  |          | other than inventory 7a                               |                             |  |   |   |
| e  | ь        | Less: cost or other basis                             |                             |  |   |   |
| evenue   |          | and sales expenses 7b                                 |                             |  |   |   |
|  | c        | Gain or (loss) 7c                                     |                             |  |   |   |
| r.<br>F  | d        | Net gain or (loss)                                    | 0.                          |  |   |   |
| Other R  | 8a       | Gross income from fundraising                         |                             |  |   |   |
| 0  |          | events (not including \$                              |                             |  |   |   |
|  |          | of contributions reported on line                     |                             |  |   |   |
|  |          | 1c). See Part IV, line 18 8a 0.                       |                             |  |   |   |
|  | b        | Less: direct expenses                                 |                             |  |   |   |
|  | c        | Net income or (loss) from fundraising events▶         | 0.                          |  |   |   |
|  | 9a       | Gross income from gaming                              |                             |  |   |   |
|  |          | activities. See Part IV, line 19 9a 0.                |                             |  |   |   |
|  | b        | Less: direct expenses                                 |                             |  |   |   |
|  | C        | Net income or (loss) from gaming activities▶          | 0.                          |  |   |   |
|  | 10a      | Gross sales of inventory, less returns and allowances |                             |  |   |   |
|  | .        |   |                             |  |   |   |
|  | b<br>c   | Less: cost of goods sold                              | 0.                          |  |   |   |
| <i>(</i> ^   | -        | Business Code   | 5.                          |  |   |   |
| ŝno  | 110      |   |                             |  |   |   |
| ane  | 11a<br>b |   |                             |  |   |   |
| Miscellaneous<br>Revenue                               | c b      |   |                             |  |   |   |
| lisc   | d        | All other revenue                                     |                             |  |   |   |
| Σ  | e        | Total. Add lines 11a-11d                              | 0.                          |  |   |   |
|  | 12       | Total revenue. See instructions                       | 0.                          |  |   |   |

#### 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 В (C) Management and (A) Total expenses (B) Program service (D) Do not include amounts reported on lines 6b. 7b. Fundraising 8b. 9b. and 10b of Part VIII. general expenses expenses expenses 1 Grants and other assistance to domestic organizations 0 and domestic governments. See Part IV, line 21 . . . 2 Grants and other assistance to domestic 0 individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign 0 individuals. See Part IV, lines 15 and 16 0 4 Benefits paid to or for members 5 Compensation of current officers, directors, 0 trustees, and key employees 6 Compensation not included above to disgualified persons (as defined under section 4958(f)(1)) and 0 persons described in section 4958(c)(3)(B) 0 7 Other salaries and wages 8 Pension plan accruals and contributions (include 0 section 401(k) and 403(b) employer contributions) 0 9 Other employee benefits . . . . . . . . . . 0 10 11 Fees for services (nonemployees): 0 a Management 0 **b** Legal 0 c Accounting 0 d Lobbying 0 e Professional fundraising services. See Part IV, line 17 0 f Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, column 0 (A) amount, list line 11g expenses on Schedule O.) 0 Advertising and promotion 12 0 13 Office expenses 0 14 Information technology 0 15 Royalties 0 Occupancy 16 0 17 Travel Payments of travel or entertainment expenses 18 0 for any federal, state, or local public officials 0 Conferences, conventions, and meetings 19 0 Interest 20 0 21 Payments to affiliates 22 Depreciation, depletion, and amortization 0 0 Insurance 23 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) aADMINISTRATIVE EXPENSES 498,302. 498,302. b С d e All other expenses 498,302 498,302 25 Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the 26 organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here

following SOP 98-2 (ASC 958-720)

0

if

| -                           | n 990 ( |   |                                 |     | Page <b>11</b>            |
|-----------------------------|---------|---|---------------------------------|-----|---------------------------|
| Ρ                           | art X   |   |                                 |     |                           |
|                             |         | Check if Schedule O contains a response or note to any line in this Pa  | art X                           |     | <u> </u>                  |
|                             |         |   | <b>(A)</b><br>Beginning of year |     | <b>(B)</b><br>End of year |
|                             | 1       | Cash - non-interest-bearing   | 0.                              | 1   | 0.                        |
|                             | 2       | Savings and temporary cash investments.   | 0.                              | 2   | 0.                        |
|                             | 3       | Pledges and grants receivable, net  | 0.                              | 3   | 0.                        |
|                             | 4       | Accounts receivable, net.   | 6,537,244.                      | 4   | 2,480,625.                |
|                             | 5       | Loans and other receivables from any current or former officer, director,                                       |                                 |     |                           |
|                             |         | trustee, key employee, creator or founder, substantial contributor, or 35%                                      |                                 |     |                           |
|                             |         | controlled entity or family member of any of these persons  | 0.                              | 5   | 0.                        |
|                             | 6       | Loans and other receivables from other disqualified persons (as defined   |                                 |     |                           |
|                             |         | under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)                                       | 0.                              | 6   | 0.                        |
| ts                          | 7       | Notes and loans receivable, net   | 0.                              | 7   | 0.                        |
| Assets                      | 8       | Inventories for sale or use   | 0.                              | 8   | 0.                        |
| Ä                           | 9       | Prepaid expenses and deferred charges   | 0.                              | 9   | 0.                        |
|                             | 10 a    | Land, buildings, and equipment: cost or other   |                                 |     |                           |
|                             |         | basis. Complete Part VI of Schedule D 10a   |                                 |     |                           |
|                             | b       | Less: accumulated depreciation 10b  | 0.                              | 10c | 0.                        |
|                             | 11      | Investments - publicly traded securities.   | 0.                              | 11  | 0.                        |
|                             | 12      | Investments - other securities. See Part IV, line 11  | 0.                              | 12  | 0.                        |
|                             | 13      | Investments - program-related. See Part IV, line 11   | 0.                              | 13  | 0.                        |
|                             | 14      | Intangible assets   | 0.                              | 14  | 0.                        |
|                             | 15      | Other assets. See Part IV, line 11  | 748,772.                        | 15  | 483,894.                  |
|                             | 16      | Total assets. Add lines 1 through 15 (must equal line 33)   | 7,286,016.                      | 16  | 2,964,519.                |
|                             | 17      | Accounts payable and accrued expenses   | 0.                              | 17  | 0.                        |
|                             | 18      | Grants payable  | 0.                              | 18  | 0.                        |
|                             | 19      | Deferred revenue.   | 0.                              | 19  | 0.                        |
|                             | 20      | Tax-exempt bond liabilities.  | 0.                              | 20  | 0.                        |
|                             | 21      | Escrow or custodial account liability. Complete Part IV of Schedule D   | 0.                              | 21  | 0.                        |
| ies                         | 22      | Loans and other payables to any current or former officer, director,  |                                 |     |                           |
| Liabilities                 |         | trustee, key employee, creator or founder, substantial contributor, or 35%                                      | 0                               |     | 0                         |
| -iat                        |         | controlled entity or family member of any of these persons  | 0.                              | 22  | 0.                        |
| _                           | 23      | Secured mortgages and notes payable to unrelated third parties  | 0.                              | 23  | 0.                        |
|                             | 24      | Unsecured notes and loans payable to unrelated third parties  | 0.                              | 24  | 0.                        |
|                             | 25      | Other liabilities (including federal income tax, payables to related third                                      |                                 |     |                           |
|                             |         | parties, and other liabilities not included on lines 17-24). Complete Part X                                    | 7,286,016.                      |     | 2,964,519.                |
|                             | 20      | of Schedule D   | 7,286,016.                      | 25  | 2,964,519.                |
|                             | 26      | Total liabilities. Add lines 17 through 25         Organizations that follow FASB ASC 958. check here ►       X | 7,200,010.                      | 26  | 2,904,519.                |
| nces                        |         | Organizations that follow FASB ASC 958, check here ► X<br>and complete lines 27, 28, 32, and 33.                |                                 |     |                           |
| alaı                        | 27      | Net assets without donor restrictions   | 0.                              | 27  | 0.                        |
| а<br>В                      | 28      | Net assets with donor restrictions.   | 0.                              | 28  | 0.                        |
| Net Assets or Fund Balances |         | Organizations that do not follow FASB ASC 958, check here ► and complete lines 29 through 33.                   |                                 |     |                           |
| õ                           | 29      | Capital stock or trust principal, or current funds  |                                 | 29  |                           |
| sets                        | 30      | Paid-in or capital surplus, or land, building, or equipment fund  |                                 | 30  |                           |
| Ass                         | 31      | Retained earnings, endowment, accumulated income, or other funds  |                                 | 31  |                           |
| et                          | 32      | Total net assets or fund balances   | 0.                              | 32  | 0.                        |
|                             | 33      | Total liabilities and net assets/fund balances  | 7,286,016.                      | 33  | 2,964,519.                |

Form **990** (2019)

UMASS MEDICAL SCHOOL FOUNDATION, INC.

| Form 99 | 00 (2019)  |           |    | Pa   | ge <b>12</b> |
|---------|--|-----------|----|------|--------------|
| 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         |    |      | 0.           |
| 2       | Total expenses (must equal Part IX, column (A), line 25)   | 2         | 4  | 98,3 | 302.         |
| 3       | Revenue less expenses. Subtract line 2 from line 1   | 3         | -4 | 98,3 | 802.         |
| 4       | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))              | 4         |    |      | 0.           |
| 5       | Net unrealized gains (losses) on investments   | 5         |    |      | 0.           |
| 6       | Donated services and use of facilities   | 6         | 4  | 98,3 | 302.         |
| 7       | Investment expenses  | 7         |    |      | 0.           |
| 8       | Prior period adjustments   | 8         |    |      | 0.           |
| 9       | Other changes in net assets or fund balances (explain on Schedule O)                                   | 9         |    |      | 0.           |
| 10      | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line         |           |    |      |              |
|         | 32, column (B))  | 10        |    |      | 0.           |
| Part    |  |           |    |      |              |
|         | Check if Schedule O contains a response or note to any line in this Part XII                           |           |    |      |              |
|         |  |           |    | Yes  | No           |
| 1       | Accounting method used to prepare the Form 990: Cash X Accrual Other                                   | <u> </u>  |    |      |              |
|         | If the organization changed its method of accounting from a prior year or checked "Other," e           | xplain in |    |      |              |
|         | Schedule O.  |           |    | 37   |              |
| 2a      | Were the organization's financial statements compiled or reviewed by an independent accountant?.       |           | 2a | Х    |              |
|         | If "Yes," check a box below to indicate whether the financial statements for the year were con         | piled or  |    |      |              |
|         | reviewed on a separate basis, consolidated basis, or both:   |           |    |      |              |
|         | X       Separate basis       Consolidated basis       Both consolidated and separate basis             |           |    | 37   |              |
| b       | Were the organization's financial statements audited by an independent accountant?                     |           | 2b | Х    |              |
|         | If "Yes," check a box below to indicate whether the financial statements for the year were audi        | ted on a  |    |      |              |
|         | separate basis, consolidated basis, or both:   |           |    |      |              |
|         | Separate basis X Consolidated basis Both consolidated and separate basis                               |           |    |      |              |
| C       | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over | •         |    | x    |              |
|         | the audit, review, or compilation of its financial statements and selection of an independent accounta |           | 2c | Λ    |              |
|         | If the organization changed either its oversight process or selection process during the tax year, ex  | plain on  |    |      |              |
| _       | Schedule O.  |           |    |      |              |
| 3a      | As a result of a federal award, was the organization required to undergo an audit or audits as set for | th in the | 2. |      | х            |
| -       | Single Audit Act and OMB Circular A-133?   |           | 3a |      | A            |
| b       | If "Yes," did the organization undergo the required audit or audits? If the organization did not und   | •         | 24 |      |              |
|         | required audit or audits, explain why on Schedule O and describe any steps taken to undergo such au    | ICITS     | 3b | 990  | (2010)       |
|         |  |           |    | 330  | (2013)       |

| SCHEDU    | LE A       |
|-----------|------------|
| (Form 990 | or 990-EZ) |

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.

OMB No. 1545-0047 19 20

|              |   | nt of the Treasury evenue Service                 |  | Go to www.irs.go   | //Form990 for instruction  | ons and t                                    | he latest i                        | nformation.   | Open to Public<br>Inspection        |  |  |  |  |
|--------------|---|---|--|--|--|--|------------------------------------|---|-------------------------------------|--|--|--|--|
| Nam          | e of t  | he organization                                   |  |  |  |  |                                    | Employer identif  | ication number                      |  |  |  |  |
| UM           | ASS   | MEDICAL SC  | CHOOL FOUL   | NDATION, INC.  |  |  |                                    | 04-31081  | 90                                  |  |  |  |  |
|              | rt I  |   |  |  | organizations must c   | omplet                                       | e this pa                          | art.) See instructions  | <br>6.                              |  |  |  |  |
|              |   |   |  | •  | <u> </u>   |  |                                    | ,   |                                     |  |  |  |  |
| 1            | $\square$   |   | -  | Indation because it is: (For lines 1 through 12, check only one box.)<br>urches, or association of churches described in <b>section 170(b)(1)(A)(i).</b> |  |  |                                    |   |                                     |  |  |  |  |
| 2            |   |   |  | ion 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)  |  |  |                                    |   |                                     |  |  |  |  |
| 3            | A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). |   |  |  |  |  |                                    |   |                                     |  |  |  |  |
| 4            |   |   | -  |  | conjunction with a hos   |  |                                    |   | )(iii). Enter the                   |  |  |  |  |
|              |   | hospital's nam                                    | ne, city, and st                                   | ate:   | •  |  |                                    |   |                                     |  |  |  |  |
| 5            |   | An organizatio                                    | on operated f                                      | for the benefit of   | a college or universit   | y owned                                      | d or ope                           | rated by a governme   | ental unit described in             |  |  |  |  |
|              |   | section 170(b)                                    | )(1)(A)(iv). (C                                    | Complete Part II.)   |  |  |                                    |   |                                     |  |  |  |  |
| 6            |   | A federal, stat                                   | te, or local go                                    | overnment or gover   | rnmental unit describe   | d in <b>sect</b>                             | ion 170(                           | b)(1)(A)(v).  |                                     |  |  |  |  |
| 7            |   | An organizatio                                    | on that norma                                      | ally receives a sub  | stantial part of its su  | pport fro                                    | om a go                            | vernmental unit or fr   | om the general public               |  |  |  |  |
|              |   | described in s                                    | ection 170(b)                                      | (1)(A)(vi). (Compl   | ete Part II.)  |  |                                    |   |                                     |  |  |  |  |
| 8            |   | A community t                                     | trust describe                                     | ed in section 170(b  | o)(1)(A)(vi). (Complete  | Part II.)                                    |                                    |   |                                     |  |  |  |  |
| 9            |   | An agricultura                                    | l research or                                      | ganization describe  | ed in section 170(b)(1   | )(A)(ix)                                     | operated                           | in conjunction with a   | land-grant college                  |  |  |  |  |
|              |   | or university o                                   | r a non-land-                                      | grant college of ag  | priculture (see instruct   | ions). Ei                                    | nter the i                         | name, city, and state o   | of the college or                   |  |  |  |  |
|              |   | university:                                       |  |  |  |  |                                    |   |                                     |  |  |  |  |
| 10           |   | receipts from<br>support from g<br>acquired by th | activities rela<br>gross investm<br>le organizatio | ted to its exempt f<br>nent income and up<br>n after June 30, 1  | ore than 331/3 % of its<br>unctions - subject to<br>nrelated business tax<br>975. See <b>section 509</b> | certain e<br>able inco<br>( <b>a)(2).</b> (0 | exception<br>ome (less<br>Complete | s, and (2) no more tha<br>s section 511 tax) from<br>Part III.) | an 331/3% of its                    |  |  |  |  |
| 11           |   | •   | •  |  | usively to test for publi  |  |                                    |   |                                     |  |  |  |  |
| 12           | Х   | -   | -  |  |  | -  |                                    |   | carry out the purposes              |  |  |  |  |
|              |   |   |  |  |  |  |                                    |   | See section 509(a)(3).              |  |  |  |  |
|              |   |   |  | -  |  |  |                                    | -   | nes 12e, 12f, and 12g.              |  |  |  |  |
| а            |   |   |  |  | , supervised, or contr   | -  |                                    |   |                                     |  |  |  |  |
|              |   |   | -  |  | regularly appoint or e   |  | ajority of                         | the directors or truste   | ees of the                          |  |  |  |  |
|              |   |   | -  | -  | e Part IV, Sections A  |  |                                    |   |                                     |  |  |  |  |
| b            |   |   |  | -  | ed or controlled in co   |  |                                    |   |                                     |  |  |  |  |
|              |   |   | -  |  | rganization vested in  | the sam                                      | e person                           | is that control of mar  | lage the supported                  |  |  |  |  |
| ~            |   | -   |  | -  | , Sections A and C.<br>ng organization opera   | tod in a                                     | onnoctio                           | n with and functions  | lly intograted with                 |  |  |  |  |
| С            |   |   |  |  | ng organization operation). You must comple  |  |                                    |   | iny integrated with,                |  |  |  |  |
| d            |   |   | -  |  | porting organization of  |  |                                    |   | rted organization(s)                |  |  |  |  |
| ŭ            |   |   | -  |  | nization generally mus   | -  |                                    |   |                                     |  |  |  |  |
|              |   |   | -  |  | omplete Part IV, Sect  | -  |                                    |   |                                     |  |  |  |  |
| е            |   |   | •  | ,  | a written determinatio   |  |                                    |   | II. Type III                        |  |  |  |  |
| -            |   |   | -  |  | ionally integrated sup   |  |                                    |   | , ., .,                             |  |  |  |  |
| f            | En  | -   | -  |  |  | -  | -                                  |   | 2                                   |  |  |  |  |
| g            | Pro   | ovide the follow                                  | ving information                                   | on about the suppo   | orted organization(s).   |  |                                    |   |                                     |  |  |  |  |
|              | (i) N   | lame of supported of                              | organization                                       | (ii) EIN   | (iii) Type of organization   |  | organization                       | (v) Amount of monetary  | (vi) Amount of                      |  |  |  |  |
|              |   |   |  |  | (described on lines 1-10<br>above (see instructions))  |  | ur governing<br>ment?              | support (see<br>instructions)                                   | other support (see<br>instructions) |  |  |  |  |
| 7            | ATTZ  | ACHMENT 1   |  |  |  | Yes  | No                                 | includencino)   |                                     |  |  |  |  |
| (A)          |   |   |  |  |  |  |                                    |   |                                     |  |  |  |  |
|              |   |   |  |  |  |  |                                    |   |                                     |  |  |  |  |
| (B)          |   |   |  |  |  |  |                                    |   |                                     |  |  |  |  |
| $\sim$       |   |   |  |  |  |  |                                    |   |                                     |  |  |  |  |
| (C)          |   |   |  |  |  |  |                                    |   |                                     |  |  |  |  |
| (D)          |   |   |  |  |  |  |                                    |   |                                     |  |  |  |  |
| ( <b>F</b> ` |   |   |  |  |  |  |                                    |   |                                     |  |  |  |  |
| (E)          |   |   |  |  |  |  |                                    |   |                                     |  |  |  |  |
| Tota         | al  |   |  |  |  |  |                                    |   |                                     |  |  |  |  |

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Schedule A (Form 990 or 990-EZ) 2019

#### Schedule A (Form 990 or 990-EZ) 2019

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.)

| Sec    | tion A. Public Support  |                  |                 |          |          |          |           |
|--------|---|------------------|-----------------|----------|----------|----------|-----------|
| Cale   | ndar year (or fiscal year beginning in) 🕨   | <b>(a)</b> 2015  | <b>(b)</b> 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
| 1      | Gifts, grants, contributions, and<br>membership fees received. (Do not<br>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<br>furnished by a governmental unit to the<br>organization without charge   |                  |                 |          |          |          |           |
| 4      | Total. Add lines 1 through 3  |                  |                 |          |          |          |           |
| 5      | The portion of total contributions by<br>each person (other than a<br>governmental unit or publicly<br>supported organization) included on<br>line 1 that exceeds 2% of the amount<br>shown on line 11, column (f). |                  |                 |          |          |          |           |
| 6      | Public support. Subtract line 5 from line 4   |                  |                 |          |          |          |           |
|        | tion B. Total Support   |                  | 1               | 1        | 1        | 1        | 1         |
| Cale   | ndar year (or fiscal year beginning in) 🕨   | <b>(a)</b> 2015  | (b) 2016        | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
| 7<br>8 | Amounts from line 4.<br>Gross income from interest, dividends,<br>payments received on securities loans,<br>rents, royalties, and income from<br>similar sources  |                  |                 |          |          |          |           |
| 9      | Net income from unrelated business<br>activities, whether or not the business<br>is regularly carried on  |                  |                 |          |          |          |           |
| 10     | Other income. Do not include gain or<br>loss from the sale of capital assets<br>(Explain in Part VI.)   |                  |                 |          |          |          |           |
| 11     | Total support. Add lines 7 through 10   |                  |                 |          |          |          |           |
| 12     | Gross receipts from related activities, etc. (s   | ee instructions) |                 |          |          | 12       |           |
| 13     | First five years. If the Form 990 is for organization, check this box and stop here.  | <u></u>          | <u></u>         |          |          |          |           |
| Sec    | tion C. Computation of Public Sup   | •                |                 |          |          | 1 1      |           |
| 14     | Public support percentage for 2019 (lin   |                  | , ,             |          |          |          | %         |
| 15     | Public support percentage from 2018   |                  |                 |          |          | 15       | %         |
| 16a    | 331/3% support test - 2019. If the org  | -                |                 |          |          |          |           |
| _      | box and <b>stop here.</b> The organization qu   |                  |                 |          |          |          |           |
| b      | 331/3% support test - 2018. If the org  | •                |                 |          | •        |          |           |
|        | this box and <b>stop here.</b> The organization   |                  |                 | -        |          |          |           |
| 17a    | 10%-facts-and-circumstances test - 2  |                  |                 |          |          |          |           |
|        | 10% or more, and if the organization  |                  |                 |          |          | -        |           |
|        | Part VI how the organization meets the  |                  |                 | -        | -        |          |           |
|        | organization  |                  |                 |          |          |          |           |
| a      | 10%-facts-and-circumstances test - 2  |                  | •               |          |          |          |           |
|        | 15 is 10% or more, and if the orga  |                  |                 |          |          |          | -         |
|        | Explain in Part VI how the organization   |                  |                 |          | -        | -        |           |
| 10     | supported organization <b>Private foundation.</b> If the organization   |                  |                 |          |          |          |           |
| 18     | •   |                  |                 |          |          |          |           |
|        | instructions  | <u></u>          |                 |          |          |          | · · · F 🖂 |

Schedule A (Form 990 or 990-EZ) 2019

#### Schedule A (Form 990 or 990-EZ) 2019

Support Schedule for Organizations Described in Section 509(a)(2) Part III (Complete only if you checked the box on line 10 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.)

| Sec              | tion A. Public Support   |                 |                 |                 |                 |     |               |                   |
|------------------|--|-----------------|-----------------|-----------------|-----------------|-----|---------------|-------------------|
| Caler            | ndar year (or fiscal year beginning in) 🕨  | <b>(a)</b> 2015 | <b>(b)</b> 2016 | (c) 2017        | <b>(d)</b> 2018 | (e  | <b>)</b> 2019 | (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   |                 |                 |                 |                 |     |               |                   |
| 7 a              | Amounts included on lines 1, 2, and 3  |                 |                 |                 |                 |     |               |                   |
|                  | received from disqualified persons   |                 |                 |                 |                 |     |               |                   |
| b                | Amounts included on lines 2 and 3<br>received from other than disgualified               |                 |                 |                 |                 |     |               |                   |
|                  | persons that exceed the greater of \$5,000   |                 |                 |                 |                 |     |               |                   |
|                  | or 1% of the amount on line 13 for the year  |                 |                 |                 |                 |     |               |                   |
| С                | Add lines 7a and 7b.   |                 |                 |                 |                 |     |               |                   |
| 8                | Public support. (Subtract line 7c from   |                 |                 |                 |                 |     |               |                   |
|                  | line 6.)   |                 |                 |                 |                 |     |               |                   |
|                  | tion B. Total Support  | ( ) 0015        | "               | () 0017         | ( )) 0 0 ( 0    |     |               |                   |
| Caler            | ndar year (or fiscal year beginning in) 🕨  | <b>(a)</b> 2015 | (b) 2016        | (c) 2017        | (d) 2018        | (e  | )2019         | <b>(f)</b> Total  |
| 9                | Amounts from line 6  |                 |                 |                 |                 |     |               |                   |
| IUa              | Gross income from interest, dividends,<br>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   |                 |                 |                 |                 |     |               |                   |
|                  | Add lines 10a and 10b  |                 |                 |                 |                 |     |               |                   |
| 11               | Net income from unrelated business   |                 |                 |                 |                 |     |               |                   |
|                  | activities not included in line 10b, whether   |                 |                 |                 |                 |     |               |                   |
|                  | or not the business is regularly carried on  |                 |                 |                 |                 |     |               |                   |
| 12               | Other income. Do not include gain or   |                 |                 |                 |                 |     |               |                   |
|                  | loss from the sale of capital assets   |                 |                 |                 |                 |     |               |                   |
|                  | (Explain in Part VI.)  |                 |                 |                 |                 |     |               |                   |
| 13               | Total support. (Add lines 9, 10c, 11,  |                 |                 |                 |                 |     |               |                   |
|                  | and 12.)   |                 |                 |                 |                 |     |               | 504()(0)          |
| 14               | First five years. If the Form 990 is for   | 0               | -               |                 |                 |     |               |                   |
| <u> </u>         | organization, check this box and stop here.  |                 |                 | <u></u>         |                 |     |               |                   |
| <u>3ec</u><br>15 | tion C. Computation of Public Supp<br>Public support percentage for 2019 (line 8,        |                 | -               | mn (f))         |                 | 15  |               | %                 |
| 16               | Public support percentage for 2019 (line 6,<br>Public support percentage from 2018 Scher | .,              | -               |                 |                 | 15  |               | %                 |
|                  | tion D. Computation of Investment  |                 |                 |                 |                 | 10  |               | /0                |
|                  | Investment income percentage for 2019 (lin   |                 |                 | 13 column (f))  |                 | 17  |               | %                 |
| 17<br>18         | Investment income percentage for 2019 (in<br>Investment income percentage from 2018 S    |                 |                 |                 |                 |     |               | %                 |
|                  | 331/3% support tests - 2019. If the org  |                 |                 |                 |                 |     | an 331/2%     |                   |
| 194              | 17 is not more than 331/3%, check this   |                 |                 |                 |                 |     |               |                   |
| h                | 331/3% support tests - 2018. If the orga   | -               | -               |                 |                 |     | -             |                   |
| u                | line 18 is not more than 331/3%, check   |                 |                 |                 |                 |     |               |                   |
| 20               | <b>Private foundation.</b> If the organization d   |                 | •               | •               | . ,             | ••• | 0             |                   |
| JSA              |  |                 |                 | ., 100, 01 100, |                 |     |               | 90 or 990-EZ) 201 |
| 9E122            | 11.000<br>93870A F227  |                 | V 19-8.3F       |                 |                 |     |               | PAGE 1            |
|                  |  |                 |                 |                 |                 |     |               |                   |

PAGE 15

Yes No

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Х

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Х

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

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9a

9b

9c

10a

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#### Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in Part VI when and how the organization made the determination.*
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in Part VI.*
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in Part VI.*
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in Part VI.*
- **10 a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer 10b below.* 
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

10b Schedule A (Form 990 or 990-EZ) 2019

JSA

| Schedu | le A (Form 990 or 990-EZ) 2019   |          |          | Page 5 |
|--------|--|----------|----------|--------|
| Part   | V Supporting Organizations (continued)   |          |          |        |
|        |  |          | Yes      | No     |
| 11     | Has the organization accepted a gift or contribution from any of the following persons?  |          |          |        |
| а      | A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)   |          |          | 37     |
|        | below, the governing body of a supported organization?   | 11a      |          | X      |
|        | A family member of a person described in (a) above?  | 11b      |          | X      |
|        | A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.  | 11c      |          | Х      |
| Secti  | on B. Type I Supporting Organizations  |          | Vaa      |        |
|        |  |          | res      | No     |
| 1      | Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the   |          |          |        |
|        | tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization,   |          |          |        |
|        | describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.   | 1        |          |        |
| 2      | Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>   | 2        |          |        |
| Secti  | on C. Type II Supporting Organizations   | <u> </u> |          |        |
| 0000   |  |          | Vas      | No     |
|        |  |          | 163      |        |
| 1      | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed   |          |          |        |
|        | the supported organization(s).   | 1        |          |        |
| Secti  | on D. All Type III Supporting Organizations  |          |          |        |
|        |  |          | Yes      | No     |
| 1      | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously |          |          |        |
|        | provided?  | 1        | Х        |        |
| 2      | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>   |          | 37       |        |
| _      |  | 2        | X        |        |
| 3      | By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>  |          |          |        |
| Casti  |  | 3        | Х        |        |
|        | on E. Type III Functionally Integrated Supporting Organizations  |          | (a.m.a.) |        |
| 1      | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in $X$ ). The organization satisfied the Activities Test. Complete <b>line 2</b> below.   | structi  | ons).    |        |
| a<br>L |  |          |          |        |
| b<br>c | The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i><br>The organization supported a governmental entity. <i>Describe in Part VI how you supported a government entity (see</i>  | o inotru | otional  |        |
| U      | The organization supported a governmental entity. Describe in Part vi now you supported a government entity (see   | ; 115000 | <u> </u> | No     |
| 2      | Activities Test. Answer (a) and (b) below.   |          |          |        |
| а      | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain</i> how these activities directly furthered their exempt purposes,  |          |          |        |
|        | how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.   | 2a       | x        |        |
| b      | Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these</i>   |          |          |        |
|        | activities but for the organization's involvement.   | 2b       | Х        |        |
| 3      | Parent of Supported Organizations. Answer (a) and (b) below.   |          |          |        |
| а      | Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in <b>Part VI.</b></i>   | 3a       |          | x      |

**b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.* Schedule A (Form 990 or 990-EZ) 2019

3b

Х

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

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

| Section A - Adjusted Net Income  |    | (A) Prior Year | (B) Current Year<br>(optional) |
|--|----|----------------|--------------------------------|
| 1 Net short-term capital gain  | 1  |                |                                |
| 2 Recoveries of prior-year distributions   | 2  |                |                                |
| 3 Other gross income (see instructions)  | 3  |                |                                |
| 4 Add lines 1 through 3.   | 4  |                |                                |
| 5 Depreciation and depletion   | 5  |                |                                |
| 6 Portion of operating expenses paid or incurred for production or   |    |                |                                |
| collection of gross income or for management, conservation, or   |    |                |                                |
| maintenance of property held for production of income (see instructions)   | 6  |                |                                |
| 7 Other expenses (see instructions)  | 7  |                |                                |
| 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)   | 8  |                |                                |
| Section B - Minimum Asset Amount   |    | (A) Prior Year | (B) Current Year<br>(optional) |
| 1 Aggregate fair market value of all non-exempt-use assets (see  |    |                |                                |
| instructions for short tax year or assets held for part of year):  |    |                |                                |
| a Average monthly value of securities  | 1a |                |                                |
| <b>b</b> Average monthly cash balances   | 1b |                |                                |
| c Fair market value of other non-exempt-use assets   | 1c |                |                                |
| d Total (add lines 1a, 1b, and 1c)   | 1d |                |                                |
| e Discount claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):                                 |    |                |                                |
| 2 Acquisition indebtedness applicable to non-exempt-use assets   | 2  |                |                                |
| 3 Subtract line 2 from line 1d.  | 3  |                |                                |
| <b>4</b> Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).                 | 4  |                |                                |
| 5 Net value of non-exempt-use assets (subtract line 4 from line 3)   | 5  |                |                                |
| 6 Multiply line 5 by .035.   | 6  |                |                                |
| 7 Recoveries of prior-year distributions   | 7  |                |                                |
| 8 Minimum Asset Amount (add line 7 to line 6)  | 8  |                |                                |
| Section C - Distributable Amount   |    |                | Current Year                   |
| 1 Adjusted net income for prior year (from Section A, line 8, Column A)  | 1  |                |                                |
| 2 Enter 85% of line 1.   | 2  |                |                                |
| 3 Minimum asset amount for prior year (from Section B, line 8, Column A)   | 3  |                |                                |
| 4 Enter greater of line 2 or line 3.   | 4  |                |                                |
| 5 Income tax imposed in prior year   | 5  |                |                                |
| 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). | 6  |                |                                |
|  |    |                |                                |

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

Schedule A (Form 990 or 990-EZ) 2019

| Sect | V Type III Non-Functionally Integrated 509(a)(3)<br>ion D - Distributions | <u> </u>  |  | Current Year                              |  |  |  |  |  |  |
|------|---|---|--|---|--|--|--|--|--|--|
| 1    | Amounts paid to supported organizations to accomplish ex                  | xempt purposes  |  |   |  |  |  |  |  |  |
| 2    | Amounts paid to perform activity that directly furthers exer              |   | ed                                     |   |  |  |  |  |  |  |
| _    | organizations, in excess of income from activity                          |   |  |   |  |  |  |  |  |  |
| 3    |   | Administrative expenses paid to accomplish exempt purposes of supported organizations |  |   |  |  |  |  |  |  |
| 4    | Amounts paid to acquire exempt-use assets                                 | <u> </u>  |  |   |  |  |  |  |  |  |
| 5    | Qualified set-aside amounts (prior IRS approval required)                 |   |  |   |  |  |  |  |  |  |
| 6    | Other distributions (describe in <b>Part VI</b> ). See instructions.      |   |  |   |  |  |  |  |  |  |
| 7    | Total annual distributions. Add lines 1 through 6.                        |   |  |   |  |  |  |  |  |  |
| 8    | Distributions to attentive supported organizations to which               | the organization is resp  | onsive                                 |   |  |  |  |  |  |  |
|      | (provide details in <b>Part VI</b> ). See instructions.                   | 0 1   |  |   |  |  |  |  |  |  |
| 9    | Distributable amount for 2019 from Section C, line 6                      |   |  |   |  |  |  |  |  |  |
| 10   | Line 8 amount divided by line 9 amount                                    |   |  |   |  |  |  |  |  |  |
|      | Section E - Distribution Allocations (see instructions)                   | (i)<br>Excess Distributions   | (ii)<br>Underdistributions<br>Pre-2019 | (iii)<br>Distributable<br>Amount for 2019 |  |  |  |  |  |  |
| 1    | Distributable amount for 2019 from Section C, line 6                      |   |  |   |  |  |  |  |  |  |
| 2    | Underdistributions, if any, for years prior to 2019                       |   |  |   |  |  |  |  |  |  |
|      | (reasonable cause required - explain in Part VI). See                     |   |  |   |  |  |  |  |  |  |
|      | instructions.   |   |  |   |  |  |  |  |  |  |
| 3    | Excess distributions carryover, if any, to 2019                           |   |  |   |  |  |  |  |  |  |
| а    | From 2014   |   |  |   |  |  |  |  |  |  |
| b    | From 2015   |   |  |   |  |  |  |  |  |  |
| С    | From 2016   |   |  |   |  |  |  |  |  |  |
| d    | From 2017   |   |  |   |  |  |  |  |  |  |
| е    | From 2018   |   |  |   |  |  |  |  |  |  |
| f    | Total of lines 3a through e   |   |  |   |  |  |  |  |  |  |
| g    | Applied to underdistributions of prior years                              |   |  |   |  |  |  |  |  |  |
| h    | Applied to 2019 distributable amount                                      |   |  |   |  |  |  |  |  |  |
| i    | Carryover from 2014 not applied (see instructions)                        |   |  |   |  |  |  |  |  |  |
| j    | Remainder. Subtract lines 3g, 3h, and 3i from 3f.                         |   |  |   |  |  |  |  |  |  |
| 4    | Distributions for 2019 from   |   |  |   |  |  |  |  |  |  |
|      | Section D, line 7: \$   |   |  |   |  |  |  |  |  |  |
| а    | Applied to underdistributions of prior years                              |   |  |   |  |  |  |  |  |  |
| b    | Applied to 2019 distributable amount                                      |   |  |   |  |  |  |  |  |  |
| С    | Remainder. Subtract lines 4a and 4b from 4.                               |   |  |   |  |  |  |  |  |  |
| 5    | Remaining underdistributions for years prior to 2019, if                  |   |  |   |  |  |  |  |  |  |
|      | any. Subtract lines 3g and 4a from line 2. For result                     |   |  |   |  |  |  |  |  |  |
|      | greater than zero, explain in Part VI. See instructions.                  |   |  |   |  |  |  |  |  |  |
| 6    | Remaining underdistributions for 2019. Subtract lines 3h                  |   |  |   |  |  |  |  |  |  |
|      | and 4b from line 1. For result greater than zero, explain in              |   |  |   |  |  |  |  |  |  |
|      | Part VI. See instructions.  |   |  |   |  |  |  |  |  |  |
| 7    | Excess distributions carryover to 2020. Add lines 3j                      |   |  |   |  |  |  |  |  |  |
|      | and 4c.   |   |  |   |  |  |  |  |  |  |
| 8    | Breakdown of line 7:  |   |  |   |  |  |  |  |  |  |
| а    | Excess from 2015  |   |  |   |  |  |  |  |  |  |
| b    | Excess from 2016  |   |  |   |  |  |  |  |  |  |
| С    | Excess from 2017  |   |  |   |  |  |  |  |  |  |
| d    | Excess from 2018  |   |  |   |  |  |  |  |  |  |
| е    | Excess from 2019  |   |  |   |  |  |  |  |  |  |

Schedule A (Form 990 or 990-EZ) 2019

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

FORM 990, SCHEDULE A, PART IV, SECTION A, LINE 2

THE UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL IS A GOVERNMENTAL ENTITY

AND IS NOT REQUIRED TO OBTAIN AN IRS DETERMINATION LETTER.

FORM 990, SCHEDULE A, PART IV, SECTION A, LINE 5A ON NOVEMBER 14, 2019, THE UNIVERSITY OF MASSACHUSETTS, ACTING THROUGH ITS UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL (UMMS) ENTERED INTO AN AGREEMENT WITH UMASS MEMORIAL HEALTH CARE, INC. AND UMASS MEMORIAL MEDICAL CENTER, INC. (COLLECTIVELY UMASS MEMORIAL) TO AMEND CERTAIN PROVISIONS, TERMS, AND CONDITIONS OF EXISTING AGREEMENTS WHICH GOVERNED THE UMASS MEMORIAL FOUNDATION, INC., AND THE "DEVELOPMENT ACTIVITIES" FOR BOTH UMMS AND UMASS MEMORIAL.PRIOR TO JANUARY 1, 2020, ALL "DEVELOPMENT ACTIVITIES" FOR BOTH UMMS AND UMASS MEMORIAL WERE MANAGED AND ADMINISTERED AS A "SINGLE DEVELOPMENT OFFICE" BY UMMS ON BEHALF OF BOTH OF THESE INSTITUTIONS. COMMENCING ON JANUARY 1, 2020, AND CONTINUING THROUGH DECEMBER 31, 2024, THIS "SINGLE DEVELOPMENT OFFICE" WAS TEMPORARILY SET ASIDE, WITH EACH INSTITUTION MANAGING AND ADMINISTERING ITS OWN SEPARATE DEVELOPMENT OFFICE. AS A RESULT, THE UMASS MEMORIAL FOUNDATION, INC. AMENDED ITS ARTICLES OF INCORPORATION AND IS WORKING TO AMEND ITS BYLAWS (EFFECTIVE JANUARY 1, 2020) TO REFLECT THE CHANGE IN "DEVELOPMENT ACTIVITIES" AND TO CHANGE ITS LEGAL NAME TO "UMASS MEDICAL SCHOOL FOUNDATION, INC." THE ENTITY CONTINUES TO BE A LEGALLY RECOGNIZED 501(C)(3) CORPORATION. ACCORDINGLY, DURING THIS 5-YEAR PERIOD OF TIME, UMMS WILL USE THIS ENTITY FOR ITS FUNDRAISING AND DEVELOPMENT OFFICE ACTIVITIES, AND UMASS MEMORIAL'S DEVELOPMENT OFFICE SHALL BE KNOWN AS AND

V 19-8.3F

Schedule A (Form 990 or 990-EZ) 2019

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

TITLED "UMASS MEMORIAL HEALTH CARE OFFICE OF PHILANTHROPY."

FORM 990, SCHEDULE A, PART IV, SECTION D, LINE 3

THE UMASS MEDICAL SCHOOL FOUNDATION, INC DOES NOT HOLD, INVEST OR DIRECT ASSETS. THE SUPPORTED ORGANIZATION HOLDS THE FUNDS. THEY HAVE A

SIGNIFICANT VOICE IN DIRECTING THEIR INCOME AND ASSETS.

FORM 990, SCHEDULE A, PART IV, SECTION E, LINE 2A

THE UMASS MEDICAL SCHOOL FOUNDATION, INC. RECEIVES AND DISTRIBUTES CHARITABLE GIFTS AND PROVIDES ADVICE AND ASSISTANCE TO THE DEVELOPMENT OFFICE OF THE UNIVERSITY OF MASSACHUSETTS WORCESTER, PARTICULARLY WITH RESPECT TO FUNDRAISING AND PHILANTHROPIC ACTIVITIES INTENDED TO BENEFIT THE UNIVERSITY'S MEDICAL SCHOOL, AND UMASS MEMORIAL HEALTH CARE, INC. (A SUPPORTED ORGANIZATION THROUGH 1/1/20).

FORM 990, SCHEDULE A, PART IV, SECTION E, LINE 2B THE UMASS MEDICAL SCHOOL FOUNDATION, INC. OPERATES EXCLUSIVELY FOR CHARITABLE AND EDUCATIONAL PURPOSES TO PROMOTE AND ASSIST THE DEVELOPMENT OFFICE OF THE UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL AND UMASS MEMORIAL HEALTH CARE, INC. (A SUPPORTED ORGANIZATION THROUGH 1/1/20).

|  |           |               |        | ATTACHMENT 1  | L              |
|--|-----------|---------------|--------|---------------|----------------|
| SCHEDULE A, PART I - INFORMATION ABOUT | SUPPORTED | ORGANIZATIO   | NS     |               |                |
|  |           | (III) TYPE OF | (IV)   | (V) AMOUNT OF | (VI) OTHER     |
| (I) NAME OF SUPPORTED ORGANIZATION     | (II) EIN  | ORGANIZATION  | YES NO | SUPPORT       | SUPPORT AMOUNT |
|  |           |               |        |               |                |
| UNIVERSITY OF MA MEDICAL SCHOOL        | 04-316735 | 2 5           | Х      | 0.            | 0.             |

#### Schedule A (Form 990 or 990-EZ) 2019

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

| -   |            |               |        |               | ATTACHMENT 1 (CONT'D) |  |  |  |
|---|------------|---------------|--------|---------------|-----------------------|--|--|--|
| SCHEDULE A, PART I - INFORMATION ABOUT SU                     | JPPORTED ( | ORGANIZATIO   | NS     |               |                       |  |  |  |
|   |            | (III) TYPE OF | (IV)   | (V) AMOUNT OF | (VI) OTHER            |  |  |  |
| (I) NAME OF SUPPORTED ORGANIZATION                            | (II) EIN   | ORGANIZATION  | YES NO | SUPPORT       | SUPPORT AMOUNT        |  |  |  |
| UMASS MEMORIAL HEALTH CARE, INC.(SUPPORTED THROUGH $1/1/20$ ) | 04-3358566 | 3             | х      | 0.            | 0.                    |  |  |  |
| TOTAL AMOUNT OF SUPPORT                                       |            |               |        | 0.            | 0.                    |  |  |  |

| Department of the Treasury |  | Complete if t  | ental Financial Statement<br>the organization answered "Yes" on Form 990<br>8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or            | ,<br>12b. 20 <b>19</b>   |
|----------------------------|--|--|--|--|
|                            |  | ► Go to www.irs.gov  | Attach to Form 990. /Form990 for instructions and the latest inform  | Open to Public<br>Inspection   |
| Nam                        | e of the organization  | •  |  | Employer identification number   |
| UMZ                        |  | CHOOL FOUNDATION, INC.   |  | 04-3108190   |
| Pa                         |  |  | ised Funds or Other Similar Funds or   | Accounts.  |
|                            | Complete   | e if the organization answered   | "Yes" on Form 990, Part IV, line 6.  |  |
|                            |  |  | (a) Donor advised funds  | (b) Funds and other accounts   |
| 1                          |  | nd of year   |  |  |
| 2                          |  | of contributions to (during year)  |  |  |
| 3                          |  | of grants from (during year)   |  |  |
| 4                          |  | at end of year   |  |  |
| 5                          | -  |  | advisors in writing that the assets held   |  |
| ~                          | -  |  | e organization's exclusive legal control?  |  |
| 6                          |  |  | and donor advisors in writing that grant for<br>fit of the donor or donor advisor, or for a  |  |
|                            |  |  |  |  |
| Pa                         |  | tion Easements.  |  |  |
| 1 6                        |  |  | "Yes" on Form 990, Part IV, line 7.  |  |
| 1                          |  |  | organization (check all that apply).   |  |
|                            |  | n of land for public use (for example  |  | of a historically important land area  |
|                            |  | of natural habitat   |  | of a certified historic structure  |
|                            | Preservatio  | n of open space  |  |  |
| 2                          | Complete lines 2a  | through 2d if the organization he  | eld a qualified conservation contribution in   | the form of a conservation   |
|                            | easement on the l  | ast day of the tax year.   |  | Held at the End of the Tax Year  |
| а                          | Total number of c  | onservation easements  |  | 2a   |
| b                          | Total acreage res  | tricted by conservation easements  | 8  | 2b   |
| С                          | Number of conser   | vation easements on a certified  | historic structure included in (a)   | 2c   |
| d                          | Number of conser   | rvation easements included in (c   | c) acquired after 7/25/06, and not on a  |  |
|                            |  |  |  | 2d   |
| 3                          | Number of conse  | rvation easements modified, tra  | nsferred, released, extinguished, or term  | inated by the organization during the  |
|                            | tax year 🕨   |  |  |  |
| 4                          |  |  | rvation easement is located  |  |
| 5                          |  |  | garding the periodic monitoring, inspect   | _  |
| _                          |  |  | sements it holds?  |  |
| 6                          | Staff and volunteer  | hours devoted to monitoring, insp  | ecting, handling of violations, and enforcing  | conservation easements during the year   |
| -                          | Amount of ownone   |  | ting, handling of violations, and enforcing c  | ano any otion accompany during the year  |
| 7                          |  | ses incurred in monitoring, inspec   | ung, handling of violations, and enforcing c   | onservation easements during the year  |
| 8                          | ►\$  | wation easement reported on line '   | 2(d) above satisfy the requirements of secti   | an 170(h)(4)(B)(i)   |
| 0                          |  |  |  |  |
| 9                          | In Part XIII, descri   | be how the organization reports  | conservation easements in its revenue and  | d expense statement and  |
| •                          |  | <b>.</b> .   | of the footnote to the organization's financ   | •  |
|                            |  | ounting for conservation easeme  | •  |  |
| Pa                         | art III Organiza   | tions Maintaining Collections  | of Art, Historical Treasures, or Othe  | r Similar Assets.  |
|                            | Complete   | e if the organization answered   | "Yes" on Form 990, Part IV, line 8.  |  |
| 1a                         | If the organizatior<br>of art, historical t<br>service, provide in | n elected, as permitted under FA<br>treasures, or other similar asse<br>Part XIII the text of the footnote | ASB ASC 958, not to report in its revenu<br>ts held for public exhibition, education,<br>to its financial statements that describes tl | e statement and balance sheet works<br>or research in furtherance of public<br>hese items. |
| b                          | If the organization art, historical treat                          | n elected, as permitted under Fa   | ASB ASC 958, to report in its revenue s<br>Id for public exhibition, education, or res   | tatement and balance sheet works of  |
|                            | •  | •  |  | · · · · · · · ▶ \$   |
|                            |  |  |  |  |
| 2                          |  |  | rt, historical treasures, or other similar   |  |
|                            |  |  | ASB ASC 958 relating to these items:   |  |
| a                          | Revenue included   | on Form 990, Part VIII, line 1   |  | · · · · · · · · · · · · · · · · · · ·  |
| b                          | Assets included in   | Form 990, Part X   |  | 🕨 \$   |

bAssets included in Form 990, Part XFor Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2019

UMASS MEDICAL SCHOOL FOUNDATION, INC.

|      | dule D (Form 990) 2019   |                  |                    | -                |             |                      | Page                | 2        |
|------|--|------------------|--------------------|------------------|-------------|----------------------|---------------------|----------|
| Ра   | rt III Organizations Maintaining Colle   | ections of Art   | , Historical Ti    | easures,         | or Other    | Similar Assets (     | continued)          |          |
| 3    | Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply): |                  |                    |                  |             |                      |                     |          |
| а    | Public exhibition  |                  |                    | or exchan        |             |                      |                     |          |
| b    | Scholarly research   |                  | e Othe             | r                |             |                      |                     |          |
| С    | Preservation for future generations  |                  |                    |                  |             |                      |                     |          |
| 4    | Provide a description of the organization's XIII.  | collections ar   | nd explain how     | they furth       | er the org  | ganization's exemp   | ot purpose in Par   | rt       |
| 5    | During the year, did the organization solicit  |                  |                    |                  |             | ,                    |                     |          |
|      | assets to be sold to raise funds rather than t   |                  | ed as part of the  | organizati       | on's collec | ction?               | Yes No              | 0        |
| Pa   | rt IV Escrow and Custodial Arrangen<br>Complete if the organization ans<br>990, Part X, line 21.   |                  | on Form 990,       | Part IV, lir     | ne 9, or re | eported an amou      | nt on Form          |          |
| 1a   | Is the organization an agent, trustee, custo   | dian or other in | termediary for     | contributio      | ns or othe  | r assets not         |                     | _        |
| b    | included on Form 990, Part X?<br>If "Yes," explain the arrangement in Part XI  | II and complete  | e the following ta | able:            |             | [                    | Yes No              | 0        |
|      |  | ·                | 0                  |                  |             | Amoun                | t                   | _        |
| с    | Beginning balance  |                  |                    | 1                | с           |                      |                     | _        |
| d    | Additions during the year  |                  |                    |                  | d           |                      |                     | _        |
| е    | Distributions during the year  |                  |                    |                  | e           |                      |                     | _        |
| f    | Ending balance   |                  |                    |                  |             |                      |                     | _        |
| 2a   | Did the organization include an amount on  |                  |                    |                  | custodial   | account liability?   | Yes No              | <u> </u> |
| b    | If "Yes," explain the arrangement in Part XI   |                  |                    |                  |             |                      |                     |          |
|      | rt V Endowment Funds.  |                  |                    |                  |             |                      |                     | _        |
|      | Complete if the organization ans   | swered "Yes"     | on Form 990,       | Part IV, lin     | ne 10.      |                      |                     |          |
|      | <b>(a)</b> Cu  | rrent year       | (b) Prior year     | (c) Two y        | ears back   | (d) Three years back | (e) Four years back | <u> </u> |
| 1a   | Beginning of year balance  |                  |                    |                  |             |                      |                     | _        |
| b    | Contributions  |                  |                    |                  |             |                      |                     | _        |
|      | Net investment earnings, gains,  |                  |                    |                  |             |                      |                     | _        |
|      | and losses   |                  |                    |                  |             |                      |                     |          |
| d    | Grants or scholarships   |                  |                    |                  |             |                      |                     |          |
| е    | Other expenditures for facilities  |                  |                    |                  |             |                      |                     |          |
|      | and programs   |                  |                    |                  |             |                      |                     |          |
| f    | Administrative expenses  |                  |                    |                  |             |                      |                     |          |
| g    | End of year balance  |                  |                    |                  |             |                      |                     |          |
| 2    | Provide the estimated percentage of the cu   | urrent year end  | balance (line 10   | a, column (a     | a)) held as | :                    |                     |          |
| а    | Board designated or quasi-endowment ►_   | %                |                    |                  | ,,          |                      |                     |          |
| b    | Permanent endowment  |                  |                    |                  |             |                      |                     |          |
| С    | Term endowment ▶%  |                  |                    |                  |             |                      |                     |          |
|      | The percentages on lines 2a, 2b, and 2c sh   | ould equal 100   | %.                 |                  |             |                      |                     |          |
| 3a   | Are there endowment funds not in the poss  | ession of the o  | organization that  | t are held a     | and admir   | nistered for the     |                     |          |
|      | organization by:   |                  |                    |                  |             |                      | Yes No              | <u>)</u> |
|      | (i) Unrelated organizations  |                  |                    |                  |             |                      | 3a(i)               |          |
|      | (ii) Related organizations   |                  |                    |                  |             |                      | 3a(ii)              |          |
| b    | If "Yes" on line 3a(ii), are the related organi  |                  |                    |                  |             |                      | 3b                  | _        |
| 4    | Describe in Part XIII the intended uses of the   |                  |                    |                  |             |                      |                     |          |
| Ра   | rt VI Land, Buildings, and Equipment<br>Complete if the organization and   | swarad "Vas"     | on Form 990        | Part IV li       | no 110 (    | See Form 990 P       | art X line 10       |          |
|      | Description of property  | (a) Cost or othe |                    | t or other basis |             |                      | d) Book value       | —        |
|      |  | (investmen       |                    | other)           |             | eciation             | ,                   |          |
| 1a   | Land   |                  |                    |                  |             |                      |                     |          |
| b    | Buildings  |                  |                    |                  |             |                      |                     |          |
| С    | Leasehold improvements   |                  |                    |                  |             |                      |                     |          |
| d    | Equipment  |                  |                    |                  |             |                      |                     |          |
| e    | Other  |                  |                    |                  |             |                      |                     | _        |
| Tota | I. Add lines 1a through 1e. (Column (d) mus  | t equal Form 99  | 90, Part X, colur  | nn (B), line     | 10c.)       |                      |                     |          |

| Schedule D (Form 990) 2019 Part VII Investments - Other Securities.            |                       |  | Page <b>3</b>    |
|--|-----------------------|--|------------------|
| Complete if the organization answered  | Yes" on Form 990      | , Part IV, line 11b. See Form 990,                       | Part X, line 12. |
| (a) Description of security or category<br>(including name of security)        | (b) Book value        | <b>(c)</b> Method of valuati<br>Cost or end-of-year mark |                  |
| (1) Financial derivatives  |                       |  |                  |
| (2) Closely held equity interests  |                       |  |                  |
| (3) Other  |                       |  |                  |
| (A)  |                       |  |                  |
| (B)  |                       |  |                  |
| (C)  |                       |  |                  |
| (D)  |                       |  |                  |
| (E)  |                       |  |                  |
| (F)  |                       |  |                  |
| (G)  |                       |  |                  |
| (H)  |                       |  |                  |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)             |                       |  |                  |
| Part VIII Investments - Program Related.                                       |                       |  |                  |
| Complete if the organization answered  | Yes" on Form 990      | , Part IV, line 11c. See Form 990,                       | Part X, line 13. |
| (a) Description of investment  | <b>(b)</b> Book value | <b>(c)</b> Method of valuati<br>Cost or end-of-year mark |                  |
| _(1)   |                       |  |                  |
| (2)  |                       |  |                  |
| (3)  |                       |  |                  |
| (4)  |                       |  |                  |
| (5)  |                       |  |                  |
| (6)  |                       |  |                  |
| (7)  |                       |  |                  |
| (8)  |                       |  |                  |
| (9)  |                       |  |                  |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)             |                       |  |                  |
| Part IX Other Assets.<br>Complete if the organization answered                 | I "Yes" on Form 990   | , Part IV, line 11d. See Form 990,                       | Part X, line 15. |
| (a) De   | scription             |  | (b) Book value   |
| (1) REC. FROM UMASS (CASH)   | · ·                   |  | 483,894.         |
| (2)  |                       |  |                  |
| (3)  |                       |  |                  |
| (4)  |                       |  |                  |
| (5)  |                       |  |                  |
| (6)  |                       |  |                  |
| (7)  |                       |  |                  |
| (8)  |                       |  |                  |
| (9)  |                       |  |                  |
| Total. (Column (b) must equal Form 990, Part X, col. (B) I                     | ine 15.)              |  | 483,894.         |
| Part X Other Liabilities.<br>Complete if the organization answered<br>line 25. |                       |  | n 990, Part X,   |
|  | tion of liability     |  | (b) Book value   |
| (1) Federal income taxes   |                       |  | (b) DOOK value   |
|  |                       |  | 2,964,519.       |
|  |                       |  | 2,701,319.       |
| $\frac{(3)}{(4)}$  |                       |  |                  |
| <u>(4)</u><br>(5)  |                       |  |                  |
| (5)  |                       |  |                  |
| $\frac{(6)}{(7)}$  |                       |  |                  |
| $\frac{(7)}{(9)}$  |                       |  |                  |
| (8)<br>(0)   |                       |  |                  |
| (9)<br>Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)      |                       |  | 2,964,519.       |
| <b>I Juai.</b> (Journin (D) must equal Form 990, Fart A, Col. (B) III 225.)    |                       | 🚩  | 2,007,019.       |

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

| Schedu | le D (Form 990) 2019  |       | Page 4 |
|--------|---|-------|--------|
| Part   | XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return<br>Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.  | n.    |        |
| 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:   |       |        |
| а      | Net unrealized gains (losses) on investments  |       |        |
| b      | Donated services and use of facilities  |       |        |
| с      | Recoveries of prior year grants   |       |        |
| d      | Other (Describe in Part XIII.)  |       |        |
| е      | 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:  |       |        |
| а      | Investment expenses not included on Form 990, Part VIII, line 7b 4a   |       |        |
| b      | Other (Describe in Part XIII.)  |       |        |
|        | Add lines 4a and 4b   | 4c    |        |
| 5      | Total revenue. Add lines <b>3</b> and <b>4c</b> . ( <i>This must equal Form 990, Part I, line 12.</i> )   | 5     |        |
| Part   | XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu<br>Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. | urn.  |        |
| 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  |       |        |
| b      | Prior year adjustments  |       |        |
| c      | Other losses.   |       |        |
| d      | Other (Describe in Part XIII.)  |       |        |
| 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:  |       |        |
| +<br>a | Investment expenses not included on Form 990, Part VIII, line 7b 4a   |       |        |
| a<br>b | Other (Describe in Part XIII.)  |       |        |
|        | Add lines 4a and 4b   | 4c    |        |
| 5      | Total expenses. Add lines <b>3</b> and <b>4c</b> . ( <i>This must equal Form 990, Part I, line 18.</i> ).   | 5     |        |
| -      | XIII Supplemental Information.  | 1 - 1 |        |
|        |   |       |        |

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.

| SCHEDULE J                 |  | Compens  | sation Information   | L                     | OMB No. | 1545-0 | 047    |
|----------------------------|--|--|--|-----------------------|---------|--------|--------|
| (For                       | n <b>990)</b>                          | For certain Officers, Directors, Trustees, Key Employees, and Highest      |  |                       |         |        |        |
| Department of the Treasury |  |  | Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23. |                       |         |        |        |
|                            |  | A  | attach to Form 990.<br>Do for instructions and the latest information.                           |                       | Open to |        |        |
| -                          | Revenue Service<br>of the organization | Go to www.irs.gov/Form99   |  | Employer identificati |         |        | n      |
|                            | 5                                      | SCHOOL FOUNDATION, INC.  |  | 04-310819             |         |        |        |
| Part                       |  | s Regarding Compensation   |  | 01 010012             |         |        |        |
| r ar c                     |  |  |  |                       |         | Yes    | No     |
| 1a                         | Check the ap                           | propriate box(es) if the organization prov                                 | rided any of the following to or for a pers  | on listed on Forr     | n 🗌     |        |        |
|                            | 990, Part VII,                         | Section A, line 1a. Complete Part III to pr                                | rovide any relevant information regarding  | these items.          |         |        |        |
|                            | First-cla                              | ss or charter travel   | Housing allowance or residence for   | personal use          |         |        |        |
|                            | Travel fo                              | or companions  | Payments for business use of persor  | nal residence         |         |        |        |
|                            | Tax inde                               | mnification and gross-up payments  | Health or social club dues or initiation   | n fees                |         |        |        |
|                            | Discretio                              | onary spending account   | Personal services (such as maid, cha   | auffeur, chef)        |         |        |        |
| b                          | or reimburse                           | ment or provision of all of the exp  | e organization follow a written policy re<br>enses described above? If "No," com                 | plete Part III t      | 0       |        |        |
|                            |  |  |  |                       |         |        |        |
| 2                          | -                                      |  | to reimbursing or allowing expenses  |                       |         |        |        |
|                            |  | · · · · · · · · · · · · · · · · · · ·                                      | Executive Director, regarding the items  |                       |         |        |        |
| _                          |  |  |  |                       | 2       |        |        |
| 3                          |  |  | n used to establish the compensation of t<br>apply. Do not check any boxes for metho             |                       |         |        |        |
|                            |  |  | CEO/Executive Director, but explain in Pa  |                       |         |        |        |
|                            | <u> </u>                               | isation committee  | Written employment contract  |                       |         |        |        |
|                            | · ·                                    | dent compensation consultant   | Compensation survey or study   |                       |         |        |        |
|                            |  | 00 of other organizations  | Approval by the board or compensa  | tion committee        |         |        |        |
| 4                          | During the ye                          |  | Part VII, Section A, line 1a, with respect to  |                       |         |        |        |
| а                          |  |  | yment?   |                       | 4a      |        | Х      |
| b                          |  |  | tal nonqualified retirement plan?  |                       |         | Х      |        |
| С                          | Participate in                         | or receive payment from, an equity-bas                                     | ed compensation arrangement?   |                       | 4c      |        | Х      |
|                            | If "Yes" to an                         | y of lines 4a-c, list the persons and pro                                  | ovide the applicable amounts for each it   | em in Part III.       |         |        |        |
|                            |  |  |  |                       |         |        |        |
|                            | •                                      | 501(c)(3), 501(c)(4), and 501(c)(29) org                                   | •  |                       |         |        |        |
| 5                          | •                                      |  | n A, line 1a, did the organization pa  | y or accrue an        | у       |        |        |
|                            |  | n contingent on the revenues of:   |  |                       | _       |        | 37     |
| a                          |  |  |  |                       |         |        | X<br>X |
| b                          |  |  |  |                       | 5b      |        | Δ      |
| 6                          |  | e 5a or 5b, describe in Part III.<br>listed on Form 990 Part VII Sectio    | n A, line 1a, did the organization pa  | v or accrue on        |         |        |        |
| 0                          | •                                      | isted on Form 990, Fait Vii, Section<br>contingent on the net earnings of: | n z, nie ra, die die organization pa   | y of accide all       | У       |        |        |
| а                          |  |  |  |                       | 6a      |        | Х      |
| b                          | -                                      |  |  |                       |         |        | X      |
|                            |  | e 6a or 6b, describe in Part III.  |  |                       |         |        |        |
| 7                          |  |  | A, line 1a, did the organization prov  | ide any nonfixe       | d       |        |        |
|                            |  |  | scribe in Part III   |                       |         |        | X      |
| 8                          | -                                      |  | aid or accrued pursuant to a contract that   | -                     |         |        |        |
|                            |  | -  | egulations section 53.4958-4(a)(3)? If   |                       |         |        |        |
|                            |  |  |  |                       |         |        | X      |
| 9                          |  |  | ow the rebuttable presumption proced   |                       |         |        |        |
|                            | Regulations s                          | ection 53.4958-6(c)?   |  |                       | 9       |        |        |

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't 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.

|  | (B) Breakdown            | of W-2 and/or 1099-MI               | SC compensation                           | (C) Retirement and          | (D) Nontaxable | (E) Total of columns | (F) Compensation   |
|--|--------------------------|-------------------------------------|---|-----------------------------|----------------|----------------------|--|
| (A) Name and Title                     | (i) Base<br>compensation | (ii) Bonus & incentive compensation | (iii) Other<br>reportable<br>compensation | other deferred compensation | benefits       | (B)(i)-(D)           | in column (B) reported<br>as deferred on prior<br>Form 990 |
| ERIC W. DICKSON, M.D.                  | (i) (                    | 0.                                  | . 0.                                      | 0.                          | 0.             | 0.                   | 0.   |
|  | (ii) 1,299,853           | . 899,108.                          | 118,536.                                  | 380,012.                    | 30,249.        | 2,727,758.           | 115,656.   |
| MICHAEL F. COLLINS, M.D                |                          | 0.                                  |   | 0.                          | 0.             | 0.                   | 0.   |
| 2 <sup>PRES./CHIEF EXEC. OFFICER</sup> | (ii) 753,116             | . 335,151.                          | 100,580.                                  | 56,000.                     | 27,005.        | 1,271,852.           | 0.   |
| JOHN R. HAYES, JR.                     | (i) (                    | 0.                                  | . 0.                                      | 0.                          | 0.             | 0.                   | 0.   |
|  | (ii) 342,003             | . 0.                                | 4,116.                                    | 56,000.                     | 18,929.        | 421,048.             | 0.   |
|  | (i)                      |                                     |   |                             |                |                      |  |
| 4                                      | (ii)                     |                                     |   |                             |                |                      |  |
|  | (i)                      |                                     |   |                             |                |                      |  |
| 5                                      | (ii)                     |                                     |   |                             |                |                      |  |
|  | (i)                      |                                     |   |                             |                |                      |  |
| 6                                      | (ii)                     |                                     |   |                             |                |                      |  |
|  | (i)                      |                                     |   |                             |                |                      |  |
| 7                                      | (ii)                     |                                     |   |                             |                |                      |  |
|  | (i)                      |                                     |   |                             |                |                      |  |
| 8                                      | (ii)                     |                                     |   |                             |                |                      |  |
|  | (i)                      |                                     |   |                             |                |                      |  |
| 9                                      | (ii)                     |                                     |   |                             |                |                      |  |
|  | (i)                      |                                     |   |                             |                |                      |  |
| 10                                     | (ii)                     |                                     |   |                             |                |                      |  |
|  | (i)                      |                                     |   |                             |                |                      |  |
| 11                                     | (ii)                     |                                     |   |                             |                |                      |  |
|  | (i)                      |                                     |   |                             |                |                      |  |
| 12                                     | (ii)                     |                                     |   |                             |                |                      |  |
|  | (i)                      |                                     |   |                             |                |                      |  |
| 13                                     | (ii)                     |                                     |   |                             |                |                      |  |
|  | (i)                      |                                     |   |                             |                |                      |  |
| 14                                     | (ii)                     |                                     |   |                             |                |                      |  |
|  | (i)                      |                                     |   |                             |                |                      |  |
|  | (ii)                     |                                     |   |                             |                |                      |  |
|  | (i)                      |                                     |   |                             |                |                      |  |
|  | (ii)                     |                                     |   |                             |                |                      |  |

Schedule J (Form 990) 2019

#### 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.

FORM 990, SCHEDULE J, PART I, LINE 3

THE UMASS MEDICAL SCHOOL FOUNDATION, INC. HAS NO EMPLOYEES AND PAYS NO

COMPENSATION. THE INDIVIDUALS LISTED ON SCHEDULE J, PART II RECEIVED

COMPENSATION AND BENEFITS FROM THE UNIVERSITY OF MASSACHUSETTS MEDICAL

SCHOOL, AND UMASS MEMORIAL HEALTH CARE, INC., RELATED ORGANIZATIONS.

FORM 990, SCHEDULE J, PART I, LINE 4B

ERIC W. DICKSON PARTICIPATED IN A SUPPLEMENTAL NONQUALIFIED RETIREMENT

PLAN. HE RECEIVED \$115,656 FROM THIS PLAN DURING THE YEAR.

#### SCHEDULE O (Form 990 or 990-EZ)

#### Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ.



Department of the Treasury Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Internal Revenue Service Name of the organization Employer identification number UMASS MEDICAL SCHOOL FOUNDATION, INC. 04-3108190

FORM 990, PART I, LINE 1 AND PART III, LINE 1 - MISSION STATEMENT THE UMASS MEDICAL SCHOOL FOUNDATION, INC. (UMMSF) IS ORGANIZED AND OPERATED EXCLUSIVELY FOR CHARITABLE PURPOSES WITHIN THE MEANING OF SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE OF 1986, AS AMENDED, TO RECEIVE AND DISTRIBUTE CHARITABLE GIFTS AND TO PROVIDE ADVICE AND ASSISTANCE TO THE DEVELOPMENT OFFICE OF THE UNIVERSITY OF MASSACHUSETTS WORCESTER, PARTICULARLY WITH RESPECT TO FUNDRAISING AND PHILANTHROPIC ACTIVITIES INTENDED TO BENEFIT THE UNIVERSITY'S MEDICAL SCHOOL (UMMS), THE UNIVERSITY OF MASSACHUSETTS FOUNDATION, INC (UMF) AND UMASS MEMORIAL HEALTH CARE, INC. (UMASS MEMORIAL), AND ANY OR ALL OF ITS NON-PROFIT SUBSIDIARIES AND AFFILIATES, AND TO CARRY ON ANY OTHER ACTIVITY THAT MAY BE LAWFULLY CARRIED ON BY A CORPORATION FORMED UNDER CHAPTER 180 OF MASSACHUSETTS GENERAL LAWS AND WHICH IS NOT INCONSISTENT WITH THE CORPORATION'S QUALIFICATION AS AN ORGANIZATION DESCRIBED IN SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE.

ON NOVEMBER 14, 2019, UMMS AND UMASS MEMORIAL ENTERED INTO AN AGREEMENT TO AMEND CERTAIN PROVISIONS, TERMS AND CONDITIONS OF THE EXISTING UMMF AGREEMENT, AND THE ORGANIZATION'S NAME WAS CHANGED TO THE UMASS MEDICAL SCHOOL FOUNDATION, INC. (UMMSF). AS A RESULT, COMMENCING ON JANUARY 1, AND CONTINUING THROUGH DECEMBER 31, 2024, UMMF NO LONGER RECEIVES OR ADMINISTERS CHARITABLE GIFTS ON BEHALF OF UMASS MEMORIAL, NOR DOES IT PROVIDE FUNDRAISING AND PHILANTHROPIC ADVICE AND ASSISTANCE TO UMASS MEMORIAL.

| Schedule O (Form 990 or 990-EZ) 2019  | Page                           |
|---------------------------------------|--------------------------------|
| Name of the organization              | Employer identification number |
| UMASS MEDICAL SCHOOL FOUNDATION, INC. | 04-3108190                     |

FORM 990, PART I, LINE 4 AND PART VI, LINE 1B THE FILING ORGANIZATION HAS NO INDEPENDENT MEMBERS OF THE GOVERNING BODY BECAUSE MEMBERS OF THE GOVERNING BODY ARE COMPENSATED BY A RELATED ORGANIZATION. THE ORGANIZATION'S SOLE INDEPENDENT MEMBER RESIGNED EFFECTIVE 7/1/19.

FORM 990, PART VI, SECTION A, LINE 1A MARY DEFEUDIS RESIGNED FROM THE UMMSF BOARD EFFECTIVE 7/1/19, AND ERIC W. DICKSON RESIGNED FROM THE UMMSF BOARD EFFECTIVE 1/1/20.

FORM 990, PART VI, SECTION A, LINE 2 JOHN R. HAYES JR., TREASURER, AND MICHAEL F. COLLINS, M.D., PRESIDENT/CHIEF EXECUTIVE OFFICER, ARE COMPENSATED BY THE UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL, A RELATED ORGANIZATION OF THE UMASS MEDICAL SCHOOL FOUNDATION, INC. ERIC W. DICKSON IS COMPENSATED BY UMASS MEMORIAL HEALTH CARE, INC. MICHAEL F. COLLINS IS A DIRECTOR OF UMASS MEMORIAL HEALTH CARE, INC.

FORM 990, PART VI, SECTION A, LINE 4 ON NOVEMBER 14, 2019, THE UNIVERSITY OF MASSACHUSETTS, ACTING THROUGH ITS UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL (UMMS) ENTERED INTO AN AGREEMENT WITH UMASS MEMORIAL HEALTH CARE, INC. (UMASS MEMORIAL) TO AMEND CERTAIN PROVISIONS, TERMS, AND CONDITIONS OF EXISTING AGREEMENTS WHICH GOVERNED THE UMASS MEMORIAL FOUNDATION, INC., AND THE "DEVELOPMENT ACTIVITIES" BETWEEN UMMS AND UMASS MEMORIAL.

PRIOR TO JANUARY 1, 2020, ALL "DEVELOPMENT ACTIVITIES" FOR BOTH UMMS AND

V 19-8.3F

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| Schedule O (Form 990 or 990-EZ) 2019  | Page 2                         |
|---------------------------------------|--------------------------------|
| Name of the organization              | Employer identification number |
| UMASS MEDICAL SCHOOL FOUNDATION, INC. | 04-3108190                     |

UMASS MEMORIAL WERE MANAGED AND ADMINISTERED AS A "SINGLE DEVELOPMENT OFFICE" BY UMMS ON BEHALF OF BOTH THESE INSTITUTIONS. COMMENCING ON JANUARY 1, 2020, AND CONTINUING THROUGH DECEMBER 31, 2024, THIS "SINGLE DEVELOPMENT OFFICE" WAS TEMPORARILY SET ASIDE, WITH EACH INSTITUTION MANAGING AND ADMINISTERING ITS OWN SEPARATE DEVELOPMENT OFFICE. AS A RESULT, THE UMASS MEMORIAL FOUNDATION, INC. AMENDED ITS ARTICLES OF INCORPORATION AND IS WORKING TO AMEND ITS BYLAWS (EFFECTIVE JANUARY 1, 2020) TO REFLECT THE CHANGE IN "DEVELOPMENT ACTIVITIES" AND TO CHANGE ITS LEGAL NAME TO "UMASS MEDICAL SCHOOL FOUNDATION, INC." THE ENTITY CONTINUES TO BE A LEGALLY RECOGNIZED 501(C)(3) CORPORATION. ACCORDINGLY, DURING THIS 5-YEAR PERIOD OF TIME, UMMS WILL USE THIS ENTITY FOR ITS FUNDRAISING AND DEVELOPMENT OFFICE ACTIVITIES, AND UMASS MEMORIAL'S DEVELOPMENT OFFICE SHALL BE KNOWN AS AND TITLED "UMASS MEMORIAL HEALTH CARE OFFICE OF PHILANTHROPY."

FORM 990, PART VI, SECTION A, LINE 8B THERE ARE NO SUB COMMITTEES WITH AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY.

FORM 990, PART VI, SECTION B, LINE 11B ONCE THE UMASS MEDICAL SCHOOL FOUNDATION, INC.'S FORM 990 IS COMPLETED, IT IS REVIEWED BY UMASS MEDICAL SCHOOL'S ADVANCEMENT AND FINANCIAL MANAGEMENT TEAMS. THE COMPLETED FORM 990 IS PROVIDED TO ALL MEMBERS OF THE BOARD OF DIRECTORS PRIOR TO THE FORM BEING FILED WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C MONITORING AND DEALING WITH POTENTIAL OR ACTUAL CONFLICTS

| Schedule O (Form 990 or 990-EZ) 2019  | Pa                             |
|---------------------------------------|--------------------------------|
| Name of the organization              | Employer identification number |
| UMASS MEDICAL SCHOOL FOUNDATION, INC. | 04-3108190                     |

THE UMASS MEDICAL SCHOOL FOUNDATION, INC. ADOPTS THE POLICIES OF THE UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL ("UMMS") INCLUDING A CONFLICT OF INTEREST POLICY. INDIVIDUALS COVERED UNDER THE UMMS CONFLICT OF INTEREST POLICY HAVE AN AFFIRMATIVE DUTY TO DISCLOSE THE EXISTENCE OR POSSIBILITY OF A CONFLICT OF INTEREST AND SHALL BE GIVEN THE OPPORTUNITY TO DISCLOSE ALL MATERIAL FACTS TO THE UMMS CONFLICTS COMMITTEE. THE UMMS CONFLICT OF INTEREST POLICY PROVIDES THAT ANNUALLY, EACH COVERED PERSON SHALL SIGN A STATEMENT AFFIRMING THAT SUCH PERSON RECEIVED A COPY OF THE CONFLICT OF INTEREST POLICY, READ AND UNDERSTANDS THE POLICY AND AGREES TO COMPLY WITH THE POLICY. THE SIGNED STATEMENT AFFIRMS THAT THE PERSON UNDERSTANDS UMMSF IS A CHARITABLE ORGANIZATION AND THAT IN ORDER TO MAINTAIN ITS TAX-EXEMPT STATUS, UMMSF MUST ENGAGE IN ACTIVITIES WHICH ACCOMPLISH ONE OR MORE OF ITS TAX-EXEMPT PURPOSES.

#### WHO IS COVERED

THE CONFLICT OF INTEREST POLICY COVERS ALL DIRECTORS, OFFICERS, MEMBERS OF COMMITTEES WITH BOARD DELEGATED POWERS, PERSONS SERVING IN SENIOR STAFF POSITIONS, AND ANY OTHER PERSON WHO IS IN A POSITION TO EXERCISE SUBSTANTIAL INFLUENCE OVER THE AFFAIRS OF ANY OF THE ORGANIZATION OR ANY OF ITS AFFILIATES.

LEVEL AT WHICH DETERMINATIONS OF CONFLICT ARE MADE AND WHICH ACTUAL CONFLICTS ARE REVIEWED THE UMMS CONFLICTS COMMITTEE IS RESPONSIBLE FOR DETERMINING IF A CONFLICT

OF INTEREST EXISTS AND EVALUATING WHETHER THE ORGANIZATION CAN OBTAIN

WITH REASONABLE EFFORTS A MORE ADVANTAGEOUS TRANSACTION OR ARRANGEMENT FROM A TRANSACTION THAT WOULD NOT GIVE RISE TO A CONFLICT OF INTEREST. THE CONFLICTS COMMITTEE REPORTS ITS FINDINGS TO THE UMASS BOARD OF DIRECTORS WHO ARE RESPONSIBLE FOR MAKING A FINAL DETERMINATION ON THE CONFLICT.

#### RESTRICTIONS ON CONFLICTED PERSONS

ALL COVERED PERSONS ARE RESTRICTED FROM ENTERING INTO A TRANSACTION WITHOUT DISCLOSING THE ACTUAL OR POTENTIAL CONFLICT TO THE UMMS CONFLICT COMMITTEE AND OBTAINING APPROVAL OF THE BOARD OF DIRECTORS. COVERED PERSONS WITH A CONFLICT MUST LEAVE THE ROOM WHEN TRANSACTIONS GIVING RISE TO THE CONFLICT ARE UNDER DISCUSSION BY THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION B, LINE 19 THE UMASS MEDICAL SCHOOL FOUNDATION, INC. MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

#### ATTACHMENT 1

#### FORM 990, PART III - PROGRAM SERVICE, LINE 4A

THE UMASS MEDICAL SCHOOL FOUNDATION, INC. (UMMSF) RECEIVES AND DISTRIBUTES CHARITABLE GIFTS AND PROVIDES ADVICE AND ASSISTANCE TO THE DEVELOPMENT OFFICE OF THE UNIVERSITY OF MASSACHUSETTS WORCESTER, PARTICULARLY WITH RESPECT TO FUNDRAISING AND PHILANTHROPIC ACTIVITIES INTENDED TO BENEFIT THE UNIVERSITY'S MEDICAL SCHOOL (UMMS), THE UNIVERSITY OF MASSACHUSETTS FOUNDATION, INC, (UMF) AND UMASS MEMORIAL HEALTH CARE, INC. (UMASS MEMORIAL), AND ANY OR ALL OF ITS NON-PROFIT SUBSIDIARIES AND AFFILIATES.

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Employer identification number 04-3108190

ATTACHMENT 1 (CONT'D)

ON NOVEMBER 14, 2019, UMMS AND UMASS MEMORIAL ENTERED INTO AN AGREEMENT TO AMEND CERTAIN PROVISIONS, TERMS AND CONDITIONS OF THE EXISTING UMMF AGREEMENT, AND THE ORGANIZATION'S NAME WAS CHANGED TO THE UMASS MEDICAL SCHOOL FOUNDATION, INC.(UMMSF). AS A RESULT, COMMENCING ON JANUARY 1, AND CONTINUING THROUGH DECEMBER 31, 2024, UMMF NO LONGER RECEIVES OR ADMINISTERS CHARITABLE GIFTS ON BEHALF OF UMASS MEMORIAL, NOR DOES IT PROVIDE FUNDRAISING AND PHILANTHROPIC ADVICE AND ASSISTANCE TO UMASS MEMORIAL.

ACCOUNTING AND TREASURY SERVICES AND SPACE ARE DONATED BY THE UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL. TOTAL DONATED SERVICES AND SPACE RECEIVED WERE \$498,302.

#### SCHEDULE R (Form 990)

### **Related Organizations and Unrelated Partnerships**

► Go to www.irs.gov/Form990 for instructions and the latest information.

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

Attach to Form 990.



04-3108190

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

UMASS MEDICAL SCHOOL FOUNDATION, INC.

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

| (a)<br>Name, address, and EIN (if applicable) of disregarded entity | <b>(b)</b><br>Primary activity | <b>(c)</b><br>Legal domicile (state<br>or foreign country) | <b>(d)</b><br>Total income | (e)<br>End-of-year assets | (f)<br>Direct controlling<br>entity |
|---|--------------------------------|--|----------------------------|---------------------------|-------------------------------------|
| _(1)  |                                |  |                            |                           |                                     |
| (2)   |                                |  |                            |                           |                                     |
| (3)   |                                |  |                            |                           |                                     |
| (4)   |                                |  |                            |                           |                                     |
| (5)   |                                |  |                            |                           |                                     |
| (6)   |                                |  |                            |                           |                                     |

#### 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)<br>Name, address, and EIN of related organization   | <b>(b)</b><br>Primary activity | (c)<br>Legal domicile (state<br>or foreign country) | (d)<br>Exempt Code section | (e)<br>Public charity status<br>(if section 501(c)(3)) | (f)<br>Direct controlling<br>entity | (g<br>Section 5<br>contr<br>enti | 12(b)(13)<br>olled |
|---|--------------------------------|---|----------------------------|--|-------------------------------------|----------------------------------|--------------------|
|   |                                |   |                            |  |                                     | Yes                              | No                 |
| (1) UMASS MEDICAL SCHOOL 04-3167352                     |                                |   |                            |  |                                     |                                  |                    |
| 55 LAKE AVENUE NORTH WORCESTER, MA 01655                | EDUCATION                      | MA  |                            |  | COM. OF MA                          |                                  | Х                  |
| (2) UMASS MEMORIAL HEALTH CARE (THRU 1/1/20) 04-3358566 |                                |   |                            |  |                                     |                                  |                    |
| 328 SHREWSBURY STREET WORCESTER, MA 01604               | HEALTH SVCS                    | MA  | 501(C)(3)                  | 3  | N/A                                 |                                  | Х                  |
| (3)   |                                |   |                            |  |                                     |                                  |                    |
|   |                                |   |                            |  |                                     |                                  |                    |
| (4)   |                                |   |                            |  |                                     |                                  |                    |
|   |                                |   |                            |  |                                     |                                  |                    |
| (5)   |                                |   |                            |  |                                     |                                  |                    |
|   |                                |   |                            |  |                                     |                                  |                    |
| (6)   |                                |   |                            |  |                                     |                                  |                    |
|   | ]                              |   |                            |  |                                     |                                  |                    |
| (7)   |                                |   |                            |  |                                     |                                  |                    |
|   | ]                              |   |                            |  |                                     |                                  |                    |

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2019

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)         (b)         (c)         (d)         (e)         (f)         (g)         (h)         (i)         (j) |                                |  |                                     |   |                                 |   |         |                             |   |   | (1-) |                                       |
|-----|---|--------------------------------|--|-------------------------------------|---|---------------------------------|---|---------|-----------------------------|---|---|------|---------------------------------------|
|     | (a)<br>Name, address, and EIN of<br>related organization  | <b>(b)</b><br>Primary activity | (c)<br>Legal<br>domicile<br>(state or<br>foreign<br>country) | (d)<br>Direct controlling<br>entity | (e)<br>Predominant<br>income (related,<br>unrelated,<br>excluded from<br>tax under<br>sections 512 - 514) | (f)<br>Share of total<br>income | <b>(g)</b><br>Share of end-of-<br>year assets | Disprop | n)<br>portionate<br>ations? | (i)<br>Code V - UBI<br>amount in box 20<br>of Schedule K-1<br>(Form 1065) | (j)<br>General or<br>managing<br>partner? |      | <b>(k)</b><br>Percentage<br>ownership |
|     |   |                                |  |                                     |   |                                 |   | Yes     | No                          |   | Yes                                       | No   |                                       |
| (1) |   |                                |  |                                     |   |                                 |   |         |                             |   |   |      |                                       |
|     |   |                                |  |                                     |   |                                 |   |         |                             |   |   |      |                                       |
| (2) |   |                                |  |                                     |   |                                 |   |         |                             |   |   |      |                                       |
| (3) |   |                                |  |                                     |   |                                 |   |         |                             |   |   |      |                                       |
| (4) |   |                                |  |                                     |   |                                 |   |         |                             |   |   |      |                                       |
| (5) |   |                                |  |                                     |   |                                 |   |         |                             |   |   |      |                                       |
| (6) |   |                                |  |                                     |   |                                 |   |         |                             |   |   |      |                                       |
| (7) |   |                                |  |                                     |   |                                 |   |         |                             |   |   |      |                                       |

# 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)<br>Name, address, and EIN of related organization | <b>(b)</b><br>Primary activity | <b>(c)</b><br>Legal domicile<br>(state or foreign<br>country) | <b>(d)</b><br>Direct controlling<br>entity | <b>(e)</b><br>Type of entity<br>(C corp, S corp, or trust) | (f)<br>Share of total<br>income | <b>(g)</b><br>Share of<br>end-of-year assets | <b>(h)</b><br>Percentage<br>ownership | (i)<br>Sectio<br>512(b)(<br>controll<br>entity |
|---|--------------------------------|---|--|--|---------------------------------|--|---------------------------------------|--|
| (1)   |                                |   |  |  |                                 |  |                                       | Yes N  |
| (2)   |                                |   |  |  |                                 |  |                                       |  |
| (3)   |                                |   |  |  |                                 |  |                                       |  |
| (4)   |                                |   |  |  |                                 |  |                                       |  |
| (5)   |                                |   |  |  |                                 |  |                                       |  |
| (6)   |                                |   |  |  |                                 |  |                                       |  |
| (7)   |                                |   |  |  |                                 |  |                                       |  |

| Part                | <b>Transactions With Related Organizations.</b> Complete if the organization answered "Ye              | es" on Form 990, Pai      | t IV, line 34, 35b, or 36.   |                       |               |         |
|---------------------|--|---------------------------|------------------------------|-----------------------|---------------|---------|
| Note                | Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.                      |                           |                              |                       | Y             | es No   |
| 1                   | During the tax year, did the organization engage in any of the following transactions with one or more | related organizations lis | ted in Parts II-IV?          |                       |               |         |
| а                   | Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity        |                           |                              | 1                     | a             | X       |
| b                   | Sift, grant, or capital contribution to related organization(s)  |                           |                              | 1                     | b             | X       |
| C                   | Gift, grant, or capital contribution from related organization(s)                                      |                           |                              |                       | c             | X       |
|                     | oans or loan guarantees to or for related organization(s)  |                           |                              | · · · · · ⊢           | d             | X       |
| е                   | oans or loan guarantees by related organization(s)   |                           |                              | 1                     | e             | X       |
|                     |  |                           |                              |                       |               |         |
|                     | Dividends from related organization(s)   |                           |                              | –                     | f             | X<br>X  |
|                     | Sale of assets to related organization(s)  |                           |                              |                       | g             | X       |
|                     | Purchase of assets from related organization(s)  |                           |                              | ⊢                     | h<br>·        | X       |
|                     | Exchange of assets with related organization(s).   |                           |                              | · · · · · -           | i             | X       |
| j                   | ease of facilities, equipment, or other assets to related organization(s).                             |                           |                              | 1                     | j             |         |
|                     |  |                           |                              |                       | 4             | X       |
|                     | ease of facilities, equipment, or other assets from related organization(s)                            |                           |                              |                       | k<br>I        | X       |
|                     | Performance of services or membership or fundraising solicitations for related organization(s)         |                           |                              | · · · · · ⊢           | <br>          | X       |
|                     | Performance of services or membership or fundraising solicitations by related organization(s)          |                           |                              |                       | m             | X       |
|                     | Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)          |                           |                              |                       | n<br>o        | X       |
| 0                   | Sharing of paid employees with related organization(s)   | • • • • • • • • • • • • • |                              | •••••                 | 0             |         |
|                     | Primburgement paid to related ergenization(a) for eveness  |                           |                              | 1                     | р             | X       |
| -                   | Reimbursement paid to related organization(s) for expenses   |                           |                              |                       | <u>р</u><br>q | X       |
| q                   |  |                           |                              | •••••                 | Ч             |         |
| r                   | Other transfer of cash or property to related organization(s)  |                           |                              | 1                     | r             | x       |
| S                   | Other transfer of cash or property from related organization(s)  |                           |                              | 1                     | s             | X       |
| 2                   | f the answer to any of the above is "Yes," see the instructions for information on who must complete   | this line, including cove | red relationships and transa | action thresh         |               |         |
|                     | (a)  | (b)                       | (c)                          | (d                    |               |         |
|                     | Name of related organization   | Transaction<br>type (a-s) | Amount involved              | Method of o<br>amount |               |         |
|                     |  | ijpo (a oj                |                              | unoun                 |               | ou      |
|                     |  |                           |                              |                       |               |         |
| (1)                 |  |                           |                              |                       |               |         |
|                     |  |                           |                              |                       |               |         |
| (2)                 |  |                           |                              |                       |               |         |
|                     |  |                           |                              |                       |               |         |
| (3)                 |  |                           |                              |                       |               |         |
|                     |  |                           |                              |                       |               |         |
| (4)                 |  |                           |                              |                       |               |         |
| (5)                 |  |                           |                              |                       |               |         |
| (5)                 |  |                           |                              |                       |               |         |
| (6)                 |  |                           |                              |                       |               |         |
| (6)                 |  |                           | Sch                          | nedule R (For         | m 90          | 0) 2010 |
| JSA                 |  |                           | 501                          |                       |               |         |
| 9E1309 <sup>-</sup> | .000<br>93870A F227 V 19-8.3F  |                           |                              | PAGE                  | 39            |         |

Schedule R (Form 990) 2019

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

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

| (a)<br>Name, address, and EIN of entity | <b>(b)</b><br>Primary activity | (c)<br>Legal domicile<br>(state or foreign<br>country) | (d)<br>Predominant<br>income (related,<br>unrelated, excluded<br>from tax under | 501<br>organiz | ations? | (f)<br>Share of<br>total income | <b>(g)</b><br>Share of<br>end-of-year<br>assets | Disprop | <b>h)</b><br>portionate<br>ations? | (i)<br>Code V - UBI<br>amount in box 20<br>of Schedule K-1<br>(Form 1065) | (j)<br>General or<br>managing<br>partner? |    | managing |  | (k)<br>Percentage<br>ownership |
|---|--------------------------------|--|---|----------------|---------|---------------------------------|---|---------|------------------------------------|---|---|----|----------|--|--------------------------------|
|   |                                |  | sections 512-514)   | Yes            | No      |                                 |   | Yes     | No                                 |   | Yes                                       | No | -        |  |                                |
| (1)                                     | _                              |  |   |                |         |                                 |   |         |                                    |   |   |    |          |  |                                |
| (2)                                     |                                |  |   |                |         |                                 |   |         |                                    |   |   |    |          |  |                                |
| (3)                                     |                                |  |   |                |         |                                 |   |         |                                    |   |   |    |          |  |                                |
| (4)                                     |                                |  |   |                |         |                                 |   |         |                                    |   |   |    |          |  |                                |
| (5)                                     |                                |  |   |                |         |                                 |   |         |                                    |   |   |    |          |  |                                |
| (6)                                     |                                |  |   |                |         |                                 |   |         |                                    |   |   |    |          |  |                                |
| (7)                                     |                                |  |   |                |         |                                 |   |         |                                    |   |   |    |          |  |                                |
| (8)                                     |                                |  |   |                |         |                                 |   |         |                                    |   |   |    |          |  |                                |
| (9)                                     |                                |  |   |                |         |                                 |   |         |                                    |   |   |    |          |  |                                |
| 10)                                     |                                |  |   |                |         |                                 |   |         |                                    |   |   |    |          |  |                                |
| 11)                                     |                                |  |   |                |         |                                 |   |         |                                    |   |   |    |          |  |                                |
| 12)                                     |                                |  |   |                |         |                                 |   |         |                                    |   |   |    |          |  |                                |
| 13)                                     |                                |  |   |                |         |                                 |   |         |                                    |   |   |    |          |  |                                |
| 14)                                     |                                |  |   |                |         |                                 |   |         |                                    |   |   |    |          |  |                                |
| 15)                                     |                                |  |   |                |         |                                 |   |         |                                    |   |   |    |          |  |                                |
| 16)                                     |                                |  |   |                |         |                                 |   |         |                                    |   |   |    |          |  |                                |
| 10/                                     | -                              |  |   |                |         |                                 |   |         |                                    |   |   |    |          |  |                                |

Schedule R (Form 990) 2019

 Part VII
 Supplemental Information

 Provide additional information for responses to questions on Schedule R. See instructions.