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DLN: 93493137034370

Form **990**

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

2008

OMB No 1545-0047

Open to Public

Department of the Treasury

The organization may have to use a copy of this return to satisfy state reporting requirements

| Internal | Revenue | Service | F The or | gamzation may have to use | a copy of this return to | Satisty State | reporting require | ments | Inspection | | | | | |
|--------------------------------|---------------------|---|-----------------------|---|-------------------------------|-------------------------------------|---------------------------------------|------------------------------|---------------------------------------|--|--|--|--|--|
| A Fo | rthe 2 | 008 ca | lendar yea | r, or tax year beginning 07-0 | 1-2008 and ending 06 | 6-30-2009 | | | Alfantian markan | | | | | |
| | | plicable | Please | C Name of organization MASSACHUSETTS LEAGUE OF C | OMMUNITY HEALTH | | | • | tification number | | | | | |
| | tress cha | | use IRS label or | CENTERS INC Doing Business As | | | | 2507409 phone nu r | | | | | | |
| Nar | me chan | nge | print or type. See | | | | | | | | | | | |
| | ial retur | | Specific Instruc- | Number and street (or P O box | | reet address) R | oom/suite | 7) 426-2. s receipts | 5 \$ 7,533,996 | | | | | |
| Ter | mınatıor | n | tions. | 40 COURT STREET 10TH FLOOF | (| | | | · · · · · · · · · · · · · · · · · · · | | | | | |
| Am | ended r | eturn | | City or town, state or country, a BOSTON, MA 02108 | and ZIP + 4 | | | | | | | | | |
| App | olication | pending | | B0310N, FIA 02100 | | | | | | | | | | |
| | | | | ne and address of Principal (| Officer | Н(| a) Is this a grou | p return f | or | | | | | |
| | | | | W HUNT JR rt Street 10th floor | | | affiliates? | | ⊤Yes 🔽 No | | | | | |
| | | | | MA 02108 | | — н(| b) Are all affiliate | s included | I? | | | | | |
| I Tax | x-exem | pt status | ▽ 501(c) | (3) ◀ (insert no) |)(1) or | | (If "No," atta | ch a list | See instructions) | | | | | |
| J W | eb site | e:► WW | W MASSLE | AGUE ORG | | H(- | c) Group Exemp | otion Num | nber ► | | | | | |
| | | | - | | | | | | | | | | | |
| К Туре | e of orga | anızatıon | ✓ Corporati | on trust association other | er 🟲 | L | Year of Formation | 1972 M S | tate of legal domicile MA | | | | | |
| | | | | | | | | | | | | | | |
| Pa | rt I | Sumr | | | | | | | | | | | | |
| | | | | e organization's mission or n | - | | | | | | | | | |
| <u>ತ</u> | 1 | To provi health c | | hip to our membership in ac | hieving their goals, and | to promote a | ccessible, qualit | y, commu | inity responsive | | | | | |
| 喜 | | iicaitii c | are | | | | | | | | | | | |
| Governance | 2 | Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its assets | | | | | | | | | | | | |
| ŝ | 3 | Number | of voting n | nembers of the governing bo | dy (Part VI, line 1a) . | | | з | 63 | | | | | |
| ර ර | 4 | Number | ofındepen | dent voting members of the | | 4 _ | 63 | | | | | | | |
| ĕ | 5 | Total nu | mber of en | nployees (Part V, line 2a) | | 5 | 54 | | | | | | | |
| Activities & | 6 | Total nu | mber of vo | lunteers (estimate if necess | | | 6 | 0 | | | | | | |
| ĕ | 7a | Total gr | oss unrelat | ted business revenue from P | nn (C) | | 7a | 700,103 | | | | | | |
| | b | Net unre | elated busi | ness taxable income from Fo | | | 7b | -59,599 | | | | | | |
| | | | | | | | Prior Year | | Current Year | | | | | |
| a) | 8 | | | grants (Part VIII, line 1h) | | | 12,63 | | 5,964,770 | | | | | |
| Rayenue | 9 | | | revenue (Part VIII, line 2g) | | | | 5,695 | 1,341,547 | | | | | |
| 張 | 10 11 | | | ne (Part VIII, column (A), lıı art VIII, column (A), lınes 5 | | | | 1,105 | 85,259 | | | | | |
| | 12 | | | art vIII, column (A), lines 5 Id lines 8 through 11 (must | | · · | 17. | 1,405 | 32,548 | | | | | |
| | | 12) | evenue u | ia imes o tinoagn 11 (mast | equal Full VIII, column | (,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | 14,17 | 9,353 | 7,424,124 | | | | | |
| | 13 | Grants | and sımıla | r amounts paid (Part IX, col | umn (A), lines 1–3) | | 3,30 | 0,587 | 3,439,814 | | | | | |
| | 14 | Benefit | s paid to o | r for members (Part IX, colu | mn (A), line 4) | | | | 0 | | | | | |
| 92 | 15 | Salarıe 10) | s, other co | mpensation, employee bene | fits (Part IX, column (A |), lines 5- | 2.82 | 2,419 | 3,343,015 | | | | | |
| <u>3</u> | 16a | • | sional fund | raising fees (Part IX, columr | n (A.), line 11e) | | | -, | 0,0.0,010 | | | | | |
| Expenses | ь | | | penses, Part IX, column (D), line 2 | | , | | | - | | | | | |
| Ш | 17 | • | | Part IX, column (A), lines 1: | | | 5,02 | 5,756 | 3,478,810 | | | | | |
| | 18 | | | add lines 13–17 (must equa | | mn (A)) | 11,149 | | 10,261,639 | | | | | |
| | 19 | Revenu | ıe less exp | enses Subtract line 18 fron | n line 12 | | 3,029 | 9,591 | -2,837,515 | | | | | |
| <u>8</u> 8 | | | | | | | Beginning of Ye | ear | End of Year | | | | | |
| Net Assets or Fund Balances | 20 | Total a | ssets (Par | t X, line 16) | | | 15,018 | 3,972 | 11,723,870 | | | | | |
| d Br | 21 | Total li | abilities (P | art X, line 26) | | | 4,06 | 5,411 | 3,607,824 | | | | | |
| 5 E | 22 | Netas | sets or fun | d balances Subtract line 21 | from line 20 | | 10,95 | 3,561 | 8,116,046 | | | | | |
| | rt II | | ature Blo | | | | · · · · · · · · · · · · · · · · · · · | | <u> </u> | | | | | |
| | | Under pe | enalties of pe | rjury, I declare that I have examır | | | | | | | | | | |
| Plea | | l L | | correct, and complete Declaration | от preparer (other than offic | er) is based on a | 1 | ıch prepareı | nas any knowledge | | | | | |
| Piea Sign | | **** Signa | ** iture of office | <u>r</u> | | | 2010-05-07 Date | | | | | | | |
| Here | | <u>'</u> | | | | | _ 3.5 | | | | | | | |
| | | | or print nam | RESIDENT & CEO e and title | | | | | | | | | | |
| | | Preparer' | | | Date | Check | ıf Prepar | er's PTIN (S | Gee Gen Inst) | | | | | |
| | | - riebarer | 5 L | | 1 5 4 1 5 | CHECK | I repair | | | | | | | |

21 EAST MAIN STREET

WESTBORO, MA 01581

May the IRS discuss this return with the preparer shown above? (See instructions) $\ \ .$

ALEXANDER ARONSON FINNING & CO PC

john r buckley cpa

Preparer's signature

Firm's name (or yours

if self-employed), address, and ZIP + 4

Paid Preparer's

Use Only

selfempolyed •

Cat No 11282Y

EIN 🕨

Phone no 🕨 (508) 366-9100

Part III Statement of Program Service Accomplishments (See the instructions.)

| 1 | Briefly describe the organization's mission To provide leadership to our membership in act | nieving their goals, and to | o promote accessible, quality | , community responsive health care | |
|------------|--|--|---|--|--|
| 2 | Did the organization undertake any si the prior Form 990 or 990-EZ? . If "Yes," describe these new services | | rvices during the year | | Yes ✓ No |
| 3 | Did the organization cease conducting services? | | | ducts any program | Yes 🔽 No |
| 4 | Describe the exempt purpose achieve Section 501(c)(3) and (4) organization others, the total expenses, and reven | ments for each of th ns and 4947(a)(1) t | rusts are required to re | port the amount of grants and | |
| 4a | (Code) (Expenses \$ Developmental Services and Technical Assist centers to understand and meet program ne grant policies and regulations To collect and technology leadership at community health cand implementation of health information te centers | ance- Provide support to eds and reporting require provide data on commun centers to exchange best | ments for federal qualified h nity health center service co practices and address needs | nealth centers and 330 grants To pro mmunities and service delivery To si s for services at centers To provide s | vide guidance on HRSA federal ipport health information ervices in support of adoption |
| | | | | | |
| 4b | (Code) (Expenses \$ Policy Analysis and Information Disseminatio local regulations Provide training and guidar compliance with license regulations for common policies, services, and systems to assure populations in access to care Support access patients and communities Provide technical | n - Provide support to co ice on regulations coverin nunity health center Trac community health center s to multi-lingual informal | ng health policy, health cove the adequacy of rate setting p is provide access to services tion on service programs. Pro | rage and health service program Sup practices for health coverage program Support programs and materials to covide information and services to add | port understanding and is Support information sharing juide multi-cultural patient lress the needs of multi-lingual |
| | | | | | |
| 4 c | (Code) (Expenses \$ Clinical Services- Provide technical assistance clinical staff Support quality improvement ai programs for recruitment and retention of cli | e, training and developmend development activities nical staff Provide for tra | s and initiatives for clinical se nining in quality improvemen | ervices, programs and systems of care | e Support work force |
| | communication and guidance on clinical polic | ies and best practices for | ciinicai management | | |
| | (Code) (Expenses \$ | 1,359,270 | including grants of \$ |) (Revenue \$ | 535,034) |
| | | | | | |
| 4d | Other program services (Describe i | n Schedule O) | | | |
| - | (Expenses \$ | including grants of | · \$ |) (Revenue \$ |) |
| 40 | <u> </u> | | <u> </u> | · · · · · · · · · · · · · · · · · · · | · |
| 4e | Total program service expenses \$ | 9,688,988 | o mustequal Part IX, i | Line 25, colullii (D). | |

| art IV | Checklist of | Required | Schedules |
|--------|--------------|----------|-----------|
| | | | |

| | | | Yes | No |
|-----|---|-----|-----|----|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A | 1 | Yes | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? 🕏 | 2 | Yes | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I | 3 | | No |
| 4 | Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, | 4 | Yes | |
| 5 | Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III | 5 | | No |
| 6 | Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I. | 6 | | No |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II | 7 | | No |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III | 8 | | Νο |
| 9 | Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV | 9 | | No |
| 10 | Did the organization hold assets in term, permanent,or quasi-endowments? If "Yes," complete Schedule D, Part V | 10 | | No |
| 11 | Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable | 11 | Yes | |
| 12 | Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII | 12 | Yes | |
| 13 | Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | Νο |
| 14a | Did the organization maintain an office, employees, or agents outside of the U.S.? | 14a | | Νο |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? If "Yes," complete Schedule F, Part I | 14b | | Νο |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i> | 15 | | Νο |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If</i> "Yes," complete Schedule F, Part III | 16 | | Νο |
| 17 | Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If "Yes," complete Schedule G, Part I</i> | 17 | | No |
| 18 | Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | Yes | |
| 19 | Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III | 19 | | Νo |
| 20 | Did the organization operate one or more hospitals? If "Yes," complete Schedule H | 20 | | No |
| 21 | Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | Yes | |
| 22 | Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | Yes | |
| 23 | Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J | 23 | Yes | |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25 | 24a | | No |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| c | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | 24c | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| 25a | Section $501(c)(3)$ and $501(c)(4)$ organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | No |
| b | Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I | 25b | | No |
| 26 | Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II | 26 | | No |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III | 27 | | No |

Part IV Checklist of Required Schedules (Continued)

| | | | 163 | 110 |
|----|--|-----|-----|-----|
| 28 | During the tax year, did any person who is a current or former officer, director, trustee, or key employee | | | |
| а | Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part | | | |
| | IV | 28a | | Νo |
| b | Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV | 28b | | Νο |
| С | Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV. | 28c | | Νo |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | | Νo |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M | 30 | | Νo |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | | Νο |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II | 32 | | Νο |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I | 33 | Yes | |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 | 34 | Yes | |
| 35 | Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35 | | Νo |
| 36 | 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 | | Νο |
| 37 | Did the organization conduct more than 5 percent 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, | 37 | | Νo |
| | Part VI 📆 | | | |

| Pa | rt V Statements Regarding Other IRS Filings and Tax Complianc | e | | | | |
|-----|--|---------|---------------------------|-----|-----|----|
| | | | | | Yes | No |
| 1a | Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal | | | | | |
| | of U.S. Information Returns. Enter -0- if not applicable | | | | | |
| | | 1a | 19 | | | |
| b | Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable | 1b | o | | | |
| c | Did the organization comply with backup withholding rules for reportable payments to | o ven | dors and reportable | | | |
| | gaming (gambling) winnings to prize winners? | | | 1c | Yes | |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax | | | | | |
| | Statements filed for the calendar year ending with or within the year covered by this return | 2a | 54 | | | |
| ь | If at least one is reported in 2a, did the organization file all required federal employm | | | | | |
| _ | Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this | | | 2b | Yes | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during | g the | year covered by this | | | |
| _ | return? | • • | | 3a | Yes | |
| | If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in School | | | 3b | Yes | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a si over, a financial account in a foreign country (such as a bank account, securities account)? | | | 4a | | No |
| b | If "Yes," enter the name of the foreign country | | | | | |
| | See the instructions for exceptions and filing requirements for Form TD F 90-22.1 , <i>Re Financial Accounts</i> . | port o | f Foreign Bank and | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during | ng the | tax year? | 5a | | Νο |
| Ь | Did any taxable party notify the organization that it was or is a party to a prohibited | tax sh | nelter transaction? | 5b | | Νo |
| с | If "Yes," to 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exemple | t Entit | y Regarding Prohibited | | | |
| | Tax Shelter Transaction? | | | 5c | | |
| 6a | Did the organization solicit any contributions that were not tax deductible? | | | 6a | | Νο |
| b | If "Yes," did the organization include with every solicitation an express statement the were not tax deductible? | nat su | ch contributions or gifts | 6b | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | | | |
| а | Did the organization provide goods or services in exchange for any quid pro quo confimore? | trıbutı | on of \$75 or | 7a | Yes | |
| b | If "Yes," did the organization notify the donor of the value of the goods or services pr | rovide | d? | 7b | Yes | |
| c | Did the organization sell, exchange, or otherwise dispose of tangible personal proper | | - | | | |
| | file Form 8282? | 1 | | 7c | | No |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | 7d | | | | |
| e | Did the organization, during the year, receive any funds, directly or indirectly, to pay | prem | nums on a personal | | | |
| | benefit contract? | | | 7e | | Νο |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a perso | onal b | enefit contract? | 7f | | Νο |
| g | For all contributions of qualified intellectual property, did the organization file Form 8 | 8899 | as required? | 7g | | Νο |
| h | For contributions of cars, boats, airplanes, and other vehicles, did the organization fi | ıle a F | orm 1098-C as | 7h | | Νο |
| 8 | required? | nd ca | ction 509(a)(3) | 711 | | NO |
| 0 | supporting organizations. Did the supporting organization, or a fund maintained by a sexcess business holdings at any time during the | | | 8 | | |
| | year? | | | | | |
| 9 | Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds. | | | | | |
| a | Did the organization make any taxable distributions under section 4966? | | | 9a | | No |
| Ь | Did the organization make a distribution to a donor, donor advisor, or related person | 7. | | 9b | | Νο |
| 10 | Section 501(c)(7) organizations. Enter | l | I | | | |
| 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 | | | | | |
| а | Gross income from members or shareholders | 11a | | | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) | 11b | | | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in | lieu | of Form 1041? | 12a | | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | 12b | | | | |
| | · | | î | | | |

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

| Section A. | Governina | Body and | Management |
|------------|-----------|----------|------------|

| | | | | | | Yes | NO | |
|----|---|------------|------------|----------------------|------|-----|----|--|
| | For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below processes, or changes in Schedule O. See instructions. | , desc | ribe the d | rrcumst a nce | s, | | | |
| 1a | Enter the number of voting members of the governing body | 1a | | | 63 | | | |
| Ь | Enter the number of voting members that are independent | 1b | | | 63 | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a bus other officer, director, trustee, or key employee? | y 2 | | No | | | | |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? | | | | | | | |
| 4 | Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? | | | | | | | |
| 5 | Did the organization become aware during the year of a material diversion of the organization's assets? | | | | | | | |
| 6 | Does the organization have members or stockholders? | | | | | | | |
| 7a | Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? | | | | | | | |
| Ь | Are any decisions of the governing body subject to approval by members, stockhold | . 7b | | No | | | | |
| 8 | Did the organization contemporaneously document the meetings held or written active year by the following | ons u | ndertake | n during the | | | | |
| а | the governing body? | | | | 8a | Yes | | |
| Ь | each committee with authority to act on behalf of the governing body? | | | | . 8b | Yes | | |
| 9a | Does the organization have local chapters, branches, or affiliates? | | | | 9a | | Νo | |
| b | If "Yes," does the organization have written policies and procedures governing the a affiliates, and branches to ensure their operations are consistent with those of the o | | | . , | | | | |
| 10 | Was a copy of the Form 990 provided to the organization's governing body before it was tescribe in Schedule O the process, if any, the organization uses to review the | | | | | Yes | | |
| 11 | Is there any officer, director or trustee, or key employee listed in Part VII, Section At the organization's mailing address? If "Yes," provide the names and addresses in Sc | , | | | | | No | |
| | | | | | | | | |

Section B. Policies

| | | | Yes | No |
|-----|--|-----|-----|----|
| 12a | Does the organization have a written conflict of interest policy? If "No", go to line 13 \cdot . | 12a | Yes | |
| b | Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | Yes | |
| c | Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done | 12c | Yes | |
| 13 | Does the organization have a written whistleblower policy? | 13 | Yes | |
| 14 | Does the organization have a written document retention and destruction policy? | 14 | Yes | |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision | | | |
| а | The organization's CEO, Executive Director, or top management official? | 15a | Yes | |
| b | Other officers or key employees of the organization? | 15b | Yes | |
| | Describe the process in Schedule O | | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? | 16a | | Νo |
| b | If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? | 16b | | |

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed MA
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply own website.

 upon request
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

The Corporation 40 COURT STREET 10TH FLR BOSTON, MA 02108 (617) 426-2225

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

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed

Check this box if the organization did not compensate any officer, director, trustee or key employee

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

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

| The check this box in the organization and i | | Posit | (C |) chec | :k al | | | | (E) | (F) |
|--|--|-----------------------------------|-----------------------|-----------|--------------|------------------------------|--------|---|--|--|
| (A) Name and Title | (B) Average hours per week | Individual Trustee or Chrector | Institutional Trustee | Officei | Key employee | Highest compensated employee | Former | (D) Reportable compensation from the organization (W- 2/1099MISC) | (E) Reportable compensation from related organizations (W- 2/1099- MISC) | Estimated amount of other compensation from the organization and related organizations |
| | | | | | | | | | | |
| | | | | | | | - | | | |
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Part VIII Continued

| | (B) Average hours per week | | () ition that a | | | all | | | (E) | (F) |
|--|--|-----------------------------------|-----------------------|----------|--------------|------------------------------|--------|---|---|--|
| (A) Name and Title | | Individual Trustee or Director | Institutional Trustee | Officei | Key employee | Highest compensated employee | Former | (D) Reportable compensation from the organization (W- 2/1099MISC) | Reportable compensation from related organizations (W- 2/1099- MISC) | Estimated amount of other compensation from the organization and related organizations |
| | | | | | | | | | | |
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| | | | | \vdash | | | | | | |
| | | | | | | | | _ | _ | |
| 1b Total | | | • | | | | | 936,723 | 3 | 133,070 |
| 2 Total number of individuals (including | those in 1 | a) who | recei | ved | mor | e thai | า \$1 | 00.000 ın reportabl | e | |

Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization►5

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

| (A) Name and business address | (B) Description of services | (C) Compensation |
|--|---|---------------------|
| aracadia solutions PO Box 769 Waitsfield, VT 05673 | Technical Services consultant | 950,312 |
| DENNIS SMITH ASSOCIATES 600 ATLANTIC AVE 19TH FLR BOSTON, MA 02210 | Technical Services consultant | 120,000 |
| ADVOCATES FOR HUMAN POTENTIAL 403B BOSTON POST RD SUDBURY, MA 01776 | EMR PROJECT CONSULTANT | 107,635 |
| MICHAEL DECHIARA POBOX 56 SHUTESBURY, MA 01072 | OUTREACH CONSULTANT | 104,821 |
| Total number of independent contractors (including those in 1) who recommend the organization. | eived more than \$100,000 in compensation | 4 |

Statement of Revenue

| | | | | (A) Total Revenue | (B) Related or Exempt Function Revenue | (C) Unrelated Business Revenue | (D) Revenue Excluded from Tax under IRC 512, 513, or 514 |
|---|-----|--|-----------------|----------------------|--|---|--|
| | 1a | Federated campaigns 1a | | | Revenue | | 312, 313, 61 311 |
| ## | ь | Membership dues | | | | | |
| ᅙᆵ | | 1b | | | | | |
| Contributions, gifts, grants and other similar amounts | С | Fundraising events 1c | 63,720 | | | | |
| ž ž | d | Related organizations | | | | | |
| s, Hiji | e | Government grants (contributions) 1e | 3,446,208 | | | | |
| 등등 | f | All other contributions, gifts, grants, and | 2,454,842 | | | | |
| 至 | • | sımılar amounts not ıncluded above | | | | | |
| 발 | g | 1f Noncash contributions included in | | | | | |
| ΣĒ | _ | lines 1a-1f \$ | | | | | |
| O 10 | h | Total (Add lines 1a-1f) | | 5,964,770 | | | |
| | | | Business Code | | | | |
| e | 2a | GROUP PURCHASING INCOM | 541,900 | 700,103 | | 700,103 | |
| E. | ь | MEMBERSHIP DUES | 541,900 | 380,590 | 380,590 | , 00,103 | |
| <u> 8</u> | c | CONTRACTED SERVICES AN | , | | | | |
| 92 | | CONTRACTED SERVICES AN | 541,900 | 260,854 | 260,854 | | |
| <u>.</u> | d | | | | | | |
| <u> </u> | e | | | | | | |
| Program Serwce Revenue | f | All other program service revenue | | | | | |
| Ŗ | g | Total. Add lines 2a-2f | | | | | |
| | 3 | Investment income (including divid | dends, interest | | | | |
| | | other similar amounts) | [| 85,259 | | | 85,259 |
| | 4 | Income from investment of tax-exempt be | ond proceeds | | | | |
| | | | ▶ | | | | |
| | 5 | Royalties | | | | | |
| | | (ı) Real | (II) Personal | | | | |
| | 6a | Gross Rents | | | | | |
| | Ь | Less rental expenses | | | | | |
| | С | Rental income or (loss) | | | | | |
| | d | Net rental income or (loss) | | | | | |
| | | (ı) Securities | (II) O ther | | | | |
| | 7a | Gross amount from sales of assets other | (II) O thei | | | | |
| | b | Less cost or other basis and sales expenses | | | | | |
| | С | Gain or (loss) | | | | | |
| | d | Net gain or (loss) | | | | | |
| | | | . ▶ | | | | |
| Other Revenue | 8a | Gross income from fundraising events (not including \$142,420 of contributions reported on line 1c) See Part IV, line 18 | | | | | |
| ě | | Attach Schedule G if total exceeds | | | | | |
| <u>-</u> | | \$15,000 a | | | | | |
| ŧ | Ь | Less direct expensesb | | 22 540 | 22 540 | | |
| 0 | С | Net income or (loss) from fundraisi | ng events ► | 32,548 | 32,548 | | |
| | 9a | Gross income from gaming activities See part IV, line 19 Complete Schedule G if total exceeds \$15,000 | | | | | |
| | ь | Less direct expensesb | | | | | |
| | c | Net income or (loss) from gaming a | activities | | | | |
| | | | ▶ | | | | |
| | 10a | Gross sales of inventory, less returns and allowances . | | | | | |
| | ь | Less cost of goods sold b | | | | | |
| | С | Net income or (loss) from sales of | | | | | |
| | | Miscellaneous Revenue | Business Code | | | | |
| | 11a | | | | | | |
| | ь | | | | | | |
| | c | | | | | | |
| | | | | | | | |
| | d | All other revenue | | | | | |
| | e | Total. Add lines 11a-11d | | 7 404 404 | 672.000 | 700.400 | 05.250 |
| | 12 | Total Revenue. Add lines 1h, 2g, 3 8c, 9c, 10c, and 11e | | 7,424,124 | 673,992 | 700,103 | 85,259 |

Part IX Statement of Functional Expenses

| Α | Section 501(c)(3) and 501(c)(4) orgall other organizations must complete column (A) but are not re | equired to com | | | |
|------------|---|-----------------------|---|---|--|
| Do ı | not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
| 1 | Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 | 1,629,784 | 1,629,784 | | |
| 2 | Grants and other assistance to individuals in the U.S. See Part IV, line 22 | 1,810,030 | 1,810,030 | | |
| 3 | Grants and other assistance to governments, organizations and individuals outside the U.S. See Part IV, lines 15 and 16 | | | | |
| 4 | Benefits paid to or for members | | | | |
| 5 | Compensation of current officers, directors, trustees, and key employees | 613,870 | 545,744 | 68,126 | |
| 6 | Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$ | | | | |
| 7 | Other salaries and wages | 2,134,062 | 1,889,549 | | |
| 8 | Pension plan contributions (include section 401(k) and section 403(b) employer contributions) | 119,380 | 108,636 | 10,744 | |
| 9 | Other employee benefits | 278,868 | 256,168 | 22,700 | |
| 10 | Payroll taxes | 196,835 | 179,120 | 17,715 | |
| L 1 | Fees for services (non-employees) | | | | |
| а | Management | | | | |
| b | Legal | 72,818 | 68,105 | 4,713 | |
| c | Accounting | 42,841 | | 42,841 | |
| d | Lobbying | 48,000 | 48,000 | | |
| е | Professional fundraising See Part IV, line 17 | | | | |
| f | Investment management fees | | | | |
| g | Other | 1,765,724 | 1,759,099 | 6,625 | |
| .2 | Advertising and promotion | 65,450 | 60,275 | 5,175 | |
| 3 | Office expenses | 259,443 | 214,252 | 45,191 | |
| 4 | Information technology | | | | |
| .5 | Royalties | | | | |
| .6 | Occupancy | 501,139 | 422,321 | 78,818 | |
| .7 | Travel | 220,743 | 218,526 | 2,217 | |
| 8 | Payments of travel or entertainment expenses for any Federal, state or local public officials | | | | |
| .9 | Conferences, conventions and meetings | 374,780 | 369,581 | 5,199 | |
| 20 | Interest | | | | |
| 21 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization | 61,575 | 52,581 | 8,994 | |
| 23 | Insurance | | | | |
| 24 | Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below) | | | | |
| а | Professional Dues | 51,084 | 48,541 | 2,543 | |
| | Miscellaneous Expense | 15,213 | 8,676 | 6,537 | |
| c | · | , | , - | , | |
| d | | | | | |
| e | | | | | |
| d | | | | | |
| e | | 1 | | | |
| e | | | | | |
| f | All other expenses | | | | |
| 25 | Total functional expenses. Add lines 1 through 24f | 10 261 620 | 9,688,988 | 572,651 | |
| | | 10,261,639 | 9,000,988 | 3/2,651 | |
| 26 | Joint Costs. Check if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation | | | | |

| Dart V | Balance | Shoot |
|--------|---------|-------|
| Part X | Balance | Sheet |

| | | | | | (A) Beginning of year | | (B) End of year |
|-------------|---------------------|--|-----------|-----------|--------------------------|-----------|--------------------|
| | 1 | Cash—non-interest-bearing | | | 125 | 1 | 125 |
| | 2 | Savings and temporary cash investments | | | 8,492,598 | 2 | 5,185,855 |
| | - 3 | Pledges and grants receivable, net | | -,, | 3 | -,, | |
| | 4 | Accounts receivable, net | | | 6,365,155 | | 5,614,136 |
| | 5 | Receivables from current and former officers, directors, trustees, keep other related parties. | | oyees or | . , | 5 | |
| | 6 | Receivables from other disqualified persons (as defined under secrepersons described in section 4958(c)(3)(B) Complete Part II of Sci. | | | 6 | | |
| | 7 | Notes and loans receivable, net | | 7 | | | |
| | 8 | Inventories for sale or use | | | | 8 | |
| ø | 9 | Prepaid expenses and deferred charges | | | 32,030 | 9 | 10,703 |
| ĕ | 10a | | | | · | _ | <u>.</u> |
| Assets | | Land, buildings, and equipment cost basis | 10a | 604,825 | | | |
| | Ь | Less accumulated depreciation Complete Part VI of Schedule D | 10b | 491,529 | 129,064 | 10c | 113,296 |
| | 11 | Investments—publicly traded securities | | | , | 11 | |
| | 12 | Investments—other securities See Part IV, line 11 Complete Part Schedule D | VII of | - | | 12 | |
| | 13 | Investments—program-related See Part IV, line 11 Complete Part of Schedule D. | | | 13 | | |
| | 14 | Intangible assets | | | 14 | | |
| | 15 | Other assets See Part IV, line 11 Complete Part IX of Schedule | | 0 | | 799,755 | |
| | | D | | | 15 | | |
| | 16 | Total assets. Add lines 1 through 15 (must equal line 34) | | | 15,018,972 | 16 | 11,723,870 |
| | 17 | Accounts payable and accrued expenses . | | | 1,343,192 | 17 | 1,094,397 |
| | 18 | Grants payable | | | | 18 | |
| | 19 | Deferred revenue | | | 272,287 | 19 | 270,970 |
| .6 | 20 | Tax-exempt bond liabilities | | | | 20 | |
| <u>ā</u> | 21 | Escrow account liability | | | | 21 | |
| Liabilities | 22 | Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified | | | | | |
| Ï | | persons Complete Part II of Schedule L | | | | 22 | |
| | 23 | Secured mortgages and notes payable to unrelated third parties | | | | 23 | |
| | 24 | Unsecured notes and loans payable | | | | 24 | |
| | 25 | Other liabilities Complete Part X of Schedule D | | 2,449,932 | 25 | 2,242,457 | |
| | 26 | Total liabilities. Add lines 17 through 25 | | | 4,065,411 | 26 | 3,607,824 |
| S D O | | Organizations that follow SFAS 117, check here ► $\sqrt{}$ and complete through 29, and lines 33 and 34. | e lines 2 | 7 | | | |
| ani | 27 | Unrestricted net assets | | | 1,679,873 | 27 | 1,744,633 |
| Balance | 28 | Temporarily restricted net assets | | | 9,273,688 | 28 | 6,371,413 |
| | 29 | Permanently restricted net assets | | | 29 | | |
| r Fund | | Organizations that do not follow SFAS 117, check here ► and of lines 30 through 34. | | | | | |
| s or | 30 | Capital stock or trust principal, or current funds | | | 30 | | |
| Assets | 31 | Paid-in or capital surplus, or land, building or equipment fund . | | | 31 | | |
| Ą | 32 | Retained earnings, endowment, accumulated income, or other fund | | | 32 | | |
| Net | 33 | Total net assets or fund balances | | | 10,953,561 | 33 | 8,116,046 |
| 2 | 34 | Total liabilities and net assets/fund balances | | | 15,018,972 | 34 | 11,723,870 |
| | • | | | | | | |
| Pa | rt XI | Financial Statements and Reporting | | | | | |

| ParitXI | Financial | Statements | and Reporting |
|---------|-----------|------------|---------------|

| | | | Yes | No |
|----|---|----|-----|----|
| 1 | Accounting method used to prepare the Form 990 | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | 2a | | Νo |
| b | Were the organization's financial statements audited by an independent accountant? | 2b | Yes | |
| С | If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? | 2c | Yes | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? | 3a | Yes | |
| h | If "Yes," did the organization undergo the required audit or audits? | 3b | Yes | |

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493137034370

Employer identification number

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1)nonexempt charitable trusts. Attach to Form 990 or Form 990-EZ. See separate instructions.

Open to Public Inspection

| | RS INC | | - COMMUNITY HEA | LIH | | | | 0.4 | -2507409 | n | | |
|----------|-----------|--|-----------------------------------|--|--------------------|--------------------------|------------------|-------------------------|---------------------|----------------------|------------|----------|
| Pai | τI | Reason | for Public Cl | harity Status (to be co | mnleted | hy all or | nanizatio | | | | | |
| | | | | ation because it is (Please | | | | | moduce | 101137 | | |
| 1 | Ĭ | | | urches, or association of ch | | | | | (A)(i). | | | |
| 2 | , | - | | i on 170(b)(1)(A)(ii). (Attac | | | | . , , , | . , , | | | |
| 3 | | | | hospital service organizati | | • | t ion 170(l | b)(1)(A)(i | ii). (Attac | h Schedul | e H) | |
| 4 | _ | A medical i | research organı | zation operated in conjuncti | on with a l | nospital de | escribed ii | n Section : | 170(b)(1) | (A)(iii). E | nter the | |
| | | hospital's r | name, city, and | state | | · | | | | | | |
| 5 | Г | • | | or the benefit of a college or | universit | y owned o | r operated | l by a gove | rnmental | unıt desci | rıbed ın | |
| | | Section 170(b)(1)(A)(iv). (Complete Part II) | | | | | | | | | | |
| 6 | Г | | | overnment or governmental | unıt descr | ıbed ın Se | ction 170 | (b)(1)(A) | (v). | | | |
| 7 | <u></u> | • | - | ally receives a substantial p | | | | | | n the gene | ral public | c |
| | | | |)(1)(A)(vi) (Complete Par | | | - | | | _ | · | |
| 8 | \sqcap | A communi | ty trust describ | ed in Section 170(b)(1)(A) | (vi) (Com | plete Part | tII) | | | | | |
| 9 | Γ | An organiza | ation that norma | ally receives (1) more than | 331/3% o | fits supp | ort from co | ontribution | ıs, membe | rship fees | , and gro | SS |
| | | receipts fro | m activities rel | ated to its exempt functions | -subject | to certair | exceptio | ns, and (2 |) no more | than 331/ | 3% of | |
| | | ıts support | from gross inve | estment income and unrelate | ed busines | s taxable | ıncome (l | ess sectio | on 511 tax | k) from bu | sınesses | |
| | | acquired by | the organization | on after June 30, 1975 See | Section 5 | 09(a)(2). | (Complete | e Part III |) | | | |
| 10 | \sqcap | An organiza | atıon organızed | and operated exclusively to | test for p | ublic safe | ty See Se | ct ion 509(| (a)(4). (Se | ee instruct | tions) | |
| 11 | Γ | | | and operated exclusively fo | | | | | | | | |
| | | | | orted organizations describe | | | | | | Section 5 | 09(a)(3) | .Check |
| | | | t describes the ype I b | type of supporting organization Type II c | | omplete li - Functior | | _ | h d | Γ τ _{νη} ς | III - Ot | har |
| | _ | | • • | rtify that the organization is | | | - | | | | | |
| e | ' | • | - ' | agers and other than one or | | | • | | | • | | |
| | | section 50 | | | • | , , | • | | | | | , |
| f | | | | d a written determination fro | m the IRS | that it is | a Type I, | Type II o | r Type III | supportin | ng organiz | zation, |
| a | | check this | | as the organization accepted | d any gift i | or contribi | ution from | any of the | | | | ı |
| g | | following pe | | as the organization accepted | a any gne | or contrib | | any or the | • | | | |
| | | (i) a person | n who directly o | r indirectly controls, either a | alone or to | gether wit | th persons | describe | d ın (ıı) | | Yes | No |
| | | and (III) bel | ow, the governi | ng body of the the supported | d organiza | tion? | | | | 11g | (i) | |
| | | (ii) a family | / member of a p | erson described in (i) above | ? | | | | | 11g(| ii) | |
| | | (iii) a 35% | controlled enti | ty of a person described in (| ı) or (11) al | oove? | | | | 11g(| iii) | |
| h | | Provide the | following inforr | nation about the organizatio | ns the org | anızatıon | supports | | | | | |
| | | | | | | | 1 | | ı | | | |
| | . , | me of | (ii) EIN | (iii) Type of organization | (iv) I | | 1 * .* | ou notify | | s the | , , | nount of |
| | Supp | orted ization | | (described on lines 1-9 above or IRC section | organız col (i) | ation in | _ | inization i) of your | | ation in rganized | supp | ort |
| • | Jigan | 12411011 | | (See Instructions)) | your go | | | ort? | in the | | | |
| | document? | | | | | | | | | | | |
| | | | | | Yes | No | Yes | No | Yes | No | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | - | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |

Total

Part II Support Schedule for Organizations Described in IRC 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.)

| | (Complete only if you chec | ked the box o | n line 5, 7, or | 8 of Part 1.) | | | | |
|-----|--|---|---|---|--|--|---|------------------------|
| | ublic Support | | | | | | | |
| | endar year (or fiscal year beginning in) | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) | 2008 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") | 4,183,305 | 3,158,926 | 12,028,255 | 12,631,096 | | 5,964,770 | 37,966,352 |
| 2 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | | |
| 3 | The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | | |
| 4 | Total. Add line 1-3 | 4,183,305 | 3,158,926 | 12,028,255 | 12,631,096 | | 5,964,770 | 37,966,352 |
| 5 | The portion of total contribution by each | | | | | | | |
| | person (other than a government unit or publicly supported organization) included on line 1 that exceed 2% of the amount shown on line 11, column (f) | | | | | | | |
| 6 | Public Support subtract line 5 from line 4 | | | | | | | 37,966,352 |
| T | otal Support | | <u> </u> | | | | | |
| Cal | endar year (or fiscal year beginning in) | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) | 2008 | (f) Total |
| 7 | A mounts from line 4 | 4,183,305 | 62,774 | 12,028,255 | 12,631,096 | | 5,964,770 | 37,966,352 |
| 8 | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 41,834 | 62,774 | 76,859 | 160,157 | | 85,259 | 426,883 |
| 9 | Net income from unrelated business activities, whether or not the business is regularly carried on | | | | 23,425 | | | 23,425 |
| 10 | Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) | | | | | | | |
| 11 | Total Support (Add lines 7 through 10) | | | | | | | 38,416,660 |
| 12 | Gross receipts from related activities, etc | (See instruction | ıs) | | | 12 | | 3,673,634 |
| 13 | First Five Years. If the Form 990 is for the organization, check this box and stop here | | rst, second, thır | d, fourth, or fifth | tax year as a 5 | 01(c)(| | ▶┌ |
| | omputation of Public Support Perc | | | | | | | |
| 14 | Public Support Percentage for 2008 (line 6 | column (f) divid | led by line 11 co | olumn (f)) | | 14 | | 98.830 % |
| 15 | Public Support Percentage for 2007 Sched | lule A , Part IV - A | , line 26f | | | 15 | | 91.040 % |
| | 33 1/3% Test - 2008. If the organization di and stop here. The organization qualifies as | s a publicly supp | orted organizati | ion | | | | ▶ ✓ |
| 17a | 33 1/3% Test - 2007. If the organization dibox and stop here. The organization qualifi 10% Facts and Circumstances Test - 2008. more, and if the organization meets the "facts and circumst 10% Facts and Circumstances Test - 2007. more, and if the organization meets the "facts and circumstances the circumstances the circumstances the circumstances the circumstance | es as a publicly If the organization ots and circumstotances" test. The If the organizations ots and circumst | supported orgar on did not check :ances" test, ch e organization q on did not check :ances" test, ch | nization (a box on line 1; eck this box and ualifies as a pub (a box on line 1; eck this box and | 3, 16a, or 16b a stop here. Exp licly supported 3, 16a, 16b, or stop here. Exp | and lind lain in organi 17a ai lain in | e 14 is 10 Part IV ho ization nd line 15 Part IV ho | % or bw the lis 10% or |
| 18 | Private Foundation. If the organization did | | | | | | | . |

| Pa | Support Schedule for On (Complete only if you ched | | | | (2) | | |
|------|--|--------------------|-------------------|---------------------|------------------|-----------------|------------|
| | ction A. Public Support | | _ | , | | | |
| Cale | ndar year (or fiscal year beginning in) | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2008 | (f) Total |
| 1 | Gifts, grants, contributions, and | | | | | | |
| | membership fees received (Do not | | | | | | |
| 2 | include any "unusual grants ") Gross receipts from admissions, | | | | | | |
| 2 | 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 1-5 | | | | | | |
| 7a | A mounts included on lines 1, 2, and 3 | | | | | | |
| | received from disqualified persons Amounts included on lines 2 and 3 | | | | | | |
| D | received from other than disqualified | | | | | | |
| | persons that exceed the greater of 1% of | | | | | | |
| | the total of lines 9, 10c, 11, and 12 for | | | | | | |
| | the year or \$5,000 | | | | | | |
| c | Total of lines 7a and 7b | | | | | | |
| 8 | Public Support (Substract line 7c from | | | | | | |
| _ | line 6) | | | | | | |
| То | tal Support | | | | | | |
| Cale | ndar year (or fiscal year beginning in) | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2008 | (f) Total |
| 9 | A mounts from line 6 | | | | | | |
| 10a | Gross income from interest, dividends, | | | | | | |
| | payments received on securities loans, | | | | | | |
| | rents, royalties and income from similar | | | | | | |
| | sources | | | | | | |
| b | Unrelated business taxable income (less | | | | | | |
| | section 511 taxes) from businesses | | | | | | |
| | acquired after 30 June, 1975 | | + | | | | |
| С | Add lines 10a and 10b | | | | | | |
| 11 | Net income from unrelated business | | | | | | |
| | activities not included in line 10b, whether or not the business is regularly | | | | | | |
| | carried on | | | | | | |
| 12 | Other income Do not include gain or loss | | | | | | |
| | from the sale of capital assets | | | | | | |
| | (Explain in Part IV) | | | | | | |
| 13 | Total Support (Add lines 9, 10c, 11 and | | | | | | |
| | 12) | | | | | | |
| 14 | First Five Years If the Form 990 is for the | organızatıon's fı | rst, second, thir | d, fourth, or fifth | ntax year as a 5 | 01(c)(3) organı | zation, |
| | check this box and stop here | | | | | | ▶ □ |
| | monutation of Dublic Compant Days | | | | | | |
| 15 | mputation of Public Support Perc Public Support Percentage for 2008 (line | | dod by line 12 o | olumn (fl) | | T 4= T | |
| | | | • | .orumin (1)) | | 15 | |
| 16 | Public Support Percentage for 2007 Sche | dule A , Part IV - | A, line 27g | | | 16 | |
| | | D | | | | | |
| Co | mputation of Investment Income Investment Income Percentage for 2008 (| | | ne 13 column /f | <u> </u> | 17 | |
| | | | | - | " | 17 | |
| ΤQ | Investment Income Percentage from 2007 | ocnequie A , Pa | TLIV-A, IINE 2/ | H | | 18 | |

19a 33 1/3% Tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line

17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **33 1/3% Tests - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2008

▶□

| Part IV | Supplemental Information. Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions) | | | | | | | | |
|---------|---|--|--|--|--|--|--|--|--|
| | | | | | | | | | |
| | Facts and Circumstances Test | | | | | | | | |
| | | | | | | | | | |

Schedule A (Form 990 or 990-EZ) 2008

Software ID: **Software Version:**

EIN: 04-2507409

Name: MASSACHUSETTS LEAGUE OF COMMUNITY HEALTH CENTERS INC

| Form 990, Part VII - Section Aaa | | | | | | | | | | | | |
|--|--|-----------------------------------|-----------------------|---------|--------------|------------------------------|--------|---|---|--|--|--|
| | | Posit t | (C lon (d hat a | chec | | I | | | (E) | | | |
| (A) Name and Title | (B) Average hours per week | Individual Trustee or Director | Institutional Trustee | Officei | Key employee | Highest compensated employee | Former | (D) Reportable compensation from the organization (W- 2/1099MISC) | Reportable compensation from related organizations (W- 2/1099- MISC) | Estimated amount of other compensation from the organization and related organizations | | |
| FRANCES M ANTHES - FHC , immediate past chair | 3 00 | | х | | | | | 0 | 0 | 0 | | |
| ANTONIA MCGUIRE-GRTR BRO , BOARD 1st Vice Chair | 3 00 | | х | | | | | 0 | 0 | 0 | | |
| John Cradock-E BOSTON N , BOARD Treasurer | 3 00 | | Х | | | | | 0 | 0 | 0 | | |
| SUSAN JOSS-BROCKTON NEIG , BOARD Secretary | 3 00 | | х | | | | | 0 | 0 | 0 | | |
| James Luisi-NORTH END CO, BOARD member | 3 00 | | х | | | | | 0 | 0 | 0 | | |
| Joel Abrams-DORCHESTER H , BOARD member | 3 00 | | х | | | | | 0 | 0 | 0 | | |
| LORI ABRAMS BERRY-LYNN C , BOARD member | 3 00 | | х | | | | | 0 | 0 | 0 | | |
| Tristram Blake-SOUTH END , BOARD member | 3 00 | | х | | | | | 0 | 0 | 0 | | |
| Jay Breines-HOLYOKE HEAL , BOARD member | 3 00 | | х | | | | | 0 | 0 | 0 | | |
| A nita Crawford-RO XBURY C,BO A RD member | 3 00 | | х | | | | | 0 | 0 | 0 | | |
| Francis J Doyle-BOSTON, BOARD member | 3 00 | | Х | | | | | 0 | 0 | 0 | | |
| Daniel J Driscoll-HARBO, BOARD member | 3 00 | | х | | | | | 0 | 0 | 0 | | |
| John Feehan-LYNN CHC , BOARD member | 3 00 | | х | | | | | 0 | 0 | 0 | | |
| Dorcas Grigg-Saito-LOWEL , BOARD member | 3 00 | | х | | | | | 0 | 0 | 0 | | |
| William J Halpin Jr-S , BOARD chair | 3 00 | | Х | | | | | 0 | 0 | 0 | | |
| Eugenia Handler-FENWAY C , BOARD member | 3 00 | | х | | | | | 0 | 0 | 0 | | |
| Alan Hobbs-NORTH END CHC , BOARD member | 3 00 | | х | | | | | 0 | 0 | 0 | | |
| Robert Ingala-GREATER LA , BOARD member | 3 00 | | х | | | | | 0 | 0 | 0 | | |
| Thomas Kieffer-S JAMAIC , BOARD member | 3 00 | | х | | | | | 0 | 0 | 0 | | |
| Adela Margules-BOWDOIN S , BOARD member | 3 00 | | х | | | | | 0 | 0 | 0 | | |
| Hyacınth McLaren-JOSEPH, BOARD member | 3 00 | | х | | | | | 0 | 0 | 0 | | |
| Paula McNichols-BROOKSID, BOARD member | 3 00 | | х | | | | | 0 | 0 | 0 | | |
| James O'Connell MD-BH , BOARD member | 3 00 | | х | | | | | 0 | 0 | 0 | | |
| Paulette Shaw Querner-ch , BO A RD member | 3 00 | | х | | | | | 0 | 0 | 0 | | |
| Anne Richmond-MGH COMMUN , BOARD member | 3 00 | | х | | | | | 0 | 0 | 0 | | |
| Rita Sorrento-EAST BOSTO , BOARD member | 3 00 | | х | | | | | 0 | 0 | 0 | | |
| Eugene Welch-SOUTH COVE , BOARD member | 3 00 | | х | | | | | 0 | 0 | 0 | | |
| Azzie Young-MATTAPAN CHC, 2nd Vice chair | 3 00 | | х | | | | | 0 | 0 | 0 | | |
| CHIDI ACHEBE MD-HARVARD , BOARD MEMBER | 3 00 | | х | | | | | 0 | 0 | 0 | | |
| JULIE ALMOND-HEALTHFIRST , BOARD MEMber | 3 00 | | x | | | | | 0 | 0 | 0 | | |

Form 990, Part VII - Section Aaa

| Form 990, Part VII - Section Aaa | | | | | | | | | | |
|--|---|-----------------------------------|-----------------------|--------|--|------------------------------|--------|---|--|--|
| | | Posit | (C non (hat a | chec | | I | | | | |
| (A) Name and Title | (B) A verage hours per week | Individual Trustea or Director | Institutional Trustee | Office | | Highest compensated employee | Former | (D) Reportable compensation from the organization (W- 2/1099MISC) | (E) Reportable compensation from related organizations (W- 2/1099- MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
| ANNIE AWAD-CARING HEALTH , BOARD MEMber | 3 00 | | х | | | | | 0 | 0 | 0 |
| ROBERTA BERRIENMD-OUTER , BOARD MEMber | 3 00 | | х | | | | | 0 | 0 | 0 |
| DOUGLAS BROOKS-SIDNEY BO , BOARD MEMber | 3 00 | | х | | | | | 0 | 0 | 0 |
| LIZ BROWNE-JOSEPH M SMI, BOARD MEMber | 3 00 | | Х | | | | | 0 | 0 | 0 |
| NANCY BUCKEN-NEPONSET HE , BOARD MEMber | 3 00 | | Х | | | | | 0 | 0 | 0 |
| HELEN CAULTON-HARRIS-HLT , BOARD MEMber | 3 00 | | х | | | | | 0 | 0 | 0 |
| RICHARD DESIMONE-TRI-RIV , BOARD MEMber | 3 00 | | Х | | | | | 0 | 0 | 0 |
| RICHARD FERNANDEZ-CAMBRI , BOARD MEMber | 3 00 | | х | | | | | 0 | 0 | 0 |
| DEBORAH ENOS-NEIGHBORHOO , BOARD MEMber | 3 00 | | х | | | | | 0 | 0 | 0 |
| RUTH ELLEN FITCH-DIMOCK , BOARD MEMber | 3 00 | | х | | | | | 0 | 0 | 0 |
| EDISS GANDELMAN-COMM CAR , BOARD MEMber | 3 00 | | Х | | | | | 0 | 0 | 0 |
| KAREN GARDNER-CHC OF CAP , BOARD MEMber | 3 00 | | х | | | | | 0 | 0 | 0 |
| PETER GEORGEOPOULOS-GNE , BOARD MEMber | 3 00 | | Х | | | | | 0 | 0 | 0 |
| CLAIRE GOYER-DUFFY HEALT , BOARD MEMber | 3 00 | | х | | | | | 0 | 0 | 0 |
| EDWARD GRIMES-UPHAM'S CO , BOARD MEMber | 3 00 | | Х | | | | | 0 | 0 | 0 |
| ROBERT HENDERSHOTT-NORTH , BOARD MEMber | 3 00 | | х | | | | | 0 | 0 | 0 |
| ROBERT HOCH MD-HARBOR , BOARD MEMber | 3 00 | | х | | | | | 0 | 0 | 0 |
| ROBERT JOHNSON-COMM HLTH , BOARD MEMber | 3 00 | | х | | | | | 0 | 0 | 0 |
| PAULA KAMINOW-FRAMINGHAM , BOARD MEMber | 3 00 | | Х | | | | | 0 | 0 | 0 |
| JOHN KOOMSON-BAYSTATE CH , BOARD MEMber | 3 00 | | х | | | | | 0 | 0 | 0 |
| BARBARA LOTTERO-GRROSLI, BOARD MEMber | 3 00 | | Х | | | | | 0 | 0 | 0 |
| BRIDGETTE MADDEN-CHC OF , BOARD MEMber | 3 00 | | Х | | | | | 0 | 0 | 0 |
| CYNTHIA MITCHELL-ISLAND , BOARD MEMber | 3 00 | | Х | | | | | 0 | 0 | 0 |
| DAVID REIDY-MID-UPPER CA , BOARD MEMber | 3 00 | | Х | | | | | 0 | 0 | 0 |
| MARCIA SAVAGE-CHP HEALTH , BOARD MEMber | 3 00 | | Х | | | | | 0 | 0 | 0 |
| EDWARD SAYER-HILLTOWN CH , BOARD MEMber | 3 00 | | х | | | | | 0 | 0 | 0 |
| ROBERT TAUBE-BHC FOR THE , BOARD MEMber | 3 00 | | х | | | | | 0 | 0 | 0 |
| NISHA THAKRAR MD-SBOS , BOARD MEMber | 3 00 | | х | | | | | 0 | 0 | 0 |
| HENRY TUTTLE-MANET CHC , BOARD MEMber | 3 00 | | х | | | | | 0 | 0 | 0 |
| FREDERICA WILLIAMS-WHITT , BOARD MEMber | 3 00 | | х | | | | | 0 | 0 | 0 |

Form 990, Part VII - Section Aaa

| | | (C) Position (check all that apply) | | | | I | | | | (F) |
|---|--|-------------------------------------|-----------------------|---------|--------------|------------------------------|--------|---|--|--|
| (A) Name and Title | (B) Average hours per week | Individual Trustee or Director | Institutional Trustee | Officei | Key employee | Highest compensated employee | Former | (D) Reportable compensation from the organization (W- 2/1099MISC) | (E) Reportable compensation from related organizations (W- 2/1099- MISC) | Estimated amount of other compensation from the organization and related organizations |
| DENISE WRIGHT RN-FAMILY , BOARD MEMber | 3 00 | | Х | | | | | 0 | 0 | 0 |
| james cote-MARTHA ELIOT , board member | 3 00 | | Х | | | | | 0 | 0 | 0 |
| WILLIAM WALCZAK - CODMAN , board member | 3 00 | | Х | | | | | 0 | 0 | 0 |
| James W Hunt Jr , President & CEO | 35 00 | | | Х | | | | 420,145 | 0 | 47,380 |
| ELLEN HAFER, EXEC V P /COO | 35 00 | | | | Х | | | 183,078 | 0 | 34,568 |
| KEITH MAXWELL , TECH SERVICE DIR | 35 00 | | | | | Х | | 114,632 | 0 | 26,739 |
| PATRICIA EDRAOS , POLICY DIR | 35 00 | | | | | Х | | 113,407 | 0 | 15,862 |
| MARY LEARY , PROJ MGR | 35 00 | | | | | Х | | 105,461 | 0 | 8,521 |

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No 1545-0047

Open to Public Inspection

To be completed by organizations described below. Attach to Form 990 or Form 990-EZ

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

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

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

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

| | | , | | (h)) Complete Part II-B Do n | ot complete Part II-A |
|-----|--|---|---|--|---|
| N a | ime of the organization SSACHUSETTS LEAGUE OF COMMUNITY | · | | | tification number |
| | t I-A To be completed b | | | | 527 |
| 1 | | | | ivities in Part IV | |
| 2 | Political expenditures | | | | \$ |
| 3 | V olunteer hours | | | | |
| Par | | | t under section | 1 501(c)(3). (See the | instructions |
| 1 | Enter the amount of any excise | e tax incurred by the organization u | nder section 4955 | | \$ |
| 2 | Enter the amount of any excise | e tax incurred by organization mana | igers under section | n 4955 | \$ |
| 3 | If the organization incurred in | a section 4955 tax, did it file Form | 4720 for this year | ? | ┌ Yes |
| 4a | MASSACHUSETTS LEAGUE OF COMMUNITY HEALTH CENTERS INC. 2art I-A To be completed by all organizations exempt under section 501(c) and sect organizations. (See the instructions for Schedule C for details.) Provide a description of the organization's direct and indirect political campaign activities in Part IV Political expenditures Volunteer hours Part I-B To be completed by all organizations exempt under section 501(c)(3). (See for Schedule C for details.) Inter the amount of any excise tax incurred by the organization under section 4955 Enter the amount of any excise tax incurred by organization managers under section 4955 If the organization incurred in a section 4955 tax, did it file Form 4720 for this year? Was a correction made? If "Yes," describe in Part IV 2art I-C To be completed by all organizations exempt under section 501(c), except section 501 (c), except se | | | | ┌ Yes ┌ No |
| | | | | | |
| Par | | | t under section | 1 501(c), except sect | ion 501(c)(3). |
| 1 | | • | section 527 exemp | ot function activities | \$ |
| 2 | | organization's internal funds contrib | uted to other orga | nizations for section | \$ |
| 3 | | empt function expenditures Add lin | es 1 and 2 and ent | er here and on Form | \$ |
| 4 | Did the filing organization file I | Form 1120-POL for this year? | | | │ Yes │ No |
| 5 | were made Enter the amount p political contributions received | paid and indicate if the amount was d and promptly and directly delivere | paid from the filing ed to a separate po | i organization's own interna Hitical organization, such as | l funds or were s a separate |
| | (a) Name | (b) Address | (c) EIN | (d) A mount paid from filing organization's internal funds If none, enter - 0 - | (e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0- |
| | Employer iden SSACHUSETTS LEAGUE OF COMMUNITY HEALTH NTERS INC 11-A To be completed by all organizations exempt under section 501(c) and section organizations. (See the instructions for Schedule C for details.) Provide a description of the organization's direct and indirect political campaign activities in Part IV Political expenditures Volunteer hours 11-B To be completed by all organizations exempt under section 501(c)(3). (See the infor Schedule C for details.) Enter the amount of any excise tax incurred by the organization under section 4955 Enter the amount of any excise tax incurred by organization managers under section 4955 If the organization incurred in a section 4955 tax, did it file Form 4720 for this year? Was a correction made? If "Yes," describe in Part IV 11-C To be completed by all organizations exempt under section 501(c), except sect (See the instructions for Schedule C for details.) Enter the amount directly expended by the filing organization for section 527 exempt function activities Enter the amount of the filing organization's internal funds contributed to other organizations for section 527 exempt function activities Total of direct and indirect exempt function expenditures Add lines 1 and 2 and enter here and on Form 1120-POL, line 17b Did the filing organization file Form 1120-POL for this year? State the names, addresses and Employer Identification Number (EIN) of all section 527 political organization were made Enter the amount paid and indicate if the amount was paid from the filing organization's own internal political contributions received and promptly and directly delivered to a separate political organization's segregated fund or a political action committee (PAC) If additional space is needed, provide information in Paid from filing organization's internal funds I frome, | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

| (election under sec | tion 501(h)). (See the instructions for Schedule C for de | | 768 |
|---|---|--|---|
| <u> </u> | | | |
| Limits on Lo | bbying Expenditures— | (a) Filing Organization's Totals | (b) A ffiliated Group Totals |
| Total lobbying expenditures to influe | nce public opinion (grass roots lobbying) | | |
| Total lobbying expenditures to influe | nce a legislative body (direct lobbying) | | |
| Total lobbying expenditures (add line | es 1a and 1b) | | |
| Other exempt purpose expenditures | | | |
| Total exempt purpose expenditures | (add lines 1c and 1d) | | |
| columns— | | | |
| or (b) is: Not over \$500,000 | The lobbying nontaxable amount is: 20% of the amount on line 1e | | |
| Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000 | | |
| Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000 | | |
| Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000 | | |
| Over \$17,000,000 | \$1,000,000 | | |
| Grassroots nontaxable amount (ente | r 25% of line 1f) | | |
| Subtract line 1g from line 1a Enter - | 0- if line g is more than line a | | |
| Subtract line 1f from line 1c Enter - | O- if line f is more than line c | | |
| If there is an amount other than zero section 4911 tax for this year? | on either line 1h or line 1i, did the organization file Form 4720 repo | orting | ┌ Yes ┌ No |
| | Check If the filing organization Check If the filing organization Limits on Low (The term "expenditures to influe Total lobbying expenditures to influe Total lobbying expenditures (add line Other exempt purpose expenditures Total exempt purpose expenditures to Lobbying nontaxable amount Enter to columns— If the amount on line 1e, column (a) or (b) is: Not over \$500,000 Over \$500,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,500,000 Over \$1,500,000 but not over \$17,000,000 Over \$17,000,000 Grassroots nontaxable amount (enter Subtract line 1g from line 1a Enter Subtract line 1f from line 1c Enter If there is an amount other than zero | (election under section 501(h)). (See the instructions for Schedule C for detect of the filing organization belongs to an affiliated group (heck of the filing organization checked box A and "limited control" provisions apply Limits on Lobbying Expenditures— (The term "expenditures" means amounts paid or incurred.) Total lobbying expenditures to influence public opinion (grass roots lobbying) Total lobbying expenditures (add lines 1a and 1b) Other exempt purpose expenditures Total exempt purpose expenditures Total exempt purpose expenditures (add lines 1c and 1d) Lobbying nontaxable amount Enter the amount from the following table in both columns— If the amount on line 1e, column (a) or (b) is: The lobbying nontaxable amount is: Not over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000 Over \$1,000,000 but not over \$1,500,000 \$225,000 plus 10% of the excess over \$1,500,000 Over \$17,000,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000 Grassroots nontaxable amount (enter 25% of line 1f) Subtract line 1g from line 1a Enter -0 - if line g is more than line a Subtract line 1g from line 1c Enter -0 - if line g is more than line a Subtract line 1ffrom line 1c Enter -0 - if line f is more than line 2 If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reported the subtract line 1 file form 1 file Form 4720 reported the subtract line 1 file form 1 file Form 4720 reported the subtract line 1 file form 2 files files form 2 files files form 4720 reported the subtract line 1 files files files files files form 4720 reported the subtract line 1 files | Limits on Lobbying Expenditures— (The term "expenditures" means amounts paid or incurred.) Total lobbying expenditures to influence public opinion (grass roots lobbying) Total lobbying expenditures to influence a legislative body (direct lobbying) Total lobbying expenditures (add lines 1a and 1b) Other exempt purpose expenditures Total exempt purpose expenditures (add lines 1c and 1d) Lobbying nontaxable amount Enter the amount from the following table in both columns— If the amount on line 1e, column (a) or (b) is: Not over \$500,000 Over \$1,000,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,500,000 Over \$1,500,000 but not over \$1,000,000 Over \$1,000,000 Over \$1,000,000 Grassroots nontaxable amount (enter 25% of line 1f) Subtract line 1g from line 1a Enter -0 - if line g is more than line a Subtract line 1 ffrom line 1c Enter -0 - if line g is more than line a Subtract line 1 ffrom line 1c Enter -0 - if line f is more than line c If there is an amount other than zero on either line 1 in or line 1, did the organization file Form 4720 reporting |

| | Lobbying Expendit | ures During 4 | 1-Year Avera | ging Period | | |
|----|---|---------------|-----------------|-----------------|-----------------|------------------|
| | Calendar year (or fiscal year beginning in) | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) Total |
| 2a | Lobbying non-taxable amount | | | | | |
| b | Lobbying ceiling amount (150% of line 2a, column(e)) | | | | | |
| с | Total lobbying expenditures | | | | | |
| d | Grassroots non-taxable amount | | | | | |
| e | Grassroots ceiling amount (150% of line d, column (e)) | | | | | |
| f | Grassroots lobbying expenditures | | | | | |

| Pa | rt II-B To be completed by organizations exempt under section 501(c)(3) th 5768 (election under section 501(h)). (See the instructions for Schedule 0 | | | ed Form |
|----|--|-----|----|---------|
| | | (a | | (b) |
| | | Yes | No | A mount |
| 1 | During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of | | | |
| а | Volunteers? | | No | |
| b | Paid staff or management (include compensation in expenses reported on lines c through i)? | Yes | | |
| c | Media advertisements? | | Νo | |
| d | Mailings to members, legislators, or the public? | | Νo | |
| e | Publications, or published or broadcast statements? | | Νo | |
| f | Grants to other organizations for lobbying purposes? | | Νo | |
| g | Direct contact with legislators, their staffs, government officials, or a legislative body? | Yes | | 18,00 |
| h | Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means? | | Νo | |
| i | Other activities If "Yes," describe in Part IV | Yes | | 30,00 |
| j | Total lines 1c through | | | 48,00 |
| 2a | Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? | | Νο | |
| b | If "Yes" enter the amount of any tax incurred under section 4912 | | | |
| c | If "Yes" enter the amount of any tax incurred by organization managers under section 4912 | | Ī | |
| d | If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? | | | |

section 501(c)(6). (See the instructions for Schedule C for details.)

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

Part III-B To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR if Part III-A, question 3 is answered "Yes." (See the instructions for Schedule C for details.)

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

Part IV Supplemental Information

Dues, assessments and similar amounts from members

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i

| Ident if ier | Return Reference | Explanation |
|--------------------|---|--|
| Part II-B, Line 11 | Explanation of Other Lobbying Activities | Consultants provide incidental lobbying done with non-federal funds regarding state health policy PART II-B, LINE 1(G) CONSULTANT PROVIDES GOVERNMENT RELATIONS AT STATE LEVEL |
| | | |
| | | |
| | | |
| | | |
| | | |

1 \$

| Part IV Supplemental I | nformation | |
|------------------------|------------------|-------------|
| Ident if ier | Return Reference | Explanation |
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Schedule C (Form 990 or 990EZ) 2008

OMB No 1545-0047

2008

Open to Public Inspection

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Name of the organization
MASSACHUSETTS LEAGUE OF COMMUNITY HEALTH
CENTERS INC

| Comparizations | Comparization | Comparizatio

| | 990, Part IV, line 6. (a) Donor advised funds | (b) Funds and other accounts |
|---|---|---|
| Total number at end of year | | |
| Aggregate Contributions to (during year) | | |
| Aggregate Grants from (during year) | | |
| Aggregate value at end of year | | |
| Did the organization inform all donors and donor a funds are the organization's property, subject to t | | onor advised Yes N |
| Did the organization inform all grantees, donors, a used only for charitable purposes and not for the b impermissible private benefit? | | |
| rt III Conservation Easements. Comple | te if the organization answered "Yes" | to Form 990, Part IV, line 7. |
| Purpose(s) of conservation easements held by the Preservation of land for public use (e g , recre Protection of natural habitat Preservation of open space | eation or pleasure) Preservation of a | an historically importantly land area certified historic structure |
| Complete lines 2a-2d if the organization held a quon the last day of the tax year | ualified conservation contribution in the for | m of a conservation easement |
| | | Held at the End of the Yo |
| Total number of conservation easements | | 2a |
| Total acreage restricted by conservation easeme | ents | 2ь |
| Number of conservation easements on a certified | d historic structure included in (a) | 2c |
| Number of conservation easements included in (| c) acquired after 8/17/06 | 2d |
| Number of conservation easements modified, tran | sferred, released, extinguished, or termina | ted by the organization during |
| the taxable year 🕨 | | |
| Number of states where property subject to conse | urvation assument is leasted | |
| Does the organization have a written policy regard enforcement of the conservation easements it hol | ding the periodic monitoring, inspection, vio | plations, and Yes N |
| Staff or volunteer hours devoted to monitoring, ins | | ne year 🕨 |
| A mount of expenses incurred in monitoring, inspe | cting, and enforcing easements during the | vear ►\$ |
| Does each conservation easement reported on lin 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? | | |
| In Part XIV, describe how the organization reports balance sheet, and include, if applicable, the text the organization's accounting for conservation eas | of the footnote to the organization's financi | • • |
| organizations Maintaining Collec Complete If the organization answere | | , or Other Similar Assets. |
| If the organization elected, as permitted under SF art, historical treasures, or other similar assets h provide, in Part XIV, the text of the footnote to its | eld for public exhibition, education or resea | arch in furtherance of public service, |
| If the organization elected, as permitted under SF historical treasures, or other similar assets held f provide the following amounts relating to these ite | or public exhibition, education, or research | |
| (i) Revenues included in Form 990, Part VIII, lin | e 1 | ► \$ |
| (ii) Assets included in Form 990, Part X | | ► \$ |
| If the organization received or held works of art, h following amounts required to be reported under S | | for financial gain, provide the |
| | | |
| Revenues included in Form 990, Part VIII, line 1 | | ▶ \$ |

| | Organizations Maintaining Co | • | | | • | | | ontinued) |
|------|--|-----------------------------|---------|------------------|------------------|----------------------|----------------|--------------|
| 3 | Using the organization's accession and other items (check all that apply) | er records, check any of th | ne fol | lowing that are | a sıgnıfıcant u | se of its collectior | 1 | |
| а | Public exhibition | d | Γ | Loan or exch | ange programs | | | |
| Ь | Scholarly research | e | Γ | Other | | | | |
| С | Preservation for future generations | | | | | | | |
| 4 | Provide a description of the organization's of Part XIV | collections and explain how | w the | y further the o | rganızatıon's ex | empt purpose in | | |
| 5 | During the year, did the organization solicit | or receive donations of ar | t, hıs | torical treasur | es or other sım | | | _ |
| - | assets to be sold to raise funds rather than | <u> </u> | | | | | Yes | ∏ No |
| Par | Trust, Escrow and Custodial Part IV, line 9, or reported an a | | | | nization answ | erea "Yes" to Fo | ırm 9 | 90, |
| 1a | Is the organization an agent, trustee, custo included on Form 990, Part X? | | | | r other assets r | | Yes | ┌ No |
| b | If "Yes," explain why in Part XIV and compl | ete the following table | | | | | | |
| | | | | | | A mou | nt | |
| С | Beginning balance | | | | 1c | | | |
| d | Additions during the year | | | | 1d | | | |
| е | Distributions during the year | | | | 1e | | | |
| f | Ending balance | | | | 1f | | | |
| 2a | Did the organization include an amount on F | Form 990, Part X, line 21? | | | | Г | Yes | Г No |
| ь | If "Yes," explain the arrangement in Part XI | | | | | | | |
| Pa | rt V Endowment Funds. Complete | | | | | | NEGUE V | nare Pack |
| 1a | Beginning of year balance | (a)Current Year (b | Prior ` | rear (c) iwo | Years Back (d) | inree Years Back (e |)Four Ye | ears Back |
| ь | Contributions | | | | | | | |
| c | Investment earnings or losses | | | | | | | |
| d | Grants or scholarships | | | | | | | |
| e | Other expenditures for facilities | | | | | | | |
| _ | and programs | | | | | | | |
| f | Administrative expenses | | | | | | | |
| g | End of year balance | | | | | | | |
| 2 | Provide the estimated percentage of the year | ar end balance held as | | | | | | |
| а | Board designated or quasi-endowment 🕨 | | | | | | | |
| Ь | Permanent endowment 🕨 | | | | | | | |
| c | Term endowment ► | | | | | | | |
| 3a | Are there endowment funds not in the posse | ession of the organization | thata | are held and ac | lmınıstered for | the | | |
| | organization by | | | | | - (r) | Yes | No |
| | (i) unrelated organizations | | • | | | 3a(i) | | |
| b | (ii) related organizations | | | | | 3a(ii) | | <u> </u> |
| 4 | Describe in Part XIV the intended uses of t | | | | | | | <u> </u> |
| | t VI Investments—Land, Building | | | | rt X line 10 | | | |
| | | o, and Equipment S | | a) Cost or other | (b)Cost or other | | | |
| | Description of investment | | | sis (investment) | basis (other) | (c) Depreciation | (d) Bo | ook value |
| | Land | | | | | 1 | | |
| ь | Buildings | | | | |] | | |
| | Leasehold improvements | | | | | | | |
| | Equipment | | | | 334,040 | 271,248 | | 62,792 |
| | Other | | | | 270,785 | , | | 50,504 |
| Tota | I. Add lines 1a-1e <i>(Column (d) should equal F</i> | |), line | 10(c).) | | | | 113,296 |
| | • | · · · | | | | Schedule D (F | orm 9 | 90) 2008 |

| Part VIII Investments—Other Securities. See | e Form 990, Part X, line 1 | | |
|---|----------------------------|------------------|---------------------------------------|
| (a) Description of security or cateory (including name of security) | (b)Book value | | d of valuation · year market value |
| | | Cost of ella-of- | year market value |
| Financial derivatives and other financial products | | | |
| Closely-held equity interests | | | |
| Other | | | |
| | | | |
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| Total. (Column (b) should equal Form 990, Part X, col (B) line 12) | | | |
| Total (Column (D) Should Equal Form 550, Fute X, Col (D) line 12) | | | |
| Part VIII Investments—Program Related. Se | ee Form 990, Part X, line | 13. | |
| (a) Description of investment type | (b) Book value | | d of valuation |
| (a) Besemption of investment type | (b) Book value | Cost or end-of- | year market value |
| | | | |
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| Total. (Column (b) should equal Form 990, Part X, col (B) line 13) | • | | |
| Part IX Other Assets. See Form 990, Part X, I (a) Descri | | | (b) Book value |
| | iption | | |
| CENTRALIZED DATABASE | | | 799,755 |
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| Total. (Column (b) should equal Form 990, Part X, col.(B) line | 15.) | | 799,755 |
| Part X Other Liabilities. See Form 990, Part | | | |
| (a) Description of Liability | (b) A mount | | |
| Federal Income Taxes | | | |
| ACCOUNTS HELD AS FISCAL AGENT | 41,677 | | |
| Loans payable - Loan Repayment Program | 2,200,780 | | |
| Louis payable Louis Repayment Frogram | 2,200,700 | | |
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| | | | |
| Total. (Column (b) should equal Form 990, Part X, col (B) line 25) | 2,242,457 | | |

| Par | t XI Reconciliation of Cl | hange in Net Assets from Forr | n 99 | 0 to F | inancial Stateme | nts | | |
|-----------|--|--|-----------|--------|------------------|-----------|--------------------|--|
| 1 | Total revenue (Form 990, Part V | VIII, column (A), line 12) | | | | 1 | 7,424,124 | |
| 2 | Total expenses (Form 990, Part IX, column (A), line 25) | | | | | | | |
| 3 | Excess or (deficit) for the year Subtract line 2 from line 1 3 -2,837,515 | | | | | | | |
| 4 | Net unrealized gains (losses) oi | n investments | | | | 4 | | |
| 5 | Donated services and use of fac | cilities | | | | 5 | | |
| 6 | Investment expenses | | | | | 6 | | |
| 7 | Prior period adjustments | | | | | 7 | | |
| 8 | Other (Describe in Part XIV) | | | | | 8 | | |
| 9 | Total adjustments (net) Add Iir | nes 4 - 8 | | | | 9 | 0 | |
| 10 | ` , | per financial statements. Combine line | s 3 an | d 9 | | 10 | -2,837,515 | |
| | | evenue per Audited Financial | | | ts With Revenue | per R | | |
| 1 | Total revenue, gains, and othe | | | | | | 7,424,124 | |
| _ | statements | | | | | 1 | | |
| 2 | | t not on Form 990, Part VIII, line 12 | | _ 1 | | | | |
| a | Net unrealized gains on invest | | • | 2a | | 4 | | |
| b | Donated services and use of fa | | • | 2b | | - | | |
| C | Recoveries of prior year grants | | • | 2c | | - | | |
| d | Other (Describe in Part XIV) | | • | 2d | | 4 _ | | |
| е _ | Add lines 2a through 2d . | | | | | 2e | 0 | |
| 3 | | | • | | | 3 | 7,424,124 | |
| 4 | | 0, Part VIII, line 12, but not on line 1 | | _ | | | | |
| а | | uded on Form 990, Part VIII, line 7b | • | 4a | | - | | |
| Ь | • | | | 4b | | ┨╻ | | |
| с - | Add lines 4a and 4b | | | • • | | 4c | 7 12 1 12 1 | |
| 5 Dart | | d 4c. (This should equal Form 990, Par kpenses per Audited Financia | | | | 5 Sper | 7,424,124 | |
| 1 | | audited financial statements | | | | 1 | 10,261,639 | |
| 2 | | t not on Form 990, Part IX, line 25 | | | | | | |
| a | | icilities | | 2a | | | | |
| ь | Prior year adjustments | | | 2b | | | | |
| с | • | Part IX, line 25 | | 2c | | | | |
| d | | | | 2d | | 1 | | |
| e | Add lines 2a through 2d | | | | | 2e | 0 | |
| 3 | Subtract line 2e from line 1 . | | | | | 3 | 10,261,639 | |
| 4 | A mounts included on Form 990 | D, Part IX, line 25, but not on line 1: | | | | | · · · | |
| а | | ıded on Form 990, Part VIII, line 7b | | 4a | | | | |
| ь | Other (Describe in Part XIV) | | | 4b | | | | |
| c | Add lines 4a and 4b | | | | | 4c | 0 | |
| 5 | Total expenses Add lines 3 ar | nd 4c. (This should equal Form 990, Pa | rt I , lı | ne 18 |) | 5 | 10,261,639 | |
| Par | t XIV Supplemental Inf | ormation | | | | | | |
| | | criptions required for Part II, lines 3, ! Part XII, lines 2d and 4b, and Part XI | | | | Part XIV | , lines 1b and 2b, | |
| | Ident if ier | Return Reference | | | Explana | tion | | |
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2008

OMB No 1545-0047

Department of the Treasury

(Form 990 or 990-EZ)

SCHEDULE G

Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-FZ, line 6a.

Supplemental Information Regarding

Fundraising or Gaming Activities

Open to Public Inspection

| Internal Revenue Service | es 17, 10, et 13, unu | by organizat | ions that ch | ter more than \$13,000 on 1 or | m 330 EE, mie ou | Inspection |
|---|---------------------------|--|--------------|--------------------------------|--------------------------------------|----------------------------------|
| Name of the organization MASSACHUSETTS LEAGUE CENTERS INC | OF COMMUNITY HEA | LTH | | | Employer ide 04-2507409 | ntification number |
| Part I Fundraising A | Activities. Complete | e if the oi | rganızat | ion answered "Yes" | to Form 990, Part IV | , line 17. |
| 1 Indicate whether the or | ganızatıon raısed funds | through a | • | following activities Che | , , , | |
| a Mail solicitations b Email solicitations | | | | | jovernment grants | |
| c Phone solicitations | | | | g Special fundrais | | |
| d In-person solicitation | ons | | | | • | |
| 2a Did the organization have or key employees listed | | | • | , , | | Γ Yes Γ No |
| b If "Yes," list the ten high to be compensated at le | | | | | | |
| (i) Name of Individual | | (iii) fundrais | er have | (iv) Gross receipts | (v) A mount paid to (or retained by) | (vi) A mount paid to |
| or entity (fundraiser) | I (III) Δ c t ι / ι t / ι | custody or control of contributions? | | from activity | fundraiser listed in col (i) | (or retained by) organization |
| | | Yes | No | | ., | |
| | | | | | | |
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| Total | | | <u> </u> | | | |
| IULAI | | | | l | | |

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

| F (: 1 | rt II | Fundraising Events. Com more than \$15,000 on Form | | | | | report | ed |
|-----------------|--------|---|-----------------------------|----------------------------|-------------------------|------------------------------|---------|----------------|
| | | | (a) Event #1 | (b) Event #2 | (c) O ther Events | (d) Tot (A dd col | | |
| | | | ANNUAL GALA (event type) | (event type) | (total number) | со | (c)) | |
| φ. | 1 | | 160,275 | | | | 206 | 5,050 |
| Revenue | 2 | Gross receipts | 55,620 | 8,100 | | | 63 | 3,720 |
| œ | 3 | contributions | 104,655 | 37,675 | | | 142 | 2,330 |
| | 4 | Cash Prizes | | | | | | |
| မှာ | | | | | | | | |
| Direct Expenses | 5 | Non-cash Prizes | 50,654 | 10,369 | | | 61 | 1,023 |
| 8 | 6 | Rent/Facility costs | 35,326 | | | | | 3,849 |
| т Б | 7 | Other direct expenses | 35,320 | 13,523 | | | | |
| <u>D</u> | 8 | Direct expense summary Add lin | es 4 through 7 ın column | (d) | | | 109 | 9,872 |
| | 9 | Net income summary Combine li | nes 3 and 8 in column (d) | | | | 32 | 2,458 |
| Par | t III | Gaming. Complete if the or \$15,000 on Form 990-EZ, lir | | 'Yes" to Form 990, Pa | rt IV, line 19, or repo | orted mor | e than | 1 |
| <u>Ф</u> | | + = 0,000 011 101 111 1 = 1 , m | (a) Bingo | (b) Pull tabs/Instant | (c) O ther gaming | (d) Total | | |
| Revenue | | | | bingo/progressive bingo | | col (a) the | ough co | l (c)) |
| <u>~</u> | 1 | Gross revenue | | | | | | |
| şeç | 2 | Cash prizes | | | | | | |
| cpens | 3 | Non-cash prizes | | | | | | |
| Direct Expenses | 4 | Rent/facility costs | | | | | | |
| Ž | 5 | Other direct expenses | | | | | | |
| | 6 | Volunteer labor | ┌ Yes | ┌ Yes | | | | |
| | 7 | Direct expense summary Add lines | s 2 through 5 in column (| d) | | | | |
| | 8 | Net gaming income summary Com | bine lines 1 and 7 in colu | mn (d) | • | | | |
| _ | | | | | | | Yes | No |
| 9 a | | er the state(s) in which the organiza he organization licensed to operate | | • | | . 9a | | |
| ь | | No," Explain | | | | <u> </u> | | |
| | _ | | | | | | | |
| 10a | \/\/or | e any of the organization's gaming l | usansas ravakad susnan | dod or torminated during | the tay year? | | | |
| ь | | e any of the organization 3 gaining i Yes," Explain | icenses revokeu, suspen | ded of terminated during | the tax year. | 10a | | |
| | | | | | | | | |
| | | | | | | | | |
| 11 12 | | es the organization operate gaming a he organization a grantor, beneficial | | | | 11 | | |
| | | ned to administer charitable gaming | | | | . 12 | | |

| | | | |
|-----|---|-----|-----------------|
| 13 | Indicate the percentage of gaming activity operated in | | |
| а | The organization's facility | | |
| b | An outside facility | | |
| 14 | Provide the name and address of the person who prepares the organization's gaming/special events books and records | | |
| | Name • | | |
| | Address • | | |
| 15a | Does the organization have a contract with a third party from whom the organization receives gaming revenue? | 15a | |
| Ь | If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount of gaming revenue retained by the third party > \$ | | |
| c | If "Yes," enter name and address | | |
| | Name • | | |
| | Address 🟲 | | |
| 16 | Gaming manager information | | |
| | Name 🟲 | | |
| | Gaming manager compensation 🕨 \$ | | |
| | Description of services provided 🟲 | | |
| | Director/officer Employee Independent contractor | | |
| 17 | Mandatory distributions | | |
| а | Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? | 17a | |
| b | Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year 📂 💲 | | |

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Grants and Other Assistance to Organizations, Governments and Individuals in the U.S.

DLN: 93493137034370

OMB No 1545-0047

Schedule I

(Form 990)

| Department of the Treasury Internal Revenue Service | Complete i | f the organization ansv | vered "Yes," on Form 99 | 0, Part IV, lines 21 or | 22. Attach to Form 990. | _ | Inspection |
|--|---------------------|----------------------------------|------------------------------|---|---|--|--|
| lame of the organization 1ASSACHUSETTS LEAGUE O | F COMMUNITY HE | EALTH | | | | Employer identi | fication number |
| CENTERS INC | | | | | | 04-2507409 | |
| | | ts and Assistance | | | | | |
| Does the organization ma the selection criteria used Describe in Part IV the or | d to award the gran | ts or assistance? | | | · - | • | ▽ Yes ▽ |
| | <u> </u> | | | | tes. Complete if the c | organization answere | d "Yes" on |
| Form 990, Part I | V, line 21 for an | y recipient that rece | | | ıf no one recipient rec | | |
| Part IV and Sche | | | | | | . ▶ □ | |
| needed i i | | | | | | · F | |
| 1(a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| LOWELL COMMUNITY HEALTH CENTER597 MERRIMACK STREET LOWELL, MA 01854 | 04-2881348 | 501(c)(3) | 883,315 | | | | ELECTRONIC MEDICAL RECORDS GRANT |
| SOUTH END COMMUNITY HEALTH CENTER1601 WASHINGTON STREET BOSTON,MA 02118 | 04-2456134 | 501(c)(3) | 61,655 | | | | ELECTRONIC MEDICAL RECORDS GRANT |
| COMMUNITY HEALTH CONNECTIONS INC275 NICHOLS RD FITCHBURG, MA 01420 | 04-3452697 | 501(c)(3) | 153,080 | | | | ELECTRONIC MEDICAL RECORDS GRANT |
| Family Health center of Worcester26 Queen Street Worcester, MA 01610 | 04-2485308 | 501(c)(3) | 466,898 | | | | electronic medical records grant |
| Joseph M Smith Community Health Center287 western ave allston, MA 02134 | 23-7221597 | 501(c)(3) | 64,836 | | | | Electronic medical records grant |
| | | | | | | | |
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| | | | | | | | |
| 2 Enter total number of sec | | | | _ | | | |
| organizations | | | | | | | ▶ 0 |

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

| (a)Type of grant or assistance | (b) Number of recipients | (c) A mount of cash grant | (d)A mount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f)Description of non-cash assistance |
|--------------------------------|----------------------------------|-------------------------------------|--------------------------------------|---|---------------------------------------|
| LOAN REPAYMENT PROGRAM | 38 | 1,905,237 | | | |
| | | | | | |
| | | | | | |
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Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

| See Additiona | I Data Table |
|---------------|--------------|
|---------------|--------------|

| Ident if ier | Return Reference | Explanation |
|---|------------------|--|
| Procedure for Monitoring Grants in the U S | Part I, Line 2 | Schedule I, Part I, Line 2 FOR THE LRP PROGRAM, THE LEAGUE GETS REPORTS FROM LOAN INSTITUTIONS FOR THE REPAID LOANS AND ARE INFORMED IF PHYSICIAN LEAVE CHC'S FOR THE ELECTRONIC MEDICAL RECORDS GRANTS TO CHC'S, THE LEAGUE GETS PROGRESS REPORTS FROM THE CHC GRANT RECIPIENTS |
| Other Information | Part IV | PART III - THE LEAGUE HAS A PRIMARY CARE PHYSICIAN LOAN REPAYMENT PROGRAM (LPR), WHICH PROVIDES LOANS TO QUALIFYING PHYSICIANS THESE LOANS WILL BE FORGIVEN IF THE PHYSICIAN MEET CERTAIN CRITERIA, INCLUDING WORKING AT LEAST 2 YEARS IN A COMMUNITY HEALTH CENTER IN FISCAL YEAR 2009, LOANS UNDER THE LRP OF \$1,905,237 WERE AWARDED TO VARIOUS QUALIFYING PHYSICIANS ALSO IN FISCAL YEAR 2009, THERE WERE \$95,207 OF ADJUSTMENTS TO PREVIOUS YEAR AWARDS, FOR A NET GRANT EXPENSE OF \$1,810,030 THE LOANS AWARDED HAVE BEEN RECORDED AS LOAN RECEIVABLE BY THE LEAGUE UNTIL THEY ARE FORGIVEN OR RECOVERED NO LOANS WERE FORGIVEN DURING FISCAL YEAR 2009 THE LEAGUE'S MANAGEMENT EXPECTS THAT ALL PHYSICIANS PARTICIPATING IN THE LRP WILL MEET THE CRITERIA TO HAVE THEIR LOANS FORGIVEN IN FUTURE YEARS AND, ACCORDINGLY, THE LEAGUE HAS RECORDED AN ALLOWANCE AND RELATED GRANT EXPENSE FOR FORGIVABLE LOANS RECEIVABLE EQUAL TO THE LOANS RECEIVABLE BALANCE |
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DLN: 93493137034370

OMB No. 1545-0047

Schedule J (Form 990)

Department of the Treasury

Internal Revenue Service

Compensation Information

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

► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

2008

Open to Public Inspection

Name of the organization
MASSACHUSETTS LEAGUE OF COMMUNITY HEALTH
CENTERS INC

04-2507409

| 70 | Questions Regarding Compensation | <u>n</u> | | | | |
|----|--|------------|---|----|-----|----|
| | | | | | Yes | Νo |
| 1a | Check the appropriate box(es) if the organization pro 990, Part VII, Section A, line 1a Complete Part III | | | | | |
| | First class or charter travel | Г | Housing allowance or residence for personal use | | | |
| | ▼ Travel for companions | Γ | Payments for business use of personal residence | | | |
| | Tax idemnification and gross-up payments | Γ | Health or social club dues or initiation fees | | | |
| | Discretionary spending account | Γ | Personal services (e g , maid, chauffeur, chef) | | | |
| b | If line 1a is checked, did the organization follow a w provision of all the expenses described above? If "N | | | 1b | Yes | |
| 2 | Did the organization require substantiation prior to officers, directors, trustees, and the CEO/Executive | | · · · · · · · · · · · · · · · · · · · | 2 | Yes | |
| 3 | Indicate which, if any, of the following the organization organization's CEO/Executive Director Check all the | hat appl | у | | | |
| | Compensation committee | | Written employment contract | | | |
| | Independent compensation consultant | 고 | · | | | |
| | Form 990 of other organizations | <u>~</u> | Approval by the board or compensation committee | | | |
| 4 | During the year, did any person listed in Form 990, | Part VII | I, Section A, line 1a | | | |
| а | Receive a severance payment or change of control [| payment | t? | 4a | | Νo |
| b | Participate in, or receive payment from, a suppleme | ntal non | qualified retirement plan? | 4b | Yes | |
| c | Participate in, or receive payment from, an equity-b | ased co | mpensation arrangement? | 4c | | Νo |
| | If "Yes" to any of lines 4a-c, list the persons and pr | rovide th | ne applicable amounts for each item in Part III | | | |
| | 501(c)(3) and 501(c)(4) organizations only must co | mplete | lines 5-8. | | | |
| 5 | For persons listed in form 990, Part VII, Section A, compensation contingent on the revenues of | , lıne 1a, | , did the organization pay or accrue any | | | |
| а | The organization? | | | 5a | | Νo |
| ь | Any related organization? | | | 5b | | Νo |
| | If "Yes," to line 5a or 5b, describe in Part III | | | | | |
| 6 | For persons listed in form 990, Part VII, Section A, compensation contingent on the net earnings of | , lıne 1a, | , did the organization pay or accrue any | | | |
| а | The organization? | | | 6a | | No |
| b | Any related organization? | | | 6b | | Νo |
| | If "Yes," to line 6a or 6b, describe in Part III | | | | | |
| 7 | For persons listed in form 990, Part VII, Section A, payments not described in lines 5 and 6? If "Yes," o | | | 7 | | No |
| 8 | Were any amounts reported in Form 990, Part VII, subject to the initial contract exception described in Part III | | | 8 | | No |

Cat No 50053T

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

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

Note. The sum of columns (B)(I)-(III) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

| | | ı | | | | | | |
|-----------------|-------------|--|---|-----------------------------|-----------------------|------------------------|----------------------|---|
| (A) Name | | (B) Breakdown of W-2 and/or 1099-MISC compensation | | | (C) Deferred | (D) Nontaxable | (E) Total of columns | (F) Compensation reported in prior Form |
| | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other compensation | compensation benefits | | (B)(ı)-(D) | 990 or Form 990-EZ |
| James W Hunt Jr | (1) (11) | 312,166 | | 107,979 | 20,927 | 26,453 | 467,525 | 100,000 |
| ELLEN HAFER | (1) (11) | 183,078 | | | 12,173 | 22,395 | 217,646 | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
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| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |

Schedule J (Form 990) 2008

Part III Supplemental Information

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

| Ident if ier | Return Reference | Explanation |
|-----------------------------|---------------------|--|
| Supplemental Information | Part III | DURING DECEMBER, 2005, THE LEAGUE ESTABLISHED A SENIOR EXECUTIVE RETIREMENT PROGRAM (SERP) TO PROVIDE SUPPLEMENTAL RETIREMENT BENEFITS TO SENIOR EXECUTIVES THE SERP IS FUNDED FROM THE GENERAL NET ASSETS OF THE LEAGUE AS OF JUNE 2009, JAMES HUNT, PRESIDENT AND CEO, IS THE ONLY EMPLOYEE PARTICIPATING IN THE SERP THE SERP CONTRACTUALLY GUARANTEES FIVE PAYMENTS OVER FIVE YEARS OF \$100,000 EACH TO THE SENIOR EXECUTIVE BEGINNING IN FISCAL YEAR 2006 THIS OBLIGATION WAS EXPENSED IN THE 2006 FINANCIAL STATEMENTS AND 2005 IRS FORM 990 PART II AND PART V-A THESE PAYMENTS WERE MADE IN FISCAL YEARS 2009, 2008, 2007, AND 2006 THE CEO'S SALARY IN PART IX OF THE 2008 990 DOES NOT INCLUDE \$100,000 OF PAYMENTS UNDER THIS PLAN MADE IN FISCAL YEAR 2009 BECAUSE THESE PAYMENTS WERE EXPENSED IN THE 2005 IRS FORM 990 HOWEVER, THE CEO'S REPORTABLE COMPENSATION (FROM HIS W-2) IN PART VIII AND SCHEDULE J, PART II OF THE 2008 990 DOES INCLUDE THE \$100,000 PAYMENT UNDER THIS PLAN MADE IN FISCAL YEAR 2009 THIS PAYMENT IS SHOWN IN BOX BIII and BOX F OF SCHEDULE J, PART II |
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OMB No 1545-0047

Open to Public Inspection

SCHEDULE 0

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

| Name of the organ MASSACHUSETTS LEAG CENTERS INC | | ALTH | nployer identification number |
|--|--------|-------------|-------------------------------|
| | | | |
| Identifier | Return | Explanation | |

| ldentifier | Reference | Explanation | |
|--------------------------------|------------------|---|--|
| Form 990, Part III, line 4d | l ()thar Program | Membership services and training and education-provide the staff and boards of community health centers with a series of social, networking and fundraising events. Expenses \$800856 including grants of \$0. Revenue \$535034 | |
| | | | |

| ldentifier | Return Reference | Explanation | |
|--------------------------------|---------------------------|--|--|
| Form 990, Part III, line 4d | Other Program Services | Group purchasing programs TO ENGAGE IN THE BUSINESS OF GROUP PURCHASING GOODS AND SERVICES ON BEHALF OF THE HEALTH SERVICES COMMUNITY Expenses \$ 558414 including grants of \$ 0 Revenue \$ 0 | |

| ldentifier | Return Reference | Explanation | |
|--|---------------------|--|--|
| Form 990, Part VI, Section A, line 6 | | THE LEAGUE HAS MEMBERS, WHO ARE COMMUNITY HEALTH CENTERS (CHC'S), CHC NETWORKS, AND CHC HEALTH SYSTEMS ANY QUALIFIED ORGANIZATION CAN APPLY TO BE A LEAGUE MEMBER EACH MEMBER ELECTS A VOTING REPRESENTATIVE TO THE LEAGUE'S BOARD OF DIRECTORS THE ANNUAL ASSEMBLY OF MEMBERS MUST APPROVE OR VERIFY THE SELECTIONS OF THE FULL BOARD MEMBERS | |

| ldentifier | Return Reference | Explanation |
|---------------------------------------|------------------|--|
| Form 990, Part VI, Section A, line 7a | | SEE EXPLANATION PROVIDED IN PART VI, SEC A, LINE 6 |

| ldentifier | Return Reference | Explanation |
|---|---------------------|---|
| Form 990, Part VI, Section A, line 10 | | The Form 990 is reviewed by the compliance committee (Executive Board officers) and is then provided to the Executive Board for review and approval, as the authorized governing body. The 990 is reported on by the Executive Board and is made available as may be required to the Full Board. Changes to final submissions from the review will be made available to the Executive Board as the governing body and the MLCHC Full Board. |

| ldentifier | Return Reference | Explanation |
|---|---------------------|--|
| Form 990, Part VI, Section B, line 12c | | MASS LEAGUE REQUIRES AN ANNUAL SIGN OFF FROM DIRECTORS DISCLOSING INTERESTS THAT COULD GIVE RISE TO CONFLICT OF INTEREST |

| ldentifier | Return Reference | Explanation |
|--|---------------------|---|
| Form 990, Part VI, Section B, line 15 | | The Board review's the Executive Director's performance and sets compensation after an annual review by the directors. A compensation study is completed when directed by the President of the Board. |

| ldentifier | Return Reference | Explanation |
|--|---------------------|---|
| Form 990, Part VI, Section C, line 19 | | THESE DOCUMENTS ARE MADE AVAILABLE Upon request by Agencies/INDIVIDUALS that require them |

| ldentifier | Return Reference | Explanation |
|-------------------------------|---------------------|--|
| FORM 990, PART XI, LINE 2C | | THE BOARD OF DIRECTORS ARE RESPONSIBLE FOR THE OVERSIGHT OF THE AUDIT OF THE ANNUAL FINANCIAL STATEMENTS THIS PROCESS HAS NOT CHANGED FROM PRIOR YEARS |

| ldentifier | Return Reference | Explanation |
|------------------------|--------------------------|--|
| Schedule A, Part IV | Supplemental Information | In 2005, the League had a gain on disposal of fixed assets of \$11,400 In 2006, the league had a loss on disposal on Fixed Assets of \$1,420 These amounts are not reported in Schedule A, as instructed |

| ldentifier | Return Reference | Explanation |
|---|------------------|----------------------------|
| FORM 990, SCHEDULE G, PART II, COLUMN C | | COMMUNITY HEALTH INSTITUTE |

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

Cat No 51056K

Schedule O (Form 990) 2008

SCHEDULE R (Form 990)

Name of the organization

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2008

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service

| ENTERS INC | | | | 04-2507409 | |
|--|--|--|----------------------------|----------------------------------|--------------------------------------|
| Part I Identification of Disregarded Entities | | | | | |
| (A) Name, address, and EIN of disregarded entity | (B) Primary activity | (C) Legal domicile (state or foreign country) | (D) Total income | (E) End-of-year assets | (F) Direct controlling entity |
| COMMONWEALTH PURCHASING GROUP LLC 40 COURT STREET 10TH FLOOR BOSTON, MA 02108 86-1135007 | GROUP PURCHASING | МА | 700,103 | 87,944 N | I/A |
| | | | | | |
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| Part I Identification of Disregarded Entities (A) Name, address, and EIN of disregarded entity (B) Primary activity Primary activity (C) Legal domicile (state or foreign country) (D) Total income End-of-year assets (F) Direct controlling entity (A) OCOURT STREET 10TH FLOOR BOSTON, MA 02108 (B) Primary activity AGROUP PURCHASING | | | | | |
| | | Legal domicile (state | | Public charity status | Direct controlling |
| 40 COURT ST 10 FLR BOSTON, MA02108 | CTRS IN ACCESSING CAPITAL FOR BLDG & | МА | 501(C)(3) | 9 | N/A |
| 40 COURT ST 10 FLR BOSTON, MA02108 52-1593251 | CTRS IN PLANNING & OBTAINING FINANCING | DC | 501(C)(3) | 11A | N/A |
| 40 COURT ST 10 FLR BOSTON, MA02108 | ACCESS TO & PROVISION TO PRIMARY CARE SVCS IN | МА | 501(C)(4) | N/A | N/A |
| 253 SUMMER ST BOSTON, MA02210 | HEALTH CARE DELIVERY | MA | 501(C)(4) | N/A | N/A |
| | | | | | |
| | | | | | |
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| (A) Name, address, and EIN of related organization | Prim | (B) nary activity | (C) Legal domicile (state or foreign country) | (D) Direct controlling entity | incom inve | (E) ominant e(related, estment, related) | Share | (F) e of total income | (G) Share of end-of- year assets | (H Disprop allocat | l) ortionate tions? | (I) Code V—UBI amount on Box 20 of K-1 | Gene | ral o ag ing |
|---|---------|-----------------------------|---|--|---------------|--|--------|--|---|--------------------------|--|---|------|--|
| | | | | | | | | | | Yes | No | | Yes | (J) ideneral of the control of the c |
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| Part IV Identification of R | Related | l Organizations | Taxable as | a Corporation | ı or Tr | ust | | | | | | | | |
| (A) Name, address, and EIN of related organ | | (B) Primary activity | | Legal domicile (state or foreign country) | | (D) Direct contro | olling | (E) Type of entity (C corp, S corp or trust) | (F) Share of total income | end | (G) hare of l-of-yea assets | (H) Percentage r ownership | | |
| | | | | | | | | | | | | | | |
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| Part V | Transactions with Related Organizations |
|--------|---|
|--------|---|

| | Transactions with Related Organizations | | V | - NI- |
|---------------|---|----|-----|----------|
| | te. Complete line 1 if any entity is listed in Parts II, III or IV | | Yes | No |
| LDurin | g the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? | | | <u> </u> |
| a Re | | .a | | No |
| b Gıf | Li, grant, or capital contribution to other organization(5) | .b | | No |
| c Giff | t, grant, or capital contribution from other organization(s) | .c | | No |
| d Loa | ans or loan guarantees to or for other organization(s) | .d | | No |
| e Loa | ans or loan guarantees by other organization(s) | .e | | No |
| f Sal | Le of assets to other organization(s) | f | | No |
| | | g | | No |
| h Ex | change of assets | .h | | No |
| i Lea | se of facilities, equipment, or other assets to other organization(s) | Li | Yes | |
| | | _ | | |
| - | ase of facilities, equipment, or other assets from other organization(s) | _ | | No |
| | Thormatice of services of membership of fundralising solicitations for other organization(3) | | Yes | <u> </u> |
| l Per | formance of services or membership or fundraising solicitations by other organization(s) | _ | | No |
| m Sha | aring of facilities, equipment, mailing lists, or other assets | m | | No |
| n Sh | aring of paid employees | .n | | No |
| o Re | Imbursement paid to other organization for expenses | .0 | | No |
| p Re | Imbursement paid by other organization for expenses | р | Yes | |
| a Otl | her transfer of cash or property to other organization(s) | q | | No |
| = | | r | | No |

| | (A) Name of other organization(s) | (B) Transaction type(a-r) | (C) Amount Involved |
|-----|-------------------------------------|--|-------------------------------|
| (1) | CAPITAL LINK INC | Р | 109,253 |
| (2) | CAPITAL LINK INC | к | 123,399 |
| (3) | capiTAL LINK INC - see above type P | I | |
| (4) | | | |
| (5) | | | |
| (6) | | | |

Part VI Unrelated Organizations Taxable as a Partnership

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

| | | | | | | | | | _ | | | | | | | | | |
|--|--------------------------------|---|---|----|--|-----|--|----------|--|----|--|--|---|--|--|--|--|---|
| (A) Name, address, and EIN of entity | (B) Primary activity | (C) Legal domicile (state or foreign country) | (D) Are all partners section 501(c)(3) organizations? | | partners section 501(c)(3) organizations? | | partners section 501(c)(3) organizations? | | partners section 501(c)(3) organizations? | | partners section 501(c)(3) organizations? | | (E) Share of end-of-year assets | | | (G) Code V—UBI amount on Box 20 of K-1 | (H) General o managing partner? |) |
| | | | Yes | No | | Yes | No | | Yes | No | | | | | | | | |
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