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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)

OMB No 1545-0047

Open to Public

Department of the Treasury

Interr	al Rever	nue Servic	>e	► The organization may have to use a copy of this return to satisfy state re		Inspection
<u>A F</u>	or the	2008	cale	ndar year, or tax year beginning $07/01$, 2008, and ending		/30, 20 09
B c	neck if app		Please	C Name of organization AMERICAN MEMORIAL HOSPITAL, INC.	D Employer identification	
	Addres		use IRS label or	Doing Business As	04-601276	5
	Name	change	print or type	Number and street (or P O box if mail is not delivered to street address) Room/su	•	
	Initial :		See	FIDUCIARY TRUST CO., P.O. BOX 55806	617 482-5	270
	Termir		Specific Instruc-	City or town, state or country, and ZIP + 4		
	Ameno		tions.	BOSTON, MA 02205-5806	G Gross receipts \$	8,155,357.
	Applic		F Na	me and address of principal officer: J. BRIAN POTTS	H(a) Is this a group return	for Yes X No
	pendin	ן פי		O FTC, 175 FEDERAL ST., BOSTON, MA 02110	affiliates? H(b) Are all affiliates incl	uded? Yes No
ī	Tax-ex	empt sta		X 501(c) (3) ◀ (insert no) 4947(a)(1) or 527	If "No," attach a list	
		te: 🕨		AL SO (IS) / C (INS) IS IN INC)	H(c) Group exemption nu	mber >
		forganiz		X Corporation Trust Association Other ▶ L Year of for	mation 1919 M State	
Pa			mary	A corporation (test) reconstruct		
			<u>-</u>			
	1	Briefly	descrit	ee the organization's mission or most significant activities: [DE_FINANCIAL_ASSISTANCE_TO_THE_AMERICAN_MEMORIAL	UOCDITAI	
8	ŀ					
Æ		TOCA	TTFD.	IN REIMS, FRANCE.		
Governance	_					
ģ	l			x if the organization discontinued its operations or disposed of more than 2	1 1	17
∞ಶ				ting members of the governing body (Part VI, line 1a)		
Activities	l .			dependent voting members of the governing body (Part VI, line 1b)		17
ξ	l .			of employees (Part V, line 2a)		0
AG	1	1		of volunteers (estimate-if-necessary)		0
	7a	Total g	ross ui	related business-revenue from Part VIII, line 12, column (C)		Non
				-business-texable-income from Form 990-T, line 34		NON E
		1	-1	2010	Prior Year	Current Year
	8	Contrib	effician :	and Agrants (Part VIII, Vine 13)		
Ž	9	Progra	m serv	ice_revenue.(Part_VIII,_linel 2g)		
Revenue	10	Investr	nent in	Come (Patt VIII), columnitation (mes) (g and 7d)	2,225,238	-1,760,643.
Œ	11	Other r	evenu	Come (Patt VIII column (A), lines 3, 8, and 7d). (Part VIII, column (A), lines 0, 6d, 8c, 9c, 10c, and 11e)		2,462.
	12	Total re	evenue	- add lines & through 11 (must equal Part VIII/column (A), line 12)	2,225,238	-1,758,181.
				milar amounts, baid (Hala XX, dolymo (A)) lines (1-3)	321,589	207,899.
				to or for mentions (Part IX, column (A), line	•	
	15			1 L		
388	160	Profess	sional f	r compensation, employee benefits (Part IX, column (A), lines 5-10) undraising feee (Part IX, column (A), line 1e)		
Expenses	· · · ·			undraising f öse (PaR IX, column (A), Inc. 1.1e) _ J sing expenses, Part IX, column (D), line 25) ► NONE		
Ä	47				112,687	106,387.
				es (Part IX, column (A), lines 11a-11d, 11f-24f) es. Add lines 13-17 (must equal Part IX, column (A), line 25)	434,276	314,286
~	18				1,790,962	-2,072,467.
	19	Revent	je iess	expenses. Subtract line 18 from line 12	Beginning of Year	End of Year
7° 5°		.	<i>.</i>	D-AV 15- 461		
38€ 8	20			Part X, line 16)	14,919,927	12,847,460.
3 <u>5</u> 5	21			s (Part X, line 26)	NONE	NONE
_	22			fund balances. Subtract line 21 from line 20	14,919,927	<u>12,847,460</u> .
Į Pa	rt II			e Block		
)		Under	penal	es of perjury, I declare that I have examined this return, including accompanying schedules is true, confect, and complete. Declaration of preparer (other than officer) is based on all	and statements, and to the	e best of my knowledge
<u> </u>	_	1		1	Vet	(n
	ign		7			
H	lere	• 4	Signatu	re of officer	Date '	
) 1				RIAN POTTS, TREASURER		
, 			Type or	print nume and title		
		Prepa	rer's	Date Check self-	f Preparer's (see instru	identifying number
Paic		signat		S/3/18 self-emplor		
•	parer's			OF YOURS AND THE TARY TRUST COMPANY	EIN ▶ 04-	1309690
Use	Only		employ ss, and a	eo),		-482-5270
Mar	y the II			s return with the preparer shown above? (See instructions)		X Yes No
				perwork Reduction Act Notice, see the separate instructions.	1-	Form 990 (2008)
		,			1.4	

Form 990 (2008)

Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 1 X 2 3 3 3 3 3 3 3 3 3		90 (2008)		ļ	Page 3
1 Is the organization described in section 501(c)(3) or 4947(a)(11) (other than a private foundation)? If "Yes," complete Schedule B, Schedule B, Schedule of Contributors? 2 Is the organization required to complete Schedule B, Schedule of Contributors? 3 Did the organization required to complete Schedule C, Part II and the Contributors? 4 Section 501(c)(3) organizations. Did the organizations engage in lobbying activities if "Yes," complete Schedule C, Part II Schedule C, Part II and the organization requirement and proxy tax? If "Yes," complete Schedule C, Part III and 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 II Polit 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 controls? If "Yes," complete Schedule D, Part II Polit the organization maintain collections of works of art, historical treasures, or other similar assessed? If "Yes," complete Schedule D, Part II Polit the organization report an amount in Part X, line 21; serve as a custodien 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 Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V Did the organization hold assets in term, permanent, or quasi-endowments? III "Yes," complete Schedule D, Part V V Did the organization as actional described in section 170(b)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)	Part	Checklist of Required Schedules			
2 Is the organization required to complete Schedule 8. Schedule of Contributors? 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. 4 Section 501(c)(3) organizations. Did the organization engage in lobbying sctivities? If "Yes," complete Schedule C, Part II. 5 Sections 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 5033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III. 5 Did the organization interiation and 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 II. 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 III. 7 Did the organization maintain collections of works of art, historical treasures, or other similar assatz? If "Yes," complete Schedule D, Part III. 8 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. 8 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 Did the organization had asset in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part IV. 10 Did the organization with a factor of the part IV. 11 Did the organization maintain an office, employees, or agents outside of the U.S.? 11 Did the organization maintain an office, employees, or agents outside of the U.S.? 12 Did the organization maintai		La Aban anno inclination described in accessor 504/2/10) and 4047/2/14) / Jaban Aban and accessor from Jaking 10 16/17/2 //		Yes	No
2 Is the organization required to complete Schedule B, Schedule of Contributors? 3 Did the organization regogae 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. Sections 501(e)(3) organizations. Did the organizations engage in lobbying activities? If "Yes," complete Schedule C, Part II. Sections 501(e)(4), 501(e)(5), and 501(e)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part II. Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II. Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic attructures? If "Yes," complete Schedule D, Part II. 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, dobt management, credit repair, or dobt negotiation services? If "Yes," and part of the organization report an amount in Part X, lines 10, 12, 13, 15, or 257 If "Yes," complete Schedule D, Part V. Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 257 If "Yes," complete Schedule D, Part V. Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 257 If "Yes," complete Schedule D, Part V. VI, VIII, VI, VII, VII, VII, VII, VI	ı		١.	v	
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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 V 10 Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V 11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 257 If "Yes," complete Schedule D, Part V 11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 257 If "Yes," complete Schedule D, Part V 11 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 E 13 Ja X 14 Did the organization as chool described in section 170(b) (1)(A)(iii)? If "Yes," complete Schedule E 13 Ja X 14 Did the organization an office, employees, or agents outside of the U.S." Complete Schedule E 14 Ja X 15 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 14 Ja X 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? If "Yes," complete Schedule F, Part II 15 X 16 Did the organization report more than \$15,000 and Part VII, lines to and 8a? If "Yes," complete Schedule G, Part II 16 Did the organization report more than \$15,000 and Part VII, lines to and 8a? If "Yes," complete Schedule G, Part II 17 X 18 Did the organization report more than \$15,000 on Part IX, column (A), line 11e1 If "Yes," complete Schedule G, Part II 18 Ja X 19 Did the organization report more than \$15,000 on Part IX, column (A) line 12e1 If "Yes," complete Schedule G, Part II 18 Ja X 19 Did the organization report more than \$15,000 on Part IX, column (A) line 12e1 If "Yes," complete Schedul	8		_		
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Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5,? If "Yes," complete Schedule J 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 Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Each N/A 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 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 X 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 Z6b X					X
Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5,? If "Yes," complete Schedule J 23 X 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 b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 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? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d N/A 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 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 X 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 25b X		- · · · · · · · · · · · · · · · · · · ·		X	
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b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 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? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d N/A 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 X 25b X 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 X					
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to defease any tax-exempt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 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 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 X 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 X			24b	N/A	
Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 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 X 25a X 25b X 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 X	C				
 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 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 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 X 					
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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	258		2-		v
person from a prior year? If "Yes," complete Schedule L, Part I	h.		258		<u></u>
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 X	D		256		v
disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II 26 X	26		£30		
· · · · · · · · · · · · · · · · · · ·	-0		26		Y
	27	·	20		
			27		Х
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Form 990 (2008)

Page 4

Part IV Checklist of Required Schedules (continued) Yes No During the tax year, did any person who is a current or former officer, director, trustee, or key employee: 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, Х 28a Have a family member who had a direct or indirect business relationship with the organization? If "Yes," X 28b Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a 28c professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV X Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 29 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 30 X Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N. 31 X 31 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete X 32 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations X 33 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, X 34 35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete X 35 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related 36

Form 990 (2008)

36

37

X

37

Part	Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of		i	
	U.S. Information Returns. Enter -0- if not applicable			1
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1c	N	A
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 Lab 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	N	4
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by			
	this return?	3a_		X
ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		/A
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	48		X
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, Report of Foreign Bank			
	and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	_5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
C	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding		اما	1-
	Prohibited Tax Shelter Transaction?	5c	Ŋ	19
	Did the organization solicit any contributions that were not tax deductible?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	۱	N	10
	gifts were not tax deductible?	6b		11
7	Organizations that may receive deductible contributions under section 170(c).	70		X
8	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75? .	7a 7b		_
Ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?	70	_^/	A
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7c		Х
	required to file Form 8282?			1
	in 100, maidate the name of the time of the mode adming the year and the second the seco	12		-
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
4	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
f	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
y h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as			
••	required?	7h		X
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section			
•	509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring	~~~		
	organization, have excess business holdings at any time during the year?	8		X
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		X
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		X
0	Section 501(c)(7) organizations. Enter:			i
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
1	Section 501(c)(12) organizations. Enter:			
8	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)	ļ	L	
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? · · ·	12a		X
<u>b</u>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b N/A	L	لــــا	
	,	Form	990	(2008)

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

Secti	on A. Governing Body and Management			
			Yes	No
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the			
	circumstances, process, or changes in Schedule O. See instructions.			
1a	Enter the number of voting members of the governing body			
b	Enter the number of voting members that are independent		1	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body?	7a		X
Ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Х
8	Did the organizations contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
a	The governing body?	8a	X	
ь	Each committee with authority to act on behalf of the governing body?	8b	X	
9a	Does the organization have local chapters, branches, or affiliates?	9a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			10
	affiliates, and branches to ensure their operations are consistent with those of the organization?	9b		A
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations			
	must describe in Schedule O the process, if any, the organization uses to review the Form 990	10		X
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization s mailing address? If "Yes," provide the names and addresses in Schedule O	11		<u> X</u>
Secti	on B. Policies		V	
40-	Described and a second	42-	Yes	No
12a	Does the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	12a	<u>X</u>	
Ь		126	Х	
_	rise to conflicts?	12b	Λ_	
С		12-	Х	
12	describe in Schedule O how this is done Does the organization have a written whistleblower policy?	12c	Λ.	Х
13	Does the organization have a written document retention and destruction policy?	14		X
14	Did the process for determining compensation of the following persons include a review and approval by	- 14		
15	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:			
_	The organization s CEO, Executive Director, or top management official?	15a		1/2
b	Other officers or key employees of the organization?	15b		1/2
U	Describe the process in Schedule O. (see instructions)	135		/-
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
100	with a taxable entity during the year? (NO ACTIVE PARTICIPATION)	16a		X
ь	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate	104	-	 ^
U	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?	16h	N.	/_
Sect	ion C. Disclosure	1.00		
17	List the states with which a copy of this Form 990 is required to be filed ► SEE STATEMENT 1			
18	Section 6104 requires an organization to make its Forms 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 Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of inte	rest		
1 3	policy, and financial statements available to the public.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the	ne		
20	organization: ► FIDUCIARY TRUST COMPANY; TEL: (617)482-5270			
	175 FEDERAL STREET; BOSTON, MA 02110			
	TIS TENERAL STREET; DOSION, NA VILLE			

Page 7

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.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), 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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average	Positi	(C) Position (check all that				nlv)	(D) Reportable	(E) Reportable	(F) Estimated
Name and This	hours per week	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
MRS. WILLIAM B. BEEKMAN DIRECTOR	-	х						NONE	NONE	NONE
MR. LAURENCE E. CRANCH		^				-		NONI	NONE	NONE
DIRECTOR	-	Х						NONE	NONE	NONE
MS. EMME LEVIN DELAND DIRECTOR	-	x			•			NONE	NONE	NONE
MS. CONSTANCE ELLIS										11021
DIRECTOR		Х			_			NONE	NONE	NON E
MR. JACQUES HUGON DIRECTOR	-	x						NONE	NONE	NONE
DR. CLAUDE J. MIGEON	-									
DIRECTOR	ļ	Х			_	_		NONE	NONE	NONE
MR. RICHARD O. PERRY DIRECTOR	-	x						NONE	NONE	NONE
DR. GEORGES PETER										
DIRECTOR		Х						NONE	NONE	NONE
MR. DANIEL PIERCE DIRECTOR	-	x						NONE	NONE	NONE
MR. J. BRIAN POTTS	-	Λ.			-			NONE	NONE	NONE
DIRECTOR	-	x		X				NONE	NONE	NONE
DR. ADRIENNE MARGARETHA SCHEICH										
DIRECTOR		X						NONE	NONE	NON E
MR. GERALD MACDONALD SHEA DIRECTOR	-	x						NONE	NONE	NONE
MR. MONTEAGLE STEARNS								110211	NONE	
DIRECTOR		X						NONE	NONE	NONE
MR. HALE STURGES										
DIRECTOR		X		X				NONE	NONE NONE	NONE NONE
NANCY T. SWIFT DIRECTOR	-	x						NONE	NONE	NONE
MR. ALEXANDER THORNDIKE		1					-	HOME	NOND	11011
DIRECTOR		х			L			NONE	NONE	NONE
DR. STEPHEN C. WRIGHT										
DIRECTOR		X						NONE	NONE	NONE

Part VII Section A. Officers, Directors, Tru	istees, Ke	y Em	plo	уеє	es, a	and H	ligt	est Compensat	ed Employ	ees (co	ntinued)
(A)	(B) (C)							(D)	(E)		(F)
Name and title	Average	Posit	Position (check all that appl					Reportable	Reportat	I	Estimated
	hours per	or Ind	Inst	Officer	Ε eγ	emt emt	Former	compensation from	compensa from relat		amount of other
	week	ndıvıdual trustee or director	럂	cer	employee	hest	mer	the	organizatı		compensation
	ļ	학	92		믕	ee		organization	(W-2/1099-F		from the
		rust	7		/ee	npe		(W-2/1099-MISC)			organization
		8	Institutional trustee			Highest compensated employee					and related organizations
						l ed					O gamzations
								-			
									1		
			<u> </u>	<u> </u>	_						
											
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		i									
		1					L				
		<u> </u>	<u> </u>	L							
<u> 1b Total</u>	<u></u>					· · ·	▶	NONE	•	NONE	NOI
2 Total number of individuals (including thos	e in 1a) v	vho r	ecei	ived	l m	ore t	han	\$100,000 in re	portable co	mpensat	ion from the
organization ►								_			122
											Yes No
B Did the organization list any former office											3 X
employee on line 1a? If "Yes," complete Sched											3 X
For any individual listed on line 1a, is the	e sum of	repor	tabl	ө с	om	pensa	tion	and other com	pensation f	rom	
the organization and related organizations	-										4 X
individual											4 X
5 Did any person listed on line 1a receiv											5 X
services rendered to the organization? If "Yes," Section B. Independent Contractors	complete	Scried	uie	J 10	rsu	cn pe	1501	<u> </u>	<u></u>	••]] A
1 Complete this table for your five highest	compensat	od ir	der	2000	lant	cont	ract	tors that received	d more tha	n \$100	000 of
compensation from the organization.	compensat	.eu II	iuet	76110	30116	COIII		tors that received	inore tha	\$100	,000 01
(A)								(B)			(C)
Name and business add	ress							Description of se	rvices	Co	mpensation
NONE											
							\perp				
							<u>L</u> .	 			
? Total number of independent contractors (hose	in	1) \	who	rece	IVEC	more than \$10	0,000 in		
compensation from the organization	ONE										

Pari	t VIII	Statement of Revenue	e					
		,			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a b c d e f	Federated campaigns Membership dues Fundraising events Related organizations	1b 1c 1d 1d 1s, above 1f 1 lines 1a-1f: \$, (4,4,4), (TENTRAL IT AND	
	<u>h</u>	Total. Add lines 1a-1f		Business Code				
Program Service Revenue	2a b c d			303111032 0000				
. Bo	f	All other program service reve						
-	3	Total. Add lines 2a-2f Investment income (including other similar amounts) Income from investment of tax	dividends, intere	est, and	426,382.			426,382
	5	Royalties · · · · · · · · · · · · · · · · · · ·	(i) Real	(iı) Personal		7		15 CT 455
	6a b c	Gross Rents						
	7a	Net rental income or (loss) - Gross amount from sales of assets other than inventory	(i) Securities 7,726,513	(ii) Other				,
	b	Less: cost or other basis and sales expenses Gain or (loss)	9,913,538 -2187025	•				
	d	Net gain or (loss)						-2,187,025
Other Revenue	8a	Gross income from full events (not including \$ of contributions reported on li	ine 1c)			* .		
ě	Ь	See Part IV, line 18 Less: direct expenses			######################################	tural or transportation	B-6-21 1-1-1-1	TO STATE OF THE PARTY OF THE PA
ŧ	C	Net income or (loss) from fund						
	9a	Gross income from gaming ac See Part IV, line 19	a			*		
	Ь	Less: direct expenses			<u> </u>			
	10a	Net income or (loss) from game Gross sales of inventor returns and allowances	ry, less					
	b c	Less: cost of goods sold Net income or (loss) from sale Miscellaneous Revenu	s of inventory.					
	4			Pusiness Code	-			
	11a b							
	d	All other revenue			2,462.			2,462
	9	Total. Add lines 11a-11d			2,462.			
	12	Total Revenue. Add lines 1h, 9c, 10c, and 11e · · · · ·	2g, 3, 4, 5, 6d, 7	'd, 8c,	-1,758,181.			-1,758,18

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. anizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	All other organizations must comple	to column (A) but are	not required to tom	piete columns (b), (c),	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1					
	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the U.S See Part IV, line 22	40,605.	40,605.		<u> </u>
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	U.S. See Part IV, lines 15 and 16	167,294.	167,294.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
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	<u> </u>			
	Pension plan contributions (include section 401				
8	(k) and section 403(b) employer contributions).				
_					
9	Other employee benefits				
10	Payroll taxes		-		
11	Fees for services (non-employees):				
a	Management				<u> </u>
b	Legal	15 411		15 411	
	Accounting	15,411.		15,411.	
d	Lobbying				
•	Professional fundraising services See Part IV, line 17				
f	Investment management fees	63,594.		63,594.	
g	Other				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties	· · · · · · · · · · · · · · · · · · ·			
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	26,329.		26,329.	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance		-		
24	Other expenses Itemize expenses not				
24	covered above (Expenses grouped together				
	and labeled miscellaneous may not exceed				
	5% of total expenses shown on line 25 below.)				
	DILING BEEG	1,000.		1,000.	
a		53		53.	
Ь	POSTAGE			, ,,,	
C					
d		<u> </u>			
0					
	All other expenses			4.5.5.5	
<u> 25</u>	Total functional expenses Add lines 1 through 24f	314,286.	. 207,899.	106,387.	NON E
26	Joint Costs. Check here ▶ 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	<u> </u>	<u> </u>	<u> </u>	

Pái	rt X	Balance Sheet	·				
			(A) Beginning of year		(E End o	3) If year	
	1	Cash - non-interest-bearing		1			
	2	Savings and temporary cash investments	512,546.	2	5	24,7	740.
	3	Pledges and grants receivable, net		3			
	4	Accounts receivable, net		4			
	5	Receivables from current and former officers, directors, trustees, key			_		
		employees, or other related parties. Complete Part II of Schedule L		5			
	6	Receivables from other disqualified persons (as defined under section					
		4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II					
		of Schedule L		6			
LO.	7	Notes and loans receivable, net		7			
Assets	8	Inventories for sales or use		8	•		
Asi	9	Prepaid expenses and deferred charges	.,	9			
	_	Land, buildings, and equipment: cost basis · · · · 10a					
		Less: accumulated depreciation. Complete		1			
		Part VI of Schedule D		10c		,	
	11	Investments - publicly traded securities	13,659,345.	11	11,1	45 5	29
	12	Investments - other securities. See Part IV, line 11 · · · · · · · · · · ·	748,036.	12			91.
		Investments - program-related. See Part IV, line 11	740,030.	13		1112	<u> </u>
	13	Intangible assets · · · · · · · · · · · · · · · · · · ·		14			
	14	Other assets. See Part IV, line 11		15			
	15	Total assets. Add lines 1 through 15 (must equal line 34)	14,919,927.	16	12,8	47 /	160
	16	Accounts payable and accrued expenses	14,313,327.	17	14,0	4/,	<u> </u>
	17	Grants payable		18			
	18	Deferred revenue		19	•		
	19			20			
	20	Tax-exempt bond liabilities		-			
es	21	Escrow account liability. Complete Part IV of Schedule D		21			
Liabilities	22	Payables to current and former officers, directors, trustees, key employees,					
<u> </u>		highest compensated employees, and disqualified persons. Complete Part II		22			
_		of Schedule L					
	23	Secured mortgages and notes payable to unrelated third parties · · · · · ·		23			
	24	Unsecured notes and loans payable		24 25			
	25	Other liabilities. Complete Part X of Schedule D	NONE				ONE
_	26	Total liabilities. Add lines 17 through 25	NONE	20		1	NOINE
Ses		Organizations that follow SFAS 117, check here \blacktriangleright X and complete lines 27 through 29, and lines 33 and 34.					
Fund Balance	27	Unrestricted net assets	14,919,927.	27	12,8	47,4	<u> 160.</u>
Ba	28	Temporarily restricted net assets		28			
힏	29	Permanently restricted net assets		29			
or F		Organizations that do not follow SFAS 117, check here ▶ and complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds		30			
Assets	31	Paid-in or capital surplus, or land, building, or equipment fund		31			
4	32	Retained earnings, endowment, accumulated income, or other funds		32			
Net	33	Total net assets or fund balances	14,919,927.	33	12,8	<u>47,4</u>	<u> 160.</u>
	34	Total liabilities and net assets/fund balances	14,919,927.	34	12,8	47,4	<u>160.</u>
Pa	<u>rt XI</u>	Financial Statements and Reporting					
						Yes	No
1		ounting method used to prepare the Form 990. X Cash Accrual Other				1,7	
28		e the organization's financial statements compiled or reviewed by an independent account				X	
b		e the organization's financial statements audited by an independent accountant?			· · 2b	Χ	<u> </u>
C		es" to lines 2a or 2b, does the organization have a committee that assumes responsibility				ļ ,,	
_		t, review, or compilation of its financial statements and selection of an independent accou			· · 2c	X	<u> </u>
3a		result of a federal award, was the organization required to undergo an audit or audits as s					١,,
		Single Audit Act and OMB Circular A-1337				.,	X
<u>b</u>	If "Ye	es," did the organization undergo the required audit or audits?					<u>(2000)</u>
					Form	1 330	(2008)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Department of the Treasury Internal Revenue Service

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.

2008
Onen to Public Inspection

OMB No 1545-0047

Name of t	the organizatio	n						Employe	r identificat	ion number
AMERIC	CAN MEMOR	IAL HOSPITA	L, INC.						04-6012	766
Part I			y Status (All organi	zations m	ust compl	ete this	part.) (se	e instru	ctions)	-
The orga			ation because it is: (Ple							-
1	A church, co	onvention of chu	rches, or association o	f churches	described	in section	170(b)(1)(A)(i).		
2	A school de	scribed in sectio	n 170(b)(1)(A)(ii). (Att	ach Sched	ule E.)					
3	A hospital o	r a cooperative h	ospital service organiz	zation desc	ribed in se	ction 170	(b)(1)(A)	(iii). (Atta	ch Schedu	le H.)
4	A medical	research organiz	ration operated in co	njunction v	with a hos	pital desc	cribed in	section	170(b)(1)(A)(iii). Enter the
_	hospital's na	ame, city, and sta	ite:							
5	section 170	(b)(1)(A)(iv). (Сс							ernmental	unit described i
6	A federal, st	ate, or local gove	ernment or governmer	ntal unit de	scribed in s	section 1	70(b)(1)(л	A)(v).		
7 📗	_		Ily receives a substant 1)(A)(vi). (Complete P	=	its support	t from a g	governme	ental unit	or from the	he general public
8	A communit	ty trust described	d in section 170(b)(1) (A)(vi). (Co	mplete Par	t II.)				
9	•		lly receives: (1) more							_
			ted to its exempt fun							
			ment income and un						511 tax)	from businesses
			after June 30, 1975.							
10	An organiza	tion organized a	nd operated exclusivel	y to test fo	r public saf	ety. See s	section 5	09(a)(4).	(see instru	ıctions)
11 X	An organiza	ation organized	and operated exclusi	vely for th	ne benefit	of, to pe	rform th	e functio	ns of, or	to carry out the
	purposes of	f one or more p	ublicly supported orga	anizations (described i	in section	509(a)(1) or sect	tion 509(a)(2). See section
	509(a)(3). (Check the box the	at describes the type o	f supportin	ig organiza	tion and o	complete	lines 11e	through '	l 1h.
	a Typ	el b	Type II c	: Тур	e III - Funct	ionally In	tegrated		d X Ty	pe III - Other
e X	By checking	g this box, I ce	rtify that the organiz	ation is no	ot controlle	ed directl	y or ind	irectly by	one or i	more disqualifie
	persons oth	er than foundati	ion managers and oth	er than on	e or more	publicly :	supported	d organiza	ations des	scribed in section
	509(a)(1) or	r section 509(a)(2).							
f	If the organ	nization received	a written determina	tion from	the IRS th	at it is a	Type I,	Type II o	r Type III	supporting
	organization	n, check this box								
g	Since Augus	st 17, 2006, has	the organization accep	pted any gi	ift or contri	bution fro	m any of	the		
	following pe	ersons?							•	
	(i) A pers	on who directly	or indirectly controls	, either ale	one or tog	ether wit	h persor	ns describ	ped in (ii)	Yes No
	and (iii)	below, the gove	erning body of the supp	ported orga	anization?					11g(i) X
	(ii) A famil	y member of a p	erson described in (i) a	bove?						11g(ii) X
	(iii) A 35%	controlled entity	of a person described	in (i) or (ii)	above?					11g(iii) X
h	Provide the	following inform	ation about the organi	izations the	organizati	on suppo	rts.			
	of supported anization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	in col. (i) lis	organization sted in your document?	the organ	ou notify nization in of your port?	organizat (i) organi	is the tion in col. zed in the S?	(vii) Amount of support
SEE STA	ATEMENT 2			Yes	No	Yes	No	Yes	No	
							1			
					}					
							1			
			-						 	
			 	 	 		 	 	 	
				 	 	 	 	 		
Total							[
IOISI		L	L	L	L	L	<u> </u>	<u> </u>	<u> </u>	
For Privacy	Act and Paper	work Reduction Act	Notice, see the Instructions	for Form 990	0			Sche	dule A (Form	990 or 990-EZ) 200

Par	(Complete only if you check				(1)(A)(IV) and	170(b)(1)(A)(VI) N/A
	ion A. Public Support			1	T (11222		
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 include any "unusual grants.")						
2	Tax revenues levied for the organization s benefit and either paid to or expended on its behalf						-
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1-3 · · · · · · · · · ·			1			
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount				*	**	
_	shown on line 11, column (f)		3,9>,	<u> </u>	<u> </u>	× 3	
6 Coord	Public support. Subtract line 5 from line 4.	<u> </u>	<u> </u>	_L,			
	ion B. Total Support ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
		(0, 2004	(3, 1000	(0, 2000	(4, 200)	(0, 2000	(1) 10121
7 8	Amounts from line 4						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10	<u> </u>	<u> </u>	€ (32. ·	,	*	
12	Gross receipts from related activities, etc. (S					12	
13	First five years. If the Form 990 is for the o						. —
Soci	organization, check this box and stop here tion C. Computation of Public Sup				<u> </u>	<u> </u>	•
				- 44 1 (6)	·	. 14	%
14 15	Public support percentage for 2008 (li Public support percentage from 2007						<u>%</u>
	33 1/3% support test - 2008. If the o						
	and stop here. The organization qualif	•		•			
Ь	33 1/3% support test - 2007. If the o						
	box and stop here. The organization qu	•			-		·
17a	10%-facts-and-circumstances test - 2						
	is 10% or more, and if the organization	meets the "fa	ct-and-circumsta	ances" test, chec	k this box and st	top here. Expl	ain
	in Part IV how the organization meets t	the facts and o	circumstances	test. The organia	zation qualifies as	s a publicly sup	ported
	organization						▶ 🔲
b	10%-facts-and-circumstances test - 2	007 . If the org	anization did n	ot check a box o	n line 13, 16a, 1	6b, or 17a, an	d line
	15 is 10% or more, and if the organizat	tion meets the	facts and circu	mstances test,	check this box a	nd stop here.	
	Explain in Part IV how the organization				-		
18	supported organization Private foundation. If the organization	did not check	a box on line 1	3, 16a, 16b, 17a	a, or 17b, check 1	this box and se	e
	instructions	<u> </u>	· · · · · · · · ·	• • • • • • • • •			· · · · · <u>· · P L</u>

Sched	ule A (Form 990 or 990-EZ) 2008						Page 3
Par		izations Des	cribed in Secti	ion 509(a)(2)			
	(Complete only if you checked	the box on	line 9 of Part I	.)			N/A
	ion A. Public Support	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(6) Total
	elendar year (or fiscal year beginning in)	(a) 2004	(0) 2005	(6) 2000	(0) 2007	(8) 2008	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not include				ľ		
	any "unusual grants.")		-	-	 		
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose			 	 	_	·
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513		-	 	ļ		
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				1		
	furnished by a governmental unit to the						
	organization without charge				<u> </u>		
6	Total. Add lines 1-5		ļ	 			
7a	Amounts included on lines 1, 2, and 3						
_	received from disqualified persons				ļ	 	
Ь	Amounts included on lines 2 and 3 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	Add lines 7a and 7b						
8	Public support (Subtract line 7c from						
	line 6)			<u></u>	<u> </u>	<u> </u>	
	tion B. Total Support				_		<u> </u>
Ca	ılendar year (or fiscal year beginning in) 🕨	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	Amounts from line 6						
10 a	Gross income from interest, dividends,						
	payments received on securities loans, rents, royalties and income from similar						
	sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975					<u></u>	
C	Add lines 10a and 10b				<u> </u>		
11	Net income from unrelated business						ļ
	activities not included in line 10b,						
	whether or not the business is regularly carried on						
12							
	loss from the sale of capital assets						
	(Explain in Part IV)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First five years. If the Form 990 is for	the organization	n's first, second,	third, fourth, o	r fifth tax year	as a section 501	(c)(3)
	organization, check this box and stop here		<u> </u>	<u> </u>	<u></u> .	<u> </u>	▶
Sec	tion C. Computation of Public Sup						
15	Public support percentage for 2008 (line 8,	column (f) divide	ed by line 13, colu	mn (f))		15	%
16	Public support percentage from 2007 School	dule A, Part IV-A,	, line 27g		<u></u> .	16	%
Sec	tion D. Computation of Investmen						
17	Investment income percentage for 2008 (lin			13, column (f))		17	%
18	Investment income percentage from 2007			=		18	%_
19a	33 1/3% support tests - 2008. If the org						d line
	17 is not more than 33 1/3%, check this box						
ь	33 1/3% support tests - 2007. If the orga						
	line 18 is not more than 33 1/3%, check this						

Part VII Investments - Other Securities. See F	orm 990, Part X, line	12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuati Cost or end-of-year marke	
Financial derivatives and other financial products			
Closely-held equity interests			
Other			
EQUASTONE VALUE FUND II LP	300,000	COST	
KENDALL PRIVATE EQUITY ACCESS FUND	218,894	COST	
METROPOLITAN REAL ESTATE PARTNERS G	71,600	COST	
SIGULER GUFF BRIC OPP FD II LP	64,069	COST	
SIGULER GUFF DISTRESSED OPP FD III	108,486	COST	
TIMBERVEST PARTNERS II LP	264,142	COST	<u>-</u>
VERO DISTRESSED ABS OPP FD LP	150,000	COST	···
Total. (Column (b) should equal Form 990, Part X, col. (B) line 12.)	1,177,191		
Part VIII Investments - Program Related. See F		2 13.	
(a) Description of investment type	(b) Book value	(c) Method of valuati Cost or end-of-year marks	
			_
Total. (Column (b) should equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets. See Form 990, Part X, I	ine 15.		
	Description		(b) Book value
			
		-	
Total (Column /h) should a west Form 2000 Book V and /P) line 15 h		.	
Total. (Column (b) should equal Form 990, Part X, col. (B) line 15) Part X Other Liabilities. See Form 990, Part >>		· · · · · · · · · · · · · · · · · · ·	
(a) Description of liability	(b) Amount		
Federal income taxes	(b) Amount		
* , <u> </u>			
Total. (Column (b) should equal Form 990, Part X, col (B) line 25.)			

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

Schedule D (Form 990) 2008 Page 4 Reconciliation of Change in Net Assets from Form 990 to Financial Statements Part XI -1,758,181. Total revenue (Form 990, Part VIII, column (A), line 12) 314,286. 2 Total expenses (Form 990, Part IX, column (A), line 25) 2 Excess or (deficit) for the year. Subtract line 2 from line 1 -2,072,467. 3 -1,556,404. Net unrealized gains (losses) on investments Donated services and use of facilities 5 7 Other (Describe in Part XIV) 9 -1,556,404. 10 Excess or (deficit) for the year per financial statements. Combine lines 3 and 9 -3,628,871. Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return -3,314,585. 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: -1.556.404Recoveries of prior year grants d Other (Describe in Part XIV) -1,5<u>56,404.</u> 2e -1,758,181. 3 Amounts included on Form 990, Part VIII, line 12, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.) -1,758,181. Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return Total expenses and losses per audited financial statements 314,286. 1 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities 2a **b** Prior year adjustments c Losses reported on Form 990, Part IX, line 25 d Other (Describe in Part XIV) e Add lines 2a through 2d 2e 314,286. Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIV) c Add lines 4a and 4b 4c Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.) 314,286. Part XIV Supplemental Information Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.

Page 2

04-6012766

Schedule F (Form 990) 2008

(i) Method of valuation (book, FMV, appraisal, other) Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered Yes to Form 990. (h) Description of non-cash assistance Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000 Use Schedule F-1 (Form 990) if additional space is needed. (g) Amount of non-cash assistance (f) Manner of cash disbursement (e) Amount of cash grant (d) Purpose of grant (c) Region (b) IRS code section and EIN (if applicable) (a) Name of organization SEE STATEMENT Part II

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ganizations that are recognized as charities by the foreign country or for which the grantee or counsel has	(3) equivalency letter	ner organizations or entities
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Schedule F (Form 990) 2008

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Schedule F (Form 990) 2008

Part III

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Schedule F-1 (Form 990) if additional space is needed.

(h) Method of valuation (book, FMV, appraisal, other) (g) Description of non-cash assistance (f) Amount of non-cash assistance (e) Manner of cash disbursement (d) Amount of cash grant (c) Number of recipients (b) Region (a) Type of grant or assistance SEE STATEMENT

SCHEDULE 1 (Form 990)

Grants and Other Assistance to Organizations, Governments, and Individuals in the U.S. ▶ Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22.
▶ Attach to Form 990.

OMB No 1545-0047

Open to Public

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and Organizations in the United States. Complete if the organization answere received more traceived more trace		cedures for mo	nitoring the use	of grant funds in th	e United States.			
Hapflicable (a) Amount of cash grant (a) Amount of non-cash (book, FAW) apprised, non-cash assistance assistance (the principle) (the principl		o Governmen		izations in the Un	ited States. Comp Check this box if	olete if the organization one recipient re	ation answered "Y sceived more than	o
If applicable assistance control of the property of the proper	USE Part IV and Schedule I-1 (FC 1 (a) Name and address of organization	(b) EIN	IOnal space B IRC section	(d) Amount of cash grant	(e) Amount of non-cash	(f) Method of valuation	(g) Description of	(h) Purpose of grant
ganizations Instructions for Form 990.	orgovernment				assistance	other)	non-cash assistance	or assistance
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Instructions for Form 990.	2 Enter total number of section 501(c)(3) a	nd government	t organizations					
	For Privacy Act and Paperwork Reduction A	ct Notice, see	the Instructions	for Form 990.			Sche	dule 1 (Form 990) 2008

22

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. Schedule | (Form 990) 2008

(e) Method of valuation (book, FMV, appraisal, other)					line 2, and any other additional information.									
(e) Method FMV, a					I in Part I,	 	 	FOR	 	 	 	 	 	
(d) Amount of non-cash assistance					irt to provide the information required in Part I, line 2,		MEMORIAL	<u>FELLOWSHIPS.</u>	ED STATES.	 		 	 	! ! ! !
(c) Amount of cash grant					rovide the infor	LINE 2	E_AMERICAN	PROVIDING	IN THE UNIT		 		 	! ! ! ! !
(b) Number of recipients					e this part to p	I, PART 1	SUPPORT TH	<u>INCLUDING</u>	TO STUDY		 	 	 	
(a) Type of grant or assistance	SEE STATEMENT 5				Part IV Supplemental Information. Complete this pa	EXPLANATION FOR FORM 990, SCHEDULE I, PART 1, LINE 2	ALL FUNDS ARE USED TO FINANCIALLY SUPPORT THE AMERICAN MEMORIAL.	HOSPITAL LOCATED IN REIMS, FRANCE, INCLUDING PROVIDING FELLOWSHIPS FOR	AMERICAN MEMORIAL HOSPITAL DOCTORS TO STUDY IN THE UNITED STATES.				,	

SCHEDULE L (Form 990 or 990-EZ)

Transactions With Interested Persons

OMB No. 1545-0047

<u>2008</u>

Open To Public Inspection

Department of the Treasury Internal Revenue Service

➤ Attach to Form 990 or Form 990-EZ.

➤ To be completed by organizations that answered

"Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, lines 38b or 40b.

Name of the organization

Employer identification number

AMERICAN MEMORIAL HOSPIT	ΓAL,	INC.			04-	601	276	6		
Part I Excess Benefit Transacations To be completed by organizations						rm 99	0-EZ,	Part \	V, line	40b.
4 (a) Name of discussified source	(b) Description of transaction							rected?		
1 (a) Name of disqualified person	(D	Description of transact	ion				Yes	No		
N/A										
under section 4958	ne 2, abo	ve, reim	bursed by the organiza	ation		I			8a.	
(a) Name of interested person and purpose	(b) Loan to or from the organization?		(e) Original principal amount	(d) Balance due	(e) in default		ult? (f) Approved by board or committee?			
	То	From			Yes	No	Yes	No	Yes	No
N/A	<u> </u>									
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Part III Grants or Assistance Benefitting Interested Persons.

To be completed by organizations that	answered "Yes" on Fe	orm 990. Part IV. line 27.
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(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of grant or type of assistance
N/A		
	<u> </u>	

▶\$

Part IV Business Transactions Involving Interested Persons.

To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	organi	aring of zation's nues?
				Yes	No
SEE STATEMENT 6					
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For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule L (Form 990 or 990-EZ) 2008

SCHEDULE O (Form 990)

Supplemental Information to Form 990

Department of the Treasury Internal Revenue Service

▶ 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.

Employeridenti	fication number
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de	2008
	OMB No. 1545-0047

AMERICAN MEMORIAL HOSPITAL, INC.	04-6012766							
FORM 990, PAGE 6, PART VI, LINE 10-DESCRIPTION OF PROCESS FOR REVIEW								
A DRAFT OF THE FROM 990, AS PREPARED BY FIDUCIARY TRUST COMP	ANY, IS							
REVIEWED BY THE TREASURER AND AFTER IT IS SIGNED IT WILL BE								
AVAILABLE TO ALL DIRECTORS AT THE NEXT BOARD MEETING.								
DESCRIPTION FOR MAKING DOCUMENTS PUBLIC								
FORM 990, PAGE 6, PART VI, LINE 19								
UPON REQUEST								

STATES WITH WHICH COPY OF FORM 990 IS REQUIRED TO BE FILED:

New York Massachusetts SCHEDULE A, PART I (h) - INFORMATION ABOUT SUPPORTED ORGANIZATIONS

NAME OF SUPPORTED ORGANIZATION:

AMERICAN MEMORIAL HOSPITAL

EIN: N/A

TYPE OF ORGANIZATION FROM PART I: SECTION 170(b)(1)(A)(iii)- HOSPITAL

IS THE ORGANIZATION LISTED IN GOVERNING DOCUMENT?: YES DID YOU NOTIFY THE ORGANIZATION OF YOUR SUPPORT?: YES

IS THE ORGANIZATION ORGANIZED IN THE U.S.?: NO

TOTAL SUPPORT:

207,899.

2

SCH F, PT II - Grants and Other Assistance to Org's Outside the US

NAME OF ORGANIZATION:

AMERICAN MEMORIAL HOSPITAL

REGION: REIMS, FRANCE

PURPOSE OF GRANT:

FINANCIAL SUPPORT

==========

SCH F, PT III- Grants and Other Assistance to Individuals Outside US

TYPE OF GRANT OR ASSISTANCE NONE

TOTAL NUMBER OF RECIPIENTS.....

1

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04-6012766

SCHEDULE L, PART IV - BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS

A MEMBER OF THE BOARD OF DIRECTORS OF THE ORGANIZATION IS ALSO AN EXECUTIVE OF THE INVESTMENT MANAGEMENT FIRM (Fiduciary Trust Company) THAT MANAGES ALL OF THE INVESTMENTS OF THE ORGANIZATION. DURING THE YEAR ENDED JUNE 30, 2009, FIDUCIARY TRUST CO. WAS PAID \$63,594.00 FOR INVESTMENT ADVISORY SERVICES.

THE INVESTMENT MANAGEMENT FIRM IS: FIDUCIARY TRUST COMPANY 175 FEDERAL STREET BOSTON, MA 02110