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Form **990** 

Department of the Treasury Internal Revenue Service

# **Return of Organization Exempt From Income Tax**

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

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

2008

Open to Public Inspection

A Fo	r the 2	2008 ca	lendar yea	r, or tax year beginning 10	-01-2008 and ending 09-30-200	19	D Employer is	lentification number
_		pplicable	Please	C Name of organization Massachusetts Hospital Assoc	ation Inc		D Employer ic	ientification number
Add	iress ch	nange	use IRS label or	Doing Business As			04-21067 E Telephone r	
☐ Nar	me cha	nge	print or type. See	Doing business As			·	
☐ Init	ıal retu	rn	Specific	Number and street (or P O b	ox if mail is not delivered to street addre	ess) Room/suite	(781) 262	
┌ Ter	mınatıo	n	Instruc- tions.	5 NEW ENGLAND EXECUTIVE	PARK		G Gross recei	pts \$ 10,972,971
┌ Am	ended	return		City or town, state or country	, and ZIP + 4		-	
☐ Apr	olication	pending		BURLINGTON, MA 01803				
			F Nar	L ne and address of Principa	Officer	W->	<b>-</b>	
				CIA LYNN NICHOLAS	Officer		nis a group retur ates?	n for
				ENGLAND EXECUTIVE P	ARK			
—— Та	x-exem	npt status		NGTON, MA 01803 ) (6) ◀ (insert no )	a)(1) or		all affiliates includ	
		<u> </u>			4)(1) (1) (1)	<b>-</b>	•	t See instructions)
j W	eb sit	e: 🕨 WW	/W MHALIN	NKORG		H(c) Gro	up Exemption N	umber <b>F</b>
<b>К</b> Тур	e of org	janization	Corporat	tion trust association of	her <b>▶</b>	L Year of F	ormation 1936	1 State of legal domicile MA
Pa	rt I			o organization's mississis	most significant activities			
	*			_	: most significant activities :Y, EDUCATION, AND INFORM	ATION SEDV	ICES TO MASS	CACHUSETTS
ž					ROTHERS INTERESTED IN THE			SACHUSETTS
<u> </u>								
	2	Checkt	this box 🖵	ıf the organization disconti	nued its operations or disposed o	of more than	25% of its asse	ts
Governance	3	Number	of voting r	members of the governing b	ody (Part VI, line 1a)		. 3	28
2 <b>6</b>	4	Number	r of ındeper	ndent voting members of th	e governing body (Part VI, line 1	b)	. 4	28
Activities &	5	Total nu	umber of er	nployees (Part V , line 2a)			5	57
Ę	6	Total nu	umber of vo	olunteers (estimate if neces	ssary)	6	0	
ă.	7a	Total gr	ross unrela	ted business revenue from	Part VIII, line 12, column (C)		7a	-160,130
	b	Net unr	elated busi	iness taxable income from	Form 990-T, line 34		7b	-160,130
						Pr	ior Year	Current Year
	8	Contri	butions and	d grants (Part VIII, line 1h	)		539,870	0
Rayentle	9	Progra	ım service	revenue (Part VIII, line 2g		10,186,500	9,652,911	
946	10	Invest	tment incor	me (Part VIII, column (A),		2,797,576	95,650	
<u> </u>	11	Other	revenue (P	art VIII, column (A), lines		550,840	940,918	
	12	Total r 12)	revenue—a	dd lines 8 through 11 (mus	t equal Part VIII, column (A), lır	ie	14,074,786	10,689,479
	13		and simila	ar amounts paid (Part IX, c	olumn (A.), lines 1-3)			84,570
	14			or for members (Part IX, co	, ,,			0
	15		•		nefits (Part IX, column (A), lines	5 –		
Expenses		10)	,		(· · · · · · · · · · · · · · · · · · ·		6,118,614	6,400,677
₹	16a	Profes	sional fund	lraısıng fees (Part IX, colur	nn (A), line 11e)			0
ਡੌ	b	(Total f	undraising ex	penses, Part IX, column (D), line	25 0)			
_	17	Other	expenses	(Part IX, column (A), lines	11a-11d, 11f-24f)		4,785,106	4,105,901
	18	Total	expenses—	-add lines 13–17 (must eq	ual Part IX, line 25, column (A))		10,903,720	10,591,148
	19	Reven	ue less exp	penses Subtract line 18 fro	om line 12		3,171,066	98,331
Net Assets or Fund Balances						Begini	ning of Year	End of Year
Set Seg	20	Total	assets (Pai	rt X, line 16)			11,779,314	11,807,189
A As	21	Total I	ıabılıtıes (F	Part X, line 26)			7,560,296	7,622,768
žĒ	22	Netas	sets or fun	nd balances Subtract line 2	1 from line 20		4,219,018	4,184,421
Pai	t II	Sign	ature Bl	ock		,		
					nined this return, including accompanying			
Dian		L		correct, and complete Declaration	n of preparer (other than officer) is base	1		arer has any knowledge
Plea Sign		**** Signa	*** ature of office	er		201 Date	0-08-16 e	
Here								
			RICIA LYNN N e or print nam	ICHOLAS PRESIDENT AND CEO ne and title				
		<b>     </b>			Date	Check If	Preparer's PTIN	(See Gen Inst )
Paid		Preparer signature		A J KENNEY		self-	-	(230 3011 11100 )
Prepa	arer'e	Euros/s	r amo (ar vere	C & CDANT THORNTON UP		empolyed 🕨		
Use (		ıf self-er	ame (or your nployed),	P			EIN Þ	
	<b>,</b>	address,	and ZIP + 4	226 CAUSEWAY STREET			Phone no b	617) 723-7900
				BOSTON, MA 021142155			FIIONE NO F (	_ <u></u>
May	he IR	S discus	s this retu	rn with the preparer shown	above? (See instructions)			┌Yes ┌No

# Form 990 (2008) Part III Statement of Program Service Accomplishments (See the instructions.)

1	Briefly describe the organization's THE ASSOCIATION PROVIDES AD INTERESTED IN THE HEALTHCAR	VOCACY, EDUCATION, AND INFOR	MATION SERVICES TO MASSACHUS	ETTS HEALTHCARE PROVIDERS, SUPP	LIERS OR OTHERS
2	Did the organization unde the prior Form 990 or 990		n services during the year wl	hich were not listed on	′es ✓ No
	If "Yes," describe these n	ew services on Schedule O			
3	Did the organization ceas services?	e conducting or make signifi	cant changes in how it condu	icts any program	′es 🔽 No
	If "Yes," describe these c	hanges on Schedule O			
4	Section 501(c)(3) and (4)		(1) trusts are required to rep	rgest program services by expe ort the amount of grants and al	
4a	(Code	) (Expenses \$	ıncludıng grants of \$	) (Revenue \$	)
4b	(Code	) (Expenses \$	ıncludıng grants of \$	) (Revenue \$	)
<b>4</b> c	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)
4d	Other program services	(Describe in Schedule O )			
	(Expenses \$	including grant	ts of \$	) (Revenue \$	)
4e	Total program service ex	cpenses \$	Must equal Part IX, Lir	ne 25, column (B).	

Part IV	Checklist of	Required	<b>Schedules</b>

			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		Νο
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		Νο
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		Νο
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		
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	Yes	
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		Νο
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		Νο
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		No
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		No
Ь	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		No
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		No
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 "Yes," complete Schedule F, Part III</i>	16		No
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part 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		Νο
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		Νο
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		
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		
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? <i>If</i> "Yes," complete Schedule L, Part III	27		No

Part VI . . . .

## Part IV Checklist of Required Schedules (Continued)

			Yes	No
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			
		28a		No
Ь	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		No
c	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		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νο
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		Νο
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	Yes	
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		
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		No

			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			
ь	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
	<b>1b</b> 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax  Statements filed for the calendar year ending with or within the year covered by this			
	return			
b	If at least one is reported in 2a, did the organization file all required federal employment tax returns? <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return.	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	За	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νo
Ь	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited  Tax Shelter Transaction?	5c		
6a	Did the organization solicit any contributions that were not tax deductible?	6a		Νo
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization provide goods or services in exchange for any quid pro quo contribution of \$75 or more?	7a	1	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as	7h		
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	8		
9	year?			
э a	Did the organization make any taxable distributions under section 4966?	9a		
a b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
а	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			
11	Section 501(c)(12) organizations Enter			
	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 )			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			

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

	u D C u t	poncies i	<i></i>	mca b,	CIIC II	necinal nevenue	<del></del>
Section	A. Gov	erning B	ody and	Manag	ement	t	

					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 circumstances,						
1a	Enter the number of voting members of the governing body	1a	28						
b	Enter the number of voting members that are independent	1b	28						
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?								
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, stockholders, or other persons?								
8	Did the organization contemporaneously document the meetings held or written action year by the following	ons ur	dertaken during the						
а	the governing body?			8a	Yes				
b	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 adaffiliates, and branches to ensure their operations are consistent with those of the or		' '	9b					
10	Was a copy of the Form 990 provided to the organization's governing body before it was describe in Schedule O the process, if any, the organization uses to review the		3	10	Yes				
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A the organization's mailing address? If "Yes," provide the names and addresses in Sc			11		Νο			

#### Section B. Policies

		Yes	No
Does the organization have a written conflict of interest policy? If "No", go to line 13	12a	Yes	
Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
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	
Does the organization have a written whistleblower policy?	13	Yes	
Does the organization have a written document retention and destruction policy?	14	Yes	
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			
The organization's CEO, Executive Director, or top management official?	15a	Yes	
Other officers or key employees of the organization?	15b		Νo
Describe the process in Schedule O			
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		Νο
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		
	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Does the organization have a written conflict of interest policy? If "No", go to line 13 .  Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?

### Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed
- 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

JAMES A VAHEY
5 NEW ENGLAND EXECUTIVE PARK
BURLINGTON, MA 01803
(781) 262-6000

# 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	(B) Average hours per week	Posit	(C	) chec	:k al				(E)	(F)
(A) Name and Title		Individual Trustee or Chrector	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
							_			

### Part VII Continued

		(C) Position (check all that apply)							(E)	(F)
<b>(A)</b> Name and Title	(B) Average hours per week	Individual Trustae or Director	Institutional Trustee		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
			1							
							$\vdash$			
	-		1				$\vdash$			
	1		+							
			+				$\vdash$			
1b Total							٠	3,064,663	3 0	578,818
2 Total number of individuals (including		- \					- + 1	00 000 := =====	<u> </u>	

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ►13

			Yes	No				
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee							
	on line 1a? If "Yes," complete Schedule J for such individual	3	Yes					
4	For any individual listed 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>B</b> ) Description of services	(C) Compensation
ALSTON AND BIRD LLP P O BOX 933124 ATLANTA, GA 311933124	FEDERAL ADVOCACY	120,624
MCDERMOTT WILL AND EMORY LLP P O BOX 7247-6751 PHILADELPHIA, PA 191706751	LEGAL	166,536
RICCI CONSULTANTS 35 HIGHLAND CIRCLE NEEDHAM, MA 02494	CONSULTING	143,832
THE TAYLOR GROUP 4 WILLOW STREET MIDDLETON, MA 01949	CONSULTING	112,975
Total number of independent contractors (including those in 1) who receive	d more than \$100,000 in compensation	4

Statement of Revenue

					(A)	(B) Related or	<b>(C)</b> Unrelated	( <b>D)</b> Revenue
					Total Revenue	Exempt	Business	Excluded from
						Function Revenue	Revenue	Tax under IRC 512, 513, or 514
60 00	1a	Federated cam	npaigns <b>1a</b>	0				
ant and	ь	Membership d	ues					
Contributions, gifts, grants and other similar amounts	С	Fundraising ev	rents <b>1c</b>					
a ∰	d	Related organi						
im.	e	Government gran	ts (contributions) <b>1e</b>	0				
atío er s	f	All other contribut	ions, gifts, grants, and lot included above					
通り		N b b	<b>1f</b> ributions included in					
and in	g	lines 1a-1f \$						
Ų ,,,	h	Total (Add line	es 1a-1f)		0			
				Business Code				
Program Serwoe Revenue	2a	PROGRAM FEES		611,710	841,749	,		
æ	Ь	LEGAL DEFENSE F		541,100	381,536	,		
90e	c d	MEMBERSHIP DUE GOVERNMENT GR	_	611,710 611,710	8,017,963 411,663	, ,		
Ser	e	- GOVERNMENT OR	- ANTI-S	611,710	411,663	411,003		
Ē	f	All other progr	am service revenue					
Tog.								
	g	F \$ 9,652,911	es 2a-2f					
	3		come (including divid	F	05.650			05.650
		other sımılar a	mounts)		95,650			95,650
	4	Income from inve	estment of tax-exempt bo	ond proceeds	0			
	5	Royalties .			0			
	-	Garage Barata	(ı) Real 92,164	(II) Personal				
	6a b	Gross Rents Less rental	252,294					
	c	expenses Rental income	-160,130					
	d	or (loss)	ome or (loss)		-160,130		-160,130	
		Tree remediation		<b>▶</b>	,		,	
	7a	Gross amount	(ı) Securities	(II) O ther				
		from sales of assets other						
	ь	than inventory Less cost or						
		other basis and sales expenses						
	с	Gain or (loss)			0			
	d	Net gain or (lo	ss)	<b>&gt;</b>	0			
	8a		from fundraising					
		events (not including \$40,505						
n e		of contribution 1c) See Part 1	s reported on line IV, line 18					
등		Attach Schedul	e G ıf total exceeds					
ф Ф	ь			31,198				
Other Revenue	с		(loss) from fundraisi		9,307			9,307
ŏ	9a	Gross income	from gaming	<b>P</b>				
			part IV, line 19					
		exceeds \$15,00	00					
	ь	Lace direct as	a xpensesb					
	c		(loss) from gaming a	ıctıvıtıes	0			
	10-			<b>P</b>				
	10a	returns and all	inventory, less owances					
			a					
	Ь		goods sold <b>b</b> (loss) from sales of	Inventory	0			
		Miscellaneou		Business Code				
	11a		ME PRIMARILY	900,099	1,091,741	1,091,741		
		MARYLAND Q INDICATOR	UALITY					
	b							
	С							
	d	All other rever	nue					
	e	Total. Add line	es 11a-11d	 \$ 1,091,741				
	12		. Add lines 1h, 2g, 3		10,689,479	10,744,652	-160,130	104,957
		8c, 9c, 10c, and 1	1e	. ▶				

# Form 990 (2008) Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.  All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).						
Do r	ot 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	<b>(D)</b> Fundraising expenses	
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	84,570				
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	0	0			
3	Grants and other assistance to governments, organizations and individuals outside the U S See Part IV, lines 15 and 16	0				
4	Benefits paid to or for members	0				
5	Compensation of current officers, directors, trustees, and key employees	3,736,269				
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$	0				
7	Other salaries and wages	1,470,627				
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	253,789				
9	Other employee benefits	618,450				
10	Payroll taxes	321,542				
11	Fees for services (non-employees)					
а	Management	692,216				
b	Legal	114,554				
c	Accounting	59,930				
d	Lobbying	282,000				
e	Professional fundraising See Part IV, line 17	0				
f	Investment management fees	0				
g	Other	55,264				
L <b>2</b>	Advertising and promotion	0				
L <b>3</b>	Office expenses	369,399				
L <b>4</b>	Information technology	159,293				
L <b>5</b>	Royalties	0				
.6	Occupancy	480,759				
L <b>7</b>	Travel	95,848				
L <b>8</b>	Payments of travel or entertainment expenses for any Federal, state or local public officials	0				
L9	Conferences, conventions and meetings	318,411				
20	Interest	203,976				
21	Payments to affiliates	0				
22	Depreciation, depletion, and amortization	241,879				
23	Insurance	25,573				
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	MQI LICENSE FESS	625,263				
	LDF	381,536				
c		,				
d						
e						
d						
e						
e						
	All other expenses					
25	Total functional expenses. Add lines 1 through 24f	10,591,148	0			
<u></u> 26	Joint Costs. Check if if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and	20,001,170				
	fundraising solicitation					

Part X	Balance	Shoot
	Balance	Sneer

			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	98,484	1	294,199
	2	Savings and temporary cash investments	·	2	· · · · · ·
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	141,435	4	192,530
	5	Receivables from current and former officers, directors, trustees, key employees or other related parties <i>Complete Part II of Schedule L</i>		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	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
8	9	Prepaid expenses and deferred charges	259,832	9	325,285
Assets	10a	Land, buildings, and equipment cost basis	·		, , , , , , , , , , , , , , , , , , ,
4		<b>10a</b> 2,034,977			
	b	Less accumulated depreciation Complete Part VI of Schedule D	2,100,446	10c	2,034,977
	11	Investments—publicly traded securities		11	8,033,869
	12	Investments—other securities See Part IV, line 11 <i>Complete Part VII of Schedule D</i>	3,343,256	12	0
	13	Investments—program-related See Part IV , line 11 $\it Complete Part VIII$ of Schedule D .		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11 Complete Part IX of Schedule  D	5,835,861	15	926,329
	16	Total assets. Add lines 1 through 15 (must equal line 34)	11,779,314	16	11,807,189
	17	Accounts payable and accrued expenses .	1,352,343	17	1,359,178
	18	Grants payable		18	
	19	Deferred revenue	1,032,615	19	538,399
	20	Tax-exempt bond liabilities		20	
<u> </u>	21	Escrow account liability Complete Part IV of Schedule D		21	
Liabilities	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
ä		persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	4,106,490	23	3,989,094
	24	Unsecured notes and loans payable		24	
	25	Other liabilities Complete Part X of Schedule D	1,068,848	25	1,736,097
	26	Total liabilities. Add lines 17 through 25	7,560,296	26	7,622,768
		Organizations that follow SFAS 117, check here ▶   and complete lines 27 through 29, and lines 33 and 34.			
Balance	27	Unrestricted net assets	4,219,018	27	4,184,421
- 80 - 80	28	Temporarily restricted net assets		28	
Ξ	29	Permanently restricted net assets		29	
r Fund		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.			
S O.	30	Capital stock or trust principal, or current funds		30	
ξ	31	Paid-in or capital surplus, or land, building or equipment fund		31	
Assets	32	Retained earnings, endowment, accumulated income, or other funds		32	
Net	33	Total net assets or fund balances	4,219,018	33	4,184,421
Z	34	Total liabilities and net assets/fund balances	11,779,314	34	11,807,189
	1				
Pa	rt XI	Financial Statements and Reporting			

Dart YT	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	<b>b</b> Were the organization's financial statements audited by an independent accountant?			Νο	
c	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			
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		Νo	
ь	If "Yes," did the organization undergo the required audit or audits?	3b			

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

If the organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax)

<ul><li>Se</li></ul>	ection 501(c)(4), (5), or (6) organi	ızatıons complete Part III						
	ame of the organization ssachusetts Hospital Association Inc			Employer ider	ntıfıcatıon number			
ria.	association inc			04-2106700	00			
Par		by all organizations exemple the instructions for Schedule		n 501(c) and section	527			
1	Provide a description of the or	ganızatıon's dırect and ındırect pol	itical campaign act	tivities in Part IV				
2	Political expenditures				\$			
3	V olunteer hours							
Par	rt I-B To be completed I for Schedule C for d	by all organizations exemp letails.)	t under sectio	<b>n 501(c)(3).</b> (See the	instructions			
1	Enter the amount of any excis	e tax incurred by the organization ι	ınder section 4955	5	\$			
2	Enter the amount of any excis	e tax incurred by organization mana	agers under sectio	n 4955	\$			
3	If the organization incurred in	a section 4955 tax, did it file Form	4720 for this year	<del>ر</del> ې	☐ Yes ☐ No			
4a	Was a correction made?				┌ Yes ┌ No			
ь	If "Yes," describe in Part IV							
Par		by all organizations exemp s for Schedule C for details.)	t under section	n 501(c), except sec	tion 501(c)(3).			
1	Enter the amount directly exp	ended by the filing organization for	section 527 exemp	pt function activities	\$			
2	Enter the amount of the filing of 527 exempt funtion activities	organization's internal funds contrib	outed to other orga	nizations for section	\$			
3	Total of direct and indirect exe 1120-POL, line 17b	empt function expenditures Add lin	es 1 and 2 and ent	ter here and on Form	\$			
4	Did the filing organization file	Form 1120-POL for this year?			☐ Yes ☐ No			
5 State the names, addresses and Employer Identification Number (EIN) of all section 527 political organizations to where made Enter the amount paid and indicate if the amount was paid from the filing organization's own internal funds political contributions received and promptly and directly delivered to a separate political organization, such as a sep segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV					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 -			
		1						
		see the instructions for Form 990						

**d** Grassroots non-taxable amount

**f** Grassroots lobbying expenditures

e Grassroots ceiling amount (150% of line d, column (e))

P	art II-A To be completed by (election under sec						768
	Check If the filing organization	belongs to an affili	ated group				
<u>B</u>	Check If the filing organization  Limits on Lo  (The term "expenditure	bbying Expend	litures—		oly	(a) Filing Organization's Totals	( <b>b)</b> Affiliated Group Totals
1a	Total lobbying expenditures to influe	nce public opinion	(grass roots lob	bying)			
ь	Total lobbying expenditures to influe	nce a legislative b	ody (direct lobby	yıng)			
c	Total lobbying expenditures (add line	es 1a and 1b)					
d	Other exempt purpose expenditures						
e	Total exempt purpose expenditures	(add lines 1c and 1	Ld)				
f	Lobbying nontaxable amount Enters columns—  If the amount on line 1e, column (a) or (b) is:  Not over \$500,000		taxable amount				
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% o	of the excess over \$	500,000			
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% o	of the excess over \$	51,000,000			
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of	f the excess over \$1	1,500,000			
	Over \$17,000,000	\$1,000,000					
	Grassroots nontaxable amount (ente	er 25% of line 1f)					
h	Subtract line 1g from line 1a Enter	0- ıflıne g ıs more	than line a				
i	Subtract line 1f from line 1c Enter-	0- ıflıne fıs more t	than line c				
j	If there is an amount other than zero section 4911 tax for this year?	on either line 1h c	or line 11, did the	organization file	Form 4720 rep	orting	┌ Yes ┌ No
	(Some organizations tha columns below.		on 501(h) el	ection do not	: have to cor		he five
	Lobb	ying Expendit	ures During	4-Year Avera	ging Period		
	Calendar year (or fisca beginning in)	l year	(a) 2005	<b>(b)</b> 2006	(c) 2007	( <b>d)</b> 2008	(e) Total
_2a	Lobbying non-taxable amount						
	Lobbying ceiling amount (150% of line 2a, column(e))						
	: Total lobbying expenditures						

Schedule C (Form 990 or 990-EZ) 2008

	rt II-B  To be completed by organizations exempt under section 501(c)(3) that ha  5768 (election under section 501(h)). (See the instructions for Schedule C for or					
		(;	a)		(b)	
		Yes	No	A	moun	t
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?					
b	Paid staff or management (include compensation in expenses reported on lines c through i)?					
С	Media advertisements?					
d	Mailings to members, legislators, or the public?					
е	Publications, or published or broadcast statements?					
f	Grants to other organizations for lobbying purposes?					
g	Direct contact with legislators, their staffs, government officials, or a legislative body?					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?					
i	Other activities If "Yes," describe in Part IV					
j	Total lines 1c through					
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			1		
b	If "Yes" enter the amount of any tax incurred under section 4912		•			
c	If "Yes" enter the amount of any tax incurred by organization managers under section 4912					
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Par	t III-A To be completed by all organizations exempt under section $501(c)(4)$ , sec	tion	501(0	(5)	, or	
	section 501(c)(6). (See the instructions for Schedule C for details.)					
1	Were substantially all (90% or more) dues received nondeductible by members?		Г	1	Yes	No No
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		-	2		No
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?		F	3	Yes	
	t III-B To be completed by all organizations exempt under section 501(c)(4), sec	tion	501/6			
- u I	section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" question 3 is answered "Yes." (See the instructions for Schedule C for details.)					
1	Dues, assessments and similar amounts from members		1 \$		8,01	7.96.
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 \$		2,11	3,05
b	Carryover from last year		2b\$			
c	Total		2c \$		2,11:	3,05
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	-	3 \$		2,11	3,05
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		<b>4</b> #			
_	expenditure next year?	<u> </u>	4 \$ 5 \$			
5	Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4)		5 \$			
Со	<b>Supplemental Information</b> Implete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and I so, complete this part for any additional information	Part I	I-B, line	11		
, , , ,	Identifier Return Reference Explanati	on				

Part IV Supplemental I	nformation			
Ident if ier	Return Reference	Explanation		

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

► 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.

**Supplemental Financial Statements** 

	me of the organization ssachusetts Hospital Association Inc		Employer identification number
			04-2106700
Pā	rt I Organizations Maintaining Donor A		unds or Accounts. Complete if the
	organization answered "Yes" to Form 9	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	(a) bonor davisca rando	(5) Famus and sense decoding
2	Aggregate Contributions to (during year)		
3	Aggregate Grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor adv	J	nor advised Yes No
6	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the be impermissible private benefit?		•
Pa	rt II Conservation Easements. Complete	e if the organization answered "Yes" t	to Form 990, Part IV, line 7.
1	Purpose(s) of conservation easements held by the of Preservation of land for public use (e.g., recreated Protection of natural habitat  Preservation of open space	tion or pleasure) Preservation of ar	n historically importantly land area ertified historic structure
2	Complete lines 2a-2d if the organization held a qua on the last day of the tax year	lified conservation contribution in the form	
_			Held at the End of the Year
a	Total number of conservation easements		2a
Ь	Total acreage restricted by conservation easemen		2b
c	Number of conservation easements on a certified h	, ,	2c
d	Number of conservation easements included in (c)	acquired after 8/17/06	2d
3	Number of conservation easements modified, transf the taxable year <b>&gt;</b>	erred, released, extinguished, or terminate	ed by the organization during
4	Number of states where property subject to conserv	ation easement is located 🕨	
5	Does the organization have a written policy regarding enforcement of the conservation easements it holds	• • • • • • • • • • • • • • • • • • • •	ations, and Yes No
6	Staff or volunteer hours devoted to monitoring, insp	ecting and enforcing easements during the	e year ▶-
7	A mount of expenses incurred in monitoring, inspect	ing, and enforcing easements during the ye	ear ► \$
8	Does each conservation easement reported on line $170(h)(4)(B)(i)$ and $170(h)(4)(B)(ii)$ ?	2(d) above satisfy the requirements of sec	TYes No
9	In Part XIV, describe how the organization reports of balance sheet, and include, if applicable, the text of the organization's accounting for conservation ease	the footnote to the organization's financia	· · · · · · · · · · · · · · · · · · ·

# Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

- If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items
- b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items
  - (i) Revenues included in Form 990, Part VIII, line 1

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

**-** >

(ii) Assets included in Form 990, Part X

**-** \$

- If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items
- Revenues included in Form 990, Part VIII, line 1

**►** \$

**b** Assets included in Form 990, Part X

Cat No 52283D

Schedule D (Form 990) 2008

Part	Organizations Maintaining Colle	ctions of Art, His	stori	<u>cal Treasu</u>	ires, or Othe	<u>r Similar Ass</u>	ets (c	ontinued)
3	Using the organization's accession and other reitems (check all that apply)	cords, check any of th	ne fol	lowing that ar	e a significant u	se of its collectio	n	
а	Public exhibition	d	Γ	Loan or exc	hange programs			
ь	Scholarly research	e	Γ	Other				
c	Preservation for future generations							
4	Provide a description of the organization's colle Part XIV	ctions and explain hov	w the	y further the o	organization's ex	empt purpose in		
5	During the year, did the organization solicit or rassets to be sold to raise funds rather than to b						Yes	┌ No
Par	Trust, Escrow and Custodial Are Part IV, line 9, or reported an amo				nızatıon answ	ered "Yes" to F	orm 9	90,
1a	Is the organization an agent, trustee, custodiar included on Form 990, Part X?	or other intermediary	for c	ontributions (	or other assets 1		Yes	┌ No
b	If "Yes," explain why in Part XIV and complete	the following table						
						A mo	unt	
<b>c</b>	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 Form	1990, Part X, line 21?	•			Г	Yes	Г No
b	If "Yes," explain the arrangement in Part XIV							
Pa	rt V Endowment Funds. Complete if t							
_		(a)Current Year (b	)Prior	Year   (c)Tw	o Years Back (d)	Three Years Back (	e)Four Y	ears Back
1a	Beginning of year balance							
b	Contributions							
с	Investment earnings or losses							
d	Grants or scholarships							
е	Other expenditures for facilities and programs							
f	Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage of the year e	nd balance held as						
а	Board designated or quasi-endowment 🕨							
Ь	Permanent endowment 🕨							
c	Term endowment ►							
3a	Are there endowment funds not in the possessi	on of the organization	thata	are held and a	dministered for	the		
	organization by						Yes	No
	(i) unrelated organizations					3a(i)	1	
L	(ii) related organizations					3a(ii)	<u> </u>	<u> </u>
ь 4	If "Yes" to 3a(II), are the related organizations Describe in Part XIV the intended uses of the o	·				Зь		
	t VI Investments—Land, Buildings,				art V line 10			
rai	t VI investments—Land, bundings,	and Equipment. 5		Cost or other	(b)Cost or other			
	Description of investment			is (investment)	basis (other)	(c) Depreciation	( <b>d)</b> Bo	ook value
1a	Land				132,000			132,000
	Buildings				1,196,684	1,176,739		19,945
	Leasehold improvements				3,227,702	1,720,176		1,507,526
	Equipment				5,22.,.02	1,720,170		_,,
	- n				I			
6	Other				1 990 952	1 615 447		375 506
	Other	990. Part X. column (B	), line	10(c).) -	1,990,952	1,615,447		375,506 2,034,977

Part VIII Investments—Other Securities. See	Form 990, Part X, line 1		
<ul><li>(a) Description of security or cateory (including name of security)</li></ul>	(b)Book value		d of valuation ·year market value
		Cost of end-of-	year market value
Financial derivatives and other financial products			
Closely-held equity interests			
O ther			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12 )			
Total (coldin (b) should equal form 350, full ti, col (b) me 12)			
Part VIII Investments—Program Related. Se	e Form 990, Part X, line	13.	
(a) Description of investment type	( <b>b</b> ) Book value	(c) Metho	d of valuation
(a) Beschiption of investment type	(B) Book value	Cost or end-of-	year market value
<del></del>			
Total. (Column (b) should equal Form 990, Part X, col (B) line 13 )	1F		
Part IX Other Assets. See Form 990, Part X, II  (a) Descri			(b) Rook value
	ption		(b) Book value
OTHER ASSETS			926,329
Total. (Column (b) should equal Form 990, Part X, col.(B) line	15.)		926,329
Part X Other Liabilities. See Form 990, Part 1			·
(a) Description of Liability	(b) A mount		
Federal Income Taxes			
DUE TO AFFILIATE	493,816		
LONG-TERM RETIREMENT PLAN OBLIGATN	574,484		
INTEREST RATE SWAP	667,797		
THI ENEST NATE SWAT	007,797		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25 )	1,736,097		

Par	t XI Reconciliation of C	hange in Net Assets from Forr	<u>n 990 to Financial State</u>	ments	
1	Total revenue (Form 990, Part			1	
2	Total expenses (Form 990, Par	t IX, column (A), line 25)		2	
3	Excess or (deficit) for the year	Subtract line 2 from line 1		3	
4	Net unrealized gains (losses) o	n investments		4	
5	Donated services and use of fa	cilities		5	
6	Investment expenses			6	
7	Prior period adjustments			7	
8	Other (Describe in Part XIV)			8	
9	Total adjustments (net) Add lir	nes 4 - 8		9	
10	Excess or (deficit) for the year	per financial statements Combine lines	s 3 and 9	10	
Part		evenue per Audited Financial		ue per Return	
1	Total revenue, gains, and othe	r support per audited financial stateme	nts	1	
2	Amounts included on line 1 bu	it not on Form 990, Part VIII, line 12			
а	Net unrealized gains on invest	ments	. 2a		
b	Donated services and use of fa	acılıtıes	. 2b		
c	Recoveries of prior year grants	s	. 2c		
d	Other (Describe in Part XIV)		. 2d		
e	Add lines <b>2a</b> through <b>2d</b> .			. 2e	
3	Subtract line ${f 2e}$ from line ${f 1}$ .			. 3	
4	Amounts included on Form 99	0, Part VIII, line 12, but not on line 1			
а	Investment expenses not incl	uded on Form 990, Part VIII, line 7b	. 4a		
b	Other (Describe in Part XIV)		4b		
c	Add lines <b>4a</b> and <b>4b</b>			. 4c	
5		d <b>4c.</b> (This should equal Form 990, Par			
		xpenses per Audited Financia			
1		r audited financial statements		. 1	
2		it not on Form 990, Part IX, line 25	1 - 1		
а		acılıtıes			
b			2b		
с		, Part IX, line 25	2c		
d	Other (Describe in Part XIV)		. 2d	<b></b>   <u>-</u>	
e ~	Add lines 2a through 2d			. 2e	
3	Subtract line 2e from line 1 .			. 3	
4		0, Part IX, line 25, but not on line 1:	4-		
a L		uded on Form 990, Part VIII, line 7b		<del> </del>	
b	Other (Describe in Part XIV)  Add lines <b>4a</b> and <b>4b</b>		. 4b	4c	
с 5		nd <b>4c.</b> (This should equal Form 990, Pa	rt I line 10 \	. 5	
	t XIV Supplemental Inf		nt 1, iiiie 16 )	.   3	
Com	plete this part to provide the des	scriptions required for Part II, lines 3, 5, Part XII, lines 3, 5, Part XII, lines 2d and 4b, and Part XI		4, Part XIV, lines 1b and	2b,
	Ident if ier	Return Reference	Ехр	lanat ion	

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DLN: 93493228025850

2008

OMB No 1545-0047

**SCHEDULE G** (Form 990 or 990-EZ) **Supplemental Information Regarding Fundraising or Gaming Activities** 

Open to Public

Department of the Treasury

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-EZ. line 6a.

nternal Revenue Service	,,	-,,		·· , , , ,	<b>,</b>	Inspection
lame of the organization					Employer ider	ntification number
assachusetts Hospital Asso	ciation Inc					
					04-2106700	
Part I Fundraising A	<b>ctivities.</b> Complet	e if the o	rganızat	ion answered "Yes" t	to Form 990, Part IV	, line 17.
1 Indicate whether the orga	anization raised funds	through a	nv of the	following activities. Che	eck all that apply	
a Mail solicitations			,	e Solicitation of r		
<b>b</b> Email solicitations				•	jovernment grants	
c Phone solicitations				g   Special fundrais		
d In-person solicitation	าร			g , openia lanaran	omy or onto	
<ul><li>Did the organization have or key employees listed if "Yes," list the ten higher to be compensated at lea</li></ul>	ın Form 990, Part VII est paıd ındıvıduals or	) or entity rentities (1	in connec	ction with professional f rs) pursuant to agreeme	undraising activities? ents under which the fur	
(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) fundrais custo contr	Dıd er have dy or ol of	(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization
		Yes	No	_	""	
			-			
Total			<b>.</b>		1	

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

			(a) Event #1 PAC GOLF	<b>(b)</b> Event #2	(c) O ther Events	( <b>d)</b> To (Add col		
			(event type)	(event type)	(total number)		(C)	
ЖЛӨ	1	Gross receipts	40,505				4 (	0,505
Revenue	2	Less Charitable contributions						
	3	Gross revenue (line 1 minus line 2)	40,505				40	0,505
	4	Cash Prizes						
es Se	5	Non-cash Prizes	6,691				(	6,691
Expenses	6	Rent/Facility costs	23,913				2:	3,913
ă	7	Other direct expenses	594					594
Direct	8	Direct expense summary Add line	es 4 through 7 in column	(d)			3:	1,198
	9	Net income summary Combine lin	ies 3 and 8 in column (d)		•		(	9,307
Par	t III	<b>Gaming.</b> Complete if the ore \$15,000 on Form 990-EZ, lin		'Yes" to Form 990, Pa	art IV, line 19, or repo	orted mor	e thar	ì
Revenue			<b>(a)</b> Bingo	( <b>b)</b> Pull tabs/Instant bingo/progressive bingo	(c) O ther gaming	(d) Total col (a) th		
~	1	Gross revenue						
seg.	2	Cash prizes						
bens	3	Non-cash prizes						
Direct Expenses	4	Rent/facility costs						
百	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	ımn (d)				
•							Yes	No
9 a	Ist	er the state(s) in which the organiza the organization licensed to operate			-	· 9a		
b	If "I	No," Explain						
10a		re any of the organization's gaming l	censes revoked, suspen	ded or terminated durin	g the tax year?	10a		
b	If "`	Yes," Explain						
11		es the organization operate gaming a	ictivities with nonmambe	rs?				
12		the organization a grantor, beneficiar				11		
		ned to administer charitable gaming				.   12	1	1

			 <del></del>
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 <b>&gt;</b> \$ and the amount of gaming revenue retained by the third party <b>&gt;</b> \$		
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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Schedule I (Form 990)

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

OMB No 1545-0047

DLN: 93493228025850

Department of the Treasury

internal Revenue Service   Name of the organization Massachusetts Hospital Associ	iation Inc					Employer identif	Inspection ication number
		ts and Assistance				04-2106700	
Does the organization may the selection criteria used Describe in Part IV the or	intain records to si d to award the gran	ubstantiate the amount ts or assistance?	of the grants or assistai				√ Yes
Form 990, Part I Part IV and Sche	V, line 21 for an edule I-1 if addit	y recipient that rece ional space is		00. Check this box i	es. Complete if the of no one recipient rec		
1(a) Name and address of organization or government	<b>(b)</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)		(h) Purpose of grant or assistance
ATHOL MEMORIAL HOSPITAL2033 MAIN STREET ATHOL,MA 01331	04-2126583	501(C)(3)	8,457				
BAYSTATE MARY LANE HOSPITAL85 SOUTH STREET WARE, MA 01082	04-2103584	501(C)(3)	8,457				
CLINTON HOSPITAL201 HIGHLAND STREET CLINTON,MA 01510	04-1185520	501(C)(3)	8,457				
FAIRVIEW HOSPITAL29 LEWIS AVENUE GREAT BARRINGTON, MA 01230	04-2133860	501(C)(3)	8,457				
HUBBARD REGIONAL HOSPITAL340 THOMPSON ROAD WEBSTER, MA 01570	04-2898036	501(c)(3)	8,457				
MARTHA VINEYARD HOSPITALP O BOX 1477 OAK BLUFFS, MA 02557	04-2104691	501(c)(3)	8,457				
NANTUCKET COTTAGE HOSPITAL57 PROSPECT STREET NANTUCKET,MA 02554	04-2103823	501(C)(3)	8,457				
NASHOBA VALLEY MEDICAL CENTER200 GROTON ROAD AYER, MA 01432	73-1659047	N/A	8,457				
NORTH ADAMS REGIONAL HOSPITAL71 HOSPITAL AVENUE NORTH ADAMS,MA 01247	04-1676720	501(C)(3)	8,457				
WING MEMORIAL HOSPITAL40 WRIGHT STREET PALMER,MA 01069	22-2519813	501(C)(3)	8,457				
2 Enter total number of sect	tion 501(c)(3) and	government					9

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

(a)Type of grant or assistance	( <b>b)</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

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

See Additional Data Table

Ident if ier	Return Reference	Explanation
SCHEDULE I, PART II		MHA as an assistance to our small and rural hospitals provides a pass-through payment for federal funds. The hospitals work with the Massachusetts Department of Public Health (DPH) to secure federal funding to support their quality initiatives, they apply through the DPH for the federal funding and set up a process whereby the funds are directed to MHA to be passed directly to the hospitals to fund their activities. The purpose of this pass through, as allowed under the federal grant award rules, was to allow for an easier method to move the funding from the federal government to the providers without having to go through a second layer of state financial contracting. MHA is responsible for developing the final action reports to the federal government at the end of the contracting period.

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DLN: 93493228025850

OMB No 1545-0047

Schedule J (Form 990) **Compensation Information** 

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990. To be completed by organizations

Name of the organization
Massachusetts Hospital Association Inc

Part I Questions Regarding Compensation

			Yes	Νo
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	First class or charter travel  Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax idemnification and gross-up payments  Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply			
	Compensation committee   Written employment contract			
	✓ Independent compensation consultant ✓ Compensation survey or study			
	Form 990 of other organizations  Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a			
а	Receive a severance payment or change of control payment?	4a	Yes	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4с		Νo
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	501(c)(3) and 501(c)(4) organizations only must complete lines 5-8.			
5	For persons listed in form 990, Part VII, Section A, line $1a$ , did the organization pay or accrue any compensation contingent on the revenues of			
а	The organization?	5a		
b	Any related organization?	5b		
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form 990, Part VII, Section A, line $1a$ , did the organization pay or accrue any compensation contingent on the net earnings of			
а	The organization?	6a		
b	Any related organization?	6b		
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7		
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	8		

### 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

(A) Name		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Deferred	( <b>D)</b> Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation			compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
PATRICIA LYNN NICHOLAS	(1) (11)	<b>44</b> 7,087 0	42,500 0	20,988 0	218,127 0	19,962 0	748,664 0	0
ROBERT GIBBONS	(1) (11)	196,226 0	219,210 0	12,000 0	28,864 0	18,983 0	475,283 0	0
TIMOTHY GENS	(ı) (ıı)	196,646 0	38,505 0	3,753 0	29,300 0	18,704 0	286,908 0	0
KAREN NELSON	(ı) (ıı)	174,764 0	34,611 0	1,806	27,800 0	18,516	257,497 0	0
JAMES KIRKPATRICK	(ı) (ıı)	165,816 0	32, <b>44</b> 8 0	72 <b>4</b> 0	27,587 0	18,437 0	245,012	0
CHRISTINE BARATTA	(ı) (ıı)	192,260 0	14,800	2,000	1,708	· ·	226,281	0
MICHAEL CURREN	(1) (11)	152,373 0	0	0	5,130 0		159,834 0	0
PATRICIA CROWLEY	(I) (II)	103,530 0	21,554 0	0	7,796 0	· ·	150,822 0	0
PATRICIA NOGA	(I) (II)	129,482 0	0	0	8,022 0		155,650 0	0
DAVID SMITH	(1) (11)	127,637 0	0	0	7,851 0	14,872 0	150,360 0	0
RONALD M HOLLANDER	(1) (11)	0	0	488,171 0	0	13,272 0	501,443 0	66,965
	(ii) (i)							
	(ii)							
	(ii)							

### 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	Explanat ion
SCHEDULE J, PART I, LINE 4A		RONALD M HOLLANDER \$150,396
SCHEDULE J, PART I, LINE 4B		PATRICIA LYNN NICHOLAS \$189,927
-		

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### DLN: 93493228025850

## **SCHEDULE 0**

Department of the Treasury Internal Revenue Service

(Form 990)

# **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.

2008

OMB No 1545-0047

Open to Public Inspection

**Name of the organization** Massachusetts Hospital Association Inc  ${\bf Employer\ identification\ number}$ 

04-2106700

ldentifier	Return Reference	Explanation
990 PART VI, SECTION A, LINE 4		MHA revised its bylaws in 2008 and 2009 to reflect a change in the Board of Directors to expand the number of participating members of the Board as well as change the makeup of the various subcommittees that assist the board with MHA operations

ldentifier	Return Reference	Explanation
990 PART VI, SECTION A, LINE 6		The organization has dues paying members

ldentifier	Return Reference	Explanation
990 PART VI, SECTION A, LINE 7A		MHA holds a governance committee meeting each year to develop a list of officers which are presented to the annual membership meeting (which is held each year in June) for voting on the MHA Board of Trustees for each year

ldentifier	Return Reference	Explanation
990 PART VI, SECTIONA, LINE 7B		Any changes to the MHA by laws or corporate governance documents must be approved at the annual membership meeting held in June of each year. Other changes to corporate policies and procedures are approved by the Board or other governance committees.

ldentifier	Return Reference	Explanation						
990 PART VI, SECTION A, LINE 10		The FORM 990 WAS PREPARED BY THE ORGANIZATION'S TAX SERVICE PROVIDER WITH INFORMATION PROVIDED BY THE CONTROLLER THE FORM WAS REVIEWED BY THE CHIEF EXECUTIVE OFFICER AND GENERAL COUNSEL AND THEN PROVIDED TO ALL THE MEMBERS OF THE BOARD OF TRUSTEES PRIOR TO THE FINAL FORM BEING ELECTRONICALLY SUBMITTED TO THE INTERNAL REVENUE SERVICE						

Identifier	Return Reference	Explanation
990 PART VI, SECTION B, LINE 12C		THE ASSOCIATION MAINTAINS A WRITTEN CONFLICT OF INTEREST POLICY THAT IS INCLUDED IN THE ASSOCIATION'S POLICIES AND PROCEDURES MANUAL WHICH IS UPDATED AND DISSEMINATED TO ALL EMPLOYEES AND TRUSTEES ANNUALLY AT THE START OF EACH FISCAL YEAR, THE SENIOR DIRECTOR OF HUMAN RESOURCES OF THE ORGANIZATION REQUIRES THAT EACH KEY EMPLOYEE, OFFICER AND TRUSTEE COMPLETE A CONFLICT OF INTEREST DISCLOSURE FORM IN CONNECTION WITH ANY ACTUAL OR POSSIBLE CONFLICT OF INTEREST, AN INTERESTED PERSON MUST DISCLOSE THE EXISTENCE OF THE INTEREST AND BE GIVEN THE OPPORTUNITY TO DISCLOSE ALL MATERIAL FACTS TO THE TRUSTEES AND MEMBERS OF COMMITTEES WITH GOVERNING BOARD DELEGATED POWERS ANY CONFLICTS IDENTIFIED BY THE CONFLICT OF INTEREST DISCLOSURE FORM ARE SUMMARIZED IN A REPORT TO THE PRESIDENT OF THE BOARD OF TRUSTEES AND THE CHAIR OF THE TRUSTEES & GOVERNANCE COMMITTEE. THE BOARD OF TRUSTEES IS NOTIFIED OF ANY CONFLICTS AND ACTION, IF NECESSARY, IS TAKEN BY THE TRUSTEES AFTER DISCLOSURE OF THE INTEREST AND ALL MATERIAL FACTS, THE INTERESTED PERSON SHALL LEAVE THE GOVERNING BOARD OR COMMITTEE MEETING WHILE THE DETERMINATION OF THE CONFLICT OF INTEREST IS DISCUSSED AND VOTED UPON BY THE REMAINING BOARD OR COMMITTEE MEMBERS AT THE CONCLUSION OF THE FISCAL YEAR, PRIOR TO THE SUBMISSION OF THE FORM 990, A GOVERNING BODY MEMBER ANNUAL QUESTIONNAIRE IS PROVIDED TO EACH TRUSTEE, OFFICER AND/OR KEY EMPLOYEE THIS QUESTIONNAIRE REQUIRES THE DISCLOSURE OF ANY CONFLICTS OF INTEREST THAT MAY HAVE EXISTED DURING THE PRIOR FISCAL YEAR THE GOVERNING BOARD OR A DESIGNATED COMMITTEE CONDUCTS PERIODIC REVIEWS TO ENSURE THE ORGANIZATION DOES NOT ENGAGE IN ACTIVITIES THAT COULD JEOPARDIZE ITS TAX-EXEMPT STATUS

ldentifier	Return Reference	Explanation
990 PART VI, SECTION B, LINE 15		THE ORGANIZATIONS COMPENSATION COMMITTEE OF THE BOARD OF TRUSTEES IS AN INDEPENDENT COMMITTEE THAT DOES NOT HAVE ANY CONFLICTS OF INTEREST WITH RESPECT TO THE COMPENSATION PAID TO THE ORGANIZATIONS EXECUTIVES THIS COMMITTEE REVIEWS THE CHIEF EXECUTIVE OFFICERS ANNUAL GOALS AND PERFORMANCE THE COMMITTEE SETS AND APPROVES THE COMPENSATION PACKAGE OF THE CHIEF EXECUTIVE OFFICER EACH YEAR THE COMMITTEE HIRES A COMPENSATION CONSULTING FIRM TO PROVIDE EXPERTISE AND GUIDANCE REGARDING COMPARABLE COMPENSATION DATA FOR SIMILARLY QUALIFIED PEOPLE IN FUNCTIONALLY COMPARABLE POSITIONS AT SIMILAR SIZED ORGANIZATIONS, AND PERIODIC UPDATES AS PRUDENT THE COMPENSATION REVIEW IS AN ANNUAL PROCESS AND IS DOCUMENTED EACH YEAR IN THE COMPENSATION COMMITTEE MINUTES, IN WHICH THE DELIBERATION AND DECISION REGARDING THE COMPENSATION ARRANGEMENT FOR THE CEO IS RECORDED THE COMPENSATION COMMITTEE REPORTS ON ITS MEETINGS AND ACTIONS TO THE FULL BOARD OF TRUSTEES

ldentifier	Return Reference	Explanation						
990 PART I, LINE 5		MHA employed 44 full-time staff during the period of this return. However, during this period there were individuals who had left MHA's employment mid-year and are therefore included in the total count of 57 employees as they were issued a W-2 form during the calendar year ending in 2008						

ldentifier	Return Reference	Explanation						
SCHEDULE G PART II		Under Schedule G, MHA provides information about a fundraising activity that wie conducted to raise funds to support a federal initiative at the American Hospital Association. The funds that are raised for the federal initiative are not used for political or campaign activities, and are also not raised to support any of MHA's operational or advocacy activities.						

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

### DLN: 93493228025850

# SCHEDULE R (Form 990)

Name of the organization

# **Related Organizations and Unrelated Partnerships**

2008

Open to Public Inspection

Schedule R (Form 990) 2008

**Employer identification number** 

Department of the Treasury Internal Revenue Service 

Massachusetts Hospital Association Inc	04-2106700				
Part I Identification of Disregarded Entities					
<b>(A)</b> Name, address, and EIN of disregarded entity	<b>(B)</b> Primary activity	<b>(C)</b> Legal domicile (state or foreign country)	( <b>D)</b> Total income E	<b>(E)</b> nd-of-year assets	<b>(F)</b> Direct controlling entity
Part II Identification of Related Tax-Exempt Organization	tions				
<b>(A)</b> Name, address, and EIN of related organization	<b>(B)</b> Primary activity	(C) Legal domicile (state or foreign country)	( <b>D</b> ) Exempt Code section	(E) Public charity stat (if section 501(c)(:	(F) us Direct controlling 3)) entity
MA HOSPITAL RESEARCH ED ASSOCIATION  5 NEW ENGLAND EXECUTIVE PARK BURLINGTON, MA01803 23-7039401	EDUCATION	МА	501(C)(3)	9	мна
NEW ENGLAND HEALTHCARE ASSEMBLY INC  5 NEW ENGLAND EXECUTIVE PARK BURLINGTON, MA01803 23-7418007	SUPPORT	МА	501(C)(3)	7	мна
CAMPAIGN TO SAVE OUR HEALTHCARE SYSTEM  5 NEW ENGLAND EXECUTIVE PARK BURLINGTON, MA01803 22-3028134	support	MA	501(C)(6)	N/A	мна

Cat No 50135Y

<b>(A)</b> Name, address, and EIN of related organization	<b>(B)</b> Primary act		(C) Legal domicile (state or foreign country)	al (D) Incide Direct controlling e or entity Ign	(E) Predominant income(related, investment, unrelated)	<b>(F)</b> Share of total income	(G) Share of end-of- year assets	(H) Disproprtionat allocations?		te (I) Code V—UBI amount on Box 20 of K-1		(J) General or managing partner?	
								Yes	No		•	Yes	No
									-				
									<u> </u>				
									1				
Part IV Identification of Re	elated Org	anizations	Taxable a		_	, ,							
<b>(A)</b> Name, address, and EIN of related org	ganization	(B) Primary activit	ty	(C)  egal domicile (state or foreign country)	( <b>D)</b> Direct controlling entity	(E) Type of entity (C corp, S corp, or trust)	<b>(F)</b> Share of total incon	ne	Sha end-	( <b>G</b> ) are of of-year ssets	(F Perce owne	<b>1)</b> ntage ership	
MHA INSURANCE AGENCY INC 5 NEW ENGLAND EXECUTIVE PARK BURLINGTON, MA01803 04-2915488		INSURANCE AGENCY		МА	MHA SUBHOLD	C CORP	797,018			85,336	100 %		
MHA SUBHOLD INC 5 NEW ENGLAND EXECUTIVE PARK BURLINGTON, MA01803 04-2986641		HOLDING COMPA	ANY	МА	мна	C CORP		533	33		100 %		
						+		-					

(6)

Part V	Transactions with Related Organizations

Pa	rt V Transactions with Related Organizations					
	Note. Complete line 1 if any entity is listed in Parts II, III or IV				Yes	No
<b>1</b> D	uring the tax year, did the orgranization engage in any of the following transaction	ns with one or more related organizations listed in Parts I	I-IV?			
а	Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled ent	rity	Ī	1a		No
b	Gift, grant, or capital contribution to other organization(s)		1	1b		No
c	Gift, grant, or capital contribution from other organization(s)		1	1c		No
d	Loans or loan guarantees to or for other organization(s)		1	1d		No
e	Loans or loan guarantees by other organization(s)		Ī	1e	Yes	
f	Sale of assets to other organization(s)		Ī	1f		No
g	Purchase of assets from other organization(s)		1	1g		No
h	Exchange of assets		1	1h		No
i	Lease of facilities, equipment, or other assets to other organization(s)		Ī	1i		No
j	Lease of facilities, equipment, or other assets from other organization(s)		1	1j		No
k	Performance of services or membership or fundraising solicitations for other org	ganization(s)	Ī	1k		No
ı	Performance of services or membership or fundraising solicitations by other organization	anızatıon(s)	Ī	11		No
m	Sharing of facilities, equipment, mailing lists, or other assets		Ī	1m	Yes	
n	Sharing of paid employees		ī	1n	Yes	
o	Reimbursement paid to other organization for expenses		Ī	10		No
р	Reimbursement paid by other organization for expenses		1	1p		No
q	O ther transfer of cash or property to other organization(s)		1	1q	Yes	
r	O ther transfer of cash or property from other organization(s)		1	1r	Yes	
2	If the answer to any of the above is "Yes," see the instructions for information of	n who must complete this line, including covered relation	ships and transaction thresholds			
	(A)	(B)	(c)			
	Name of other organization(s)	Transaction type(a-r)	Amount Involved			
(1)						
See						
Add Data	itional a					
Tab	le .					
(2)						
(2)						
(3)						
(4)						
( - )						
(5)						

### 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

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

Form 990,	Schedule R,	Part V -	<b>Transactions</b>	with Related	Organizations
			1.	Δ )	

MHAIA

(8)

	(A)  Name of other organization	<b>(B)</b> Transaction type(a-r)	<b>(C)</b> A mount Involved (\$)
(1)	MHREA	R	250,155
(2)	MHAIA	N	120,000
(3)	MHAIA	R	177,140
(4)	MHA SUBHOLD INC	R	85,939
(5)	MHREA	Е	250,155
(6)	MHAIA	Е	177,140
(7)	MHA SUBHOLD INC	Е	85,939

120,000

Р

## Software ID: Software Version:

**EIN:** 04-2106700

Name: Massachusetts Hospital Association Inc

### Form 990, Part VII - Section Aaa

Form 990, Part VII - Section Ada			Form 990, Part VII - Section Aaa											
		Posit	(C tion ( hat a	chec		I			(5)	(F)				
<b>(A)</b> 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				
ELLEN M ZANE MA , CHAIR	1 0	Х						0	0	0				
DENNIS D KEEFE , CHAIR MAN ELECT	10	Х						0	0	0				
NORMAND E DESCHENE , TREASURER	10	Х						0	0	0				
PETER L SLAVIN MD , SECRETARY	10	Х						0	0	0				
DALE M LODGE , IMMEDIATE PAST CHAIRMAN	1 0	Х						0	0	0				
ROBERT G NORTON , CHAIRMAN MOST RECENTLY RETIRED	1 0	Х						0	0	0				
JOHN G ALBERT , SPECIALTY HOSPITAL CHAIR	1 0	Х						0	0	0				
GAIL ALLEN , TAC CHAIR	1 0	X						0	0	0				
PAUL F LEVY , CIAC CHAIR	1 0	Х						0	0	0				
PATRICK L MULDOON , SCOF CHAIR	1 0	Χ						0	0	0				
JOSEPH J MULLANY , SCOPA CHAIR	1 0	Х						0	0	0				
ELIZABETH A CADIGAN RN MSN , MONE REPRESENTATIVE	1 0	X						0	0	0				
RICHARD C LORD , MEMBER AT LARGE	1 0	Х						0	0	0				
CHARLES D GIJANTO , DIRECTOR	1 0	Χ						0	0	0				
DAVID E PHELPS , DIRECTOR	1 0	Χ						0	0	0				
FRANCIS M SABA , DIRECTOR	1 0	X						0	0	0				
WALTER H ETTINGER MD , DIRECTOR	1 0	Χ						0	0	0				
VINCENT J MCCORKLE , DIRECTOR	1 0	X						0	0	0				
RICHARD T PALMISANO , DIRECTOR	1 0	Х						0	0	0				
JOHN W POLANOWICZ , DIRECTOR	1 0	Х						0	0	0				
MICHAEL V SACK , DIRECTOR	10	X						0	0	0				
PETER W SIERSMA MD , DIRECTOR	10	Х						0	0	0				
RICHARD P WARD ESQ , DIRECTOR	1 0	Х						0	0	0				
PAUL J ANDREWS , DIRECTOR	1 0	Х						0	0	0				
RICHARD H AUBUT RN , DIRECTOR	1 0	X						0	0	0				
PETER J HOLDEN , DIRECTOR	1 0	Χ						0	0	0				
DELIA O CONNOR , DIRECTOR	1 0	Χ						0	0	0				
DAVID E STORTO , DIRECTOR	10	Χ		$ldsymbol{ld}}}}}}$				0	0	0				
PATRICIA LYNN NICHOLAS , PRESIDENT AND CEO	38 0			×				510,575	0	238,089				
ROBERT GIBBONS , SR VP GOVT ADVOCACY	38 0			х				427,436	0	47,847				

Form 990, Part VII - Section Aaa

Form 990, Part VII - Section Ada											
		Posit t	(C tion ( hat a	ched		I			, <u></u>	(F) Estimated amount of other compensation from the organization and related organizations	
<b>(A)</b> 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)		
TIMOTHY GENS , SR VP AND GENERAL COUNSEL	38 0			х				238,904	0	48,004	
KAREN NELSON , SR VP CLINICAL AFFAIRS	38 0			х				211,181	0	46,316	
JAMES KIRKPATRICK , VP HEALTHCARE FINANCE AND MC	38 0			х				198,988	0	46,024	
CHRISTINE BARATTA , SR VP MARKETING AND COOMM	38 0			х				209,060	0	17,221	
MICHAEL CURREN , SR VP OPERATIONS AND MEMBER RE	38 0			х				152,373	0	7,461	
PATRICIA CROWLEY , VP GOVERNANCE AND MEMBER REL	40 0					х		125,084	0	25,738	
MICHAEL SROCZYNSKI , V P GOVERNMENT ADVOCACY	40 0					Х		127,929	0	14,314	
PATRICIA NOGA , SR DIRECTOR CLINICAL AFFAIRS	40 0					х		129,482	0	26,168	
ANUJ GOEL , VP LEGAL AND REG AFFAIRS	40 0					Х		117,843	0	25,641	
DAVID SMITH , SR DIR HEALTH DATA AN AND RES	40 0					Х		127,637	0	22,723	
RONALD M HOLLANDER , FORMER CEO	0 0						х	488,171	0	13,272	

Software ID: Software Version:

**EIN:** 04-2106700

Name: Massachusetts Hospital Association Inc

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

(A) Name		(R) Broakdown c	of W-2 and/or 1099-MIS	SC componention	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)- (D)	reported in prior Form 990 or Form 990-EZ
PATRICIA LYNN NICHOLAS	(ı) (ıı)		42,500	20,988	218,127 0	19,962 0	748,664	0
ROBERT GIBBONS	(ı) (ıı)		219,210	12,000	28,864 0	18,983 0	475,283	0
TIMOTHY GENS	(1) (11)		38,505	3,753	29,300	18,704 0	286,908	0
KAREN NELSON	(1) (11)		34,611	1,806	27,800 0	18,516 0	257,497 0	0
JAMES KIRKPATRICK	(ı) (ıı)		32,448	724	27,587 0	18,437 0	245,012	0
CHRISTINE BARATTA	(ı) (ıı)		14,800	2,000	1,708	15,513 0	226,281	0
MICHAEL CURREN	(1) (11)		, c	0	5,130 0	2,331 0	159,834	0
PATRICIA CROWLEY	(1) (11)		21,554	0	7,796 0	17,942 0	150,822	0
PATRICIA NOGA	(1) (11)		0	0	8,022	18,146 0	155,650 0	0
DAVID SMITH	(I) (II)		0 C	0	7,851 0	14,872 0	150,360	0
RONALD M HOLLANDER	(ı) (ıı)		, O	488,171	0	13,272 0	501,443	66,965 0