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Part III

Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

1

Briefly describe the organization’s mission

TO PROVIDE LEADERSHIP TO OUR MEMBERSHIP IN ACHIEVING THEIR GOALS, AND TO PROMOTE ACCESSIBLE, QUALITY, COMMUNITY RESPONSIVE HEALTH CARE

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes

No

If “Yes,” describe these new services on Schedule O

3

Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes

No

If “Yes,” describe these changes on Schedule O

4

Describe the organization’s program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a

(Code) (Expenses \$ 2,847,546 including grants of \$ 23,400) (Revenue \$ 1,045,094)

DEVELOPMENTAL SERVICES AND TECHNICAL ASSISTANCE- PROVIDE SUPPORT TO COMMUNITY HEALTH CENTERS TO ASSESS AND DOCUMENT COMMUNITY NEEDS FOR HEALTH CARE, TO ASSIST CENTERS TO UNDERSTAND AND MEET PROGRAM NEEDS AND REPORTING REQUIREMENTS FOR FEDERAL QUALIFIED HEALTH CENTERS AND 330 GRANTS TO PROVIDE GUIDANCE ON HRSA FEDERAL GRANT POLICIES AND REGULATIONS TO COLLECT AND PROVIDE DATA ON COMMUNITY HEALTH CENTER SERVICE COMMUNITIES AND SERVICE DELIVERY TO SUPPORT HEALTH INFORMATION TECHNOLOGY LEADERSHIP AT COMMUNITY HEALTH CENTERS TO EXCHANGE BEST PRACTICES AND ADDRESS NEEDS FOR SERVICES AT CENTERS TO PROVIDE SERVICES IN SUPPORT OF ADOPTION AND IMPLEMENTATION OF HEALTH INFORMATION TECHNOLOGY AND SYSTEMS, ELECTRONIC HEALTH RECORDS, REPORTING SOLUTIONS AND MEANINGFUL USE AT COMMUNITY HEALTH CENTERS

4b

(Code) (Expenses \$ 1,866,561 including grants of \$ 381,800) (Revenue \$)

POLICY ANALYSIS AND INFORMATION DISSEMINATION - PROVIDE SUPPORT TO COMMUNITY HEALTH CENTERS IN UNDERSTANDING, IMPLEMENTING AND COMPLYING WITH FEDERAL, STATE AND LOCAL REGULATIONS PROVIDE TRAINING AND GUIDANCE ON REGULATIONS COVERING HEALTH POLICY, HEALTH COVERAGE AND HEALTH SERVICE PROGRAM SUPPORT UNDERSTANDING AND COMPLIANCE WITH LICENSE REGULATIONS FOR COMMUNITY HEALTH CENTER TRACK ADEQUACY OF RATE SETTING PRACTICES FOR HEALTH COVERAGE PROGRAMS SUPPORT INFORMATION SHARING ON POLICIES, SERVICES, AND SYSTEMS TO ASSURE COMMUNITY HEALTH CENTERS PROVIDE ACCESS TO SERVICES SUPPORT PROGRAMS AND MATERIALS TO GUIDE MULTI-CULTURAL PATIENT POPULATIONS IN ACCESS TO CARE SUPPORT ACCESS TO MULTI-LINGUAL INFORMATION ON SERVICE PROGRAMS PROVIDE INFORMATION AND SERVICES TO ADDRESS THE NEEDS OF MULTI-LINGUAL PATIENTS AND COMMUNITIES PROVIDE TECHNICAL ASSISTANCE AND SUPPORT FOR PUBLIC INFORMATION ABOUT COMMUNITY HEALTH CENTER PROGRAMS AND SERVICES

4c

(Code) (Expenses \$ 4,044,132 including grants of \$ 2,212,084) (Revenue \$)

CLINICAL SERVICES- PROVIDE TECHNICAL ASSISTANCE, TRAINING AND DEVELOPMENT GUIDANCE FOR THE DELIVERY OF CLINICAL SERVICES AND FOR THE LEADERSHIP AND DEVELOPMENT OF CLINICAL STAFF SUPPORT QUALITY IMPROVEMENT AND DEVELOPMENT ACTIVITIES AND INITIATIVES FOR CLINICAL SERVICES, PROGRAMS AND SYSTEMS OF CARE SUPPORT WORK FORCE PROGRAMS FOR RECRUITMENT AND RETENTION OF CLINICAL STAFF PROVIDE FOR TRAINING IN QUALITY IMPROVEMENT, CLINICAL LEADERSHIP AND CHANGE MANAGEMENT SUPPORT COMMUNICATION AND GUIDANCE ON CLINICAL POLICIES AND BEST PRACTICES FOR CLINICAL MANAGEMENT SUPPORT THE DEVELOPMENT OF PATIENT CENTERED MEDICAL HOMES AT COMMUNITY HEALTH CENTERS

(Code) (Expenses \$ 1,012,986 including grants of \$) (Revenue \$ 450,273)

MEMBERSHIP SERVICES AND TRAINING AND EDUCATION-PROVIDE THE STAFF AND BOARDS OF COMMUNITY HEALTH CENTERS WITH A SERIES OF SOCIAL, NETWORKING AND FUNDRAISING EVENTS

(Code) (Expenses \$ 793,557 including grants of \$) (Revenue \$)

GROUP PURCHASING PROGRAMS TO ENGAGE IN THE BUSINESS OF GROUP PURCHASING GOODS AND SERVICES ON BEHALF OF THE HEALTH SERVICES COMMUNITY

4d

Other program services (Describe in Schedule O)

(Expenses \$ 1,806,543 including grants of \$) (Revenue \$ 450,273)



















4e

Total program service expenses

\$ 10,564,782

Part IV

Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	1	Yes
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 	2	Yes
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 	3	No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 	4	Yes
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III 	5	No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 	6	No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II 	7	No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8	No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 	9	No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10	No
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. 	11a	Yes
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII. 	11b	No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII. 	11c	No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX. 	11d	Yes
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. 	11e	Yes
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X. 	11f	Yes
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII 	12a	Yes
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional 	12b	Yes
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, 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 U S ? If "Yes," complete Schedule F, Part II and IV	15	No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III and IV	16	No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a	No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b	

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	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? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	34	Yes	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a		No
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance		
Check if Schedule O contains a response to any question in this Part V <input type="checkbox"/>		
		YesNo
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. .	1a26
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c
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. .	2a73
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	2bYes
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3aYes
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.	3bYes
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 or securities account)? .	4aNo
b	If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5aNo
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5bNo
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6aNo
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b
7 Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7aYes
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7bYes
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7cNo
d	If "Yes," indicate the number of Forms 8282 filed during the year.	7d
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7eNo
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7fNo
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7gNo
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7hNo
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
8		
9 Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?	9aNo
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9bNo
10 Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12.	10a
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b
11 Section 501(c)(12) organizations. Enter		
a	Gross income from members or shareholders.	11a
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	11b
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b
13 Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state.	13a
b	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13b
c	Enter the aggregate amount of reserves on hand.	13c
14a Did the organization receive any payments for indoor tanning services during the tax year?		
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b

Part VI

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.
Check if Schedule O contains a response to any question in this Part VI ☒

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	56	
b	Enter the number of voting members included in line 1a, above, who are independent	1b	56	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did the organization have members or stockholders?	6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No

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

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

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed <input checked="" type="checkbox"/> MA
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. <input type="checkbox"/> Own website <input checked="" type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public. 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. <input checked="" type="checkbox"/> THE CORPORATION 40 COURT STREET 10TH FLR BOSTON, MA 02108 (617) 426-2225

Check if Schedule O contains a response to any question in this Part VII ☐

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

Form **990** (2011)

Part VII

1b	Sub-Total	▼			
c	Total from continuation sheets to Part VII, Section A	▼			
d	Total (add lines 1b and 1c)	▼	1,318,774	0	196,284

2 Total number of individuals (including but not limited to those listed in Item 1) who received more than \$100,000 of reportable compensation from the organization. 9

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

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. Report compensation for the calendar year ending with or within the organization's tax year.

(A)	(B)	(C)
Name and business address	Description of services	Compensation
ARCADIA SOLUTIONS PO BOX 769 WAITSFIELD, VT 05673	TECHNICAL SERVICES CONSULTANT	324,598
ADVOCATES FOR HUMAN POTENTIAL 490B BOSTON POST ROAD SUDBURY, MA 01776	EMR PROJECT CONSULTANT	202,488
DENNIS SMITH ASSOCIATES 600 ATLANTIC AVE 19TH FLOOR BOSTON, MA 02210	TECHNICAL SERVICES CONSULTANT	120,000
CLAREMONT GROUP 15 CLAREMONT PARK BOSTON, MA 02118	EMR PROJECT CONSULTANT	111,704
CUPPLES ASSOCIATES CONSULTING 14 OLMSTED STREET BOSTON, MA 02130	EMR PROJECT CONSULTANT	111,106

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►5

Part VIII

Statement of Revenue

				(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	Federated campaigns . . .	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c	66,240			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	5,215,178			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	3,893,419			
	g	Noncash contributions included in lines 1a-1f \$ _____					
	h	Total. Add lines 1a-1f		9,174,837			
Program Service Revenue	2a	GROUP PURCHASING INCOM	Business Code	541900	1,241,965	1,241,965	
	b	CONTRACTED SERVICES AN	541900	1,045,094	1,045,094		
	c	MEMBERSHIP DUES	541900	450,273	450,273		
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		2,737,332			
	Other Revenue	3	Investment income (including dividends, interest and other similar amounts)		11,524		
4		Income from investment of tax-exempt bond proceeds . . .					
5		Royalties					
6a		Gross rents	(i) Real	(ii) Personal			
b		Less rental expenses					
c		Rental income or (loss)					
d		Net rental income or (loss)					
7a		Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
b		Less cost or other basis and sales expenses					
c		Gain or (loss)					
d		Net gain or (loss)					
8a		Gross income from fundraising events (not including \$ 66,240 of contributions reported on line 1c) See Part IV, line 18	a	182,705			
b		Less direct expenses	b	140,372	42,333		42,333
c		Net income or (loss) from fundraising events . . .					
9a		Gross income from gaming activities See Part IV, line 19	a				
b		Less direct expenses	b				
c		Net income or (loss) from gaming activities . . .					
10a		Gross sales of inventory, less returns and allowances	a				
b		Less cost of goods sold	b				
c		Net income or (loss) from sales of inventory . . .					
	Miscellaneous Revenue	Business Code					
11a							
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d						
12	Total revenue. See Instructions		11,966,026	1,495,367	1,241,965	53,857	

Part IXStatement 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)

Check if Schedule O contains a response to any question in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	1,936,733	1,936,733		
2	Grants and other assistance to individuals in the United States See Part IV, line 22	680,551	680,551		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	728,298	660,316	67,982	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	2,705,270	2,449,266	256,004	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	165,090	150,972	14,118	
9	Other employee benefits	482,558	441,292	41,266	
10	Payroll taxes	240,730	220,144	20,586	
11	Fees for services (non-employees)				
a	Management				
b	Legal	51,086	48,476	2,610	
c	Accounting	35,254		35,254	
d	Lobbying	116,943	116,943		
e	Professional fundraising See Part IV, line 17				
f	Investment management fees				
g	Other	2,286,846	2,280,745	6,101	
12	Advertising and promotion	120,075	120,075		
13	Office expenses	337,546	285,385	52,161	
14	Information technology				
15	Royalties				
16	Occupancy	506,026	398,959	107,067	
17	Travel	305,474	305,474		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	216,596	198,807	17,789	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	200,662	188,653	12,009	
23	Insurance	19,276		19,276	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	PROFESSIONAL DUES	79,719	67,419	12,300	
b	MISCELLANEOUS EXPENSE	22,570	14,572	7,998	
c					
d					
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	11,237,303	10,564,782	672,521	0
26	Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X

Balance Sheet

						(A)		(B)
						Beginning of year		End of year
Assets	1	Cash—non-interest-bearing				125	1	275
	2	Savings and temporary cash investments				2,814,104	2	2,916,412
	3	Pledges and grants receivable, net					3	
	4	Accounts receivable, net				4,076,487	4	6,276,551
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 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	
	7	Notes and loans receivable, net					7	
	8	Inventories for sale or use					8	
	9	Prepaid expenses and deferred charges				36,262	9	191,919
	10a	Land, buildings, and equipment, cost or other basis. Complete Part VI of Schedule D	10a	679,479				
	b	Less: accumulated depreciation	10b	657,869		52,850	10c	21,610
	11	Investments—publicly traded securities					11	
	12	Investments—other securities. See Part IV, line 11					12	
	13	Investments—program-related. See Part IV, line 11					13	
	14	Intangible assets					14	
	15	Other assets. See Part IV, line 11				1,036,251	15	904,829
	16	Total assets. Add lines 1 through 15 (must equal line 34)				8,016,079	16	10,311,596
Liabilities	17	Accounts payable and accrued expenses				839,058	17	1,833,759
	18	Grants payable					18	
	19	Deferred revenue				405,569	19	1,016,395
	20	Tax-exempt bond liabilities					20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D					21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L					22	
	23	Secured mortgages and notes payable to unrelated third parties					23	
	24	Unsecured notes and loans payable to unrelated third parties					24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D				847,201	25	808,468
	26	Total liabilities. Add lines 17 through 25				2,091,828	26	3,658,622
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.							
	27	Unrestricted net assets				2,115,890	27	2,288,714
	28	Temporarily restricted net assets				3,808,361	28	4,364,260
	29	Permanently restricted net assets					29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.							
	30	Capital stock or trust principal, or current funds					30	
	31	Paid-in or capital surplus, or land, building or equipment fund					31	
	32	Retained earnings, endowment, accumulated income, or other funds					32	
	33	Total net assets or fund balances				5,924,251	33	6,652,974
	34	Total liabilities and net assets/fund balances				8,016,079	34	10,311,596

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	11,966,026
2	Total expenses (must equal Part IX, column (A), line 25)	2	11,237,303
3	Revenue less expenses Subtract line 2 from line 1	3	728,723
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	5,924,251
5	Other changes in net assets or fund balances (explain in Schedule O)	5	0
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	6,652,974

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		No
b	Were the organization's financial statements audited by an independent accountant?	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated basis		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	Yes	

2011

Open to Public Inspection

SCHEDULE A

(Form 990 or 990EZ)

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Department of the Treasury
Internal Revenue Service

Name of the organization MASSACHUSETTS LEAGUE OF COMMUNITY HEALTH CENTERS INC	Employer identification number 04-2507409
---	--

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

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

- 1

☐

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

☐

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

☐

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

☐

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

☐

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

☐

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

☒

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

☐

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

☐

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

☐

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

☐

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

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Other

e

☐

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

f

☐

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

g

☐

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

(i)

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

(ii)

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

(iii)

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

h

☐

Provide the following information about the supported organization(s)

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

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

Part II

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	12,631,096	5,964,770	7,570,535	5,822,054	9,174,837	41,163,292
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	12,631,096	5,964,770	7,570,535	5,822,054	9,174,837	41,163,292
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)						1,854,893
6 Public Support. Subtract line 5 from line 4						39,308,399

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	12,631,096	5,964,770	7,570,535	5,822,054	9,174,837	41,163,292
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	160,157	85,259	19,196	13,562	11,524	289,698
9 Net income from unrelated business activities, whether or not the business is regularly carried on	23,425		33,485	33,757	22,105	112,772
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11 Total support (Add lines 7 through 10)						41,565,762
12 Gross receipts from related activities, etc (See instructions)					12	5,337,891
13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f))	14	94 570 %
15 Public Support Percentage for 2010 Schedule A, Part II, line 14	15	90 790 %
16a 33 1/3% support test—2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		
b 33 1/3% support test—2010. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		
17a 10%-facts-and-circumstances test—2011. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization		
b 10%-facts-and-circumstances test—2010. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization		
18 Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions		

Part IIIPart III

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

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public Support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 Total support (Add lines 9, 10c, 11 and 12)						
14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage			
15	Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15	
16	Public support percentage from 2010 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage			
17	Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))	17	
18	Investment income percentage from 2010 Schedule A, Part III, line 17	18	
19a	33 1/3% support tests—2011. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization		
b	33 1/3% support tests—2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization		
20	Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions		

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

Facts And Circumstances Test

Explanation

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

▶ Complete if the organization is described below.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

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

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

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

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

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

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

Name of the organization MASSACHUSETTS LEAGUE OF COMMUNITY HEALTH CENTERS INC	Employer identification number 04-2507409
---	--

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1

Provide a description of the organization's direct and indirect political campaign activities on behalf of or in opposition to candidates for public office in Part IV

2

Political expenditures

▶ \$

3

Volunteer hours

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

1

Enter the amount of any excise tax incurred by the organization under section 4955

▶ \$

2

Enter the amount of any excise tax incurred by organization managers under section 4955

▶ \$

3

If the organization incurred a section 4955 tax, did it file Form 4720 for this year?

☐ Yes ☐ No

4a

Was a correction made?

☐ Yes ☐ No

b

If "Yes," describe in Part IV

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

1

Enter the amount directly expended by the filing organization for section 527 exempt function activities

▶ \$

2

Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt funtion activities

▶ \$

3

Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b

▶ \$

4

Did the filing organization file Form 1120-POL for this year?

☐ Yes ☐ No

5

Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

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

Part II-A

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

- A

Check

☐

if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)
- B

Check

☐

if the filing organization checked box A and "limited control" provisions apply

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

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B

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

		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
	a Volunteers?		No	
	b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
	c Media advertisements?		No	
	d Mailings to members, legislators, or the public?		No	
	e Publications, or published or broadcast statements?		No	
	f Grants to other organizations for lobbying purposes?		No	
	g Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		
	h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
	i Other activities? If "Yes," describe in Part IV	Yes		
j Total lines 1c through 1i				196,018
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A

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

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

Part III-B

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

1	Dues, assessments and similar amounts from members	1	
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).		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV

Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i. Also, complete this part for any additional information.

Identifier	Return Reference	Explanation
EXPLANATION OF LOBBYING ACTIVITIES	PART II-B, LINE 1	CONSULTANTS PROVIDE INCIDENTAL LOBBYING DONE WITH NON-FEDERAL FUNDS REGARDING STATE HEALTH POLICY PART II-B, LINE 1(G) CONSULTANT PROVIDES GOVERNMENT RELATIONS AT STATE LEVEL

SCHEDULE D

(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

► **Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b**
► **Attach to Form 990. ► See separate instructions.**

OMB No 1545-0047

2011

Open to Public
Inspection

Name of the organization MASSACHUSETTS LEAGUE OF COMMUNITY HEALTH CENTERS INC	Employer identification number 04-2507409
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Part I

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

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <div><input type="checkbox"/> Yes<input type="checkbox"/> No</div>	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? <div><input type="checkbox"/> Yes<input type="checkbox"/> No</div>	

Part II

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

1	Purpose(s) of conservation easements held by the organization (check all that apply) <div><input type="checkbox"/> Preservation of land for public use (e g , recreation or pleasure)<input type="checkbox"/> Preservation of an historically importantly land area <input type="checkbox"/> Protection of natural habitat<input type="checkbox"/> Preservation of a certified historic structure <input type="checkbox"/> Preservation of open space</div>	
2	Complete lines 2a–2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year	
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ► _____	
4	Number of states where property subject to conservation easement is located ► _____	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? <div><input type="checkbox"/> Yes<input type="checkbox"/> No</div>	
6	Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ► _____	
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ► \$ _____	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? <div><input type="checkbox"/> Yes<input type="checkbox"/> No</div>	
9	In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements	

Part III

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

1a	If the organization elected, as permitted under SFAS 116, 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	► \$ _____
	(ii) Assets included in Form 990, Part X	► \$ _____
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items	
a	Revenues included in Form 990, Part VIII, line 1	► \$ _____
b	Assets included in Form 990, Part X	► \$ _____

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3

Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a

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

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV and complete the following table

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

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

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV

Part V

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

	(a)Current Year	(b)Prior Year	(c)Two Years Back	(d)Three Years Back	(e)Four Years Back
1a	Beginning of year balance				
b	Contributions				
c	Investment earnings or losses				
d	Grants or scholarships				
e	Other expenditures for facilities and programs				
f	Administrative expenses				
g	End of year balance				

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶

b

Permanent endowment ▶

c

Term endowment ▶

3a

Are there endowment funds not in the possession of the organization that are held and administered for the organization by

(i)

unrelated organizations

(ii)

related organizations

3a(i)

3a(ii)

b

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

3b

4

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

Part VI

Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		398,169	381,709	16,460
e Other		281,310	276,160	5,150
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶				21,610

Part XI

Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	11,966,026
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	11,237,303
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	728,723
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	728,723

Part XII

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	11,966,026
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	11,966,026
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	0
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	11,966,026

Part XIII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	11,237,303
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	11,237,303
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	0
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	11,237,303

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. Also complete this part to provide any additional information.

Identifier	Return Reference	Explanation
		THE LEAGUE FOLLOWS THE STANDARDS FOR ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES WHICH REQUIRES THE LEAGUE TO REPORT ANY UNCERTAIN TAX POSITIONS AND TO ADJUST ITS CONSOLIDATED FINANCIAL STATEMENTS FOR THE IMPACT THEREOF. AS OF JUNE 30, 2012, THE LEAGUE DETERMINED THAT IT HAD NO TAX POSITIONS THAT DID NOT MEET THE "MORE LIKELY THAN NOT" THRESHOLD OF BEING SUSTAINED BY THE APPLICABLE TAX AUTHORITY. THE LEAGUE FILES FEDERAL AND MASSACHUSETTS TAX AND INFORMATION RETURNS. THESE RETURNS ARE GENERALLY SUBJECT TO EXAMINATION BY TAX AUTHORITIES FOR FISCAL YEARS ENDING AFTER 2008.

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding
Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19,
or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public
Inspection

Name of the organization
MASSACHUSETTS LEAGUE OF COMMUNITY HEALTH
CENTERS INC

Employer identification number
04-2507409

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1

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

a

☐

Mail solicitations

b

☐

Internet and e-mail solicitations

c

☐

Phone solicitations

d

☐

In-person solicitations

e

☐

Solicitation of non-government grants

f

☐

Solicitation of government grants

g

☐

Special fundraising events

2a

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

☐ Yes

☐ No

b

If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total ▶						

3

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

Part II

Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
		<u>ANNUAL GALA</u> (event type)	<u>GOLF TOURNAMENT</u> (event type)	<u>(total number)</u>	(Add col (a) through col (c))
Revenue	1	Gross receipts	200,435	48,510	248,945
	2	Less Charitable contributions	59,940	6,300	66,240
	3	Gross income (line 1 minus line 2)	140,495	42,210	182,705
Direct Expenses	4	Cash prizes			
	5	Non-cash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses	126,040	14,332	140,372
	10	Direct expense summary Add lines 4 through 9 in column (d) ▶			
	11	Net income summary Combine lines 3 and 10 in column (d). ▶			
					42,333

Part III

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

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

9

Enter the state(s) in which the organization operates gaming activities _____

a

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

b

If "No," Explain _____

10a

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

b

If "Yes," Explain _____

- 11

Does the organization operate gaming activities with nonmembers?

☐

Yes

☐

No
- 12

Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

☐

Yes

☐

No

13

Indicate the percentage of gaming activity operated in

a	The organization's facility	13a
b	An outside facility	13b

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?

☐

Yes

☐

No

b

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

c

If "Yes," enter name and address

Name

Address

16

Gaming manager information

Name

Gaming manager compensation \$

Description of services provided

☐

Director/officer

☐

Employee

☐

Independent contractor

17

Mandatory distributions

a

Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

☐

Yes

☐

No

b

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

Part IV

Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation
------------	-----------------	-------------

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
MASSACHUSETTS LEAGUE OF COMMUNITY HEALTH
CENTERS INC

Grants and Other Assistance to Organizations,
Governments and Individuals in the United States

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990

OMB No 1545-0047

2011

Open to Public
Inspection

Employer identification number

04-2507409

Part I

General Information on Grants and Assistance

- 1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No
- 2

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed ▶ ☐

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							

2

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶

62

3

Enter total number of other organizations listed in the line 1 table ▶

0

Part III

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

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) LOAN REPAYMENT PROGRAM (LRP)	11	632,143			
(2) STUDENT/RESIDENT EXPERIENCES AND ROTATIONS IN COMMUNITY HEALTH PROGRAM (SEARCH)		48,408			

Part IV

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

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 FOR THE LOAN REPAYMENT PROGRAM, THE LEAGUE GETS REPORTS FROM LOAN INSTITUTIONS FOR THE REPAID LOANS AND ARE INFORMED IF PHYSICIAN LEAVE CHC'S FOR THE ELECTRONIC MEDICAL RECORDS GRANTS TO CHC'S AND THE STUDENT/RESIDENT EXPERIENCES AND ROTATIONS IN COMMUNITY HEALTH PROGRAM, THE LEAGUE GETS PROGRESS REPORTS FROM THE RECIPIENTS
		DURING FISCAL YEAR 2007, THE LEAGUE BEGAN THE PRIMARY CARE PHYSICIAN LOAN REPAYMENT PROGRAM (LRP) THE PROGRAM PROVIDES LOANS TO QUALIFYING PHYSICIANS THESE LOANS WILL BE FORGIVEN IF THE PHYSICIAN MEETS CERTAIN CRITERIA, INCLUDING WORKING AT LEAST TWO YEARS IN A COMMUNITY HEALTH CENTER FOR THE YEAR ENDED JUNE 30, 2012 LOANS UNDER THE LRP IN THE AMOUNT OF \$632,143 WERE AWARDED TO VARIOUS QUALIFIED PHYSICIANS THESE AMOUNTS ARE NET OF \$92,857 OF ADJUSTMENTS MADE TO PREVIOUS YEAR AWARDS THE LOANS AWARDED HAVE BEEN RECORDED AS LOAN RECEIVABLE BY THE LEAGUE UNTIL THEY ARE FORGIVEN OR RECOVERED IN FISCAL YEAR 2012, \$125,000 OF LOANS OUTSTANDING WERE FORGIVEN THE LEAGUE'S MANAGEMENT EXPECTS THAT ALL PHYSICIANS PARTICIPATING IN THE LRP WILL MEET THE CRITERIA TO HAVE THEIR LOANS FORGIVEN IN FUTURE YEARS AND, ACCORDINGLY, THE LEAGUE HAS RECORDED AN ALLOWANCE AND RELATED GRANT EXPENSE FOR FORGIVABLE LOANS RECEIVABLE EQUAL TO THE LOANS RECEIVABLE BALANCE THE STUDENT/RESIDENT EXPERIENCES AND ROTATIONS IN COMMUNITY HEALTH (SEARCH) PROGRAM PROVIDES OPPORTUNITIES FOR HEALTH PROFESSIONS STUDENTS AND RESIDENTS TO SERVE ON MULTIDISCIPLINARY HEALTH CARE TEAMS IN UNDERSERVED COMMUNITIES THROUGHOUT THE UNITED STATES AND ITS TERRITORIES, THEREBY ESTABLISHING AND STRENGTHENING LINKS BETWEEN COMMUNITY-BASED SITES AND ACADEMIC INSTITUTIONS

Software ID:
Software Version:
EIN: 04-2507409
Name: MASSACHUSETTS LEAGUE OF COMMUNITY HEALTH
CENTERS INC

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LOWELL COMMUNITY HEALTH CENTER 597 MERRIMACK STREET LOWELL,MA 01854	04- 2881348	501(C)(3)	6,800				VARIOUS
SOUTH END COMMUNITY HEALTH CENTER 1601 WASHINGTON STREET BOSTON,MA 02118	04- 2456134	501(C)(3)	6,100				VARIOUS

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY HEALTH CONNECTIONSFITCHBURG 275 NICHOLS RD FITCHBURG, MA 01420	04-3452697	501(C)(3)	244,300				VARIOUS
FAMILY HEALTH CENTER OF WORCESTER INC26 QUEEN STREET WORCESTER, MA 01610	04-2485308	501(C)(3)	294,300				VARIOUS

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FENWAY CHC132 BROOKLINE AVE BOSTON, MA 02215	04- 3397060	501(C)(3)	11,100				VARIOUS
THE DIMOCK CENTER55 DIMOCK STREET ROXBURY, MA 02119	04- 3487835	501(C)(3)	49,000				VARIOUS

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GREATER LAWRENCE FAMILY HEALTH CENTER34 HAVERILL STREET LAWRENCE, MA 01841	04-2708824	501(C)(3)	278,466				VARIOUS
BAYSTATE BRIGHTWOOD HEALTH CENTER 380 PLAINFIELD STREET SPRINGFIELD, MA 01199	00-0110314	501(C)(3)	5,000				EMERGENCY PREPAREDNESS

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BAYSTATE MASON SQUARE NHC11 WILBRAHAM ROAD SPRINGFIELD, MA 01109	00-0110314	501(C)(3)	45,000				VARIOUS
BOSTON HEALTH CARE FOR THE HOMELESS780 ALBANY STREET BOSTON, MA 02118	04-3160480	501(C)(3)	10,600				VARIOUS

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOWDOIN STREET HEALTH CENTER200 BOWDOIN STREET DORCHESTER, MA 02122	04-2529788	501(C)(3)	5,000				EMERGENCY PREPAREDNESS
BROCKTON NEIGHBORHOOD HEALTH CENTER157 MAIN STREET BROCKTON, MA 02301	04-3165044	501(C)(3)	76,800				VARIOUS

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BROOKSIDE CHC 3297 WASHINGTON STREET JAMAICA PLAIN, MA 02130	04- 2312909	501(C)(3)	5,000				EMERGENCY PREPAREDNESS
CAMBRIDGE HEALTH ALLIANCE 1493 CAMBRIDGE STREET CAMBRIDGE, MA 02139	04- 3167608	501(C)(3)	20,000				EMERGENCY PREPAREDNESS

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CARING HEALTH CENTER1040 MAIN STREET SPRINGFIELD, MA 01103	04-2620040	501(C)(3)	5,000				EMERGENCY PREPAREDNESS
CHICOPEE HEALTH CENTER505 FRONT STREET CHICOPEE, MA 01013	04-2492730	501(C)(3)	5,000				EMERGENCY PREPAREDNESS

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHP HEALTH CENTER444 STOCKBRIDGE ROAD PO BOX 30 GREAT BARRINGTON, MA 01230	04-2582119	501(C)(3)	10,000				EMERGENCY PREPAREDNESS
CODMAN SQ HEATH CENTER637 WASHINGTON STREET DORCHESTER, MA 02124	04-2678774	501(C)(3)	46,900				VARIOUS

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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COMMUNITY HEALTH CTR OF CAPE COD-BOURNE107 COMMERCIAL STREET MASHPEE, MA 02649	04-3370560	501(C)(3)	5,000				EMERGENCY PREPAREDNESS
COMMUNITY HEALTH CENTER OF FRANKLIN COUNTY338 MONTAGUE CITY ROAD TURNER FALLS, MA 01376	04-3312968	501(C)(3)	5,000				EMERGENCY PREPAREDNESS

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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COMM HLEATH CTR OF CAPE COD- MASHPEE107 COMMERCIAL STREET MASHPEE, MA 02649	04- 3370560	501(C)(3)	5,000				EMERGENCY PREPAREDNESS
COMM HEALTH CENTER OF CAPE COD-FALMOUTH 210 JONES ROAD SUITE 22 HOMEPORT FALMOUTH, MA 02540	04- 3370560	501(C)(3)	5,000				EMERGENCY PREPAREDNESS

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DESMOND CALLAN COMM HEALTH CENTER450 WEST RIVER STREET ORANGE, MA 01364	04- 3312968	501(C)(3)	5,000				EMERGENCY PREPAREDNESS
DORCHESTER HOUSE MULTI- SERVICE CENTER 1354 DORCHESTER AVE DORCHESTER, MA 02122	23- 7125970	501(C)(3)	45,000				VARIOUS

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DUFFY HEALTH CENTER105 PARK STREET HYANNIS, MA 02601	04-3373741	501(C)(3)	5,000				EMERGENCY PREPAREDNESS
EAST BOSTON NEIGHBORHOOD HEALTH CENTER10 GOVE STREET EAST BOSTON, MA 02128	23-7425849	501(C)(3)	5,000				EMERGENCY PREPAREDNESS

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EDWARD M KENNEDY CHC-FRAMINGHAM19 CONCORD STREET FRAMINGHAM, MA 01702	04-2513817	501(C)(3)	5,000				EMERGENCY PREPAREDNESS
EDWARD M KENNEDY CHC-WORCESTER19 TACOMA STREET WORCESTER, MA 01605	04-2513817	501(C)(3)	15,000				EMERGENCY PREPAREDNESS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GEIGER GIBSON HEALTH CENTER 250 MOUNT VERNON STREET DORCHESTER, MA 021253120	23-7100550	501(C)(3)	7,000				VARIOUS
GLOUCESTER FAMILY HEALTH CENTER 302 WASHINGTON STREET GLOUCESTER, MA 01930	04-2610447	501(C)(3)	5,000				EMERGENCY PREPAREDNESS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GREATER GARDNER COMMUNITY HEALTH CENTER 175 CONNORS STREET GARNER, MA 01440	00-0577775	501(C)(3)	5,000				EMERGENCY PREPAREDNESS
GREATER NEW BEDFORD CHC874 PURCHASE STREET NEW BEDFORD, MA 02740	04-2675800	501(C)(3)	5,000				EMERGENCY PREPAREDNESS

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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GREATER ROSLINDALE MEDICAL & DENTAL CENTER4199 WASHINGTON STREET ROSLINDALE, MA 02131	04-2579527	501(C)(3)	5,000				EMERGENCY PREPAREDNESS
HARVARD ST NEIGHBORHOOD HEALTH CENTER632 BLUE HILL AVE DORCHESTER, MA 02121	04-2600042	501(C)(3)	45,000				VARIOUS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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HEALTH FIRST FAMILY CARE CENTER102 COUNTY STREET FALL RIVER, MA 02723	04- 2503444	501(C)(3)	5,000				EMERGENCY PREPAREDNESS
HILLTOWN COMMUNITY HEALTH CENTERS INC58 OLD NORTH ROAD WORTHINGTON, MA 01098	04- 2161484	501(C)(3)	11,800				VARIOUS

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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HOLYOKE HEALTH CENTER230 MAPLE STREET HOLYOKE, MA 01040	04-2492730	501(C)(3)	5,000				EMERGENCY PREPAREDNESS
ISLAND HEALTH CARE245 EDGARTOWN-VINEYARD HAVEN ROAD EDGARTOWN, MA 02539	00-0820031	501(C)(3)	5,000				EMERGENCY PREPAREDNESS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JOSEPH M SMITH CHC287 WESTERN AVE ALLSTON, MA 02134	23- 7221597	501(C)(3)	11,800				VARIOUS
LEOMINSTER COMMUNITY HEALTH CENTER14 MANNING AVENUE 4TH FLOOR LEOMINSTER, MA 01453	00- 0577775	501(C)(3)	5,000				EMERGENCY PREPAREDNESS

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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LYNN COMMUNITY HEALTH CENTER 269 UNION STREET LYNN, MA 01901	00-1021080	501(C)(3)	6,800				VARIOUS
MANET COMMUNITY HEALTH CENTER 1193 SEA STREET QUINCY, MA 02169	04-2646695	501(C)(3)	10,000				EMERGENCY PREPAREDNESS

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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MARTHA ELIOT HEALTH CENTER 33 BICKFORD STREET JAMAICA PLAIN, MA 02130	00-0009180	501(C)(3)	5,000				EMERGENCY PREPAREDNESS
MASS LEAGUE OF CHC - CRVFHP MIGRANT PROGRAM 40 COURT STREET 10TH FLOOR BOSTON, MA 02108	04-2507409	501(C)(3)	5,000				EMERGENCY PREPAREDNESS

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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MATTAPAN CHC 1425 BLUE HILL AVENUE MATTAPAN, MA 02126	04-2544151	501(C)(3)	5,000				EMERGENCY PREPAREDNESS
MGH CHARLESTOWN HEALTHCARE CTR 73 HIGH STREET CHARLESTOWN, MA 02129	04-1564655	501(C)(3)	5,000				EMERGENCY PREPAREDNESS

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MGH CHELSEA HEALTHCARE CENTER151 EVERETT AVENUE CHELSEA, MA 02150	04-1564655	501(C)(3)	5,000				EMERGENCY PREPAREDNESS
MGH REVERE HEALTHCARE CENTER300 OCEAN AVENUE REVERE, MA 02157	04-1564655	501(C)(3)	5,000				EMERGENCY PREPAREDNESS

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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MID- UPPER CAPE COMMUNITY HEALTH CENTER30 ELM AVE HYANNIS,MA 02601	00-0694696	501(C)(3)	75,000				VARIOUS
NEPONSET HEALTH CENTERHARBOR HEALTH1135 MORTON STREET MATTAPAN,MA 02126	23-7100550	501(C)(3)	44,445				VARIOUS

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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NORTH END COMMUNITY HEALTH CENTER 332 HANOVER STREET BOSTON, MA 02113	23-7089746	501(C)(3)	9,700				VARIOUS
NORTH SHORE COMMUNITY HEALTH INC SALEM CHC 47 CONGRESS STREET SALEM, MA 01960	04-2610447	501(C)(3)	6,800				VARIOUS

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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OUTER CAPE HEALTH SERVICES3073 STATE HIGHWAY ROUTE 6 WELLFLEET, MA 02667	04-2509828	501(C)(3)	45,000				VARIOUS
PEABODY FAMILY HEALTH CENTER 89 FOSTER STREET PEABODY, MA 01960	04-2610447	501(C)(3)	5,000				EMERGENCY PREPAREDNESS

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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ROXBURY COMP CHC435 WARREN STREET ROXBURY, MA 02119	04- 2501921	501(C)(3)	5,000				EMERGENCY PREPAREDNESS
SOUTH BOSTON COMMUNITY HEALTH CENTER 409 W BROADWAY SOUTH BOSTON, MA 02127	04- 2682152	501(C)(3)	244,300				VARIOUS

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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SOUTH COVE CHC145 SOUTH STREET BOSTON, MA 02111	04-2501818	501(C)(3)	8,800				VARIOUS
SOUTHERN JAMAICA PLAIN CHC640 CENTRE STREET JAMAICA PLAIN, MA 02130	04-2312909	501(C)(3)	5,000				EMERGENCY PREPAREDNESS

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOUTH COVE CHC NORTH QUINCY CTR435 HANCOCK STREET NORTH QUINCY, MA 02171	04- 2501818	501(C)(3)	5,000				EMERGENCY PREPAREDNESS
SSTAR FAMILY HEALTH CARE 400 STANLEY STREET FALL RIVER, MA 02720	04- 2604426	501(C)(3)	46,800				VARIOUS

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UPHAMS CORNER HEALTH CENTER 500 COLUMBUS ROAD DORCHESTER, MA 02125	23-7211732	501(C)(3)	5,000				EMERGENCY PREPAREDNESS
WHITTIER ST HEALTH CENTER 1125 TREMONT STREET ROXBURY, MA 02120	04-2619517	501(C)(3)	44,122				VARIOUS

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2011

Open to Public Inspection

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization MASSACHUSETTS LEAGUE OF COMMUNITY HEALTH CENTERS INC	Employer identification number 04-2507409
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Part I

Questions Regarding Compensation

		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items		
	<div><div><input type="checkbox"/> First-class or charter travel</div><div><input checked="" type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Discretionary spending account</div></div> <div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div>		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain	1b	Yes
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	Yes
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		
	<div><div><input checked="" type="checkbox"/> Compensation committee</div><div><input checked="" type="checkbox"/> Independent compensation consultant</div><div><input checked="" type="checkbox"/> Form 990 of other organizations</div></div> <div><div><input checked="" type="checkbox"/> Written employment contract</div><div><input checked="" type="checkbox"/> Compensation survey or study</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div>		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization		
a	Receive a severance payment or change-of-control payment?	4a	No
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?	4c	No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III		
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.		
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		
a	The organization?	5a	No
b	Any related organization?	5b	No
	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		
a	The organization?	6a	No
b	Any related organization?	6b	No
	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	No
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	8	No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9	

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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, columns (D) and (E) for that individual

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) JAMES W HUNT JR	(i)	394,504	100,000	17,127	23,187	24,527	559,345	0
	(ii)	0	0	0	0	0	0	0
(2) ELLEN HAER	(i)	204,641	0	0	13,236	25,128	243,005	0
	(ii)	0	0	0	0	0	0	0
(3) KEITH MAXWELL	(i)	130,831	0	0	9,612	19,298	159,741	0
	(ii)	0	0	0	0	0	0	0
(4) JOAN PERNICE	(i)	122,610	0	0	8,802	19,225	150,637	0
	(ii)	0	0	0	0	0	0	0
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(i)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(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.

Identifier	Return Reference	Explanation
SUPPLEMENTAL INFORMATION	PART III	DURING DECEMBER, 2005, THE LEAGUE ESTABLISHED A SENIOR EXECUTIVE RETIREMENT PROGRAM (SERP) TO PROVIDE SUPPLEMENTAL RETIREMENT BENEFITS TO SENIOR EXECUTIVES. THE SERP IS FUNDED FROM THE GENERAL NET ASSETS OF THE LEAGUE. AS OF JUNE 2012, JAMES HUNT, PRESIDENT AND CEO, IS THE ONLY EMPLOYEE PARTICIPATING IN THE SERP. THE SERP CONTRACTUALLY GUARANTEES THREE PAYMENTS OF \$100,000 EACH TO THE SENIOR EXECUTIVE FOR EACH YEAR FOR FISCAL YEARS 2011, 2012 AND 2013 AND ARE CONTINGENT UPON THE EMPLOYMENT STATUS AT THE TIME OF THE POTENTIAL AWARDS. DURING THE FISCAL YEAR 2012, \$100,000 WAS EXPENSED. THE CEO'S SALARY IN PART IX OF THE 2011 990 INCLUDES \$100,000 OF PAYMENTS UNDER THIS PLAN. THE CEO'S REPORTABLE COMPENSATION (FROM HIS W-2) IN PART VIII AND SCHEDULE J, PART II OF THE 2011 990 ALSO INCLUDES THE \$100,000 PAYMENT UNDER THIS PLAN MADE IN FISCAL YEAR 2012. THIS PAYMENT IS SHOWN IN BOX BII OF SCHEDULE J, PART II.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2011

**Open to Public
Inspection**

Name of the organization
MASSACHUSETTS LEAGUE OF COMMUNITY HEALTH
CENTERS INC

Employer identification number

04-2507409

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 6	THE LEAGUE HAS MEMBERS, WHO ARE COMMUNITY HEALTH CENTERS (CHC'S), CHC NETWORKS, AND CHC HEALTH SYSTEMS ANY QUALIFIED ORGANIZATION CAN APPLY TO BE A LEAGUE MEMBER EACH MEMBER ELECTS A VOTING REPRESENTATIVE TO THE LEAGUE'S BOARD OF DIRECTORS THE ANNUAL ASSEMBLY OF MEMBERS MUST APPROVE OR VERIFY THE SELECTIONS OF THE FULL BOARD MEMBERS
	FORM 990, PART VI, SECTION A, LINE 7A	SEE EXPLANATION PROVIDED IN PART VI, SEC A, LINE 6
	FORM 990, PART VI, SECTION B, LINE 11	THE FORM 990 IS REVIEWED BY THE COMPLIANCE COMMITTEE (EXECUTIVE BOARD OFFICERS) AND IS THEN PROVIDED TO THE EXECUTIVE BOARD FOR REVIEW AND APPROVAL, AS THE AUTHORIZED GOVERNING BODY THE 990 IS REPORTED ON BY THE EXECUTIVE BOARD AND IS MADE AVAILABLE AS MAY BE REQUIRED TO THE FULL BOARD CHANGES TO FINAL SUBMISSIONS FROM THE REVIEW WILL BE MADE AVAILABLE TO THE EXECUTIVE BOARD AS THE GOVERNING BODY AND THE MLCHC FULL BOARD
	FORM 990, PART VI, SECTION B, LINE 12C	MASS LEAGUE REQUIRES AN ANNUAL SIGN OFF FROM DIRECTORS DISCLOSING INTERESTS THAT COULD GIVE RISE TO CONFLICT OF INTEREST
	FORM 990, PART VI, SECTION B, LINE 15	THE BOARD REVIEWS THE EXECUTIVE DIRECTOR'S PERFORMANCE AND SETS COMPENSATION AFTER AN ANNUAL REVIEW BY THE DIRECTORS A COMPENSATION STUDY IS COMPLETED WHEN DIRECTED BY THE PRESIDENT OF THE BOARD
	FORM 990, PART VI, SECTION C, LINE 19	THESE DOCUMENTS ARE MADE AVAILABLE UPON REQUEST BY AGENCIES/INDIVIDUALS THAT REQUIRE THEM
	FORM 990, PART XI, LINE 2C	THE BOARD OF DIRECTORS ARE RESPONSIBLE FOR THE OVERSIGHT OF THE AUDIT OF THE ANNUAL FINANCIAL STATEMENTS THIS PROCESS HAS NOT CHANGED FROM PRIOR YEARS

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
MASSACHUSETTS LEAGUE OF COMMUNITY HEALTH
CENTERS INC

Employer identification number

04-2507409

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

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) COMMONWEALTH PURCHASING GROUP LLC 40 COURT STREET 10TH FLOOR BOSTON, MA 02108 86-1135007	GROUP PURCHASING	MA	1,241,965	389,502	N/A

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No
(1) COMMUNITY HEALTH CENTER CAPITAL FUND INC 40 COURT ST 10 FLR BOSTON, MA 02108 04-3122535	ASSISTS COMM HEALTH CTRS IN ACCESSING CAPITAL FOR BLDG & EQUIPMENT	MA	501(C)(3)	9	N/A		No
(2) CAPITAL LINK INC 40 COURT ST 10 FLR BOSTON, MA 02108 52-1593251	ASSISTS COMM HEALTH CTRS IN PLANNING & OBTAINING FINANCING FOR BLDG & EQUIP	DC	501(C)(3)	11A	N/A		No
(3) MASSACHUSETTS ASSOCIATION OF COMMUNITY HEALTH INC 40 COURT ST 10 FLR BOSTON, MA 02108 04-3535724	PROMOTE & IMPROVE ACCESS TO & PROVISION TO PRIMARY CARE SVCS IN UDRSVD AREAS	MA	501(C)(4)	N/A	N/A		No

Part III

Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproporionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership

Part V

Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, 35A, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III or IV

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity

b Gift, grant, or capital contribution to related organization(s)

c Gift, grant, or capital contribution from related organization(s)

d Loans or loan guarantees to or for related organization(s)

e Loans or loan guarantees by related organization(s)

f Sale of assets to related organization(s)

g Purchase of assets from related organization(s)

h Exchange of assets with related organization(s)

i Lease of facilities, equipment, or other assets to related organization(s)

j Lease of facilities, equipment, or other assets from related organization(s)

k Performance of services or membership or fundraising solicitations for related organization(s)

l Performance of services or membership or fundraising solicitations by related organization(s)

m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

n Sharing of paid employees with related organization(s)

o Reimbursement paid to related organization(s) for expenses

p Reimbursement paid by related organization(s) for expenses

q Other transfer of cash or property to related organization(s)

r Other transfer of cash or property from related organization(s)

Yes

No

1a

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

No

No

Yes

No

No

No

No

No

Yes

No

Yes

No

No

No

No

Yes

No

No

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

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) CAPITAL LINK INC	P	133,000	MEMORANDUM OF AGREEMENT
(2) CAPITAL LINK INC	K	108,645	ADMIN SERVICES AND IT SUPPORT
(3) CAPITAL LINK INC - SEE ABOVE TYPE P	I		MEMORANDUM OF AGREEMENT
(4) CAPITAL LINK INC	C	110,000	GRANT AWARDED
(5)			
(6)			

Schedule R (Form 990) 2011

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

[illegible]

Part VII

Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation	
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Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MICHAEL HUPPERT- COMMUNITY HEALTH C BOARD MEMBER	3 00		X					0	0	0
ESTHER LOPEZ- MARTHA ELIOT HEALTH C BOARD MEMBER	3 00		X					0	0	0
HEIDI NELSON- DUFFY HEALTH CENTER BOARD MEMBER	3 00		X					0	0	0
JACKIE SPAIN- HOLYOKE HEALTH CENTER BOARD MEMBER	3 00		X					0	0	0
MARGARET BRENNAN- N SHORE COMM HLTH BOARD MEMBER	3 00		X					0	0	0
EILEEN MANNING- MGH COMM HLTH ASSOC BOARD MEMBER	3 00		X					0	0	0
JAMES W HUNT JR PRESIDENT & CEO	35 00			X				511,631	0	47,714
ELLEN HAER EXEC V P /COO	35 00			X				204,641	0	38,364
KEITH MAXWELL TECH SERVICES DIR	35 00					X		130,831	0	28,910
PATRICIA EDRAOS HEALTH RESOURCES/POLICY DI	35 00					X		125,320	0	16,855
DAVE CONCANNON DIR OF FINANCE AND ADMINIS	35 00					X		107,117	0	27,191
JOAN PERNICE DIR OF CLINICAL HEALTH AF	35 00					X		122,610	0	28,027
MARY C LEARY PROGRAM AND POLICY ANALYST	35 00					X		116,624	0	9,223

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
LIZ BROWNE-JOSEPH M SMITH CHC BOARD MEMBER	3 00		X					0	0	0
NANCY BUCKEN-NEPONSET HEALTH CENTER BOARD MEMBER	3 00		X					0	0	0
HELEN CAULTON-HARRIS-HLTH SVCS FOR BOARD MEMBER	3 00		X					0	0	0
DEBORAH ENOS-NEIGHBORHOOD HEALTH PL BOARD MEMBER	3 00		X					0	0	0
RUTH ELLEN FITCH-DIMOCK CHC BOARD MEMBER	3 00		X					0	0	0
EDISS GANDELMAN-COMM CARE ALLIANCE BOARD MEMBER	3 00		X					0	0	0
KAREN GARDNER-CHC OF CAPECOD BOARD MEMBER	3 00		X					0	0	0
PETER GEORGE OPOULOS-GNEW BEDFORD CH BOARD MEMBER	3 00		X					0	0	0
EDWARD GRIMES-UPHAM'S CORNER HC BOARD MEMBER	3 00		X					0	0	0
ROBERT HOCH MD-HARBOR HEALTH SVS BOARD MEMBER	3 00		X					0	0	0
ROBERT JOHNSON-SOUTH END CHC BOARD MEMBER	3 00		X					0	0	0
JOHN KOOMSON-BAYSTATE CHC BOARD MEMBER	3 00		X					0	0	0
BARBARA LOTTERO-GRROSLINDALE MEDICA BOARD MEMBER	3 00		X					0	0	0
CYNTHIA MITCHELL-ISLAND HEALTH CARE BOARD MEMBER	3 00		X					0	0	0
DAVID REIDY-MID-UPPER CAPE CHC BOARD MEMBER	3 00		X					0	0	0
EDWARD SAYER-HILLTOWN CHC INC BOARD MEMBER	3 00		X					0	0	0
ROBERT TAUBE-BHC FOR THE HOMELESS P BOARD MEMBER	3 00		X					0	0	0
HENRY TUTTLE-MANET CHC INC BOARD MEMBER	3 00		X					0	0	0
FREDERICA WILLIAMS-WHITTIER ST HC BOARD MEMBER	3 00		X					0	0	0
DENISE WRIGHT RN-FAMILY HCC SSTAR BOARD MEMBER	3 00		X					0	0	0
BRYAN AYARS- CHP HEALTH CENTER BOARD MEMBER	3 00		X					0	0	0
GEORGE BARTON- CHC OF FRANKLIN COUN BOARD MEMBER	3 00		X					0	0	0
LYNN BUDLONG- CAMBRIDGE HEALTH ALLI BOARD MEMBER	3 00		X					0	0	0
SANDRA COTTERELL- CODMAN HEALTH CTR BOARD MEMBER	3 00		X					0	0	0
SALLY DEANE- OUTER CAPE HEALTH SERV BOARD MEMBER	3 00		X					0	0	0

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
FRANCES M ANTHERS - FHC OF WORCESTER IMMEDIATE PAST CHAIR	3 00		X					0	0	0
ANTONIA MCGUIRE-EDWARD KENNEDY CHC BOARD 1ST VICE CHAIR	3 00		X	X				0	0	0
JOHN CRADOCK-E BOSTON NEIGHBRHD HC BOARD TREASURER	3 00		X	X				0	0	0
SUSAN JOSS-BROCKTON NEIGHBORHOOD HC BOARD SECRETARY	3 00		X	X				0	0	0
JAMES LUISI-NORTH END COMMUNITY HC BOARD MEMBER	3 00		X					0	0	0
JOEL ABRAMS-DORCHESTER HOUSE MULTI- BOARD MEMBER	3 00		X					0	0	0
LORI ABRAMS BERRY-LYNN COMMUNITY HC BOARD MEMBER	3 00		X					0	0	0
JAY BREINES-HOLYOKE HEALTH CENTER BOARD MEMBER	3 00		X					0	0	0
ANITA CRAWFORD-ROXBURY CHC BOARD MEMBER	3 00		X					0	0	0
FRANCIS J DOYLE-BOSTON HEALTHNET BOARD MEMBER	3 00		X					0	0	0
DANIEL J DRISCOLL-HARBOR HEALTH SVC BOARD MEMBER	3 00		X					0	0	0
DORCAS GRIGG-SAITO -LOWELL CHC BOARD MEMBER	3 00		X					0	0	0
WILLIAM J HALPIN JR-S BOSTON CHC BOARD CHAIR	3 00		X	X				0	0	0
EUGENIA HANDLER-FENWAY CHC BOARD MEMBER	3 00		X					0	0	0
ROBERT INGALA-GREATER LAWRENCE FHC BOARD MEMBER	3 00		X					0	0	0
THOMAS KIEFFER-S JAMAICA PLAIN HC BOARD MEMBER	3 00		X					0	0	0
ADELA MARGULES-BOWDOIN STREET HC BOARD MEMBER	3 00		X					0	0	0
PAULA MCNICHOLS-BROOKSIDE CHC BOARD MEMBER	3 00		X					0	0	0
PAULETTE SHAW QUERNER-CHC HARBOR HL BOARD MEMBER	3 00		X					0	0	0
RITA SORRENTO-EAST BOSTON NEIGBRD H BOARD MEMBER	3 00		X					0	0	0
EUGENE WELCH-SOUTH COVE CHC BOARD MEMBER	3 00		X					0	0	0
AZZIE YOUNG-MATTAPAN CHC 2ND VICE CHAIR	3 00		X	X				0	0	0
CHIDI ACHEBE MD-HARVARD STNGHBRD HC BOARD MEMBER	3 00		X					0	0	0
JULIE ALMOND-HEALTHFIRST FCC INC BOARD MEMBER	3 00		X					0	0	0
ANNIE AWAD-CARING HEALTH CENTER INC BOARD MEMBER	3 00		X					0	0	0

Additional Data

Software ID:
Software Version:
EIN: 04-2507409
Name: MASSACHUSETTS LEAGUE OF COMMUNITY HEALTH
CENTERS INC

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services			
(Code) (Expenses \$	1,012,986 including grants of \$) (Revenue \$ 450,273)
MEMBERSHIP SERVICES AND TRAINING AND EDUCATION-PROVIDE THE STAFF AND BOARDS OF COMMUNITY HEALTH CENTERS WITH A SERIES OF SOCIAL, NETWORKING AND FUNDRAISING EVENTS			
(Code) (Expenses \$	793,557 including grants of \$) (Revenue \$)
GROUP PURCHASING PROGRAMS TO ENGAGE IN THE BUSINESS OF GROUP PURCHASING GOODS AND SERVICES ON BEHALF OF THE HEALTH SERVICES COMMUNITY			