Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

2008

Open to Public Inspection

A Fo	rthe 2	2008 ca	lendar yea		07-01-2008 and ending	06-30-2009			
		pplicable	Please	C Name of organization SOMERVILLE HOSPITAL				D Employer ide	ntification number
_ Add	dress cha	ange	use IRS label or	Doing Business As				04-210385 E Telephone nu	
Na	me char	nge	print or type. See	Doing Business 715					
Init	ial retur	rn	Specific Instruc-		box if mail is not delivered to	o street address	Room/suite	(781) 306-8 G Gross receipt	
Tei	mınatıoı	n	tions.	101 STATION LANDING 5TI	1 FLOOR				+,,
- Am	ended r	return		City or town, state or cour MEDFORD, MA 02155	ntry, and ZIP + 4		•	1	
Ap _l	olication	pending		, 32233					
		Ī		ne and address of Princi	pal Officer			ıs a group return	
				S D KEEFE CAMBRIDGE STREET			affilia	ites?	⊤Yes ▼ No
				RIDGE,MA 02139			H(b) Are al	l affiliates include	ed?
: Та	x-exem	pt status	У 501(c)	(3) ◀ (insert no)	47(a)(1) or 527				See instructions)
W	eb site	e:► N/A					H(c) Grou	ip Exemption Nu	mber ►
(Тур	e of org	anization	Corporat	ion trust association	other ►	<u>'</u>	L Year of Fo	ermation 1891 M	State of legal domicile MA
Dа	rt I	Sumr	marv						
	_			e organization's mission	or most significant activ	/ities			
ų		SEE SC	HEDULE O	, PART I, LINE 1	-				
€									
aovemance		.	–						
ž Š			,		ntinued its operations or				
			_	_	g body (Part VI, line 1a) the governing body (Par				17
<u>S</u>				nployees (Part V, line 2a		t vi, iiie ib)			1,424
Activities &				lunteers (estimate if ne				6 _	· · · · · · · · · · · · · · · · · · ·
₹	7a	Total gr	oss unrelat	ted business revenue fro	om Part VIII, line 12, co	lumn (C) .		7a _	59,525
	b	Net unre	elated busi	ness taxable income fro	m Form 990-T, line 34			7b	58,525
							Pric	or Year	Current Year
G)	8	Contrib	outions and	d grants (Part VIII, line	1h)				0
enue	9			revenue (Part VIII, line		110,662,341	120,452,491		
Reveni	10			ne (Part VIII, column (A			0		
	11		-		es 5, 6d, 8c, 9c, 10c, an ust equal Part VIII, colu	· ·			59,525
		12)						110,662,341	120,512,016
	13				, column (A), lines 1-3)				0
	14		•	r for members (Part IX,		(4)			0
8	15	Salarie 10)	s, other co	ompensation, employee I	penefits (Part IX, column	ı (A), lines 5-	-	81,296,760	90,219,334
Expenses	16a	Profes	sional fund	raising fees (Part IX, co	lumn (A), lıne 11e)				0
ੜੇ	b	(Total fu	ındraısıng exp	penses, Part IX, column (D), I	ine 25 <u>0</u>)			
_	17	Other	expenses (Part IX, column (A), line	es 11a-11d, 11f-24f)			29,365,581	30,292,682
	18	Total e	xpenses—	add lines 13–17 (must	equal Part IX, line 25, co	olumn (A))		110,662,341	120,512,016
. 07	19	Reveni	ue less exp	enses Subtract line 18	from line 12				0
net Assets or Fund Bałances							Beginn	ing of Year	End of Year
988 888 888	20		,	t X, line 16)				37,639,903	33,551,011
	21		-	Part X, line 26)				17,390,586	15,169,692
	22			d balances Subtract lin	e 21 from line 20			20,249,317	18,381,319
Pai	rt II		ature Blo		amined this return, including a	accompanying s	chedules and o	statements, and to t	he hest of my knowledge
					ation of preparer (other than o				
Plea		I						-05-13	
Sigr Here		Signa	ature of office	er			Date		
~ • ·			on Boudrow (or print nam	Chief Financial Officer e and title					
	I	F	<u>'</u>		Date		neck If	Preparer's PTIN (See Gen Inst \
Paid		Preparer' signature			Date	se	lf-	Fiehaiei 2 Liin (oce Gen Tilst)
	arer's	Firm's no	me (or yours	S L Deloitte Tax LLP		er	npolyed 🕨 🦳		
•	Only	ıf self-em	nployed),	P				EIN 🕨	
		auaress,	and ZIP + 4	200 Berkeley Street				Phone no 🕨 (6	17) 437-2000
/lav	the IDG	S discus	s this retir	Boston, MA 02116	vn above? (See instructi	ons)		`	Tyes TNo
. u y	THE TUS	o uiocub	S CHIS FELLI	with the biebalet 2001	ALL ADORE, (DEE IIIDLIACII)	U113)			1 163 1 110

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

1 See A	Briefly describe the org additional Data Table	anization's mission			
2	the prior Form 990 c	undertake any significant program or 990-EZ? e ese new services on Schedule O	services during the year whi	ch were not listed on	Yes 🔽 No
3	services?	cease conducting or make signific	ant changes in how it conduc	ts any program	Yes ✓ No
4	Section 501(c)(3) a	t purpose achievements for each o nd (4) organizations and 4947(a)(i enses, and revenue, if any, for eac	1) trusts are required to repo		
4a	(Code MANAGEMENT FEE REV) (Expenses \$ 105,988,54 ENUE SEE SCHEDULE O, PART I, LINE 1	41 including grants of \$) (Revenue \$	120,452,491)
4b	(Code) (Expenses \$	including grants of \$) (Revenue \$)
	(6.4-	N/Funance A	underdan a resolve of the	\/D	
4c	(Code) (Expenses \$	including grants of \$) (Revenue \$	j
4d	Other program serv	vices (Describe in Schedule O) including grant:	s of \$) (Revenue \$)
4e	Total program serv	ıce expenses \$ 105,988,	541 Must equal Part IX, Line	e 25, column (B).	

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

Part VI . . .

Part IV Checklist of Required Schedules (Continued)

			res	NO
8	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV	28a		Νο
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b	Yes	
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV.	28c		Νo
9	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Νo
0	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		Νo
1	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νo
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		Νo
3	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		Νο
4	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
5	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		Νo
6	501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		Νo
7	Did the organization conduct more than 5 percent of its activities through an entity that is not a related	37		No

Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal			
	of U.S. Information Returns. Enter -0- if not applicable			
	1a 0			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
_	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
_	gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements filed for the calendar year ending with or within the year covered by this return			
ь	If at least one is reported in 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 this return.	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this	2-	٧٥٥	
L	return?	3a 3b	Yes Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	שכ	162	
- 14	over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Νο
b	If "Yes," enter the name of the foreign country			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1 , Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νο
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νο
c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited			
	Tax Shelter Transaction?	5с		
6a	Did the organization solicit any contributions that were not tax deductible?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization provide goods or services in exchange for any quid pro quo contribution of \$75 or more?	7a		No
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	,,,		
_				
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Νο
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νο
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as			
	required?	7h		
8	supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the	8		No
	year?	 		
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club 10b			
b	facilities			
11	Section 501(c)(12) organizations Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			

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

Section A.	Governing	Body	and	Management	

			Yes	No				
	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.							
1a	Enter the number of voting members of the governing body 1a 1	7						
b	Enter the number of voting members that are independent 1b 1	2						
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?							
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?							
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Νo				
6	Does the organization have members or stockholders?							
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes					
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? .	. 7b	Yes					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following							
а	the governing body?	8a	Yes					
b	each committee with authority to act on behalf of the governing body?	8b	Yes					
9a	Does the organization have local chapters, branches, or affiliates?	9a		Νο				
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b						
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	Yes					
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11		No				

Section B. Policies

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

Section C. Disclosure

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

☐ own website ☐ another's website ☑ upon request

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

CAMBRIDGE HEALTH ALLIANCE 101 STATION LANDING 5TH FLOOR MEDFORD, MA 02155 (781) 306-8865

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

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

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

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

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

Check this box if the organization did r	not compens	ate any	offic	er, d	lirec	tor, tru	uste	e or key employee		
		(C) Position (check all that apply)								(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee		Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
				-						

		(C) Position (check all that apply)							(5)	(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee		Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
							1			
			-				-			
							+			
			-				-			
							\vdash			
							-			
1b Total			٠.			l	-	4,606,247	1,206,673	422,568

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ►17

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation	
SODEXO-MARRIOTT SERVICES PO BOX 905374 CHARLOTTE, NC 282505374	HOUSEKEEP/FACIL CONT	785,357	
EMERSON VILLAGE LLC 59 COOLIDGE HILL ROAD WATERTOWN, MA 024722884	ELDER SERVICES	609,312	
VERNON HALL INC 8 DANA STREET CAMBRIDGE, MA 02138	ELDER SERVICES	381,385	
FAVORITE HEALTHCARE STAFFING INC PO BOX 803356 KANSAS CITY, MO 64180	NURSING	266,017	
NMKOV MELVIN BMD 236 HIGHLAND AVENUE SOMERVILLE, MA 02143	DOCTOR	232,125	
2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization.			

Part VIII

Statement of Revenue

			(A)	(B)	(C)	(D)
			Total Revenue	Related or Exempt	Unrelated Business	Revenue Excluded from
				Function	Revenue	Tax under IRC
	1-	Endowstand community 15		Revenue		512, 513, or 514
20	1a	Federated campaigns 1a Membership dues				
E Ž	b	Membership dues				
βg	С	Fundraising events				
£	d	Related organizations1d				
s, E	e	Government grants (contributions) 1e				
<u>S</u> .S.	f	All other contributions, gifts, grants, and				
Feet Feet	'	similar amounts not included above				
	g	Noncash contributions included in				
Contributions, gifts, grants and other similar amounts		lines 1a-1f \$				
•	h	Total (Add lines 1a-1f)	0			
		Business Code				
Program Serwce Revenue	2a	MANAGEMENT FEE REVENUE	120,452,491	120,452,491		
e Ke	b					
ъ П	с					
ľ¥S	d					
3g	e					
ran	f	All other program service revenue				
Ş						
4	g	Total. Add lines 2a-2f				
	3	Investment income (including dividends, interest				
		other sımılar amounts)	0			
	4	Income from investment of tax-exempt bond proceeds	0			
		▶	0			
	5	Royalties	0			
	6a	(I) Real (II) Personal Gross Rents 69,727				
	b	Less rental 10,202				
		expenses Rental income 59,525				
	С	or (loss)				
	d	Net rental income or (loss)	59,525		59,525	
		(ı) Securities (ıı) Other				
	7a	Gross amount from sales of				
		assets other than inventory				
	b	Less cost or				
		other basis and sales expenses				
	С	Gain or (loss)				
	d	Net gain or (loss)	0			
	8a	Gross income from fundraising				
		events (not including				
÷		\$ of contributions reported on line				
듄		1c) See Part IV, line 18				
Şe,		Attach Schedule G if total exceeds \$15,000 a				
Other Revenue	ь	Less direct expensesb				
Ě	с	Net income or (loss) from fundraising events	0			
0	9a	Gross income from gaming				
		activities See part IV, line 19				
		Complete Schedule G ıf total exceeds \$15,000				
		a				
	b	Less direct expensesb				
	С	Net income or (loss) from gaming activities	0			
	10a	Gross sales of inventory, less				
		returns and allowances .				
		a				
	b	Less cost of goods sold b				
	С	Net income or (loss) from sales of inventory	0			
	11-	Miscellaneous Revenue Business Code				
	11a					
	b					
	С					
	d	All other revenue				
	e	Total. Add lines 11a-11d]
	12	Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d,	120,512,016	120,452,491	59,525	
		8c,				
	1	9c, 10c, and 11e				

Part IX Statement of Functional Expenses

A	Section 501(c)(3) and 501(c)(4) orgall other organizations must complete column (A) but are not re).
Do ı	not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	0			
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	0			
3	Grants and other assistance to governments, organizations and individuals outside the U S See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	3,491,112		3,491,112	
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	16,876		16,876	
7	Other salaries and wages	70,426,419	62,555,908	16,876	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	1,625,397	1,379,254	246,143	
9	Other employee benefits	9,791,237	8,799,770	991,467	
10	Payroll taxes	4,868,293	4,131,060	737,233	
11	Fees for services (non-employees)				
а	Management	2,448,456	1,587,060	861,396	
ь	Legal	69,963	54,761	15,202	
c	Accounting	0			
d	Lobbying	0			
e	Professional fundraising See Part IV, line 17	0			
f	Investment management fees	0			
g	Other	8,168,909	8,112,531	56,378	
12	Advertising and promotion	22,710	14,633	8,077	
13	Office expenses	7,792,125	7,761,970	30,155	
14	Information technology	198,105	50,223	147,882	
15	Royalties	0			
16	Occupancy	6,142,146	6,134,029	8,117	
17	Travel	218,257	213,814	4,443	
18	Payments of travel or entertainment expenses for any Federal, state or local public officials	0			
19	Conferences, conventions and meetings	90,630	86,208	4,422	
20	Interest	132,766	132,766		
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	4,133,388	4,118,417	14,971	
23	Insurance	34,580	15,440	19,140	
24	Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
а	INTRAGROUP EXPENSE	552,396	552,396		
b	MISC EXPENSES	26,686	26,736	-50	
c	AMORT OF FINANCING COST	3,575	3,575		
d	INTER DEPRECIATION EXPENSE	257,990	257,990		
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	120,512,016	105,988,541	14,523,475	0
26	Joint Costs. Check if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Parit Balance Sheet

					(A)		(E	
	1	Cash—non-interest-bearing			Beginning of year 389,747		End of	119,445
	2	Savings and temporary cash investments			303,747	2		110,440
	3	Pledges and grants receivable, net				3		
	4				11,532	4		45,926
	5	Accounts receivable, net		11,552	4		45,920	
		Receivables from current and former officers, directors, trustees other related parties $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$	•	•		5		569,553
	6	Receivables from other disqualified persons (as defined under sepersons described in section 4958(c)(3)(B) Complete Part II of 3				6		
	7	Notes and loans receivable, net		7				
	8	Inventories for sale or use			271,556	8		243,401
ts.	9	Prepaid expenses and deferred charges				9		
Assets	10a	Land, buildings, and equipment cost basis	احدا	00 054 000				
4			10a	88,351,686				
	b	Less accumulated depreciation <i>Complete Part VI of Schedule D</i>	10b	59,750,399	32,845,691	10c	2	8,601,287
	11	Investments—publicly traded securities				11		
	12	Investments—other securities See Part IV , line 11 $\it Complete Passing Schedule D$	rt VII	of		12		
	13	Investments—program-related See Part IV, line 11 $Complete Part Section 11 $	art VIII	Ī		13		
	14	Intangible assets				14		
	15	Other assets See Part IV, line 11 Complete Part IX of Schedule D			4,121,377	15		3,971,399
	16	Total assets. Add lines 1 through 15 (must equal line 34)			37,639,903		3	3,551,011
	17	Accounts payable and accrued expenses .			6,934,989	17		9,726,836
	18	Grants payable			, ,	18		
	19	Deferred revenue		19				
	20	Tax-exempt bond liabilities		20				
S	21	Escrow account liability Complete Part IV of Schedule D		_		21		
Liabilities	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified						
ja		persons Complete Part II of Schedule L		_		22		
_	23	Secured mortgages and notes payable to unrelated third parties			1,778,202	23		1,312,136
	24	Unsecured notes and loans payable				24		
	25	Other liabilities Complete Part X of Schedule D			8,677,395	25		4,130,720
	26	Total liabilities. Add lines 17 through 25			17,390,586	26	1	5,169,692
-		Organizations that follow SFAS 117, check here ▶	let e lir	nes 27				
Э		through 29, and lines 33 and 34.						
an	27	Unrestricted net assets			19,159,806	27	1	7,293,609
Balance	28	Temporarily restricted net assets				28		39
된	29	Permanently restricted net assets		1,089,511	29		1,087,671	
r Fund		Organizations that do not follow SFAS 117, check here ► and lines 30 through 34.	d comp	olete				
s or	30	Capital stock or trust principal, or current funds			30			
, F	31	Paid-in or capital surplus, or land, building or equipment fund				31		
Assets	32	Retained earnings, endowment, accumulated income, or other fu				32		
Net /	33	Total net assets or fund balances	-		20,249,317	33	1	8,381,319
Ž	34	Total liabilities and net assets/fund balances			37,639,903	34		3,551,011
	1				,			
Pa	rt XI	Financial Statements and Reporting						
							Yes	No

Dart YT	Financial	Statements	and Reporting

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

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Open to Public Inspection

		e organizati	ion					Em	ployer ide	nt if icat io	n numbe	er	
SUME	KVILLE	HOSPITAL						0.4	-210385	2			
Pa	rt I	Reason	for Public C	harity Status (to be co	mpleted	bv all or	ganizatio						
				ation because it is (Please	•					,			
1	Γ	A church, c	onvention of ch	nurches, or association of ch	nurches de	scribed in	Section 1	l70(b)(1)	(A)(i).				
2	Γ	A school d	escribed in Sec l	tion 170(b)(1)(A)(ii). (Atta	ch Schedu	le E)							
3	굣	A hospital	or a cooperativ	e hospital service organizati	ıon descrıl	oed in Sec	tion 170(l)(1)(A)(i	i ii). (Attac	h Schedul	e H)		
4	Γ	A medical i	research organi	zation operated in conjuncti	on with a l	nospital d	escribed ii	Section	170(b)(1)	(A)(iii). E	nter the		
		hospital's i	name, city, and	state									
5	Γ	An organiza	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	Γ	A federal, s	state, or local g	overnment or governmental	unıt descr	ibed in Se	ction 170	(b)(1)(A)	(v).				
7	Γ	An organiza	ation that norm	ally receives a substantial p	art of its s	upport fro	om a gove	rnmental ı	ınıt or fron	n the gene	ral publ	ıc	
		described i	n Section 170(l	o)(1)(A)(vi) (Complete Par	tII)								
8	Γ	A commun	ıty trust describ	oed in Section 170(b)(1)(A)	(vi) (Com	plete Par	tII)						
9	Γ	An organiza	ation that norm	ally receives (1) more than	331/3% 0	f its supp	ort from co	ontribution	ns, membe	rship fees	, and gr	oss	
		receipts fro	om activities re	lated to its exempt functions	s—subject	to certair	n exceptio	ns, and (2) no more	than 331/	3% of		
		its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses											
	_		, ,	on after June 30, 1975 See			•		art III)				
10	<u> </u>			and operated exclusively to									
11	ı			and operated exclusively fo									
		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											
		а Г⊤		· · _ · · · · ·		•	nally Integ	_	d	Гтype	III - O	ther	
e	Γ	•	-	rtıfy that the organızatıon ıs			•			•			
				agers and other than one or	more publ	icly supp	orted orga	nızatıons	described	ın section	509(a)	(1) or	
f		section 50		d a written determination fro	om the IRS	thatitis	a Tyne I	Type II o	r Type III	supportin	n organ	ızatıon	
•		check this			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		ч . , ро 1,	. , po 11 o	, po 111	очрони	.g o.ga		
g				as the organization accepte	d any gift	or contrib	utıon from	any of the	<u>:</u>				
		following pe		r indirectly controls, either	alona orta	aether w	th parcons	describe	dun (u)		Yes	. I No	
			•	ng body of the the supporter		_	tii persons	describe	u III (II)	11g(_	No No	
				erson described in (i) above	_	CIOII.				11g(No	
			•	ty of a person described in (nove?				11g(_	No No	
h				mation about the organization			supports			9(,	1 110	
	(i) N a	ame of	(ii) EIN	(iii) Type of organization	(iv) I	s the	(v) Did y	ou notify	(vi) I	s the	(vii) A	mount of	
	Supp	orted		(described on lines 1 - 9		atıon ın	the orga	nızatıon	_	ation in	1	port?	
	Organ	ızatıon		above or IRC section	1	ısted ın	,) of your		rganized US?			
				(See Instructions))	your go docur	verning nent?	supp	ortz	In the	057			
					Yes	No	Yes	No	Yes	No	1		

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.)

Pι	ıblic Support							
Cale	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e)	2008	(f) Total
1	Gifts, grants, contributions, and							
	membership fees received (Do not							
	ınclude any "unusual grants ")							
2	Tax revenues levied for the organization's							
	benefit and either paid to or expended on							
_	its behalf					-		
3	The value of services or facilities							
	furnished by a governmental unit to the organization without charge							
4	Total. Add line 1-3							
	The portion of total contribution by each							
Э	person (other than a government unit or							
	publicly supported organization) included							
	on line 1 that exceed 2% of the amount							
	shown on line 11, column							
	(f)							
6	Public Support subtract line 5 from line							
	4							
	otal Support				1	1		
Cale	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e)	2008	(f) Total
7	A mounts from line 4							
8	Gross income from interest, dividends,							
	payments received on securities loans,							
	rents, royalties and income from similar							
•	sources Net income from unrelated business							
9	activities, whether or not the business is							
	regularly carried on							
10	Other income Do not include gain or loss							
	from the sale of capital assets (Explain in							
	Part IV)							
11	Total Support (Add lines 7 through 10)							
12	Gross receipts from related activities, etc	(See instruction	ns)			12		
13	First Five Years. If the Form 990 is for the	organization's fi	ırst, second, thır	d, fourth, or fifth	ntax year as a 5	01(c)(3)	
	organization, check this box and stop here	-	, ,	, ,	,	. , ,	,	▶ □
	mputation of Public Support Perc							
14	Public Support Percentage for 2008 (line 6	column (f) dıvı	ded by line 11 co	olumn (f))		14		
15	Public Support Percentage for 2007 Sched	lule A , Part IV - A	A, line 26f			15		
16a	33 1/3% Test - 2008. If the organization di	d not check the	box on line 13,	and line 14 is 3	3 1/3% or more,	check	this box	
	and stop here. The organization qualifies as							► □
b	33 1/3% Test - 2007. If the organization di			•	15 is 33 1/3% c	r more,	check th	
	box and stop here. The organization qualifi							▶□
17a	10% Facts and Circumstances Test - 2008.	•			, ,			
	more, and if the organization meets the "factoring		· ·					. —
L	organization meets the "facts and circumst 10% Facts and Circumstances Test - 2007.							►
D	more, and if the organization meets the "fa-							
	the organization meets the "facts and circu							
18	Private Foundation. If the organization did							
	instructions		,	•	,			▶ □

Pa	Support Schedule for On (Complete only if you ched				(2)		
	ction A. Public Support	keu tile box o	ii iiile 9,01,Pai	(1.)			
	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and	(a) 2004	(6) 2003	(0) 2000	(4) 2007	(e) 2000	(I) I Otal
-	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 Tax revenues levied for the						
4	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
,	furnished by a governmental unit to the						
	organization without charge						
6	Total Add lines 1-5						
7a	A mounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	A mounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of 1% of						
	the total of lines 9, 10c, 11, and 12 for						
	the year or \$5,000						
	Total of lines 7a and 7b						
8	Public Support (Substract line 7c from line 6)						
т.	tal Support		<u> </u>				
	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	A mounts from line 6	(4) 2004	(6) 2003	(6) 2000	(4) 2007	(6) 2000	(i) i otai
10a	Gross income from interest, dividends,						
IUa	payments received on securities loans,						
	rents, royalties and income from similar						
	sources						
ь	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after 30 June, 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						
13	12)						
14	First Five Years If the Form 990 is for the	organization's fi	rst, second, thir	d, fourth, or fifth	tax year as a 5	01(c)(3) organı	zation,
	check this box and stop here						► □
	munication of Dublic Comment Des						
15	Public Support Percentage for 2008 (line		dad by line 12 a	olumn (fi)		145	
		• •	•	Ordinii (1))		15	
16	Public Support Percentage for 2007 Sche	aule A, Part IV -	A, line 2/g			16	
		D					
	mputation of Investment Income			40 1 20			
17	Investment Income Percentage for 2008 ())	17	
18	Investment Income Percentage from 2007	'Schedule A, Pa	rt IV-A, line 27	h		18	

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

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

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

▶□

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

Schedule A (Form 990 or 990-EZ) 2008

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury

Supplemental Financial Statements ▶ Attach to Form 990. To be completed by organizations that

Open to Public

•	ment of the Treasury I Revenue Service	answered "Yes," to F	orm 990, Part IV, line 6, 7, 8, 9, 10, 11, or	12.	Inspection	
	me of the organi	ization		Employer identif	-	
	MERVILLE HOSPITAL					
Pa	rt I Organ	izations Maintaining Donor A	dvised Funds or Other Similar Fi	04-2103852 unds or Accour	nts. Complete if the	<u> </u>
		zation answered "Yes" to Form 99	0, Part IV, line 6.	_	·	_
			(a) Donor advised funds	(b) Funds ar	nd other accounts	_
L	Total number a	·				_
2		tributions to (during year)				_
3	55 5	nts from (during year)				_
1	Aggregate valu	e at end of year				_
5	_		isors in writing that the assets held in don organization's exclusive legal control?	or advised	┌ Yes	
5	used only for c	- , , , , , , , , , , , , , , , , , , ,	donor advisors in writing that grant funds efit of the donor or donor advisor or other	•	□Yes □No	
Par		!	ıf the organization answered "Yes" to	o Form 990 Parl	<u> </u>	-
1		conservation easements held by the o		<u>0 101111 330, 1 a11</u>	1 v , iii c 7 .	-
		on of land for public use (e.g., recreat	<u> </u>	ı hıstorıcally ımport	tantly land area	
	Protection	of natural habitat	Preservation of ce	rtified historic stru	cture	
	Preservati	on of open space				
2	•	2a-2d if the organization held a qual of the tax year	ified conservation contribution in the form	of a conservation	easement	
				Held	at the End of the Yea	r
а	Total number	of conservation easements		2a		
b	Total acreage	restricted by conservation easement	es	2b		
c	Number of cor	nservation easements on a certified h	istoric structure included in (a)	2c		
d	Number of cor	nservation easements included in (c)	acquired after 8/17/06	2d		
3	Number of cons	servation easements modified, transfe	erred, released, extinguished, or terminate	ed by the organizati	on during	
	the taxable yea	ar ►				
1	Nhanafatat		ation and amount in Joseph d De			
• -		es where property subject to conserv				
•	-	nization nave a written policy regarding the conservation easements it holds:	g the periodic monitoring, inspection, viola ?	ations, and	┌ Yes	
5		· .	ecting and enforcing easements during the	•		
,	•		ng, and enforcing easements during the ye	·		
3		servation easement reported on line 2) and 170(h)(4)(B)(ii)?	2 (d) above satisfy the requirements of sec	tion	┌ Yes ┌ No	
•	balance sheet,	and include, if applicable, the text of	onservation easements in its revenue and the footnote to the organization's financial	•	•	
)a r		n's accounting for conservation easer	ons of Art, Historical Treasures,	or Other Simila	ar Assets	_
			"Yes" to Form 990, Part IV, line 8.		ar Abbetor	
la	art, historical t	reasures, or other similar assets held	116, not to report in its revenue stateme for public exhibition, education or researd nancial statements that describes these it	ch in furtherance of		
b	historical treas	·	5 116, to report in its revenue statement a public exhibition, education, or research ii s		•	
	(i) Revenues II	ncluded in Form 990, Part VIII, line 1		► \$		
	(ii) Assets incl	luded in Form 990, Part X		► \$		
2	If the organizat	·	orical treasures, or other similar assets fo S 116 relating to these items	- +	ovide the	
а	Revenues incli	ıded ın Form 990. Part VIII. line 1		▶ \$		

b Assets included in Form 990, Part X

Part	Organizations Maintaining Co	llections of Art,	His	tori	<u>cal Treası</u>	ires, or Othe	<u>r Similar</u>	Asse	ts (co	ontinued)
3	Using the organization's accession and othe items (check all that apply)	r records, check any	of th	ne fol	owing that ar	e a sıgnıfıcant u	ise of its co	llection	1	
а	Public exhibition		d	Γ	Loan or exc	hange programs				
b	Scholarly research		e	Γ	Other					
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explai	n hov	w the	y further the	organization's ex	kempt purpo	se in		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t						nılar	Г	Yes	┌ No
Par	Trust, Escrow and Custodial A Part IV line 9 or reg orted an an					anızatıon answ	ered "Yes	" to Fo	orm 9	90,
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ıan or other ınterme	dıary	for c	ontributions	or other assets	not	Г	Yes	┌ No
b	If "Yes," explain why in Part XIV and comple	te the following table	е				ı	A		
_	-					4 -		A mou	nt	
c d	Beginning balance					1c 1d				
e	Additions during the year					10 1e				
f	Distributions during the year					1f				
	Ending balance	000 D-ut V I	242			11				
2a	Did the organization include an amount on Fo		21/					,	Yes	No
	If "Yes," explain the arrangement in Part XIV					F 000 P	-t T\/	10		
Ра	rt V Endowment Funds. Complete	(a)Current Year)Prior		vo Years Back (d)			\Four V	ears Back
1a	Beginning of year balance	1,087,671	(,	J FTIOI	rear (c)	vo reals back [(u)	Tillee Tears D	ack (e	ji our i	ears back
ь	Contributions									
c	Investment earnings or losses									
d	Grants or scholarships									
e	Other expenditures for facilities and programs									
f	Administrative expenses									
g	End of year balance	1,087,671								
2	Provide the estimated percentage of the yea	r end halance held a	c							
- а	Board designated or quasi-endowment	r end balance held a								
_	Permanent endowment • 100 %									
Ь	remanent endowment F									
C n-	Term endowment						AL.			
3a	Are there endowment funds not in the posses organization by	ssion of the organiza	tion	tnata	are neid and a	administered for	tne		Yes	No
	(i) unrelated organizations						[3a(i)	1.00	No
	(ii) related organizations							3a(ii)		No
b	If "Yes" to 3a(II), are the related organizatio							3b		İ
4	Describe in Part XIV the intended uses of th	e organızatıon's end	owme	ent fu	nds		-			
Par	t VI Investments—Land, Buildings	, and Equipmer	ıt. S	ee F	orm 990, P	art X, line 10.				
	Description of investment				Cost or other s (Investment)	(b) Cost or other basis (other)	(c) Deprecia	ation	(d) Bo	ok value
1a	and						•			
Ь	Buildings					27,620,674	13,36	5,574	1	4,255,100
c	_easehold improvements					1,687,196	· ·	5,798		851,398
d	Equipment					50,035,487	41,91	8,236		8,117,251
	Other					9,008,330	· ·	0,792		5,377,538
	I. Add lines 1a-1e <i>(Column (d) should equal Fo</i>	rm 990, Part X, colum	ın (B)	, line	10(c).)		<u> </u> ►			8,601,287
	· · · · · ·	·					Schedu	ıle D (F		90) 2008

Part VII Investments—Other Securities. S	ee Form 990, Part X, line 1	2.	
(a) Description of security or cateory (including name of security)	(b) Book value		d of valuation -year market value
Financial derivatives and other financial products		Cost of end-of	- year market value
Closely-held equity interests			
Other			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	F		
Part VIII Investments—Program Related.	See Form 990, Part X, line		d .6
(a) Description of investment type	(b) Book value		d of valuation -year market value
			,
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)	p-		
Part IX Other Assets. See Form 990, Part X			
	cription		(b) Book value
LIFE INSURANCE - CASH VALUE			3,539,532
MISC RECEIVABLES			53,243
SECURITY DEPOSITS			69,091
WC LOSS FUND RESERVE			200,000
FINANCING COSTS - NET			9,533
INSOLVENCY FUND			100,000
Total. (Column (b) should equal Form 990, Part X, col.(B) II			3,971,399
Part X Other Liabilities. See Form 990, Pa	i e		
(a) Description of Liability	(b) A mount		
Federal Income Taxes			
INTRA GROUPS ACCOUNTS	4,130,720		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	▶ 4,130,720		

Pa	rt XI Reconciliation of Change in Net Assets from Form 990 to Financial Stateme	nts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	120,512,016
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	120,512,016
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	
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	-1,866,196
8	Other (Describe in Part XIV)	8	-1,802
9	Total adjustments (net) Add lines 4 - 8	9	-1,867,998
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	-1,867,998
	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue		
1	Total revenue, gains, and other support per audited financial		120,512,016
	statements	1	. ,
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	120,512,016
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV)		
c	Add lines 4a and 4b	4c	
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	120,512,016
Par	TXIII Reconciliation of Expenses per Audited Financial Statements With Expense	s per Re	
1	Total expenses and losses per audited financial statements	1	120,512,016
2	A mounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities	_	
Ь	Prior year adjustments	4	
C	Losses reported on Form 990, Part IX, line 25	_	
d	Other (Describe in Part XIV)	4	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	120,512,016
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
Ь	Other (Describe in Part XIV)	1	
C	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	120,512,016
Pa	rt 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 XIV, lines 1b and 2b,

Ident if ier	Return Reference	Explanation
art IV, Question 12		THE FINANCIAL STATEMENTS OF CAMBRIDGE PUBLIC HEALTH COMMISSION D/B/A CAMBRIDGE HEALTH ALLIANCE HAVE BEEN PREPARED IN CONFORMITY WITH ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA (GAAP) AS APPLIED TO GOVERNMENT ENTITIES THE GOVERNMENTAL ACCOUNTING STANDARDS BOARD (GASB) IS THE ACCEPTED STANDARD SETTING BODY FOR ESTABLISHING GOVERNMENTAL ACCOUNTING AND FINANCIAL REPORTING PRINCIPLES UNDER THESE STANDARDS, THE ALLIANCE IS DEFINED AS A COMPONENT ENTITY THE ALLIANCE HAS ADOPTED GASB STATEMENT NO 20, ACCOUNTING AND FINANCIAL REPORTING FOR PROPRIETARY FUNDS AND OTHER GOVERNMENTAL ENTITIES THAT USE PROPRIETARY FUND ACCOUNTING, WHICH ESTABLISHES GUIDANCE FOR APPLYING STANDARDS AND INTERPRETATIONS TO THE PREPARATION OF FINANCIAL STATEMENTS FOR PROPRIETARY FUND ACTIVITIES IN ACCORDANCE WITH GASB STATEMENT NO 20, THE ALLIANCE COMPLIES WITH AND OBSERVES ALL FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) STATEMENTS AND INTERPRETATIONS THAT WERE ISSUED ON OR BEFORE NOVEMBER 30, 1989 PART XI, Line 8 Other adjustments include the following 1) Release of restricted donations to income (\$1,802) Part V, Question 4 To support the operation of the Somerville Hospital

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SCHEDULE H (Form 990)

Department of the Treasury Internal Revenue Service

► Attach to Form 990. To be completed by organizations that answer "Yes" to Form 990, Part IV, line 20.

Hospitals

Name of the organization SOMERVILLE HOSPITAL

Employer identification number

04-2103852 Charity Care and Certain Other Community Benefits at Cost (Optional for 2008) Part I Yes No 1a Does the organization have a charity care policy? If "No," skip to question 6a 1a 1b If the organization has multiple hospitals, indicate which of the following best describes application of the charity care policy to the various hospitals Applied uniformly to most hospitals Applied uniformly to all hospitals Generally tailored to individual hospitals Answer the following based on the charity care eligibility criteria that applies to the largest number of the organization's patients a Does the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing free care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for free care 3a T 200% Other **b** Does the organization use FPG to determine eligibility for providing discounted care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for discounted care Зh

 □ 250%

 □ 300%

 □ 350%

 □ 400%

 □ 0ther

 %

 c If the organization does not use FPG to determine eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care. Include in the description whether the organization uses an asset test or other threshold, regardless of income, to determine eligibility for free or discounted care 4 5a Does the organization budget amounts for free or discounted care provided under its charity care policy? . . . 5a **b** If "Yes," did the organization's charity care expenses exceed the budgeted amount? 5b If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted 5c **6a** Does the organization prepare an annual community benefit report? 6b If "Yes," does the organization make it available to the public? 6b Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H Charity Care and Certain Other Community Benefits at Cost (a) Number of (b) Persons **Charity Care and** (d) Direct offsetting (e) Net community benefit activities or (c) Total community (f) Percent of served benefit expense total expense **Means-Tested Programs** programs revenue expense (optional) (optional) Charity care at cost (from worksheets 1 and 2) Unreimbursed Medicaid (from worksheet 3, column a) Unreimbursed costs-other means-tested government programs (from worksheet 3, column b) d Total Charity Care and Means-Tested Programs Other Benefits Community health improvement services and community benefit operations (from (worksheet 4) . . . Health professions education

Pa	rt II Community Building activities) (Optional		es (Comple	ete this table if the	organizat	.1011 COTI	ducted any commi	unity	Dulluli	19
	activities) (Optional	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense		ct offsettin venue	g (e) Net commu building expen		(f) Per total ex	
1	Physical improvements and housing									
	Economic development									
<u> </u>	Community support									
4										
5	Environmental improvements Leadership development and training for community members									
	Coalition building Community health improvement									
	advocacy									
8	Workforce development									
9	Other Total									
_	rt !!!! Bad Debt, Medicar	e, & Colle	ction Prac	tices (Optional fo	r 2008)					
		<u> </u>			,					
Sect	tion A. Bad Debt Expense Does the organization report b	oad debt expe	nse in accor	dance with Heathcare	: Financial I	Managem	nent Association		Yes	No
	Statement No 15?							1		
2	Enter the amount of the organ Enter the estimated amount o					2		1		
,	attributable to patients eligibl	-				3		1		
4	Provide in Part VI the text of the In addition, describe the costion for including other bad debt are	ing methodolo	gy used in d	etermining the amour						
Sec	tion B. Medicare									
5	Enter total revenue received f	rom Mecicare	(including D	SH and IME)		5				
6	Enter Medicare allowable cost	s of care rela	ting to paym	ents on line 5		6		1		
7	Enter line 5 less line 6—surp	•	•		ı	7		1		
8	Describe in Part VI the extent the costing methodology or so following methods was used									
	Cost accounting system	Γc	ost to charge	e ratio	Other					
Sec	tion C. Collection Practices									
9a	Does the organization have a		•	•				9a		
9b Pa	If "Yes," does the organization patients who are known to quart IV Management Com	llify for charit	y care or fina	ncial assistance? De	scribe in P			9b		
	<u> </u>	•					(d) Officers,			
					(c) O rgar	uzation's	directors trustees, or key	(0)	hysic	ıanc'
	(a) Name of entity	(b) Description activity of		profit %		employees' profit		% or	
			activity	or entity	owners	hıp %	% or stock ownership%	owr	ners hip	%
1										
2										
3										
4										
<u>-</u>										
6										
7										
7 8										
7										
7 8 9										
7 8 9 10										
7 8 9 10										

Part V	Facility Information (Required for 2008)									
	Name and address	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Ortical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)
230 HIGHL	LE HOSPITAL AND AVENUE LE,MA 02143									See Part VI

Pa	art VI	Supplemental Information (Optional for 2008)
Со	mplete t	his part to provide the following information
1	Provide	the description required for Part I, line 3c, Part I, line 7, Part III, line 4, Part III, line 8, and Part III, line 9b
_		
_		
_		
_		
_	Needs /	Assessment. Describe how the organization assesses the health care needs of the communities it serves
2	Necus A	Assessment. Describe now the organization assesses the health care needs of the communities it serves
3	billed fo	Education of Eligibility for Assistance. Describe how the organization informs and educates patients and persons who may be or patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's care policy
-		
_		
4		nity Information. Describe the community the organization serves, taking into account the geographic area and demographic uents it serves
5		nity Building Activities. Describe how the organization's community building activities, as reported in Part II, promote the health ommunities the organization serves
_	Provide	any other information important to describing how the erganization's heapitals or other health care facilities further its exempt
_		any other information important to describing how the organization's hospitals or other health care facilities further its exempt by promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc)
7		rganization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in ing the health of the communites served
8	Ifappli	cable, identify all states with which the organization, or a related organization, files a community benefit report

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2008

Schedule J (Form 990)

Department of the Treasury

Internal Revenue Service

Compensation Information

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

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

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Name of the organization SOMERVILLE HOSPITAL

Employer identification number

04-2103852

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

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

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

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

(A) Name	(B) Breakdown of	f W-2 and/or 1099-MI	SC compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation reported in prior Form	
	(i) Base compensation	(ii) Bonus & Incentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	990 or Form 990-EZ	
See Addıtıonal Data Table (i)								
(ii)								
(i)								
(ii)								
(i)								
(ii)								
(i)								
(ii)								
(i)								
(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

Ident if ier	Return Reference	Explanat ion
Compensation of Officers	SCH J PART III	Executives and certain key employees are compensated for their services as executive and key employees of Somerville Hospital through a related organization's payroll Directors of Somerville Hospital that were compensated by a related organization were compensated for services that were rendered in other roles Directors of Somerville Hospital receive no compensation as directors

Software ID: Software Version:

EIN: 04-2103852

Name: SOMERVILLE HOSPITAL

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees											
(A) Name		(B) Breakdown o	W-2 and/or 1099-MIS			(D) Nontaxable	(E) Total of columns	(F) Compensation reported in prior Form			
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	990 or Form 990-EZ			
DENNIS KEEFE	(ı) (ıı)			95,656	24,700	14,731	707,485	290,877			
GORDON BOUDROW	(ı) (ıı)	356,472		21,790	9,200	2,412	389,874	184,892			
PAUL ALLISON	(ı) (ıı)			22,480	9,200	17,408	408,996	201,114			
JOHN BRUSCH	(I) (II)	170,637	786	13,699	3,805	15,806	204,733	92,845			
VINCENT J PATALANO II	(I) (II)		140,344	48,931	9,100	17,155	569,946	256,824			
GREGORY H OTA	(ı) (ıı)			49,002	9,100	15,826	412,203	174,983			
DAVID OSLER	(ı) (ıı)	231,370	10,205	27,069	9,200	17,294	295,138				
ALLISON BAYER	(ı) (ıı)	243,998		21,089	9,200	10,254	284,541	132,229			
JUDY KLICKSTEIN	(ı) (ıı)	260,153		21,790	9,200	14,470	305,613	130,437			
THOMAS SMITH	(ı) (ıı)	296,041		16,468	7,357	3,328	323,194	141,922			
BARRY HILTS	(ı) (ıı)	200,381		3,971		19,801	224,153				
PATRICIA CROMBIE	(ı) (ıı)	146,049		19,046	6,672	18,584	190,351				
RICHARD FERNANDEZ	(ı) (ıı)	177,455		15,500	7,101	23,094	223,150				
DONNA FOX	(ı) (ıı)	286,641		15,675	9,200	2,127	313,643	217,656			
PRISCILLA DASSE	(ı) (ıı)			22,480	9,198	18,239	254,840				
DAVID PORELL	(ı) (ıı)			21,790	8,602	14,470	235,013				
ARTHUR BATTLE	(I) (II)			205,758		9,226	214,984	104,352			
RON WEINTRAUB	(ı) (ıı)	197,416		6,180			203,596				
DORIS GENTLEY	(I) (II)	187,896		11,594	5,910	18,513	223,913				

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Schedule L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ. ► To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38b or 40b.

Transactions with Interested Persons

Name of the organization SOMERVILLE HOSPITAL

Employer identification number

04-2103852 Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only).

1 (a) Name of disqualif	ed per	rson			(b) Desc	cripti	on of transa	ction			(0	Corr	ected
	•				(2) 5 6 5							Yes	No
											_		
2 Enter the amount of tax imposed of section 49583 Enter the amount of tax, if any, on								•	nder •	\$ —— \$			
Part II Loans to and/or Fro To be completed by organi					on Form 990 Part	TV/ li	na 26 or Fo	rm 00	00-E2	7 Dart	V line	383	
(a) Name of interested person and purpose	(b) L	Loan trom th	to or e		riginal principal		Balance due	(e)) In iult?	(f Approby boa) oved ard or	(g)W	
	То)	From					Yes	No	Yes	No	Yes	No
DENNIS KEEFE			569,553	No		Yes		Yes					
	+												
Total Part III Grants or Assistance	Bene	fittii	ng Intere	ested	Persons		569,553						
To be completed by org	anızat	_			"Yes" on Form 9 veen interested per						6 -		
(a) Name of interested person			an	d the o	organization		(c)A mo	ount o	r grar	it or typ	ое от а	SSISTA	nce
Part IV Business Transaction To be completed by org						90. I	Part IV. lin	e 28a	a. 28	b. or 2	98c.		
(a) Name of interested person		(b) betwe	Relationsh een interes	ıp ted	(c) A mount of		(d) Descri				(4	e) Sha rganıza	tion'
.,			rson and th rganızatıon	e	transaction		. ,				⊢	reven Yes	No.
BRIAN KEEFE			ER OF DEI	NNIS	77,6	554	EMPLOYME	NT					No
						\dashv							
						\dashv					-+		

SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

2008

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Name of the organization SOMERVILLE HOSPITAL

Employer identification number

04-2103852

ldentifier	Return Reference	Explanation
ORGANIZATION'S MISSION OR MOST SIGNIFICANT ACTIVITIES	Part I, Line 1	Somerville Hospital is a wholly-owned subsidiary of the Cambridge Public Health Commission (CPHC), a public health system created by and existing pursuant to special act of the Massachusetts legislature. The organization provides management and support personnel to and holds the real estate for its parent CPHC in furtherance of CPHCs mission. CPHC is the legal entity that is licensed to operate healthcare facilities and provide health related services to the communities it serves. PROGRAM SERVICE ACCOMPLISHMENTS ORGANIZATION MISSION PART III, LINE 1. Somerville Hospital is a wholly-owned subsidiary of the Cambridge Public Health Commission (CPHC), a public health system created by and existing pursuant to special act of the Massachusetts legislature. The organization provides management and support personnel to and holds the real estate for its parent CPHC in furtherance of CPHCs mission CPHC is the legal entity that is licensed to operate healthcare facilities and provide health related services to the communities it serves.

		CPHC is the legal entity that is licensed to operate healthcare facilities and provide health related services to the communities it serves
ldentifier	Return Reference	Explanation
GOVERNANCE	Part VI, Question 10	The 2008 Form 990 was presented to the governing board before filing. The process for review is that the form serviewed by internal imanagement, parent company employees, the organization regularly and consistently monitors and enforces compliance with the conflict of interest policy with its officers, directors and key employees are also given a copy of the conflict of interest policy with its officers, directors and key employees are also given a copy of the conflict of interest policy along with the annual survey and are rememded of their obligation to promptly report any new potential conflicts that ares Part VI, Question 15a and b The organization's officers and directors do not receive compensation in their capacities as officers and directors for the year being reported, the organization's parent, Cambridge Public Health Commission ("CPHC"), used an independent consultant to determine compensation for CPHC's Chief executive officer in October, 2009, CPHC's beard of trustees voted that, for calendary year 2010 and beyond, its compensation CPHC's CPHC'

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SCHEDULE R (Form 990)

Name of the organization

Department of the Treasury

SOMERVILLE HOSPITAL

▶ Attach to Form 990. To be completed by organizations that answerd "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37. ► See separate instructions.

Related Organizations and Unrelated Partnerships

Internal Revenue Service

Employer identification number

04-2103852

Part I Identification of Disregarded Entities							
(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	End-of-y	E) ear assets	Direct of	(F) ontrolling ntity
Part II Identification of Related Tax-Exempt Organization	ions						
(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile or foreign cou	(state Exemp	(D) t Code section	(E Public char (if section 5	ıty status	(F) Direct controlling entity

Part II Identification of Related Tax-Exempt Organization	ons				
(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
WHIDDEN MEMORIAL HOSPITAL 101 STATION LANDING 5TH FLOOR MEDFORD, MA02155 04-3561265	HOSPITAL SVCS	МА	501(C)(3)	11A	NO
CHA PHYSICIANS ORGANIZATION INC 101 STATION LANDING 5TH FLOOR MEDFORD, MA02155 04-3167608	PHYSICIAN SVS	МА	501(C)(3)	9	NO
NETWORK HEALTH INC 101 STATION LANDING 5TH FLOOR MEDFORD, MA02155 04-3476565	MANAGED CARE	МА	501(C)(3)	11a	NO
INSTITUTE FOR COMMUNITY HEALTH INC 101 STATION LANDING 5TH FLOOR MEDFORD, MA02155 04-3543853	HEALTH RESEAR	МА	501(C)(3)	9	NO
ALLIANCE FOUNDATION FOR COMMUNITY HEALTH 101 STATION LANDING 5TH FLOOR MEDFORD, MA02155 01-0676306	FOUNDATION	MA	501(C)(3)	11a	NO

HEALTHCARE

REDUCE ENERGY

CAMBRIDGE PUBLIC HEALTH COMMISSION

101 STATION LANDING 5TH FLOOR

CAMBRIDGE ENERGY ALLIANCE

MEDFORD, MA02155 04-3320571

1385 CAMBRIDGE ST

CAMBRIDGE, MA02139

MA

MΑ

509(a)(1)

501(C)(3)

YES

(A) Name, address, and EIN of related organization	Prim	(B) Pary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Predominant income(related, investment, unrelated)	Share	(F) e of total income	(G) Share of end-of- year assets	(H Disprop allocat	l) ortionate ions?	(I) Code V—UBI amount on Box 20 of K-1	(J) Genera manag partn	ging
									Yes	No		Yes	No
						-							
				I					I	<u> </u>			_
Part IV Identification of R			Taxable as	1			(F)	(F)	1	(G)	(H)		
(A) Name, address, and EIN of related organ	ızatıon	(B) Primary activity		(C) Legal domicile (state or foreign country)	Direct con entit	rolling	(E) Type of entity (C corp, S corp or trust)	Share of total income	end	hare of I-of-yea assets	Percentage		
													_

Part V	Transactions with Related Organizations
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ransactions with Related Organizati	ONS					
Note. Complete line 1 if any entity is listed in Parts II,	III or IV				Yes	No
${\bf 1}{\rm During}$ the tax year, did the organization engage in any of	the following transactions with o	ne or more related organizations listed in Pa	arts II-IV?			
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) r	ent from a controlled entity			1a		No
b Gift, grant, or capital contribution to other organization	(s)			1b	Yes	
c Gift, grant, or capital contribution from other organization	on(s)			1c	Yes	
d Loans or loan guarantees to or for other organization(s))			1d		No
e Loans or loan guarantees by other organization(s)				1e		No
f Sale of assets to other organization(s)				1f		No
g Purchase of assets from other organization(s)				1 g		No
h Exchange of assets				1h		No
i Lease of facilities, equipment, or other assets to other o	organization(s)			1 i		No
j Lease of facilities, equipment, or other assets from other	er organization(s)			1j		No
k Performance of services or membership or fundraising	solicitations for other organizatio	n(s)		1k	Yes	
I Performance of services or membership or fundraising s	olicitations by other organization	n(s)		11		No
m Sharing of facilities, equipment, mailing lists, or other a	ssets			1m		No
n Sharing of paid employees				1n		No
• Reimbursement paid to other organization for expenses	í			10		No
p Reimbursement paid by other organization for expenses	5			1р		No
q O ther transfer of cash or property to other organization	(s)			1q		No
r Other transfer of cash or property from other organization	on(s)			1r		No
2 If the answer to any of the above is "Yes," see the instr	uctions for information on who mi	ust complete this line, including covered rel	ationships and transaction thresholds			
	1	(B)	(c)			
(A) Name of other organization(s)		Transaction type(a-r)	Amount Involved			
(1)		τ, ρο(α τ,				
(2)						
(3)						
(4)						
(5)						
(6)				· <u></u>		_

Part VI Unrelated Organizations Taxable as a Partnership

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

								1	_	
(A) Name, address, and EIN of entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	organizations		(E) Share of end-of-year assets			(G) Code V—UBI amount on Box 20 of K-1	(H) General o managing partner?	1
			Yes	No		Yes	No		Yes	No
			•	-	-	-	-	Schodule	R (Form	000) 2000

Software ID: Software Version:

EIN: 04-2103852

Name: SOMERVILLE HOSPITAL

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

Form 990, Schedule K, Part II - Identification of Related	i ax-Exempt Organiza	LIGHS	ı	ı	1
(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 501(c)(3))	(F) Direct Controlling Entity
WHIDDEN MEMORIAL HOSPITAL 101 STATION LANDING 5TH FLOOR MEDFORD, MA02155 04-3561265	HOSPITAL SVCS	МА	501(C)(3)	11A	NO
CHA PHYSICIANS ORGANIZATION INC 101 STATION LANDING 5TH FLOOR MEDFORD, MA02155 04-3167608	PHYSICIAN SVS	МА	501(C)(3)	9	NO
NETWORK HEALTH INC 101 STATION LANDING 5TH FLOOR MEDFORD, MA02155 04-3476565	MANAGED CARE	МА	501(C)(3)	11a	NO
INSTITUTE FOR COMMUNITY HEALTH INC 101 STATION LANDING 5TH FLOOR MEDFORD, MA02155 04-3543853	HEALTH RESEAR	МА	501(C)(3)	9	NO
ALLIANCE FOUNDATION FOR COMMUNITY HEALTH 101 STATION LANDING 5TH FLOOR MEDFORD, MA02155 01-0676306	FOUNDATION	МА	501(C)(3)	11a	NO
CAMBRIDGE PUBLIC HEALTH COMMISSION 101 STATION LANDING 5TH FLOOR MEDFORD, MA02155 04-3320571	HEALTHCARE	МА	509(a)(1)		YES
CAMBRIDGE ENERGY ALLIANCE 1385 CAMBRIDGE ST CAMBRIDGE, MA 02139 26-0666300	REDUCE ENERGY	МА	501(C)(3)		N/A

Software ID: Software Version:

EIN: 04-2103852

Name: SOMERVILLE HOSPITAL

Form 990. Part VII - Section Aaa

Form 990, Part VII - Section Aaa											
		Posit t	(C non (chec)				(E)	(F)	
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations	
DENNIS KEEFE , PRESIDENT	40 0	Х		Χ				668,054		39,431	
CAROL VAN DEUSEN LUKAS CHAIR , DIRECTOR	1 0	Х									
KATHY KOSINSKI MD CO-CHAIR , DIRECTOR	1 0	Х									
JOHN BRUSCH , DIRECTOR/CHAPO PHYSICIAN	1 0	Х							185,122	19,611	
HEATHER A CONNOLLY, DIRECTOR	1 0	X									
RICHARD DEFILIPPI PHD , DIRECTOR	1 0	X									
DOROTHY J GOMEZ , DIRECTOR	1 0	X								_	
RENAE GRAY, DIRECTOR	1 0	X									
BILL HART , DIRECTOR	1 0	Х									
MARIAN DARLINGTON-HOPE , DIRECTOR	1 0	Х									
TIMOTHY LENICHECK, DIRECTOR	1 0	X									
ISAAC M MACHADO , DIRECTOR	1 0	X								_	
ESTELLE PARIS RN , DIRECTOR VINCENT J PATALANO II ,	1 0	X							543,691	26,255	
DIRECTOR/CHAPO PHYSICIAN											
PETER STEFFIAN , DIRECTOR	1 0	X									
THOMAS STELLA , DIRECTOR	1 0	Х									
GREGORY H OTA , DIRECTOR/CHAPO PHYSICIAN	1 0	Х							387,277	24,926	
GORDON BOUDROW, TREASURER	40 0			Х				378,262		11,612	
CONNIE YOUNG , CLERK	400			Х					90,583	17,250	
PAUL ALLISON , EXECUTIVE VICE PRESIDENT	40 0				х			382,388		26,608	
ALLISON BAYER , SVP/COO	40 0				X			265,087		19,454	
JUDY KLICKSTEIN , SVP IT & STRATEGIC PLANNING	40 0				x			281,943		23,670	
THOMAS SMITH , SENIOR VICE PRESIDENT/CNO	40 0				×			312,509		10,685	
BARRY HILTS , VP OF SUPPORT SERVICES	40 0				х			204,352		19,801	
PATRICIA CROMBIE , ASSOCIATE VICE PRESIDENT	40 0				х			165,095		25,256	
RICHARD FERNANDEZ , VP OF PRIMARY CARE/AMB OPERATI	40 0				х			192,955		30,195	
PRISCILLA DASSE, SVP, QUALITY & PERFORMANCE	40 0				х			227,403		27,437	
JOAN BENNET , SVP, HR	400				Х			136,454		5,835	
DAVID OSLER , CLINICAL DIRECTOR	400					Х		268,644		26,494	
DONNA FOX, SVP, GOVERNMENT AFFAIRS	40 0					Х		302,316		11,327	

Form 990, Part VII - Section Aaa

		ı	(C tion (hat a	chec)				(E)	(F)
(A) Name and Title	(B) A verage hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
DAVID PORELL , CHAPO CAO	40 0					Х		211,941		23,072
RON WEINTRAUB , PHYSICIAN	40 0					Х		203,596		
DORIS GENTLEY , SR DIR RADIOLOGY & IMAGING	40 0					х		199,490		24,423
ARTHUR BATTLE , SENIOR VICE PRESIDENT, HR	0.0				х		х	205,758		9,226

Form 990, Part III, Line 1 - Briefly describe the organization's mission:

SOMERVILLE HOSPITAL IS A WHOLLY-OWNED SUBSIDIARY OF THE CAMBRIDGE PUBLIC HEALTH COMMISSION (CPHC), A PUBLIC HEALTH SYSTEM CREATED BY AND EXISTING PURSUANT TO SPECIAL ACT OF THE MASSACHUSETTS LEGISLATURE. THE ORGANIZATION PROVIDES MANAGEMENT AND SUPPORT PERSONNEL TO AND HOLDS THE REAL ESTATE FOR ITS PARENT CPHC IN FURTHERANCE OF CPHCS MISSION. CPHC IS THE LEGAL ENTITY THAT IS LICENSED TO OPERATE HEALTHCARE FACILITIES AND PROVIDE HEALTH RELATED SERVICES TO THE COMMUNITIES IT SERVES.