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Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2016

Open to Public Inspection

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public

Information about Form 990 and its instructions is at [www.irs.gov/form990](#)

Department of the Treasury
Internal Revenue Service

2016

Open to Public Inspection

A For the 2016 calendar year, or tax year beginning 10-01-2016 , and ending 09-30-2017

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Final

☐ Return/terminated

☐ Amended return

☐ Application pending

C Name of organization

MASSACHUSETTS EYE & EAR INFIRMARY

% JACK MALLEY

Doing business as

Number and street (or P O box if mail is not delivered to street address)

243 CHARLES STREET

Room/suite

City or town, state or province, country, and ZIP or foreign postal code

BOSTON, MA 02114

F Name and address of principal officer

CAROLANN WILLIAMS

243 CHARLES STREET

BOSTON, MA 02114

H(a) Is this a group return for subordinates?

☐ Yes ☒ No

H(b) Are all subordinates included?

☐ Yes ☐ No

If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status

☒ 501(c)(3) ☐ 501(c) () ◀(insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶

WWW MASSEYEANDEAR ORG

K Form of organization

☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation

1827

M State of legal domicile

MA

Part I Summary

1 Briefly describe the organization's mission or most significant activities

SEE SCHEDULE O

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3 Number of voting members of the governing body (Part VI, line 1a)

3

18

4 Number of independent voting members of the governing body (Part VI, line 1b)

4

14

5 Total number of individuals employed in calendar year 2016 (Part V, line 2a)

5

2,134

6 Total number of volunteers (estimate if necessary)

6

213

7a Total unrelated business revenue from Part VIII, column (C), line 12

7a

0

7b Net unrelated business taxable income from Form 990-T, line 34

7b

Revenue

8 Contributions and grants (Part VIII, line 1h)

48,376,154

47,291,002

9 Program service revenue (Part VIII, line 2g)

206,825,055

226,533,383

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)

131,842

410,621

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

4,784,378

4,703,739

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)

260,117,429

278,938,745

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)

19,338,997

18,435,862

14 Benefits paid to or for members (Part IX, column (A), line 4)

0

0

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)

113,508,491

117,853,083

16a Professional fundraising fees (Part IX, column (A), line 11e)

329,030

122,094

b Total fundraising expenses (Part IX, column (D), line 25) ▶2,414,612

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)

127,477,258

139,687,369

18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)

260,653,776

276,098,408

19 Revenue less expenses Subtract line 18 from line 12

-536,347

2,840,337

Net Assets or Fund Balances

20 Total assets (Part X, line 16)

330,811,290

417,880,268

21 Total liabilities (Part X, line 26)

334,042,965

410,523,209

22 Net assets or fund balances Subtract line 21 from line 20

-3,231,675

7,357,059

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here

Signature of officer

2018-07-17

Date

CAROLANN WILLIAMS CFO & VP FIN & ADMIN

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

ERIN COUTURE

Preparer's signature

ERIN COUTURE

Date

2018-07-31

Check ☐ if self-employed

PTIN

P01390592

Firm's name ▶ PricewaterhouseCoopers LLP

Firm's EIN ▶

Firm's address ▶ 101 SEAPORT BLVD SUITE 500

BOSTON, MA 02210

Phone no (617) 530-5000

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2016)

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☒**1** Briefly describe the organization's mission

SEE SCHEDULE O

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 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 \$ 157,935,601 including grants of \$ 18,309,002) (Revenue \$ 9,075,728)
See Additional Data

























4b (Code) (Expenses \$ 46,773,125 including grants of \$ 126,860) (Revenue \$)
See Additional Data

4c (Code) (Expenses \$ 5,529,071 including grants of \$) (Revenue \$ 217,457,655)
See Additional Data

4d Other program services (Describe in Schedule O)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ▶ 210,237,797

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 Yes	
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, 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 Yes	
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 and XII 	12a	No
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 and XII 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, Parts I and IV 	14b Yes	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV 	15 Yes	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts 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 (see instructions) 	17 Yes	
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	No
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

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a Yes	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b Yes	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21 Yes	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	No
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? 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 lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a Yes	
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	No
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	No
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	No
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) 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 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? If "Yes," complete Schedule L, Part I	25b	No
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26	No
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	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? If "Yes," complete Schedule L, Part IV b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 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 direct or indirect owner? If "Yes," complete Schedule L, Part IV	28a Yes 28b Yes 28c	No
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	No
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	No
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	No
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32	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? If "Yes," complete Schedule R, Part I	33	No
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34 Yes	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a Yes	
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b Yes	
36 Section 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 Yes	
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? If "Yes," complete Schedule R, Part VI	37	No
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38 Yes	

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	161
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0
c	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	2a	2,134
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)	2b	Yes
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	No
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	No
b	If "Yes," enter the name of the foreign country ► _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	No
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 as charitable contributions?	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).		
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?	7a	No
b	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	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
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?	12a	
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. See the instructions for additional information the organization must report on Schedule O	13a	
b	Enter the 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 amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	No
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 or note to any line 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	18	
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent	14	
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	No
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	Yes
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 this 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: **MA, NY**

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.
☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

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 during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records.
JACK MALLEY 243 CHARLES STREET BOSTON, MA 02114 (617) 573-3235

Check if Schedule O contains a response or note to any line in this Part VII ☐

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

Form **990** (2016)

[illegible]

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 225

Section B. Independent Contractors

(A) Name and business address	(B) Description of services	(C) Compensation
KPMG LLP, DEPT 0579 PO BOX 120579 DALLAS, TX 753120579	CONSULTING	1,813,528
SEAMAN DICARLO GENERAL CONTRACTORS, 9 WHITNEY STREET HOLLISTON, MA 01746	CONTRACTOR	836,746
SUFFOLK CONSTRUCTION CO INC, 65 ALLERTON STREET BOSTON, MA 02119	CONSTRUCTION	700,000
FISH AND RICHARDSON PC, PO BOX 3295 BOSTON, MA 02241	LEGAL	697,576
ALKU TECHNOLOGIES LLC, 200 BRICKSTONE SQUARE SUITE 503 ANDOVER, MA 01810	CONSULTING	613,027

Form 990 (2016)

Part VIII

Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII ☐

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . . .	1a				
	b	Membership dues . . .	1b				
	c	Fundraising events . . .	1c				
	d	Related organizations	1d	21,638,375			
	e	Government grants (contributions)	1e	16,279,348			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	9,373,279			
	g	Noncash contributions included in lines 1a-1f \$ _____					
	h	Total. Add lines 1a-1f		47,291,002			
Program Service Revenue			Business Code				
	2a	INPATIENT AND OUTPATIENT	900099	197,564,415	197,564,415		
	b	CAFETERIA/FOOD SERVICE	900099	1,836,826	1,836,826		
	c	RESEARCH INDIRECT REVENUE	900099	9,075,728	9,075,728		
	d	HEARING AID CENTERS	900099	4,931,637	4,931,637		
	e	KPRO INCOME	722210	3,058,478	3,058,478		
	f	All other program service revenue		10,066,299	10,066,299		
	g	Total. Add lines 2a-2f		226,533,383			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		46,982		46,982	
	4	Income from investment of tax-exempt bond proceeds		0			
	5	Royalties		4,703,739		4,703,739	
	6a	Gross rents	(i) Real	(ii) Personal			
		b	Less rental expenses				
		c	Rental income or (loss)	0	0		
		d	Net rental income or (loss)		0		
	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)	363,639			
		d	Net gain or (loss)		363,639		363,639
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a	0			
		b	Less direct expenses	b	0		
		c	Net income or (loss) from fundraising events		0		
	9a	Gross income from gaming activities See Part IV, line 19	a	0			
		b	Less direct expenses	b	0		
		c	Net income or (loss) from gaming activities		0		
	10a	Gross sales of inventory, less returns and allowances	a	0			
		b	Less cost of goods sold	b	0		
		c	Net income or (loss) from sales of inventory		0		
Miscellaneous Revenue		Business Code					
11a							
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d		0				
12	Total revenue. See Instructions		278,938,745	226,533,383		5,114,360	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line 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 domestic organizations and domestic governments. See Part IV, line 21.	18,309,002	18,309,002		
2 Grants and other assistance to domestic individuals. See Part IV, line 22.	0			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.	126,860	126,860		
4 Benefits paid to or for members.	0			
5 Compensation of current officers, directors, trustees, and key employees.	4,774,576	1,758,321	3,016,255	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	21,342			21,342
7 Other salaries and wages.	86,974,005	67,221,065	18,311,050	1,441,890
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	1,741,135	1,345,228	367,097	28,810
9 Other employee benefits.	16,229,657	12,733,075	3,224,981	271,601
10 Payroll taxes.	8,112,368	6,157,662	1,824,909	129,797
11 Fees for services (non-employees):				
a Management.	0			
b Legal.	2,418,281	99,766	2,318,515	
c Accounting.	370,979		370,979	
d Lobbying.	123,000		123,000	
e Professional fundraising services. See Part IV, line 17.	122,094			122,094
f Investment management fees.	0			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	3,046,681	2,473,859	572,822	
12 Advertising and promotion.	1,003,222	20,055	983,167	
13 Office expenses.	1,820,823	703,641	914,067	203,115
14 Information technology.	4,371,591	2,699,132	1,671,561	898
15 Royalties.	0			
16 Occupancy.	11,855,127	1,085,282	10,769,824	21
17 Travel.	943,374	615,792	264,873	62,709
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.	0			
19 Conferences, conventions, and meetings.	336,574	212,188	118,228	6,158
20 Interest.	3,775,756	2,486,369	1,289,387	
21 Payments to affiliates.	0			
22 Depreciation, depletion, and amortization.	21,960,803	14,461,387	7,499,416	
23 Insurance.	1,824,599	90,873	1,733,726	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O):				
a MEDICAL SUPPLIES	56,981,167	56,389,912	591,145	110
b PHYSICIANS ADMINISTRATION	6,215,766	6,072,361	143,113	292
c SERVICE CONTRACT	5,856,821	3,231,391	2,601,689	23,741
d FOOD	1,652,426	1,328,612	319,797	4,017
e All other expenses	15,130,379	10,615,964	4,416,398	98,017
25 Total functional expenses. Add lines 1 through 24e.	276,098,408	210,237,797	63,445,999	2,414,612
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part IX ☐

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		1,194,722	1	1,507,830
	2	Savings and temporary cash investments		0	2	0
	3	Pledges and grants receivable, net		0	3	0
	4	Accounts receivable, net		34,429,492	4	30,816,896
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		0	5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		0	6	0
	7	Notes and loans receivable, net		0	7	0
	8	Inventories for sale or use		4,047,488	8	4,835,627
	9	Prepaid expenses and deferred charges		5,002,989	9	5,161,230
	10a	Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D	10a 409,109,900			
	b	Less: accumulated depreciation	10b 255,192,930	152,903,737	10c	153,916,970
	11	Investments—publicly traded securities		0	11	0
	12	Investments—other securities. See Part IV, line 11		0	12	0
	13	Investments—program-related. See Part IV, line 11		0	13	0
	14	Intangible assets		0	14	0
	15	Other assets. See Part IV, line 11		133,232,862	15	221,641,715
16	Total assets. Add lines 1 through 15 (must equal line 34)		330,811,290	16	417,880,268	
Liabilities	17	Accounts payable and accrued expenses		111,343,756	17	95,705,517
	18	Grants payable		0	18	0
	19	Deferred revenue		11,260,223	19	10,891,093
	20	Tax-exempt bond liabilities		118,496,159	20	124,421,361
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		0	21	0
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		0	22	0
	23	Secured mortgages and notes payable to unrelated third parties		0	23	0
	24	Unsecured notes and loans payable to unrelated third parties		0	24	0
	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		92,942,827	25	179,505,238
	26	Total liabilities. Add lines 17 through 25		334,042,965	26	410,523,209
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets		-3,231,675	27	7,357,059
	28	Temporarily restricted net assets		0	28	0
	29	Permanently restricted net assets		0	29	0
	Organizations that do not follow SFAS 117 (ASC 958), 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		-3,231,675	33	7,357,059	
34	Total liabilities and net assets/fund balances		330,811,290	34	417,880,268	

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	278,938,745
2	Total expenses (must equal Part IX, column (A), line 25)	2	276,098,408
3	Revenue less expenses Subtract line 2 from line 1	3	2,840,337
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	-3,231,675
5	Net unrealized gains (losses) on investments	5	3,079,897
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	4,668,500
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	7,357,059

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line 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? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
b Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited 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 separate basis	Yes	
c If "Yes," to line 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	
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	

Additional Data

Software ID:
Software Version:
EIN: 04-2103591
Name: MASSACHUSETTS EYE & EAR INFIRMARY

Form 990 (2016)

Form 990, Part III, Line 4a:

SEE SCHEDULE O

Form 990, Part III, Line 4b: <u>SEE SCHEDULE O</u>
--

Form 990, Part III, Line 4c: <u>SEE SCHEDULE O</u>
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Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A)

(B)

(C)

(D)

(E)

(F)

Name and Title	Average hours per week (list any hours for related organizations below dotted line)	Position (do not check more than one box, unless person is both an officer and a director/trustee)						Reportable compensation from the organization (W- 2/1099-MISC)	Reportable compensation from related organizations (W- 2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JOHN R FERNANDEZ PRESIDENT	37 0 23 0	X		X				1,015,184	0	244,873
WYCLIFFE GROUSBECK CHAIR	3 0 7 0	X		X				0	0	0
JONATHAN UHRIG TREASURER	3 0 7 0	X		X				0	0	0
DEWALT PETE ANKENY DIRECTOR	2 0 6 0	X						0	0	0
JAMES CARLISLE DIRECTOR	2 0 2 0	X						0	0	0
CHARLES DE GUNZBERG DIRECTOR	2 0 6 0	X						0	0	0
SAMUEL FLEMING DIRECTOR (UNTIL DECEMBER 2016)	2 0 2 0	X						0	0	0
HARVEY FREISHTAT DIRECTOR	2 0 2 0	X						0	0	0
LYLE HOWLAND SECRETARY	2 0 6 0	X		X				0	0	0
DIANE E KANEB DIRECTOR	2 0 2 0	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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
JONATHAN KUTCHINS DIRECTOR	2 0 4 0	X						0	0	0
JOAN W MILLER MD DIRECTOR	27 0 33 0	X						0	842,571	51,150
ANNETTE NOVA DIRECTOR	2 0 6 0	X						0	0	0
WILLIAM ROMAN DIRECTOR	2 0 2 0	X						0	0	0
EUGENE HILL Director	2 0 2 0	X						0	0	0
ROBERT ATCHINSON DIRECTOR	2 0 2 0	X						0	0	0
ROBERT KNAPP DIRECTOR	2 0 2 0	X						0	0	0
D BRADLEY WELLING DIRECTOR	29 0 31 0	X						0	1,006,748	59,446
THOMAS LAUER DIRECTOR	2 0 2 0	X						0	0	0
MAUREEN KELLEY ASST SECRETARY	53 0 7 0			X				194,665	0	28,866

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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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					
CAROLANN WILLIAMS	49 0			X				471,086	0	14,925		
CFO & VP FINANCE AND ADMIN	11 0											
MARTHA PYLE FARRELL	49 0			X				350,230	0	34,755		
ASST SECRETARY	11 0											
BARBARA J SCULLY	30 0				X			188,376	0	38,423		
DIRECTOR PROF REV CYCLE	30 0											
EILEEN O LOWELL	60 0				X			298,953	0	31,125		
CNO & VP PAT CARE SVS	0 0											
ALAN K LONG	30 0				X			292,211	0	8,996		
VP RESEARCH ADMINISTRATION	30 0											
KENNETH HOLMES	30 0				X			277,993	0	40,691		
CFO MEEA	30 0											
JEFFREY J PIKE	60 0				X			360,971	0	19,348		
CHIEF OPERATING OFFICER	0 0											
RALPH T PELOSI	60 0				X			189,447	0	9,288		
DIRECTOR FACILITIES PLANNING	0 0											
DEBRA ROGERS	20 0				X			279,954	0	25,110		
VP OPHTHALMOLOGY	40 0											
RACHEL WASSERSTROM	30 0				X			273,502	0	33,143		
VP OTOLARYNGOLOGY	30 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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)							(D) Reportable compensation from the organization (W- 2/1099-MISC)
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
MICHAEL RICCI CHIEF INFORMATION OFFICER	60 0 0 0				X			255,422 0	25,200
SUNIL EAPPEN MD CHIEF MEDICAL OFFICER	31 0 29 0				X			0 581,852	59,447
JENNIFER STREET VP COMMUNICATIONS & PLANNING	60 0 0 0					X		362,593 0	35,693
MELISSA M PAUL CHIEF DEVELOPMENT OFFICER	60 0 0 0					X		291,818 0	42,912
GLENN W BUNTING VOICE & SPEECH CLINICAL DIR	60 0 0 0					X		201,753 0	43,374
DEBORAH L CRONIN-WAEDEL EXEC DIR AMBULATORY OPERATIONS	60 0 0 0					X		193,840 0	3,422
LEO J HILL DEPUTY CIO	60 0 0 0					X		189,294 0	3,309

SCHEDULE A (Form 990 or 990-EZ)	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. ▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990 .	OMB No 1545-0047 2016 Open to Public Inspection
	Department of the Treasury Internal Revenue Service Name of the organization MASSACHUSETTS EYE & EAR INFIRMARY	Employer identification number 04-2103591

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 12, check only one box)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ))
- 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 agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university _____
- 10 ☐ 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)
- 11 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 12 ☐ 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
- f Enter the number of supported organizations _____
- g Provide the following information about the supported organization(s) _____

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, 8, or 9 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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant ")	39,413,484	41,532,901	47,770,745	48,376,154	47,291,002	224,384,286
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0
4	Total. Add lines 1 through 3	39,413,484	41,532,901	47,770,745	48,376,154	47,291,002	224,384,286
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)						0
6	Public support. Subtract line 5 from line 4						224,384,286

Section B. Total Support							
Calendar year (or fiscal year beginning in) ►		(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
7	Amounts from line 4	39,413,484	41,532,901	47,770,745	48,376,154	47,291,002	224,384,286
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	16,370,797	14,057,593	3,644,064	4,866,437	4,750,721	43,689,612
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0
11	Total support. Add lines 7 through 10						268,073,898
12	Gross receipts from related activities, etc. (see instructions)					12	953,036,000
13	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						► <input type="checkbox"/>

Section C. Computation of Public Support Percentage		
14	Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))	14 83.702 %
15	Public support percentage for 2015 Schedule A, Part II, line 14	15 79.566 %
16a	33 1/3% support test—2016. 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. ► <input checked="" type="checkbox"/>	
b	33 1/3% support test—2015. If the organization did not check a 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. ► <input type="checkbox"/>	
17a	10%-facts-and-circumstances test—2016. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. ► <input type="checkbox"/>	
b	10%-facts-and-circumstances test—2015. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. ► <input type="checkbox"/>	
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. ► <input type="checkbox"/>	

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(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 VI.)						
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 section 501(c)(3) organization, check this box and **stop here** ► ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2015 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2015 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2016. 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—2015. 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 Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>	1	
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>	2	
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>	3a	
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>	3b	
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>	3c	
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>	4a	
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>	4b	
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>	4c	
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>	5a	
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b	
c Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>	6	
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	7	
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	8	
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>	9a	
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>	9b	
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>	9c	
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>	10a	
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>	10b	

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI</i>		
11a		
11b		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		
1		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
1		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
1		
2		
3		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3 Parent of Supported Organizations Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
2a		
2b		
3a		
3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1** ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income

	(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1	
2 Recoveries of prior-year distributions	2	
3 Other gross income (see instructions)	3	
4 Add lines 1 through 3	4	
5 Depreciation and depletion	5	
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7 Other expenses (see instructions)	7	
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	

Section B - Minimum Asset Amount

	(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a Average monthly value of securities	1a	
b Average monthly cash balances	1b	
c Fair market value of other non-exempt-use assets	1c	
d Total (add lines 1a, 1b, and 1c)	1d	
e Discount claimed for blockage or other factors (explain in detail in Part VI)		
2 Acquisition indebtedness applicable to non-exempt use assets	2	
3 Subtract line 2 from line 1d	3	
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6 Multiply line 5 by .035	6	
7 Recoveries of prior-year distributions	7	
8 Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount

		Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2 Enter 85% of line 1	2	
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4 Enter greater of line 2 or line 3	4	
5 Income tax imposed in prior year	5	
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

Part V

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2016 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2016			
a			
b			
c From 2013.			
d From 2014.			
e From 2015.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2016 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2016, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2017. Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b Excess from 2013.			
c Excess from 2014.			
d Excess from 2015.			
e Excess from 2016.			

Part VI **Supplemental Information.**

Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

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.**
▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.**

OMB No 1545-0047

2016

Open to Public Inspection

If the organization answered "Yes" on 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" on 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" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

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

Name of the organization MASSACHUSETTS EYE & EAR INFIRMARY	Employer identification number 04-2103591
---	---

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 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4a	Was a correction made?	<input type="checkbox"/> Yes <input type="checkbox"/> 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 function 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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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-
2				
3				
4				
5				
6				

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

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?

☐ Yes ☐ 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 separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable 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)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity

		(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?	Yes		
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		123,000
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?		No	
j	Total. Add lines 1c through 1i			123,000
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 carry over 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) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	2a	
a	Current year	2b	
b	Carryover from last year	2c	
c	Total	3	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	4	
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?	5	
5	Taxable amount of lobbying and political expenditures (see instructions)		

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information.

Return Reference	Explanation
SCHEDULE C, PART II-B, LINE 1(I)	DURING FISCAL YEAR 2017, MASS EYE AND EAR WAS A MEMBER OF CERTAIN TRADE ASSOCIATIONS THAT MAY LOBBY ON ITS BEHALF

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -		DLN: 93493227018208	
<div>SCHEDULE D (Form 990)</div> <div>Department of the Treasury Internal Revenue Service</div>		<div>Supplemental Financial Statements</div> <div>► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.</div> <div>Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.</div>			<div>OMB No 1545-0047</div> <div>2016</div> <div>Open to Public Inspection</div>
Name of the organization MASSACHUSETTS EYE & EAR INFIRMARY				Employer identification number 04-2103591	
Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.					
		(a) Donor advised funds		(b) Funds and other accounts	
1	Total number at end of year				
2	Aggregate value of contributions to (during year)				
3	Aggregate value of 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?				<input type="checkbox"/> Yes <input type="checkbox"/> No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can 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?				<input type="checkbox"/> Yes <input type="checkbox"/> No
Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.					
1	Purpose(s) of conservation easements held by the organization (check all that apply) <input type="checkbox"/> Preservation of land for public use (e g , recreation or education) <input type="checkbox"/> Preservation of an historically important 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				
2	Complete lines 2a through 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	Held at the End of the Year			
b	Total acreage restricted by conservation easements	2a			
c	Number of conservation easements on a certified historic structure included in (a)	2b			
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2c			
		2d			
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 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?				<input type="checkbox"/> Yes <input type="checkbox"/> No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ►				
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, 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 section 170(h)(4)(B)(ii)?				<input type="checkbox"/> Yes <input type="checkbox"/> No
9	In Part XIII, 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" on Form 990, Part IV, line 8.					
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), 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 XIII, the text of the footnote to its financial statements that describes these items				
b	If the organization elected, as permitted under SFAS 116 (ASC 958), 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) Revenue included on 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 (ASC 958) relating to these items				
a	Revenue included on Form 990, Part VIII, line 1	► \$			
b	Assets included in Form 990, Part X	► \$			
For Paperwork Reduction Act Notice, see the Instructions for Form 990.					
		Cat No 52283D		Schedule D (Form 990) 2016	

Part III

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

3

Using the organization's acquisition, 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 XIII

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" on 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 XIII 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, for escrow or custodial account liability?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII

☐

Part V

Endowment Funds. Complete if the organization answered "Yes" on 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	72,460,656	72,613,174	78,511,651	87,204,661	89,724,541
b Contributions	10,372,206	1,960,347	1,229,040	746,394	2,692,680
c Net investment earnings, gains, and losses	4,293,494	2,728,854	-274,466	5,114,694	3,521,682
d Grants or scholarships					
e Other expenditures for facilities and programs	12,552,747	3,796,280	5,028,553	12,790,645	7,238,559
f Administrative expenses	1,136,338	1,045,439	1,824,498	1,763,453	1,495,683
g End of year balance	73,437,271	72,460,656	72,613,174	78,511,651	87,204,661

2

Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

a Board designated or quasi-endowment ▶ 3 660 %

b Permanent endowment ▶ 89 590 %

c Temporarily restricted endowment ▶ 6 750 %

The percentages on lines 2a, 2b, and 2c should equal 100%

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

b

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

	Yes	No
3a(i)		
3a(ii)		
3b		

4

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

Part VI

Land, Buildings, and Equipment.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11a. 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		535,324		535,324
b Buildings		198,487,044	134,119,782	64,367,262
c Leasehold improvements		19,258,400	5,209,720	14,048,680
d Equipment		179,449,109	115,852,805	63,596,304
e Other		11,380,023	10,623	11,369,400
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				153,916,970

Part VII

Investments—Other Securities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11b.
See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12) ▶		

Part VIII

Investments—Program Related. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c.
See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13) ▶		

Part IX

Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d See Form 990, Part X, line 15

(a) Description	(b) Book value
(1) DUE FROM AFFILIATES	193,251,619
(2) FUNDS HELD FOR RESEARCH	477,486
(3) DEBT SERVICE FUND	6,373,979
(4) SPECIAL CASH & CAPITAL RESERVE	3,280,353
(5) QLT	393,676
(6) DEFERRED FINANCING COSTS	12,986,300
(7) TAX DEFERRED PLAN	2,310,072
(8) CRICO	2,567,846
(9) CAPITAL RESERVE	384
Total. (Column (b) must equal Form 990, Part X, col (B) line 15) ▶	221,641,715

Part X

Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f.
See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	0
DUE TO AFFILIATES	168,068,669
ESTIMATE 3RD PARTY SETTLEMENT	4,682,861
PROFESSIONAL LIABILITY RESERVE	3,105,530
TAX DEFERRED LIABILITY	2,310,072
MDFA REVENUE BONDS INTR RATE S	1,338,106
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶	179,505,238

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

☒

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

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

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	
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 XIII)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
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 XIII)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5	

Part XIII Supplemental Information

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, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 04-2103591
Name: MASSACHUSETTS EYE & EAR INFIRMARY

Form 990, Schedule D, Part IX, - Other Assets

(a) Description	(b) Book value
(1) DUE FROM AFFILIATES	193,251,619
(2) FUNDS HELD FOR RESEARCH	477,486
(3) DEBT SERVICE FUND	6,373,979
(4) SPECIAL CASH & CAPITAL RESERVE	3,280,353
(5) QLT	393,676
(6) DEFERRED FINANCING COSTS	12,986,300
(7) TAX DEFERRED PLAN	2,310,072
(8) CRICO	2,567,846
(9) CAPITAL RESERVE	384

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PART III, LINE 4	THE RARE BOOKS COLLECTION CONSISTS MAINLY OF SEVERAL HUNDRED BOOKS IN THE MEEI SPECIALTIES OF OPHTHALMOLOGY AND OTOLARYNGOLOGY AS WELL AS A FEW ON THE MEDICAL HISTORY OF BOSTON AND MASSACHUSETTS THE MAJORITY WERE DONATED ORIGINALLY BY MOSES LURIE, MD AND MRS LUCIEN HOWE (WIFE OF LUCIEN HOWE, MD) A FEW WERE DONATED BY OTHER PHYSICIANS THROUGH THE YEARS EN DOWMENT FUNDS SET UP BETWEEN MRS HOWE AND DR LURIE WERE DESIGNATED FOR THE OCCASIONAL PU RCHASE OF RARE BOOKS TO SUPPLEMENT THE ORIGINAL DONATIONS THE RARE BOOKS ARE AVAILABLE TO THE SCIENTIFIC, MEDICAL AND ACADEMIC COMMUNITY FOR PURPOSES OF RESEARCH AND EDUCATION

Supplemental Information	
Return Reference	Explanation
SCHEDULE D, PART V, LINE 4	THE ENDOWMENT FUNCTIONS TO SUPPORT THE MISSION OF THE MASSACHUSETTS EYE AND EAR INFIRMARY TO PROVIDE SUPERIOR PATIENT CARE AND RESEARCH THE INCOME FROM THE ENDOWMENT FUNDS IS SUBJECT TO DONOR-IMPOSED STIPULATIONS USUALLY FOR RESEARCH, EDUCATION AND PATIENT CARE

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PART X, LINE 2	THE MASSACHUSETTS EYE AND EAR INFIRMARY ("INFIRMARY") WAS INCLUDED IN CONSOLIDATED FINANCIAL STATEMENTS WITH ITS AFFILIATED ORGANIZATIONS THE INCOME TAX FOOTNOTE IS AS FOLLOWS THE FOUNDATION AND ITS AFFILIATES QUALIFY AS TAX-EXEMPT ORGANIZATIONS UNDER THE INTERNAL REVENUE CODE THE FOUNDATION, INFIRMARY, ASSOCIATES, SCHEPENS AND EMBANKMENT ARE TAX-EXEMPT UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND CIRCLE IS TAX-EXEMPT UNDER 501(C)(25) OF THE INTERNAL REVENUE CODE ACCORDINGLY, NO PROVISION FOR INCOME TAXES HAS BEEN MADE IN THE ACCOMPANYING FINANCIAL STATEMENTS MANAGEMENT HAS EVALUATED ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES AND THERE WAS NO IMPACT TO THE FOUNDATION'S FINANCIAL STATEMENTS FOR THE YEAR ENDED SEPTEMBER 30, 2017

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990,
Part IV, line 14b, 15, or 16.

► Attach to Form 990. ► See separate instructions.

► Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

**Open to Public
Inspection**

Name of the organization
MASSACHUSETTS EYE & EAR INFIRMARY

Employer identification number

04-2103591

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ **Yes** ☐ **No**

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States

3 Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) See Add'l Data					
(2)					
(3)					
(4)					
(5)					
3a Sub-total					251,002
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)					251,002

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			Europe (Including Iceland and Greenland)	BASIC RESEARCH	71,264	CHECK			
(2)			North America	BASIC RESEARCH	55,596	CHECK			
(3)									
(4)									

- 2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter **2**
- 3 Enter total number of other organizations or entities **0**

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

- 1 Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* ☐ Yes ☒ No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U S Owner (see Instructions for Forms 3520 and 3520-A)* ☐ Yes ☒ No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U S Persons with Respect to Certain Foreign Corporations (see Instructions for Form 5471)* ☒ Yes ☐ No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* ☐ Yes ☒ No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U S Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* ☐ Yes ☒ No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713)* ☐ Yes ☒ No

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

Return Reference	Explanation
SCHEDULE F, PART I, LINE 2	SUBRECIPIENT MONITORING POLICY AND PROCEDURES SUBAWARDS ARE ISSUED THROUGH A CONSORTIUM AGREEMENT BETWEEN THE MASSACHUSETTS EYE AND EAR INFIRMARY ("THE INFIRMARY") AND THE RECIPIENT INSTITUTION THE AGREEMENT SPECIFIES THE TERMS OF THE SUBAWARD AND INCLUDES A DETAILED BUDGET AND SCOPE OF WORK TO BE PERFORMED BY THE RECIPIENT INSTITUTION AWARDED FUNDS ARE ENCUMBERED BY A PURCHASE ORDER THAT IS ASSIGNED TO A UNIQUE FUND NUMBER PAYMENTS TO RECIPIENT INSTITUTIONS MADE AGAINST THE PURCHASE ORDER ARE RECORDED IN THE INFIRMARY ACCOUNTING SYSTEM SO THAT INDIVIDUAL PAYMENTS AND PURCHASE ORDERS BALANCES CAN BE MONITORED DISBURSEMENT OF FUNDS FOR SUBAWARDS REQUIRES THE WRITTEN APPROVAL OF THE PRINCIPAL INVESTIGATOR ("PI") FREQUENT PROGRESS REPORTS AND OTHER FORMS OF COMMUNICATION ARE REQUIRED BETWEEN THE PI AND THE SUBAWARD RECIPIENT INSTITUTE TO ENSURE THAT THE SCOPE OF WORK IS PROGRESSING AT A SATISFACTORY PACE RESEARCH ADMINISTRATION ALSO CONDUCTS AN ANNUAL INVENTORY OF INSTITUTIONS TO WHICH RESERACH HAS BEEN SUBAWARDED A RISK ASSESSMENT MATRIX IS EMPLOYED, ALONG WITH A REVIEW OF THE SUBRECIPIENTS' MOST RECENT A133 AUDIT REPORT, TO DETERMINE TO DETERMINE THE LEVEL OF RISK REGARDING THE SUBRECIPIENTS' ABILITY TO COMPLY WITH FEDERAL GUIDELINES

Return Reference	Explanation
SCHEDULE F, PART I, LINE 3, COLUMN (F) AND PART II, LINE 1	THE INFIRMARY USES THE ACCRUAL METHOD OF ACCOUNTING AND SEPARATELY IDENTIFIES FOREIGN ACTIVITY ON ITS GENERAL LEDGER

Additional Data

Software ID:
Software Version:
EIN: 04-2103591
Name: MASSACHUSETTS EYE & EAR INFIRMARY

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Europe (Including Iceland and Greenland)			Grantmaking		71,264
North America			Grantmaking		55,596
Europe (Including Iceland and Greenland)			Program Services	CONFERENCE	34,478

Form 990 Schedule F Part I - Activities Outside The United States					
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
East Asia and the Pacific			Program Services	CONFERENCE	45,338
Middle East and North Africa			Program Services	CONFERENCE	1,179
North America			Program Services	CONFERENCE	8,516

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
South America			Program Services	CONFERENCE	9,376
South Asia			Program Services	CONFERENCE	2,143
Sub-Saharan Africa			Program Services	CONFERENCE	23,112

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" on 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.

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
MASSACHUSETTS EYE & EAR INFIRMARY

Employer identification number
04-2103591

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17.
Form 990-EZ filers are not required to complete this part.

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

a ☒ Mail solicitations

e ☒ Solicitation of non-government grants

b ☒ Internet and email solicitations

f ☒ Solicitation of government grants

c ☐ Phone solicitations

g ☐ Special fundraising events

d ☒ In-person solicitations

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.

(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			
1 VISION PHILANTHROPY GROUP	CAPITAL CAMPAIGN		No		67,094	
2 HUNTSINGER JEFFER	ANNUAL FUND		No		55,000	
3						
4						
5						
6						
7						
8						
9						
10						
Total ▶					122,094	

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

CA, CT, FL, GA, IL, ME, MD, MA, MI, MN, NH, NJ, NY, NC, OH, PA, RI, SC, VA

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d)
		(event type)	(event type)	(total number)	Total events (add col (a) through col (c))
Direct Expenses	1 Gross receipts				
	2 Less Contributions				
	3 Gross income (line 1 minus line 2)				
	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				

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

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

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

a Is the organization licensed to conduct 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 conduct gaming activities with nonmembers?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
13 Indicate the percentage of gaming activity conducted in:					
a The organization's facility	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 100px; text-align: center;">13a</td><td style="width: 100px; text-align: center;">%</td></tr><tr><td style="text-align: center;">13b</td><td style="text-align: center;">%</td></tr></table>	13a	%	13b	%
13a	%				
13b	%				
b An outside facility					
14 Enter 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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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 of the third party:					
Name ►					
Address ►					
16 Gaming manager information:					
Name ►					
Gaming manager compensation ► \$					
Description of services provided ►					
<input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> 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?					
<input type="checkbox"/> Yes <input type="checkbox"/> 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 Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

Return Reference	Explanation
SCHEDULE G, PART I, LINE 2B, COLUMN (V)	DURING THE FISCAL YEAR ENDED SEPTEMBER 30, 2017, MASSACHUSETTS EYE AND EAR INFIRMARY ("THE INFIRMARY") CONTRACTED WITH HUNTSINGER & JEFFER, A FUNDRAISING CONSULTING COMPANY, TO ASSIST WITH THE FOUNDATION'S MAILING CAMPAIGN BY DRAFTING LETTERS AND WORKING WITH A MAIL HOUSE TO SEND LETTERS AND EMAILS TO PATIENTS ON THE INFIRMARY'S BEHALF. THE INFIRMARY ALSO CONTRACTED WITH VISION PHILANTHROPY TO ASSIST WITH THE INFIRMARY'S CAPITAL FUNDRAISING CAMPAIGN. HUNTSINGER & JEFFER 809 BROOK HILL CIRCLE RICHMOND, VA 23227 VISION PHILANTHROPY GROUP 401 BOWLING AVENUE #1 NASHVILLE, TN 37205

SCHEDULE H
(Form 990)

Hospitals

OMB No 1545-0047

2016

Open to Public Inspection

► Complete if the organization answered "Yes" on Form 990, Part IV, question 20.
► Attach to Form 990.
► Information about Schedule H (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury

Name of the organization

MASSACHUSETTS EYE & EAR INFIRMARY

Employer identification number

04-2103591

Part I

Financial Assistance and Certain Other Community Benefits at Cost

	Yes	No
1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a Yes	
b If "Yes," was it a written policy?	1b Yes	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year		
<input type="checkbox"/> Applied uniformly to all hospital facilities		
<input type="checkbox"/> Applied uniformly to most hospital facilities		
<input type="checkbox"/> Generally tailored to individual hospital facilities		
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year		
a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing free care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care	3a Yes	
<input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input checked="" type="checkbox"/> Other 400 %		
b Did the organization use FPG as a factor in determining eligibility for providing discounted care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care	3b Yes	
<input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input checked="" type="checkbox"/> 400% <input type="checkbox"/> Other %		
c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care		
4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4 Yes	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a Yes	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b Yes	
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	5c	No
6a Did the organization prepare a community benefit report during the tax year?	6a Yes	
b If "Yes," did the organization make it available to the public?	6b Yes	
Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H		

7

Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			4,406,326	709,619	3,696,707	1 340 %
b Medicaid (from Worksheet 3, column a)			23,410,106	18,792,060	4,618,046	1 670 %
c Costs of other means-tested government programs (from Worksheet 3, column b)			872,960	504,868	368,091	0 130 %
d Total Financial Assistance and Means-Tested Government Programs			28,689,392	20,006,547	8,682,844	3 140 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			103,800		103,800	0 040 %
f Health professions education (from Worksheet 5)			8,041,416	1,685,620	6,355,796	2 300 %
g Subsidized health services (from Worksheet 6)	2	64	1,756,896	1,054,510	702,386	0 250 %
h Research (from Worksheet 7)			42,261,815	37,173,117	5,088,698	1 840 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			47,885		47,885	0 020 %
j Total. Other Benefits	2	64	52,211,812	39,913,247	12,298,565	4 450 %
k Total. Add lines 7d and 7j	2	64	80,901,204	59,919,794	20,981,409	7 590 %

Part II Community Building Activities Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development						
3 Community support						
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy						
8 Workforce development						
9 Other						
10 Total						

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

		Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1	Yes	
2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.	2	4,494,660	
3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.	3	163,682	
4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.			

Section B. Medicare

5 Enter total revenue received from Medicare (including DSH and IME).	5	56,514,465
6 Enter Medicare allowable costs of care relating to payments on line 5.	6	60,498,946
7 Subtract line 6 from line 5. This is the surplus (or shortfall).	7	-3,984,481
8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used.		
<input checked="" type="checkbox"/> Cost accounting system	<input type="checkbox"/> Cost to charge ratio	<input type="checkbox"/> Other

Section C. Collection Practices

9a Did the organization have a written debt collection policy during the tax year?	9a	Yes	
b If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI.	9b	Yes	

Part IV Management Companies and Joint Ventures

(owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1				
2				
3				
4				
5				
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10				
11				
12				
13				

Part V Facility Information**Section A. Hospital Facilities**

(list in order of size from largest to smallest—see instructions)

How many hospital facilities did the organization operate during the tax year?
1

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)

	Other (Describe)	ER-other	ER-24 hours	Research facility	Critical access hospital	Teaching hospital	Children's hospital	General medical & surgical	Licensed hospital	Facility reporting group
See Additional Data Table										

Part V Facility Information (continued)**Section B. Facility Policies and Practices**(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)
MASSACHUSETTS EYE & EAR INFIRMARY**Name of hospital facility or letter of facility reporting group** _____**Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A):** _____

		Yes	No
Community Health Needs Assessment			
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1	No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2	No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 If "Yes," indicate what the CHNA report describes (check all that apply)	3	Yes
a	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b	<input checked="" type="checkbox"/> Demographics of the community		
c	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	<input checked="" type="checkbox"/> How data was obtained		
e	<input checked="" type="checkbox"/> The significant health needs of the community		
f	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j	<input type="checkbox"/> Other (describe in Section C) _____		
4	Indicate the tax year the hospital facility last conducted a CHNA <u>20 15</u>		
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes
6 a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	No
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b	No
7	Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	7	Yes
a	<input checked="" type="checkbox"/> Hospital facility's website (list url) <u>SEE SECTION C</u>		
b	<input type="checkbox"/> Other website (list url) _____		
c	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d	<input type="checkbox"/> Other (describe in Section C) _____		
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	Yes
9	Indicate the tax year the hospital facility last adopted an implementation strategy <u>20 15</u>		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url) <u>SEE SECTION C</u>	10	Yes
a			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	No
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a	No
b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c	If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V

Facility Information *(continued)*

Financial Assistance Policy (FAP)

MASSACHUSETTS EYE & EAR INFIRMARY

Name of hospital facility or letter of facility reporting group _____

	Yes	No
<p>Did the hospital facility have in place during the tax year a written financial assistance policy that</p> <p>13 Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP</p> <p>a <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 400 % and FPG family income limit for eligibility for discounted care of 400 %</p> <p>b <input type="checkbox"/> Income level other than FPG (describe in Section C)</p> <p>c <input checked="" type="checkbox"/> Asset level</p> <p>d <input checked="" type="checkbox"/> Medical indigency</p> <p>e <input checked="" type="checkbox"/> Insurance status</p> <p>f <input checked="" type="checkbox"/> Underinsurance discount</p> <p>g <input type="checkbox"/> Residency</p> <p>h <input type="checkbox"/> Other (describe in Section C)</p>	13 Yes	
<p>14 Explained the basis for calculating amounts charged to patients?</p>	14 Yes	
<p>15 Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)</p> <p>a <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application</p> <p>b <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application</p> <p>c <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process</p> <p>d <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications</p> <p>e <input type="checkbox"/> Other (describe in Section C)</p>	15 Yes	
<p>16 Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)</p> <p>a <input checked="" type="checkbox"/> The FAP was widely available on a website (list url) SEE SECTION C</p> <p>b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) SEE SECTION C</p> <p>c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) SEE SECTION C</p> <p>d <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)</p> <p>e <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)</p> <p>f <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)</p> <p>g <input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention</p> <p>h <input type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP</p> <p>i <input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations</p> <p>j <input type="checkbox"/> Other (describe in Section C)</p>	16 Yes	

Part V Facility Information (continued)**Billing and Collections**

MASSACHUSETTS EYE & EAR INFIRMARY

Name of hospital facility or letter of facility reporting group

		Yes	No
17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment?	17	Yes	
18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP			
a <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> Other similar actions (describe in Section C) f <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted			
19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	19		No
If "Yes," check all actions in which the hospital facility or a third party engaged			
a <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> Other similar actions (describe in Section C)			
20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply)			
a <input type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs b <input type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process c <input type="checkbox"/> Processed incomplete and complete FAP applications d <input type="checkbox"/> Made presumptive eligibility determinations e <input type="checkbox"/> Other (describe in Section C) f <input checked="" type="checkbox"/> None of these efforts were made			

Policy Relating to Emergency Medical Care

21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	21	Yes	
If "No," indicate why			
a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions b <input type="checkbox"/> The hospital facility's policy was not in writing c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) d <input type="checkbox"/> Other (describe in Section C)			

Part V Facility Information *(continued)***Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

MASSACHUSETTS EYE & EAR INFIRMARY

Name of hospital facility or letter of facility reporting group _____**22** Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care

- a** ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b** ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c** ☒ The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d** ☐ The hospital facility used a prospective Medicare or Medicaid method

23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?

If "Yes," explain in Section C

24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?

If "Yes," explain in Section C

	Yes	No
22		
23		No
24		No

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

[illegible]

Part V Facility Information (continued)**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**
(list in order of size, from largest to smallest)How many non-hospital health care facilities did the organization operate during the tax year? 8

Name and address	Type of Facility (describe)
1 MASSACHUSETTS EYE & EAR STONEHAM ONE MONTVALE AVENUE STONEHAM, MA 02180	LICENSED OUTPATIENT LOCATION
2 MASSACHUSETTS EYE & EAR E BRIDGEWATER ONE COMPASS WAY SUITE 100 E BRIDGEWATER, MA 02333	LICENSED OUTPATIENT LOCATION
3 MEEI VESTIBULAR CENTER AT BRAINTREE 250 POND STREET 1ST FLOOR BRAINTREE, MA 02184	LICENSED OUTPATIENT LOCATION
4 MASSACHUSETTS EYE & EAR QUINCY 500 CONGRESS STREET QUINCY, MA 02169	LICENSED OUTPATIENT LOCATION
5 MASSACHUSETTS EYE & EAR AT JOSLIN 1 JOSLIN PLACE BOSTON, MA 02215	LICENSED OUTPATIENT LOCATION
6 MASSACHUSETTS EYE & EAR CONCORD 54 BAKER AVE EXTENSION 3RD FL STE CONCORD, MA 01742	LICENSED OUTPATIENT LOCATION
7 MASSACHUSETTS EYE & EAR LONGWOOD 800 HUNTINGTON AVENUE BOSTON, MA 02115	LICENSED OUTPATIENT LOCATION
8 MASSACHUSETTS EYE & EAR PLAINVILLE 30 MAN MAR DRIVE STE 2 PLAINVILLE, MA 02762	LICENSED OUTPATIENT LOCATION
9	
10	

Part VI Supplemental Information

Provide the following information

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II and Part III, lines 2, 3, 4, 8 and 9b
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc)
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART I, LINE 3C	IN ADDITION TO FPG, THE ORGANIZATION CONSIDERS ASSETS, UNPAID MEDICAL EXPENSES, AND EXTRAORDINARY FINANCIAL CIRCUMSTANCES (UNEMPLOYMENT AND OTHER FINANCIAL STRESSES) WHEN REVIEWING AN INDIVIDUALS APPLICATION FOR FINANCIAL ASSISTANCE

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART II	THE MASSACHUSETTS EYE AND EAR INFIRMARY ("THE INFIRMARY") AND ITS AFFILIATED ORGANIZATIONS (COLLECTIVELY "MEEI") PROVIDED COMMUNITY BUILDING HEALTH IMPROVEMENT ADVOCACY BY PROVIDING EDUCATIONAL OPPORTUNITIES AND SUPPORT, INCLUDING HOSTED SUPPORT GROUPS, AND FOCUSING ON HEALTH CONDITIONS IN OUR SPECIALTIES TO PATIENTS AND THE PUBLIC PLEASE SEE PAGE 21 OF THE COMMUNITY BENEFITS PLAN POSTED ON THE MEEI WEBSITE, WWW.MASSEYEANDEAR.ORG, FOR DETAILS

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART III, LINES 2 - 4	BAD DEBTS ARE WRITTEN OFF AT GROSS CHARGES FOR UNINSURED CLAIMS (SELF-PAY), BAD DEBTS ARE DISCOUNTED TO COST USING THE HOSPITAL COST ACCOUNTING SYSTEM ACCOUNTS RECEIVABLE RELATED TO CO-PAYS, DEDUCTIBLES, AND COINSURANCE THAT IS WRITTEN OFF AS BAD DEBT IS ALREADY REPORTED AT COST AND IS DEDUCTED FROM THE INSURANCE-ALLOWED AMOUNT SEE FINANCIAL STATEMENT, PAGES 25 27

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART III, LINE 8	THE SHORTFALL REPORTED ON PART III, LINE 7 SHOULD BE CONSIDERED COMMUNITY BENEFIT BECAUSE REIMBURSEMENT FROM MEDICARE DOES NOT COVER THE COST OF TREATING PATIENTS MEEI HAS A POLICY TO TREAT ALL PATIENTS, REGARDLESS OF THE PAYER AS A PRIMARILY OUT-PATIENT FACILITY, WITH ONLY TWO SPECIALTIES, MEEI CANNOT BENEFIT FROM RELATIVELY HIGHER MEDICARE PAYMENTS FOR SOME SPECIALTIES OR HIGHER INPATIENT MEDICARE REIMBURSEMENT WITHOUT COMPROMISING PATIENT CARE, MEEI HAS LIMITED MEANS FOR REDUCING COSTS MEEI USES A COST ACCOUNTING SYSTEM THAT IS COMPRISED OF A STEP-DOWN METHODOLOGY FOR ALLOCATING HOSPITAL OVERHEAD THAT IS SIMILAR TO THAT USED FOR THE MEDICARE COST REPORT ALL INDIRECT COSTS ARE ALLOCATED TO PATIENT CARE COST CENTER, TEACHING AND RESEARCH FULLY-LOADED PATIENT CARE COSTS ARE ALLOCATED TO PATIENTS USING BILLED UNITS, UNIT COSTS, AND ALLOCATION ALGORITHMS SPECIFIC TO EACH COST CENTER

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART III, LINE 9B	PATIENTS ARE NOTIFIED ON ALL BILLING STATEMENTS OF THE AVAILABILITY OF FINANCIAL ASSISTANCE AND THE CONTACT INFORMATION OF THE APPROPRIATE STAFF MEMBERS WHO ARE AVAILABLE TO ASSIST IN THE PROCESS MEEI'S POLICY INCORPORATES SPECIFIC BILLING PRACTICES RELATING TO PATIENTS WHO ARE ELIGIBLE FOR FINANCIAL ASSISTANCE

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 2	<p>MASS EYE AND EAR ENGAGED THE SERVICES OF CONSULTANTS TO JOIN THE CB WORKING GROUP AND GUIDE THE ASSESSMENT PROCESSES, WHICH TOOK PLACE DURING THE FALL 2015/WINTER 2016 THE NEXT ASSESSMENT PROCESS WILL BEGIN IN THE FALL OF 2018 KENEFICK AND BAXTER HAD WORKED WITH MASS EYE AND EAR ON ITS LAST TWO ASSESSMENTS AS WELL THE NEEDS ASSESSMENT WAS A THREE-STEP PROCESS DESIGNED TO (1) IDENTIFY THE MASS EYE AND EAR TARGET AREAS AND POPULATIONS FOR ITS COMMUNITY BENEFIT PLAN (2) ASSESS UNMET NEEDS IN THE SERVICE AREA AND AMONG TARGET POPULATIONS (3) ASSESS NEEDS IN MISSION HILL FOR MOST MASSACHUSETTS HOSPITALS, COMMUNITY-LEVEL DATA AVAILABLE THROUGH THE MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH AND BOSTON PUBLIC HEALTH COMMISSION ARE USEFUL IN UNDERSTANDING THE SPECIFIC HEALTH NEEDS OF COMMUNITIES AND THOSE IN WHICH DISPARITIES EXIST THESE DATA ARE TYPICALLY USED TO SELECT VULNERABLE COMMUNITIES AND POPULATIONS AND TO TARGET SERVICES TO ADDRESS PARTICULAR HEALTH ISSUES AND DISPARITIES BECAUSE NEITHER THE BOSTON PUBLIC HEALTH COMMISSION NOR THE MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH COLLECT AND REPORT DATA ON VISION, HEARING, AND OTHER HEAD AND NECK CONDITIONS IN MASSACHUSETTS COMMUNITIES, MASS EYE AND EAR HAD TO RELY ON ITS OWN PATIENT DATA, CENSUS DATA, AND GUIDANCE FROM THE CENTERS FOR DISEASE CONTROL AND PREVENTION TO DEFINE ITS TARGET COMMUNITIES AND POPULATIONS AND TO FORMULATE OBJECTIVES FOR ITS COMMUNITY BENEFITS PLAN</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 3	<p>MEEI, AS A FACILITY, WORKS TO ACTIVELY INFORM PATIENTS OF OUR PROGRAMS AND RESOURCES AVAILABLE TO THEM TO HELP WITH FINANCIAL ASSISTANCE. BILLING BROCHURES ARE AVAILABLE IN ALL DEPARTMENTAL WAITING AREAS, WHICH EXPLAIN THE BILLING PROCESS AND THE PATIENT'S OPTIONS FOR FINANCIAL ASSISTANCE. IN ADDITION, THE MEEI EXTERNAL WEBSITE CONTAINS A DEDICATED PAGE WHICH HIGHLIGHTS THE BASIC FEDERAL, AND MASSACHUSETTS EYE AND EAR, PROGRAMS. IT ALSO PROVIDES CONTACT INFORMATION FOR MEEI'S FINANCIAL COORDINATORS. THE FINANCIAL COORDINATION PROCESS IS DESIGNED TO EVALUATE THE PATIENTS' FINANCIAL ABILITY TO PAY AND TO RECOMMEND AND ASSIST THE PATIENT WITH ENROLLING IN ANY APPLICABLE GOVERNMENT OR PRIVATE PROGRAMS. WHEN ALL AVENUES HAVE BEEN EXHAUSTED, CHARITABLE CARE CRITERIA ARE REVIEWED. INFORMATION RELATING TO THE AVAILABILITY OF FINANCIAL ASSISTANCE IS ALSO GENERATED ON EACH OF OUR PATIENT STATEMENTS AND HAS BEEN TRANSLATED FOR THOSE INDIVIDUALS WHO MAY HAVE LIMITED ENGLISH PROFICIENCY.</p>

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SCHEDULE H, PART VI, LINE 4	<p>STEP 1 IDENTIFY MASS EYE AND EAR'S TARGET AREA AND POPULATIONS FOR ITS COMMUNITY BENEFITS PLAN THE ASSESSMENT TO INFORM THE NEXT MASS EYE AND EAR COMMUNITY BENEFIT PLAN BEGAN WITH ANALYSIS OF 12 MONTHS OF PATIENT DATA (APRIL 1, 2014 THROUGH MARCH 31, 2015) TO BETTER UNDERSTAND THE POPULATION SERVED PATIENTS FROM OUTSIDE OF MASSACHUSETTS WERE EXCLUDED FROM ANALYSES, LEAVING A REPRESENTATIVE SAMPLE OF 91,915 PATIENTS WHO UTILIZED SERVICES AT MASS EYE AND EAR'S MAIN CAMPUS AND ITS LONGWOOD FACILITY BELOW, OBSERVATIONS ABOUT PATIENTS SEX, RACE/ETHNICITY, AGE, SES, AND THEIR GEOGRAPHIC LOCATIONS ARE PROVIDED THESE DATA WERE USED TO GUIDE THE SELECTION OF COMMUNITIES AND/OR POPULATIONS OF FOCUS BELOW, THE FINDINGS ABOUT PATIENTS' SEX, RACE/ETHNICITY, GEOGRAPHIC LOCATION, AND SES ARE PROVIDED AND ARE FOLLOWED BY PROFILES OF MASS EYE AND EAR'S PATIENTS OF COLOR, LOW-INCOME AND UN/UNDER-INSURED PATIENTS, AND ITS PEDIATRIC AND GERIATRIC PATIENTS SEX OVER HALF (54 7%) OF PATIENTS INCLUDED IN THE DATA SET ARE FEMALE RACE/ETHNICITY ROUGHLY 81% OF PATIENTS IN THE SAMPLE ELECTED TO PROVIDE DATA ABOUT THEIR RACE AND ETHNICITY AT THE TIME OF REGISTRATION AT MASS EYE AND EAR FIGURE BELOW SHOWS THE RACIAL/ETHNIC BREAKDOWN OF PATIENTS IN THE DATA SET, THE MAJORITY OF WHOM (64 4%) ARE WHITE RACE/ETHNICITY OF MASS EYE AND EAR PATIENTS AMERICAN INDIAN/ALASKA NATIVE 191 0 2% ASIAN 4,126 4 2% BLACK/AFRICAN AMERICAN 6,062 6 6% HISPANIC 3,961 4 3% PACIFIC ISLANDER 38 3% WHITE 59,166 64 4% OTHER 685 0 7% UNKNOWN 17,686 19 2% TOTAL 91,915 100 0%</p> <p>GEOGRAPHY JUST UNDER 20% OF MASS EYE AND EAR'S PATIENTS RESIDE IN BOSTON ANOTHER 39 7% LIVE IN THE SUBURBAN COMMUNITIES AROUND BOSTON AND WITHIN THE 128 BELT, AND 25 4% LIVE WEST OF 128, BUT STILL EAST OF INTERSTATE 495 THE REMAINING 15 5% OF PATIENT LIVE ELSEWHERE IN MA (E G , WEST OF INTERSTATE 495 OR ON THE CAPE OR ISLANDS) GEOGRAPHIC LOCATION OF MASS EYE AND EAR PATIENTS LIVING IN MASSACHUSETTS BOSTON 17,794 19 4% WITHIN 128 (EXCEPT BOSTON) 36,517 39 7% EAST OF 495/WEST OF 128 23,336 25 4% ELSEWHERE IN MA 14,268 15 5% BOSTON IS HOME TO THE LARGEST CONCENTRATION OF MASS EYE AND EAR PATIENTS (19 4%) FOLLOWED BY 15 OTHER COMMUNITIES WITH THE EXCEPTION OF ANDOVER, 14 OF THESE 15 COMMUNITIES ARE WITHIN THE 128 BELT TOGETHER WITH BOSTON, THESE COMMUNITIES ARE HOME TO 47 2% OF MASS EYE AND EAR'S PATIENTS COMMUNITIES OUTSIDE OF BOSTON THAT ARE HOME TO LARGEST CONCENTRATIONS OF PATIENTS CAMBRIDGE 3,476 3 8% REVERE 2,187 2 40% NEWTON 2,080 2 3% QUINCY 1,983 2 20% SOMERVILLE 1,976 2 10% BROOKLINE 1,840 2 0% CHELSEA 1,769 1 9% MEDFORD 1,700 1 8% MALDEN 1,672 1 8% LYNN 1,434 1 6% EVERETT 1,326 1 4% ANDOVER 1,117 1 2% ARLINGTON 1,101 1 2% WALTHAM 979 1 10% WINTHROP 890 1 00% TOTAL 25,530 27 8%</p>

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NOTE THAT WITHIN THE DATA SET, SOME PATIENTS WERE LISTED AS LIVING IN	<p>BOSTON WITH NO SPECIFIED NEIGHBORHOOD, WHEREAS OTHERS WERE LISTED AS LIVING IN ONE OF BOSTONS 21 NEIGHBORHOODS. IN FACT, DATA WERE AVAILABLE FOR 13 OF THE 21 NEIGHBORHOODS. RATHER THAN ROLL THE DATA FOR THE 13 NEIGHBORHOODS INTO THE BOSTON NUMBERS, THE CONSULTANTS KEPT THE DATA SEPARATE TO UNDERSTAND WHICH NEIGHBORHOODS HAVE SIGNIFICANT NUMBERS OF MASS EYE AND EAR PATIENTS. HOWEVER, IT SHOULD BE NOTED THAT THE ACTUAL NUMBERS ASSOCIATED WITH THOSE NEIGHBORHOODS SHOULD BE HIGHER, AS SOME PATIENTS LIVING IN THOSE NEIGHBORHOODS ARE SIMPLY CLASSIFIED AS LIVING IN BOSTON. OTHER NEIGHBORHOODS OF BOSTON MAY ALSO BE HOME TO LARGE NUMBERS OF MASS EYE AND EAR PATIENTS BUT, BECAUSE THEY ARE NOT BROKEN OUT, WE DO NOT KNOW HOW MANY PATIENTS RESIDE IN THOSE NEIGHBORHOODS.</p> <p>NEIGHBORHOOD OF MASS EYE AND EAR'S PATIENTS WHO RESIDE IN BOSTON BOSTON 5,590 31 4% SOUTH BOSTON 893 5 0% DORCHESTER 2,692 15 1% WEST ROXBURY 776 4 4% EAST BOSTON 1,353 7 6% HYDE PARK 719 4 0% CHARLESTOWN 1,195 6 7% ROSLINDALE 713 4 0% JAMAICA PLAIN 1,171 6 6% MATTAPAN 560 3 1% BRIGHTON 917 5 2% ALLSTON 321 1 8% ROXBURY 894 5 0%</p> <p>SOCIO-ECONOMIC STATUS DETERMINING THE SOCIO-ECONOMIC STATUS (SES) OF PATIENTS IS CHALLENGING. HOWEVER, MEANS-TESTED PUBLIC HEALTH INSURANCE PLANS (E.G., MASSHEALTH, NETWORK HEALTH, BMC HEALTH NET, HEALTH SAFETY NET) MAY BE USED AS A PROXY FOR LOWER SES. ADDITIONALLY, THOSE WHOSE PAYER WAS LISTED AS A SOURCE OF CHARITABLE CARE OR WHO ARE LISTED AS SELF-PAY ARE CONSIDERED UNINSURED OR UNDERINSURED. THESE PROXIES LIKELY LEAD TO AN UNDER-ESTIMATION OF THE PERCENTAGE OF LOW-INCOME PATIENTS. FOR EXAMPLE, MOST PATIENTS WHO ARE 65 AND OVER HAVE SOME FORM OF MEDICARE AS THEIR PAYMENT METHOD, WHICH PROVIDES NO INDICATION OF SES. DESPITE SUCH LIMITATIONS, THE DATA INDICATE THAT AT LEAST 15.1% OF MASS EYE AND EAR'S PATIENTS ARE LOW-INCOME AND 2.2% ARE UNINSURED OR UNDER-INSURED.</p> <p>PROFILES OF MASS EYE AND EAR'S LOW-INCOME PATIENTS AND PATIENTS OF COLOR: PATIENTS WITH LOW SES OR WHO ARE UN/UNDER-INSURED BASED ON PAYMENT METHOD DATA, AT LEAST 15,846 (17.2%) OF MASS EYE AND EAR PATIENTS ARE OF LOWER SES OR ARE UNINSURED OR UNDER-INSURED. MORE THAN HALF (55.1%) OF THESE PATIENTS ARE WOMEN. THE MEAN AGE OF THESE PATIENTS IS 40.82 WITH A RANGE OF 2 TO 102. PEOPLE OF COLOR MAKE UP 30.2% OF THE PATIENTS WHO HAVE LOWER SES AND WHO ARE UN- OR UNDER-INSURED COMPARED TO 16.4% OF THE TOTAL MASS EYE AND EAR PATIENT POPULATION.</p> <p>RACIAL CATEGORY OF PATIENT WITH LOW SES OR WHO ARE UN/UNDER-INSURED (TOTAL PATIENT POPULATION -- LOW SES & UN/UNDER-INSURED) RACE/ETHNICITY #, % -- #, % WHITE 59,166, 64.4% -- 7,184, 45.3% PEOPLE OF COLOR 15,063, 16.4% -- 4,789, 30.2% UNKNOWN 17,686, 19.2% -- 3,873, 24.4% TOTAL 91,915, 100.0% -- 15,846, 100.0% JUST OVER 70% OF PATIENTS WITH LOWER SES OR WHO ARE UN- OR UNDER-INSURED LIVE WITHIN THE 128 BELT, WITH 23.9% OF THOSE RESIDING IN BOSTON.</p> <p>GEOGRAPHIC LOCATION OF MASS EYE AND EAR'S LOW-INCOME OR UN/UNDER-INSURED PATIENTS BOSTON 3,794, 23.9% WITHIN 128 (EXCLUDING BOSTON) 7,330, 46.3% EAST OF 495/WEST OF 128 2,688, 17.0% ELSEWHERE IN MA 2,034, 12.8% TOTAL 15,846, 100.0%</p>

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<p>OUTSIDE OF BOSTON, 14 COMMUNITIES ARE HOME TO THE HIGHEST</p>	<p>CONCENTRATION OF PATIENTS WITH LOW SES OR WHO ARE UNINSURED OR UNDER-INSURED WITH THE EXCEPTION OF BROCKTON AND LAWRENCE, ALL OF THESE COMMUNITIES ARE WITHIN THE 128 BELT COMMUNITIES OUTSIDE BOSTON WITH HIGHEST CONCENTRATION OF PATIENTS WITH LOW SES OR WHO ARE UN/UNDER-INSURED CHELSEA 895, 5 6% REVERE 735, 4 6% CAMBRIDGE 559, 3 5% LYNN 542, 3 4% EVERETT 531, 3 4% MALDEN 470, 3 0% SOMERVILLE 439, 2 8% QUINCY, 351, 2 2% MEDFORD 307, 1 9% NEWTON 198, 1 2% BROCKTON 192, 1 2% LAWRENCE 181, 1 1% WALTHAM 180, 1 1% SAUGUS 153, 1 0% TOTAL 5,733, 36 0% PATIENTS OF COLOR JUST OVER ONE-THIRD (35 6%) OF MASS EYE AND EAR PATIENTS IDENTIFIED AS BEING HISPANIC OR OF A RACE OTHER THAN WHITE MOST OF THESE PATIENTS OF COLOR SELF-IDENTIFIED AN ETHNIC IDENTITY AS WELL ASIAN (E G , CAMBODIAN, CHINESE, JAPANESE, KOREAN, LAOTIAN, VIETNAMESE, ASIAN INDIAN), BLACK/AFRICAN AMERICAN (E G , AFRICAN, CAPE VERDEAN, CARIBBEAN ISLANDER, HAITIAN), AND HISPANIC (E G , BRAZILIAN, CUBAN, DOMINICAN, GUATEMALAN, HONDURAN, MEXICAN, PORTUGUESE, PUERTO RICAN, SALVADORAN) MANY WHO IDENTIFIED THEIR RACE AS "OTHER" OFFERED MIDDLE EASTERN OR NORTH AFRICAN AS THEIR ETHNICITY IN ALL, 15,063 (16 4%) OF MASS EYE AND EAR'S PATIENTS ARE HISPANIC OR A RACE OTHER THAN WHITE OF THESE PATIENTS, 57 5% ARE FEMALE THE AVERAGE AGE OF THESE PATIENTS IS 48 27 WITH A RANGE OF 2 TO 104 76 7% OF THESE PATIENTS OF COLOR LIVE IN BOSTON (34 5%) AND SUBURBAN COMMUNITIES WITHIN THE ROUTE 128 BELT (42 2%) THE LARGEST CONCENTRATIONS OF PATIENTS OF COLOR OUTSIDE OF BOSTON ARE IN EIGHT COMMUNITIES WITHIN THE 128 BELT GEOGRAPHIC LOCATION OF MASS EYE AND EAR'S PATIENTS OF COLOR BOSTON 5,194, 34 5% WITHIN 128 (EXCLUDING BOSTON) 6,352, 42 2% EAST OF 495/WEST OF 128 2,210, 14 7% ELSEWHERE IN MA 1,307, 8 6% TOTAL 15,063, 100 0% A COMPARISON OF THE COMMUNITIES OUTSIDE OF BOSTON WITH THE HIGHEST CONCENTRATION OF PATIENTS WITH LOW SES OR WHO ARE UN- OR UNDER-INSURED WITH THOSE COMMUNITIES OUTSIDE OF BOSTON WITH THE HIGHEST CONCENTRATION OF PATIENT OF COLOR SHOW OVERLAP COMMUNITIES OUTSIDE BOSTON WITH HIGHEST CONCENTRATION OF PATIENTS OF COLOR CAMBRIDGE* 843, 5 6% CHELSEA* 677, 4 5% MALDEN* 532, 3 5% LYNN* 449, 3 0% REVERE* 421, 2 8% EVERETT* 401, 2 7% SOMERVILLE* 386, 2 6% QUINCY* 374, 2 5% BROCKTON* 341, 2 3% MEDFORD* 286, 1 9% BROOKLINE 271, 1 8% RANDOLPH 272, 1 8% NEWTON* 243, 1 6% WALTHAM* 166, 1 1% LAWRENCE* 159, 1 1% LEXINGTON 157, 1 0% *COMMUNITIES OUTSIDE OF BOSTON WITH THE HIGHEST CONCENTRATION OF PATIENTS WITH LOW SES OR WHO ARE UN/UNDER-INSURED</p>

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BASED ON PAYMENT METHOD, 29 8% OF MASS EYE AND EAR'S PATIENTS	<p>OF COLOR HAVE LOW SES AND 2% ARE UNINSURED OR UNDER-INSURED MOST (81%) OF THESE PATIENTS LIVE WITHIN THE 128 BELT WITH 32 7% OF THEM RESIDING IN BOSTON FIGURE BELOW SHOWS THE COMMUNITIES OUTSIDE OF BOSTON WITH THE HIGHEST CONCENTRATION OF PATIENTS OF COLOR WITH LOW SES OR WHO ARE UNINSURED OR UNDER-INSURED ALL BUT LOWELL APPEAR ON BOTH THE LIST OF COMMUNITIES OUTSIDE OF BOSTON WITH THE HIGHEST CONCENTRATION OF PATIENTS OF COLOR AND PATIENTS WITH LOW SES AND WHO ARE UN- OR UNDER-INSURED COMMUNITIES OUTSIDE OF BOSTON WITH THE HIGHEST CONCENTRATION OF PATIENTS OF COLOR WITH LOW SES OR WHO ARE UN/UNDER-INSURED BROCKTON*+ 97, 2 0% BROOKLINE* 54, 1 0% CAMBRIDGE*+ 218, 4 6% EVERETT*+ 207, 4 3% LOWELL 50, 1 0% LYNN*+ 229, 4 8% MALDEN*+ 200, 4 2% MEDFORD*+ 87, 1 6% QUINCY*+ 109, 2 3% REVERE*+ 209, 4 4% SOMERVILLE*+ 147, 3 1% WALTHAM*+ 52, 1 1% *COMMUNITIES OUTSIDE OF BOSTON WITH THE HIGHEST CONCENTRATION OF PATIENTS WITH LOW SES OR WHO ARE UN/UNDER-INSURED +COMMUNITIES OUTSIDE OF BOSTON WITH THE HIGHEST CONCENTRATION OF PATIENTS OF COLOR THE OVERLAP IN COMMUNITIES SUGGESTS THAT CONCENTRATING IN THE COMMUNITIES IN WHICH THE HIGHEST CONCENTRATION OF PATIENTS WITH LOW SES OR WHO ARE UN- OR UNDER-INSURED WILL ALSO ENSURE THAT COMMUNITY BENEFIT ACTIVITIES REACH THOSE COMMUNITIES IN WHICH THE HIGHEST CONCENTRATION OF MASS EYE AND EAR'S PATIENTS OF COLOR LIVE, INCLUDING THOSE WHO HAVE LOW SES OR WHO ARE UN- OR UNDERINSURED GIVEN THE LOCATION OF MOST OF THE THESE COMMUNITIES, IT MAKES SENSE TO CONCENTRATE MASS EYE AND EAR'S COMMUNITY BENEFIT ACTIVITIES WITHIN THE 128 BELT TO HELP TO ENSURE THAT ITS PATIENTS OF COLOR AND THOSE WITH LOW SES AND LITTLE OR NO INSURANCE WILL BENEFIT PROFILE OF MASS EYE AND EAR'S GERIATRIC AND PEDIATRIC POPULATIONS MASS EYE AND EAR HAS CLINICAL EXPERTISE IN SERVING PEDIATRIC AND GERIATRIC PATIENTS THESE POTENTIALLY VULNERABLE GROUPS WERE SELECTED BY THE COMMUNITY BENEFITS STEERING COMMITTEE AS PRIORITY POPULATIONS FOR MASS EYE AND EAR'S COMMUNITY BENEFITS PLAN DUE TO THE IMPACT OF HEARING/VISION IMPAIRMENT ON CHILDREN'S DEVELOPMENT AND HEARING/VISION IMPAIRMENT AND BALANCE ISSUES ON THE HEALTH AND SAFETY OF ELDERS SENIORS (AGE 65+) PATIENTS AGED 65 AND OVER MAKE UP 31 6% OF THOSE SEEN AT MASS EYE AND EAR DURING THE SELECTED TIMEFRAME, A TOTAL OF 29,060 INDIVIDUALS AMONG SENIOR PATIENTS, 56 2% ARE FEMALE THE AVERAGE AGE OF THE SENIOR GROUP IS 74 67 WITH A RANGE OF 65 TO 104 FOR MASS EYE AND EAR'S SENIORS IN GENERAL, NEARLY 60% LIVE WITHIN THE 128 BELT WITH 18 6% OF THOSE RESIDING IN BOSTON GEOGRAPHIC LOCATION OF MASS EYE AND EAR'S GERIATRIC PATIENTS BOSTON 5,404, 18 6% WITHIN 128 (EXCLUDING BOSTON) 11,812, 40 6% EAST OF 495/WEST OF 128 7,258, 25 0% ELSEWHERE IN MA 4,586, 15 8% TOTAL 29,060, 100 0% BECAUSE MOST SENIORS HAVE SOME FORM OF MEDICARE FOR HEALTH CARE COVERAGE, THE PAYER DATA ARE NOT PARTICULARLY USEFUL IN HELPING US TO UNDERSTAND WHICH OF THE SENIOR PATIENTS ARE LOW-INCOME AMONG THE 29,060 SENIOR PATIENTS, 1,095 (3 8%) HAD SOME FORM OF MEDICAID (E G , MASSHEALTH, EMERGENCY MEDICAID, NETWORK HEALTH) AS THEIR PAYER AND 508 (1 7%) WERE LISTED AS SELF-PAY, WHICH LIKELY INDICATES THAT THEY HAD NO COVERAGE FOR THE SERVICES THEY RECEIVED AT MASS EYE AND EAR AMONG THE SENIORS WHO MAY BE LOW INCOME OR WHO ARE UN- OR UNDER-INSURED, 72 5% LIVE WITHIN THE 128 BELT WITH 21 9% OF THOSE SENIORS LIVING IN BOSTON FIGURE BELOW SHOWS THE 15 COMMUNITIES WITH THE LARGEST CONCENTRATION OF MASS EYE AND EAR'S SENIOR PATIENTS, AS WELL AS THOSE WHERE THE LARGEST CONCENTRATION OF LOW-INCOME OR UN- OR UNDER-INSURED SENIORS RESIDE COMMUNITIES OUTSIDE BOSTON WITH HIGHEST CONCENTRATION OF MASS EYE AND EAR'S SENIORS AND SENIORS WITH LOW SES OR WHO ARE UN/UNDER-INSURED (SENIORS -- LOW INCOME SENIORS) CAMBRIDGE 1,112, 3 8% -- 80, 5 0% NEWTON 772, 2 7% -- 45, 2 8% REVERE 679, 2 3% -- 61, 3 8% BROOKLINE 672, 2 3% -- 51, 3 2% QUINCY 665, 2 3% -- 33, 2 1% SOMERVILLE 553, 1 9% -- 45, 2 8% MALDEN 486, 1 7% -- 45, 2 8% CHELSEA 391, 1 3% -- 54, 3 4% ARLINGTON 376, 1 3% -- 26, 1 6% ANDOVER* 370, 1 3% LYNN 369 1 3% -- 49, 3 1% WINTHROP 352, 1 2% EVERETT 333, 1 1% -- 31, 1 9% LEXINGTON 317, 1 1% WALTHAM 283, 1 0% -- 20, 1 2% MEDFORD 39, 2 4% FRAMINGHAM* 24, 1 5% WATERTOWN 20, 1 2%</p>

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BECAUSE PAYOR DATA PROVIDE LITTLE INSIGHT INTO THE SES OF THE	<p>LARGER GERIATRIC PATIENT POPULATION, U S CENSUS DATA WERE ALSO EXAMINED TO UNDERSTAND THE DEMOGRAPHIC PROFILES (I E , PROPORTION OF SENIORS AND THOSE LIVING BELOW THE POVERTY LEVEL) WHO LIVE IN EACH OF THE 18 COMMUNITIES OUTSIDE OF BOSTON WITH THE HIGHEST CONCENTRATION OF MASS EYE AND EAR'S GERIATRIC PATIENTS SEVEN OF THE COMMUNITIES HAVE A LARGER PROPORTION OF SENIOR RESIDENTS THAN THE STATE IN GENERAL AND EIGHT HAVE A LARGER PROPORTION OF RESIDENTS LIVING BELOW THE POVERTY LEVEL THAN THE STATE IN GENERAL ALTHOUGH REVERE IS THE ONLY OF THE COMMUNITIES WITH A HIGHER PROPORTION OF BOTH GROUPS THAN MASSACHUSETTS IN GENERAL, MANY OF THE 15 COMMUNITIES WITH THE HIGHEST CONCENTRATION OF MASS EYE AND EAR'S GERIATRIC PATIENTS ALSO HAVE HIGH RATES OF POVERTY EXCEPT FOR ANDOVER, ALL OF THESE COMMUNITIES ARE WITHIN THE 128 BELT, WHICH SUGGESTS THAT CONCENTRATING COMMUNITY BENEFIT PROGRAMMING ON COMMUNITIES WITHIN THE 128 BELT WILL HAVE THE GREATEST LIKELIHOOD OF REACHING MASS EYE AND EAR'S GERIATRIC PATIENTS, INCLUDING MANY WHO LIVE IN COMMUNITIES THAT ARE DISPROPORTIONATELY AFFECTED BY POVERTY U S CENSUS DATA ON RESIDENTS 65+ AND POVERTY IN COMMUNITIES IN WHICH THE LARGEST CONCENTRATION OF MASS EYE AND EAR SENIOR PATIENTS RESIDE (2014 US CENSUS POPULATION ESTIMATE, RESIDENTS 65+, RESIDENTS LIVING BELOW POVERTY LEVEL) MASSACHUSETTS 6,745,408, 13 8%, 11 4% CAMBRIDGE 109,694, 9 5%, 14 7% NEWTON 88,287, 15 2%, 5 7% REVERE 54,157, 14 5%, 15 4% BROOKLINE* 58,732, 12 8%, 11 5% QUINCY 93,397, 15 1%, 10 5% SOMERVILLE 78,901, 9 1%, 14 8% MALDEN 60,859, 11 8%, 16 0% CHELSEA 38,861, 8 7%, 23 7% ARLINGTON* 42,844, 15 8%, 3 9% ANDOVER* 8,762, 18 5%, 7 4% LYNN 92,137, 11 4%, 21 0% WINTHROP 18,352, 16 5%, 9 2% EVERETT 44,231, 11 5%, 13 2% LEXINGTON* 31,394, 18 6%, 3 9% WALTHAM 63,014, 12 3%, 10 1% *2014 ESTIMATE NOT AVAILABLE DATA ARE FROM 2010 U S CENSUS CHILDREN (UNDER 18 YEARS OLD) IN THE SELECTED TIMEFRAME, MASS EYE AND EAR PROVIDED SERVICES TO 8,725 PATIENTS UNDER THE AGE OF 18 THESE CHILDREN COMPRISE 9 5% OF THE TOTAL PATIENT POPULATION THE PEDIATRIC POPULATION IS MADE UP OF MORE MALES (56 3%) THAN FEMALES AND WHITE (56%) PATIENTS THAN THOSE IN OTHER RACIAL/ETHNIC GROUPS THE PAYER SOURCE FOR THESE PATIENTS INDICATES THAT 30 2% ARE OF LOWER SES AND 1% IS UN- OR UNDER-INSURED OVER HALF (53 5%) LIVE WITHIN THE 128 BELT WITH 12 1% RESIDING IN BOSTON GEOGRAPHIC LOCATION OF MASS EYE AND EAR'S PEDIATRIC PATIENTS (N=8,725) BOSTON 1,057, 12 1% WITHIN 128 (EXCLUDING BOSTON) 3,610, 41 4% EAST OF 495/WEST OF 128 2,679, 30 7% ELSEWHERE IN MA 1,379, 15 8% OVER TWO-THIRDS (67 7%) OF PEDIATRIC PATIENTS WITH LOW SES OR WHO ARE UN- OR UNDER-INSURED LIVE IN COMMUNITIES WITHIN THE 128 BELT, INCLUDING BOSTON (15 1%) FIGURE 15 SHOWS THE COMMUNITIES OUTSIDE OF BOSTON WITH THE HIGHEST CONCENTRATION OF PEDIATRIC PATIENTS, AS WELL AS THOSE WITH THE HIGHEST CONCENTRATION OF PEDIATRIC PATIENTS WHO HAVE LOW SES OR WHO ARE UN- OR UNDER-INSURED TWELVE COMMUNITIES OUTSIDE OF BOSTON THAT ARE HOME TO THE HIGHEST CONCENTRATION OF PEDIATRIC PATIENTS ARE ALSO HOME TO THE HIGHEST CONCENTRATION OF CHILDREN WHO HAVE LOW SES OR WHO ARE UN- OR UNDER-INSURED WITH THE EXCEPTION OF BROCKTON, LAWRENCE, AND HAVERHILL, ALL OF THE HIGHEST CONCENTRATION COMMUNITIES IN WHICH THESE LOW-INCOME CHILDREN LIVE ARE WITHIN THE 128 BELT THESE DATA SUGGEST THAT CONCENTRATING COMMUNITY BENEFIT PROGRAMMING ON COMMUNITIES WITHIN THE 128 BELT WILL HAVE THE GREATEST LIKELIHOOD OF REACHING MASS EYE AND EAR'S PEDIATRIC PATIENTS, INCLUDING MANY WHO ARE LOW-INCOME COMMUNITIES OUTSIDE BOSTON WITH HIGHEST CONCENTRATION OF MASS EYE AND EAR'S PEDIATRIC PATIENTS AND THOSE WITH LOW SES OR WHO ARE UN/UNDER-INSURED</p>

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Form and Line Reference	Explanation
(CHILDREN , LOW INCOME CHILDREN)	<p> CHELSEA 322 3 7% , 253 9 3% REVERE 284 3 3% , 197 7 2% CAMBRIDGE 252 2 9% , 87 3 2% EVERETT 209 2 4% , 149 5 5% NEWTON 200 2 3% LYNN 187 2 1% , 132 4 9% SOMERVILLE 170 1 9% , 87 3 2% MALDEN 164 1 9% , 98 3 6% QUINCY 160 1 8% , 54 2 0% BROOKLINE 129 1 5% ANDOVER 120 1 4% WALTHAM 112 1 3% , 32 1 2% BROCKTON 107 1 2% , 56 2 1% MEDFORD 103 1 2% , 36 1 3% MILTON 103 1 2% HAVERHILL 97 1 1% , 41 1 5% BRAINTREE 92 1 1% LEXINGTON 88 1 0% NATICK 86 1 0% WELLESLEY 85 1 0% LAWRENCE 34 1 3% PEABODY 27 1 0% SAUGUS 29 1 1% WINTHROP 26 1 0% SUFFOLK COUNTY AND MUCH OF MIDDLESEX COUNTY ARE LOCATED WITHIN THE 128 BELT, WHERE MOST OF MASS EYE AND EAR'S PATIENTS RESIDE AND WHERE THE LARGEST CONCENTRATIONS OF VULNERABLE PATIENTS (E G , CHILDREN, SENIORS, THOSE WITH LOW SES OR WHO ARE UN/UNDER-INSURED) LIVE THE U S CENSUS DATA FOR MASSACHUSETTS' COUNTIES SHOW THAT SUFFOLK COUNTY IS HOME TO THE LARGEST NUMBER AND HIGHEST PERCENTAGE OF THE STATE'S RESIDENTS LIVING BELOW THE FEDERAL POVERTY LEVEL TOGETHER, SUFFOLK AND MIDDLESEX COUNTIES ARE HOME TO 28 9% OF THE COMMONWEALTH'S RESIDENTS WHO LIVE BELOW THE POVERTY LINE MIDDLESEX COUNTY IS HOME TO THE LARGEST NUMBER OF SENIOR CITIZENS (AGE 65 AND OVER) AND THAT, TOGETHER, MIDDLESEX AND SUFFOLK COUNTIES ARE HOME TO 35% OF THE COMMONWEALTH'S SENIORS MIDDLESEX COUNTY IS HOME TO THE LARGEST NUMBER AND HIGHEST PERCENTAGE OF THE STATE'S CHILDREN (UNDER AGE 18) AND, TOGETHER, MIDDLESEX AND SUFFOLK COUNTIES ARE HOME TO 37 9% OF THE COMMONWEALTH'S CHILDREN UNDER AGE 18 SENIORS, CHILDREN, AND THOSE LIVING BELOW THE POVERTY LINE IN MA COUNTIES (POPULATION , # LIVING BELOW POVERTY LINE , % LIVING BELOW POVERTY LINE , # OF SENIORS (65+) , % SENIORS (65+) , # OF CHILDREN (UNDER 18) , % OF CHILDREN (UNDER 18)) MASSACHUSETTS 674,540 768,977 11 4% , 930,866 13 8% , 1,389,554 20 6% BARNSTABLE 214,914 19,987 9 3% , 59,746 27 8% , 34,171 15 9% BERKSHIRE 128,715 16,476 12 8% , 26,901 20 9% , 23,040 17 9% BRISTOL 554,194 68,720 12 4% , 87,008 15 7% , 116,935 21 1% DUKES 17,356 1,753 10 1% , 3,436 19 8% , 3,176 18 3% ESSEX 769,091 86,138 11 2% , 119,978 15 6% , 169,200 22 0% FRANKLIN 70,862 8,574 12 1% , 12,897 18 2% , 12,897 18 2% HAMPDEN 468,161 82,864 17 7% , 71,629 15 3% , 105,336 22 5% HAMPSHIRE 160,939 20,922 13 0% , 23,658 14 7% 25,106 15 6% MIDDLESEX 1,570,315 127,196 8 1% , 219,844 14 0% , 323,485 20 6% NANTUCKET 10,856 1,129 10 4% , 1,455 13 4% , 2,269 20 9% NORFOLK 692,254 45,689 6 6% , 108,684 15 7% , 149,527 21 6% PLYMOUTH 507,022 38,534 7 6% , 82,138 16 2% , 114,080 22 5% SUFFOLK 767,254 159,589 20 8% , 84,398 11 0% , 132,735 17 3% WORCESTER 813,475 91,109 11 2% , 114,700 14 1% , 178,965 22 0% BY CONCENTRATING ON THE 128 BELT WITH SOME EFFORTS THAT EXTEND STATEWIDE (ESPECIALLY IN THE AREA BETWEEN 128 AND INTERSTATE 495), MASS EYE AND EAR WILL LIKELY REACH THE GREATEST CONCENTRATION OF ITS CURRENT PATIENTS, ITS MOST VULNERABLE PATIENTS (I E , SENIORS, CHILDREN, THOSE WITH LOW SES), AS WELL AS NON-PATIENTS WHO ARE SENIORS, CHILDREN, AND THOSE LIVING IN POVERTY WHO MAY BENEFIT FROM MASS EYE AND EAR'S COMMUNITY BENEFIT ACTIVITIES ACCORDING TO THE DONAHUE INSTITUTE AT THE UNIVERSITY OF MASSACHUSETTS, THE SENIOR POPULATION (65+) IS PROJECTED TO STEADILY INCREASE OVER THE NEXT 15 YEARS WHEREAS THE POPULATION OF CHILDREN WILL REMAIN RELATIVELY STABLE PROJECTED PROPORTIONS OF SENIORS AND CHILDREN IN MA (2015-2030) </p>

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Form and Line Reference	Explanation
(SENIORS, CHILDREN)	2015 15 3%, 22 9% 2020 16 9%, 22 4% 2025 19 1%, 22 3% 2030 21 1%, 22 5% THESE PROJECTIONS SUGGEST THAT THE NEED FOR MASS EYE AND EAR'S COMMUNITY BENEFIT ACTIVITIES TARGETING SENIORS AND CHILDREN WILL PERSIST (AND EVEN GROW FOR SENIORS) OVER THE THREE YEARS OF THIS PLAN CONCLUSIONS BASED ON THE CENSUS DATA AND MASS EYE AND EAR'S OWN PATIENT DATA, THE COMMUNITY BENEFITS COMMITTEE CONCLUDED THAT, ALTHOUGH MASS EYE AND EAR CARES FOR PATIENTS FROM ALL OVER THE COMMONWEALTH, THE HOSPITALS PRIMARY SERVICE AREA INCLUDES THE COMMUNITIES WITHIN THE ROUTE 128 BELT ANALYSES ALSO SHOWED THAT LARGE NUMBERS OF CHILDREN, ELDERLY, AND LOW-INCOME PATIENTS AND PATIENTS OF COLOR RESIDE WITHIN THIS SERVICE AREA THE COMMITTEE FURTHER CONCLUDED THAT, GIVEN THE NUMBER OF LOW INCOME COMMUNITIES AND PROPORTION OF PEOPLE OF COLOR RESIDING WITHIN ITS PRIMARY SERVICE AREA, MEMBERS OF MASS EYE AND EAR'S TARGET POPULATION ARE VERY LIKELY TO EXPERIENCE BARRIERS TO CARE RELATED TO DIVERSITY (E G , LANGUAGE) AND SOCIO-ECONOMIC FACTORS DUE TO THE FACTORS THAT MAKE CHILDREN, SENIORS AND LOW-INCOME INDIVIDUALS AND PEOPLE OF COLOR VULNERABLE, THESE GROUPS WILL BE PRIORITIZED WITHIN THE COMMUNITY BENEFITS PLAN ALTHOUGH THE PLAN SHOULD NOT EXCLUDE THOSE LIVING OUTSIDE THE METRO-BOSTON AREA, IT SHOULD EMPHASIZE SERVICES FOR THOSE LIVING WITHIN IT BECAUSE RESIDENTS ARE SO LIKELY TO EXPERIENCE BARRIERS TO CARE MASS EYE AND EAR SHOULD BUILD UPON A SOLID FOUNDATION OF OUTREACH AND SERVICE PROVISION TO METRO-BOSTON COMMUNITIES AND INCLUDE STRATEGIES FOR IMPROVING ACCESS TO CARE IN THE COMMUNITY BENEFITS PLAN

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Form and Line Reference	Explanation
STEP 2 ASSESS UNMET NEEDS IN THE SERVICE AREA AND AMONG THE TARGET	POPULATIONS WITH DATA FROM PROVIDERS AND STAFF AT MASS EYE AND EAR AND EXTERNAL PARTNERS AT ORGANIZATIONS SERVING THE TARGET POPULATIONS AND COMMUNITIES, THE CB WORKING GROUP IDENTIFIED THE UNMET NEEDS THAT, AS AN INSTITUTION, MASS EYE AND EAR IS UNIQUELY POSITIONED TO ADDRESS BECAUSE OF ITS CLINICAL SERVICES AND EXPERTISE THROUGH ON-GOING DIALOG AND CONVERSATIONS OVER THE FALL AND WINTER, THE CB WORKING GROUP LED THE PROCESS TO IDENTIFY THE RESOURCE NEEDS THE NEEDS ARE SIMILAR TO THOSE IDENTIFIED IN THE HOSPITAL'S LAST COMMUNITY BENEFITS PLAN -TO EXTEND VISION SCREENING AND HEARING EXAMINATIONS AND FOLLOW UP CARE TO INDIVIDUALS WHO HAVE NO OR VERY LIMITED ACCESS TO SUCH SERVICES -FOR RECONSTRUCTIVE SURGICAL SERVICES FOR SURVIVORS OF VIOLENCE WHO EXPERIENCED PHYSICAL INJURIES TO THE HEAD AND/OR NECK -FOR EDUCATION, SCREENING AND SUPPORT FOR HEAD AND NECK CANCERS -FOR EDUCATION AND SUPPORT RELATED TO FACIAL PARALYSIS AND CONDITIONS THAT AFFECT SMELL AND TASTE -FOR RESOURCES TO IMPROVE ACCESS TO CARE FOR MEMBERS OF THE TARGET COMMUNITIES WHO WOULD BENEFIT FROM MASS EYE AND EAR SERVICES BUT WHO ARE UNABLE TO GET THE CARE THEY NEED DUE TO LINGUISTIC OR FINANCIAL ISSUES, LACK OF TRANSPORTATION, OR A LACK OF KNOWLEDGE ABOUT THEIR CONDITIONS AND THE SERVICES TO ADDRESS THEM -FOR FINANCIAL SUPPORT OF NON-PROFITS ENGAGED IN UNIQUE AND HIGH QUALITY WORK TO ADDRESS VISION, HEARING OR OTHER CONCERNS OF THE HEAD AND NECK IN THE TARGET COMMUNITIES AND/OR AMONG THE TARGET POPULATIONS WITH GROWTH IN THE SENIOR POPULATION, THE INCREASE IN INCOME DISPARITIES, AND THE SMALL NUMBER OF INSTITUTIONS OFFERING THE CLINICAL EXPERTISE AND SERVICES AVAILABLE AT MASS EYE AND EAR WITHIN METRO BOSTON, THE COMMUNITY BENEFITS COMMITTEE CONCLUDED THAT THE NEEDS ARE LIKELY TO PERSIST FOR MANY YEARS TO COME SOME OF THE IDENTIFIED NEEDS (I E , THOSE RELATED TO AWARENESS AND EDUCATION) AFFECT LARGE NUMBERS OF PEOPLE IN THE TARGET AREA OTHERS AFFECT SMALLER GROUPS OF PEOPLE, EITHER BECAUSE POCKETS OF PEOPLE EXPERIENCE IMPEDED ACCESS TO SERVICES THAT ARE OTHERWISE GENERALLY AVAILABLE OR BECAUSE A CLINICAL CONDITION IS RARE AND THE RESOURCES TO ADDRESS IT ARE EXTREMELY LIMITED CONCLUSION THE CB WORKING GROUP AND THE HOSPITAL LEADERSHIP CONCLUDED THAT THE UNMET NEEDS IDENTIFIED DURING THE METRO BOSTON ASSESSMENT WERE ALIGNED WITH THE CAPABILITIES OF THE HOSPITAL AND ITS COMMUNITY PARTNERS AND SHOULD BE USED TO FORMULATE GOALS FOR THE FY16-18 COMMUNITY BENEFITS PLAN

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Form and Line Reference	Explanation
STEP 3 ASSESS NEEDS IN MISSION HILL	<p>AS NOTED EARLIER, MASS EYE AND EAR DECIDED TO BROADEN ITS COMMUNITY BENEFITS WORK TO PROVIDE TARGETED PROGRAMMING IN THE MISSION HILL NEIGHBORHOOD IN 2012 WITH THE OPENING OF A MULTI-SPECIALTY AMBULATORY CARE CENTER AT 800 HUNTINGTON AVENUE ON MISSION HILL. MISSION HILL IS ONE SQUARE MILE, THREE-QUARTERS OF WHICH IS RESIDENTIAL. THE OTHER QUARTER IS COMPRISED OF THE LONGWOOD MEDICAL AREA. ACCORDING TO A REPORT BASED ON 2010 CENSUS DATA, MISSION HILL IS HOME TO 16,305 RESIDENTS, 19.7% OF WHOM ARE HISPANIC/LATINO. JUST UNDER 46% OF THE POPULATION IS A RACE OTHER THAN WHITE. ROUGHLY 21% OF THE MISSION HILL POPULATION IS 19 YEARS OF AGE OR YOUNGER AND 9.1% IS 65 YEARS OF AGE OR OLDER. AN AMERICAN COMMUNITY SURVEY (2005-2009) ESTIMATES THAT 3,711 OR 28.1% OF MISSION HILL RESIDENTS WERE BORN OUTSIDE OF THE U.S. AND THAT 48.5% OF THOSE ARE NOT CURRENTLY U.S. CITIZENS. THE RANGE OF COUNTRIES OF ORIGIN DEMONSTRATES THE RICH ETHNIC DIVERSITY OF MISSION HILL RESIDENTS. ROUGHLY HALF OF MISSION HILL'S CHILDREN AND 60% OF ADULTS SPEAK A FOREIGN LANGUAGE AT HOME AND MANY EXPERIENCE LINGUISTIC ISOLATION BECAUSE THEY SPEAK LITTLE OR NO ENGLISH. LANGUAGES REPRESENTED INCLUDE SPANISH (35.1%), INDO-EUROPEAN LANGUAGES (38%), ASIAN AND PACIFIC ISLAND LANGUAGES (31.5%), AND OTHER LANGUAGES (17.4%). PLACE OF BIRTH FOR MISSION HILL'S FOREIGN-BORN POPULATION: CHINA 899, 24.2%; SINGAPORE 70, 1.9%; INDIA 422, 11.4%; FRANCE 66, 1.8%; DOMINICAN REPUBLIC 399, 10.8%; CROATIA 53, 1.4%; IRELAND 168, 4.5%; CANADA 53, 1.4%; RUSSIA 142, 3.8%; TRINIDAD & TOBAGO 51, 1.4%; VIETNAM 138, 3.7%; GREECE 46, 1.2%; KOREA 120, 3.2%; JAPAN 45, 1.2%; COLOMBIA 100, 2.7%; JAMAICA 42, 1.1%; ERITREA 90, 2.4%; UZBEKISTAN 41, 1.1%; UKRAINE 76, 2.0%; NICARAGUA 40, 1.1%. FOR MISSION HILL ADULTS OVER THE AGE OF 25 (N=8,014), 18.5% HAVE LESS THAN A HIGH SCHOOL DIPLOMA, 21.7% HAVE A HIGH SCHOOL DEGREE OR GED, 17.4% HAVE SOME COLLEGE OR AN ASSOCIATE'S DEGREE, AND 42.5% HAVE A BACHELOR'S DEGREE OR HIGHER. IN 2009, AN ESTIMATED 19.3% OF MISSION HILL RESIDENTS EARNED LESS THAN \$10,000 A YEAR. MORE THAN HALF (53.6%) EARNED LESS THAN \$40,000 PER YEAR. IN CONTRAST, 12.6% EARNED \$100,000 OR MORE IN THE SAME 12 MONTHS. THE PER CAPITA INCOME IN THE PAST 12 MONTHS (IN 2009 INFLATION-ADJUSTED DOLLARS) WAS \$24,121. OF THE 7,190 PEOPLE WHO CONSIDER THEMSELVES LABOR FORCE ELIGIBLE, 88.4% ARE EMPLOYED. MISSION HILL IS HOME TO MORE THAN 20 HEALTH CARE, RESEARCH AND ACADEMIC INSTITUTIONS. JUST OVER 48% OF MISSION HILL EMPLOYEES HOLD PROFESSIONAL AND MANAGERIAL ROLES. ANOTHER 18.3% ARE IN SERVICE OCCUPATIONS, 23.9% ARE IN SALES AND OFFICE JOBS, AND 9.4% ARE IN A RANGE OF OTHER OCCUPATIONS, INCLUDING CONSTRUCTION, TRANSPORTATION, AND OTHER TYPES OF LABOR. ACCORDING TO THE 2010 CENSUS, OF THE 6,332 OCCUPIED HOUSING UNITS IN MISSION HILL, ONLY 11.4% ARE OWNER OCCUPIED AND 33.6% ARE OCCUPIED BY FAMILIES. SEVERAL HUNDRED HOUSING UNITS IN MISSION HILL ARE OWNED AND RENTED BY THE BOSTON HOUSING AUTHORITY. SENIORS (65+) RESIDE IN 17.8% OF MISSION HILL HOUSEHOLDS WHILE CHILDREN UNDER THE AGE OF 18 ARE IN 16.9% OF HOUSEHOLDS. IN SUMMARY, MISSION HILL IS A SMALL BUT DIVERSE COMMUNITY. ALTHOUGH HOME TO SOME OF THE CITY'S LARGEST EMPLOYERS AND SEVERAL HUNDRED MIDDLE AND UPPER INCOME RESIDENTS, MISSION HILL IS PRIMARILY A NEIGHBORHOOD OF LOWER-INCOME RESIDENTS. TO LEARN ABOUT MASS EYE AND EAR'S PATIENTS WHO RESIDE IN MISSION HILL, THE CONSULTANTS ANALYZED DATA FROM THE LARGER DATA SET FOR PATIENTS WHOSE ZIP CODE IS 02120 (THE ZIP CODE FOR MISSION HILL). DURING THE TIMEFRAME FROM WHICH PATIENT DATA WERE DRAWN, MASS EYE AND EAR CARED FOR 311 PATIENTS WHO LIVE IN MISSION HILL (1.9% OF THE MISSION HILL POPULATION). THE NUMBER OF MISSION HILL RESIDENTS INCREASED SLIGHTLY FROM 2012 (UP 48 FROM 2012'S 263 INDIVIDUALS) WITH THE LONGWOOD FACILITY AND CONCENTRATED EFFORT TO PROVIDE SERVICES TO THE NEIGHBORHOOD THROUGH ITS COMMUNITY BENEFITS PROGRAMMING, WE EXPECT THE NUMBER OF MISSION HILL RESIDENTS SERVED BY MASS EYE AND EAR TO INCREASE OVER TIME. FIGURE BELOW SHOWS THE DEMOGRAPHICS OF MASS EYE AND EAR'S PATIENTS WHO LIVE IN MISSION HILL.</p>

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Form and Line Reference	Explanation
DEMOGRAPHICS OF MASS EYE AND EAR MISSION HILL PATIENTS (ZIP 02120) N=311	AGE MEAN 46.5 RANGE 3-95 UNDER 18 (PEDIATRIC) 8 (2.4%) 65+ (GERIATRIC) 69 (22.0%) SEX FEMALE 194 (62.4%) MALE 117 (37.6%) SES (USING PAYER AS PROXY) LOW SES 89 (28.6%) UN/UNDER-INSURED 6 (1.9%) RACE/ETHNICITY AMERICAN INDIAN/ALASKA NATIVE 4 (1.3%) ASIAN 26 (8.4%) BLACK/AFRICAN AMERICAN 58 (18.6%) HISPANIC 48 (15.4%) WHITE 93 (29.9%) OTHER 1 (.3%) NOT AVAILABLE 81 (26.0%)

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Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 5	<p>THE COMMUNITY BENEFITS STRATEGIES MASS EYE AND EARS COMMUNITY BENEFITS STRATEGIES FOR ACHIEVING ITS OBJECTIVES AND ANNUAL TARGETS PROGRAM FALL INTO FOUR MAJOR CATEGORIES 1 HEALTH SCREENING AND DIRECT SERVICES 2 COMMUNITY EDUCATION AND SUPPORT GROUPS 3 ACCESS TO SERVICES/RESOURCES/WORK EXPERIENCE 4 FINANCIAL SUPPORT (GRANTS, DONATIONS, FOUNDATION SUPPORT, SCHOLARSHIPS) CATEGORIES 1 AND 2 DRAW ON MASS EYE AND EARS BROAD CLINICAL AND TEACHING EXPERTISE AND ENCOMPASS THE NEW JOB READINESS STRATEGIES CATEGORY 3 RESPONDS TO BARRIERS AND OBSTACLES THAT LIMIT ACCESS TO SERVICES AND ALSO INCLUDES INITIATIVES THAT PROVIDE TARGETED POPULATIONS WITH OPPORTUNITIES TO GAIN WORK EXPERIENCE CATEGORY 4 REPRESENTS MASS EYE AND EARS OPPORTUNITY TO SUPPORT PARTNERS WHOSE MISSIONS ARE ALIGNED WITH THOSE OF MASS EYE AND EAR AND WHO ARE PROVIDING SERVICES TO MASS EYE AND EARS PRIORITY PATIENT GROUPS AND/OR GEOGRAPHIC AREAS EACH CATEGORY BELOW OFFERS A DESCRIPTION OF THE ASSOCIATED STRATEGIES AND PARTNERSHIPS AND CONCLUDES WITH AN AT-A-GLANCE TABLE THAT DESCRIBES THE NUMBER OF INDIVIDUALS, TARGET AUDIENCE AND GEOGRAPHIC AREA SERVED, THE ATTORNEY GENERALS COMMUNITY BENEFITS CATEGORIES ADDRESSED, AND THE COSTS/RESOURCES EXPENDED FOR THE REPORTABLE YEAR (FY17) FOR EACH STRATEGY IN THE CATEGORY</p>

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Form and Line Reference	Explanation
CATEGORY 1 HEALTH SCREENING AND DIRECT SERVICES	<p>MASS EYE AND EAR PROVIDES HEALTH SCREENING AND DIRECT CLINICAL SERVICES TO A WIDE RANGE OF INDIVIDUALS AND GROUPS, FROM LOW-INCOME CHILDREN TO SENIORS TO SURVIVORS OF VIOLENCE SPECIFIC INITIATIVES ARE DESCRIBED BELOW NEIGHBORHOOD HOUSE CHARTER SCHOOL (NHCS) NHCS WAS FOUNDED IN 1995 TO PROVIDE A BETTER EDUCATIONAL OPTION FOR LOW-INCOME BOSTON FAMILIES AND TO INCUBATE INNOVATIVE PRACTICES THAT HAVE THE POTENTIAL TO IMPROVE PUBLIC EDUCATION FOR ALL STUDENTS TODAY, NHCS SERVES MORE THAN 400 STUDENTS AND IS ONE OF THE MOST SOUGHT-AFTER SCHOOLS IN THE CITY, SUCCESSFULLY SERVING A DIVERSE COMMUNITY OF CHILDREN IN GRADES PRE-K THROUGH HIGH SCHOOL FROM DORCHESTER AND SURROUNDING BOSTON NEIGHBORHOODS MASS EYE AND EARS DEPARTMENTS OF AUDIOLOGY AND OPHTHALMOLOGY PARTNER WITH NHCS SCHOOL NURSE TO OFFER VISION AND HEARING SCREENING TO ALL STUDENTS CHILDREN WHO NEED FOLLOW-UP CARE RECEIVE IT, FREE IF NECESSARY, AT MASS EYE AND EAR WORKING WITH NHCS SCHOOL NURSE, WE SET A GOAL OF SCREENING ALL CHILDREN IN ADVANCE OF FLU SEASON TO MAXIMIZE THE NUMBER OF CHILDREN IN ATTENDANCE FOR SCREENING CAMP HARBOR VIEW CREATED IN 2008 TO OFFER BOSTON CHILDREN A TRUE SUMMER CAMP EXPERIENCE, CAMP HARBOR VIEW IS AN INITIATIVE OF THE NOT-FOR-PROFIT CAMP HARBOR VIEW FOUNDATION, INC IN PARTNERSHIP WITH THE CITY OF BOSTON AND THE BOYS & GIRLS CLUBS OF BOSTON THE CAMP OFFERS CHILDREN AGES 11 TO 14 LIVING IN BOSTONS AT-RISK NEIGHBORHOODS THE OPPORTUNITY TO LEAVE THE CITY DURING THE DAY AND PARTICIPATE IN A FOUR-WEEK SUMMER CAMP PROGRAM RECOGNIZING MASS EYE AND EARS EXPERTISE IN VISION SCREENING, LATE BOSTON MAYOR THOMAS MENINO REQUESTED THAT MASS EYE AND EAR PLAY A ROLE AT CAMP HARBOR VIEW MASS EYE AND EAR HAS BEEN PARTNERING WITH THE CAMP SINCE ITS FIRST SEASON MASS EYE AND EAR STAFF MEMBERS TRAVEL TO CAMP HARBOR VIEW TO CONDUCT ON-SITE VISION SCREENINGS AND IDENTIFY THOSE IN NEED OF FOLLOW-UP CARE IN 2017 MASS EYE AND EAR HELD TWO DAYS OF SCREENING INVOLVING MORE THAN 40 MASS EYE AND EAR STAFF MEMBERS VISION COALITION/YEAR UP BOSTON THE MISSION OF VISION COALITION MASSACHUSETTS IS TO REMOVE POOR VISION AS AN IMPEDIMENT TO LITERACY, EDUCATION, AND A BETTER WAY OF LIFE VISION COALITION PROVIDES FREE VISION SCREENINGS AND FREE EYEGLASSES MASS EYE AND EAR PARTNERS WITH VISION COALITION MASSACHUSETTS BY PERFORMING FULL EYE EXAMS AND PROVIDING MEDICAL CARE FOR PARTICIPANTS IN YEAR UP BOSTON, WHICH THE VISION COALITION IDENTIFIED THROUGH SCREENING AS NEEDING VISION CARE YEAR UP SERVES YOUNG URBAN ADULTS, PROVIDING THEM WITH THE SKILLS, EXPERIENCE, AND SUPPORT THAT WILL EMPOWER THEM TO REACH THEIR POTENTIAL THROUGH PROFESSIONAL CAREERS AND HIGHER EDUCATION MASS EYE AND EAR STAFF MEMBERS PROVIDE EYE EXAMS TO THESE YOUNG ADULTS, PROVIDE THOSE WHO NEED THEM WITH EYE GLASSES (WHICH ARE PURCHASED AT COST BY VISION COALITION), AND ENSURE THAT THOSE WHO NEED FOLLOW-UP CARE ARE LINKED TO SERVICES UNITED WAY PROJECT HOMELESS CONNECT MASS EYE AND EAR SUPPORTED THE INAUGURAL PROGRAM FOR HOMELESS FAMILIES AT THE REGGIE LEWIS CENTER IN ROXBURY THE MASS EYE AND EAR TEAM OF VOLUNTEERS OFFERED VISION SCREENINGS AND ARRANGED FOR FOLLOW-UP CARE AS NEEDED</p>

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Form and Line Reference	Explanation
<p>CATEGORY 2 COMMUNITY EDUCATION AND SUPPORT GROUPS</p>	<p>MASS EYE AND EARS CLINICIANS AND SOCIAL WORKERS DELIVER EDUCATION AND SUPPORT TO INDIVIDUALS COPING WITH VARIOUS MEDICAL CONDITIONS OR CHALLENGES (E G , SINUSITIS, HEARING LOSS, VISION LOSS, FACIAL PARALYSIS) DETAILS ON THESE EDUCATIONAL AND SUPPORT STRATEGIES ARE PRESENTED BELOW PUBLIC FORUM ON THE NOSE AND SINUSES (KNOW YOUR NOSE) THIS YEAR, MEMBERS OF MASS EYE AND EARS DEPARTMENT OF ENT OFFERED A SERIES OF LECTURES ON THE NOSE AND SINUSES TARGETING THE GENERAL PUBLIC, THE EVENT WAS PUBLICIZED VIA DIRECT COMMUNICATION TO MASS EYE AND EAR PATIENTS (EMAIL INVITATION, DIGITAL SIGNAGE, SOCIAL MEDIA) THE SESSIONS INCLUDED THE NOSE AND SINUSES, MEDICAL TREATMENT OF SINUSITIS, SURGICAL TREATMENT OF SINUSITIS, AND THE BLEEDING NOSE LOW VISION SUPPORT GROUP THE LOW VISION SUPPORT GROUP (PART OF MASS EYE AND EARS VISION REHAB PROGRAM) HELPS PARTICIPANTS UNDERSTAND ISSUES RELATED TO LOW VISION, PROVIDING COPING STRATEGIES FOR DAILY LIVING, PROBLEM-SOLVING TECHNIQUES, AND GOAL-ORIENTED ACTION PLANS THE GROUP ADDRESSES EMOTIONS EVOKED BY VISION LOSS (E G , SADNESS/GRIEF, FRUSTRATION, UNCERTAINTY), AS WELL AS HOW TO COMMUNICATE WITH HEALTH CARE PROFESSIONALS, FAMILY, FRIENDS AND STRANGERS MASS EYE AND EAR ALSO ARRANGES FOR GUESTS SPEAKERS WHO ARE SPECIALISTS IN SUCH AREAS AS OCCUPATIONAL THERAPY, ORIENTATION AND MOBILITY BOSTON CURED CANCER CLUB SUPPORT GROUP THE BOSTON CURED CANCER GROUP FOR LARYNGECTOMIES SUPPORTS THE REHABILITATION OF LARYNGECTOMIES AND HELPS OFFER UNDERSTANDING TO PATIENTS AND THEIR LOVED ONES MASS EYE AND EAR HAS A STRONG COLLABORATIVE RELATIONSHIP WITH THIS ORGANIZATION, PROVIDING MEETING SPACE AND SPEAKERS FOR THE GROUPS MASS EYE AND EAR REFERS NEW LARYNGECTOMY PATIENTS TO THE BOSTON CURED CANCER GROUP, HOSTS THE SUPPORT GROUP, AND PROVIDES PARKING PARTICIPANTS IN THE GROUPS, MOSTLY OLDER PEOPLE, ARE LARGELY FROM METRO BOSTON, BUT SOME COME FROM GREATER DISTANCES FACIAL PARALYSIS SUPPORT GROUP THE FACIAL PARALYSIS SUPPORT GROUP IS A FORUM FOR INDIVIDUALS WITH FACIAL PARALYSIS AND THOSE CLOSE TO THEM TO MEET AND SHARE THEIR EXPERIENCES AND TO DISCUSS SUPPORT, TREATMENT, COPING AND SELF-IMAGE MASS EYE AND EAR HOSTS THIS GROUP MONTHLY, PROVIDING MEETING SPACE AND SOCIAL WORK AND PHYSICIAN SUPPORT WHILE THE GROUP IS OPEN TO ALL INDIVIDUALS WITH FACIAL PARALYSIS AND THEIR FAMILIES, PARTICIPANTS ARE GENERALLY FROM METRO BOSTON MASS EYE AND EAR PUBLICIZES THE SUPPORT GROUP VIA SOCIAL MEDIA AND THROUGH A PARTNERSHIP WITH THE FACIAL PARALYSIS SUPPORT NETWORK HEAR @ BOSTON HEAR@BOSTON, A CHAPTER OF THE HEARING LOSS ASSOCIATION OF AMERICA, IS A COMMUNITY ORGANIZATION THAT HELPS EMPOWER PEOPLE WHO HAVE HEARING LOSS BY FACILITATING OPPORTUNITIES FOR SOCIAL ENGAGEMENT, EDUCATION AND SKILL DEVELOPMENT MASS EYE AND EAR DONATES MONTHLY MEETING SPACE, AND MASS EYE AND EAR CLINICIANS SERVE AS SPEAKERS FOR MEETINGS AND EVENTS THE GROUP ENCOURAGES PEOPLE OF ALL AGES TO JOIN GRAVES DISEASE/THYROID EYE DISEASE SUPPORT GROUP MASS EYE AND EAR OFFERS A THYROID EYE DISEASE (GRAVES DISEASE) SUPPORT GROUP, WHICH ALLOWS MEMBERS TO EXPRESS THEIR CONCERNS ABOUT THIS CHRONIC ILLNESS TO HELP FORM A SOCIAL CONNECTION WITH OTHERS AND IMPROVE COPING SKILLS THE OPEN FORUM GIVES MEMBERS THE OPPORTUNITY TO EXCHANGE INFORMATION ABOUT GRAVES DISEASE AND GIVES PHYSICIAN SPEAKERS A CHANCE TO INFORM MEMBERS OF THE LATEST TREATMENTS MASS EYE AND EAR DONATES MEETING SPACE FOR THIS GROUP, WHICH MEETS QUARTERLY PHYSICIANS FROM BOTH MASS EYE AND EAR AND MASS GENERAL HOSPITAL CONTRIBUTE TO THE PROGRAM HEALTH FAIRS MASS EYE AND EAR STAFF ATTENDED SEVERAL COMMUNITY FAIRS TO EDUCATE THE PUBLIC ABOUT EAR, NOSE, THROAT AND EYE CARE AND ABOUT AVAILABLE HEALTH SERVICE IN VARIOUS COMMUNITIES THESE INCLUDED -MISSION HILL HEALTH FAIR -EMERSON HEALTH AND WELLNESS EXPO -STONEHAM TOWN DAY MISSION HILL NEIGHBORHOOD EVENTS IN 2017, MASS EYE AND EAR SUPPORTED NUMEROUS EVENTS IN MISSION HILL (IN ADDITION TO INTERNSHIP PROGRAM) THEY INCLUDED INVOLVEMENT WITH THE MISSION HILL MAIN STREETS (HOST AND SPONSOR ANNUAL RECEPTION), INVOLVEMENT WITH YOUTH COLLABORATIVE, SENIOR CELTICS EVENT, MISSION HILL ROAD RACE, WELLNESS LECTURES AT ROXBURY TENANTS OF HARVARD AND SUPPORT AND PARTICIPATION OF EVENTS THERE INCLUDING SENIOR PROM</p>

Form and Line Reference	Explanation
<p>CATEGORY 3 ACCESS TO SERVICES/RESOURCES/WORK EXPERIENCE</p>	<p>THIS CATEGORY DESCRIBES MASS EYE AND EAR STRATEGIES TO MAKE SERVICES AND RESOURCES AVAILABLE TO INDIVIDUALS WHO MIGHT NOT OTHERWISE BE ABLE TO ACCESS THEM. ALSO INCLUDED HERE ARE ACTIVITIES THAT PROVIDE TARGETED POPULATIONS WITH OPPORTUNITIES TO GAIN WORK EXPERIENCE. TRANSPORTATION FOR NEEDY PATIENTS. MASS EYE AND EAR PROVIDES FREE TAXI TRANSPORTATION FOR PATIENTS AND FAMILIES IN EMERGENCY SITUATIONS. VOLUNTEER ESCORTS FOR PATIENTS. MASS EYE AND EAR MANAGES A PROGRAM TO PROVIDE ESCORTS TO PATIENTS WHO NEED ASSISTANCE NAVIGATING THE HOSPITAL AND SURROUNDING AREA. THESE INCLUDE TAXI ESCORTS, ESCORTS TO TRAINS OR BUSES, ESCORTS TO ACCOMMODATIONS, ESCORTS WITHIN HOSPITALS (MASS EYE AND EAR AND MASS GENERAL HOSPITAL), AND ASSISTANCE WITH PATIENT MEDICAL PASSPORTS. FREE EYEGLASSES PROGRAM. SOCIAL WORK STAFF, PATIENT FINANCIAL COUNSELORS, AND OPTICAL SHOP STAFF COLLABORATE TO PROVIDE FREE GLASSES TO MASS EYE AND EAR PATIENTS WHO MEET INCOME AND OTHER ELIGIBILITY GUIDELINES AND ARE UNABLE TO PAY FOR GLASSES. CONSULTATION FOR NON-MASS EYE AND EAR PATIENTS. MASS EYE AND EARS SOCIAL WORK STAFF PROVIDES INFORMATION AND REFERRAL FOR FINANCIAL RESOURCES, VISION AND HEARING RESOURCES, HOMECARE, AND EDUCATION TO NON-MASS EYE AND EAR PATIENTS. FREE MEDICATIONS. MASS EYE AND EARS NEEDY PATIENT FUND COVERS THE COST OF MEDICATIONS FOR PATIENTS WHO CANNOT AFFORD TO PAY. SOCIAL WORK CONSULTATIONS FOR PATIENTS NEEDING FINANCIAL ASSISTANCE. THE STAFF FROM MASS EYE AND EARS DEPARTMENT OF SOCIAL WORK ASSISTS PATIENTS IN SECURING LODGING, MEAL VOUCHERS, PARKING VOUCHERS, AND OTHER SMALL NECESSITIES THAT MAKE IT POSSIBLE FOR PATIENTS AND FAMILIES TO RECEIVE TREATMENT AT MASS EYE AND EAR. FINANCIAL COUNSELING ASSISTANCE. THE HOSPITALS FINANCIAL COUNSELORS WORK WITH PATIENTS TO ASSESS INSURANCE COVERAGE, IDENTIFY COVERAGE OPTIONS FOR WHICH THE UN/UNDER-INSURED MAY BE ELIGIBLE, AND TO PROVIDE ASSISTANCE IN APPLYING FOR AND ACCESSING COVERAGE. HOWE LIBRARY. MASS EYE AND EARS RESEARCH LIBRARY STAFF REGULARLY ASSISTS PATIENTS WHO ARE SEEKING INFORMATION ABOUT THEIR MEDICAL CONDITIONS. SERVICES INCLUDE COMPUTER SEARCHING AND RETRIEVAL OF ARTICLES, FINDING BOOKS FOR USERS, AND PROVIDING COMPUTERS, COPIERS, PRINTERS, AND ASSISTANCE TO PEOPLE IN USING THEM. THE HEARING AID CENTER. THE MASS EYE AND EAR HEARING AID CENTER PROVIDES SUPPORT, INCLUDING EDUCATION, TO PATIENTS WITH HEARING LOSS. THESE SERVICES ARE PROVIDED TO PATIENTS AS WELL AS MEMBERS OF THE COMMUNITY THROUGH PARTICIPATION AT LOCAL HEALTH FAIRS AND SCHOOL SCREENINGS. FREE PARKING. MASS EYE AND EAR OFFERS FREE PARKING TO PATIENTS AND THEIR FAMILIES THAT ENABLES THEM TO COME FOR CARE AND PARTICIPATE IN SUPPORT GROUPS. MASS EYE AND EAR ALSO EXTENDS FREE PARKING TO SUPPORT GROUPS SUCH AS THE GLAUCOMA SUPPORT GROUP AND HEAR @ BOSTON. PROJECT SEARCH. THIS PROJECT IN PARTNERSHIP WITH THE MASS COMMISSION FOR THE BLIND AND THE POLUS CENTER FOR SOCIAL AND ECONOMIC DEVELOPMENT CONTINUED IN 2017, PROVIDING INTERNSHIPS FOR INDIVIDUALS WITH VISUAL IMPAIRMENT, AN OPPORTUNITY THAT ALLOWED THEM TO DEVELOP TRANSFERRABLE JOB SKILLS. FENWAY HIGH SCHOOL INTERNSHIP PROGRAM. AS PART OF THE COMMITMENT TO THE MISSION HILL COMMUNITY, MASS EYE AND EAR PARTNERS WITH FENWAY HIGH SCHOOL (LOCATED IN MISSION HILL) TO PROVIDE A SIX WEEK INTERNSHIP PROGRAM FOR GRADUATING HIGH SCHOOL SENIORS. THEY ARE BASED PRIMARILY AT MASS EYE AND EAR, LONGWOOD, WHICH IS LOCATED IN THE NEIGHBORHOOD. WE ALSO PARTICIPATE IN THEIR CAREER DAY AT THE SCHOOL, OFFERING MENTORING AND COACHING AS WELL AS FINANCIALLY SUPPORT THEIR ANNUAL FUNDRAISING DINNER. BOSTON CREATES. MASS EYE AND EAR DEDICATED UNDERUTILIZED SPACE TO BOSTON CREATES, A PROGRAM LAUNCHED UNDER THE LEADERSHIP OF BOSTON MAYOR MARTIN WALSH AND THE OFFICE OF ARTS AND CULTURE. THE PROGRAM IS INTENDED TO PROVIDE FREE SPACE TO HELP RETAIN AND ATTRACT TALENT TO STAY IN BOSTON'S VIBRANT ARTS COMMUNITY. TWO LOCAL GROUPS USED THE SPACE IN 2017. CHARITABLE CARE. ADDITIONALLY FOR THIS CATEGORY, MASS EYE AND EAR PROVIDES FREE OR DISCOUNTED CARE TO PATIENTS WHO ARE UNABLE TO COVER THE FULL COST OF THE SERVICES THEY UTILIZE. THIS FREE OR DISCOUNTED CARE MEETS MASS EYE AND EARS FINANCIAL ASSISTANCE POLICY. WE MAKE EVERY EFFORT TO IDENTIFY APPROPRIATE INSURANCE COVERAGE FOR OUR PATIENTS AND TO HELP THEM ACCESS THE COVERAGE FOR WHICH THEY ARE ELIGIBLE. HOWEVER, EACH YEAR MASS EYE AND EAR EXTENDS CARE TO PATIENTS THAT IS NOT FULLY REIMBURSED. IN 2017 OUR NET CHARITY CARE TOTALLED \$ 1,914,478, WHICH INCLUDES THE HEALTH SAFETY NET (HSN) ASSESSMENT AND SHORTFALL, HSN DENIED CLAIMS, AND FREE OR DISCOUNTED CARE PROVIDED TO PATIENTS THAT MEET MASS EYE AND EARS FINANCIAL ASSISTANCE POLICY. THE NET CHARITY CARE PROVIDED EACH YEAR IS A REFLECTION OF MASS EYE AND EARS AND THE COMMUNITY BENEFITS COMMITTEES COMMITMENT TO THE DELIVERY OF HIGH-QUALITY CARE TO OUR PATIENTS AND IS AN IMPORTANT STRATEGY FOR ENSURING ACCESS TO CARE IN OUR COMMUNITY BENEFITS PLAN. BELOW, DETAIL RELATED TO</p>

Form and Line Reference	Explanation
CATEGORY 3 ACCESS TO SERVICES/RESOURCES/WORK EXPERIENCE	THE HOSPITALS NET CHARITY CARE, TOTAL REVENUE, TOTAL PATIENT CARE RELATED EXPENSES, AND BAD DEBT IS PROVIDED

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
CATEGORY 4 FINANCIAL SUPPORT (GRANTS, DONATIONS, FOUNDATION SUPPORT,	AND SCHOLARSHIPS) MASS EYE AND EAR DESIGNATES A PORTION OF ITS COMMUNITY BENEFITS RESOURCES TO PROVIDE FINANCIAL SUPPORT TO A SELECT NUMBER OF ORGANIZATIONS WHOSE MISSIONS ALIGN WITH THAT OF MASS EYE AND EAR AND WHO SUPPORT THE HOSPITAL'S COMMUNITY BENEFITS GOALS AND ADDRESS ISSUES AFFECTING THE TARGET COMMUNITIES AND PRIORITY POPULATIONS OF THE HOSPITAL'S COMMUNITY BENEFIT PLAN EACH OF THESE ORGANIZATIONS PROMOTES WELLNESS AMONG THEIR TARGET POPULATION AND SERVES PEOPLE FROM ACROSS THE COMMONWEALTH

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 6	NOT APPLICABLE

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 7	LIST OF STATES RECEIVING COMMUNITY BENEFIT REPORT MA

Additional Data

Software ID:

Software Version:

EIN: 04-2103591

Name: MASSACHUSETTS EYE & EAR INFIRMARY

Form 990 Schedule H, Part V Section A. Hospital Facilities

Section A. Hospital Facilities (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? 1		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER—24 hours	ER—other	Other (Describe)	Facility reporting group
1	MASSACHUSETTS EYE & EAR INFIRMARY 243 CHARLES STREET BOSTON, MA 02114 http://www.masseyeandear.org/ 2167	X			X		X	X			

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation
PART V, SECTION B, LINE 5	TO GAIN A BETTER UNDERSTANDING OF NEEDS IN MISSION HILL SPECIFICALLY, THE CONSULTANTS WORKED WITH THE MASS EYE AND EAR CB WORKING GROUP TO IDENTIFY MISSION HILL SERVICE PROVIDERS, ADVOCATES, AND EDUCATORS POSITIONED TO SPEAK TO THE NEEDS OF THE COMMUNITY THE CONSULTANTS THEN CONDUCTED TEN IN-DEPTH INTERVIEWS WITH THE IDENTIFIED KEY INFORMANTS AMONG THEM WAS A MEMBER OF THE NEW ENGLAND BAPTIST HOSPITAL, WHICH OPERATES A SMALLER BUT HIGHLY REGARDED COMMUNITY BENEFITS PROGRAM TARGETING MISSION HILL THE EXPERIENCES OF THE BWH AND NEW ENGLAND BAPTIST PROVIDED GREAT INSIGHTS THAT INFORMED THE ASSESSMENT AND PLANNING PROCESSES DESCRIBED BELOW THE INTERVIEWS YIELDED IMPORTANT AND USEFUL INFORMATION ABOUT NEIGHBORHOOD CHARACTERISTICS, METHODS FOR BUILDING AND SUSTAINING STRONG RELATIONSHIPS IN MISSION HILL, THE NEEDS OF THE NEIGHBORHOOD, AND PARTNERSHIP OPPORTUNITIES

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation
PART V, SECTION B, LINE 7A & LINE 10A	THE INFIRMARY'S COMMUNITY HEALTH NEEDS ASSESSMENT CAN BE VIEWED AT HTTP //WWW MASSEYEANDEAR ORG/ABOUT-US/OUTREACH

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation
PART V, SECTION B, LINE 11	<p>THE MASSACHUSETTS EYE AND EAR COMMUNITY BENEFITS TEAM CONDUCTS AN ASSESSMENT AND PLANNING PROCESS THAT IDENTIFIES UNMET NEEDS IN TARGET POPULATIONS AND SERVICE AREAS, SPECIFICALLY ON POPULATIONS THAT FACE GREATER OBSTACLES TO CARE AND/OR ARE DISPROPORTIONALLY AFFECTED B Y CONDITIONS THAT AFFECT THEIR DAILY FUNCTIONING AND QUALITY OF LIFE THESE KEY AREAS ARE CHILDREN, ELDERLY, LOW-INCOME PATIENTS, AND PATIENTS OF COLOR OUR PLAN IS DESIGNED TO IM PROVE THE VISION, HEARING, AND OTHER CONDITIONS OF THE HEAD AND NECK AMONG VULNERABLE POPU LATIONS IN OUR AREA HEALTH SCREENINGS MASS EYE AND EAR PROVIDES VISION SCREENINGS AND HE ARING EXAMS AND FOLLOW UP CARE FOR INDIVIDUALS WITH LIMITED ACCESS TO SERVICES SCREENINGS INCLUDED CAMP HARBOR VIEW, NEIGHBORHOOD HOUSE CHARTER SCHOOL, VISION COALITION/YEAR UP, A ND ROXBURY TENANTS OF HARVARD COMMUNITY EDUCATION AND SUPPORT GROUPS MASS EYE AND EAR CL INICIANS AND SOCIAL WORKERS DELIVER EDUCATION AND SUPPORT TO INDIVIDUALS DEALING WITH VARI OUS MEDICAL CONDITIONS OR CHALLENGES, INCLUDING SINUSITIS, HEARING LOSS, VISION LOSS, AND FACIAL PARALYSIS THEY ALSO ATTEND SEVERAL COMMUNITY HEALTH FAIRS EVENTS INCLUDE "KNOW YO UR NOSE," LOW VISION SUPPORT GROUP, BOSTON CURED CANCER CLUB SUPPORT GROUP, FACIAL PARALYS IS SUPPORT GROUP, HEAR @ BOSTON, GRAVES DISEASE SUPPORT GROUP, AND VISION REHABILITATION HEALTH FAIRS INCLUDED MISSION HILL, EMERSON HEALTH AND WELLNESS, AND STONEHAM TOWN DAY AC CESS TO SERVICES/RESOURCES/WORK EXPERIENCE MASS EYE AND EAR PROVIDES SERVICES AND RESOURC ES TO INDIVIDUALS WHO MIGHT NOT BE ABLE TO ACCESS THEM AND PROVIDES TARGETED POPULATIONS W ITH OPPORTUNITIES TO GAIN WORK EXPERIENCE THIS INCLUDES PROJECT SEARCH, A PROGRAM THAT PR OVIDES INTERNSHIPS FOR INDIVIDUALS WITH VISUAL IMPAIRMENT OTHER SUPPORT INCLUDES TRANSPOR TATION AND PARKING FOR NEEDY PATIENTS, VOLUNTEER ESCORTS, FREE EYEGLASSES, FREE MEDICATION S, SOCIAL WORK CONSULTATIONS, FINANCIAL COUNSELING, HEARING AID CENTER SUPPORT, AND CHARIT ABLE CARE MASS EYE AND EAR PROVIDES FREE OR DISCOUNTED CARE TO PATIENTS WHO ARE UNABLE T O COVER THE FULL COST OF THE SERVICES THEY UTILIZE FINANCIAL SUPPORT MASS EYE AND EAR PR OVIDES FINANCIAL SUPPORT TO A SELECT NUMBER OF ORGANIZATIONS WHOSE MISSIONS ALIGN WITH OUR S AND SUPPORT OUR COMMUNITY BENEFITS GOALS AND ADDRESSES ISSUES AS OUTLINED EARLIER IN THI S DOCUMENT ORGANIZATIONS INCLUDE PERKINS SCHOOL FOR THE BLIND, NEW ENGLAND WALK FOR HEARI NG, ABCD FIELD OF DREAMS, SCHWARTZ CENTER FOR COMPASSIONATE CARE, ROXBURY TENANTS OF HARVA RD, AND THE UNITED WAY THESE STRATEGIES WERE EFFECTIVE IN ACHIEVING OUR COMMUNITY BENEFIT S OBJECTIVES MISSION HILL - OPPORTUNITY IDENTIFIED ONE AREA THAT WAS IDENTIFIED IN OUR LA ST ASSESSMENT AS A NEW FOCUS AREA IS THE MISSION HILL NEIGHBORHOOD MASS EYE AND EAR OPEN ED A MULTI-SPECIALTY AMBULATORY CARE CENTER AT 800 HUNTINGTON AVENUE IN 2012 MASS EYE AN D EAR HAS DETERMINED A NEED TO BROADEN ITS COMMUNITY BENEFITS PROGRAM TO PROVIDE TARGETED PROGRAMMING IN THIS SMALL, DIV</p>

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation
PART V, SECTION B, LINE 11	<p>ERSE COMMUNITY OF LOWER-INCOME RESIDENTS MASS EYE AND EAR PARTNERED WITH A HIGH SCHOOL (FENWAY HIGH SCHOOL) IN THE SPRING OF 2016 TO WELCOME THREE HIGH SCHOOL SENIORS FOR AN INTE RNSHIP, IS ENGAGING LEADERS IN THE COMMUNITY TO CREATE NEIGHBORHOOD SPECIFIC PROGRAMMING, AND HOSTING EVENTS AT ITS FACILITY LOCATED AT 800 HUNTINGTON AVENUE MASS EYE AND EAR WIL L FOCUS ON FURTHER INTEGRATION INTO THE NEIGHBORHOOD AND EXPLORE ADDITIONAL OPPORTUNITIES TO PROVIDE ADDITIONAL VISION AND HEARING SCREENINGS FOR SENIORS, FOLLOW-UP CARE AND EYE GL ASSES, SPONSORSHIPS OF NEIGHBORHOOD EVENTS, PARTICIPATION IN HEALTH FAIRS, AND CONTRIBUTIO NS TO COMMUNITY EVENTS DURING THE REVIEW PROCESS, MASS EYE AND EAR REVIEWED UNMET NEEDS, INCLUDING MISSION HILL, AND SET GOALS THAT ALIGN WITH THE GOAL OF THE ORGANIZATION'S COMM UNITY BENEFITS PLAN AS A SPECIALTY HOSPITAL WITH 18 LOCATIONS (INCLUDING 243 CHARLES STRE ET AND 800 HUNTINGTON AVENUE), MASS EYE AND EAR WORKS TO MEET NEEDS IN ITS SPECIALTY AREA , INCLUDING IMPROVING VISION AND HEARING, ENSURING TARGET POPULATIONS HAVE ACCESS TO EDUCA TION AND SUPPORT OTHER IDENTIFIED NEEDS OF THE COMMUNITY OUTSIDE OF OUR SPECIALTY AREAS A RE ADDRESSED BY OTHER INSTITUTIONS IN OUR COMMUNITY</p>

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation
PART V, SECTION B, LINE 16A & 16B & 16C	THE INFIRMARY'S FINANCIAL ASSISTANCE POLICY CAN BE VIEWED AT HTTP //WWW MASSEYEANDEAR ORG/FOR-PATIENTS/PATIENT-GUIDE/FINANCIAL-ASSISTANCE

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation
PART V, SECTION B, LINE 22	TO CALCULATE AMOUNTS GENERALLY BILLED (AGB), MASSACHUSETTS EYE AND EAR INFIRMARY (THE "HOSPITAL") USES THE "LOOK-BACK" METHOD IN THIS METHOD, THE HOSPITAL DERIVES AN AGB PERCENTAGE BASED ON REIMBURSEMENT RATES FOR MASSHEALTH (PCC AND MMCO) ALONG WITH PRIVATE INSURERS AND MEDICARE FEE FOR SERVICE FOR A 12 MONTH PERIOD, DIVIDED BY THE GROSS CHARGES FOR THOSE CLAIMS THE RESULTING PERCENTAGE IS MULTIPLIED BY GROSS CHARGES FOR ALL EMERGENCY AND MEDICALLY NECESSARY CARE TO DETERMINE THE AGB THE AGB PERCENTAGE IS RECALCULATED ANNUALLY

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As Filed Data -

DLN: 93493227018208

Schedule I
(Form 990)

OMB No 1545-0047

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization
MASSACHUSETTS EYE & EAR INFIRMARY

Employer identification number
04-2103591

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 Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC 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							
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 25

3 Enter total number of other organizations listed in the line 1 table 0

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22

Part III can be duplicated 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)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

Part IV **Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference	Explanation
SCHEDULE I, PART I, LINE 2	SUBRECIPIENT MONITORING POLICY AND PROCEDURES SUBAWARDS ARE ISSUED THROUGH A CONSORTIUM AGREEMENT BETWEEN THE MASSACHUSETTS EYE AND EAR INFIRMARY ("THE INFIRMARY") AND THE RECIPIENT INSTITUTION THE AGREEMENT SPECIFIES THE TERMS OF THE SUBAWARD AND INCLUDES A DETAILED BUDGET AND SCOPE OF WORK TO BE PERFORMED BY THE RECIPIENT INSTITUTION AWARDED FUNDS ARE ENCUMBERED BY A PURCHASE ORDER THAT IS ASSIGNED TO A UNIQUE FUND NUMBER PAYMENTS TO RECIPIENT INSTITUTIONS MADE AGAINST THE PURCHASE ORDER ARE RECORDED IN THE MEEI ACCOUNTING SYSTEM SO THAT INDIVIDUAL PAYMENTS AND PURCHASE ORDERS BALANCES CAN BE MONITORED DISBURSEMENT OF FUNDS FOR SUBAWARDS REQUIRES THE WRITTEN APPROVAL OF THE PRINCIPAL INVESTIGATOR ("PI") FREQUENT PROGRESS REPORTS AND OTHER FORMS OF COMMUNICATION ARE REQUIRED BETWEEN THE PI AND THE SUBAWARD RECIPIENT INSTITUTE TO ENSURE THAT THE SCOPE OF WORK IS PROGRESSING AT A SATISFACTORY PACE RESEARCH ADMINISTRATION ALSO CONDUCTS AN ANNUAL INVENTORY OF INSTITUTIONS TO WHICH RESERACH HAS BEEN SUBAWARDED A RISK ASSESSMENT MATRIX IS EMPLOYED, ALONG WITH A REVIEW OF THE SUB-RECIPIENTS' MOST RECENT A133 AUDIT REPORT, TO DETERMINE THE LEVEL OF RISK REGARDING THE SUB-RECIPIENTS' ABILITY TO COMPLY WITH FEDERAL GUIDELINES

Additional Data

Software ID:
Software Version:
EIN: 04-2103591
Name: MASSACHUSETTS EYE & EAR INFIRMARY

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
BOSTON CHILDREN'S HOSPITAL 300 LONGWOOD AVE BOSTON, MA 02115	04-2774441	501(C)(3)	138,016				RESEARCH
BRIGHAM AND WOMEN'S HOSPITAL 75 FRANCIS ST BOSTON, MA 02115	04-2312909	501(C)(3)	363,401				RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
JOHNS HOPKINS UNIV SCHOOL OF MEDICINE 733 N BROADWAY STE 117 BALTIMORE, MD 21205	52-1479934	501(C)(3)	14,423				RESEARCH
MASSACHUSETTS GENERAL HOSPITAL 55 FRUIT ST BOSTON, MA 02114	04-2697983	501(C)(3)	803,900				RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
WORCESTER POLYTECHNIC INSTITUTE 100 INSTITUTE RD WORCESTER, MA 01609	04-2121659	501(C)(3)	36,223				RESEARCH
SCHEPENS EYE RESEARCH INSTITUTE 20 STANIFORD ST BOSTON, MA 02114	04-2129889	501(C)(3)	170,886				RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
UNIVERSITY OF MIAMI 1400 NW 10TH AVE MIAMI, FL 33136	59-0624458	501(C)(3)	103,172				RESEARCH
MASSACHUSETTS EYE AND EAR ASSOCIATES INC 243 CHARLES STREET BOSTON, MA 02114	22-2658209	501(C)(3)	14,251,289				INSTITUTIONAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
RHODE ISLAND HOSPITAL 593 Eddy Street Providence, RI 029034923	05-0258954	501(c)(3)	163,380				RESEARCH
CASE WESTERN RESERVE UNIVERSITY SCHOOL OF MEDICINE 10900 Euclid Ave Cleveland, OH 441067015	34-1018992	501(c)(3)	211,222				RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
BIONIC EYE TECHNOLOGIES INC 4 WILLOW LAKE DRIVE FISHKILL, NY 12524	46-5766628	501(c)(3)	769,160				RESEARCH
EMORY UNIVERSITY 1599 CLIFTON ROAD ATLANTA, GA 303224250	58-0566256	501(c)(3)	58,598				RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
PRESIDENT & FELLOWS OF HARVARD MASSACHUSETTS HALL CAMBRIDGE, MA 02138	04-2103580	501(c)(3)	526,306				RESEARCH
MAYO MEDICAL LABRATORIES 200 FIRST STREET SW ROCHESTER, MN 55905	41-6011702	501(c)(3)	11,790				RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
NATIONWIDE CHILDREN'S HOSPITAL 700 CHILDRENS DRV COLUMBUS, OH 432052664	31-6056230	501(C)(3)	28,582				RESEARCH
PORTLAND VA RESEARCH FOUNDATION INC HOSPITAL ROAD PORTLAND, OR 972392964	94-3090170	501(C)(3)	80,315				RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
UNIVERSITY OF MAINE 5717 CORBETT HALL ORONO, ME 044695717	01-6000769	501(c)(3)	35,263				RESEARCH
UNIVERSITY OF WISCONSIN 21 NPARK ST MADISON, WI 537151218	39-6006492	501(c)(3)	104,175				RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
WILLS EYE HOSPITAL 840 WALNUT ST PHILADELPHIA, PA 191075109	23-6000204	501(c)(3)	47,528				RESEARCH
DUKE UNIVERSITY 2200 W MAIN ST DURHAM, NC 277054677	56-0532129	501(c)(3)	46,238				RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
UNIVERSITY OF MICHIGAN 3003 S STATE ST ANN ARBOR, MI 481091287	38-6006309	501(c)(3)	27,787				RESEARCH
UNIVERSITY OF IOWA 2 GILMORE HALL IOWA CITY, IA 522471320	42-6004813	501(c)(3)	59,253				RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
STANFORD UNIVERSITY 3160 PORTER DRIVE STE 250 PALO ALTO, CA 943041222	94-1156365	501(c)(3)	9,668				RESEARCH
RESEARCH FOUNDATION FOR SUNY 35 STATE ST ALBANY, NY 12207	14-1368361	501(c)(3)	28,296				RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
WEILL CORNELL MEDICAL COLLEGE 1300 YORK AVENUE NEW YORK, NY 100654805	11-3162397	501(c)(3)	46,589				RESEARCH

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization MASSACHUSETTS EYE & EAR INFIRMARY	Employer identification number 04-2103591
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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 on 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 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><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 of the expenses described above? If "No," complete Part III to explain	1b	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2	
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <div><div><input type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Independent compensation consultant</div><div><input type="checkbox"/> Form 990 of other organizations</div><div><input type="checkbox"/> Written employment contract</div><div><input type="checkbox"/> Compensation survey or study</div><div><input type="checkbox"/> Approval by the board or compensation committee</div></div>		
4 During the year, did any person listed on 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	Yes
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Yes
c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	4c	No
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5 For persons listed on 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? If "Yes," on line 5a or 5b, describe in Part III.	5b	No
6 For persons listed on 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? If "Yes," on line 6a or 6b, describe in Part III.	6b	No
7 For persons listed on 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	Yes
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.	8	No
9 If "Yes" on 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 duplicate copies if additional space is needed.

For each individual whose compensation must be reported on 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, applicable column (D) and (E) amounts for that individual.

(A) Name and Title	(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 in column(B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
See Additional Data Table							

Part III **Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation
SCHEDULE J, PART I, LINE 4A	IN CONNECTION WITH HIS DEPARTURE, IN OCTOBER 2016 ALAN LONG RECEIVED A PAYMENT OF \$110,408 WHICH IS INCLUDED IN SCHEDULE J, PART II, COLUMN (B)(III) SCHEDULE J, PART I, LINE 4B JOHN FERNANDEZ PARTICIPATES IN A DEFERRED COMPENSATION ARRANGEMENT WITH MASSACHUSETTS EYE AND EAR UNDER THIS AGREEMENT, MR FERNANDEZ WILL BE CREDITED \$200,000 FOR CALENDAR YEAR 2016 EACH ANNUAL CREDIT WILL VEST ON THE FOURTH ANNIVERSARY OF THE DATE SUCH CREDIT WAS MADE OR UPON (1) THE ATTAINMENT OF THE AGE OF 65 WHILE EMPLOYED, (2) TERMINATION WITHOUT CAUSE OR RESIGNATION FOR GOOD REASON, (3) DEATH, (4) DISABILITY, OR (5) CHANGE OF CONTROL OF MASSACHUSETTS EYE AND EAR WITHIN THE MEANING OF SECTION 409A OF THE INTERNAL REVENUE CODE MR FERNANDEZ RECEIVED A PAYOUT OF \$141,377 FROM THE DEFERRED COMPENSATION AGREEMENT IN 2016
SCHEDULE J, PART I, LINE 7	THE BOARD OF TRUSTEES OF THE MASSACHUSETTS EYE AND EAR INFIRMARY, UPON RECOMMENDATIONS OF THE COMPENSATION COMMITTEE, APPROVE A BONUS PROGRAM FOR CERTAIN INDIVIDUALS LISTED ON THE SCHEDULE J THE PROGRAM REQUIRES THAT SUPERVISORY PERSONNEL MAKE THE DETERMINATION OF (1) ELIGIBILITY AND (2) AMOUNT OF BONUS DOLLARS BASED ON OVERALL JOB PERFORMANCE THE CEO OF THE INFIRMARY HAS THE AUTHORITY TO (1) OVERRULE RECOMMENDATIONS MADE BY SUPERVISORS AND (2) MAKE BONUS DETERMINATIONS FOR VICE PRESIDENT LEVEL PERSONNEL THE COMPENSATION COMMITTEE OF THE BOARD HAS THE FINAL AUTHORITY FOR BONUSES PAID TO THE CEO AS WELL AS THE VICE PRESIDENTS AND CHIEFS THE COMPENSATION COMMITTEE MEETING WAS HELD ON NOVEMBER 16, 2016 TOTAL COMPENSATION FOR LISTED INDIVIDUALS, INCLUDING BONUS PAYMENTS, WAS ANALYZED BY INDEPENDENT COMPENSATION CONSULTANTS, DETERMINED TO BE REASONABLE COMPENSATION, AND APPROVED BY THE BOARD NO COMPENSATION PAYMENT CAN BE MADE IN EXCESS OF THESE AMOUNTS

Additional Data

Software ID:

Software Version:

EIN: 04-2103591

Name: MASSACHUSETTS EYE & EAR INFIRMARY

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

(A) Name and Title		(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 in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1JOHN R FERNANDEZ PRESIDENT	(i)	758,265	114,300	142,619	221,901	22,972	1,260,057	120,000
	(ii)	0	0	0	0	- 0	- 0	0
1JOAN W MILLER MD DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	738,539	83,710	20,322	36,475	- 14,675	- 893,721	0
2MAUREEN KELLEY ASST SECRETARY	(i)	190,384	3,500	781	5,916	22,950	223,531	0
	(ii)	0	0	0	0	- 0	- 0	0
3CAROLANN WILLIAMS CFO & VP FINANCE AND ADMIN	(i)	419,684	50,592	810	11,311	3,614	486,011	0
	(ii)	0	0	0	0	- 0	- 0	0
4BARBARA J SCULLY DIRECTOR PROF REV CYCLE	(i)	181,007	7,000	369	15,474	22,949	226,799	0
	(ii)	0	0	0	0	- 0	- 0	0
5EILEEN O LOWELL CNO & VP PAT CARE SVS	(i)	268,352	27,700	2,901	16,459	14,666	330,078	0
	(ii)	0	0	0	0	- 0	- 0	0
6ALAN K LONG VP RESEARCH ADMINISTRATION	(i)	155,230	0	136,981	8,994	2	301,207	0
	(ii)	0	0	0	0	- 0	- 0	0
7KENNETH HOLMES CFO MEEA	(i)	233,333	26,180	18,480	17,728	22,963	318,684	0
	(ii)	0	0	0	0	- 0	- 0	0
8JEFFREY J PIKE CHIEF OPERATING OFFICER	(i)	327,345	33,090	536	12,250	7,098	380,319	0
	(ii)	0	0	0	0	- 0	- 0	0
9JENNIFER STREET VP COMMUNICATIONS & PLANNING	(i)	327,481	33,870	1,242	12,725	22,968	398,286	0
	(ii)	0	0	0	0	- 0	- 0	0
10MELISSA M PAUL CHIEF DEVELOPMENT OFFICER	(i)	251,196	21,648	18,974	19,957	22,955	334,730	0
	(ii)	0	0	0	0	- 0	- 0	0
11GLENN W BUNTING VOICE & SPEECH CLINICAL DIR	(i)	195,063	2,000	4,690	20,424	22,950	245,127	0
	(ii)	0	0	0	0	- 0	- 0	0
12RALPH T PELOSI DIRECTOR FACILITIES PLANNING	(i)	180,910	7,500	1,037	9,278	10	198,735	0
	(ii)	0	0	0	0	- 0	- 0	0
13MARTHA PYLE FARRELL ASST SECRETARY	(i)	292,606	37,452	20,172	11,789	22,966	384,985	0
	(ii)	0	0	0	0	- 0	- 0	0
14D BRADLEY WELLING DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	988,748	0	18,000	36,475	- 22,971	- 1,066,194	0
15DEBRA ROGERS VP OPHTHALMOLOGY	(i)	234,185	26,010	19,759	10,446	14,664	305,064	0
	(ii)	0	0	0	0	- 0	- 0	0
16RACHEL WASSERSTROM VP OTOLARYNGOLOGY	(i)	247,083	26,010	409	10,182	22,961	306,645	0
	(ii)	0	0	0	0	- 0	- 0	0
17MICHAEL RICCI CHIEF INFORMATION OFFICER	(i)	221,077	20,000	14,345	10,544	14,656	280,622	0
	(ii)	0	0	0	0	- 0	- 0	0
18DEBORAH L CRONIN-WAEDELDE EXEC DIR AMBULATORY OPERATIONS	(i)	180,969	12,500	371	3,411	11	197,262	0
	(ii)	0	0	0	0	- 0	- 0	0
19LEO J HILLDEPUTY CIO	(i)	173,935	15,000	359	3,299	10	192,603	0
	(ii)	0	0	0	0	- 0	- 0	0

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

(A) Name and Title	(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 in column (B) reported as deferred on prior Form 990
	(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
21SUNIL EAPPEN MD CHIEF MEDICAL OFFICER	(i)	0	0	0	0	0	0
	(ii)	509,340	53,270	19,242	36,475	-	0
					22,972	641,299	

Schedule K
(Form 990)

Department of the Treasury
Internal Revenue Service
Name of the organization
MASSACHUSETTS EYE & EAR INFIRMARY

Supplemental Information on Tax Exempt Bonds

► Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
► Attach to Form 990.
► Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

Open to Public Inspection

Employer identification number
04-2103591

Part I Bond Issues											
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A MASSACHUSETTS HEALTH AND EDUCATION FACILITIES	04-2456011	57586EWL1	09-29-2010	63,156,092	FACILITY IMPROVEMENTS		X		X		X
B MASSACHUSETTS DEVELOPMENT FINANCE AGENCY	04-3431814	000000000	12-30-2015	70,394,000	REFNDNG(2010)&FACILITY IMPROVEMNTS		X		X		X

Part II		Proceeds							
		A		B		C		D	
1	Amount of bonds retired	6,980,000		779,547					
2	Amount of bonds legally defeased	0		0					
3	Total proceeds of issue	63,156,092		70,394,000					
4	Gross proceeds in reserve funds	5,006,994		0					
5	Capitalized interest from proceeds	5,191,181		0					
6	Proceeds in refunding escrows	0		0					
7	Issuance costs from proceeds	1,243,623		441,892					
8	Credit enhancement from proceeds	0		0					
9	Working capital expenditures from proceeds	0		0					
10	Capital expenditures from proceeds	51,707,858		29,916,662					
11	Other spent proceeds	0		15,079,333					
12	Other unspent proceeds	0		24,956,113					
13	Year of substantial completion	2015							
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?		X	X					
15	Were the bonds issued as part of an advance refunding issue?		X		X				
16	Has the final allocation of proceeds been made?	X			X				
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X					

Part III Private Business Use									
		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X				
2	Are there any lease arrangements that may result in private business use of bond-financed property?		X		X				

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?		X		X				
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c Are there any research agreements that may result in private business use of bond-financed property?		X		X				
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government	0 %		0 %					
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government								
6 Total of lines 4 and 5								
7 Does the bond issue meet the private security or payment test?		X		X				
8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?								
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X		X					

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X				
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?			X					
b Exception to rebate?								
c No rebate due?	X							
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?		X	X					
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X	X					
b Name of provider	0		CITIZENS BANK					
c Term of hedge			10 %					
d Was the hedge superintegrated?				X				
e Was the hedge terminated?				X				

Part IV Arbitrage (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X				
b Name of provider	0		0					
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X		X				
7 Has the organization established written procedures to monitor the requirements of section 148?		X		X				

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X		X					

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

Return Reference	Explanation
PART I, BOND (A), COLUMN (F)	THE PROJECT CONSISTS OF RENOVATION AND IMPROVEMENT OF EXISTING SPACE AND ACQUISITION OF MISCELLANEOUS EQUIPMENT LOCATED IN MEEI'S MAIN CLINICAL BUILDING, INCLUDING BUT NOT LIMITED TO THE FOLLOWING THE AMBULATORY AND INPATIENT OPERATING ROOMS, THE SINUS CLINIC, THE NEURO-OPHTHALMOLOGY CLINIC, THE OTOLARYNGOLOGY LASER CENTER, THE ENT CLINIC FOCUSING ON HEAD AND NECK CONDITIONS, THE PRE-ADMISSION TESTING SUITE, THE OPHTHALMOLOGY OUTPATIENT CLINICS LOCATED ON THE FIRST FLOOR, THE GROUND FLOOR (INCLUDING THE LOBBY AREA, EMERGENCY DEPARTMENT AND RADIOLOGY DEPARTMENT), THE PEDIATRIC OPHTHALMOLOGY CLINIC, THE HEAD AND NECK CLINIC, THE LASER CENTER, THE PEDIATRIC INPATIENT UNIT, THE OPHTHALMOLOGY PLASTICS OUTPATIENT CLINIC, THE OTOLARYNGOLOGY FACULTY OFFICE SUITE AND THE DESIGN AND ARCHITECTURAL FEES RELATING TO THE RECONSTRUCTING OF THE GROUND, FIRST, SECOND AND THIRD FLOORS FOR ADDITIONAL CLINICAL SPACE IMPROVEMENTS TO EXISTING BUILDING INFRASTRUCTURE PLANNING AND DESIGN COSTS RELATED TO A REPLACEMENT RESEARCH OR CLINICAL BUILDING TO BE LOCATED AT 309-325 CAMBRIDGE STREET COSTS OF ISSUANCE AND CAPITALIZED INTEREST ON THE BONDS FINANCING THE PROJECTS DESCRIBED IN THIS SECTION FOR A PERIOD OF UP TO THREE YEARS

Return Reference	Explanation
PART IV, BOND (A), LINE 2C	A REBATE CALCULATION WAS PERFORMED FOR THE BONDS ON OCTOBER 13, 2015 FOR THE REBATE PERIOD ENDED SEPTEMBER 30, 2016 NO ARBITRAGE REBATE WAS DUE

Schedule L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ Complete if the organization answered
"Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ.
▶ Information about Schedule L (Form 990 or 990-EZ) and its instructions is at
www.irs.gov/form990.

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
MASSACHUSETTS EYE & EAR INFIRMARY

Employer identification number
04-2103591

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only)
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No

2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958 ▶ \$

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$

Part II Loans to and/or From Interested Persons.
Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
Total						▶ \$ 0						

Part III Grants or Assistance Benefiting Interested Persons.
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) JOAN MILLER MD	DRCTR IS LICENSOR TO ORG	202,762	PATENT LICENSE PROCEEDS		No
(2) SALLY REILEY	DAUGHTER OF DIRECTOR	21,342	ANNUAL SALARY		No

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions)

Return Reference	Explanation
SCHEDULE L, PART V, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS	(A) NAME OF PERSON JOAN MILLER, MD (D) DESCRIPTION OF TRANSACTION INVENTOR PROCEEDS FOR PATENT RIGHTS ARE MADE IN ACCORDANCE WITH WRITTEN MEEI POLICY IN RESPECT OF INTELLECTUAL PROPERTY

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -	DLN: 93493227018208
SCHEDULE O (Form 990 or 990-EZ) <div>Department of the Treasury Internal Revenue Service Name of the organization MASSACHUSETTS EYE & EAR INFIRMARY</div>	Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ▶ Attach to Form 990 or 990-EZ. ▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990 .		OMB No 1545-0047
			2016 Open to Public Inspection
		Employer identification number 04-2103591	

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Return Reference	Explanation
FORM 990 PART I, LINE 1 & PART III, LINE 1	<p>THE MASSACHUSETTS EYE AND EAR INFIRMARY ("THE INFIRMARY") IS A NOT-FOR-PROFIT TEACHING HOSPITAL CONDUCTING PATIENT CARE AND RESEARCH. THE INFIRMARY IS A TEACHING HOSPITAL OF HARVARD MEDICAL SCHOOL AND AN INTERNATIONAL CENTER FOR RESEARCH. IT HAS THE MOST COMPETITIVE PROGRAM IN THE COUNTRY FOR EYE, EAR, NOSE, AND THROAT RESIDENCY TRAINING AND THE WORLD'S LARGEST OPHTHALMIC FELLOWSHIP PROGRAM. IT IS PART OF A SYSTEM OF RELATED ENTITIES THAT PROVIDE SPECIALIZED MEDICAL CARE COLLECTIVELY KNOWN AS "MASSACHUSETTS EYE AND EAR INFIRMARY" ("MEI"). FORM 990, PART III, LINE 4A MASSACHUSETTS EYE AND EAR IS A SPECIALTY HOSPITAL DEDICATED TO EXCELLENCE IN THE CARE OF DISORDERS THAT AFFECT THE EYE, EAR, NOSE, THROAT AND ADJACENT REGIONS OF THE HEAD AND NECK. IN THE 2017-2018 BEST HOSPITALS SURVEY, U.S. NEWS & WORLD REPORT RANKED MASS EYE AND EAR #2 IN THE NATION FOR EAR, NOSE AND THROAT CARE AND #4 FOR EYE CARE. THE COMMITMENT TO PROVIDE COMPASSIONATE AND ACCESSIBLE PATIENT CARE CONTINUED IN 2017 WITH THE EXPANSION TO NINETEEN CLINICAL CARE LOCATIONS. A MAJOR FOCUS OF THE ORGANIZATION OVER THE PAST YEAR WAS THE PROCESS TO BECOME A MEMBER OF PARTNERS HEALTHCARE. THE GOAL IS FOR MASS EYE AND EAR TO BECOME A TIER 1 ENTITY WITHIN THE TOP HEALTHCARE ORGANIZATION IN THE NORTHEAST. MASS EYE AND EAR AND PARTNERS HAVE A LONG HISTORY OF COLLABORATION AND THE HOPE IS THAT THIS WILL ALLOW FOR A MORE SEAMLESS SHARING OF SOME OF THE CENTRALIZED SERVICES PARTNERS EXTENDS TO ITS ENTITIES, INCLUDING PEOPLESOFT (ENTERPRISE RESOURCE PLANNING) AND EPIC (UNIFIED PATIENT CARE SYSTEM). THE PROCESS, NEARING A FINAL VOTE (AS OF THIS WRITING) WILL ENABLE MASS EYE AND EAR TO MAINTAIN ITS OWN HOSPITAL LICENSE, BOARD OF DIRECTORS AND INDEPENDENT DEPARTMENTS, WITH THE SUPPORT OF PARTNERS HEALTHCARE. CLINICAL HIGHLIGHTS: DEPARTMENT OF OPHTHALMOLOGY FACULTY HIRES MARY E. ARONOW, MD, EMMA DAVIES, MD, T. HADDEUS DRYJA, MD (PART-TIME), ROSARIO FERNANDEZ-GODINO, PHD, MSC, GABRIEL FICKETT, OD, ZHIGANG HE, PHD, JOHN KEMPEN, MD, MPH, MHS, PHD, FRANCOIS LEBRETON, PHD, MICHAEL PRICE, MD, SHRINIVAS PUNDLIK, PHD, JANE SCHWEITZER, MD, AYLLET SEGR, MSC, PHD, DAVID SOL - DEL VALLE, MD, TOMAS Z. STRYJEWSKI, MD, JO-ANN HANEY TILTON, MD, JIA YIN, MD. FACULTY APPOINTMENTS OPHTHALMOLOGY: AL EX BOWERS, PHD, ASSOCIATE PROFESSOR OF OPHTHALMOLOGY SUNIL CHAUHAN, PHD, ASSOCIATE PROFESSOR OF OPHTHALMOLOGY JOSEPH CIOLINO, MD, ASSOCIATE PROFESSOR OF OPHTHALMOLOGY JACK GREINER, DO, OD, PHD, ASSISTANT PROFESSOR OF OPHTHALMOLOGY (PART-TIME) XIAOQING GUO, MD, INSTRUCTOR IN OPHTHALMOLOGY NAHYOUNG GRACE LEE, MD, ASSISTANT PROFESSOR OF OPHTHALMOLOGY HEITIAN LEI, PHD, ASSISTANT PROFESSOR OF OPHTHALMOLOGY YANG LIU, MD, INSTRUCTOR IN OPHTHALMOLOGY RIC HARD MASLAND, PHD, DISTINGUISHED DAVID GLENDENNING COGAN PROFESSOR OF OPHTHALMOLOGY JOAN W. MILLER, MD, DAVID GLENDENNING COGAN PROFESSOR OF OPHTHALMOLOGY ERIC PIERCE, MD, PHD, SOLMAN AND LIBE FRIEDMAN PROFESSOR OF OPHTHALMOLOGY SHIVAKUMAR VASANTH, PHD, INSTRUCTOR IN OPHTHALMOLOGY DEPARTMENT OF OTOL.</p>

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Return Reference	Explanation
FORM 990 PART I, LINE 1 & PART III, LINE 1	<p>ARYNGOLOGY NEW RECRUITS FULL-TIME MEDICAL STAFF KEVIN H FRANCK, PHD, MBA, CCC-A KENNETH M GRUNDFAST, MD, FACS YUNA C LARRABEE, MD COMMUNITY-BASED MEDICAL STAFF CHRISTINA V SCIRICA, MD SEAN T DOHERTY, MD, FACS JORDAN GLICKSMAN, MD, MPH JONG CHUL PARK, MD (PART-TIME MASS EYE AND EAR) OTOLARYNGOLOGY FACULTY APPOINTMENTS PROFESSOR GREGORY W RANDOLPH, MD, FACS, FACE ASSOCIATE PROFESSOR BENJAMIN S BLEIER, MD ERIC H HOLBROOK, MD HIDEKO HEIDANA KAJIMA, MD, PHD JEREMY D RICHMON, MD ASSISTANT PROFESSOR NATE JOWETT, MD, FRCS C DAVID H JUNG, MD, PHD FELIPE SANTOS, MD OTHER PROMOTIONS/NEW LEADERSHIP BENJAMIN S BLEIER, MD, WAS NAMED THE DIRECTOR OF ENDOSCOPIC SKULL BASE SURGERY STACEY T GRAY, MD, WAS APPOINTED PRESIDENT OF THE OTOLARYNGOLOGY MEDICAL STAFF RICHARD F LEWIS, MD, WAS APPOINTED DIRECTOR OF THE JENKS VESTIBULAR PHYSIOLOGY LABORATORY DANIEL B POLLEY, PHD, WAS APPOINTED THE DIRECTOR OF THE LAUER TINNIUS RESEARCH CENTER MEAGHAN REED, MD, WAS PROMOTED TO ASSOCIATE DIRECTOR OF AUDIOLOGY PHILLIP C SONG, MD, WAS APPOINTED CHIEF OF THE LARYNGOLOGY DIVISION DEPARTMENT OF ANESTHESIOLOGY - NEW RECRUITS JEREMY JUANG, MD- STAFF ANESTHESIOLOGIST MATTHEW NOVAK, MD- PEDIATRIC STAFF ANESTHESIOLOGIST NINA NAMI, MD- PEDIATRIC STAFF ANESTHESIOLOGIST NAILA MOGHUL, MD- STAFF ANESTHESIOLOGIST GUSTAVO LOZADA, MD- STAFF ANESTHESIOLOGIST YANA LEVIN, MD- STAFF ANESTHESIOLOGIST GENEVIEVE GALUTERA, CRNA REBECCA VIGIL, CRNA BR ENDAN MCBRINE, ANESTHESIA TECHNICIAN SHAKERIA MATTIER, EXECUTIVE ASSISTANT FACULTY PROMOTIONS MAKARA CAYER, MD ASSISTANT ANESTHESIOLOGIST, ACTIVE STAFF, MASS EYE AND EAR STEPHEN CAMPO, MD ASSOCIATE ANESTHESIOLOGIST, ACTIVE STAFF, MASS EYE AND EAR MARTHA CORDOBA-AMOROC HO, MD ASSOCIATE ANESTHESIOLOGIST, ACTIVE STAFF, MASS EYE AND EAR AREZOU GOLI, MD ASSOCIATE ANESTHESIOLOGIST, ACTIVE STAFF, MASS EYE AND EAR MARTIN JOSEPH R HORTALEZA, MD ASSOCIATE ANESTHESIOLOGIST, ACTIVE STAFF, MASS EYE AND EAR GUSTAVO LOZADA, MD- ASSOCIATE ANESTHESIOLOGIST, ACTIVE STAFF, MASS EYE AND EAR CO- DIRECTOR OF AMBULATORY ANESTHESIA, MASS EYE AND EAR ALVARO MACIAS, MD ASSOCIATE ANESTHESIOLOGIST, ACTIVE STAFF, MASS EYE AND EAR, ASSOCIATE ANESTHESIA DIRECTOR OF THE OPERATING ROOMS, MASS EYE AND EAR DONGDONG YAO, MD ASSOCIATE ANESTHESIOLOGIST, ACTIVE STAFF, MASS EYE AND EAR ARSHAD RAGEN, MD ANESTHESIOLOGIST, ACTIVE STAFF, MASS EYE AND EAR JEREMY W GOLDFARB, MD ANESTHESIOLOGIST, ACTIVE STAFF, MASS EYE AND EAR LISA M HAMMOND, MD ANESTHESIOLOGIST, ACTIVE STAFF, MASS EYE AND EAR DEPARTMENT OF RADIOLOGY NO NEW RECRUITS IN FY17 FOR FY17, THE DEPARTMENT OF RADIOLOGY HAD A TOTAL OF 141 RESIDENT AND FELLOW ROTATIONS JOINING DR CURTIN AND FACULTY FOR DAILY READ OUT SESSIONS AND HEAD AND NECK IMAGING TRAINING (58 FROM MGH, 59 FROM BWH, AND 24 FROM BID MC)</p>

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RESEARCH	<p>DEPARTMENT OF OPHTHALMOLOGY AND CENTER OF EXCELLENCE RESEARCHERS IDENTIFY POTENTIAL BIOMARKERS OF AGE-RELATED MACULAR DEGENERATION A STUDY BY AUTHORS INCLUDING JOAN W MILLER, MD, INES LAINS, MD, DEEBA HUSAIN, MD, JOHN B MILLER, MD, DEMETRIOS G VAVVAS, MD, PHD, AND IVANA K KIM, MD, FOUND THAT PATIENTS WITH ANY STAGE OF AGE-RELATED MACULAR DEGENERATION (AMD) CARRY SIGNS OF THE DISEASE IN THEIR BLOOD THAT MAY BE FOUND THROUGH SPECIAL LABORATORY TESTS THE STUDY DESCRIBES A NEW TECHNIQUE KNOWN AS METABOLOMICS, WHICH CAN IDENTIFY BLOOD PROFILES ASSOCIATED WITH AMD - THE LEADING CAUSE OF ADULT BLINDNESS IN DEVELOPED COUNTRIES - AND ITS LEVEL OF SEVERITY THESE POTENTIAL LIPID BIOMARKERS IN HUMAN BLOOD PLASMA MAY LEAD TO EARLIER DIAGNOSIS, BETTER PROGNOSTIC INFORMATION, AND MORE PRECISE TREATMENT OF PATIENTS WITH AMD, AS WELL AS POTENTIAL NEW TARGETS FOR AMD TREATMENT RESEARCHERS IDENTIFY KEY COMPOUNDS TO RESOLVE ABNORMAL VASCULAR GROWTH IN AGE-RELATED MACULAR DEGENERATION A STUDY LED BY KIP CONNOR, PHD, SHOWED THAT A COMPOUND OF SPECIFIC BIOACTIVE PRODUCTS FROM A MAJOR FAMILY OF ENZYMES REDUCED THE SEVERITY OF AGE-RELATED MACULAR DEGENERATION (AMD) IN A PRECLINICAL MODEL THE REPORT SUGGESTS THAT IT MAY BE POSSIBLE TO PREVENT THE VISION LOSS RESULTING FROM DISEASE-CAUSING ANGIOGENESIS AND INFLAMMATION OBSERVED IN WET AMD BY INCREASING THE EXPRESSION OF SPECIFIC BIOACTIVE LIPID METABOLITES IN THE RETINA THE RESEARCH DEMONSTRATES THAT THESE BIOACTIVE LIPIDS HAVE THE ABILITY TO REGULATE INFLAMMATORY IMMUNE CELLS IN THE RETINA, KEY REGULATORS OF THE ANGIOGENIC PROCESS IN THIS DISEASE GIVEN THIS, THESE MOLECULES SHOW PROMISING THERAPEUTIC POTENTIAL NOT ONLY FOR AMD, BUT ALSO FOR OTHER MAJOR CONDITIONS THAT INVOLVE ANGIOGENESIS AND INFLAMMATION, SUCH AS CARDIOVASCULAR DISEASE AND CANCER CHOROIDAL CHANGES ASSOCIATED WITH SUBRETINAL DRUSENOID DEPOSITS IN AGE-RELATED MACULAR DEGENERATION USING SWEEP-SOURCE OCT JOHN B MILLER, MD, INES LAINS, MD, AND COLLEAGUES IDENTIFIED A REDUCTION IN CHOROIDAL THICKNESS AND VESSEL VOLUME IN SUBJECTS WITH INTERMEDIATE AGE-RELATED MACULAR DEGENERATION (AMD) WHEN SUBRETINAL DRUSENOID DEPOSITS WERE PRESENT - AN IMPORTANT CLINICAL FEATURE OF AMD UNDERSTANDING CHOROIDAL ABNORMALITIES MAY SHED LIGHT UPON THE DEVELOPMENT OF SUBRETINAL DRUSENOID DEPOSITS AND PROVIDE INSIGHT INTO THE PATHOGENESIS OF AMD CORNEA CENTER OF EXCELLENCE NEW TECHNIQUE MAY PREVENT GRAFT REJECTION IN HIGH-RISK CORNEAL TRANSPLANT PATIENTS REZA DANA, MD, MSC, MPH, AND RESEARCHERS DEVELOPED A NOVEL STRATEGY TO PROMOTE THE TOLERANCE OF CORNEAL TRANSPLANTS IN PATIENTS AT HIGH RISK FOR REJECTION THEY TARGETED ANTIGEN-PRESENTING CELLS IN DONOR TISSUES WITH A COMBINATION OF TWO CYTOKINES, TGF-β AND IL-10, THAT WORK TOGETHER TO PROMOTE TOLERANCE OF THE GRAFT BY THE TRANSPLANT RECIPIENT'S IMMUNE SYSTEM RESTORATION OF CORNEAL TRANSPARENCY BY MESENCHYMAL STEM CELLS A STUDY LED BY SUNIL CHAUHAN, PHD, IDENTIFIED HEPATOCYTE GROWTH FACTOR (HGF), SECRETED BY MESENCHYM</p>

Return Reference	Explanation
RESEARCH	<p>AL STEM CELLS, AS THE KEY FACTOR RESPONSIBLE FOR RESTORING CORNEAL TRANSPARENCY AND PROMOTING WOUND HEALING IN PRECLINICAL MODELS OF CORNEAL INJURY. THE FINDINGS SUGGEST THAT HGF-BASED TREATMENTS MAY BE EFFECTIVE IN RESTORING VISION IN PATIENTS WITH SEVERELY SCARRED CORNEAS.</p> <p>TRANSLATIONAL RESEARCH ON LUBRICIN DEMONSTRATES SIGNIFICANT IMPROVEMENT OF MULTIPLE SIGNS AND SYMPTOMS OF DRY EYE DISEASE. DAVID A. SULLIVAN, PHD, IN COLLABORATION WITH COLLEAGUES FROM SEVERAL INSTITUTIONS WORLDWIDE, EVALUATED THE USE OF RECOMBINANT HUMAN LUBRICIN AS A TREATMENT FOR PATIENTS WITH DRY EYE DISEASE. A CLINICAL TRIAL BASED ON THIS RESEARCH SHOWED SIGNIFICANT IMPROVEMENT IN SIGNS AND SYMPTOMS OF DRY EYE DISEASE COMPARED TO SODIUM HYALURONATE WITHOUT ADVERSE EVENTS DURING THE INVESTIGATION. RESEARCHERS FIND STEM CELLS IN NORMAL AND FUCHS CORNEAL ENDOTHELIUM. ULA JURKUNAS, MD, WAS THE PRINCIPAL INVESTIGATOR OF A STUDY THAT, FOR THE FIRST TIME, IDENTIFIED STEM CELLS NOT ONLY IN NORMAL CORNEAL ENDOTHELIUM BUT ALSO IN CORNEAL ENDOTHELIUM OF PATIENTS WITH FUCHS' ENDOTHELIAL CORNEAL DYSTROPHY (FECD). CORNEAL TRANSPLANTATION IS THE ONLY CURRENTLY ACCEPTED THERAPY FOR FECD. THIS FINDING HOLDS PROMISE FOR NEW THERAPIES TO BE DEVELOPED THAT POSSIBLY PROMOTE THE DIVISION OF PATIENTS' OWN STEM CELLS AND ALLOW THE CORNEA TO CLEAR WITHOUT A NEED FOR CORNEAL TRANSPLANTATION IN FECD PATIENTS.</p> <p>DETERMINANTS OF OCULAR PAIN SEVERITY IN PATIENTS WITH DRY EYE DISEASE. REZA DANA, MD, MSC, MPH, AND COLLEAGUES PUBLISHED A PAPER THAT SHOWED THE SEVERITY OF OCULAR PAIN IN DRY EYE DISEASE CORRELATES WITH NON-OCULAR COMORBIDITIES, SUCH AS USE OF ANTI-DEPRESSANTS, RATHER THAN WITH CLINICAL SIGNS OF SURFACE DISEASE.</p> <p>DIABETIC EYE DISEASE CENTER OF EXCELLENCE RESEARCHERS IDENTIFY NEW TARGET FOR ABNORMAL BLOOD VESSEL GROWTH IN THE EYES. A TEAM LED BY JOSEPH F. ARBOLEDA-VELASQUEZ, MD, PHD, AND LEO A. KIM, MD, PHD, IDENTIFIED A NOVEL THERAPEUTIC TARGET FOR RETINAL NEOVASCULARIZATION, OR ABNORMAL BLOOD VESSEL GROWTH IN THE RETINA, A HALLMARK OF ADVANCED DIABETIC EYE DISEASE (PROLIFERATIVE DIABETIC RETINOPATHY). ACCORDING TO THE REPORT, THE TRANSCRIPTION FACTOR RUNX1 WAS FOUND IN ABNORMAL RETINAL BLOOD VESSELS, AND BY INHIBITING RUNX1 WITH A SMALL MOLECULE DRUG, THE RESEARCHERS ACHIEVED A 50 PERCENT REDUCTION OF RETINOPATHY IN PRECLINICAL MODELS. THESE FINDINGS PAVE THE WAY FOR NEW THERAPIES THAT ADDRESS DIABETIC RETINOPATHY AND OTHER CONDITIONS INVOLVING ABNORMAL VESSEL GROWTH WITHIN THE RETINA.</p> <p>GLAUCOMA CENTER OF EXCELLENCE DRUG-DISPENSING CONTACT LENS LOWERS EYE PRESSURE IN PRECLINICAL STUDY. IN A PRECLINICAL MODEL FOR GLAUCOMA, JOSEPH CIOLINO, MD, AND COLLEAGUES DEMONSTRATED THAT A NOVEL DRUG-DISPENSING CONTACT LENS IS AT LEAST AS EFFECTIVE, AND POSSIBLY MORE SO, AS DAILY LATANOPROST EYE DROPS. CONTACT LENSES HAVE BEEN STUDIED AS A MEANS OF OCULAR DRUG DELIVERY FOR NEARLY 50 YEARS, YET MANY SUCH LENSES ARE INEFFECTIVE BECAUSE THEY DISPENSE THE DRUG TOO QUICKLY. THE CONTACT LENSES USED IN THIS STUDY RELEASE</p>

Return Reference	Explanation
RESEARCH	<p>D THE DRUG GRADUALLY BECAUSE A THIN FILM OF DRUG-ENCAPSULATED POLYMERS WAS ADDED TO THE PERIPHERY OF THE LENS PREVIOUSLY, THE RESEARCHERS SHOWED THAT THE LENS IS CAPABLE OF DELIVERING MEDICATION IN VIVO CONTINUOUSLY FOR ONE MONTH BECAUSE THE DRUG FILM IS CONFINED TO THE LENS PERIPHERY, THE CENTER REMAINS CLEAR, ALLOWING FOR NORMAL VISUAL ACUITY, BREATHABILITY, AND HYDRATION THE LENSES CAN BE MADE WITH OR WITHOUT REFRACTIVE POWER</p> <p>INFECTIOUS DISEASE INSTITUTE ANTIBIOTIC-RESISTANT MICROBES DATE BACK 450 MILLION YEARS MICHAEL GILMORE, PHD, FRANCOIS LEBRETON, PHD, AND COLLEAGUES HAVE SHED LIGHT ON THE EVOLUTIONARY HISTORY OF ENTEROCOCCI, BACTERIA WHICH EVOLVED NEARLY INDESTRUCTIBLE PROPERTIES AND HAVE BECOME LEADING CAUSES OF MODERN ANTIBIOTIC-RESISTANT INFECTIONS IN HOSPITALS ACCORDING TO THEIR STUDY, ENTEROCOCCI AROSE FROM AN ANCESTOR THAT DATES BACK 450 MILLION YEARS - ABOUT THE TIME WHEN ANIMALS WERE FIRST CRAWLING ONTO LAND (AND WELL BEFORE THE AGE OF DINOSAURS) RESEARCHERS IDENTIFY NEW ANTIBIOTIC- AND IMMUNE-RESISTANT BACTERIUM, DEVELOP TEST TO LIMIT SPREAD</p> <p>RESEARCHERS LED BY MICHAEL GILMORE, PHD, DISCOVERED A NEW MUTATION IN A HIGHLY ANTIBIOTIC-RESISTANT STRAIN OF E. COLI THAT INHIBITS INFECTION-FIGHTING WHITE BLOOD CELLS THE RESEARCHERS DESCRIBED A PATIENT WHO WAS DIAGNOSED WITH A SEVERE CORNEAL INFECTION THE UNDERLYING BACTERIUM WAS DETERMINED TO BE ESBL E. COLI, A TYPE OF MICROBE KNOWN TO BE RESISTANT TO A WIDE RANGE OF ANTIBIOTICS THE PATIENT WAS TREATED WITH TWO ANTIBIOTIC EYE DROPS- TO WHICH THE MICROBE WAS STILL SENSITIVE-AND THE EYE INFECTION RESOLVED USING STATE-OF-THE-ART GENOMICS SEQUENCING TECHNIQUES IN THE OCULAR GENOMICS INSTITUTE, THE RESEARCH TEAM FOUND THAT THE AGGRESSIVE MICROBE HAD A NEW MUTATION, TERMED ST131 MOBILITY ENHANCEMENT AND VISION REHABILITATION CENTER OF EXCELLENCE NEW GLASSES MAY HELP MINIMIZE PERIPHERAL VISION LOSS</p> <p>VISION SCIENTISTS MAY HAVE DISCOVERED HOW TO REDUCE PEDESTRIAN COLLISIONS IN CROWDED AND CHAOTIC OPEN SPACE ENVIRONMENTS LIKE BUS TERMINALS, SHOPPING MALLS AND CITY PLAZAS INVOLVING INDIVIDUALS WITH PARTIAL BLINDNESS RESEARCHERS LED BY ELI PELI, MSC, OD, DETERMINED FROM WHICH DIRECTION COLLISIONS WITH PARTIALLY BLIND PEDESTRIANS ARE MOST LIKELY TO ORIGINATE THEY CREATED A MATHEMATICAL MODEL TO DETERMINE COLLISION RISK AND COMPARED THAT RISK TO THE LIMITED VISION OF 42 PATIENTS WITH RETINITIS PIGMENTOSA THIS UNDERSTANDING WILL GUIDE THE DEVELOPMENT OF NEW GLASSES THAT EXPAND THE SIGHT OF A PERSON WITH LIMITED PERIPHERAL VISION</p>

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OCULAR GENOMICS INSTITUTE	<p>COPY-NUMBER VARIATION IS AN IMPORTANT CONTRIBUTOR TO THE GENETIC CAUSALITY OF INHERITED RETINAL DEGENERATIONS. GENE THERAPY SHOWS PROMISE FOR TREATING SOME FORMS OF INHERITED RETINAL DEGENERATION (IRD), BUT FOR ABOUT 40% OF PATIENTS WITH IRD-RELATED VISION LOSS, THE GENETIC CAUSE IS UNKNOWN. A TEAM LED BY ERIC A. PIERCE, MD, PHD, AND KINGA BUJAKOWSKA, PHD, REPORTED THAT COPY NUMBER VARIATIONS ARE TO BLAME, IN PART, WITH MOST DELETIONS OCCURRING THROUGH NON-ALLELIC HOMOLOGOUS RECOMBINATION (NAHR). THE TEAM MAPPED NAHR-PRONE REGIONS WITH OVERLAPPING IRD GENES AND SUGGESTED THAT EXTENDING THE SEARCH TO THESE REGIONS AND OTHER STRUCTURAL VARIATIONS MAY REVEAL MORE GENETIC CAUSALITY AND SPEED DIAGNOSIS FOR PATIENTS. OTHER RESEARCH: GENOME EDITING WITH CRISPR-CAS9 PREVENTS ANGIOGENESIS OF THE RETINA. A RESEARCH TEAM LED BY HETIAN LEI, PHD, SUCCESSFULLY PREVENTED MICE FROM DEVELOPING ANGIOGENESIS OF THE RETINA-THE SENSORY TISSUE AT THE BACK OF THE EYE-USING GENE-EDITING TECHNIQUES WITH CRISPR-CAS9. ANGIOGENESIS CAUSES VISION LOSS AND BLINDNESS AND IS A FEATURE OF SEVERAL DEGENERATIVE EYE CONDITIONS, INCLUDING PROLIFERATIVE DIABETIC RETINOPATHY (PDR), WET AGE-RELATED MACULAR DEGENERATION (AMD), AND RETINOPATHY OF PREMATURITY (ROP). THE RESEARCHERS PRESENTED A NOVEL GENE-EDITING TECHNIQUE TO PREVENT RETINAL ANGIOGENESIS, WHICH COULD LEAD TO THE DEVELOPMENT OF NEW THERAPIES FOR EYE CONDITIONS MARKED BY PATHOLOGICAL INTRAOCULAR ANGIOGENESIS. SYSTEMIC THERAPY OUTPERFORMS INTRAOCULAR IMPLANT FOR TREATING UVEITIS. JOHN KEMPEN, MD, MPH, MHS, PHD, AND COLLEAGUES WORKED ON A SEVEN-YEAR, MULTI-CENTER CLINICAL TRIAL FUNDED BY THE NATIONAL EYE INSTITUTE, IN WHICH THEY FOUND THAT SYSTEMIC THERAPY CONSISTING OF CORTICOSTEROIDS AND IMMUNOSUPPRESSANTS PRESERVED VISION OF UVEITIS PATIENTS BETTER - AND HAD FEWER ADVERSE OUTCOMES - THAN A LONG-LASTING CORTICOSTEROID INTRAOCULAR IMPLANT. AFTER SEVEN YEARS, VISUAL ACUITY ON AVERAGE REMAINED STABLE AMONG PARTICIPANTS ON SYSTEMIC THERAPY BUT DECLINED BY AN AVERAGE OF SIX LETTERS (ABOUT ONE LINE ON AN EYE CHART) AMONG PARTICIPANTS WHO HAD THE IMPLANT. RESEARCHERS IDENTIFY MECHANISM OF RETINA DAMAGE FOLLOWING CHEMICAL EYE BURNS. ELEFTHERIOS PASCHALIS, PHD, LED A RESEARCH TEAM THAT HAS IDENTIFIED AN INFLAMMATORY FACTOR, TUMOR NECROSIS FACTOR ALPHA (TNF-ALPHA), AS THE MECHANISM RESPONSIBLE FOR CAUSING RETINAL DAMAGE FROM ALKALI EYE BURNS. THIS FINDING MAY LEAD TO THE DEVELOPMENT OF THERAPIES THAT PREVENT DAMAGE TO THE RETINA. CHEMICAL EYE BURNS CAUSED BY ALKALIS NOT ONLY INJURE THE FRONT OF THE EYE - THE CORNEA, WHERE THE CONTACT TAKES PLACE - BUT ALSO CAUSE WIDESPREAD DAMAGE TO THE LIGHT-SENSITIVE TISSUE AT THE BACK OF THE EYE (THE RETINA) AS WELL, OFTEN LEADING TO OPTIC NERVE DAMAGE AND GLAUCOMA. RESEARCHERS IDENTIFY FACTORS RESPONSIBLE FOR CHRONIC NATURE OF AUTOIMMUNE DISEASE. RESEARCHERS LED BY REZA DANA, MD, MSC, MPH, HAVE UNCOVERED TWO FACTORS RESPONSIBLE FOR THE CHRONIC, LIFELONG NATURE OF AUTOIMMUNE DISORDERS, WHICH TEND TO</p>

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OCULAR GENOMICS INSTITUTE	<p>O FLARE UP INTERMITTENTLY IN AFFECTED PATIENTS THESE TWO FACTORS ARE CELL-SIGNALING PROTEINS CALLED CYTOKINES-SPECIFICALLY INTERLEUKIN-7 AND -15 (IL-7 AND IL-15)-THAT ARE SECRETED BY CELLS OF THE IMMUNE SYSTEM AND HELP MODULATE MEMORY TH17 CELLS, A SUBSET OF T CELLS WHICH ARE KNOWN TO CONTRIBUTE TO AUTOIMMUNE DISORDERS UNTIL NOW, IT WAS UNCLEAR HOW TH17 CELLS MAINTAINED MEMORY, THE STUDY RESULTS SHOW THAT IL-7 AND IL-15 SIGNAL THE TH17 CELLS TO CHRONICALLY RESIDE IN THE BODY THESE FINDINGS MAY LEAD TO THE DEVELOPMENT OF NEW THERAPIES TO ADDRESS A VARIETY OF CHRONIC AUTOIMMUNE DISORDERS DEPARTMENT OF OTOLARYNGOLOGY RESEARCH FACULTY ARTUR A INDZYKULIAN, MD, PHD KRISTINA SIMONYAN, MD, PHD, DR MED ANNE E T AKESIAN, PHD BASIC SCIENCE GENE THERAPY RESTORES HEARING IN DEAF MICE DOWN TO A WHISPER EFFORTS TO DEVELOP GENE THERAPIES FOR HEARING LOSS HAVE BEEN HAMPERED BY THE LACK OF SAFE, EFFICIENT, AND CLINICALLY RELEVANT DELIVERY MODALITIES IN A STUDY LED BY LUKAS LANDEGGER, MD, PHD, AND KONSTANTINA M STANKOVIC, MD, PHD, FACS, RESEARCHERS DEMONSTRATED THE SAFETY AND EFFICIENCY OF ANC80L65, A RATIONALLY DESIGNED SYNTHETIC VECTOR, FOR TRANSGENE DELIVERY TO THE MOUSE COCHLEA EX VIVO TRANSDUCTION OF MOUSE ORGANOTYPIC EXPLANTS IDENTIFIED ANC80 L65 FROM A SET OF OTHER ADENO-ASSOCIATED VIRUS (AAV) VECTORS AS A POTENT VECTOR FOR THE COCHLEAR CELL TARGETS ROUND WINDOW MEMBRANE INJECTION RESULTED IN HIGHLY EFFICIENT TRANSDUCTION OF INNER AND OUTER HAIR CELLS IN MICE THE ABILITY OF ANC80L65 TO TARGET OUTER HAIR CELLS AT HIGH RATES, A REQUIREMENT FOR RESTORATION OF COMPLEX AUDITORY FUNCTION, MAY ENABLE FUTURE GENE THERAPIES FOR HEARING AND BALANCE DISORDERS LANDEGGER LD, PAN B, ASKEW C, WASSMER SJ, GLUCK SD, GALVIN A, TAYLOR R, FORGE A, STANKOVIC KM, HOLT JR, VANDENBERGHE LH A SYNTHETIC AAV VECTOR ENABLES SAFE AND EFFICIENT GENE TRANSFER TO THE MAMMALIAN INNER EAR NAT BIOTECHNOL 2017 MAR;35(3) 280284 NEW TECHNIQUE GENERATES HIGH VOLUME OF SENSORY CELLS NEEDED FOR HEARING THE DEATH OF COCHLEAR HAIR CELLS, WHICH DO NOT REGENERATE, IS A CAUSE OF HEARING LOSS IN A HIGH PERCENTAGE OF THE POPULATION IN 2013, MASS EYE AND EAR RESEARCHERS SUCCESSFULLY REGENERATED HAIR CELLS AND RESTORED PARTIAL HEARING IN MICE BY CONVERTING CELLS FOUND IN THE INNER EAR INTO HAIR CELLS HOWEVER, THE SUCCESS OF THIS APPROACH WAS LIMITED BY THE SMALL NUMBER OF CELLS THAT COULD BE TURNED INTO HAIR CELLS IN A STUDY PUBLISHED IN CELL REPORTS, A TEAM LED BY ALBERT EDGE, PHD, SHOWED THAT LGR5+ CELLS CAN BE AUGMENTED TO A MUCH HIGHER VOLUME AND THEN CONVERTED INTO HAIR CELLS, LENDING HOPE THAT FULL HEARING CAN BE RESTORED TO THOSE WITH HEARING LOSS DUE TO DAMAGED HAIR CELLS FROM A SINGLE MOUSE, THE TEAM GENERATED MORE THAN 11,500 HAIR CELLS (COMPARED TO LESS THAN 200 HAIR CELLS GENERATED WITHOUT EFFORTS TO AUGMENT) TARGETING SUPPORTING CELLS CAPABLE OF PROLIFERATION AND COCHLEAR HAIR CELL REPLACEMENT COULD LEAD TO THE DISCOVERY OF HEARING LOSS TREATMENTS MCLEAN WJ, YIN X, LU L,</p>

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OCULAR GENOMICS INSTITUTE	<p>LENZ DR, MCLEAN D, LANGER R, KARP JM, EDGE AS CLONAL EXPANSION OF LGR5-POSITIVE CELLS FROM MAMMALIAN COCHLEA AND HIGH-PURITY GENERATION OF SENSORY HAIR CELLS CELL REP 2017 FEB 21,18 (8) 19171929 FAST-SPIKING GABA CIRCUIT DYNAMICS IN THE AUDITORY CORTEX PREDICT RECOVERY OF SENSORY PROCESSING FOLLOWING PERIPHERAL NERVE DAMAGE HEARING ABILITIES VARY WIDELY AFTER SELECTIVE DAMAGE TO INNER HAIR CELLS OR AUDITORY NERVE FIBERS TO ADDRESS HOW THESE PLASTICITY PROCESSES ARE COORDINATED OVER THE COURSE OF FUNCTIONAL RECOVERY, JENNIFER RESNIK, PHD, AND DANIEL B POLLEY, PHD, FROM THE EATON-PEABODY LABORATORIES, INDUCED EITHER A MODERATE OR MASSIVE LOSS OF COCHLEAR AFFERENT SYNAPSES IN ADULT MICE AND TRACKED THE DAY-BY-DAY RECOVERY OF SOUND PROCESSING IN THE AUDITORY CORTEX IN DOING SO, THE RESEARCHERS DEVELOPED A NEW APPROACH TO RECORD FROM INDIVIDUAL NEURONS OVER A SEVERAL MONTH PERIOD WHILE MONITORING DYNAMIC CHANGES IN THE STRENGTH OF INHIBITION FROM A SELECT CLASS OF FAST-SPIKING PARVALBUMIN-CONTAINING INHIBITORY CELLS RESNIK J, POLLEY DB FAST-SPIKING GABA CIRCUIT DYNAMICS IN THE AUDITORY CORTEX PREDICT RECOVERY OF SENSORY PROCESSING FOLLOWING PERIPHERAL NERVE DAMAGE ELIFE 2017 MAR 21,6 IDENTIFICATION OF INDUCED AND NATURALLY OCCURRING CONDUCTIVE HEARING LOSS IN MICE USING BONE CONDUCTION A SIGNIFICANT FRACTION OF THE GENETIC DEFECTS IN MOUSE MODELS OF HEARING LOSS AFFECTS BOTH THE INNER AND MIDDLE EAR A COMMON METHOD USED TO SEPARATE SENSORY-NEURAL FROM CONDUCTIVE PATHOLOGIES IN THE HEARING CLINICS IS THE COMBINATION OF AIR-CONDUCTION AND BONE-CONDUCTION AUDIOMETRY A TEAM OF RESEARCHERS FROM THE EATON-PEABODY LABORATORIES AT MASS EYE AND EAR/HARVARD MEDICAL SCHOOL, INCLUDING JOHN J ROSOWSKI, PHD, DESCRIBED A NEW TECHNIQUE TO MEASURE AIR- AND BONE-CONDUCTED HEARING RESPONSES IN MICE AND USE THEM TO SEPARATE CONDUCTIVE AND SENSORY-NEURAL LOSSES THEY STIMULATED THE MOUSE EAR BOTH ACOUSTICALLY AND VIA WHOLE-HEAD VIBRATION TO DEMONSTRATE THE PRESENCE OF AN AGE-RELATED CONDUCTIVE HEARING LOSS IN A COMMON MOUSE MODEL OF PRESBYCUSIS, THE BALB/C MOUSE CHHAN D, MCKINNON ML, ROSOWSKI JJ IDENTIFICATION OF INDUCED AND NATURALLY OCCURRING CONDUCTIVE HEARING LOSS IN MICE USING BONE CONDUCTION HEAR RES 2017 MAR,34 6 4554</p>

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<p>ATTENUATING THE EAR CANAL FEEDBACK PRESSURE OF A LASER-DRIVEN</p>	<p>HEARING AID MICROPHONE PLACEMENT BEHIND THE PINNA, WHICH MINIMIZES FEEDBACK BUT ALSO REDUCES PERCEPTION OF THE HIGH-FREQUENCY PINNA CUES NEEDED FOR SOUND LOCALIZATION, IS ONE REASON WHY HEARING-AID USERS OFTEN COMPLAIN ABOUT THE POOR SOUND QUALITY AND DIFFICULTY UNDERSTANDING SPEECH IN NOISY SITUATIONS. MASS EYE AND EAR/HARVARD MEDICAL SCHOOL RESEARCHER SUN IL PURIA, PHD, IN COLLABORATION WITH EARLENS CORPORATION, INVESTIGATED STRATEGIES FOR MINIMIZING THE FEEDBACK PRESSURE AND DEVELOPED FINITE ELEMENT MODELS OF THE HUMAN MIDDLE EAR USING STAPES VELOCITY, COCHLEAR PRESSURE, EAR CANAL IMPEDANCE, AND MIDDLE EAR POWER REFLECTANCE FROM LIVING AND CADAVER TEMPORAL BONES. THESE MODELS HAVE APPLICATIONS IN THE DESIGN OF IMPROVED HEARING AIDS THAT MECHANICALLY DRIVE THE UMBO (THE CENTRAL, MOST INVERTED PORTION OF THE EAR DRUM). SUCH DESIGN APPLICATIONS COULD REDUCE FEEDBACK PRESSURE USING ACOUSTIC DAMPERS IN THE CANAL TIP. THIS NEW DESIGN PAVES THE PATH TOWARDS PLACING THE MICROPHONES OF FUTURE DEVICES THAT MECHANICALLY SIMULATE THE MIDDLE EAR IN THE EAR CANAL. KHALEGHIA M, PURIA S. ATTENUATING THE EAR CANAL FEEDBACK PRESSURE OF A LASER-DRIVEN HEARING AID. J ACOUST SOC OF AM. 2017;141(3):1683-1693.</p> <p>CONNECTOME-WIDE PHENOTYPICAL AND GENOTYPICAL ASSOCIATIONS IN FOCAL DYSTONIA. LARYNGEAL DYSTONIA (LD), OR SPASMODIC DYSPHONIA, IS A MOVEMENT DISORDER THAT SELECTIVELY AFFECTS THE PRODUCTION OF SPEECH DUE TO IMPAIRED VOLUNTARY CONTROL OF VOCAL FOLD MOVEMENTS. EARLY STUDIES HAVE POINTED TO SEGREGATED CHANGES IN BRAIN ACTIVITY AND CONNECTIVITY AND ONLY RECENTLY, THE NOTION THAT DYSTONIA PATHOPHYSIOLOGY MAY LIE IN ABNORMALITIES OF LARGE-SCALE BRAIN NETWORKS HAS APPEARED IN THE LITERATURE. IN SUPPORT OF THIS EMERGING VIEW, A TEAM OF RESEARCHERS INCLUDING KRISTINA SIMONYAN, MD, PHD, CONDUCTED DETAILED INVESTIGATION OF THE ARCHITECTURE OF LARGE-SCALE FUNCTIONAL BRAIN NETWORKS IN A UNIQUELY LARGE POPULATION OF 90 LD PATIENTS AND 32 HEALTHY SUBJECTS. THEIR FINDINGS PROVIDE THE FIRST COMPREHENSIVE ATLAS OF FUNCTIONAL TOPOLOGY ACROSS DIFFERENT PHENOTYPES AND GENOTYPES OF FOCAL DYSTONIA. AS SUCH, THIS STUDY CONSTITUTES AN IMPORTANT PARADIGM-SHIFTING STEP TOWARDS DEFINING DYSTONIA AS A LARGE-SCALE NETWORK DISORDER FOR UNDERSTANDING OF ITS CAUSATIVE PATHOPHYSIOLOGY AND THE IDENTIFICATION OF DISORDER-SPECIFIC MARKERS. FUERTINGER S, SIMONYAN K. CONNECTOME-WIDE PHENOTYPICAL AND GENOTYPICAL ASSOCIATIONS IN FOCAL DYSTONIA. J NEUROSCI. 2017 AUG 23;37(31):7438-7449.</p> <p>HISTOPATHOLOGY OF THE HUMAN INNER EAR IN COGANS SYNDROME WITH COCHLEAR IMPLANTATION. COGAN SYNDROME IS A RARE DISORDER CHARACTERIZED BY NON-SYPHILITIC INTERSTITIAL KERATITIS AND AUDIOVESTIBULAR SYMPTOMS WITH PROFOUND SENSORINEURAL HEARING LOSS REPORTED IN APPROXIMATELY 50 PERCENT OF PATIENTS WITH THIS DISORDER, OFTEN RESULTING IN CANDIDACY FOR COCHLEAR IMPLANTATION. A TEAM OF RESEARCHERS INCLUDING JOSEPH B. NADOL, JR., MD, RECENTLY COMPLETED A STUDY THAT BECAME THE FIRST HISTOPATHOLOGIC REPORT OF A PATIENT WITH</p>

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<p>ATTENUATING THE EAR CANAL FEEDBACK PRESSURE OF A LASER-DRIVEN</p>	<p>COGANS SYNDROME WHO, DURING LIFE, HAD UNDERGONE BILATERAL COCHLEAR IMPLANTATION ALTHOUGH SEVERE BILATERAL DEGENERATION OF THE SPIRAL GANGLION NEURONS WAS SEEN, THE POSTOPERATIVE WORD DISCRIMINATION SCORE WAS BETWEEN 50 AND 60 PERCENT BILATERALLY THE HISTOPATHOLOGY SEEN WITHIN THE INNER EAR WAS THE RESULT OF LABYRINTHITIS SECONDARY TO COGANS SYNDROME IN ADDITION TO THE IMMUNE-MEDIATED RESPONSE TO THE IMPLANTATION PROCESS KAMAKURA T, LEE DJ, HERRMANN BS, NADOL JB JR HISTOPATHOLOGY OF THE HUMAN INNER EAR IN THE COGAN SYNDROME WITH COCHLEAR IMPLANTATION AUDIOL NEUROOTOL 2017;22(2) 116123 CLINICAL PRACTICE PATIENTS WITH SEVERE CHRONIC RHINOSINUSITIS SHOW IMPROVEMENT WITH VERAPAMIL TREATMENT A CLINICAL TRIAL STUDYING THE USE OF VERAPAMIL, A DRUG CURRENTLY IN USE FOR CARDIOVASCULAR DISEASE AND CLUSTER HEADACHE, IN ALLEVIATING CHRONIC RHINOSINUSITIS (CRS) WITH NASAL POLYPS REVEALED SIGNIFICANT IMPROVEMENT IN THE SYMPTOMS OF THIS SUBSET OF PATIENTS LED BY BENJAMIN S BLEIER, MD, IT IS THE FIRST STUDY OF ITS KIND TO EXPLORE TREATMENT FOR CRS BY INHIBITING P-GLYCOPROTEIN, A PROTEIN PUMP WITHIN THE NASAL LINING THAT MASS EYE AND EAR RESEARCHERS PREVIOUSLY IDENTIFIED AS A MECHANISM FOR THESE SEVERE CASES OF CRS MARKED BY THE PRESENCE OF NASAL POLYPS THE CLINICAL TRIAL RESULTS, WHICH ARE PUBLISHED IN THE JOURNAL OF ALLERGY AND CLINICAL IMMUNOLOGY IN PRACTICE, SUGGEST THAT VERAPAMIL REPRESENTS A PROMISING NOVEL THERAPY FOR THE TREATMENT OF CRS WITH NASAL POLYPS MIYAKE MM, NOCERA A, LEVESQUE P, GUO R, FINN CA, GOLDFARB J, GRAY S, HOLBROOK E, BUSABA N, DOLCI JE, BLEIER BS DOUBLE-BLIND PLACEBO-CONTROLLED RANDOMIZED CLINICAL TRIAL OF VERAPAMIL FOR CHRONIC RHINOSINUSITIS WITH NASAL POLYPS S J ALLERGY CLIN IMMUNOL 2017 JAN 11 TREATMENT DISPARITIES IN THE MANAGEMENT OF EPISTAXIS IN UNITED STATES EMERGENCY DEPARTMENTS WITH LIMITED DATA ON EPISTAXIS PRESENTATION AND MANAGEMENT PATTERNS IN UNITED STATES EMERGENCY DEPARTMENTS (EDS), A TEAM OF RESEARCHERS INCLUDING STACEY T GRAY, MD, AND ROSH SETHI, MD, MPH, AIMED TO CHARACTERIZE PATIENTS WHO PRESENT TO THE ED WITH EPISTAXIS AND IDENTIFY FACTORS ASSOCIATED WITH NASAL-PACKING USE THEY STUDIED US ED EPISTAXIS PRESENTATION AND MANAGEMENT PATTERNS USING A NATIONAL DATABASE IN THEIR ANALYSIS OF MORE THAN ONE MILLION ED VISITS FOR EPISTAXIS, THEY FOUND THAT 19.7 PERCENT OF PATIENTS RECEIVE NASAL PACKING THEY ALSO IDENTIFIED SEVERAL FACTORS ASSOCIATED WITH PACKING UTILIZATION, INCLUDING LOWER SOCIOECONOMIC STATUS, GEOGRAPHIC LOCATION, HOSPITAL TRAUMA DESIGNATION, SEASONALITY, AND MEDICAL CO-MORBIDITIES THEIR RESULTS REVEALED POTENTIAL DISPARITIES IN PACKING UTILIZATION THAT MAY IMPACT PATIENT MORBIDITY AND INCREASE HEALTHCARE COSTS SETHI RKV, KOZIN ED, ABT NB, BERGMARK R, GRAY ST TREATMENT DISPARITIES IN THE MANAGEMENT OF EPISTAXIS IN UNITED STATES EMERGENCY DEPARTMENTS LARYNGOSCOPE 2017 JUL 8 CLINICALLY SIGNIFICANT IMPROVEMENTS FOLLOWING FUNCTIONAL SEPTORHINOPLASTY DETECTED WITH GLOBAL HEALTH-RELATED QUALITY</p>

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<p>ATTENUATING THE EAR CANAL FEEDBACK PRESSURE OF A LASER-DRIVEN</p>	<p>LITY-OF-LIFE INSTRUMENT NASAL AIRWAY OBSTRUCTION IS A COMMON PRESENTING COMPLAINT AMONG PATIENTS IN OTOLARYNGOLOGY PRACTICES, AND ITS TREATMENT NECESSITATES CRITICAL OUTCOMES EVALUATION AND COST-UTILITY ANALYSIS A TEAM OF RESEARCHERS INCLUDING ROBIN W LINDSAY, MD, EVALUATED THE UTILITY AND APPLICABILITY OF THE EUROQOL 5-DIMENSION (EQ5D) GLOBAL HEALTH-RELATED QUALITY-OF-LIFE (HRQOL) QUESTIONNAIRE FOR THE ASSESSMENT OF CLINICAL OUTCOMES IN FUNCTIONAL SEPTORHINOPLASTY AND FOUND THAT NASAL OBSTRUCTION IMPACTS BOTH DISEASE-SPECIFIC AND GLOBAL QUALITY OF LIFE A TOTAL OF 135 PATIENTS COMPLETED THE EQ5D AND NOSE SURVEYS PREOPERATIVELY AND POSTOPERATIVELY OF THESE, 117 COMPLETED THE TWO-MONTH SURVEY AND 64 COMPLETED THEIR LAST SURVEY AT SIX OR MORE MONTHS OVERALL, THE NASAL VALVE CORRECTION IMPROVED NOT ONLY DISEASE-SPECIFIC QUALITY OF LIFE BUT ALSO GLOBAL HRQOL THE ABILITY TO CALCULATE HEALTH UTILITY VALUES FROM THE EQ5D AND ITS LOW RESPONSE BURDEN MAKE IT AN ATTRACTIVE TOOL FOR SEPTORHINOPLASTY OUTCOMES RESEARCH FULLER JC, LEVESQUE PA, LINDSAY R ASSESSMENT OF THE EUROQOL 5-DIMENSION QUESTIONNAIRE FOR DETECTION OF CLINICALLY SIGNIFICANT GLOBAL HEALTH-RELATED QUALITY-OF-LIFE IMPROVEMENT FOLLOWING FUNCTIONAL SEPTORHINOPLASTY JAMA FACIAL PLAST SURG 2017 MAR 1,19 (2) 95100 A MOTION SICKNESS DRUG WORSENS VESTIBULAR PERCEPTION DESPITE THE VESTIBULAR CONTRIBUTION TO MOTION SICKNESS, LITTLE IS KNOWN ABOUT HOW MOTION SICKNESS DRUGS MODIFY THE PERCEPTION OF VESTIBULAR STIMULI A TEAM OF RESEARCHERS INCLUDING FAISAL KARMALI, PHD, STUDIED HOW ORAL PROMETHAZINE (BRAND NAME PHENERGAN) MODIFIES VESTIBULAR PERCEPTUAL THRESHOLDS THESE THRESHOLDS MEASURE THE SMALLEST MOTION THAT CAN BE RELIABLY PERCEIVED AND HAVE BEEN SHOWN TO BE A SENSITIVE MEASURE OF VESTIBULAR PRECISION IN THIS TEST, SUBJECTS SIT IN A CHAIR AND REPEATEDLY EXPERIENCE SMALL MOTIONS TO THE LEFT OR RIGHT, AND REPORT THEIR PERCEPTION OF THE DIRECTION OF EACH MOTION THE RESEARCHERS FOUND THAT TILT THRESHOLDS INCREASED 31 PERCENT AFTER INGESTION OF PROMETHAZINE, INDICATING A WORSENING OF VESTIBULAR PERCEPTION THESE RESULTS COULD HAVE IMPORTANT FUNCTIONAL IMPLICATIONS SINCE RECENT STUDIES SHOW THAT HIGHER TILT THRESHOLDS ARE ASSOCIATED BOTH WITH A HIGHER RISK OF FAILING A BALANCE TEST AND WORSENING PERFORMANCE IN A PILOTING TASK DIAZ ARTILES A, PRIESOL AJ, CLARK TC, SHERWOOD D, OMAN CM, YOUNG LR, KARMALI F THE IMPACT OF ORAL PROMETHAZINE ON HUMAN WHOLE-BODY MOTION PERCEPTUAL THRESHOLDS J ASSOC RES OTOLARYNGOL 2017 ACCEPTED</p>

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DURATION OF ANALGESIC USE AND RISK OF HEARING LOSS IN WOMEN	<p>ASPIRIN, NON-STEROIDAL ANTI-INFLAMMATORY DRUGS (NSAIDS), AND ACETAMINOPHEN ARE THE MOST COMMONLY USED MEDICATIONS IN THE US. FREQUENT USE OF ANALGESICS HAS BEEN ASSOCIATED WITH HIGH RISK OF HEARING LOSS. HOWEVER, THE ASSOCIATION BETWEEN DURATION OF ANALGESIC USE AND RISK OF HEARING LOSS IS UNCLEAR. THEREFORE, A TEAM OF RESEARCHERS INCLUDING BRIAN M. LIN, M.D., PROSPECTIVELY INVESTIGATED THE RELATION BETWEEN DURATION OF ANALGESIC USE AND SELF-REPORTED HEARING LOSS AMONG 55,850 WOMEN IN THE NURSES HEALTH STUDY. THEY FOUND THAT LONGER DURATION OF NSAID USE WAS ASSOCIATED WITH A TEN PERCENT INCREASE IN RISK OF HEARING AND LONGER DURATION OF ACETAMINOPHEN USE WAS ASSOCIATED WITH A NINE PERCENT INCREASE IN RISK OF HEARING LOSS. DURATION OF ASPIRIN USE WAS NOT ASSOCIATED WITH HEARING LOSS. CONSIDERING THE HIGH PREVALENCE OF ANALGESIC USE AND THE HIGH PROBABILITY OF FREQUENT AND/OR PROLONGED EXPOSURE IN WOMEN OF MORE ADVANCED AGES, OUR FINDINGS SUGGEST NSAID USE AND ACETAMINOPHEN USE MAY BE MODIFIABLE RISK FACTORS FOR HEARING LOSS. LIN BM, CURHAN SG, WANG M, EAVEY R, STANKOVIC KM, CURHAN GC. DURATION OF ANALGESIC USE AND RISK OF HEARING LOSS IN WOMEN. AM J EPIDEMIOL. 2017 JAN 1; 185(1):40-47. PATIENTS WITH DEPRESSION SYMPTOMS DUE TO CHRONIC SINUSITIS MAY BE LESS PRODUCTIVE. DEPRESSED PATIENTS WITH CHRONIC RHINOSINUSITIS (CRS) ARE MORE LIKELY TO MISS DAYS OF WORK OR SCHOOL THAN THOSE WITHOUT DEPRESSION SYMPTOMS, ACCORDING TO THE RESULTS OF A STUDY LED BY AHMAD R. SEDAGHAT, MD, PHD. THE FINDINGS, PUBLISHED IN ANNALS OF ALLERGY, ASTHMA AND IMMUNOLOGY, IDENTIFY DEPRESSION SYMPTOMS AS THE PRIMARY DRIVER OF LOST DAYS OF PRODUCTIVITY IN PATIENTS WITH CRS. IN SEARCH OF AN ASSOCIATION WITH LOST PRODUCTIVITY, THE RESEARCHERS ASSESSED THE MAIN SYMPTOMS OF CRS-DISTURBANCES OF SLEEP, NASAL OBSTRUCTION, EAR AND FACIAL PAIN, AND EMOTIONAL FUNCTION-IN 107 PATIENTS USING A STANDARDIZED SURVEY. ON AVERAGE, STUDY PARTICIPANTS REPORTED THREE MISSED DAYS OF WORK OR SCHOOL IN A THREE-MONTH PERIOD, OR 12 MISSED DAYS IN A YEAR. WHEN THE RESEARCHERS TOOK A CLOSER LOOK AT THE SURVEYS, THEY IDENTIFIED EMOTIONAL SYMPTOMS, IN WHICH DEPRESSION SYMPTOMS ARE THE STRONGEST FEATURE, AS THE PRIMARY DRIVER OF MISSED DAYS OF WORK OR SCHOOL. CAMPBELL AP, PHILLIPS KM, HOEHLE LP, FENG AL, BERGMARK RW, CARADONNA DS, GRAY ST, SEDAGHAT AR. DEPRESSION SYMPTOMS AND LOST PRODUCTIVITY IN CHRONIC RHINOSINUSITIS. ANN ALLERGY ASTHMA IMMUNOL. 2017 MAR; 118(3):286-289. GLOBAL SURGERY EFFECT OF REMOVING THE BARRIER OF TRANSPORTATION COSTS ON SURGICAL UTILISATION. EIGHTY-ONE MILLION PEOPLE FACE IMPOVERISHMENT FROM SURGICAL COSTS EVERY YEAR. THE MAJORITY OF THIS IMPOVERISHMENT IS ATTRIBUTABLE TO THE NON-MEDICAL COSTS OF CARE SUCH AS TRANSPORTATION, FOOD, AND LODGING. OF THESE, TRANSPORTATION IS THE LARGEST, BUT BECAUSE IT IS NOT VIEWED AS AN ACTUAL MEDICAL COST, IT IS FREQUENTLY UNADDRESSED. IN A STUDY LED BY MARK G. SHRIME, MD, MPH, PHD, FACS, RESEARCHERS EXAMINED THE BARRIER THAT TRANSPORTATION COSTS RAISE.</p>

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DURATION OF ANALGESIC USE AND RISK OF HEARING LOSS IN WOMEN	TO ACCESSING SURGERY IN LOW-INCOME COUNTRIES THE RESEARCHERS USED DATA OVER FOUR YEARS FROM MERCY SHIPS, AN ORGANIZATION THAT DELIVERS FREE SPECIALIZED SURGICAL CARE IN SUB-SAHARAN AFRICA OVER THESE FOUR YEARS, THE SHIP WAS DOCKED IN THREE COUNTRIES (GUINEA, REPUBLIC OF CONGO, AND MADAGASCAR) AND SAW 4,340 SURGICAL PATIENTS, 2,629 OF WHOM LIVED FURTHER THAN FIVE HOURS AWAY THEY FOUND THAT WHEN CONTROLLING FOR ALL POSSIBLE CONFOUNDERS, THE NO-SHOW RATE DROPPED BY NEARLY HALF WHEN TRANSPORTATION WAS PAID FOR THIS HIGHLIGHTS THAT DECREASING DEMAND-SIDE BARRIERS TO SURGICAL CARE CANNOT BE LIMITED ONLY TO THE REMOVAL OF USER FEES SHRIME MG, HAMER M, MUKHOPADHYAY S, KUNZ LM, CLAUS NH, RANDALL K, JEAN-BAPTISTE JH, MAEVATOMBO PH, TOH MPS, BIDDELL JR, BOS R, WHITE M EFFECT OF REMOVING THE BARRIER OF TRANSPORTATION COSTS ON SURGICAL UTILISATION IN GUINEA, MADAGASCAR, AND THE REPUBLIC OF CONGO BMJ GLOB HEALTH 2017;2 E000434 DOI 10.1136/bmjgh-2017-000434 RADIOLOGY DR AMY JULIA NO CONTINUES TO WORK NIH GRANT AS CO-INVESTIGATOR EXTRAORALLY DELIVERED LOW LEVEL LIGHT THERAPY FOR PREVENTION OF OROPHARYNGEAL MUCOSITIS IN PEDIATRIC PATIENTS UNDERGOING HEMATOPOIETIC STEM CELL TRANSPLANTATION SPONSOR NAME NATIONAL INSTITUTES OF HEALTH, PRINCIPAL INVESTIGATOR NATHANIEL TREISTER, DMD, DMSC THIS IS A JOINT PROJECT WITH BWH, DFCI AND THE UNIVERSITY OF MASSACHUSETTS, LOWELL

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FORM 990, PART III, LINE 4B	<p>EDUCATION ENT EDUCATION HIGHLIGHTS THIS YEAR WE CELEBRATED THE GRADUATION OF THE CLASS OF 2017 AT A JUNE 23RD CEREMONY HELD IN THE MELTZER AUDITORIUM AT MASS EYE AND EAR OUR GRADUATES INCLUDED FRANCIS PETE X CREIGHTON, JR , MD, REBECCA J HAMMON, MD, TAHA A JAN, MD, MATTHEW R NAUNHEIM, MD, MBA, AND GEORGE A SCANGAS, MD WE ALSO CELEBRATED THE GRADUATION OF FIVE CLINICAL FELLOWS REGAN W BERGMARK, MD, RHINOLOGY ADAM P CAMPBELL, MD, RHINOLOGY CALLUM FARIS, MD, FACIAL PLASTIC AND RECONSTRUCTIVE SURGERY RUWAN KIRINGODA, MD, NEUROLOGY HEATHER A OSBORN, MD, FRCS, HEAD AND NECK SURGICAL ONCOLOGY/MICROVASCULAR SURGERY FOLLOWING GRADUATION, WE WELCOMED SEVERAL NEW TRAINEES IN OTOLARYNGOLOGY TO MASS EYE AND EAR, INCLUDING FIVE NEW OTOLARYNGOLOGY INTERNS AND EIGHT CLINICAL FELLOWS OUR OTOLARYNGOLOGY INTERNS INCLUDE ERIC R BARBARITE, MD, ADEEB DERAKHSHAN, MD, KRUPA R PATEL, MD, TIFFANY V WANG, MD, AND PHOEBE KUO YU, MD OUR CLINICAL FELLOWS INCLUDE JOSEPH R DUSSELDORP, MD (FACIAL PLASTIC AND RECONSTRUCTIVE SURGERY), JACQUELINE J GREENE, MD (FACIAL PLASTIC AND RECONSTRUCTIVE SURGERY), JOSEPH ZENGA, MD (HEAD AND NECK ONCOLOGY/ MICROVASCULAR SURGERY), NICHOLAS A DEWYER, MD (NEUROLOGY), SARAH BOUHABEL, MD (PEDIATRIC OTOLARYNGOLOGY), EDWARD T EL RASSI, MD (RHINOLOGY), GEORGE A SCANGAS, MD (RHINOLOGY), AND MOHAMED SHAMA, MD (THYROID AND PARATHYROID SURGERY) IN OTHER EDUCATION NEWS, WE CONTINUE TO ENJOY OUR STATE-OF-THE-ART OTOLARYNGOLOGY SURGICAL TRAINING LABORATORY AND HAVE HELD SEVERAL MAJOR COURSES THERE OVER THE PAST YEAR, FROM RESIDENT DISSECTION COURSES TO CME COURSES WITH INTERNATIONAL ATTENDEES THIS YEAR, TWO NEW LECTURESHIPS WERE ESTABLISHED, INCLUDING THE DONALD G KEAMY, SR , LECTURESHIP AND THE C T LEE ENDOWED LECTURESHIP IN SPIRITUALITY, COMPASSION, AND HEALING AWARDS AND HONORS OPHTHALMOLOGY TERESA CHEN, MD A CLIFFORD BARGER EXCELLENCE IN MENTORING AWARD, HARVARD MEDICAL SCHOOL KIP CONNOR, PHD YOUNG MENTOR AWARD, HARVARD MEDICAL SCHOOL PATRICIA D'AMORE, PHD, MBA PRESIDENT-ELECT, ASSOCIATION OF UNIVERSITY PROFESSORS OF OPHTHALMOLOGY RESEARCH DIRECTORS COUNCIL REZA DANA, MD, MSC, MPH 2018 FRIEDENWALD AWARD, ASSOCIATION FOR RESEARCH IN VISION AND OPHTHALMOLOGY, 2017 SENIOR ACHIEVEMENT AWARD, AMERICAN ACADEMY OF OPHTHALMOLOGY DEAN ELIOTT, MD LIFETIME MENTORSHIP AWARD, VIT-BUCKLE SOCIETY EVANGELOS GRAGODAS, MD 2017 SIMMONS LESSELL EXCELLENCE IN EDUCATION AWARD, DEPARTMENT OF OPHTHALMOLOGY, MASS EYE AND EAR, HARVARD MEDICAL SCHOOL KATHRYN HATCH, MD NAMED AN OUTSTANDING FEMALE LEADER IN OPHTHALMOLOGY BY MILLENNIALEYE JAE-HYUN JUNG, PHD 2017 ALICE J ADLER FELLOWSHIP OF SCHEPENS EYE RESEARCH INSTITUTE OF MASS EYE AND EAR, ELEANOR AND MILES SHORE 50TH ANNIVERSARY FELLOWSHIP, HARVARD MEDICAL SCHOOL FREDERICK JAKOBIEC , MD, DSC MERRILL REEH PRIZE FROM THE AMERICAN SOCIETY OF OPHTHALMIC PLASTIC AND RECONSTRUCTIVE SURGERY ULA JURKUNAS, MD 2017 PFIZER OPHTHALMICS CARL CAMRAS TRANSLATIONAL RESEARCH AWARD CAROLYN KLOEK, MD 201</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4B	<p>7 EDUCATOR AWARD, WOMEN IN OPHTHALMOLOGY GANG LUO, PHD INNOVATIONS IN TECHNOLOGY LOW VISION RESEARCH AWARD, RESEARCH TO PREVENT BLINDNESS/READER'S DIGEST PARTNERS FOR SIGHT FOUNDATION/CONSUMER TECHNOLOGY ASSOCIATION FOUNDATION JOAN W MILLER, MD INDUCTED INTO THE DOWLING SOCIETY, ASSOCIATION FOR RESEARCH IN VISION AND OPHTHALMOLOGY, APPOINTED TO THE BOARD OF TRUSTEES, ASSOCIATION FOR UNIVERSITY PROFESSORS IN OPHTHALMOLOGY LOUIS PASQUALE, MD 2017 GOLD FELLOW, ASSOCIATION FOR RESEARCH IN VISION AND OPHTHALMOLOGY ELI PELI, MSC, OD CHARLES F PRENTICE MEDAL AWARD, AMERICAN ACADEMY OF OPTOMETRY ROBERTO PINEDA II, MD ACCEPTED INTO THE INTERNATIONAL INTRAOCULAR IMPLANT CLUB BRIAN SONG, MD, MPH JOANNE ANGLE INVESTIGATOR AWARD, PREVENT BLINDNESS DAVID SULLIVAN, MS, PHD DR DONALD R KORB AWARD, AMERICAN OPTOMETRIC ASSOCIATION CONTACT LENS AND CORNEA SECTION LUK VANDENBERGHE, PHD NELSON TRUST AWARD, RESEARCH TO PREVENT BLINDNESS, 2017 ED GOLLO BOARD OF DIRECTORS' AWARD, FOUNDATION FIGHTING BLINDNESS AMY WATTS, OD 2016 NORMAN KNIGHT LEADERSHIP AWARD IN OPHTHALMOLOGY DAVID WU, MD, PHD 2017 ELEANOR AND MILES SHORE 50TH ANNIVERSARY FELLOWSHIP, IRATY AWARD FOR RESEARCH IN RETINAL DISEASES MICHAEL YOUNG, PHD 2017 SILVER FELLOW, ASSOCIATION FOR RESEARCH IN VISION AND OPHTHALMOLOGY OTOLARYNGOLOGY BENJAMIN S BLEIER, MD, RECEIVED THE TOP SCIENCE ABSTRACT COHORT FROM THE AMERICAN RHINOLOGIC SOCIETY JEAN M BRUCH, DMD, MD, CELEBRATED THE RELEASE OF THE SECOND EDITION OF CLINICAL ORAL MEDICINE AND PATHOLOGY DANIEL G DESCHLER, MD, FACS, IS THE PRESIDENT-ELECT FOR THE NEW ENGLAND OTOLARYNGOLOGICAL SOCIETY AND RECEIVED A NOMINATION FOR THE 2017 EXCELLENCE IN MENTORING AWARDS GIVEN BY HARVARD MEDICAL SCHOOL STACEY T GRAY, MD, IS THE CHAIR OF THE OTOLARYNGOLOGY PROGRAM DIRECTORS ORGANIZATION JOHN J GUINAN, JR, PHD, WAS HONORED AT THE 2017 MECHANICS OF HEARING INTERNATIONAL MEETING, WHICH WAS CO-CHAIRD BY SUNIL PURIA, PHD ELLIOTT D KOZIN, MD, WAS ELECTED TO THE NATIONAL RESIDENT MATCHING PROGRAM BOARD OF DIRECTORS AND IS A 2017 STAR REVIEWER FOR OTOLARYNGOLOGY-HEAD AND NECK SURGERY SHARON G KUJAWA, PHD, RECEIVED THE BIENNIAL CALLIER PRIZE IN COMMUNICATION DISORDERS DANIEL J LEE, MD, FACS, SUNIL PURIA, PHD, HIDEKO HEIDI NAKAJIMA, MD, PHD, AND JOHN J ROSOWSKI, PHD, WERE INVITED SPEAKERS AND GUESTS AT THE 100TH ANNIVERSARY OF THE UNIVERSITY HOSPITAL ZURICH DEPARTMENT OF OTORHINOLARYNGOLOGY, HEAD AND NECK SURGERY BRIAN M LIN, MD, WAS SELECTED BY THE AMERICAN JOURNAL OF EPIDEMIOLOGY (AJE) AND THE SOCIETY FOR EPIDEMIOLOGIC RESEARCH AS ONE OF TEN 2016 AJE REVIEWERS OF THE YEAR BRIAN J PARK, MD, MPH, FACS, WAS ACCEPTED AS A FELLOW OF THE AMERICAN COLLEGE OF SURGEONS KATIE M PHILLIPS, MD, RECEIVED THE JOHN J CONLEY, MD RESIDENT RESEARCH AWARD FROM THE EASTERN SECTION OF THE TRILOGICAL SOCIETY SIDHARTH V PURAM, MD, PHD, RECEIVED THE RICHARD J BELLUCCI, MD RESIDENT RESEARCH AWARD FROM THE EASTERN SECTION OF THE TRILOGICAL SOCIETY GREGORY W RAN</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4B	<p>DOLPH, MD, FACS, FACE, CO-DIRECTED THE 2017 WORLD CONGRESS ON THYROID CANCER ROSH SETHI, MD, MPH, GAVE A TALK AT THE 2ND WORLD CONGRESS ON ENDOSCOPIC EAR SURGERY IN BOLOGNA, ITALY MARK G SHRIME, MD, MPH, PHD, FACS, WAS THE RECIPIENT OF THE 2017 DAMON RUNYON CLINICAL INVESTIGATOR AWARD GREGORY T WHITMAN, MD, RELEASED HIS BOOK, DIZZINESS WHY YOU FEEL DIZ ZY AND WHAT WILL HELP YOU FEEL BETTER ANESTHESIOLOGY KATHRIN BOURDEU, MD- TEACHER OF THE YEAR AWARD LISA HAMMOND, MD- ANESTHESIA ROTATION EDUCATIONAL AWARD RADIOLOGY DR PAUL CARU SO PROMOTED TO ASSISTANT PROFESSOR, AWARD FOR BEST SCIENTIFIC PAPER ORAL PRESENTATION AT THE EUROPEAN CONGRESS OF RADIOLOGY IN VIENNA IN MARCH 2017 FOR OUR PRESENTATION ON DYNAMIC GADOLINIUM ENHANCED MR IMAGING OF THE TEMPOROMANDIBULAR JOINT IN PATIENTS WITH JUVENILE I DIOPATHIC ARTHRITIS DR AMY JULIANO PROMOTED TO ASSISTANT PROFESSOR DR KATHERINE REINSHA GEN AWARDED A CERTIFICATE OF MERIT FOR HER PRESENTATION AT ASHNR ENTITLED ENDOSCOPIC ENDO NASAL SURGERY OF THE ORBIT WHAT THE SURGEON WANTS TO KNOW, SELECTED FOR RSNA ADVANCED GRA NT WRITING COURSE 2017-2018 DR MARYBETH CUNNANE PROMOTED TO ASSISTANT PROFESSOR DR HILL ARY KELLY PARTNERS HEALTHCARE/MASSACHUSETTS GENERAL HOSPITAL-PARTNERS IN EXCELLENCE TEAM AWARD FOR CONTRAST REACTION SIMULATION TRAINING, MASSACHUSETTS GENERAL HOSPITAL DEPARTMENT OF RADIOLOGY- AWARD FOR EXCELLENCE IN RESIDENT EDUCATION (PRESENTED BY THE CLASS OF 2018) FORM 990, PART III, LINE 4C FACILITIES, EQUIPMENT AND TECHNOLOGY ENT MASS EYE AND EAR, S TONEHAM MOVED ITS OTOLARYNGOLOGY PRACTICE TO A BRAND NEW OFFICE SPACE AT 41 MONTVALE, WHIC H OFFERS MORE CLINICAL EXAM ROOM SPACE BEGAN RENOVATIONS ON THE DR JOWETT/DR HADLOCK SP EL LAB MINOR ENHANCEMENTS WERE MADE TO THE MAIN CAMPUS HEARING AID CENTER (NEW RUGS, CHAI RS, AND PAINT) MINOR RENOVATIONS WERE MADE TO A LAB ON THE SIXTH FLOOR OF THE CONNECTOR B UILDING TO ACCOMMODATE NEW RECRUITS IN THE EATON-PEABODY LABORATORIES ADDITIONAL EXAM ROO MS WERE ADDED TO THE OFFICE-BASED CLINIC AREA AT MASS EYE AND EAR, QUINCY ANESTHESIA 2 N IHON KOHDEN PATIENT MONITORS 2 NIHON KOHDEN MULTI-GAS ANALYZERS 7TH FLOOR ANESTHESIA CONFE RENCE ROOM RENOVATION 7TH FLOOR ANESTHESIA SUITE RENOVATION RADIOLOGY CURRENT MRI WAS UPGR ADDED TO R5 SOFTWARE TO PROVIDE BETTER QUALITY AND COMMERCIAL ACCESS TO CLINICAL SCIENCE KE YS NEW 2ND MRI HAS DPH AND DON APPROVAL ON TRACK FOR SPRING 2018 STARTUP VARIAN I5 RF D IGITAL UPGRADE TO FLUOROSCOPY MACHINE CT CONSOLE/SOFTWARE UPGRADE</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
COMMUNITY ENGAGEMENT	<p>MICHAEL S. COHEN, MD, SENT EARMUFF-STYLE HEARING PROTECTION TO THE NEW ENGLAND PATRIOTS PLAYERS FOR THEIR KIDS TO WEAR DURING SUPER BOWL LI. HE ALSO HOSTED HIS ANNUAL HEARING CENTER FAMILY CARNIVAL, WHICH BRINGS DOZENS OF PATIENT FAMILIES TO MASS EYE AND EAR FOR A DAY OF FUN. AARON K. REMENSCHNEIDER, MD, MPH, ALICIA M. QUESNEL, MD, AND RESEARCH FELLOW IMAN A. GHANAD ARE WORKING WITH THE MASSACHUSETTS COMMISSION FOR THE DEAF AND HARD OF HEARING ON CONTINUED SUPPORT FOR THE BOSTON MARATHON BOMBING VICTIMS. THEY HAVE ESTABLISHED A FORMAL COLLABORATION WITH THEM TO SERVE AND SUPPORT SURVIVORS, AND COLLECT CLINICAL OUTCOMES DATA ON PATIENTS WHO ARE LOCAL. THE VOICE AND SPEECH LABORATORY (VSL) WENT TO CONCORD-CARLISLE REGIONAL HIGH SCHOOL IN FOR A FULL-DAY PROGRAM GEARED TOWARD JUNIORS AND SENIORS, MANY OF WHOM ARE INTERESTED IN PURSUING CAREERS IN HEALTH SCIENCE. STAFF FROM MASS EYE AND EAR, STONEHAM, HELD A HOLIDAY TOY DRIVE FOR THE CHILDREN OF MALDEN. A NEW COLLABORATION BETWEEN MASS EYE AND EAR AND SYMPHONY NEW HAMPSHIRE WAS ESTABLISHED. THE GOAL OF THIS PARTNERSHIP IS TO BRING MEDICALLY BASED MUSIC THERAPY PROGRAMS TO MASS EYE AND EAR PATIENTS. OTOLARYNGOLOGY FACULTY AND RESIDENTS MET WITH HARVARD MEDICAL SCHOOL STUDENTS AT THE MASS EYE AND EAR, LONGWOOD CAMPUS TO REVIEW BASIC HEAD AND NECK EXAM SKILLS. OPHTHALMOLOGY FACILITY /PROGRAMMATIC ESTABLISHED THE SIMMONS LESSELL FELLOWSHIP IN NEURO-OPHTHALMOLOGY. ESTABLISHED THE THOMAS J. MADDEN FELLOWSHIP IN RETINA. ESTABLISHED THE IRATY AWARD FOR RESEARCH IN RETINAL DISEASES. ESTABLISHED THE MONTE J. WALLACE OPHTHALMOLOGY CHAIR IN RETINA. NEW OPHTHALMOLOGY PATIENT CARE LOCATION OPENED IN MALDEN, MA - OFFERS COMPREHENSIVE OPHTHALMOLOGY, INCLUDING CATARACT SURGERY AND CONTACT LENSES, AS WELL AS EYE PLASTICS SERVICES - OPTOMETRY, GLAUCOMA AND CORNEA SERVICES IN THE FUTURE. FIRST MEDICAL CENTER IN NEW ENGLAND TO OFFER STATE-OF-THE-ART RETINAL SURGERY USING THE NGENUITY 3D VISUALIZATION SYSTEM OFFERING NEW FDA-APPROVED CORNEAL CROSS-LINKING PROCEDURE TO HALT PROGRESSION OF KERATOCONUS. MASS EYE AND EAR IS PARTICIPATING IN A NEW HARVARD MEDICAL SCHOOL FACULTY MENTORING LEADERSHIP CERTIFICATE PROGRAM THAT RUNS FROM NOVEMBER 8, 2017 THROUGH JUNE 13, 2018. THIS PROGRAM IS A MULTI-SESSION, PEER-LEARNING EXPERIENCE FOR MID-CAREER AND SENIOR FACULTY PHYSICIAN AND SCIENTIST MENTORS. THE GOAL FOR PARTICIPANTS OF THIS PROGRAM IS TO BECOME LEADERS IN MENTORING WHO WILL GO ON TO FACILITATE THE PROGRAM IN FUTURE YEARS, OR DEVELOP SIMILAR PROGRAMS AT THEIR OWN INSTITUTIONS. LAUNCHED THE RETINAL DISEASE INSTITUTE (RDI) CABINET-AN ADVISORY COUNCIL OF LEADERS IN RETINAL RESEARCH PHILANTHROPY WHO WILL WORK WITH MASS EYE AND EAR/HARVARD OPHTHALMOLOGY RETINA LEADERS TO ACCELERATE CURES FOR RETINAL DISEASES. CABINET MEMBER S INCLUDE JOAN MILLER, WYC GROUSBECK, CHARLES DE GUNZBURG, PETE ANKENY, CHRIS SNOOK, GEORGE YANCOPOULOS, TONY ADAMIS, AND GENE HILL. AS THE FIRST OF ITS KIND, THE RDI IS DESIGNED TO FOSTER PARTNERSHIPS BETWEEN</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
COMMUNITY ENGAGEMENT	MASS EYE AND EAR/HARVARD OPHTHALMOLOGY FACULTY WORKING IN FIELDS RELATED TO RETINAL DISEASE AND THE WORLDS LEADING SCIENTISTS (BASIC BIOMEDICAL RESEARCHERS, CLINICIAN SCIENTISTS, ENGINEERS, AND CLINICIANS) WORKING OUTSIDE VISION RESEARCH

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINE 1A	THE INFIRMARY'S BYLAWS STATE THE FOLLOWING THERE SHALL BE AN EXECUTIVE COMMITTEE CONSISTING OF THOSE INDIVIDUALS WHO ARE SERVING AS MEMBERS OF THE EXECUTIVE COMMITTEE OF THE MEMBER THE EXECUTIVE COMMITTEE SHALL HAVE THE POWER TO TRANSACT ALL EMERGENCY BUSINESS OF THE CORPORATION DURING THE PERIOD BETWEEN THE MEETINGS OF THE BOARD OF DIRECTORS THE EXECUTIVE COMMITTEE SHALL ALSO TRANSACT SUCH BUSINESS, PERFORM SUCH DUTIES, AND EXERCISE SUCH POWERS AS MAY BE DIRECTED OR DELEGATED BY THE BOARD OF DIRECTORS FROM TIME TO TIME THE EXECUTIVE COMMITTEE SHALL KEEP A RECORD OF ITS PROCEEDINGS ALL ACTIONS OF THE EXECUTIVE COMMITTEE SHALL BE REPORTED TO THE BOARD OF DIRECTORS AT ITS NEXT REGULAR MEETING

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINE 7A	<p>THE GOVERNOR OF THE COMMONWEALTH HAS THE AUTHORITY TO APPOINT TWO DIRECTORS. THE BYLAWS OF THE INFIRMARY STATE THAT THE REMAINING DIRECTORS ARE THOSE INDIVIDUALS SERVING AS DIRECTORS OF ITS SOLE MEMBER, THE FOUNDATION OF THE MASSACHUSETTS EYE AND EAR INFIRMARY, INC. ("THE FOUNDATION"). FORM 990, PART VI, LINE 7B THE FOUNDATION IS THE SOLE MEMBER OF THE INFIRMARY AND RETAINS THE AUTHORITY TO MAKE DECISIONS REGARDING THE INFIRMARY. FORM 990, PART VI, LINE 11B THE INFIRMARY'S FORM 990 IS PREPARED BY PRICEWATERHOUSECOOPERS, LLP USING INFORMATION PREPARED BY MANAGEMENT. AFTER THE FORM 990 IS COMPLETED, IT IS REVIEWED BY THE MANAGER OF INVESTMENTS AND FOUNDATION ACCOUNTING. THE FORM 990 IS THEN PRESENTED TO THE FINANCE COMMITTEE FOR REVIEW AND APPROVAL AS AUTHORIZED BY THE BOARD OF DIRECTORS. THE BOARD OF DIRECTORS ARE ALSO GIVEN THE FORM 990 FOR REVIEW WITH TIME TO SUBMIT COMMENTS AND QUESTIONS BEFORE FINAL FILING. FORM 990, PART VI, LINE 12C MEMBERS OF THE STAFF ARE REQUIRED TO DISCLOSE CONFLICTS OF INTEREST TO THEIR CHIEF OF SERVICE OR DEPARTMENT AND DIRECTOR OF LABORATORY/UNIT. MEMBERS OF THE BOARD OF DIRECTORS ARE REQUIRED TO DISCLOSE ANNUALLY, IN WRITING, ANY INTERESTS THAT COULD GIVE RISE TO CONFLICTS. THE OFFICE OF THE INTERNAL LEGAL COUNSEL OBTAINS AND REVIEWS THE ANNUAL CONFLICTS OF INTEREST STATEMENTS SUBMITTED BY MEMBERS OF THE BOARD OF DIRECTORS, AND REPORTS ON THE SAME TO THE AUDIT AND COMPLIANCE COMMITTEE OF THE BOARD. WITH RESPECT TO INTERESTS DISCLOSED BY BOARD MEMBERS THAT COULD GIVE RISE TO CONFLICTS OF INTEREST, THE INTERNAL LEGAL COUNSEL REVIEWS ALL TRANSACTIONS BETWEEN SUCH INTERESTS AND AFFILIATES OF THE INFIRMARY, TO DETERMINE WHETHER THESE TRANSACTIONS WERE CONDUCTED AT ARM'S LENGTH. FORM 990, PART VI, LINE 15 THE CHAIRMAN OF THE COMPENSATION COMMITTEE OF THE BOARD OF THE INFIRMARY PRESENTS A RECOMMENDATION TO THE COMPENSATION COMMITTEE WHO HAVE FINAL APPROVAL OF THE CEO'S BASE SALARY AND BONUS AMOUNT. THE CEO RECOMMENDS THE SALARIES OF THE CHIEFS AND VICE PRESIDENTS TO THE COMPENSATION COMMITTEE OF THE BOARD WHO HAS FINAL AUTHORIZATION TO APPROVE IT. COMPENSATION OF THOSE AT THE DIRECTOR LEVEL, INCLUDING THE DIRECTOR OF PROFESSIONAL REVENUE CYCLE, DIRECTOR OF FACILITIES PLANNING, AND CHIEF INFORMATION OFFICER IS REVIEWED AND APPROVED BY THE VICE PRESIDENT OF OPERATIONS. THE COMPENSATION COMMITTEE MEETING WAS HELD ON NOVEMBER 16, 2016. TOTAL COMPENSATION FOR THE CEO, CHIEFS AND VICE PRESIDENTS, INCLUDING BONUS PAYMENTS, INCLUDING COMPARABILITY DATA, IS ANALYZED BY INDEPENDENT COMPENSATION CONSULTANTS AND IS DETERMINED TO BE REASONABLE.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINE 19	SUMMARIZED FINANCIAL STATEMENTS ARE AVAILABLE ON THE INFIRMARY'S WEBSITE WWW.MASSEYEANDEAR.ORG AUDITED FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST THE INFIRMARY'S GOVERNING DOCUMENTS AND FORM 990 ARE AVAILABLE UPON REQUEST THE CONFLICT OF INTEREST POLICY IS ALSO AVAILABLE UPON REQUEST

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	OTHER CHANGES IN NET ASSETS OR FUND BALANCES ADJUSTMENT FOR PENSION AND POSTRETIREMENT RELATED CHANGES OTHER THAN NET PERIODIC PENSION COST \$4,668,500

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
MASSACHUSETTS EYE & EAR INFIRMARY

Employer identification number
04-2103591

Part I Identification of Disregarded Entities

Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) 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

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 entity?	
						Yes	No
(1)FDN OF THE MASS EYE & EAR INFIRMARYINC 243 CHARLES STREET BOSTON, MA 02114 04-2785453	SUPPORT	MA	501(C)(3)	10	NA		No
(2)MASSACHUSETTS EYE & EAR ASSOCIATES INC 243 CHARLES STREET BOSTON, MA 02114 22-2658209	PATIENT CARE	MA	501(C)(3)	10	FOUNDATION	Yes	
(3)CIRCLE COMPANY INC 243 CHARLES STREET BOSTON, MA 02114 04-2801791	TITLE HOLDING	MA	501(C)(25)	N/A	FOUNDATION	Yes	
(4)EMBANKMENT SERVICES INC 243 CHARLES STREET BOSTON, MA 02114 04-3272965	SUPPORT	MA	501(C)(3)	12 - TYPE 1	FOUNDATION	Yes	
(5)MASS EYE & EAR INFIRMARY PENSION PLAN 243 CHARLES STREET BOSTON, MA 02114 04-6067238	PENSION PLAN	MA	401(A)	N/A	NA		No
(6)SCHEPENS EYE RESEARCH INSTITUTE INC 20 STANIFORD STREET BOSTON, MA 02114 04-2129889	RESEARCH	MA	501(C)(3)	7	FOUNDATION	Yes	

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) Disproportionate 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	(i) Section 512(b) (13) controlled entity?	
								Yes	No

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

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

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, or(iv) rent from a controlled entity

1a

No

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

1b

Yes

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

1c

Yes

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

1d

No

e Loans or loan guarantees by related organization(s)

1e

No

f Dividends from related organization(s)

1f

No

g Sale of assets to related organization(s)

1g

No

h Purchase of assets from related organization(s)

1h

No

i Exchange of assets with related organization(s)

1i

No

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

1j

No

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

1k

No

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

1l

No

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

1m

No

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

1n

No

o Sharing of paid employees with related organization(s)

1o

Yes

p Reimbursement paid to related organization(s) for expenses

1p

Yes

q Reimbursement paid by related organization(s) for expenses

1q

Yes

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

1r

Yes

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

1s

Yes

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
See Additional Data Table

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

Schedule R (Form 990) 2016

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**

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation
SCHEDULE R, PART V, LINE 15	CONTRIBUTIONS REPRESENT AMOUNTS CONTRIBUTED BY THE INFIRMARY FOR EMPLOYEE RETIREMENT BENEFITS AS REQUIRED BY THE PENSION PLAN'S FUNDING POLICY



Additional Data

Software ID:
Software Version:
EIN: 04-2103591
Name: MASSACHUSETTS EYE & EAR INFIRMARY

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

(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 entity?	
						Yes	No
(1) 243 CHARLES STREET BOSTON, MA 02114 04-2785453	SUPPORT	MA	501(C)(3)	10	NA		No
(1) 243 CHARLES STREET BOSTON, MA 02114 22-2658209	PATIENT CARE	MA	501(C)(3)	10	FOUNDATION	Yes	
(2) 243 CHARLES STREET BOSTON, MA 02114 04-2801791	TITLE HOLDING	MA	501(C)(25)	N/A	FOUNDATION	Yes	
(3) 243 CHARLES STREET BOSTON, MA 02114 04-3272965	SUPPORT	MA	501(C)(3)	12 - TYPE 1	FOUNDATION	Yes	
(4) 243 CHARLES STREET BOSTON, MA 02114 04-6067238	PENSION PLAN	MA	401(A)	N/A	NA		No
(5) 20 STANIFORD STREET BOSTON, MA 02114 04-2129889	RESEARCH	MA	501(C)(3)	7	FOUNDATION	Yes	

Form 990, Schedule R, Part V - Transactions With Related Organizations

(a) Name of related organization		(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(1)	MASSACHUSETTS EYE & EAR PENSION PLAN	R	9,905,341	CASH
(1)	MASSACHUSETTS EYE & EAR ASSOCIATES	C	2,133,819	CASH
(2)	MASSACHUSETTS EYE & EAR ASSOCIATES	B	14,251,289	CASH
(3)	MASSACHUSETTS EYE & EAR ASSOCIATES	O	25,308,186	CASH
(4)	SCHEPENS EYE RESEARCH INSTITUTE INC	B	170,886	CASH
(5)	SCHEPENS EYE RESEARCH INSTITUTE INC	P	298,042	CASH
(6)	SCHEPENS EYE RESEARCH INSTITUTE INC	P	1,277,705	CASH
(7)	SCHEPENS EYE RESEARCH INSTITUTE INC	Q	3,322,045	CASH