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Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2017

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

2017

Open to Public Inspection

A For the 2017 calendar year, or tax year beginning 10-01-2017 , and ending 09-30-2018

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

% CAROLANN WILLIAMS

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

Activities & Governance

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

19

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 2017 (Part V, line 2a)

5

2,109

6 Total number of volunteers (estimate if necessary)

6

192

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

2,114,801

Revenue

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

47,291,002

47,345,277

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

226,533,383

243,229,424

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

410,621

4,729,380

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

4,703,739

4,417,495

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

278,938,745

299,721,576

Expenses

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

18,435,862

19,510,604

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)

117,853,083

118,670,627

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

122,094

119,216

b Total fundraising expenses (Part IX, column (D), line 25) ▶2,723,969

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

139,687,369

153,787,273

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

276,098,408

292,087,720

19 Revenue less expenses Subtract line 18 from line 12

2,840,337

7,633,856

Net Assets or Fund Balances

20 Total assets (Part X, line 16)

417,880,268

523,876,840

21 Total liabilities (Part X, line 26)

410,523,209

493,098,652

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

7,357,059

30,778,188

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

2019-08-12

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

2019-08-12

Check ☐ if self-employed

PTIN

P01390592

Firm's name ▶ PricewaterhouseCoopers LLP

Firm's EIN ▶

Firm's address ▶ 101 SEAPORT BLVD SUITE 500

Phone no (617) 530-5000

BOSTON, MA 02210

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 (2017)

**Part III Statement of Program Service Accomplishments**Check 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 \$ 165,445,012 including grants of \$ 19,510,604 ) (Revenue \$ 9,711,695 )  
See Additional Data

























**4b** (Code ) (Expenses \$ 51,054,972 including grants of \$ ) (Revenue \$ )  
See Additional Data

**4c** (Code ) (Expenses \$ 5,690,730 including grants of \$ ) (Revenue \$ 233,517,729 )  
See Additional Data

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

**4e** Total program service expenses ▶ 222,190,714

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	<b>1</b> Yes	
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 	<b>2</b> Yes	
<b>3</b> 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 	<b>3</b>	No
<b>4 Section 501(c)(3) organizations.</b> 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 	<b>4</b> Yes	
<b>5</b> 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 	<b>5</b>	No
<b>6</b> 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 	<b>6</b>	No
<b>7</b> 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 	<b>7</b>	No
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	<b>8</b> Yes	
<b>9</b> 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 	<b>9</b>	No
<b>10</b> 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 	<b>10</b> Yes	
<b>11</b> 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		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 	<b>11a</b> Yes	
<b>b</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 	<b>11b</b>	No
<b>c</b> 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 	<b>11c</b>	No
<b>d</b> 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 	<b>11d</b> Yes	
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 	<b>11e</b> Yes	
<b>f</b> 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 	<b>11f</b> Yes	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 	<b>12a</b>	No
<b>b</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 	<b>12b</b> Yes	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	<b>13</b>	No
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?	<b>14a</b>	No
<b>b</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 	<b>14b</b> Yes	
<b>15</b> 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 	<b>15</b> Yes	
<b>16</b> 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 	<b>16</b>	No
<b>17</b> 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) 	<b>17</b> Yes	
<b>18</b> 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 	<b>18</b>	No
<b>19</b> 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 	<b>19</b>	No

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>20a</b> Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . . .	<b>20a</b> Yes	
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .	<b>20b</b> Yes	
<b>21</b> 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 . . . . .	<b>21</b> Yes	
<b>22</b> 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 . . . . .	<b>22</b>	No
<b>23</b> 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 . . . . .	<b>23</b> Yes	
<b>24a</b> 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 . . . . .	<b>24a</b> Yes	
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .	<b>24b</b>	No
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	<b>24c</b>	No
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .	<b>24d</b>	No
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I . . . . .	<b>25a</b>	No
<b>b</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 . . . . .	<b>25b</b>	No
<b>26</b> 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 . . . . .	<b>26</b>	No
<b>27</b> 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 . . . . .	<b>27</b>	No
<b>28</b> 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) <b>a</b> A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV . . . . . <b>b</b> A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV . . . . . <b>c</b> 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 . . . . .	<b>28a</b> Yes <b>28b</b> <b>28c</b>	 No No
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . . . .	<b>29</b>	No
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M . . . . .	<b>30</b>	No
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I . . . . .	<b>31</b>	No
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II . . . . .	<b>32</b>	No
<b>33</b> 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 . . . . .	<b>33</b>	No
<b>34</b> 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 . . . . .	<b>34</b> Yes	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<b>35a</b> Yes	
<b>b</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 . . . . .	<b>35b</b> Yes	
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 . . . . .	<b>36</b> Yes	
<b>37</b> 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 . . . . .	<b>37</b>	No
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	<b>38</b> Yes	

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

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	164	
<b>b</b>	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	0	
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	Yes	
<b>2a</b>	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	2,109	
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	Yes	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	Yes	
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	Yes	
<b>4a</b>	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)?		No
<b>b</b>	If "Yes," enter the name of the foreign country <span style="border-bottom: 1px solid black; display: inline-block; width: 200px;"></span> See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		No
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
<b>c</b>	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	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?		No
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	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?		No
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		No
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		No
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
<b>9a</b>	Did the sponsoring organization make any taxable distributions under section 4966?		
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	10a	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter		
<b>a</b>	Gross income from members or shareholders	11a	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O		
<b>b</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	
<b>c</b>	Enter the amount of reserves on hand	13c	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?		No
<b>b</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
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year		
	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>1b</b>	Enter the number of voting members included in line 1a, above, who are independent		
<b>2</b>	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?	<b>2</b>	No
<b>3</b>	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?	<b>3</b>	No
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	<b>4</b>	No
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?	<b>5</b>	No
<b>6</b>	Did the organization have members or stockholders?	<b>6</b>	Yes
<b>7a</b>	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?	<b>7a</b>	Yes
<b>7b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	<b>7b</b>	Yes
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	<b>8a</b>	Yes
<b>b</b>	Each committee with authority to act on behalf of the governing body?	<b>8b</b>	Yes
<b>9</b>	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.	<b>9</b>	No

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

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?	<b>10a</b>	No
<b>b</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?	<b>10b</b>	
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<b>11a</b>	Yes
<b>b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13.	<b>12a</b>	Yes
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<b>12b</b>	Yes
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.	<b>12c</b>	Yes
<b>13</b>	Did the organization have a written whistleblower policy?	<b>13</b>	Yes
<b>14</b>	Did the organization have a written document retention and destruction policy?	<b>14</b>	Yes
<b>15</b>	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?		
<b>a</b>	The organization's CEO, Executive Director, or top management official	<b>15a</b>	Yes
<b>b</b>	Other officers or key employees of the organization	<b>15b</b>	Yes
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	<b>16a</b>	No
<b>b</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?	<b>16b</b>	

**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.  
**►CAROLANN WILLIAMS 243 CHARLES STREET BOSTON, MA 02114 (617) 573-3012**

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** (2017)

[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 ► 219

Section B. Independent Contractors

(A) Name and business address	(B) Description of services	(C) Compensation
FISH AND RICHARDSON PC, PO BOX 3295 BOSTON, MA 02241	LEGAL	744,120
BOND BROTHERS INC, 10 CABOT RD STE 300 MEDFORD, MA 02155	CONSTRUCTION	1,061,976
MEDICAL RECORD ASSOCIATES INC, 2 BATTERYMARCH PARK 204 QUINCY, MA 02169	MEDICAL RECORDS	681,084
KPMG LLP, 550 SOUTH HOPE STE 1500 LOS ANGELES, CA 90071	CONSULTING	640,619
PRICEWATERHOUSECOOPERS LLP, PO BOX 7247-8001 PHILADELPHIA, PA 19170	AUDIT AND TAX	636,125

Form 990 (2017)



Part VIII

Statement of Revenue

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

Contributions, Gifts, Grants  
and Other Similar Amounts

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
1a	Federated campaigns . . .	1a			
b	Membership dues . . .	1b			
c	Fundraising events . . .	1c			
d	Related organizations	1d	21,043,746		
e	Government grants (contributions)	1e	18,617,830		
f	All other contributions, gifts, grants, and similar amounts not included above	1f	7,683,701		
g	Noncash contributions included in lines 1a-1f \$ _____				
h	Total. Add lines 1a-1f . . . . .		47,345,277		

Program Service Revenue

	Business Code				
2a	INPATIENT AND OUTPATIENT	900099	217,075,163	217,075,163	
b	CAFETERIA/FOOD SERVICE	900099	1,841,672	1,841,672	
c	RESEARCH INDIRECT REVENUE	900099	9,711,695	9,711,695	
d	KPRO INCOME	722210	2,737,299	2,737,299	
e	MISCELLANEOUS	900099	8,218,634	8,218,634	
f	All other program service revenue		3,644,961	3,644,961	
g	Total. Add lines 2a-2f . . . . .		243,229,424		

Other Revenue

3	Investment income (including dividends, interest, and other similar amounts) . . . . .		147,863			147,863
4	Income from investment of tax-exempt bond proceeds		0			
5	Royalties . . . . .		4,417,495			4,417,495
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)	4,581,517				
d	Net gain or (loss) . . . . .			4,581,517		4,581,517
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		
11a	Miscellaneous Revenue	Business Code				
b						
c						
d	All other revenue . . . . .					
e	Total. Add lines 11a-11d . . . . .			0		
12	Total revenue. See Instructions . . . . .		299,721,576	243,229,424		9,146,875

**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
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	19,250,764	19,250,764		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22.	0			
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.	259,840	259,840		
<b>4</b> Benefits paid to or for members.	0			
<b>5</b> Compensation of current officers, directors, trustees, and key employees.	5,272,723	1,764,801	3,507,922	
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	0			
<b>7</b> Other salaries and wages.	90,025,851	68,598,706	19,771,778	1,655,367
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	1,764,292	1,355,270	372,361	36,661
<b>9</b> Other employee benefits.	12,924,164	10,234,053	2,406,130	283,981
<b>10</b> Payroll taxes.	8,683,597	6,547,498	1,961,145	174,954
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management.	0			
<b>b</b> Legal.	2,694,407	130,145	2,564,262	
<b>c</b> Accounting.	263,965	1,387	262,578	
<b>d</b> Lobbying.	78,925		78,925	
<b>e</b> Professional fundraising services. See Part IV, line 17.	119,216			119,216
<b>f</b> Investment management fees.	0			
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	3,207,528	2,472,429	735,099	
<b>12</b> Advertising and promotion.	699,382	18,909	680,473	
<b>13</b> Office expenses.	2,007,039	786,220	1,079,770	141,049
<b>14</b> Information technology.	4,548,782	2,899,455	1,637,327	12,000
<b>15</b> Royalties.	0			
<b>16</b> Occupancy.	13,312,953	1,300,048	12,012,894	11
<b>17</b> Travel.	1,214,001	925,890	250,203	37,908
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials.	0			
<b>19</b> Conferences, conventions, and meetings.	309,633	206,262	103,371	
<b>20</b> Interest.	4,611,340	3,108,049	1,503,291	
<b>21</b> Payments to affiliates.	0			
<b>22</b> Depreciation, depletion, and amortization.	22,280,756	15,017,258	7,263,498	
<b>23</b> Insurance.	1,999,043	69,504	1,929,539	
<b>24</b> 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):				
<b>a</b> MEDICAL SUPPLIES	61,328,025	61,328,025		
<b>b</b> PHYSICIANS ADMINISTRATION	6,437,107	6,349,350	87,702	55
<b>c</b> SERVICE CONTRACT	6,004,526	3,414,665	2,576,531	13,330
<b>d</b> LOSS ON BOND EXTINGUISHMENT	5,775,176	3,892,476	1,882,700	
<b>e</b> All other expenses	17,014,685	12,259,710	4,505,538	249,437
<b>25</b> Total functional expenses. Add lines 1 through 24e.	292,087,720	222,190,714	67,173,037	2,723,969
<b>26</b> 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 Sheet**Check if Schedule O contains a response or note to any line in this Part IX ☐

				(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b>	Cash—non-interest-bearing . . . . .		1,507,830	<b>1</b>	10,406,351
	<b>2</b>	Savings and temporary cash investments . . . . .		0	<b>2</b>	0
	<b>3</b>	Pledges and grants receivable, net . . . . .		0	<b>3</b>	0
	<b>4</b>	Accounts receivable, net . . . . .		30,816,896	<b>4</b>	27,145,913
	<b>5</b>	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .		0	<b>5</b>	0
	<b>6</b>	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	<b>6</b>	0
	<b>7</b>	Notes and loans receivable, net . . . . .		0	<b>7</b>	0
	<b>8</b>	Inventories for sale or use . . . . .		4,835,627	<b>8</b>	6,596,220
	<b>9</b>	Prepaid expenses and deferred charges . . . . .		5,161,230	<b>9</b>	5,046,315
	<b>10a</b>	Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D	<b>10a</b>	426,670,740		
	<b>b</b>	Less: accumulated depreciation	<b>10b</b>	275,928,977		
				153,916,970	<b>10c</b>	150,741,763
	<b>11</b>	Investments—publicly traded securities . . . . .		0	<b>11</b>	0
	<b>12</b>	Investments—other securities. See Part IV, line 11 . . . . .		0	<b>12</b>	0
	<b>13</b>	Investments—program-related. See Part IV, line 11 . . . . .		0	<b>13</b>	0
	<b>14</b>	Intangible assets . . . . .		0	<b>14</b>	0
<b>15</b>	Other assets. See Part IV, line 11 . . . . .		221,641,715	<b>15</b>	323,940,278	
<b>16</b>	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .		417,880,268	<b>16</b>	523,876,840	
<b>Liabilities</b>	<b>17</b>	Accounts payable and accrued expenses . . . . .		95,705,517	<b>17</b>	71,615,600
	<b>18</b>	Grants payable . . . . .		0	<b>18</b>	0
	<b>19</b>	Deferred revenue . . . . .		10,891,093	<b>19</b>	8,747,733
	<b>20</b>	Tax-exempt bond liabilities . . . . .		124,421,361	<b>20</b>	138,562,557
	<b>21</b>	Escrow or custodial account liability. Complete Part IV of Schedule D		0	<b>21</b>	0
	<b>22</b>	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	<b>22</b>	0
	<b>23</b>	Secured mortgages and notes payable to unrelated third parties . . . . .		0	<b>23</b>	0
	<b>24</b>	Unsecured notes and loans payable to unrelated third parties . . . . .		0	<b>24</b>	0
	<b>25</b>	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		179,505,238	<b>25</b>	274,172,762
	<b>26</b>	<b>Total liabilities.</b> Add lines 17 through 25 . . . . .		410,523,209	<b>26</b>	493,098,652
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>					
	<b>27</b>	Unrestricted net assets		7,357,059	<b>27</b>	30,778,188
	<b>28</b>	Temporarily restricted net assets . . . . .		0	<b>28</b>	0
	<b>29</b>	Permanently restricted net assets		0	<b>29</b>	0
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>					
	<b>30</b>	Capital stock or trust principal, or current funds . . . . .			<b>30</b>	
	<b>31</b>	Paid-in or capital surplus, or land, building or equipment fund . . . . .			<b>31</b>	
	<b>32</b>	Retained earnings, endowment, accumulated income, or other funds			<b>32</b>	
	<b>33</b>	<b>Total net assets or fund balances</b> . . . . .		7,357,059	<b>33</b>	30,778,188
	<b>34</b>	<b>Total liabilities and net assets/fund balances</b> . . . . .		417,880,268	<b>34</b>	523,876,840

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	299,721,576
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	292,087,720
<b>3</b>	Revenue less expenses Subtract line 2 from line 1	<b>3</b>	7,633,856
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	7,357,059
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	1,846,546
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	13,940,727
<b>10</b>	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	30,778,188

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII ☐

	Yes	No
<b>1</b> 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		
<b>2a</b> 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>b</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	
<b>c</b> 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	
<b>3a</b> 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>b</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 (2017)

**Form 990, Part III, Line 4a:**

SEE SCHEDULE O

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

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

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			
JOHN R FERNANDEZ ..... PRESIDENT	37 0 ..... 23 0	X		X				1,143,642	0	229,175
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
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
JOAN W MILLER MD ..... DIRECTOR	27 0 ..... 33 0	X						0	904,826	148,157



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			
ANNETTE NOVA ..... DIRECTOR (UNTIL 12/17)	2 0 ..... 6 0	X						0	0	0
WILLIAM ROMAN ..... DIRECTOR (UNTIL 12/17)	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	1,063,052	158,175
THOMAS LAUER ..... DIRECTOR	2 0 ..... 2 0	X						0	0	0
KEITH D LILLEMoe MD ..... DIRECTOR (SINCE 7/18)	2 0 ..... 2 0	X						0	1,016,692	62,940
TINA SMITH ..... DIRECTOR	2 0 ..... 2 0	X						0	0	0
THOMAS SEQUIST MD ..... DIRECTOR (SINCE 7/18)	2 0 ..... 2 0	X						0	645,752	46,400

**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			
KATRINE BOSLEY ..... DIRECTOR (SINCE 12/17)	2 0 ..... 2 0	X						0	0	0
JONATHAN KUTCHINS ..... DIRECTOR (UNTIL 12/17)	2 0 ..... 4 0	X						0	0	0
MAUREEN KELLEY ..... ASST SECRETARY (UNTIL 5/18)	53 0 ..... 7 0			X				196,400	0	21,289
CAROLANN WILLIAMS ..... CFO & VP FINANCE AND ADMIN	49 0 ..... 11 0			X				491,994	0	18,998
MARTHA PYLE FARRELL ..... ASST SECRETARY	49 0 ..... 11 0			X				399,988	0	25,895
BARBARA J SCULLY ..... DIRECTOR PROF REV CYCLE	30 0 ..... 30 0				X			191,046	0	22,708
EILEEN O LOWELL ..... CNO & VP PAT CARE SVS	60 0 ..... 0 0				X			321,769	0	15,221
KENNETH HOLMES ..... CFO MEEA	30 0 ..... 30 0				X			300,617	0	24,792
JEFFREY J PIKE ..... CHIEF OPERATING OFFICER	60 0 ..... 0 0				X			387,742	0	9,778
RALPH T PELOSI ..... DIRECTOR FACILITIES PLANNING	60 0 ..... 0 0				X			193,138	0	3,749

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			
DEBRA ROGERS ..... VP OPHTHALMOLOGY	20 0 ..... 40 0				X			301,334	0	16,757
RACHEL WASSERSTROM ..... VP OTOLARYNGOLOGY	30 0 ..... 30 0				X			286,902	0	24,654
MICHAEL RICCI ..... CHIEF INFORMATION OFFICER	60 0 ..... 0 0				X			255,576	0	16,232
SUNIL EAPPEN MD ..... CHIEF MEDICAL OFFICER	31 0 ..... 29 0				X			0	622,959	58,175
JENNIFER STREET ..... VP COMMUNICATIONS & PLANNING	60 0 ..... 0 0					X		394,488	0	23,671
MELISSA M PAUL ..... CHIEF DEVELOPMENT OFFICER	60 0 ..... 0 0					X		307,369	0	24,789
GLENN W BUNTING ..... VOICE & SPEECH CLINICAL DIR	60 0 ..... 0 0					X		194,732	0	23,222
ROBIN SWITZER ..... DIRECTOR OF HUMAN RESOURCES	60 0 ..... 0 0					X		193,764	0	3,392
LEO J HILL ..... DEPUTY CIO	60 0 ..... 0 0					X		196,670	0	3,089

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury

Internal Revenue Service

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](http://www.irs.gov/form990).

OMB No 1545-0047

2017

Open to Public Inspection

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 **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), 170(b)(1)(A)(vi), and 170(b)(1)(A)(ix)

(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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant ")	41,532,901	47,770,745	48,376,154	47,291,002	47,345,277	232,316,079
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	<b>Total.</b> Add lines 1 through 3	41,532,901	47,770,745	48,376,154	47,291,002	47,345,277	232,316,079
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	<b>Public support.</b> Subtract line 5 from line 4						232,316,079

Section B. Total Support								
Calendar year (or fiscal year beginning in) ►		(a)2013	(b)2014	(c)2015	(d)2016	(e)2017	(f)Total	
7	Amounts from line 4	41,532,901	47,770,745	48,376,154	47,291,002	47,345,277	232,316,079	
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	14,057,593	3,644,064	4,866,437	4,750,721	4,565,358	31,884,173	
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	<b>Total support.</b> Add lines 7 through 10						264,200,252	
12	Gross receipts from related activities, etc. (see instructions)						12	1,031,360,049
13	<b>First five years.</b> 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 <b>stop here</b> . . . . . ► <input type="checkbox"/>							

Section C. Computation of Public Support Percentage			
14	Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	14	87.932 %
15	Public support percentage for 2016 Schedule A, Part II, line 14	15	83.702 %
16a	<b>33 1/3% support test—2017.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <span>▶ <input checked="" type="checkbox"/></span>		
b	<b>33 1/3% support test—2016.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization <span>▶ <input type="checkbox"/></span>		
17a	<b>10%-facts-and-circumstances test—2017.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <span>▶ <input type="checkbox"/></span>		
b	<b>10%-facts-and-circumstances test—2016.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <span>▶ <input type="checkbox"/></span>		
18	<b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <span>▶ <input type="checkbox"/></span>		

**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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b> 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						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13 Total support.</b> (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**

<b>15</b> Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	
<b>16</b> Public support percentage from 2016 Schedule A, Part III, line 15	<b>16</b>	

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2017</b> (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	
<b>18</b> Investment income percentage from <b>2016</b> Schedule A, Part III, line 17	<b>18</b>	

**19a 33 1/3% support tests—2017.** 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—2016.** 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
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>	<b>1</b>	
<b>2</b> 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 <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>	<b>2</b>	
<b>3a</b> 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>	<b>3a</b>	
<b>b</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 <b>Part VI</b> when and how the organization made the determination.</i>	<b>3b</b>	
<b>c</b> 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 <b>Part VI</b> what controls the organization put in place to ensure such use.</i>	<b>3c</b>	
<b>4a</b> 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>	<b>4a</b>	
<b>b</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 <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>	<b>4b</b>	
<b>c</b> 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 <b>Part VI</b> 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>	<b>4c</b>	
<b>5a</b> 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 <b>Part VI</b>, 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>	<b>5a</b>	
<b>b</b> <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	<b>5b</b>	
<b>c</b> <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?	<b>5c</b>	
<b>6</b> 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 <b>Part VI</b>.</i>	<b>6</b>	
<b>7</b> 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>	<b>7</b>	
<b>8</b> 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>	<b>8</b>	
<b>9a</b> 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 <b>Part VI</b>.</i>	<b>9a</b>	
<b>b</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 <b>Part VI</b>.</i>	<b>9b</b>	
<b>c</b> 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 <b>Part VI</b>.</i>	<b>9c</b>	
<b>10a</b> 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>	<b>10a</b>	
<b>b</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>	<b>10b</b>	

**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> 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>b</b> A family member of a person described in (a) above?		
<b>c</b> 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>		
	<b>11a</b>	
	<b>11b</b>	
	<b>11c</b>	

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> 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>		
	<b>1</b>	
<b>2</b> 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>		
	<b>2</b>	

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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>		
	<b>1</b>	

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?		
	<b>1</b>	
<b>2</b> 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>		
	<b>2</b>	
<b>3</b> 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>		
	<b>3</b>	

**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** ☐ The organization satisfied the Activities Test. Complete **line 2** below.
- b** ☐ The organization is the parent of each of its supported organizations. Complete **line 3** below.
- c** ☐ 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.**

	Yes	No
<b>a</b> 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>2a</b>	
<b>b</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>		
	<b>2b</b>	
<b>3</b> Parent of Supported Organizations <b>Answer (a) and (b) below.</b>		
<b>a</b> 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>3a</b>	
<b>b</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>		
	<b>3b</b>	



**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 (explain in Part VI) **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b> Net short-term capital gain	<b>1</b>		
<b>2</b> Recoveries of prior-year distributions	<b>2</b>		
<b>3</b> Other gross income (see instructions)	<b>3</b>		
<b>4</b> Add lines 1 through 3	<b>4</b>		
<b>5</b> Depreciation and depletion	<b>5</b>		
<b>6</b> 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)	<b>6</b>		
<b>7</b> Other expenses (see instructions)	<b>7</b>		
<b>8 Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	<b>8</b>		
<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b> Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	<b>1</b>		
<b>a</b> Average monthly value of securities	<b>1a</b>		
<b>b</b> Average monthly cash balances	<b>1b</b>		
<b>c</b> Fair market value of other non-exempt-use assets	<b>1c</b>		
<b>d Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>		
<b>e Discount</b> claimed for blockage or other factors (explain in detail in Part VI)			
<b>2</b> Acquisition indebtedness applicable to non-exempt use assets	<b>2</b>		
<b>3</b> Subtract line 2 from line 1d	<b>3</b>		
<b>4</b> Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	<b>4</b>		
<b>5</b> Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>		
<b>6</b> Multiply line 5 by .035	<b>6</b>		
<b>7</b> Recoveries of prior-year distributions	<b>7</b>		
<b>8 Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>		
<b>Section C - Distributable Amount</b>			Current Year
<b>1</b> Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>		
<b>2</b> Enter 85% of line 1	<b>2</b>		
<b>3</b> Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>		
<b>4</b> Enter greater of line 2 or line 3	<b>4</b>		
<b>5</b> Income tax imposed in prior year	<b>5</b>		
<b>6 Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	<b>6</b>		
<b>7</b> <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)**

<b>Section D - Distributions</b>	<b>Current Year</b>
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ) See instructions	
<b>7 Total annual distributions.</b> Add lines 1 through 6	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ) See instructions	
<b>9</b> Distributable amount for 2017 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

<b>Section E - Distribution Allocations (see instructions)</b>	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2017</b>	<b>(iii) Distributable Amount for 2017</b>
<b>1</b> Distributable amount for 2017 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2017 (reasonable cause required-- explain in Part VI) See instructions			
<b>3</b> Excess distributions carryover, if any, to 2017			
<b>a</b>			
<b>b</b> From 2013. . . . .			
<b>c</b> From 2014. . . . .			
<b>d</b> From 2015. . . . .			
<b>e</b> From 2016. . . . .			
<b>f</b> Total of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2017 distributable amount			
<b>i</b> Carryover from 2012 not applied (see instructions)			
<b>j</b> Remainder Subtract lines 3g, 3h, and 3i from 3f			
<b>4</b> Distributions for 2017 from Section D, line 7 \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2017 distributable amount			
<b>c</b> Remainder Subtract lines 4a and 4b from 4			
<b>5</b> Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
<b>6</b> Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
<b>7 Excess distributions carryover to 2018.</b> Add lines 3j and 4c			
<b>8</b> Breakdown of line 7			
<b>a</b> Excess from 2013. . . . .			
<b>b</b> Excess from 2014. . . . .			
<b>c</b> Excess from 2015. . . . .			
<b>d</b> Excess from 2016. . . . .			
<b>e</b> Excess from 2017. . . . .			

Additional Data

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

**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](http://www.irs.gov/form990).

OMB No 1545-0047

**2017**

**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 (see instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (see instructions) ▶ \$
- 3 Volunteer hours for political campaign activities (see instructions) ▶

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

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No
- 4a Was a correction made? ☐ Yes ☐ No
- b If "Yes," describe in Part IV

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

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt 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? ☐ Yes ☐ No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
1				
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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> 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
<b>1</b>	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			
<b>a</b>	Volunteers?		No	
<b>b</b>	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
<b>c</b>	Media advertisements?		No	
<b>d</b>	Mailings to members, legislators, or the public?	Yes		
<b>e</b>	Publications, or published or broadcast statements?		No	
<b>f</b>	Grants to other organizations for lobbying purposes?		No	
<b>g</b>	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		78,925
<b>h</b>	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
<b>i</b>	Other activities?		No	
<b>j</b>	Total. Add lines 1c through 1i			78,925
<b>2a</b>	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
<b>b</b>	If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b>	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b>	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
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members?	<b>1</b>	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?	<b>2</b>	
<b>3</b> Did the organization agree to carry over lobbying and political expenditures from the prior year?	<b>3</b>	

**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."**

<b>1</b>	Dues, assessments and similar amounts from members	<b>1</b>	
<b>2</b>	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	<b>2a</b>	
<b>a</b>	Current year	<b>2b</b>	
<b>b</b>	Carryover from last year	<b>2c</b>	
<b>c</b>	Total	<b>3</b>	
<b>3</b>	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	<b>4</b>	
<b>4</b>	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?	<b>5</b>	
<b>5</b>	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 2018, 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: 93493227002289

SCHEDULE D

(Form 990)

Supplemental Financial Statements

► 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.

Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2017

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

Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

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

(a) Donor advised funds

(b) Funds and other accounts

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?

Yes

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?

Yes

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)

☐ Preservation of land for public use (e g , recreation or education)

☐ Preservation of an historically important land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ 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

2a

2b

2c

2d

Held at the End of the Year

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?

Yes

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)?

Yes

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

1b

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) 2017

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	73,437,271	72,460,656	72,613,174	78,511,651	87,204,661
b Contributions	3,101,773	10,372,206	1,960,347	1,229,040	746,394
c Net investment earnings, gains, and losses	24,134,233	4,293,494	2,728,854	-274,466	5,114,694
d Grants or scholarships					
e Other expenditures for facilities and programs	3,675,186	12,552,747	3,796,280	5,028,553	12,790,645
f Administrative expenses	1,022,838	1,136,338	1,045,439	1,824,498	1,763,453
g End of year balance	95,975,253	73,437,271	72,460,656	72,613,174	78,511,651

2

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

a

Board designated or quasi-endowment

4 780 %

b

Permanent endowment

71 230 %

c

Temporarily restricted endowment

23 990 %

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

3a(i)

☐ Yes☐ No

(ii) related organizations

3a(ii)

☐ Yes☐ No

b

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

3b

☐ Yes☐ No

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		203,034,600	144,899,265	58,135,335
c Leasehold improvements		19,258,402	5,095,082	14,163,320
d Equipment		186,214,445	125,924,007	60,290,438
e Other		17,627,969	10,623	17,617,346
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				150,741,763



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	298,816,482
(2) FUNDS HELD FOR RESEARCH	483,111
(3) SPECIAL CASH & CAPITAL RESERVE	7,507,939
(4) QLT	251,341
(5) DEFERRED FINANCING COSTS	11,458,500
(6) TAX DEFERRED PLAN	1,675,889
(7) CRICO	3,747,016
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15 ) . . . . . ▶	323,940,278

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	264,125,065
ESTIMATE 3RD PARTY SETTLEMENT	4,062,849
PROFESSIONAL LIABILITY RESERVE	4,389,054
TAX DEFERRED LIABILITY	1,595,794
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25 ) ▶	274,172,762

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.

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

**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.

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

**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

**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 ENDOWMENT FUNDS SET UP BETWEEN MRS HOWE AND DR LURIE WERE DESIGNATED FOR THE OCCASIONAL PURCHASE 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, 2018

**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.

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

OMB No 1545-0047

**2017**

**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 )					
<b>3a</b> Sub-total					488,843
<b>b</b> Total from continuation sheets to Part I					
<b>c Totals</b> (add lines 3a and 3b)					488,843

**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.

<b>1</b>	<b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
<b>( 1 )</b>			Europe (Including Iceland and Greenland)	RESEARCH	252,867	CHECK			
<b>( 2 )</b>			North America	RESEARCH	6,973	CHECK			
<b>( 3 )</b>									
<b>( 4 )</b>									

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, do not file with Form 990)* ☐ 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, do not file with Form 990)* ☐ 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		252,867
North America			Grantmaking		6,973

**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)			Program Services	CONFERENCE	124,987
East Asia and the Pacific			Program Services	CONFERENCE	56,084

**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
Middle East and North Africa			Program Services	CONFERENCE	1,729
North America			Program Services	CONFERENCE	8,757

**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	14,057
South Asia			Program Services	CONFERENCE	15,257



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
Sub-Saharan Africa			Program Services	CONFERENCE	3,774
Russia and the Newly Independent States			Program Services	CONFERENCE	1,451

**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
Central America and the Caribbean			Program Services	CONFERENCE	2,907

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](http://www.irs.gov/form990).

OMB No 1545-0047

2017

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		59,216	
2 HUNTSINGER JEFFER	ANNUAL FUND		No		60,000	
3						
4						
5						
6						
7						
8						
9						
10						
Total ▶					119,216	

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.

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

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

**12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No

**13** Indicate the percentage of gaming activity conducted in

<b>a</b> The organization's facility	<b>13a</b>	%
<b>b</b> An outside facility	<b>13b</b>	%

**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? ☐ Yes ☐ No

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

**c** If "Yes," enter name and address of the third party

Name ► .....

Address ► .....

**16** Gaming manager information

Name ► .....

Gaming manager compensation ► \$ .....

Description of services provided ► .....

☐ Director/officer ☐ Employee ☐ Independent contractor

**17** Mandatory distributions

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No
- b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ .....

**Part IV 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 provide any additional information (see instructions).

Return Reference	Explanation
SCHEDULE G, PART I, LINE 2B, COLUMN (V)	DURING THE FISCAL YEAR ENDED SEPTEMBER 30, 2018, 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

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SCHEDULE H  
(Form 990)

Hospitals

OMB No 1545-0047

2017

Open to Public Inspection

Department of the Treasury

Internal Revenue Service

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](http://www.irs.gov/form990).

Name of the organization  
MASSACHUSETTS EYE & EAR INFIRMARY

Employer identification number  
04-2103591

Part I

Financial Assistance and Certain Other Community Benefits at Cost

1a

Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a

1a

Yes

1b

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

☐ Applied uniformly to all hospital facilities

☐ Applied uniformly to most hospital facilities

☐ 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

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

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

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)			5,041,211	1,668,280	3,372,931	1 150 %
b Medicaid (from Worksheet 3, column a)			25,373,859	20,378,880	4,994,979	1 710 %
c Costs of other means-tested government programs (from Worksheet 3, column b)			1,297,138	801,661	495,477	0 170 %
d Total Financial Assistance and Means-Tested Government Programs			31,712,208	22,848,821	8,863,387	3 030 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			112,000		112,000	0 040 %
f Health professions education (from Worksheet 5)			8,548,120	1,687,976	6,860,144	2 350 %
g Subsidized health services (from Worksheet 6)			552,734	446,966	105,768	0 040 %
h Research (from Worksheet 7)			46,696,433	42,246,029	4,450,404	1 520 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			46,250		46,250	0 020 %
j Total. Other Benefits			55,955,537	44,380,971	11,574,566	3 970 %
k Total. Add lines 7d and 7j			87,667,745	67,229,792	20,437,953	7 000 %

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

Cat No 50192T

Schedule H (Form 990) 2017

**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
<b>1</b> Physical improvements and housing						
<b>2</b> Economic development						
<b>3</b> Community support						
<b>4</b> Environmental improvements						
<b>5</b> Leadership development and training for community members						
<b>6</b> Coalition building						
<b>7</b> Community health improvement advocacy						
<b>8</b> Workforce development						
<b>9</b> Other						
<b>10 Total</b>						

**Part III Bad Debt, Medicare, & Collection Practices**

**Section A. Bad Debt Expense**

		Yes	No
<b>1</b> Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	<b>1</b>	Yes	
<b>2</b> Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.	<b>2</b>	6,376,244	
<b>3</b> 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.	<b>3</b>	182,213	
<b>4</b> 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**

<b>5</b> Enter total revenue received from Medicare (including DSH and IME).	<b>5</b>	60,283,107	
<b>6</b> Enter Medicare allowable costs of care relating to payments on line 5.	<b>6</b>	63,978,210	
<b>7</b> Subtract line 6 from line 5. This is the surplus (or shortfall).	<b>7</b>	-3,695,103	
<b>8</b> 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**

<b>9a</b> Did the organization have a written debt collection policy during the tax year?	<b>9a</b>	Yes	
<b>b</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.	<b>9b</b>	Yes	

**Part IV Management Companies and Joint Ventures**

(a) Name of entity (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)	(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 %
<b>1</b>				
<b>2</b>				
<b>3</b>				
<b>4</b>				
<b>5</b>				
<b>6</b>				
<b>7</b>				
<b>8</b>				
<b>9</b>				
<b>10</b>				
<b>11</b>				
<b>12</b>				
<b>13</b>				

**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
<b>Community Health Needs Assessment</b>			
<b>1</b>	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? . . . . .	<b>1</b>	No
<b>2</b>	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 . . . . .	<b>2</b>	No
<b>3</b>	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)	<b>3</b>	Yes
<b>a</b>	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
<b>b</b>	<input checked="" type="checkbox"/> Demographics of the community		
<b>c</b>	<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		
<b>d</b>	<input checked="" type="checkbox"/> How data was obtained		
<b>e</b>	<input checked="" type="checkbox"/> The significant health needs of the community		
<b>f</b>	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
<b>g</b>	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
<b>h</b>	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
<b>i</b>	<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)		
<b>j</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>4</b>	Indicate the tax year the hospital facility last conducted a CHNA 20 <u>15</u>		
<b>5</b>	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 . . . . .	<b>5</b>	Yes
<b>6 a</b>	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C . . . . .	<b>6a</b>	No
<b>b</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 . . . . .	<b>6b</b>	No
<b>7</b>	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)	<b>7</b>	Yes
<b>a</b>	<input checked="" type="checkbox"/> Hospital facility's website (list url) <u>SEE SECTION C</u>		
<b>b</b>	<input type="checkbox"/> Other website (list url) _____		
<b>c</b>	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
<b>d</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>8</b>	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 . . . . .	<b>8</b>	Yes
<b>9</b>	Indicate the tax year the hospital facility last adopted an implementation strategy 20 <u>15</u>		
<b>10</b>	Is the hospital facility's most recently adopted implementation strategy posted on a website? . . . . .	<b>10</b>	Yes
<b>a</b>	If "Yes" (list url) <u>SEE SECTION C</u>		
<b>b</b>	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? . . . . .	<b>10b</b>	No
<b>11</b>	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		
<b>12a</b>	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)? . . . . .	<b>12a</b>	No
<b>b</b>	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax? . . . . .	<b>12b</b>	
<b>c</b>	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 &amp; EAR INFIRMARY

**Name of hospital facility or letter of facility reporting group** \_\_\_\_\_

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that			
<b>13</b> 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	<b>13</b>	Yes	
a <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 500 _____ % and FPG family income limit for eligibility for discounted care of 500 _____ %			
b <input type="checkbox"/> Income level other than FPG (describe in Section C)			
c <input checked="" type="checkbox"/> Asset level			
d <input checked="" type="checkbox"/> Medical indigency			
e <input checked="" type="checkbox"/> Insurance status			
f <input checked="" type="checkbox"/> Underinsurance discount			
g <input type="checkbox"/> Residency			
h <input type="checkbox"/> Other (describe in Section C)			
<b>14</b> Explained the basis for calculating amounts charged to patients? . . . . .	<b>14</b>	Yes	
<b>15</b> 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)	<b>15</b>	Yes	
a <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application			
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			
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			
d <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e <input type="checkbox"/> Other (describe in Section C)			
<b>16</b> 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)	<b>16</b>	Yes	
a <input checked="" type="checkbox"/> The FAP was widely available on a website (list url) SEE SECTION C			
b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) SEE SECTION C			
c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) SEE SECTION C			
d <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
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)			
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)			
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			
h <input type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP			
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			
j <input type="checkbox"/> Other (describe in Section C)			

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

## MASSACHUSETTS EYE &amp; EAR INFIRMARY

**Name of hospital facility or letter of facility reporting group**

	Yes	No
<b>17</b> 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 nonpayment? . . . . .	<b>17</b> Yes	
<b>18</b> 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		
<b>a</b> <input type="checkbox"/> Reporting to credit agency(ies) <b>b</b> <input type="checkbox"/> Selling an individual's debt to another party <b>c</b> <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 <b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process <b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C) <b>f</b> <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
<b>19</b> 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? . . . . .	<b>19</b>	No
If "Yes," check all actions in which the hospital facility or a third party engaged		
<b>a</b> <input type="checkbox"/> Reporting to credit agency(ies) <b>b</b> <input type="checkbox"/> Selling an individual's debt to another party <b>c</b> <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 <b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process <b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C)		
<b>20</b> 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)		
<b>a</b> <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>b</b> <input type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process <b>c</b> <input type="checkbox"/> Processed incomplete and complete FAP applications <b>d</b> <input type="checkbox"/> Made presumptive eligibility determinations <b>e</b> <input type="checkbox"/> Other (describe in Section C) <b>f</b> <input checked="" type="checkbox"/> None of these efforts were made		

**Policy Relating to Emergency Medical Care**

<b>21</b> 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? . . . . .	<b>21</b> Yes	
If "No," indicate why		
<b>a</b> <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions <b>b</b> <input type="checkbox"/> The hospital facility's policy was not in writing <b>c</b> <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) <b>d</b> <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 &amp; 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
<b>23</b>		No
<b>24</b>		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)
<b>1</b> MASSACHUSETTS EYE & EAR STONEHAM ONE MONTVALE AVENUE STONEHAM, MA 02180	LICENSED OUTPATIENT LOCATION
<b>2</b> MASSACHUSETTS EYE & EAR E BRIDGEWATER ONE COMPASS WAY SUITE 100 E BRIDGEWATER, MA 02333	LICENSED OUTPATIENT LOCATION
<b>3</b> MEEI VESTIBULAR CENTER AT BRAINTREE 250 POND STREET 1ST FLOOR BRAINTREE, MA 02184	LICENSED OUTPATIENT LOCATION
<b>4</b> MASSACHUSETTS EYE & EAR QUINCY 500 CONGRESS STREET QUINCY, MA 02169	LICENSED OUTPATIENT LOCATION
<b>5</b> MASSACHUSETTS EYE & EAR AT JOSLIN 1 JOSLIN PLACE BOSTON, MA 02215	LICENSED OUTPATIENT LOCATION
<b>6</b> MASSACHUSETTS EYE & EAR CONCORD 54 BAKER AVE EXTENSION 3RD FL STE CONCORD, MA 01742	LICENSED OUTPATIENT LOCATION
<b>7</b> MASSACHUSETTS EYE & EAR LONGWOOD 800 HUNTINGTON AVENUE BOSTON, MA 02115	LICENSED OUTPATIENT LOCATION
<b>8</b> MASSACHUSETTS EYE & EAR PLAINVILLE 30 MAN MAR DRIVE STE 2 PLAINVILLE, MA 02762	LICENSED OUTPATIENT LOCATION
<b>9</b>	
<b>10</b>	

**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 ARE WRITTEN OFF AS BAD DEBT IS ALREADY REPORTED AT COST AND IS DEDUCTED FROM THE INSURANCE-ALLOWED AMOUNT SEE FINANCIAL STATEMENT, PAGES 24-26

**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 PRIMARY 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 IS UNDERWAY AND WILL BE COMPLETED IN THE SPRING OF 2019 MASS EYE AND EAR WILL WORK AGAIN WITH KENEFICK AND BAXTER AS THEY HAVE ON THE LAST TWO ASSESSMENTS 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>

# 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
<p>SCHEDULE H, PART VI, LINE 4</p>	<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>

# 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
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 BOSTON'S 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 &amp; 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>

# 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
<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>



990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
<p>BASED ON PAYMENT METHOD, 29 8% OF MASS EYE AND EAR'S PATIENTS</p>	<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 ELDER'S 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>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
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>

**990 Schedule H, 990 Information**

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>

**990 Schedule H, Supplemental Information**

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 HOSPITAL'S 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

Form and Line Reference	Explanation
STEP 2 ASSESS UNMET NEEDS IN THE SERVICE AREA AND AMONG THE TARGET	<p>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 (IE, 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.</p> <p>STEP 3 ASSESS NEEDS IN MISSION HILL 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 COMPOSED 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 &amp; 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</p>

Form and Line Reference	Explanation
STEP 2 ASSESS UNMET NEEDS IN THE SERVICE AREA AND AMONG THE TARGET	<p>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> <p>DEMOGRAPHICS OF MASS EYE AND EAR MISSION HILL PATIENTS (ZIP 02120) N=311</p> <p>AGE: MEAN 46.5, RANGE 3-95</p> <p>UNDER 18 (PEDIATRIC) 8 (2.4%)</p> <p>65+ (GERIATRIC) 69 (22.0%)</p> <p>SEX: FEMALE 194 (62.4%) MALE 117 (37.6%)</p> <p>SES (USING PAYER AS PROXY):</p> <p>LOW SES 89 (28.6%)</p> <p>UN/UNDER-INSURED 6 (1.9%)</p> <p>RACE/ETHNICITY:</p> <p>AMERICAN INDIAN/ALASKA NATIVE 4 (1.3%)</p> <p>ASIAN 26 (8.4%)</p> <p>BLACK/AFRICAN AMERICAN 58 (18.6%)</p> <p>HISPANIC 48 (15.4%)</p> <p>WHITE 93 (29.9%)</p> <p>OTHER 1 (0.3%)</p> <p>NOT AVAILABLE 81 (26.0%)</p>

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 5	<p>THE COMMUNITY BENEFITS STRATEGIES MASS EYE AND EAR'S 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 EAR'S 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 EAR'S OPPORTUNITY TO SUPPORT PARTNERS WHOSE MISSIONS ARE ALIGNED WITH THOSE OF MASS EYE AND EAR AND WHO ARE PROVIDING SERVICES TO MASS EYE AND EAR'S 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 GENERAL'S COMMUNITY BENEFITS CATEGORIES ADDRESSED, AND THE COSTS/RESOURCES EXPENDED FOR THE REPORTABLE YEAR (FY18) FOR EACH STRATEGY IN THE CATEGORY</p>

## 990 Schedule H, Supplemental Information

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 650 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 EAR'S DEPARTMENTS OF AUDIOLOGY AND OPHTHALMOLOGY PARTNER WITH NHCS'S 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 &amp; GIRLS CLUBS OF BOSTON THE CAMP OFFERS CHILDREN AGES 11 TO 14 LIVING IN BOSTON'S 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 EAR'S 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 2018 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 EYEGASSES 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 HEARING SCREENINGS AND ARRANGED FOR FOLLOW-UP CARE AS NEEDED</p>



# 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
CATEGORY 2 COMMUNITY EDUCATION AND SUPPORT GROUPS	<p>MASS EYE AND EAR'S 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 EAR'S DEPARTMENT OF ENT OFFERED A SERIES OF LECTURES ON THE NOSE AND SINUSES, HEARING AND HEAD AND NECK CANCER TARGETING THE GENERAL PUBLIC, THE EVENT WAS PUBLICIZED VIA DIRECT COMMUNICATION TO MASS EYE AND EAR PATIENTS (EMAIL INVITATION, DIGITAL SIGNAGE, SOCIAL MEDIA) LOW VISION SUPPORT GROUP THE LOW VISION SUPPORT GROUP (PART OF MASS EYE AND EAR'S 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 LARYNGECTOMEES SUPPORTS THE REHABILITATION OF LARYNGECTOMEES 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 2018, MASS EYE AND EAR SUPPORTED NUMEROUS EVENTS IN MISSION HILL (IN ADDITION TO INTERNSHIP PROGRAM) THEY INCLUDED INVOLVEMENT WITH THE MISSION HILL MAIN STREETS (SPONSOR ANNUAL RECEPTION), INVOLVEMENT WITH YOUTH COLLABORATIVE, SPONSORSHIP OF MISSION HILL ROAD RACE, WELLNESS LECTURES AND SCREENINGS 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 EAR'S 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 EAR'S 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 EAR'S 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 HOSPITAL'S 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 EAR'S 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 2018, PROVIDING INTERNSHIPS FOR INDIVIDUALS WITH VISUAL IMPAIRMENT, AN OPPORTUNITY THAT ALLOWED THEM TO DEVELOP TRANSFERRABLE JOB SKILLS. MASS EYE AND EAR WAS RECOGNIZED AS EMPLOYER OF THE YEAR BY THE MASSACHUSETTS COMMISSION FOR THE BLIND IN 2018. 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 AND 2018. MASS EYE AND EAR HAD CONTINUED TO WORK WITH SOME OF THE GROUPS AND EXTENDED THE COMPLIMENTARY USE OF THE SPACE. 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 EAR'S 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 2018 OUR NET CHARITY CARE TOTALED \$2,382,608, 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 EAR'S FINANCIAL ASSISTANCE POLICY. THE NET CHARITY CARE PROVIDED EACH YEAR IS A REFLECTION</p>

Form and Line Reference	Explanation
CATEGORY 3 ACCESS TO SERVICES/RESOURCES/WORK EXPERIENCE	N OF MASS EYE AND EAR'S AND THE COMMUNITY BENEFITS COMMITTEE'S 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 THE HOSPITAL'S 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	<p>Effective APRIL 1, 2018 the organization became part of the Partners Healthcare System, Inc (Partners Healthcare) Partners HealthCare is a Massachusetts based not-for-profit health care system that is committed to patient care, research, teaching, and service to the community locally and globally</p> <p>Collaboration among our institutions and health care professionals is central to our efforts to advance our mission</p>

## 990 Schedule H, Supplemental Information

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

**Schedule H (Form 990) 2017**

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 04-2103591

**Name:** MASSACHUSETTS EYE & EAR INFIRMARY

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

<b>Section A. Hospital Facilities</b>  (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? <b>1</b>		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 <a href="http://www.masseyeandear.org/">http://www.masseyeandear.org/</a>	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 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

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

<b>Form 990 Part V Section C Supplemental Information for Part V, Section B.</b>	
<b>Section C. Supplemental Information for Part V, Section B.</b> Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
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 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
PART V, SECTION B, LINE 11	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 BY 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 IMPROVE THE VISION, HEARING, AND OTHER CONDITIONS OF THE HEAD AND NECK AMONG VULNERABLE POPULATIONS IN OUR AREA. HEALTH SCREENINGS MASS EYE AND EAR PROVIDES VISION SCREENINGS AND HEARING 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, AND ROXBURY TENANTS OF HARVARD. COMMUNITY EDUCATION AND SUPPORT GROUPS MASS EYE AND EAR CLINICIANS AND SOCIAL WORKERS DELIVER EDUCATION AND SUPPORT TO INDIVIDUALS DEALING WITH VARIOUS MEDICAL CONDITIONS OR CHALLENGES, INCLUDING SINUSITIS, HEARING LOSS, VISION LOSS, AND FACIAL PARALYSIS. THEY ALSO ATTEND SEVERAL COMMUNITY HEALTH FAIRS. EVENTS INCLUDE "KNOW YOUR NOSE," LOW VISION SUPPORT GROUP, BOSTON CURED CANCER CLUB SUPPORT GROUP, FACIAL PARALYSIS SUPPORT GROUP, HEAR @ BOSTON, GRAVES DISEASE SUPPORT GROUP, AND VISION REHABILITATION. HEALTH FAIRS INCLUDED MISSION HILL, EMERSON HEALTH AND WELLNESS, AND STONEHAM TOWN DAY. ACCESS TO SERVICES/RESOURCES/WORK EXPERIENCE MASS EYE AND EAR PROVIDES SERVICES AND RESOURCES TO INDIVIDUALS WHO MIGHT NOT BE ABLE TO ACCESS THEM AND PROVIDES TARGETED POPULATIONS WITH OPPORTUNITIES TO GAIN WORK EXPERIENCE. THIS INCLUDES PROJECT SEARCH, A PROGRAM THAT PROVIDES INTERNSHIPS FOR INDIVIDUALS WITH VISUAL IMPAIRMENT. OTHER SUPPORT INCLUDES TRANSPORTATION AND PARKING FOR NEEDY PATIENTS, VOLUNTEER ESCORTS, FREE EYEGLASSES, FREE MEDICATIONS, SOCIAL WORK CONSULTATIONS, FINANCIAL COUNSELING, HEARING AID CENTER SUPPORT, AND CHARITABLE CARE. MASS EYE AND EAR PROVIDES FREE OR DISCOUNTED CARE TO PATIENTS WHO ARE UNABLE TO COVER THE FULL COST OF THE SERVICES THEY UTILIZE. FINANCIAL SUPPORT MASS EYE AND EAR PROVIDES FINANCIAL SUPPORT TO A SELECT NUMBER OF ORGANIZATIONS WHOSE MISSIONS ALIGN WITH OURS AND SUPPORT OUR COMMUNITY BENEFITS GOALS AND ADDRESSES ISSUES AS OUTLINED EARLIER IN THIS DOCUMENT. ORGANIZATIONS INCLUDE PERKINS SCHOOL FOR THE BLIND, NEW ENGLAND WALK FOR HEARING, ABCD FIELD OF DREAMS, SCHWARTZ CENTER FOR COMPASSIONATE CARE, ROXBURY TENANTS OF HARVARD, AND THE UNITED WAY. THESE STRATEGIES WERE EFFECTIVE IN ACHIEVING OUR COMMUNITY BENEFITS OBJECTIVES. MISSION HILL - OPPORTUNITY IDENTIFIED ONE AREA THAT WAS IDENTIFIED IN OUR LAST ASSESSMENT AS A NEW FOCUS AREA IS THE MISSION HILL NEIGHBORHOOD. MASS EYE AND EAR OPENED A MULTI-SPECIALTY AMBULATORY CARE CENTER AT 800 HUNTINGTON AVENUE IN 2012. MASS EYE AND EAR HAS DETERMINED A NEED TO BROADEN ITS COMMUNITY BENEFITS PROGRAM TO PROVIDE TARGETED PROGRAMMING IN THIS SMALL, DIV

**Section C. Supplemental Information for Part V, Section B.**Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

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 COMMUNITY 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.	
<b>Section C. Supplemental Information for Part V, Section B.</b> Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
PART V, SECTION B, LINE 16A & 16B & 16C	THE INFIRMARY'S FINANCIAL ASSISTANCE POLICY CAN BE VIEWED AT <a href="http://www.masseyeandear.org/for-patients/patient-guide/financial-assistance">HTTP //WWW MASSEYEANDEAR ORG/FOR-PATIENTS/PATIENT-GUIDE/FINANCIAL-ASSISTANCE</a>

**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 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

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

Schedule I  
(Form 990)

Department of the  
Treasury  
Internal Revenue Service

Name of the organization  
MASSACHUSETTS EYE & EAR INFIRMARY

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](http://www.irs.gov/form990).

OMB No 1545-0047

2017

Open to Public  
Inspection

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 noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(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 . . . . . 27

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

**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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash 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
BIONIC EYE TECHNOLOGIES INC 4 Willow Lake Drive Fishkill, NY 12524	46-5766628	501(c)(3)	1,106,959				Basic Research
BOSTON CHILDREN'S HOSPITAL 300 Longwood Avenue Boston, MA 02115	04-2774441	501(c)(3)	82,588				Basic 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
BRIGHAM & WOMEN'S HOSPITAL 75 Francis Street Boston, MA 02115	04-2312909	501(c)(3)	309,529				Basic Research
CASE WESTERN RESERVE UNIVERSITY 10900 Euclid Ave Cleveland, OH 44106	34-1018992	501(c)(3)	106,924				Basic 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
CHARLES STARK DRAPER LABORATORY 555 Technology Sq Cambridge, MA 02139	04-2505372	501(c)(3)	36,131				Basic Research
DUKE UNIVERSITY 2200 W Main St Ste 820 Durham, NC 27705	56-0532129	501(c)(3)	30,130				Basic 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
MASSACHUSETTS GENERAL HOSPITAL 55 Fruit Street Boston, MA 02114	04-2697983	501(c)(3)	800,296				Basic Research
PRESIDENT & FELLOWS OF HARVARD Massachusetts Hall Cambridge, MA 02138	04-2103580	501(c)(3)	426,941				Basic 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 U SCHOOL OF MED 733 N Broadway Baltimore, MD 21205	52-1479934	501(c)(3)	74,947				Basic Research
NATIONWIDE CHILDREN'S HOSPITAL 700 Childrens Dr Columbus, OH 43205	31-6056230	501(c)(3)	25,352				Basic 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
NYU LAGONE MEDICAL CENTER One Park Avenue New York, NY 10016	13-3971298	501(c)(3)	36,222				Basic Research
OHIO STATE UNIVERSITY 1060 Kenny Road Columbus, OH 432101016	31-6025968	501(c)(3)	52,572				Basic 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 IOWA 2 Gilmore Hall Iowa City, IA 522471320	42-6004813	501(c)(3)	27,033				Basic Research
UNIVERSITY OF PENNSYLVANIA 3535 Market St Philadelphia, PA 19104	23-1352685	501(c)(3)	23,548				Basic 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
PENNSYLVANIA STATE UNIVERSITY 500 University Dr Hershey, PA 17033	24-6000376	501(c)(3)	58,232				Basic Research
PORTLAND VA RESEARCH FOUNDATION INC 3710 US Vet Hosp Rd Portland, OR 97239	94-3090170	501(c)(3)	97,243				Basic 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
RHODE ISLAND HOSPITAL 593 Eddy Street Providence, RI 02903	05-0258954	501(c)(3)	219,902				Basic Research
UNIVERSITY OF MIAMI 1400 NW 10th Avenue Miami, FL 33136	59-0624458	501(c)(3)	7,116				Basic 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 Road Worcester, MA 01609	04-2121659	501(c)(3)	98,339				Basic Research
UNIVERSITY OF MAINE 5717 Corbett Hall Oreno, ME 044695717	01-6000769	501(c)(3)	27,820				Basic 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 Dr Palo Alto, CA 94304	94-1156365	501(c)(3)	13,269				Basic Research
UNIVERSITY OF WISCONSIN 21 N Park St Madison, WI 53715	39-6006492	501(c)(3)	87,696				Basic 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 19107	23-6000204	501(c)(3)	14,603				Basic Research
UNIVERSITY OF MICHIGAN 5000 Wolverine Twr Ann Arbor MI, MI 48109	38-6006309	501(c)(3)	39,156				Basic 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
VANDERBILT UNIVERSITY 1161 21st Ave S Nashville, TN 37323	62-0476822	501(c)(3)	92,846				Basic Research
Schepens Eye Research Institute 20 Staniford Street Boston, MA 02114	04-2129889	501(c)(3)	271,961				Basic 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
MASS EYE & EAR ASSOCIATES 243 CHARLES ST BOSTON, MA 02114	22-2658209	501(C)(3)	15,083,409				

**Schedule J**  
(Form 990)

**Compensation Information**

OMB No 1545-0047

**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](http://www.irs.gov/form990).**

**2017**

**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 Questions Regarding Compensation**

	Yes	No									
<b>1a</b> 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. <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)			
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use										
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence										
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees										
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)										
<b>b</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.	<b>1b</b>										
<b>2</b> 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?	<b>2</b>										
<b>3</b> 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. <table border="0"> <tr> <td><input checked="" type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input checked="" type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study	<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee					
<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract										
<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study										
<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee										
<b>4</b> 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: <table border="0"> <tr> <td><b>a</b> Receive a severance payment or change-of-control payment?</td> <td><b>4a</b></td> <td>No</td> </tr> <tr> <td><b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?</td> <td><b>4b</b></td> <td>Yes</td> </tr> <tr> <td><b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement?</td> <td><b>4c</b></td> <td>No</td> </tr> </table> If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	<b>a</b> Receive a severance payment or change-of-control payment?	<b>4a</b>	No	<b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?	<b>4b</b>	Yes	<b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement?	<b>4c</b>	No		
<b>a</b> Receive a severance payment or change-of-control payment?	<b>4a</b>	No									
<b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?	<b>4b</b>	Yes									
<b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement?	<b>4c</b>	No									
<b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b>											
<b>5</b> 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: <table border="0"> <tr> <td><b>a</b> The organization?</td> <td><b>5a</b></td> <td>No</td> </tr> <tr> <td><b>b</b> Any related organization?</td> <td><b>5b</b></td> <td>No</td> </tr> </table> If "Yes," on line 5a or 5b, describe in Part III.	<b>a</b> The organization?	<b>5a</b>	No	<b>b</b> Any related organization?	<b>5b</b>	No					
<b>a</b> The organization?	<b>5a</b>	No									
<b>b</b> Any related organization?	<b>5b</b>	No									
<b>6</b> 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: <table border="0"> <tr> <td><b>a</b> The organization?</td> <td><b>6a</b></td> <td>No</td> </tr> <tr> <td><b>b</b> Any related organization?</td> <td><b>6b</b></td> <td>No</td> </tr> </table> If "Yes," on line 6a or 6b, describe in Part III.	<b>a</b> The organization?	<b>6a</b>	No	<b>b</b> Any related organization?	<b>6b</b>	No					
<b>a</b> The organization?	<b>6a</b>	No									
<b>b</b> Any related organization?	<b>6b</b>	No									
<b>7</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.	<b>7</b>	Yes									
<b>8</b> 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.	<b>8</b>	No									
<b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	<b>9</b>										

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.

[illegible]



**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 4B	CERTAIN INDIVIDUALS PARTICIPATE IN A DEFERRED COMPENSATION ARRANGEMENT WITH MASSACHUSETTS EYE AND EAR. UNDER THIS AGREEMENT, JOHN FERNANDEZ WILL BE CREDITED \$200,000 FOR CALENDAR YEAR 2017. JOAN MILLER AND D. BRADLEY WELLING WILL EACH BE CREDITED \$100,000 FOR CALENDAR YEAR 2017. 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 \$195,795 FROM THE DEFERRED COMPENSATION AGREEMENT IN 2017.
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 15, 2017. 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)	742,730	174,465	226,447	209,674	19,501	1,372,817	150,000
	(ii)	0	0	0	0	0	0	0
1JOAN W MILLER MD DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	753,644	128,076	23,106	136,840	11,317	1,052,983	0
2MAUREEN KELLEY ASST SECRETARY (UNTIL 5/18)	(i)	177,987	1,500	16,913	2,020	19,269	217,689	0
	(ii)	0	0	0	0	0	0	0
3CAROLANN WILLIAMS CFO & VP FINANCE AND ADMIN	(i)	426,681	64,503	810	4,315	14,683	510,992	0
	(ii)	0	0	0	0	0	0	0
4BARBARA J SCULLY DIRECTOR PROF REV CYCLE	(i)	184,165	6,500	381	3,439	19,269	213,754	0
	(ii)	0	0	0	0	0	0	0
5EILEEN O LOWELL CNO & VP PAT CARE SVS	(i)	276,414	42,387	2,968	3,768	11,453	336,990	0
	(ii)	0	0	0	0	0	0	0
6KENNETH HOLMES CFO MEEA	(i)	235,509	40,056	25,052	5,368	19,424	325,409	0
	(ii)	0	0	0	0	0	0	0
7JEFFREY J PIKE CHIEF OPERATING OFFICER	(i)	296,587	50,625	40,530	3,938	5,840	397,520	0
	(ii)	0	0	0	0	0	0	0
8JENNIFER STREET VP COMMUNICATIONS & PLANNING	(i)	341,418	51,828	1,242	4,201	19,470	418,159	0
	(ii)	0	0	0	0	0	0	0
9MELISSA M PAUL CHIEF DEVELOPMENT OFFICER	(i)	246,972	41,397	19,000	5,520	19,269	332,158	0
	(ii)	0	0	0	0	0	0	0
10GLENN W BUNTING VOICE & SPEECH CLINICAL DIR	(i)	192,560	1,000	1,172	3,953	19,269	217,954	0
	(ii)	0	0	0	0	0	0	0
11RALPH T PELOSI DIRECTOR FACILITIES PLANNING	(i)	186,845	4,750	1,543	3,749	0	196,887	0
	(ii)	0	0	0	0	0	0	0
12MARTHA PYLE FARRELL ASST SECRETARY	(i)	327,122	52,544	20,322	6,423	19,472	425,883	0
	(ii)	0	0	0	0	0	0	0
13D BRADLEY WELLING DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	914,115	127,345	21,592	136,840	21,335	1,221,227	0
14DEBRA ROGERS VP OPHTHALMOLOGY	(i)	241,740	39,795	19,799	5,315	11,442	318,091	0
	(ii)	0	0	0	0	0	0	0
15RACHEL WASSERSTROM VP OTOLARYNGOLOGY	(i)	254,648	31,836	418	5,231	19,423	311,556	0
	(ii)	0	0	0	0	0	0	0
16MICHAEL RICCI CHIEF INFORMATION OFFICER	(i)	225,221	12,000	18,355	4,943	11,289	271,808	0
	(ii)	0	0	0	0	0	0	0
17ROBIN SWITZER DIRECTOR OF HUMAN RESOURCES	(i)	183,390	10,000	374	3,392	0	197,156	0
	(ii)	0	0	0	0	0	0	0
18LEO J HILL DEPUTY CIO	(i)	186,294	10,000	376	3,089	0	199,759	0
	(ii)	0	0	0	0	0	0	0
19SUNIL EAPPEN MD CHIEF MEDICAL OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	522,201	81,499	19,259	36,840	21,335	681,134	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				
21KEITH D LILLEMoe MD DIRECTOR (SINCE 7/18)	(i)	0	0	0	0	0	0	0
	(ii)	762,929	137,500	116,263	36,841	26,099	1,079,632	0
1THOMAS SEQUIST MD DIRECTOR (SINCE 7/18)	(i)	0	0	0	0	0	0	0
	(ii)	479,500	99,527	66,725	24,300	22,100	692,152	0

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As Filed Data -

DLN: 93493227002289

Schedule K  
(Form 990)

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](http://www.irs.gov/form990).

OMB No 1545-0047

2017

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 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 MASSACHUSSETTS DEVELOPMENT FINANCE AGENCY	04-3431814	000000000	12-30-2015	70,394,000	REFNDNG(2010)&FACILITY IMPROVEMENT		X		X		X

Part II		Proceeds									
				A		B		C		D	
1	Amount of bonds retired . . . . .			1,270,463							
2	Amount of bonds legally defeased . . . . .			0							
3	Total proceeds of issue . . . . .			70,394,000							
4	Gross proceeds in reserve funds . . . . .			0							
5	Capitalized interest from proceeds . . . . .			0							
6	Proceeds in refunding escrows . . . . .			0							
7	Issuance costs from proceeds . . . . .			441,892							
8	Credit enhancement from proceeds . . . . .			0							
9	Working capital expenditures from proceeds . . . . .			0							
10	Capital expenditures from proceeds . . . . .			40,579,163							
11	Other spent proceeds . . . . .			15,079,333							
12	Other unspent proceeds . . . . .			14,293,612							
13	Year of substantial completion . . . . .										
				Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue? . . . . .			X							
15	Were the bonds issued as part of an advance refunding issue? . . . . .				X						
16	Has the final allocation of proceeds been made? . . . . .				X						
17	Does the organization maintain adequate books and records to support the final allocation of proceeds? . . . . .			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						
2	Are there any lease arrangements that may result in private business use of bond-financed property? . . . . .		X						

**Part III Private Business Use** (Continued)

	<b>A</b>		<b>B</b>		<b>C</b>		<b>D</b>	
	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>
<b>3a</b> Are there any management or service contracts that may result in private business use of bond-financed property? . . . . .		X						
<b>b</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?								
<b>c</b> Are there any research agreements that may result in private business use of bond-financed property? . . . . .		X						
<b>d</b> 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?								
<b>4</b> 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 %							
<b>5</b> 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 . . . . . ▶								
<b>6</b> Total of lines 4 and 5 . . . . .								
<b>7</b> Does the bond issue meet the private security or payment test? . . .		X						
<b>8a</b> 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>b</b> If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . .								
<b>c</b> If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? . . . . .								
<b>9</b> 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							

**Part IV Arbitrage**

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

**Part IV Arbitrage** (Continued)

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

**Part V Procedures To Undertake Corrective Action**

	<b>A</b>		<b>B</b>		<b>C</b>		<b>D</b>	
	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>
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							

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

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](http://www.irs.gov/form990).

OMB No 1545-0047

2017

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						► \$						

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	170,004	PATENT LICENSE PROCEEDS		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: 93493227002289
<b>SCHEDULE O</b> (Form 990 or 990-EZ)	<b>Supplemental Information to Form 990 or 990-EZ</b> 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 <a href="http://www.irs.gov/form990">www.irs.gov/form990</a> .		OMB No 1545-0047
			<b>2017</b>
Department of the Treasury <del>Internal Revenue Service</del>			<b>Open to Public Inspection</b>
Name of the organization MASSACHUSETTS EYE & EAR INFIRMARY	Employer identification number  04-2103591		

# 990 Schedule O, Supplemental Information

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" ("ME EI").</p> <p>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. World-renowned for care, research and teaching in these areas of expertise, Mass Eye and Ear physicians and scientists are driven by a mission to find cures for blindness and deafness. In the 2018-2019 "Best Hospitals Survey," U.S. News &amp; World Report again ranked Mass Eye and Ear a top hospital in the nation #4 for eye care and #6 for ear, nose and throat care. The commitment to provide compassionate and accessible patient care continued with the expansion to twenty clinical care locations in Massachusetts and Rhode Island. In 2018 Mass Eye and Ear became a proud member of the Partners HealthCare system. This integration has and will continue to 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).</p> <p>CLINICAL HIGHLIGHTS</p> <p>DEPARTMENT OF OPHTHALMOLOGY - FACULTY</p> <p>Hires Paolo Bispo, PhD Yihe Chen, MD Debra Jacobs, MD Lynette Johns, OD Patrick Lee, OD Courtney Ondeck, MD, MPhil Elizabeth Ross, MD, PhD Bart Chwalisz, MD (part-time) David Sola-Del Valle, MD Allison Sonner, MD Aisha Traish, MD Tav van Zyl, MD Nazlee Zebardast, MD, MSc</p> <p>Department of Ophthalmology - Faculty Appointments</p> <p>Professor of Ophthalmology Eric Pierce, MD, PhD William F. Chatlos Professor of Ophthalmology Associate Professor of Ophthalmology Dean Cestari, MD Jack Greiner, MD, OD, DO, PhD (Part-time) Tatjana Jakobs, MD George Papaliodis, MD Luk Vandenberghe, PhD Mary Aronow, MD Assistant Professor of Ophthalmology Petr Baranov, MD, PhD Jason Comander, MD, PhD Tobias Elze, PhD Kevin Houston, OD, MSc Charles Leahy, OD, MS (Part-time) John B. Miller, MD Ayellet Segr, MSc, PhD Brian Song, MD Yoshihiro Yonekawa, MD Instructor in Ophthalmology Paulo Bispo, PhD Yihe Chen, MD</p> <p>Department of Otolaryngology - Faculty</p> <p>Hires Full-time Medical Staff Dunia E. Abdul-Aziz, MD Craig A. Jones, MD Matthew R. Naunheim, MD Michael D. Otremba, MD Research Faculty Daniel L. Faden, MD Srinivas Vinod Saladi, PhD Community-based Medical Staff Pamela S. Jones, MD Vishnu Kannabiran, MD Geoffrey E. Leber, MD, FACS George A. Scangas, MD</p> <p>Department of Otolaryngology - Faculty Appointments</p> <p>Professor Mark A. Varvares, MD Associate</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990 PART I, LINE 1 & PART III, LINE 1	<p>Professor Stacey T Gray, MD Kristina Simonyan, MD, PhD, Dr med Assistant Professor Alicia M Quesnel, MD Anne E Takesian, PhD Department of Otolaryngology - Other Promotions/New Leadership Jean Bruch, DMD, MD, was named director of the Norman Knight Hyperbaric Medicine Center Nate Jowett, MD, FRCSC, was named director of the Surgical Photonics and Engineering Laboratory Faisal Karmali, PhD, and Richard F Lewis, MD, were named co-directors of the Jenks Vestibular Physiology Laboratory Konstantina M Stankovic, MD, PhD, FACS, was promoted to director of the Division of Otology and Neurotology Department of Anesthesiology - Faculty Hires Melina Hutchison, CRNA Timothy Riley, CRNA Department of Anesthesiology - Faculty Promotions Alvaro Andres Macias, MD Associate Clinical Director, Assistant Professor, Active Staff Mass Eye and Ear Iuliu Fat, MD Associate Medical Director for Preoperative Evaluation and Testing, Associate Anesthesiologist, Active Staff, Mass Eye and Ear Gustavo Lozada, MD, MMED Co-Director of Ambulatory Anesthesia Nancy Gessner, MD Anesthesiologist, Active Staff, Mass Eye and Ear Maria Borkiewicz, MD Anesthesiologist, Active Staff, Mass Eye and Ear Susanna Panitsas, MD Associate Anesthesiologist, Active Staff, Mass Eye and Ear Benjamin Mizell, MD Associate Anesthesiologist, Active Staff, Mass Eye and Ear Kathrin Bourdeu, MD Associate Anesthesiologist, Active Staff, Mass Eye and Ear Artem Grush, MD Anesthesiologist, Active Staff, Mass Eye and Ear Nita Sahani, MBBS Associate Anesthesiologist, Active Staff, Mass Eye and Ear Yana Levin, MD Associate Anesthesiologist, Active Staff, Mass Eye and Ear Department of Radiology For FY18, the Department of Radiology had a total of 160 resident and fellow rotations joining Dr Curtin and faculty for daily readout sessions and head and neck imaging training (44 from MGH, 49 from BWH, and 67 from BIDMC)</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
RESEARCH HIGHLIGHTS	<p>Department of Ophthalmology AMD Center of Excellence Researchers Identify Potential Blood Markers for Age-Related Macular Degeneration Research conducted by a team of Mass Eye and Ear investigators showed that metabolomics can be used to identify potential blood biomarkers for AMD, including its severity stages. Metabolomics is the study of circulating metabolites in our body that reflect our genes and the effect of the environment and, therefore, are thought to closely represent the true functional state of complex diseases, including AMD. In collaboration with the University of Coimbra and colleagues at the Channing Division of Network Medicine of Brigham and Women's Hospital, the researchers-including Deeba Husain, MD, and Joan W. Miller, MD-studied blood samples from 90 patients with AMD and identified 87 metabolites that were significantly different when compared to those without AMD. They also note varying characteristics among the blood profiles at each stage of the disease. The most significant metabolites are involved in lipid metabolism, particularly via the glycerophospholipid pathway. This work supports research suggesting that lipids may be involved in the pathogenesis of AMD, although the exact role of lipids in the disease process remains unclear. The results from this study indicate that metabolomics profiling may provide novel insights into the relationship between lipids and AMD. These findings may lead to earlier diagnosis and better prognostic information for patients, and, potentially, new targets for AMD treatment.</p> <p>Cornea Center of Excellence New Strategy May Help Promote Corneal Allograft Survival Mass Eye and Ear researchers led by senior author Reza Dana, MD, MPH, MSc, have developed a potential new strategy for improving outcomes in corneal transplant surgeries by injecting vasoactive intestinal peptide (VIP) into the eye. The team reports for the first time that injection of the neuropeptide VIP directly into the eyes of mice enhanced corneal graft survival. The study shows that VIP produced other benefits, including acceleration of endothelial wound closure, protection of corneal endothelial cells (CEnCs), and improved corneal graft clarity. If proven successful in clinical studies, this novel approach may help alleviate vision loss in many patients with corneal disease.</p> <p>Diabetic Eye Disease Center of Excellence Imaging May Offer New Insights into Disease Progression of Diabetic Choroidopathy According to a study led by John B. Miller, MD, new imaging modalities, such as swept source optical coherence tomography (SS-OCT), may help researchers understand how the choroidal vasculature contributes to diabetic eye disease. The cross-sectional study used SS-OCT, a novel OCT device that enables imaging the choroid with better resolution, and studied patients with different stages of diabetic retinopathy. Choroidal vascular density (CVD) and choroidal vascular volume (CVV) were introduced as new quantitative parameters to as</p>

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
RESEARCH HIGHLIGHTS	<p>sess the choroidal vasculature Study results demonstrated that diabetic eyes with diabetic macular edema or proliferative diabetic retinopathy (PDR) demonstrated a reduced CVD, as compared to controls Additionally, eyes with PDR also demonstrated reduced CVV These results suggest that vascular abnormalities accumulate with the severity of diabetic retinopathy This study also emphasizes that a diabetic choroidopathy (i.e. changes in the choroidal vasculature) probably occurs simultaneously with changes in the retinal vasculature, even though it is still not clear if this is a primary or secondary event Elucidating the relationship between diabetic choroidopathy and retinopathy is essential for a more complete understanding of diabetic eye disease, and to improve its prognosis and treatment</p> <p>Glaucoma Center of Excellence Infectious Disease Institute Researchers Discover New Class of Antibiotics to Fight Leading Superbugs In a significant advance against drug-resistant superbugs, investigators supported by the Harvard-wide Program on Antibiotic Resistance identified a new class of synthetic antibiotics that have been shown to be effective against <i>Staphylococcus aureus</i> and <i>Enterococcus</i> These two pathogens are among the most virulent, multi-drug resistant pathogens and are responsible for thousands of deaths each year The pioneering work by this multidisciplinary group of researchers-including Michael Gilmore, PhD, founder and director of the Harvard-wide consortium that includes collaborators from Mass Eye and Ear, Harvard Medical School, Mass General Hospital, and Brown University-could one day help treat deadly infections caused by these superbugs</p> <p>Systemic Therapy Outperforms Intraocular Implant for Treating Uveitis For patients with uveitis, systemic therapy consisting of corticosteroids and immunosuppressants preserved vision better, and had fewer adverse outcomes, than a long-lasting corticosteroid intraocular implant, according to a clinical trial funded by the National Eye Institute (NEI) According to Writing Committee Chair and Mass Eye and Ear researcher, John Kempen, MD, PhD, the results are meaningful not only to ophthalmology but to the broader field of medicine given that inflammatory diseases affect many different organs, these results indicated that systemic therapy as administered in the study had a favorable safety profile Concerns about potential adverse effects of systemic corticosteroid and immunosuppressive therapy drove the development of an intraocular implant to treat uveitis locally As a result, the Multicenter Uveitis Steroid Treatment (MUST) trial was undertaken to evaluate whether the implant treatment was an improvement over systemic therapy for management of uveitis These findings offer guidance to clinicians and patients in making informed decisions about uveitis treatment Specifically, there is good evidence that systemic therapy would be the first choice of treatment for the average patients with interm</p>

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
RESEARCH HIGHLIGHTS	<p>mediate, posterior, or panuveitis. The implant is effective in treating patients where systemic therapy fails to control inflammation or when patients cannot tolerate the oral medications. The duration of control of inflammation following implant treatment was approximately five years, much longer than expected. Mobility Enhancement and Vision Rehabilitation Center of Excellence.</p> <p>Ocular Genomics Institute: Genetic Variants May Predict Glaucoma Risk. Researchers from Mass Eye and Ear - including co-senior author Janey Wiggs, MD, PhD together with colleagues at King's College London, and University College London - have identified 133 genetic variants that may predict a person's risk of developing glaucoma. The research team studied 140,000 people drawn from two large patient research databases, UK Biobank and EPIC-Norfolk. They compared the DNA analysis and eye pressure readings of each patient to assess their likelihood of developing glaucoma. The team identified 133 genetic variants in the DNA of people who had high eye pressure readings, and thus had the highest risk of developing glaucoma. Using data from the NEIGHBORHOOD Consortium, they found that these genetic variations were able to predict whether someone might develop glaucoma with 75 percent accuracy. Their findings could lead to a genetic-based screening program that could provide faster and more accurate diagnoses.</p>

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Research	<p>Microglia protect sensory cells needed for vision after retinal detachment A research team led by senior author Kip Connor, PhD, has shown that microglia, the primary immune cells of the brain and retina, play a protective role in response to retinal detachment Retinal detachment and subsequent degeneration of the retina can lead to progressive visual decline due to photoreceptor cell death, the major light-sensing cell in the eye The researchers describe, for the first time, the beneficial role of microglial cells in the eye after retinal detachment - migrating to the site of injury to protect photoreceptors and to regulate local inflammation</p> <p>Department of Otolaryngology Basic Science Researchers use optogenetics to transform cells in the ear to respond to light A Mass Eye and Ear research team has shown that cells in the inner ear can become photoactive through the use of optogenetics, opening the door for a new generation of hearing devices that can be stimulated more precisely using laser light In a report published in Molecular Therapy, the researchers describe successfully delivering light-sensitive microbial proteins (known as "opsins") to the cochlea By changing the properties of these cells to react to laser light, the researchers hope that the technology accelerates the development of a new kind of cochlear implant that's performance is closer to natural hearing While today's cochlear implants have restored hearing to more than 320,000 people, hearing through a cochlear implant is different from normal hearing This is because current technology relies on a series of electrodes implanted in the fluid-filled inner ear that receive information from an external sound processor and microphone and sends that information to the cochlear nerve, and to the brain The electrical current generated by the electrodes can be difficult to focus, especially in a conducting medium of fluid Unlike electricity, using optogenetics to stimulate cells in the inner ear with laser light may offer a more focused beam that restricts the path of light to the hundreds of cells that are photoactive</p> <p>Invasive cells in head and neck tumors predict cancer spread Head and neck tumors that contain cells undergoing a partial epithelial-to-mesenchymal transition - which transforms them from neatly organized blocks into irregular structures that extrude into the surrounding environment - are more likely to invade and spread to other parts of the body, according to a study led by researchers from Mass Eye and Ear, Massachusetts General Hospital (MGH), and the Broad Institute of MIT and Harvard In a report published in Cell, the researchers created the first atlas of head and neck cancer, revealing the many different kinds of cells, cancerous and non-cancerous, in primary head and neck tumors and their metastases The findings provide important clues as to how head and neck cancers metastasize, and may have implications for other common cancers as well Using a pr</p>

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Research	<p>process known as single-cell RNA-sequencing, the researchers analyzed more than 6,000 individual cells from head and neck squamous cell carcinomas - the most common head and neck tumor. Through their analysis, the research team was able to characterize a unique structural transition involving cancer cells and normal cells in their environment that allows tumors to spread.</p> <p><b>Synaptopathy in the aging cochlea</b> A fairly universal communication problem for middle aged and older listeners is an increasing difficulty understanding speech in noisy conditions. The discovery by Mass Eye and Ear investigators in 2009 of dramatic age- and noise exposure-related cochlear synaptopathy, i.e., the loss of synaptic connections between the inner hair cell and the auditory nerve fibers that carry their information toward the brain, has suggested a possible contributor to these performance declines. In a recent study funded by the Department of Defense and published in the Journal of Neuroscience, researcher Sharon G. Kujawa, PhD, used a combination of electrophysiologic, pharmacologic, and histologic techniques to show evidence for temporal coding abnormalities that are present at the earliest stages of the auditory neural pathway. These deficits in representation of fast timing cues that are essential for speech-in-noise processing are highly correlated with the age-progressive loss of cochlear synapses and are largest at higher sound levels relevant to real world communication. Although the standard clinical audiogram is silent to this synaptic loss, the additional, noninvasive tests used in these studies could be adapted for future diagnostic approaches to assess "hidden" hearing loss in a clinical setting.</p> <p><b>Sensory overamplification in layer 5 auditory corticofugal projection neurons following cochlear nerve synaptic damage</b> Layer 5 (L5) cortical projection neurons innervate far-ranging brain areas to coordinate integrative sensory processing and adaptive behaviors. In a study led by Daniel B. Polley, PhD, a plasticity in L5 auditory cortex (ACtx) neurons that innervate the inferior colliculus (IC), thalamus, lateral amygdala, and striatum were categorized. The research team tracked daily changes in sound processing using chronic wide-field calcium imaging of L5 axon terminals on the dorsal cap of the IC in awake, adult mice. Sound level growth functions at the level of the auditory nerve and corticocollicular axon terminals are both strongly depressed hours after noise-induced damage of cochlear afferent synapses. Corticocollicular response gain rebounded above baseline levels by the following day and remained elevated for several weeks despite a persistent reduction in auditory nerve input. Sustained potentiation of excitatory ACtx projection neurons that innervate multiple limbic and subcortical auditory centers may underlie hyperexcitability and aberrant functional coupling of distributed brain networks in tinnitus and hyperacusis. An engineering model to test if</p>



## 990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Research	<p>or sensory reweighting Quantitative animal models are critically needed to provide proof of concept for the investigation of rehabilitative balance therapies (e.g., invasive vestibular prostheses) and treatment response prior to, or in conjunction with, human clinical trials In a study led by Richard F. Lewis, MD, a novel approach to modeling the nonhuman primate postural control system is described Previously, system identification methodologies and models were only used to describe human posture However, using pseudorandom, roll-tilt balance platform stimuli to perturb the posture of a rhesus monkey in normal and mild vestibular (equilibrium) loss states, the researchers found that the relationship between trunk sway and platform roll-tilt was determined via stimulus-response curves and transfer function results When a feedback controller model was used to explore sensory reweighting (i.e., changes in sensory reliance), it prevented the subject from falling off the tilting platform This first-phase effort to model the balance control system in nonhuman primates is essential for future investigations toward the effects of invasive rehabilitative (balance) technologies on postural control The neuroregenerative capacity of olfactory stem cells is not limitless Implications for aging It's estimated that more than 60 percent of people between the ages of 65 and 80 have olfactory (smell) impairment Not only is this a hazard in the inability to detect smoke from a fire, natural gas leaks in the home, or spoiled food, but it also significantly impacts quality of life and appreciation of food flavor It's known that loss of olfactory neurons occurs with age, but our understanding of what causes this has been limited In collaboration with Tufts University School of Medicine, Eric H. Holbrook, MD, developed a mouse model that displays a nasal olfactory membrane, which mimics what is found in human tissue In this model, mice undergo rapid loss of the olfactory neurons, which causes the underlying immediate precursor stem cells to increase cell division and regenerate dying neurons at a high rate Through this, the research team found that these cells have a limited capacity under such conditions and eventually disappear, leaving a membrane without neurons However, a population of reserve basal stem cells remains, but are stuck in an inactive state Experimental activation of these basal stem cells in mice has been shown to result in regeneration of new neurons and forms the basis of potential therapeutic treatments in human smell loss</p>

Return Reference	Explanation
CRISPR therapy preserves hearing in progressive deafness model	<p>In collaboration with the Broad Institute of MIT and Harvard, Harvard University, and Howard Hughes Medical Institute, Zheng-Yi Chen, PhD, developed a CRISPR-Cas9 genome-editing therapy to prevent hearing loss in a mouse model of human genetic progressive deafness. The therapy delivers a CRISPR-Cas9 gene-editing protein complex directly into the sound-sensing hair cells via lipid rafts to disrupt an autosomal dominant mutation that would otherwise cause the cells to die. The researchers tested the method in a mouse model of progressive hearing loss with a mutated Tmc1 gene. The team injected the gene-editing mix into the cochlea of newborn mice genetically destined for profound hearing loss. The treated mice maintained a substantial amount of their hearing compared to the untreated mice. At four weeks, the untreated mice had a measurable response in their brainstem to sound starting at roughly 80 decibels, the volume of a garbage disposal or a loud radio. But the treated mice responded to sound starting around 65 decibels—approximately the same volume as a typical spoken conversation. Physiological measurements showed that the hair cells survived at a higher rate in the treated cochlea. At eight weeks, treated mice also retained their instinctive physical "startle" response to sudden loud sound, while the untreated mice did not respond. The work represents a significant step toward genome-editing to halt progression of genetic hearing loss. Delivering the Cas9 protein itself locally, instead of DNA elements that the cell can use to build Cas9, improved the DNA specificity and potential safety of the treatment.</p> <p>Cochlear amplification and tuning depend on the cellular arrangement within the organ of Corti. The field of cochlear mechanics has been undergoing a revolution due to recent findings made possible by advancements in measurement techniques. While it has long been assumed that basilar-membrane (BM) motion is the most important determinant of sound transduction by the inner hair cells (IHCs), a recent study led by Sunil Puria, PhD, showed that other parts of the sensory epithelium close to the IHCs, such as the reticular lamina (RL), move with significantly greater amplitude for weaker sounds. With a computational-model of the mouse cochlea, the researchers showed that individual outer hair cells (OHCs) can work together to produce high hearing sensitivity and frequent selectivity because of the overlapping asymmetrical Y-shaped structures that they form with the Deiters' cells (DCs) and phalangeal processes (PhPs). Altering the geometry and material properties of these structures reveals that all three components have a profound effect on BM and reticular-lamina amplification and tuning. These results imply that the DCs and PhPs must be properly accounted for in emerging OHC regeneration therapies.</p> <p>Autologous platelet-rich plasma (PRP) for treatment of androgenic alopecia. Platelet-rich plasma (PRP) is a minimally invasive, office-based procedure.</p>

Return Reference	Explanation
CRISPR therapy preserves hearing in progressive deafness model	<p>ure that uses autologous growth factors from a standard venipuncture to stimulate hair growth in patients with androgenic alopecia (AGA). Although PRP is commonly used to treat orthopedic issues and burn injuries, it is still a relatively novel technique for treatment of androgenic alopecia. A team of researchers, including Linda N. Lee, MD, Jenny X. Chen, MD, and Natalie Justicz, MD, performed a systematic review of the literature to examine the use and efficacy of PRP for AGA. The results of the study demonstrated PRP is a low-risk intervention that is associated with high patient satisfaction and objective improvements in multiple outcome measurements. The study revealed a range of techniques and protocols, highlighting the need for further research to standardize delivery methods and clinical outcome measurements. Mass Eye and Ear is currently one of the only academic centers in the Northeast to perform and study this technique, both as a stand-alone procedure for androgenic alopecia and as an adjunct to hair transplantation surgeries. Currently, additional prospective studies for PRP are ongoing.</p> <p>Mifepristone may halt growth of intracranial tumor that causes hearing loss. A team of researchers including Konstantina Stankovic, MD, PhD, FACS, has identified mifepristone, an FDA-approved drug for chemical abortion, as a promising candidate for the treatment of vestibular schwannoma, a sometimes-lethal tumor associated with neurofibromatosis 2 (NF2) or occurring sporadically. Currently, there are no FDA-approved drugs for vestibular schwannomas or the associated hearing loss. Therefore, patients with symptomatic or growing vestibular schwannomas often undergo surgical resection (through craniotomy) or radiation therapy, but both come with significant risks. In this study, the researchers performed the largest meta-analysis of the vestibular schwannoma transcriptome by studying 80 tumors from patients with sporadic and NF2-associated vestibular schwannomas. Then, through a survey of more than 1,100 drug candidates (all FDA-approved), they identified a short list of drugs likely to convert the abnormal transcriptional signature of a tumor to a more normal one. They tested eight of the most promising candidate drugs against cells grown from other human vestibular schwannomas and found mifepristone to be the most effective. Treatment of vestibular schwannoma cells with mifepristone reduced their proliferation rate by 80 percent. This represents the first application of algorithm-based repositioning of FDA-approved drugs for this tumor class. The study authors are cautiously optimistic about the therapeutic potential of mifepristone for patients with vestibular schwannoma and hope to begin a phase II clinical trial soon to determine efficacy of the drug for this indication.</p> <p>Clinical Practice Opioid prescription patterns after rhinoplasty surgery. Facial plastic surgeons, including David A. Shaye, MD, MPH, Linda N. Lee, MD, and Rosh Sethi, MD, MPH, per</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
CRISPR therapy preserves hearing in progressive deafness model	formed a study of 173 rhinoplasty patients over a one-year period to examine opioid prescription patterns using the Massachusetts opioid registry. The study showed a near-negligible rate of refills were required after surgery and 11.3 percent of patients never filled their opioid prescription at all. Recently published in JAMA Facial Plastic Surgery, the results suggest patients experience less pain than expected and that the optimal number of opioid tablets to manage postoperative rhinoplasty pain may be lower than expected. A reduction in narcotic prescriptions after rhinoplasty may limit the opportunity for opioid abuse, an epidemic in the United States, where less than five percent of the world's population consumes two-thirds of the world's opioid supply. As a result of their findings, the authors have reduced the number of opioid tablets they prescribe to patients by at least 50 percent.

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
NEWS HIGHLIGHTS	<p>Department of Ophthalmology In March Mass Eye and Ear made medical history by performing the first FDA-approved Luxturna gene therapy procedure on a patient with inherited blindness. This is the first time any FDA-approved gene therapy has been given to a patient for any inherited disease. The treatment was developed by Spark Therapeutics and approved in December, 2017 by the Food and Drug Administration (FDA) for patients aged 12 months and older. Luxturna has been shown to improve visual function in children and adults with inherited retinal disease caused by mutations in the gene RPE65 for LCA inherited blindness. The landmark procedure was performed by Jason Comander MD, PhD, Associate Director of the Inherited Retinal Disorders Service at Mass Eye and Ear in Boston. Several groups initiated clinical development, but special mention should be made of the team led by Dr. Jean Benne at University of Pennsylvania. Mass Eye and Ear has led the ophthalmology community in the development of outcome measures for ophthalmology, consistently publishing these measures since 2010 in a Quality and Outcomes Report. The department was also among the first to contribute electronic health record data to the American Academy of Ophthalmology's IRI S Registry (Intelligent Research in Sight). As one of five academic groups awarded unique access to the American Academy of Ophthalmology's IRIS Registry, Mass Eye and Ear is now at the forefront of working with big data for quality improvement and monitoring. Launched in 2014, the IRIS Registry is the nation's first comprehensive eye disease and condition registry and the world's largest specialty clinical data registry. As of April 1, the registry includes nearly 18,000 physicians, 48 million unique patients from all payers contributing 199.6 million patient visits. The Mass Eye and Ear IRIS Registry Analytics Team -led by co-principal investigators Alice C. Lorch, MD and Joan W. Miller, MD- will involve investigation and partnership with many faculty at Mass Eye and Ear over the coming years. Other academic groups awarded access include Stanford University, University of Michigan/UCLA/Duke/UNC, University of Washington, and Wills Eye Hospital.</p> <p>FORM 990, PART III, LINE 4 B EDUCATION As a Harvard Medical School teaching hospital, Mass Eye and Ear trains future medical leaders in the fields of ophthalmology and otolaryngology through residency programs, as well as clinical and research fellowships. Department of Otolaryngology: 27 Residents, 10 Clinical Fellows, 81 Research Fellows, 3 Research Residents. Department of Ophthalmology: 24 Residents, 26 Clinical Fellows, 108 Research Fellows, 1 Optometric Resident. In other ENT education news, we continue to enjoy our state-of-the-art Otolaryngology Surgical Training Laboratory and have held several major courses there this year. Our department organized its first "Women in Otolaryngology" symposium to discuss the opportunities and challenges of being a woman in a history.</p>

Return Reference	Explanation
NEWS HIGHLIGHTS	<p>cally male-dominated field. Our panelists included Stacey T. Gray, MD, Margaret A. Kenna, MD, MPH, Konstantina M. Stankovic, MD, PhD, and Sylvette R. Wiener-Vacher, MD, PhD. We held our first annual Mastoid Bowl this summer. Hosted by Daniel J. Lee, MD, FACS, this competition evaluated otolaryngology residents as they performed mastoidectomies on cadavers in the Joseph B. Nadol, Jr., MD, Surgical Training Laboratory. The winner was Chief Resident Katie Phillips, MD. Our year-end graduation lectureship has been officially named the "Joseph B. Nadol, Jr. Lectureship." Dr. Nadol has contributed, and continues to contribute, to the stature and standing of this department in so many ways.</p> <p>Department of Ophthalmology The Mass. Eye and Ear Department of Ophthalmology established the Distinguished Scholar in Ophthalmology. Several Mass. Eye and Ear faculty presented named lectures at the 2018 American Academy of Ophthalmology (AAO) Annual Meeting in October. Joan W. Miller, MD presented the Schepens Award Lecture on AAO Retina Subspecialty Day. Her talk - Developing Therapies for AMD: The Art and Science of Problem-solving - revisited the pathway to successful treatment of age-related macular degeneration, and shared ideas on how to continue innovating in ophthalmology. Dr. Miller's lecture was covered by AAO's ONE Network and Ophthalmology Times, and shared on social media by Retina Today and Retinal Physician, among others. Joseph F. Rizzo III, MD presented the William F. Hoyt Lecture, "Unraveling the enigma of non-arteritic anterior ischemic optic neuropathy." His talk shed light on the most common causes of acute optic nerve injury in people age 50. James Chodosh, MD, MPH presented the Jones/Smolin Lecture, "The persistent enigma of adenovirus keratitis: viral pathogenesis in the cornea," which highlighted clinical signs that differentiate viral keratitis from other etiologies. The 3rd Biennial International Symposium on Ocular Regeneration, held on October 11, brought together leaders in the fields of ophthalmology, bioengineering, and regenerative medicine who aim to accelerate cures for blinding diseases. The David H. Koch Institute Professor, Massachusetts Institute of Technology, presented a talk entitled "Bio materials and biotechnology: from the discovery of the first angiogenesis inhibitors to the development of controlled drug delivery systems and the foundation of tissue engineering." Organized by Harvard Ophthalmology Ocular Regenerative Medicine Institute Co-Directors Michael Young, PhD and Demetrios Vavvas, MD, PhD, the event was sponsored by RxGen, Alcon, Biogen, Catalyst Biosciences, Gorin Foundation, ReNeuron, and the National Institutes of Health. Held on October 12-13, the 5th Biennial International Symposium on AMD drew more than 200 clinicians, researchers, trainees, and industry representatives who discussed the latest advances in AMD research and the challenges that lay ahead. Francois Delori, PhD, a Harvard Medical School Professor.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
NEWS HIGHLIGHTS	or of Ophthalmology and Senior Scientist at Schepens Eye Research Institute of Mass Eye and Ear, presented the 2018 Ephraim Friedman Lecture, entitled "Fundus autofluorescence " Organized by Harvard Ophthalmology AMD Center of Excellence Co-Directors Patricia D'Amore, PhD, MBA, Ivana Kim, MD, and Deeba Husain, MD, the event was sponsored by the Broadhurst Foundation, Regeneron, Genentech, Biogen, Macular Degeneration Foundation, Heidelberg Engineering, American Macular Degeneration Foundation, Merck, and the National Institutes of Health

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Innovation and Interaction Sessions is a new educational initiative	<p>that brings residents together for one 3-hour block each month to participate in innovative and interactive learning utilizing the Surgical Training Laboratory. The first session on August 3, 2018 was led by Silas Wang, MD and Elizabeth Rossin, MD, PhD. Highlights included practicing setting up and priming the phaco machine, loading 1-piece and 3-piece IOLs, positioning and manipulation of the microscope, paracentesis and main wound construction followed by suturing of wounds, teaching sutures, and learning to load and implant capsular tension rings and 3-piece IOLs. The second session on September 7, 2018 was led by David Hunter, MD, PhD, David Sol-del Valle, MD, Tav van Zyl, MD, and Dr. Rossin. Junior residents participated in a Refraction boot camp where they learned about retinoscopy and refraction. Senior residents participated in a minimally invasive glaucoma surgery (MIGS) workshop where they learned to place an iStent, and having completed this training are now able to participate in MIGS procedures with Dr. Sol-del Valle in the operating room. Resident feedback on these sessions has been very positive. A continuity clinic was created to supplement the continuity in patient care that residents experience in caring for patients within the clinical rotations. In this enhanced continuity experience, residents see patients that they evaluated in the Mass Eye and Ear Emergency Department (MEE ED) in follow-up appointments. Residents also have the opportunity to participate in surgeries of patients that they initially cared for in the MEE ED. Residents attend continuity clinic approximately 2 half days per month. This clinic is directly supervised by the Mass Eye and Ear Chief Resident, who is a member of the Mass Eye and Ear faculty. Feedback from residents and faculty has been positive. An ophthalmology residency program wellness committee was formed consisting of residents and faculty members. The committee works with the residency program, the department, and the GME efforts to support and encourage activities that promote resident wellness. Examples of early initiatives include revamping the resident room, a space in which the residents have workspaces, lockers, computers, and often spend down-time, as well as organizing a series of resident-faculty social activities outside of work. Mass Eye and Ear has also appointed a resident representative to the Partners Healthcare Resident Wellness Committee. We aim to continue growth of these important initiatives. Awards and Honors: Department of Ophthalmology Petr Baranov, PhD. Audacious Goals Initiative for Regenerative Medicine grant, National Eye Institute (in collaboration with Vanderbilt University Medical Center and University of Alabama at Birmingham). Dean Cestari, MD. A Clifford Barger Excellence in Mentoring Award, Harvard Medical School, Dean's Community Service Award, Harvard Medical School, Surgical Teacher of the Year, Harvard Department of Ophthalmology Han-Ying (Peggy) Chang, MD.</p>



# 990 Schedule O, Supplemental Information

Return Reference	Explanation
Innovation and Interaction Sessions is a new educational initiative	<p>Norman Knight Leadership Award, Mass Eye and Ear Jing Chen, PhD Special Scholar Award, Research to Prevent Blindness Teresa C Chen, MD Senior Achievement Award, American Academy of Ophthalmology James Chodosh, MD, MPH Jones/Smolin Lecture, American Academy of Ophthalmology Joseph B Ciolino, MD Sloan Healthcare Innovation Prize, MIT Patricia A D'Amore, PhD, MBA American Academy of the Arts and Sciences Elected Fellow, Barbara J McNeil Faculty Award for Exceptional Service to HMS/HSDM Reza Dana, MD, MSc, MPH Friedenwald Award, Association for Research in Vision and Ophthalmology, Stein Innovation Award, Research to Prevent Blindness Mary-Magdalene (Ugo) Dodd, MD 2018 Fellow Research Award, American Association for Pediatric Ophthalmology and Strabismus Thaddeus Dryja, MD Helen Keller Prize for Vision Research, BrightFocus and Helen Keller Foundation, Appointed Associate Member of Broad Institute Rosario Fernandez-Godino, PhD, MSc BrightFocus Foundation Award (for macular degeneration research) Rachel M Huckfeldt, MD, PhD Career Development Award, Foundation Fighting Blindness Frederick Jakobiec, MD, DSc Simmons Lessell Excellence in Education Award, Harvard Ophthalmology, Merrill Reeh Prize, American Society of Ophthalmic Plastic and Reconstructive Surgery John H Kempen, MD, MPH, MHS, PhD Dean's Community Service Award, Harvard Medical School Carolyn Kloek, MD WIO Educators Award, Women in Ophthalmology Wendy Liu, MD Gragoudas-Folkman Award, Mass Eye and Ear Gang Luo, MD Innovations Technology Low Vision Research Award, Research to Prevent Blindness Zhonghui (Katie) Luo, MD, PhD Dean's Community Service Award, Harvard Medical School Lotfi Merabet, OD, PhD, MPH A Clifford Barger Excellence in Mentoring Award, Harvard Medical School Joan W Miller, MD Lucien Howe Medal, American Ophthalmological Society*, Gertrude D Pyron Award and Lecture, American Society of Retina Specialists and Retina Research Foundation*, Charles L Schepens, MD Award and Lecture, American Academy of Ophthalmology, Retina Research Foundation and Schepens International Society*, Mentor with Distinction, Harvard Medical School (*Dr Miller is the only individual ever to win all three awards) John B Miller, MD Macula Society membership Kareem Moussa, MD The Robert Brockhurst Academic Development Award, Mass Eye and Ear Shizuo Mukai, MD William and Carolyn Aliski Distinguished Scholar in Ophthalmology, Mass Eye and Ear (inaugural) Eric Yin-Shan Ng, PhD Young Mentor Award, Harvard Medical School Patrick Oellers, MD The Thomas J Madden Fellowship in Retina, Mass Eye and Ear Billy Xiaoyi Pan, MD 2017-18 Ruthanne and Richard J Simmons Glaucoma Fellow, Mass Eye and Ear Eli Peli, MSc, OD Harold Amos Faculty Diversity Award, Harvard Medical School Roberto Pineda II, MD Jos I Barraquer Lecture and Award, Brazilian International Society of Refractive Surgery Joseph F Rizzo III, MD William F Hoyt Lecture, American Academy of Ophthalmology Min (</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Innovation and Interaction Sessions is a new educational initiative	Irene) Roh, MD, PhD Evangelos S Gragoudas Award, Macula Society Hajirah N Saeed, MD Dohlman Fellowship Award, Claes Dohlman Society Magali Saint-Geniez, PhD Iraty Award for Research in Retinal Diseases, Mass Eye and Ear Jane Schweitzer, MD Clinical Teacher of the Year, Harvard Department of Ophthalmology Paolo Antonio S Silva, MD AAO Achievement Award, American Academy of Ophthalmology, Macula Society membership Luk Vandenberghe, PhD Outstanding New Investigator Award, American Society of Gene and Cell Therapy, Appointed Associate Member of Broad Institute Janey Wiggs, MD, PhD Elected to the National Academy of Medicine, Dr David L Epstein Award, ARVO Foundation (with mentee Ryan Collantes, MD) Yoshihiro Yonekawa Achievement Award, American Academy of Ophthalmology

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
Department of Otolaryngology	<p>Dunia Abdul-Aziz, MD, was the recipient of the 2017 Yellen Young Investigator Award. This award is made possible by the generosity of Mass Eye and Ear Trustees, Patricia and Barry Yellen. Daniel G. Deschler, MD, FACS, and Marlene L. Durand, MD, published a new textbook, <i>Infections of the Ears, Nose, Throat, and Sinuses</i>. Dr. Deschler was also appointed chair of the Patient Care Division of the American Head and Neck Society. Kevin S. Emerick, MD, is the recipient of the 2018 Chris O'Brien Traveling Fellowship, which is presented by The Research and Education Foundation of the American Head and Neck Society. Allen Feng, MD, and Sid Puram, MD, PhD, were the co-recipients of the 2018 Triological Society (Eastern Section)'s William W. Montgomery, MD Resident Research Award for their abstract, "Intraoperative recurrent laryngeal nerve monitoring during thyroid surgery: Trends among otolaryngologists and general surgeons." Tessa A. Hadlock, MD, was re-elected as president of the International Sir Charles Bell Society. Eric H. Holbrook, MD, joined the American Rhinologic Society Board of Directors. Judith S. Kempfle, MD, won the poster blitz contest at the 2018 Association for Research in Otolaryngology annual meeting. Elliott D. Kozin, MD, was named a 2018 Star Reviewer for the journal <i>Otolaryngology-Head and Neck Surgery</i>. Robin W. Lindsay, MD, was named co-chair of the American Academy of Facial Plastic and Reconstructive Surgery Meeting at the Combined Otolaryngology Spring Meetings and chair of the WIO Research and Survey Committee for the American Academy of Otolaryngology-Head and Neck Surgery. Gregory W. Randolph, MD, FACS, FACE, has been elected chair of the Endocrine Surgery Section of the American Head and Neck Society. Steven D. Rauch, MD, received an honorary professorship at the Annual Vestibular Conference of the Guangdong Academy of Medical Sciences in Guangzhou, China. He was also appointed as a member of the Mnire's Disease Advisory Board of the Hearing Health Foundation. Ahmad R. Sedaghat, MD, PhD, was the recipient of the 2018 Eleanor and Miles Shore Fellowship Program Award for Scholars in Medicine. Mark G. Shime, MD, MPH, PhD, FACS, was awarded the 2018 Arnold P. Gold Foundation Award for Humanism in Medicine by the American Academy of Otolaryngology-Head and Neck Surgery. Kristina Simonyan, MD, PhD, Dr med, was invited to serve on the Scientific Advisory Board of the Tourlette Association of America. Department of Anesthesiology Iuliu Fat, MD MEE/HMS Department of Anesthesia Excellence in Teaching Award Department of Radiology MEE Radiology Department 52nd ASHNR Annual Meeting, First Place for Best Scientific Electronic Exhibit Dr. Amy Juliano RSNA International Visiting Professor Dr. Katherine Reinshagen Promoted to Associate Staff Radiologist Form 990, Part III, Line 4c Facilities, Equipment and Technology Department of Ophthalmology Mass Eye and Ear launched a unique emergency department (ED) and inpatient consultation ser</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Department of Otolaryngology	<p>vice, known as the Ophthalmology Hospitalist Program Senior credentialed ophthalmologists now provide consults for patients admitted to general hospitals, including Mass General, Brigham and Women's Hospital, and Faulkner Hospital The program fortifies connections among Harvard Ophthalmology hospital affiliates, and enhances trainee education and the existing consult service at Mass Eye and Ear Members of the hospitalist program include Jane Schweitzer, MD, Jo-Ann Haney-Tilton, MD, FACS, EMHL, and Aisha Traish, MD The refractive and laser vision correction services moved to Mass Eye and Ear's Waltham patient care site in November, 2018 Mass Eye and Ear now offers a new type of minimally-invasive laser vision correction, the ReLEx SMILE procedure for the treatment of myopia (nearsightedness) at its Waltham location Mass Eye and Ear specialists are among the most experienced with the SMILE approach nationwide, and the first in New England to offer the procedure A new collaborative program between Mass Eye and Ear and Mass General Hospital offers mental health services to patients within the Eye Trauma Service at Mass Eye and Ear The program allows visits with a psychologist for patients with severe trauma to their eye or face, including loss of an eye, loss of vision, or disfigurement This service is intended to assist a patient in his or her initial adjustment to injuries and can also facilitate referral to a mental health care provider should the patient require ongoing care Department of Otolaryngology Mass Eye and Ear expanded to the Cape, opening two otolaryngology practices Mass Eye and Ear, Harwich Mass Eye and Ear, Mashpee Began the Weymouth office build-out to accommodate more patients Began 11th floor renovation of clinic and office spaces Increased ambulatory space in Head and Neck Updated Head and Neck space aesthetics Built work stations for Head and Neck PAs Started building out phlebotomy and EKG Renovated Medical Evaluation Center (MEC) to accommodate Laryngology clinics Added huddle space for family conferences in Laryngology Completed build-out of the Surgical Photonics Engineering and Laboratory (SPEL) Department of Anesthesiology 2 Nihon Kohden Patient Monitors 2 Nihon Kohden Multi-Gas Analyzers 4 Glidescopes 1 Draeger Anesthesia MRI Machine 1 Sonosite Portable Ultrasound Machine 2 Norm-O-Temp Warming Systems Department of Radiology Installed a second 3.0T MRI with state-of-the-art audio/visual enhancements to provide a superior patient experience and advanced software to leverage and explore new and novel imaging techniques Planned the replacement of the department's fluoroscopy machine (used to examine patients with a variety of voice, speech, airway and swallowing disorders) with a state of the art unit that significantly reduces the amount of radiation exposure for patients and staff Community Engagement Department of Ophthalmology October 11, 2017 and September 13, 2018 Presidents Lecture Series November</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Department of Otolaryngology	<p>30, 2017 Neighborhood House Charter School Vision Screenings Spring 2018 Fenway High School Interns April 4, 2018 Roxbury Tenants of Harvard Open House at Longwood April 7, 2018 Stoneham Chamber of Commerce 2018 Health and Wellness Expo May 17, 2018 Graves' Disease Public Forum July 19 and August 9, 2018 Camp Harbor View Vision Screenings</p> <p>Department of Otolaryngology Michael S. Cohen, MD, sent earmuff-style hearing protection to the New England Patriots players for their kids to wear during the Super Bowl. 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, and Alicia M. Quesnel, MD, 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. Led by Mark A. Varvares, MD, FACS, a team of volunteers held head and neck screenings at the Mission Hill Health Fair, where they screened more than 30 people. The Mass Eye and Ear Department of Audiology sponsored a team for the Walk 4 Hearing, which benefits the Hearing Loss Association of America. In addition to the accomplishments highlighted in this report, Mass Eye and Ear was proud to be named Employer of the Year by the Massachusetts Commission for the Blind.</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART VI, LINE 1A	<p>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</p> <p>FORM 990, PART VI, LINE 6 The Foundation is the sole member of the Infirmary Effective April 1, 2018, Partners Healthcare System, Inc (Partners) became the sole member of the Foundation As a result the Foundation and its affiliated entities became part of the comprehensive, integrated healthcare system organized and operated by Partners that includes hospitals, physicians, charitable, scientific, educational, research and other Partners affiliated organizations</p>

**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 15, 2017. 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 \$13,940,727

SCHEDULE R  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization  
MASSACHUSETTS EYE & EAR INFIRMARY

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](http://www.irs.gov/form990).

OMB No 1545-0047

2017

Open to Public Inspection

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.

See Additional Data Table

(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

**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	
<b>(1)</b> PHS BAY COLONY FUND 245 Park Avenue NEW YORK, NY 10167 13-3887448	Investments	DE	NA	N/A								
<b>(2)</b> PARTNERS HEALTHCARE SYSTEM POOLED INVEST 101 MERRIMAC STREET BOSTON, MA 02114 04-3268842	INVESTMENTS	MA	NA	N/A								
<b>(3)</b> RADIATION THERAPY OF SOUTHEASTERN MA LL 375 LONGWOOD AVENUE BOSTON, MA 02115 01-0873580	RADIATION THERAPY	MA	NA	N/A								
<b>(4)</b> PARTNERS INNOVATION FUND LLC 101 HUNTINGTON AVENUE BOSTON, MA 02199 26-2899986	INVESTMENTS	MA	NA	N/A								
<b>(5)</b> PARTNERS HEALTHCARE ACCOUNTABLE CARE ORG 399 REVOLUTION DRIVE SOMERVILLE, MA 02145 81-2762122	ACCOUNTABLE CARE	MA	NA	N/A								

**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
<b>(1)</b> Newton-Wellesley Physician Hospital Org 2014 Washington Street Newton, MA 02462 04-3209749	Healthcare	MA	NA	SUBCH C CORP					
<b>(2)</b> ALLWAYS HEALTH PARTNERS INSURANCE CO 399 REVOLUTION DRIVE SOMERVILLE, MA 02145 83-0970929	INSURANCE COMPANY	MA	NA	SUBCH C CORP					

**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

<b>1</b>	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?		<b>Yes</b>	<b>No</b>
<b>a</b>	Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity . . . . .	<b>1a</b>		<b>No</b>
<b>b</b>	Gift, grant, or capital contribution to related organization(s) . . . . .	<b>1b</b>	<b>Yes</b>	
<b>c</b>	Gift, grant, or capital contribution from related organization(s) . . . . .	<b>1c</b>	<b>Yes</b>	
<b>d</b>	Loans or loan guarantees to or for related organization(s) . . . . .	<b>1d</b>		<b>No</b>
<b>e</b>	Loans or loan guarantees by related organization(s) . . . . .	<b>1e</b>		<b>No</b>
<b>f</b>	Dividends from related organization(s) . . . . .	<b>1f</b>		<b>No</b>
<b>g</b>	Sale of assets to related organization(s) . . . . .	<b>1g</b>		<b>No</b>
<b>h</b>	Purchase of assets from related organization(s) . . . . .	<b>1h</b>		<b>No</b>
<b>i</b>	Exchange of assets with related organization(s) . . . . .	<b>1i</b>		<b>No</b>
<b>j</b>	Lease of facilities, equipment, or other assets to related organization(s) . . . . .	<b>1j</b>		<b>No</b>
<b>k</b>	Lease of facilities, equipment, or other assets from related organization(s) . . . . .	<b>1k</b>		<b>No</b>
<b>l</b>	Performance of services or membership or fundraising solicitations for related organization(s) . . . . .	<b>1l</b>		<b>No</b>
<b>m</b>	Performance of services or membership or fundraising solicitations by related organization(s) . . . . .	<b>1m</b>		<b>No</b>
<b>n</b>	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .	<b>1n</b>		<b>No</b>
<b>o</b>	Sharing of paid employees with related organization(s) . . . . .	<b>1o</b>	<b>Yes</b>	
<b>p</b>	Reimbursement paid to related organization(s) for expenses . . . . .	<b>1p</b>	<b>Yes</b>	
<b>q</b>	Reimbursement paid by related organization(s) for expenses . . . . .	<b>1q</b>	<b>Yes</b>	
<b>r</b>	Other transfer of cash or property to related organization(s) . . . . .	<b>1r</b>	<b>Yes</b>	
<b>s</b>	Other transfer of cash or property from related organization(s) . . . . .	<b>1s</b>		<b>No</b>

**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

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 II	EFFECTIVE APRIL 1, 2018, MEEI ORG BECAME RELATED TO PARTNERS HEALTHCARE SYSTEM, INC AND ITS RELATED ENTITIES IN ITS GROUP EXEMPTION EFFECTIVE OCTOBER 1, 2018, MEEI ORG BECAME PART OF THE PARTNERS GROUP EXEMPTION

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
243 CHARLES STREET BOSTON, MA 02114 04-2785453	SUPPORT	MA	501(C)(3)	10	PHS		No
243 CHARLES STREET BOSTON, MA 02114 22-2658209	PATIENT CARE	MA	501(C)(3)	10	FOUNDATION	Yes	
243 CHARLES STREET BOSTON, MA 02114 04-2801791	TITLE HOLDING	MA	501(C)(25)	N/A	FOUNDATION	Yes	
243 CHARLES STREET BOSTON, MA 02114 04-3272965	SUPPORT	MA	501(C)(3)	12 - TYPE 1	FOUNDATION	Yes	
243 CHARLES STREET BOSTON, MA 02114 04-6067238	PENSION PLAN	MA	401(A)	N/A	NA		No
20 STANIFORD STREET BOSTON, MA 02114 04-2129889	RESEARCH	MA	501(C)(3)	7	FOUNDATION	Yes	
800 BOYLSTON STREET BOSTON, MA 02199 04-3230035	Hospital	MA	501(c)(3)	3	NA		No
800 BOYLSTON STREET BOSTON, MA 02199	Healthcare	MA	501(c)(3)	10	PHS	Yes	
253 Summer Street Boston, MA 02210 04-2932021	Insurance	MA	501(c)(4)	NONE	PHS	Yes	
253 Summer Street Boston, MA 02210 04-3454185	INSURANCE	MA	501(c)(3)	12A	NHP	Yes	
800 BOYLSTON STREET BOSTON, MA 02199 82-1715859	SUPPORT ORG	MA	501(c)(3)	12A	PHS	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
SCHEPENS EYE RESEARCH INSTITUTE INC	Q	438,533	CASH
SCHEPENS EYE RESEARCH INSTITUTE INC	P	1,874,604	CASH
SCHEPENS EYE RESEARCH INSTITUTE INC	B	271,961	CASH
SCHEPENS EYE RESEARCH INSTITUTE INC	P	255,470	CASH
MASS EYE & EAR PENSION PLAN	R	19,712,045	CASH
MASS EYE & EAR ASSOCIATES	C	2,416,349	CASH
MASS EYE & EAR ASSOCIATES	B	15,083,409	CASH
MASS EYE & EAR ASSOCIATES	O	26,302,420	CASH