11 institutions formed MASCO to focus on “solving problems related to inefficient land use, parking, traffic and duplication of services.”

MASCO medical members employ 12,900 people

- **1972**: Award-winning Call Center launched
- **1975**: Offsite parking and shuttle services introduced
- **1976**: LMA signage and graphic ID launched
- **1982**: Longwood Medical Area Child Care Center opens
FY2012 ANNUAL REPORT

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Shaping the LMA of 2050

Noted urban planner Gary Hack, keynote speaker at MASCO’s 2012 annual meeting, explores the vision that inspired the LMA and outlines opportunities for the area’s future. See article page 8.
Dear Members,

MASCO’s 40th anniversary marks a significant milestone for MASCO and its member organizations. Each of our institutions has contributed significantly to the quality of life and health of the region and done so more effectively through collaboration on major issues. As it ushers in new opportunities for both MASCO and the LMA, this anniversary caps four decades of service to our communities and significant medical, educational and cultural growth in the Longwood Medical and Academic Area.

The world around us has changed greatly since MASCO was founded in 1972. However, our fundamental mission to work beyond individual campus boundaries for the overall good of the area remains extraordinarily relevant. Efficient land use, parking, traffic and minimizing duplication of services are still critical to the success of MASCO and our members.

Of particular note in Fiscal Year 2012 are:

- Addressing strategic area-wide transportation and access needs for employees, patients, students and visitors by:
  - Advocating for public transit services by successfully working through public forums, press, the legislature and business coalitions to reverse the most onerous MBTA service cut and fare hike proposals.
  - Launching an LMA pedestrian sign program, part of our overall wayfinding program, that helps those on foot navigate the area more easily.
  - Initiating a multi-year transportation vision and plan of improvements to address the LMA’s future transit, pedestrian, bicycle and circulation needs. This effort will help support new and renovated building efforts by our members — 1.2 million square feet approved in 2012.

- Completing the Offsite Call Center Standby Project that makes an

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More than 1 million outpatient visits to LMA medical institutions

Tax-exempt bonds for 375 Longwood issued

MASCO board waives annual member assessment fees

Key focus on area-wide emergency preparedness

Area-wide recycling launched

1993

1995

2000

2001
Shuttle program upgraded with 18 clean diesel vehicles

LMA branded economic engine in recognition of growth in employment, research awards and student base

375 Longwood debt refinanced

$55 million in state funding for infrastructure to improve access

LMA collaborative sustainability initiative launched

Looking forward, we can glance to the past: Who could have imagined in the 1920s that the current scale of patient care, research, education and employment in the LMA was possible? Key questions are: How do we continue to grow to respond to patient and student needs in an era of financial austerity? How can we anticipate the physical ramifications of that growth and improve access to area transportation and quality of life? What will the LMA look like in the next decades?

I invite you to read more to see what MASCO is doing to ensure a vital and robust LMA for the next 40 years.

Sincerely,

Dorothy Puhry
Chair, MASCO Board of Directors; Executive Vice President and Chief Operating Officer, Dana-Farber Cancer Institute
Dear LMA Community,

Fourty years ago, gas cost 55 cents a gallon, the Dow Jones Industrial Average rose above 1,000 for the first time in history, an average house cost $27,550, typical rents were $165 a month and MASCO was founded. Prompted by a growing need for coordinated area planning services, MASCO’s 11 original members committed to working together to address issues of inefficient land use, parking, traffic and duplication of services.

Today, the LMA continues to be a thriving hub of medicine, education, research, culture and religion. Much of the land has been built upon; employees are parking in off site lots and shuttled to their destinations; duplication of services has been lessened through MASCO’s telecommunications center, LMANet (the area-wide fiber optic network that links Harvard affiliated institutions) and joint contracts that provide value. Members are working together strategically in planning for the area. The timeline running throughout this report shows major accomplishments in and around the LMA over the last four decades.

**Improving Access Today and Tomorrow**

Decreasing congestion and improving access to the LMA is still one of MASCO’s most important missions on behalf of pedestrians, bicyclists, automobiles, buses, emergency vehicles and trucks. As the density of the area grows, access issues multiply. While we continue to address transportation needs every day, it’s clear that the simpler solutions are becoming scarce. Together with our members, we need to look ahead to ensure that our sidewalks, roads, public transit and parking options will accommodate the needs of all commuters for the next 40 years — 2050 and beyond.
**A Long-term Vision**

Can we develop a shared vision for the LMA to help guide us as we build and renovate our facilities? How can the Longwood area become more pedestrian- and bicycle-friendly? Wider sidewalks would make the area more accessible and appealing; how do we help this come about? To aid in answering these questions and others, we will be working with members and the public sector to address circulation, transit, pedestrian, bicycle, vehicular and operational issues.

As we think long-term, there is much to consider. In 40 years, many of our buildings will be more than 100 years old. Technology is advancing at warp-speed and changing our lives every day. What will the next generation of patients, students and visitors require? How can we plan the infrastructure necessary to support a dynamic and thriving LMA in 2050? What will transportation look like in the future? Driver-less cars are already a reality: California recently passed legislation paving the way for their use. Google is testing a fleet of a dozen computer-controlled vehicles that could be commercially available within a decade. Our planning needs to include “complete streets” that will safely accommodate pedestrians, bicyclists, cars, emergency vehicles, buses and trucks. What principles should guide our thinking?

As in the past, collaboration is central to this effort. Working together allows each of us to see beyond institutional boundaries to plan a future LMA that works better for everyone. Identifying common goals and values will help us serve an intergenerational community in an area where demands and expectations run high and resources are constrained.

Drawing on the vision that drove the creation of the LMA, MASCO remains committed to working with members and our communities to identify the best solutions for all of us. I look forward to continuing our work together.

Cordially,

Marilyn Swartz-Lloyd
President and CEO
Shaping the LMA of 2050
Thinking Differently, Together

More than 100 years ago, people could scarcely have conceived of the Longwood Medical and Academic area of today — a thriving 2.2 square mile world-renowned center for medical care, research, education and culture that attracts nearly 108,000 patients, students, employees and visitors every day.

In fact, this intellectual and economic engine for the city, state and region was made possible by the bold, forward thinking of a handful of Boston civic leaders in the late 1800s. Though these visionaries could not have conceived of molecular medicine, the marvels of computers, modern college campuses or paintings that sell for millions of dollars, they were committed to an ideal that would bear impressive fruit.

Inspiration to Action
Gary Hack, professor emeritus of city and regional planning at the University of Pennsylvania, traces the roots of today’s Longwood Medical and Academic area directly back to the grand-scale thinking of Boston civic leaders who were inspired by the Chicago Exposition of 1893. The event’s centerpiece — the famed White City — showcased an ideal city where great cultural, medical and educational organizations served the common good of residents in areas defined by beautiful and inviting public spaces. The White City prompted leaders from Boston and around the country to pursue dramatic, big-picture thinking about civic planning, architecture and the public realm.
Giving Rise to an Urban Legacy

These pioneers established the field of urban planning, and according to Hack, their heritage is visible today in remarkable areas — Urban Legacy Districts that define Boston and several other great American cities — Pittsburgh, St. Louis, Houston and Cleveland, to name a few.

What became Boston’s Urban Legacy District — the Longwood Medical and Academic area — was created by civic leaders who identified an area of the city with an abundance of land that would allow promising institutions room to flourish and grow. They saw potential in weedy pastures surrounded by marsh. Some of the country’s best architects, planners and landscape architects (including Frederick Law Olmsted, who designed Central Park and Boston Common) collaborated with municipal officials. They labored for nearly a decade, designing roads, parks, sewer systems, promenades, carriage and horse paths and public buildings.

Design as a Draw

The visionaries drew plans to allow easy access by horse-and-buggy and streetcar. They lined the perimeter with beautiful parks and tree-lined boulevards to make it appealing and inviting. Among the forward-thinking institutions building here were Isabella Steward Gardner’s home and museum (1903), Simmons College (1904) and Wentworth Institute of Technology (1904). In 1906, Harvard Medical School relocated from Copley Square, and other academic institutions and hospitals soon followed. By the 1920s, the area boasted an impressive concentration of hospitals, colleges, museums and religious organizations.

Today’s Longwood Medical and Academic area is a thriving and dynamic community of 24 distinctive and vibrant organizations that generate jobs, care for the sick, educate tomorrow’s workforce and serve as a cultural resource to the community. The LMA is a robust center of economic activity and scholarship for the city and state, and the last 20 years have brought remarkable growth.

Cycling in the LMA, then and now.

Courtesy of Simmons College.
and development. MASCO’s member organizations employ 47,200 people and generate an average of 1,100 new jobs each year. LMA colleges educate 21,000 students and provide more than $129 million in scholarships — including $20 million to Boston residents. Recognized around the world for pre-eminent health care and research, LMA organizations are among the highest recipients of funding from the National Institutes of Health. LMA growth has been consistent with city and state smart growth policies. Locating services near patients reduces traffic and congestion, building on-campus housing for students also reduces traffic and helps maintain the integrity of nearby neighborhoods, and fostering residential development in the Fenway encourages walking to work. The area boasts one of the highest concentrations of green buildings in the city. Still, as the LMA and the city have grown, so have issues of access.

**Time to Think Boldly Again**

Revisiting the grand-scale visionary thinking that gave rise to the LMA will help guide planning for the LMA for the next 40 years — 2050 and beyond. MASCO’s 40th anniversary is an ideal time to ask ourselves what we want to look like in the coming decades.

The magic of an Urban Legacy District is that the whole is truly greater than the sum of its parts. Proximity fosters the transfer of ideas, encourages creativity and enriches everyone. A focus not on what is best for an individual institution, but on the area as a whole keeps the magic going. “Every building is part of a block, every block is part of a district, districts are part of a city, and everything impacts everything else up the chain,” Hack said. “MASCO’s role is to focus on the needs of the overall area and to find the win/win solution.”

**What Can We Learn from Others?**

Hack looked to the accomplishments of other Urban Legacy Districts to identify opportunities for the LMA. Texas Medical Center in Houston has spent 20 years addressing transportation issues as part of their commitment to ensuring that people can reach them and the other 50 organizations in their area. They think about access in multiple dimensions and have developed a second-level skyway plan to carry people and utilities over streets. Institutions are asked to develop connections when building in the area.
Gary Hack, professor emeritus of city and regional planning at the University of Pennsylvania and a nationally-recognized visionary on urban planning, was the keynote speaker at MASCO’s 2012 annual meeting. Hack worked with MASCO on several LMA projects in the 1970s, and he is currently helping to formulate a transportation vision for the area. This article draws from his comments at the annual meeting and in a follow-up interview.

The Long View

Hack sees three areas of opportunity for the LMA:

- **Access is key.** Efficiently moving more people in and around the area is vital, and a transportation vision for the area will direct efforts for the next several decades. It should address the needs of today and tomorrow. How might we think in three dimensions by using streets, tunnels and bridges to improve access? Technology is changing how we get places. How might collaborative and long-term thinking about robotic garages, smart streets and driverless automobiles — such as those now used in other parts of the world — reveal significant opportunities to maximize existing land resources and meet the overall needs of the area?

- **Make the area more walkable.** Well-marked pedestrian routes and appealing amenities such as food and entertainment will encourage more people to explore the LMA on foot or to commute by walking, as well as attract retail development that supports the needs of the area. A more walkable area brings many benefits: less congested streets, a more approachable streetscape, and a more appealing area for the next generation of patients, students and visitors.

- **Foster closer connections between institutions.** The main benefit of an Urban Legacy District is the dynamic of varied organizations collaborating to improve life for the patients, students, employees and visitors they serve. The LMA has deep resources — leading medical expertise, cutting-edge research, innovative and creative cultural and academic organizations. Opportunities to foster this collaboration are important, and the rewards are significant. How can art and culture be infused throughout the area? How can we each benefit from those around us? An Urban Legacy District is not just a collection of organizations, but a vibrant community that is enhanced by those in it.

University Circle in Cleveland has fostered synergy between their various members. The vitality of the area comes in part from connections between students, medical institutions and cultural organizations. Technology — apps, social media and powerful websites — makes it easier to find opportunities that further cross-fertilization of ideas. To make sure the area works as a cohesive whole, a comprehensive design review program assures that development advances the interests of the overall neighborhood.
Financial Highlights and Results for FY2012

MASCO’s fiscal year results reflect continuing strong performance from operations. Income from operations of $1.9 million, combined with non-operating items, increased MASCO’s unrestricted net assets by $2 million.

Revenue
Overall revenues increased by $1.1 million. This was a result of the release of additional money from the Fund Restricted for Area Planning to support year one of the Transportation Strategic Vision, additional parking revenues from both the offsite system and the 375 Longwood Avenue parking garage, and the continued impact of office rent increases at 375 Longwood. In addition, we realized positive results for several Collaborative Service programs.

Expenses
Operating expenses increased by $354,000. A portion of this was related to salary and fringe increases. Contract services and legal expenses increased as a result of work associated with evaluating the impact of the Winsor building project and transportation costs for the shuttle system, including fuel surcharges. These cost increases were partially offset by a decrease in interest expense for the 375 Longwood Avenue bonds and light snow removal costs compared to the prior year.

Investment Returns
MASCO earned $559,000 of realized investment returns for dividends and interest. We experienced a realized loss on investments resulting from the sale of our international fund holding in order to realign the portfolio. In addition, due to overall market results, we recorded an unrealized loss on investments of $534,000. Overall investment returns were -.1% compared to a 15% return in FY11. Our investment portfolio totaled $27 million at year end; comprising $19 million in mutual funds, $5.5 million in Wellington Opportunistic Fund and $2.5 million in US treasury bonds.

Assets and Liabilities
MASCO’s statement of financial position remains strong. Assets grew as a result of income. Cash generated from operations was used to fund principal payments on the 375 Longwood Avenue debt and the bus capital lease. Cash was also used for capital assets of $809,000, including the new pedestrian sign program installed in the summer of 2012 and major maintenance and infrastructure work on the 375 Longwood Avenue complex. Liabilities continued to decrease as we approach the January 2015 end date for the 375 Longwood debt and the end date for the bus lease in June 2013. MASCO met its financial covenants for the year.
### Consolidated Statements of Operations

<table>
<thead>
<tr>
<th></th>
<th>2012</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Net revenues</strong></td>
<td>$29,788</td>
<td>$28,719</td>
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<tr>
<td>Operating expenses</td>
<td>27,936</td>
<td>27,582</td>
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<tr>
<td><strong>Income from operations</strong></td>
<td>1,852</td>
<td>1,137</td>
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<tr>
<td>Other income:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Investment income</td>
<td>442</td>
<td>683</td>
</tr>
<tr>
<td>Gain/(loss) on disposal of assets</td>
<td>(20)</td>
<td>—</td>
</tr>
<tr>
<td><strong>Income before income tax</strong></td>
<td>2,274</td>
<td>1,820</td>
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<tr>
<td>Provision for income taxes</td>
<td>87</td>
<td>(75)</td>
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<tr>
<td><strong>Excess of revenues over expenses</strong></td>
<td>2,187</td>
<td>1,895</td>
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<tr>
<td>Unrealized gain/(loss) on investments</td>
<td>(534)</td>
<td>2,481</td>
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<tr>
<td>Net assets released from restrictions used for capital expenditures</td>
<td>382</td>
<td>—</td>
</tr>
<tr>
<td><strong>Increase in unrestricted net assets</strong></td>
<td>$2,035</td>
<td>$4,376</td>
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</table>

### Consolidated Balance Sheets

<table>
<thead>
<tr>
<th></th>
<th>2012</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Assets</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash/cash equivalents</td>
<td>$4,325</td>
<td>$4,856</td>
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<tr>
<td>Investments:</td>
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<td></td>
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<tr>
<td>Donor restricted</td>
<td>2,149</td>
<td>3,033</td>
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<tr>
<td>Unrestricted</td>
<td>25,003</td>
<td>23,295</td>
</tr>
<tr>
<td>Other assets</td>
<td>2,365</td>
<td>2,374</td>
</tr>
<tr>
<td>Property and equipment — net</td>
<td>16,067</td>
<td>17,067</td>
</tr>
<tr>
<td><strong>Total assets</strong></td>
<td>$49,909</td>
<td>$50,625</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>2012</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Liabilities and net assets</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Debt</td>
<td>5,127</td>
<td>6,960</td>
</tr>
<tr>
<td>Long-term capital lease liability</td>
<td>964</td>
<td>1,868</td>
</tr>
<tr>
<td>Other liabilities</td>
<td>4,646</td>
<td>3,776</td>
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<tr>
<td>Net assets:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unrestricted</td>
<td>37,023</td>
<td>34,988</td>
</tr>
<tr>
<td>Temporarily restricted</td>
<td>2,149</td>
<td>3,033</td>
</tr>
<tr>
<td><strong>Total liabilities and net assets</strong></td>
<td>$49,909</td>
<td>$50,625</td>
</tr>
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</table>

The information above was summarized from MASCO's audited financial statements for the fiscal years ended June 30, 2012 and June 30, 2011. For a complete copy of MASCO's audited financial statements, call 617-632-2790.
MASCO Member Institutions and Board of Directors
(as elected at the June 2012 Annual Meeting)

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Dorothy Puhy, Chair, MASCO Board
Marilyn Swartz-Lloyd, President (ex officio)

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Sandra L. Fenwick, President and Chief Operating Officer*

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Dana-Farber Cancer Institute
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James Roosevelt, Jr., Esq., Trustee

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Anne Hawley, Norma Jean Calderwood Director
Peter M. Bryant, Chief Operating Officer*

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Susannah B. Tobin, Trustee

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Thomas W. Cornu
Stephen P. Koster, Esq.
Lisa Hogarty
Dorothy Puhy

Chairmen Emeriti
Marvin G. Schorr
Rudman J. Ham

* The MASCO Board election of any nominee who is not the chief executive officer or a member of the governing board of his or her nominating member institution must be approved by vote of two-thirds of MASCO’s member institutions.

MASCO Committees

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Sandra L. Fenwick, Vice Chair, Boston Children’s Hospital*
Mairead Hickey, PhD, RN, Brigham and Women’s Hospital*
Mark Fuller, Trustee, Massachusetts College of Pharmacy and Health Sciences

Gary Hack, MASCO annual meeting keynote speaker
Charles F. Monahan, Jr., Massachusetts College of Pharmacy and Health Sciences
Marilyn Swartz-Lloyd, MASCO President (ex officio)

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Rick Markello, Joslin Diabetes Center
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Marilyn Swartz-Lloyd, MASCO President (ex officio)

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Kurt Steinberg, Co-Chair Massachusetts College of Art and Design
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Richard Bernasco, Winsor School
Peter M. Bryant, Isabella Stewart Gardner Museum
John Clark, Harvard Vanguard Medical Associates
Sister Anne Donovan, SND, Emmanuel College
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Janet Fishstein, Simmons College

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Jane Krantz, Temple Israel
Art Mombourquette, Brigham and Women’s Hospital
Sean Metras, Joslin Diabetes Center
Maria Papola, Dana-Farber Cancer Institute
Dorothy Puhy, MASCO Chair
Rick Page, Blue Cross/Blue Shield of Massachusetts
Richard M. Shea, Jr., Harvard Medical School
Stephen Schaffer, Judge Baker Children’s Center
Roy Schillitii, Wheelock College
Henry Tomosuolo, Boston Children’s Hospital
Robert Totino, Wentworth Institute of Technology
Jonathan Woodcome, Massachusetts College of Pharmacy and Health Sciences
Marilyn Swartz-Lloyd, MASCO President (ex officio)

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Maria Papola, Dana-Farber Cancer Institute
Dorothy Puhy, MASCO Chair
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Stephen Schaffer, Judge Baker Children’s Center
Roy Schillitii, Wheelock College
Richard M. Shea, Jr., Harvard Medical School

Kurt Steinberg, Massachusetts College of Art and Design
Marilyn Swartz-Lloyd, MASCO President (ex officio)
Henry Tomosuolo, Boston Children’s Hospital
David Wahlstrom, Wentworth Institute of Technology
Charles Weinstein, Boston Children’s Hospital
Sarah Welsh, Emmanuel College

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Mairead Hickey, Brigham and Women’s Hospital
Dorothy Puhy, MASCO Chair
Marilyn Swartz-Lloyd, MASCO President (ex officio)

‡Denotes a MASCO Board Member

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Merck Research Laboratories
Harvard Vanguard Medical Associates
New England Baptist Hospital

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Holli Roth, Vice President and Chief Financial Officer
Norva Kennard, General Counsel
David Eppstein, Vice President for Operations
Sarah Hamilton, Vice President for Area Planning and Development

Christine Fennelly, Strategic Communications Director and Editor
Judy Taylor Patel, Writer
Natalie MacKnight, Designer

Edward Ladd, Trustee for Wheelock College; and Sandra L. Fenwick, Vice Chair, MASCO and President and Chief Operating Officer, Boston Children’s Hospital
Peter Bryant, Chief Operating Officer, Isabella Stewart Gardner Museum
Charles F. Monahan, Jr., President, Massachusetts College of Pharmacy and Health Sciences