

Form **990**
 Department of the Treasury
 Internal Revenue Service

Return of Organization Exempt From Income Tax
 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)
 The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047
2007
Open to Public Inspection

A For the 2007 calendar year, or tax year beginning 07-01-2007 and ending 06-30-2008

- B** Check if applicable:
 Address change
 Name change
 Initial return
 Final return
 Amended return
 Application pending

C Name of organization
 THE MEDICAL FOUNDATION INC

Number and street (or P O box if mail is not delivered to street address) Room/suite
 95 BERKELEY STREET

City or town, state or country, and ZIP + 4
 BOSTON, MA 02116

D Employer identification number
 04-2229839

E Telephone number
 (617) 451-0049

F Accounting method Cash Accrual
 Other (specify) _____

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Web site: WWW.TMFNET.ORG

J Organization type (check only one) 501(c)(3) (insert no) 4947(a)(1) or 527

K Check here if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than 25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

H and **I** are not applicable to section 527 organizations

H(a) Is this a group return for affiliates? Yes No

H(b) If "Yes" enter number of affiliates: _____

H(c) Are all affiliates included? Yes No
 (If "No," attach a list. See instructions.)

H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No

I Group Exemption Number: _____

M Check if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF)

L Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12: 17,089,962

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)

Revenue	1	Contributions, gifts, grants, and similar amounts received			
	a	Contributions to donor advised funds	1a		
	b	Direct public support (not included on line 1a)	1b	8,520,794	
	c	Indirect public support (not included on line 1a)	1c	749,242	
	d	Government contributions (grants) (not included on line 1a)	1d	4,836,733	
	e	Total (add lines 1a through 1d) (cash \$ 14,106,769 noncash \$ _____)	1e		14,106,769
	2	Program service revenue including government fees and contracts (from Part VII, line 93)		2	1,561,687
	3	Membership dues and assessments		3	
	4	Interest on savings and temporary cash investments		4	83,807
	5	Dividends and interest from securities		5	
	6a	Gross rents	6a		
	b	Less rental expenses	6b		
c	Net rental income or (loss) subtract line 6b from line 6a		6c		
7	Other investment income (describe _____)		7		
8a	Gross amount from sales of assets other than inventory		(A) Securities		(B) Other
			1,332,032	8a	5,667
	b	Less cost or other basis and sales expenses	1,173,365	8b	8,095
	c	Gain or (loss) (attach schedule)	158,667	8c	-2,428
d	Net gain or (loss) Combine line 8c, columns (A) and (B)		8d	156,239	
9	Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/>				
	a	Gross revenue (not including \$ _____ of contributions reported on line 1b)	9a		
	b	Less direct expenses other than fundraising expenses	9b		
c	Net income or (loss) from special events Subtract line 9b from line 9a		9c		
10a	Gross sales of inventory, less returns and allowances		10a		
	b	Less cost of goods sold	10b		
	c	Gross profit or (loss) from sales of inventory (attach schedule) Subtract line 10b from line 10a		10c	
11	Other revenue (from Part VII, line 103)		11		
12	Total revenue Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11		12	15,908,502	
Expenses	13	Program services (from line 44, column (B))		13	14,748,420
	14	Management and general (from line 44, column (C))		14	1,140,341
	15	Fundraising (from line 44, column (D))		15	350,701
	16	Payments to affiliates (attach schedule)		16	
	17	Total expenses Add lines 16 and 44, column (A)		17	16,239,462
Net Assets	18	Excess or (deficit) for the year Subtract line 17 from line 12		18	-330,960
	19	Net assets or fund balances at beginning of year (from line 73, column (A))		19	7,970,540
	20	Other changes in net assets or fund balances (attach explanation)		20	-244,239
	21	Net assets or fund balances at end of year Combine lines 18, 19, and 20		21	7,395,341

Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See the instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a	Grants paid from donor advised funds (attach Schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22a			
22b	Other grants and allocations (attach schedule) (cash \$ 8,262,422 noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22b	8,262,422	8,262,422	
23	Specific assistance to individuals (attach schedule)	23			
24	Benefits paid to or for members (attach schedule)	24			
25a	Compensation of current officers, directors, key employees etc. Listed in Part V-A (attach schedule)	25a	189,923	28,488	161,435
b	Compensation of former officers, directors, key employees etc. listed in Part V-B (attach schedule)	25b			
c	Compensation and other distributions not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)	25c			
26	Salaries and wages of employees not included on lines 25a, b and c	26	3,297,319	2,760,938	431,454
27	Pension plan contributions not included on lines 25a, b and c	27	168,950	143,014	22,188
28	Employee benefits not included on lines 25a - 27	28	296,206	243,686	46,173
29	Payroll taxes	29	300,932	246,694	45,914
30	Professional fundraising fees	30			
31	Accounting fees	31	30,243		30,243
32	Legal fees	32	33,086	4,711	27,711
33	Supplies	33	89,094	39,089	47,178
34	Telephone	34	102,201	89,072	12,109
35	Postage and shipping	35	86,364	84,217	1,536
36	Occupancy	36	448,555	347,216	86,100
37	Equipment rental and maintenance	37	20,179	9,688	10,238
38	Printing and publications	38	540,239	510,244	1,443
39	Travel	39	110,871	107,003	3,697
40	Conferences, conventions, and meetings	40	355,946	261,596	23,611
41	Interest	41			
42	Depreciation, depletion, etc. (attach schedule)	42	79,594		79,594
43	Other expenses not covered above (itemize)				
a	See Additional Data Table	43a			
b		43b			
c		43c			
d		43d			
e		43e			
f		43f			
g		43g			
44	Total functional expenses. Add lines 22a through 43g (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	16,239,462	14,748,420	1,140,341

Joint Costs. Check if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No
 If "Yes," enter (i) the aggregate amount of these joint costs \$ _____, (ii) the amount allocated to Program services \$ _____, (iii) the amount allocated to Management and general \$ _____, and (iv) the amount allocated to Fundraising \$ _____

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

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? **►** Founded in 1957, The Medical Foundation (TMF) works to help people live healthier lives and create healthy communities through prevention, health promotion, and research. This broad mission statement has remained consistent throughout TMFs 50 years of service, and is reflective of the varied work performed by the numerous programs under its umbrella.

Program Service Expenses
(Required for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts, but optional for others.)

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

a **COMMUNITY HEALTH PROGRAMS** - The Medical Foundation (TMF) Community Health Programs division reaches over 100,000 individuals annually, through research and evaluation, training and capacity building, planning and implementation, health communication, advocacy and policy development, environmental health, and information and referral services. TMF has earned credibility on a national, state, regional, and local level based on its solid reputation for creating and providing quality, innovative, and culturally competent programming. TMFs work with individuals, communities, and partners is guided by the organizational values of excellence in setting the standard and producing the highest quality product or service, innovation in leading the way and stretching creative boundaries, diversity in organizational practices resulting in culturally competent services, programs, and policies, and flexibility and responsiveness to new opportunities and emerging trends.

(Grants and allocations \$ 120,000)

If this amount includes foreign grants, check here **►**

6,077,044

b **medical reaserch grants** - The Medical Research Grants Division works with private individuals, family foundations, bank trusts and corporations to design customized grant programs that fund outstanding biomedical investigators. By bringing together the vision of our clients and the commitment of our scientific reviewers, we support medical discoveries that may improve the lives of millions. For each of our ten client programs, we write Application Guidelines, announce their Programs to potential applicants, establish Scientific Review Committees, accept applications through a web-based online system, manage the review process and handle Award recipient correspondence that includes award contracts and Research Progress Reports. Last year alone, we convened 13 Scientific Review Committees, accepted more than 700 applications, worked with over 120 funded Award recipients and distributed more than \$12 million. Each Program has its own eligibility criteria. For example, one Program awards grants of \$600,000 over three years to investigators in brain tumor research at nonprofit research institutions in the United States, Canada and Israel. In contrast, another Program supports only junior faculty working in Massachusetts academic research organizations. In short, Programs are designed to meet the unique needs of each client.

(Grants and allocations \$ 8,142,422)

If this amount includes foreign grants, check here **►**

8,671,376

c

(Grants and allocations \$)

If this amount includes foreign grants, check here **►**

d

(Grants and allocations \$)

If this amount includes foreign grants, check here **►**

e Other program services (attach schedule)

(Grants and allocations \$)

If this amount includes foreign grants, check here **►**

f **Total of Program Service Expenses** (should equal line 44, column (B), Program services) **►**

14,748,420

Part IV Balance Sheets (See the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A)		(B)
		Beginning of year		End of year
Assets	45 Cash—non-interest-bearing	814,169	45	329,089
	46 Savings and temporary cash investments	770,614	46	1,704,421
	47a Accounts receivable	47a 2,638,010		
	b Less allowance for doubtful accounts	47b 24,545	2,751,989	47c 2,613,465
	48a Pledges receivable	48a 6,577,166		
	b Less allowance for doubtful accounts	48b	5,191,003	48c 6,577,166
	49 Grants receivable			49
	50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)			50a
	b Receivables from other disqualified persons (as defined under section 4958(c)(3)(B) (attach schedule)			50b
	51a Other notes and loans receivable (attach schedule)	51a		
	b Less allowance for doubtful accounts	51b		51c
	52 Inventories for sale or use			52
	53 Prepaid expenses and deferred charges	23,795	53	83,691
	54a Investments—publicly-traded securities <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	2,263,621	54a	2,186,837
	b Investments—other securities (attach schedule) <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	75,211	54b <input checked="" type="checkbox"/>	95,002
55a Investments—land, buildings, and equipment basis	55a			
b Less accumulated depreciation (attach schedule)	55b		55c	
56 Investments—other (attach schedule)			56	
57a Land, buildings, and equipment basis	57a 758,031			
b Less accumulated depreciation (attach schedule)	57b 437,677	301,248	57c <input checked="" type="checkbox"/> 320,354	
58 Other assets, including program-related investments (describe <input type="checkbox"/> _____)			58	
59 Total assets (must equal line 74) Add lines 45 through 58	12,191,650	59	13,910,025	
Liabilities	60 Accounts payable and accrued expenses	1,253,177	60	1,127,915
	61 Grants payable	2,967,933	61	5,386,769
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64a Tax-exempt bond liabilities (attach schedule)		64a	
	b Mortgages and other notes payable (attach schedule)		64b	
	65 Other liabilities (describe <input type="checkbox"/> _____)		65	
66 Total liabilities Add lines 60 through 65	4,221,110	66	6,514,684	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74			
	67 Unrestricted	2,666,472	67	2,685,439
	68 Temporarily restricted	5,025,316	68	4,431,150
	69 Permanently restricted	278,752	69	278,752
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
	73 Total net assets or fund balances Add lines 67 through 69 or lines 70 through 72 (Column (A) must equal line 19 and column (B) must equal line 21)	7,970,540	73	7,395,341
	74 Total liabilities and net assets / fund balances Add lines 66 and 73	12,191,650	74	13,910,025

Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return (See the instructions.)

a	Total revenue, gains, and other support per audited financial statements	a	16,952,051
b	Amounts included on line a but not on Part I, line 12		
1	Net unrealized gains on investments	b1	-244,239
2	Donated services and use of facilities	b2	1,287,788
3	Recoveries of prior year grants	b3	
4	Other (specify) _____	b4	
	Add lines b1 through b4	b	1,043,549
c	Subtract line b from line a	c	15,908,502
d	Amounts included on Part I, line 12, but not on line a :		
1	Investment expenses not included on Part I, line 6b	d1	
2	Other (specify) _____	d2	
	Add lines d1 and d2	d	1,043,549
e	Total revenue (Part I, line 12) Add lines c and d	e	15,908,502

Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

a	Total expenses and losses per audited financial statements	a	17,527,250
b	Amounts included on line a but not on Part I, line 17		
1	Donated services and use of facilities	b1	1,287,788
2	Prior year adjustments reported on Part I, line 20	b2	
3	Losses reported on Part I, line 20	b3	
4	Other (specify) _____	b4	
	Add lines b1 through b4	b	1,287,788
c	Subtract line b from line a	c	16,239,462
d	Amounts included on Part I, line 17, but not on line a :		
1	Investment expenses not included on Part I, line 6b	d1	
2	Other (specify) _____	d2	
	Add lines d1 and d2	d	
e	Total expenses (Part I, line 17) Add lines c and d	e	16,239,462

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
See Additional Data Table				

Part V-A Current Officers, Directors, Trustees, and Key Employees *(continued)*

75a Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings <u>22</u>		
b Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s)	75b	No
c Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization" If "Yes," attach a statement that includes the information described in the instructions	75c	No
d Does the organization have a written conflict of interest policy?	75d	Yes

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

(A) Name and address	(B) Loans and Advances	(C) Compensation (If not paid enter -0-)	(D) Contributions to employee benefit plans and deferred compensation plans	(E) Expense account and other allowances

Part VI Other Information *(See the instructions.)*

76 Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change	76	No
77 Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	77	No
78a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	No
b If "Yes," has it filed a tax return on Form 990-T for this year?	78b	
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79	No
80a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a	No
b If "Yes," enter the name of the organization ► _____ _____ and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt		
81a Enter direct or indirect political expenditures (See line 81 instructions) <u>81a</u>	81a	
b Did the organization file Form 1120-POL for this year?	81b	No

Part VI Other Information (continued)

		Yes	No
82a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	Yes	
b If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III)	82b		1,287,788
83a Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	Yes	
b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	Yes	
84a Did the organization solicit any contributions or gifts that were not tax deductible?	84a		No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b		
85 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a		
b Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b		
If "Yes," was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed the prior year.			
c Dues assessments, and similar amounts from members	85c		
d Section 162(e) lobbying and political expenditures	85d		
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e		
f Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f		
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g		
h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h		
86 501(c)(7) orgs. Enter a Initiation fees and capital contributions included on line 12	86a		
b Gross receipts, included on line 12, for public use of club facilities	86b		
87 501(c)(12) orgs. Enter a Gross income from members or shareholders	87a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	87b		
88a At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88a		No
b At any time during the year, did the organization directly or indirectly own a controlled entity within the meaning of section 512(b)(13)? If yes complete Part XI	88b		No
89a 501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 <input type="text" value="0"/> , section 4912 <input type="text" value="0"/> , section 4955 <input type="text" value="0"/>			
b 501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b		No
c Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			0
d Enter Amount of tax on line 89c, above, reimbursed by the organization			
e All organizations. At any time during the tax year was the organization a party to a prohibited tax shelter transaction?	89e		No
f All organizations. Did the organization acquire direct or indirect interest in any applicable insurance contract?	89f		No
g For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89g		No
90a List the states with which a copy of this return is filed <input type="text" value="MA"/>			
b Number of employees employed in the pay period that includes March 12, 2007 (See instructions)	90b		68
91a The books are in care of <input type="text" value="THE Medical FOUNDATION"/> Telephone no <input type="text" value="(617) 451-0049"/>			
<input type="text" value="95 BERKELEY STREET"/>			
Located at <input type="text" value="Boston, MA"/> ZIP + 4 <input type="text" value="02116"/>			
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)?	91b	Yes	No
If "Yes," enter the name of the foreign country <input type="text"/>			
See the instructions for exceptions and filing requirements for Form TD F 90-22.1 , Report of Foreign Bank and Financial Accounts			

Part VI Other Information (continued)

c At any time during the calendar year, did the organization maintain an office outside of the United States? **91c** Yes No

If "Yes," enter the name of the foreign country

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year **92**

Part VII Analysis of Income-Producing Activities (See the instructions.)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue					
a Grant Admin Fees					835,053
b PROGRAM REVENUE					726,634
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	83,807	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate					
a debt-financed property					
b non debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			18	156,239	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))				240,046	1,561,687
105 Total (add line 104, columns (B), (D), and (E))					1,801,733

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
93A	ADMINISTRATION OF MEDICAL RESEARCH FELLOWSHIPS IN HEALTH AND BIOMEDICAL SCIENCES
93B	CONFERENCES AND TRAININGS IN AREAS SUCH AS COMMUNITY DEVELOPMENT PROGRAMS TO EDUCATE THE PUBLIC ON VARIOUS MEDICAL ISSUES

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

NOTE: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Part XI Information Regarding Transfers To and From Controlled Entities Complete only if the organization is a controlling organization as defined in section 512(b)(13)

				Yes	No
106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity					
	(A) Name and address of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer	
a					
b					
c					
Totals					

				Yes	No
107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity					
	(A) Name and address of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer	
a					
b					
c					
Totals					

		Yes	No
108 Did the organization have a binding written contract in effect on August 17, 2006 covering the interests, rents, royalties and annuities described in question 107 above?			

Please Sign Here	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.		
	***** Signature of officer		2009-02-06 Date
	raymond considine President Type or print name and title		

Paid Preparer's Use Only	Preparer's signature	JOEL ARONSON CPA	Date	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN (See Gen Inst W)
	Firm's name (or yours if self-employed), address, and ZIP + 4	ALEXANDER ARONSON FINNING & CO PC 21 EAST MAIN STREET WESTBORO, MA 01581			EIN
					Phone no (508) 366-9100

SCHEDULE A (Form 990 or 990EZ)

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information—(See separate instructions.)

OMB No 1545-0047

2007

MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

Department of the Treasury Internal Revenue Service

Name of the organization THE MEDICAL FOUNDATION INC

Employer identification number

04-2229839

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees (See page 1 of the instructions. List each one. If there are none, enter "None.")

Table with 5 columns: (a) Name and address of each employee paid more than \$50,000; (b) Title and average hours per week devoted to position; (c) Compensation; (d) Contributions to employee benefit plans & deferred compensation; (e) Expense account and other allowances. Includes entries for STEVEN RIDINI, Margaret Henderson, Jodie Silverman, Sally Mcnaghy, and Stephen Nishino.

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services (See page 2 of the instructions. List each one (whether individual or firms). If there are none, enter "None.")

Table with 3 columns: (a) Name and address of each independent contractor paid more than \$50,000; (b) Type of service; (c) Compensation. Includes a total row for professional services.

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services (List each contractor who performed services other than professional services, whether individual or firms. If there are none, enter "None". See page 2 for instructions.)

Table with 3 columns: (a) Name and address of each independent contractor paid more than \$50,000; (b) Type of service; (c) Compensation. Includes a total row for other services.

Part III Statements About Activities (See page 2 of the instructions.)**Yes No**

1 During the year, has the organization attempted to influence national, state, or local legislation, include any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ <u>\$ 7,500</u> (Must equal amounts on line 38, Part VI-A, or line 1 of Part VI-B) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities	1	Yes	
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.) a Sale, exchange, or leasing property?	2a		No
b Lending of money or other extension of credit?	2b		No
c Furnishing of goods, services, or facilities?	2c		No
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	Yes	
e Transfer of any part of its income or assets?	2e		No
3a Did the organization make grants for scholarships, fellowships, student loans, etc ? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments)	3a	Yes	
b Did the organization have a section 403(b) annuity plan for its employees?	3b	Yes	
c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment , historic land areas or structures? If "Yes" attach a detailed statement	3c		No
d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d		No
4a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g If "No," complete lines 4f and 4g	4a	Yes	
b Did the organization make any taxable distributions under section 4966?	4b		
c Did the organization make a distribution to a donor, donor advisor, or related person?	4c		
d Enter the total number of donor advised funds owned at the end of the tax year ▶ _____			
e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ▶ _____			
f Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts ▶ <u>0</u>			
g Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ▶ <u>0</u>			

Part IV Reason for Non-Private Foundation Status (See pages 4 through 7 of the instructions.)

I certify that the organization is not a private foundation because it is (Please check only **ONE** applicable box)

- 5 A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)
- 6 A school Section 170(b)(1)(A)(ii) (Also complete Part V)
- 7 A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
- 8 A federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)
- 9 A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) **Enter the hospital's name, city, and state** _____
- 10 An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV-A)
- 11a An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)
- 11b A community trust Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)
- 12 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 charitable, etc , 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) (Also complete the **Support Schedule** in Part IV-A)
- 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3) Check the box that describes the type of supporting organization
 Type I Type II Type III - Functionally Integrated Type III - Other

Provide the following information about the supported organizations. (see page 7 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support?
			Yes	No	
Total					

- 14 An organization organized and operated to test for public safety Section 509(a)(4) (See page 7 of the instructions)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12) **Use cash method of accounting.**

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants See line 28)	8,771,961	8,394,045	7,885,020	7,049,375	32,100,401
16 Membership fees received					0
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc , purpose	1,484,859	1,327,320	1,043,400	863,266	4,718,845
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	81,657	85,199	71,709	45,576	284,141
19 Net income from unrelated business activities not included in line 18					0
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0
21 The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge					0
22 Other income Attach a schedule Do not include gain or (loss) from sale of capital assets					0
23 Total of lines 15 through 22	10,338,477	9,806,564	9,000,129	7,958,217	37,103,387
24 Line 23 minus line 17	8,853,618	8,479,244	7,956,729	7,094,951	32,384,542
25 Enter 1% of line 23	103,385	98,066	90,001	79,582	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					647,691
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2002 through 2005 exceeded the amount shown in line 26a Do not file this list with your return. Enter the total of all these excess amounts					12,504,556
c Total support for section 509(a)(1) test Enter line 24, column (e)					32,384,542
d Add Amounts from column (e) for lines 18 284,141 19 0 22 26 b 12,504,556					12,788,697
e Public support (line 26c minus line 26d total)					19,595,845
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					6050 99 %
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person " Do not file this list with your return. Enter the sum of such amounts for each year (2006) (2005) (2004) (2003)					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000 (Include in the list organizations described in lines 5 through 11b, as well as individuals) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2) , enter the sum of these differences (the excess amounts) for each year (2006) (2005) (2004) (2003)					
c Add Amounts from column (e) for lines 15 16 17 20 21					27c
d Add Line 27a total and line 27b total					27d
e Public support (line 27c total minus line 27d total)					27e
f Total support for section 509(a)(2) test Enter amount from line 23, column (e)					27f
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant Do not file this list with your return. Do not include these grants in line 15					

Part V Private School Questionnaire (See page 7 of the instructions.)**(To be completed ONLY by schools that checked the box on line 6 in Part IV)**

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement)		
32	Does the organization maintain the following		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?		
b	Records documenting that scholarships and other financial assistance are awarded on racially nondiscriminatory basis?		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
d	Copies of all material used by the organization or on its behalf to solicit contributions?		
	If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)		
33	Does the organization discriminate by race in any way with respect to		
a	Students' rights or privileges?		
b	Admissions policies?		
c	Employment of faculty or administrative staff?		
d	Scholarships or other financial assistance?		
e	Educational policies?		
f	Use of facilities?		
g	Athletic programs?		
h	Other extracurricular activities?		
	If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)		
34a	Does the organization receive any financial aid or assistance from a governmental agency?		
b	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement		
35	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation		

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions.)(To be completed **ONLY** by an eligible organization that filed Form 5768)Check **a** if the organization belongs to an affiliated group Check **b** if you checked "a" and "limited control" provisions apply

Limits on Lobbying Expenditures		(a) Affiliated group totals	(b) To be completed for all electing organizations
(The term "expenditures" means amounts paid or incurred)			
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38	Total lobbying expenditures (add lines 36 and 37)	38	
39	Other exempt purpose expenditures	39	
40	Total exempt purpose expenditures (add lines 38 and 39)	40	
41	Lobbying nontaxable amount Enter the amount from the following table— If the amount on line 40 is— The lobbying nontaxable amount is— Not over \$500,000 20% of the amount on line 40 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	41	
42	Grassroots nontaxable amount (enter 25% of line 41)	42	
43	Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	43	
44	Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	44	
Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.			

4-Year Averaging Period Under Section 501(h)(Some organizations that made a section 501(h) election do not have to complete all of the five columns below
See the instructions for lines 45 through 50 on page 11 of the instructions)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total
45	Lobbying nontaxable amount				
46	Lobbying ceiling amount (150% of line 45(e))				
47	Total lobbying expenditures				
48	Grassroots nontaxable amount				
49	Grassroots ceiling amount (150% of line 48(e))				
50	Grassroots lobbying expenditures				

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of

	Yes	No	Amount
a Volunteers		No	
b Paid staff or management (Include compensation in expenses reported on lines c through h.)		No	
c Media advertisements		No	0
d Mailings to members, legislators, or the public		No	0
e Publications, or published or broadcast statements		No	0
f Grants to other organizations for lobbying purposes	Yes		7,500
g Direct contact with legislators, their staffs, government officials, or a legislative body		No	0
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means		No	0
i Total lobbying expenditures (Add lines c through h.)			7,500

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 12 of the instructions.)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

a Transfers from the reporting organization to a noncharitable exempt organization of

- (i) Cash
(ii) Other assets

b Other transactions

- (i) Sales or exchanges of assets with a noncharitable exempt organization
(ii) Purchases of assets from a noncharitable exempt organization
(iii) Rental of facilities, equipment, or other assets
(iv) Reimbursement arrangements
(v) Loans or loan guarantees
(vi) Performance of services or membership or fundraising solicitations

c Sharing of facilities, equipment, mailing lists, other assets, or paid employees

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.

Table with 3 columns: Question ID (51a(i), a(ii), b(i), b(ii), b(iii), b(iv), b(v), b(vi), c), Yes, No. All 'No' boxes are checked.

Table with 4 columns: (a) Line no, (b) Amount involved, (c) Name of noncharitable exempt organization, (d) Description of transfers, transactions, and sharing arrangements. Contains 14 empty rows.

52a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?

Yes No

b If "Yes," complete the following schedule

Table with 3 columns: (a) Name of organization, (b) Type of organization, (c) Description of relationship. Contains 10 empty rows.

Form 4562-FY

Depreciation and Amortization (Including Information on Listed Property)

OMB No 1545-

2007

Department of the Treasury Internal Revenue Service

See separate instructions. Attach to your tax return.

Attachment Sequence No 67

Table with 3 columns: Name(s) shown on return, Business or activity to which this form relates, Identifying number.

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

Table with 2 columns: Description, Amount. Rows 1-5.

Table with 3 columns: (a) Description of property, (b) Cost (business use only), (c) Elected cost. Rows 6-13.

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions.)

Table with 2 columns: Description, Amount. Rows 14-16.

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

Table with 2 columns: Description, Amount. Rows 17-18.

Section B—Assets Placed in Service During 2007 Tax Year Using the General Depreciation System

Table with 7 columns: (a) Classification of property, (b) Month and year placed in service, (c) Basis for depreciation, (d) Recovery period, (e) Convention, (f) Method, (g) Depreciation deduction. Rows 19a-i.

Section C—Assets Placed in Service During 2007 Tax Year Using the Alternative Depreciation System

Table with 6 columns: (a) Class life, (b) Recovery period, (c) Convention, (d) Method, (e) Depreciation deduction. Rows 20a-c.

Part IV Summary (see instructions)

Table with 2 columns: Description, Amount. Rows 21-23.

Part V Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? Yes No **24b** If "Yes," is the evidence written? Yes No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation/ deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)						25		
26 Property used more than 50% in a qualified business use								
		%						
		%						
		%						
27 Property used 50% or less in a qualified business use								
		%			S/L -			
		%			S/L -			
		%			S/L -			
28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1						28		
29 Add amounts in column (i), line 26 Enter here and on line 7, page 1							29	

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person
If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles

	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
30 Total business/investment miles driven during the year (do not include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal(noncommuting) miles driven												
33 Total miles driven during the year Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions)

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions)		

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2007 tax year (see instructions)					
43 Amortization of costs that began before your 2007 tax year					43
44 Total. Add amounts in column (f) See the instructions for where to report					44

Additional Data

Software ID:

Software Version:

EIN: 04-2229839

Name: THE MEDICAL FOUNDATION INC

Form 990, Part II, Line 43 - Other expenses not covered above (itemize):

<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.</i>		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
a Consultants	43a	1,318,935	1,193,635	43,374	81,926
b data processing	43b	42,573	21,626	4,175	16,772
c Dues Memberships & Subscriptions	43c	19,089	10,428	8,269	392
d Miscellaneous	43d	48,741	26,800	20,027	1,914
e Recruitment	43e	9,837	9,040	722	75
f Subcontractors	43f	200,701	200,701		
g Temporary Help	43g	28,248	10,006	12,457	5,785
h Training AND EDUCATIONAL SUPPLIES	43h	116,687	116,644	43	
i STAFF TRAINING	43i	21,877	21,462		415
j Investment fees	43j	20,650		20,650	

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
RAYMOND CONSIDINE 95 BERKELEY STREET BOSTON, MA 02116	PRESIDENT 35 00	159,022	30,901	0
Walter Guralnick DMD 95 BERKELEY STREET bOSTON, MA 02116	Chair 10 00	0	0	0
John Pratt 95 BERKELEY STREET bOSTON, MA 02116	Vice Chair 0 75	0	0	0
RICHARD F DELIMA ESQ 95 BERKELEY STREET bOSTON, MA 02116	Treasurer 1 50	0	0	0
Ann Webster PhD 95 BERKELEY STREET bOSTON, MA 02116	Clerk 0 50	0	0	0
M Laurie Cammisa esq 95 BERKELEY STREET bOSTON, MA 02116	member 0 50	0	0	0
philip caper md 95 BERKELEY STREET bOSTON, MA 02116	member 0 50	0	0	0
gene dahmen esq 95 BERKELEY STREET bOSTON, MA 02116	member 0 50	0	0	0
joseph m davie md phd 95 BERKELEY STREET bOSTON, MA 02116	member 0 50	0	0	0
alfred donovan 95 BERKELEY STREET bOSTON, MA 02116	member 0 50	0	0	0

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
CHESTER DOUGLAS Dmd Phd 95 BERKELEY STREET BOSTON, MA 02116	member 0 50	0	0	0
mary fifield 95 BERKELEY STREET BOSTON, MA 02116	member 1 00	0	0	0
peter hiam esq 95 BERKELEY STREET BOSTON, MA 02116	member 0 50	0	0	0
eric l kramer 95 BERKELEY STREET BOSTON, MA 02116	member 0 50	0	0	0
bik-fung ng 95 BERKELEY STREET BOSTON, MA 02116	member 0 50	0	0	0
nancy oriol md 95 BERKELEY STREET BOSTON, MA 02116	member 0 50	0	0	0
thaleia schlesinger 95 BERKELEY STREET BOSTON, MA 02116	member 0 75	0	0	0
philip a sharp phd 95 BERKELEY STREET BOSTON, MA 02116	member 0 50	0	0	0
miles f shore md 95 BERKELEY STREET BOSTON, MA 02116	member 0 50	0	0	0
juan m tapia 95 BERKELEY STREET BOSTON, MA 02116	member 0 50	0	0	0

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
harriet tolpin phd 95 BERKELEY STREET BOSTON, MA 02116	member 0 50	0	0	0
gordon williams md 95 BERKELEY STREET BOSTON, MA 02116	member 0 50	0	0	0
nelson a valverde ab mba 95 BERKELEY STREET BOSTON, MA 02116	member 0 50	0	0	0

TY 2007 Cash Grants Paid Schedule

Name: THE MEDICAL FOUNDATION INC

EIN: 04-2229839

Class of Activity	Recipient's name	Address	Amount	Relationship
FELLOWSHIPS	KING FELLOWS	95 BERKELEY STREET SUITE 208 BOSTON, MA 02116	1,126,000	NONE
FELLOWSHIPS	TMF FELLOWS	95 BERKELEY STREET SUITE 208 BOSTON, MA 02116	232,000	NONE
FELLOWSHIPS	FARNSWORTH	95 BERKELEY STREET SUITE 208 BOSTON, MA 02116	119,422	NONE
FELLOWSHIPS	NEW INVESTIGATOR	95 BERKELEY STREET SUITE 208 BOSTON, MA 02116	450,000	NONE
FELLOWSHIPS	GOLDHIRSH FOUNDATION	113 LINDEN AVENUE BRANFORD, CT 06405	2,400,000	NONE
FELLOWSHIPS	PATTERSON TRUST	95 BERKELEY STREET SUITE 208 BOSTON, MA 02116	915,000	NONE
feLLOWSHIPS	klarman foundation awards	95 BERKELEY STREET SUITE 208 boSTON, MA 02116	2,800,000	nonE
feLLOWSHIPS	Other Awards and Fellowships	95 BERKELEY STREET SUITE 208 boston, MA 02116	220,000	none

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

TY 2007 Gain/Loss from Sale of Other Assets Schedule

Name: THE MEDICAL FOUNDATION INC

EIN: 04-2229839

Name	Date Acquired	How Acquired	Date Sold	Purchaser Name	Gross Sales Price	Basis	Basis Method	Sales Expenses	Total (net)	Accumulated Depreciation
fixed assets	2007-12	PURCHASED	2007-12		5,667	8,095		0	-2,428	

TY 2007 Gain/Loss from Sale of Public Securities Schedule**Name:** THE MEDICAL FOUNDATION INC**EIN:** 04-2229839**Gross Sales Price:** 1,332,032**Basis:** 1,173,365**Sales Expenses:** 0**Total (net):** 158,667

TY 2007 Investments - Securities Schedule

Name: THE MEDICAL FOUNDATION INC

EIN: 04-2229839

Description	Book Value	Cost/FMV
INVESTMENT CASH	95,002	F

TY 2007 Land etc. Schedule

Name: THE MEDICAL FOUNDATION INC

EIN: 04-2229839

Category/Item	Cost/Other Basis	Accumulated Depreciation	Book Value
EQUIPMENT	413,734	261,962	151,772
FURNITURE & FIXTURES	130,436	120,348	10,088
IEASEHOLD IMPROV	213,861	55,367	158,494

TY 2007 Other Changes in Net Assets Schedule**Name:** THE MEDICAL FOUNDATION INC**EIN:** 04-2229839

Description	Amount
UNREALIZED loss ON INVESTMENTS	-244,239

TY 2007 Non Electing Public Charities Statement

Name: THE MEDICAL FOUNDATION INC

EIN: 04-2229839

Statement: Lobbying Seminars and Conventions

TY 2007 Scholarship Award Statement

Name: THE MEDICAL FOUNDATION INC

EIN: 04-2229839

Statement: THE FOUNDATION HAS A COMMITTEE WHICH REVIEWS ALL CANDIDATES FOR THE MEDICAL RESEARCH FELLOWSHIP GRANTS. THE CANDIDATES ARE CHOSEN BASED ON THEIR QUALIFICATIONS AND TOPICS OF RESEARCH. ONCE THE CANDIDATE HAS BEEN AWARDED, THEY MUST SUBMIT QUARTERLY REPORTS TO THE FOUNDATION DETAILING THE PROGRESS OF THEIR RESEARCH. THE FOUNDATION'S ADMINISTRATION REVIEWS THESE REPORTS TO ENSURE THAT THE RESEARCH AND HOURS INVOLVED ARE ADEQUATE AND COMPLY WITH THE GRANT AGREEMENT BETWEEN THE FELLOW AND THE FOUNDATION.