

Return of Organization Exempt From Income Tax

2008

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

A For the 2008 calendar year, or tax year beginning 10/01, 2008, and ending 09/30, 2009

Form header section containing organization name (BOSTON MEDICAL CENTER), address (88 EAST NEWTON STREET, BOSTON, MA 02118), principal officer (RONALD BARTLETT), and other identifying information.

Part I Summary

Table with 3 columns: Description, Prior Year, Current Year. Rows include mission statement, revenue (Total: 1,004,352,095), expenses (Total: 1,016,594,095), and net assets (Total: 1,026,395,000).

Part II Signature Block

Signature block area with declaration text and lines for officer signature and title.

Preparer information section including signature of PRICewaterhouseCOOPERS LLP, EIN 13-4008324, and address 125 HIGH STREET BOSTON, MA 02110.

May the IRS discuss this return with the preparer shown above? (See instructions) [X] Yes [ ] No

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2008)

- If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box  **X**
- Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

- If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).

**Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).**

Type or print  File by the extended due date for filing the return. See instructions.	Name of Exempt Organization <b>BOSTON MEDICAL CENTER</b>	Employer identification number <b>04-3314093</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>88 EAST NEWTON STREET</b>	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>BOSTON, MA 02118</b>	

Check type of return to be filed (File a separate application for each return):

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust)	<input type="checkbox"/> Form 4720	<input type="checkbox"/> Form 8870
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 5227	

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

- The books are in the care of **▶ JOHN C. LINDSTEDT**  
Telephone No. **▶ 617 414-1625** FAX No. **▶**
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) **\_\_\_\_\_**. If this is for the whole group check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

- I request an additional 3-month extension of time until **08/16/2010**
- For calendar year **\_\_\_\_\_**, or other tax year beginning **10/01/2008**, and ending **09/30/2009**
- If this tax year is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period
- State in detail why you need the extension **ADDITIONAL TIME IS NEEDED TO FILE A COMPLETE AND ACCURATE RETURN.**

8a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	\$	NONE
8b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	\$	NONE
8c	Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with EFTPS (Electronic Federal Tax Payment System). See instructions.	\$	NONE

**Signature and Verification**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature **▶** *[Handwritten Signature]* Title **▶ CPA** Date **▶ 05/03/2010**

**PREWATERHOUSECOOPERS LLP**  
21 HIGH STREET  
BOSTON, MA 02110

Form 8868 (Rev. 4-2009)

## Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury  
Internal Revenue Service

▶ File a separate application for each return.

- If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box
  - If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form)
- Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.*

**Part I** Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

*All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.*

**Electronic Filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*.

<b>Type or print</b>	Name of Exempt Organization <b>BOSTON MEDICAL CENTER</b>	Employer identification number <b>04-3314093</b>
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. <b>88 EAST NEWTON STREET</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>BOSTON, MA 02118</b>	

Check type of return to be filed (file a separate application for each return).

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-T (corporation)	<input type="checkbox"/> Form 4720
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust)	<input type="checkbox"/> Form 5227
<input type="checkbox"/> Form 990-FZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 8870

• The books are in the care of ▶ **JOHN C. LINDSTEDT**

Telephone No. ▶ **617 414-1625**

FAX No. ▶

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ . If this is for the whole group, check this box  . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **05/17, 2010**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶  calendar year \_\_\_\_\_ or  
▶  tax year beginning **10/01, 2008**, and ending **09/30, 2009**

2 If this tax year is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a \$ <b>NONE</b>
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b \$ <b>NONE</b>
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c \$ <b>NONE</b>

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

**Part III** Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission:

BOSTON MEDICAL CENTER'S MISSION IS TO PROVIDE CONSISTENTLY EXCELLENT  
AND ACCESSIBLE HEALTH SERVICES TO ALL IN NEED OF CARE REGARDLESS OF  
STATUS AND ABILITY TO PAY.

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 exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 \$ 897,646,525. including grants of \$ \_\_\_\_\_) (Revenue \$ 874,042,000. )  
SEE SCHEDULE O.

4b (Code: \_\_\_\_\_) (Expenses \$ 12,074,814. including grants of \$ 12,074,814. ) (Revenue \$ \_\_\_\_\_ )  
BOSTON MEDICAL CENTER PROVIDES RESEARCH SUPPORT TO ORGANIZATIONS  
WITHIN THE UNITED STATES.

4c (Code: \_\_\_\_\_) (Expenses \$ 863,712. including grants of \$ 863,712. ) (Revenue \$ \_\_\_\_\_ )  
BOSTON MEDICAL CENTER PROVIDES RESEARCH SUPPORT TO FOREIGN  
ORGANIZATIONS.

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

4e Total program service expenses ► \$ 910,585,051. (Must equal Part IX, Line 25, column (B).)

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

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

		Yes	No
<b>28</b>	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:		
<b>a</b>	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .		<input checked="" type="checkbox"/>
<b>b</b>	Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .		<input checked="" type="checkbox"/>
<b>c</b>	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	<input checked="" type="checkbox"/>	
<b>29</b>	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .	<input checked="" type="checkbox"/>	
<b>30</b>	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .	<input checked="" type="checkbox"/>	
<b>31</b>	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .		<input checked="" type="checkbox"/>
<b>32</b>	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .		<input checked="" type="checkbox"/>
<b>33</b>	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . .	<input checked="" type="checkbox"/>	
<b>34</b>	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> . . . . .	<input checked="" type="checkbox"/>	
<b>35</b>	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	<input checked="" type="checkbox"/>	
<b>36</b>	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .		<input checked="" type="checkbox"/>
<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? <i>If "Yes," complete Schedule R, Part VI</i> . . . . .		<input checked="" type="checkbox"/>

Part V Statements Regarding Other IRS Filings and Tax Compliance

Table with columns for question ID, question text, and Yes/No columns. Includes questions 1a through 12b regarding IRS filings and tax compliance.

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include questions about voting members, family relationships, management duties, organizational changes, asset diversions, members/stockholders, governing body decisions, meeting documentation, local chapters, Form 990 distribution, and officer reachability.

Section B. Policies

Table with 3 columns: Question, Yes, No. Rows include questions about conflict of interest policies, whistleblower policies, document retention, compensation review, and joint venture arrangements.

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include questions about state filing requirements, public inspection of Forms 1023/1024, and disclosure of governing documents and officer information.





**Part VIII Statement of Revenue**

**04-3314093**

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
<b>Contributions, gifts, grants and other similar amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>						
	<b>b</b> Membership dues . . . . .	<b>1b</b>						
	<b>c</b> Fundraising events . . . . .	<b>1c</b>	2,830,183.					
	<b>d</b> Related organizations . . . . .	<b>1d</b>						
	<b>e</b> Government grants (contributions) . .	<b>1e</b>	10,058,000.					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .	<b>1f</b>	5,420,876.					
	<b>g</b> Noncash contributions included in lines 1a-1f: \$		1,338,755.					
	<b>h Total.</b> Add lines 1a-1f . . . . . ▶			18,309,059.				
	<b>Program Service Revenue</b>				<b>Business Code</b>			
		<b>2a</b> PATIENT SVC REV		900099	874,042,000.	874,042,000.		
<b>b</b> OTHER PROGRAM REV			900099	3,316,121.	3,316,121.			
<b>c</b> GRANT/CONTRACT REV			900099	73,724,000.	73,724,000.			
<b>d</b>								
<b>e</b>								
<b>f</b> All other program service revenue . . . . .								
<b>g Total.</b> Add lines 2a-2f . . . . . ▶				951,082,121.				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . . ▶			20,022,000.			20,022,000.	
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . ▶			NONE				
	<b>5</b> Royalties . . . . . ▶			NONE				
	<b>6a</b> Gross Rents . . . . .	(i) Real	228,072.					
		(ii) Personal						
		<b>b</b> Less: rental expenses . . . . .		92,700.				
		<b>c</b> Rental income or (loss) . . . . .		135,372.				
	<b>d</b> Net rental income or (loss) . . . . . ▶				135,372.		135,372.	
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	3,311,000.					
		(ii) Other						
		<b>b</b> Less: cost or other basis and sales expenses . . . . .						
		<b>c</b> Gain or (loss) . . . . .		3,311,000.				
	<b>d</b> Net gain or (loss) . . . . . ▶				3,311,000.		3,311,000.	
	<b>8a</b> Gross income from fundraising events (not including \$ 2,830,183. of contributions reported on line 1c). See Part IV, line 18. . . . .	<b>a</b>		452,941.				
		<b>b</b> Less: direct expenses . . . . .		778,205.				
		<b>c</b> Net income or (loss) from fundraising events . . . . . ▶				-325,264.		-325,264.
<b>9a</b> Gross income from gaming activities. See Part IV, line 19. . . . .	<b>a</b>							
	<b>b</b> Less: direct expenses . . . . .							
	<b>c</b> Net income or (loss) from gaming activities . . . . . ▶				NONE			
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>							
	<b>b</b> Less: cost of goods sold . . . . .							
	<b>c</b> Net income or (loss) from sales of inventory . . . . . ▶				NONE			
<b>Miscellaneous Revenue</b>			<b>Business Code</b>					
<b>11a</b> CAFETERIA			722210	2,857,553.			2,857,553.	
	<b>b</b> PARKING		812930	8,960,254.			8,960,254.	
	<b>c</b>							
	<b>d</b> All other revenue . . . . .							
<b>e Total.</b> Add lines 11a-11d . . . . . ▶				11,817,807.				
<b>12 Total Revenue.</b> Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e . . . . . ▶				1,004,352,095.	951,082,121.		34,960,915.	

**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) but are not required to complete columns (B), (C), and (D).**

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 . . .	12,074,814.	12,074,814.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22 . . . . .	NONE			
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 . . . . .	863,712.	863,712.		
4 Benefits paid to or for members . . . . .	NONE			
5 Compensation of current officers, directors, trustees, and key employees . . . . .	5,968,908.	5,157,962.	796,024.	14,922.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . .	NONE			
7 Other salaries and wages . . . . .	348,976,744.	300,452,762.	46,368,633.	2,155,349.
8 Pension plan contributions (include section 401 (k) and section 403(b) employer contributions) . .	20,594,508.	17,796,502.	2,746,520.	51,486.
9 Other employee benefits . . . . .	35,837,150.	30,968,252.	4,779,305.	89,593.
10 Payroll taxes . . . . .	28,664,366.	24,769,975.	3,822,730.	71,661.
11 Fees for services (non-employees):				
a Management . . . . .	NONE			
b Legal . . . . .	2,107,558.	1,825,786.	281,772.	
c Accounting . . . . .	763,055.		763,055.	
d Lobbying . . . . .	209,312.	180,875.	28,437.	
e Professional fundraising services. See Part IV, line 17	NONE			
f Investment management fees . . . . .	NONE			
g Other . . . . .	87,553,953.	75,833,043.	11,703,252.	17,658.
12 Advertising and promotion . . . . .	2,122,830.	1,834,419.	283,104.	5,307.
13 Office expenses . . . . .	108,411,673.	93,909,966.	14,493,050.	8,657.
14 Information technology . . . . .	6,968,235.	6,021,518.	929,296.	17,421.
15 Royalties . . . . .	3,379,519.	3,379,519.		
16 Occupancy . . . . .	28,404,504.	24,545,418.	3,788,075.	71,011.
17 Travel . . . . .	148,933.	127,708.	19,709.	1,516.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	NONE			
19 Conferences, conventions, and meetings . . . .	756,552.	645,893.	99,680.	10,979.
20 Interest . . . . .	9,118,291.	7,879,464.	1,216,031.	22,796.
21 Payments to affiliates . . . . .	NONE			
22 Depreciation, depletion, and amortization . . .	55,742,933.	48,169,600.	7,433,976.	139,357.
23 Insurance . . . . .	10,186,997.	8,825,036.	1,361,961.	
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a <b>PHYSICIAN SERVICES</b> -----	106,653,224.	106,653,224.		
b <b>DIRECT RESEARCH</b> -----	83,439,975.	83,439,975.		
c <b>PROVISION FOR BAD DEBT</b> -----	29,660,552.	29,660,552.		
d <b>LAB EXPENSES</b> -----	11,519,497.	11,519,497.		
e <b>SHARED SERVICES</b> -----	9,473,524.	8,206,952.	1,266,572.	
f All other expenses -----	6,992,776.	5,842,627.	901,689.	248,460.
25 <b>Total functional expenses.</b> Add lines 1 through 24f	1,016,594,095.	910,585,051.	103,082,871.	2,926,173.
26 <b>Joint Costs.</b> Check here <input type="checkbox"/> If following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation . . . . .				

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year		
<b>Assets</b>	1	Cash - non-interest-bearing . . . . .	7,314,000.	1	73,893,000.	
	2	Savings and temporary cash investments . . . . .	1,602,000.	2	NONE	
	3	Pledges and grants receivable, net . . . . .	96,658,000.	3	91,027,000.	
	4	Accounts receivable, net . . . . .	344,629,000.	4	136,825,000.	
	5	Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L . . . . .		5		
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L . . . . .		6		
	7	Notes and loans receivable, net . . . . .	NONE	7	176,607,000.	
	8	Inventories for sales or use . . . . .	3,188,000.	8	3,142,000.	
	9	Prepaid expenses and deferred charges . . . . .	6,079,000.	9	6,300,000.	
	10a	Land, buildings, and equipment: cost basis . . . . .	10a	1077673000.		
	b	Less: accumulated depreciation. Complete Part VI of Schedule D. . . . .	10b	578,527,000.	10c	499,146,000.
	11	Investments - publicly traded securities . . . . .	56,629,000.	11	54,543,000.	
	12	Investments - other securities. See Part IV, line 11 . . . . .	155,976,000.	12	151,940,000.	
	13	Investments - program-related. See Part IV, line 11 . . . . .		13		
	14	Intangible assets . . . . .		14		
	15	Other assets. See Part IV, line 11 . . . . .	698,062,000.	15	568,819,000.	
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	1,846,377,000.	16	1,762,242,000.		
<b>Liabilities</b>	17	Accounts payable and accrued expenses . . . . .	149,983,000.	17	114,329,000.	
	18	Grants payable . . . . .		18		
	19	Deferred revenue . . . . .	19,198,000.	19	19,151,000.	
	20	Tax-exempt bond liabilities . . . . .	371,204,000.	20	367,092,000.	
	21	Escrow account liability. Complete Part IV of Schedule D . . . . .		21		
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .		22		
	23	Secured mortgages and notes payable to unrelated third parties . . . . .		23		
	24	Unsecured notes and loans payable. . . . .	NONE	24	22,892,000.	
	25	Other liabilities. Complete Part X of Schedule D . . . . .	253,692,000.	25	212,383,000.	
	26	<b>Total liabilities.</b> Add lines 17 through 25 . . . . .	794,077,000.	26	735,847,000.	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>					
	27	Unrestricted net assets . . . . .	590,432,000.	27	627,750,000.	
	28	Temporarily restricted net assets . . . . .	445,515,000.	28	382,292,000.	
	29	Permanently restricted net assets . . . . .	16,353,000.	29	16,353,000.	
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>					
	30	Capital stock or trust principal, or current funds . . . . .		30		
	31	Paid-in or capital surplus, or land, building, or equipment fund . . . . .		31		
	32	Retained earnings, endowment, accumulated income, or other funds . . . . .		32		
33	<b>Total net assets or fund balances . . . . .</b>	1,052,300,000.	33	1,026,395,000.		
34	<b>Total liabilities and net assets/fund balances . . . . .</b>	1,846,377,000.	34	1,762,242,000.		

**Part XI Financial Statements and Reporting**

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

**Public Charity Status and Public Support**

**2008**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

<b>Name of the organization</b> BOSTON MEDICAL CENTER	<b>Employer identification number</b> 04-3314093
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**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: (Please check only **one** organization.)

- 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.)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**. (Attach Schedule H.)
- 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 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.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**. (see instructions)
- 11  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 that describes the type of supporting organization and complete lines 11e through 11h.
  - a  Type I      b  Type II      c  Type III - Functionally Integrated      d  Type III - Other
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

		Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? .....	11g(i)		
(ii) A family member of a person described in (i) above? .....	11g(ii)		
(iii) A 35% controlled entity of a person described in (i) or (ii) above? .....	11g(iii)		

**h** Provide the following information about the organizations the organization supports.

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
<b>Total</b>									

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Table with 7 columns: (a) 2004, (b) 2005, (c) 2006, (d) 2007, (e) 2008, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1-3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2004, (b) 2005, (c) 2006, (d) 2007, (e) 2008, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 9 Net income from unrelated business activities; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10.

12 Gross receipts from related activities, etc. (See instructions.) 12
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)) 14 %
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f 15 %
16a 33 1/3% support test - 2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization
b 33 1/3% support test - 2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization
17a 10%-facts-and-circumstances test - 2008. 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 "fact-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization
b 10%-facts-and-circumstances test - 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Part III Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2004, (b) 2005, (c) 2006, (d) 2007, (e) 2008, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support (Subtract line 7c from line 6).

Section B. Total Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2004, (b) 2005, (c) 2006, (d) 2007, (e) 2008, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 13 Total support. (Add lines 9, 10c, 11, and 12.); 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 3 columns: Description, Line number, Percentage. Row 15: Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)). Row 16: Public support percentage from 2007 Schedule A, Part IV-A, line 27g.

Section D. Computation of Investment Income Percentage

Table with 3 columns: Description, Line number, Percentage. Row 17: Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)). Row 18: Investment income percentage from 2007 Schedule A, Part IV-A, line 27h.

19a 33 1/3% support tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.

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

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



**SCHEDULE C**  
**(Form 990 or 990-EZ)**

**Political Campaign and Lobbying Activities**  
**For Organizations Exempt From Income Tax Under section 501(c) and section 527**

OMB No. 1545-0047

**2008**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

▶ **To be completed by organizations described below.**  
▶ **Attach to Form 990 or Form 990-EZ.**

**If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, 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," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then**

- Section 501(cy)(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," to Form 990, Part IV, line 5 (Proxy Tax), then**

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

Name of organization <b>BOSTON MEDICAL CENTER</b>	Employer identification number <b>04-3314093</b>
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**Part I-A To be completed by all organizations exempt under section 501(c) and section 527 organizations.**  
See the instructions for Schedule C for details.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political expenditures . . . . . ▶ \$ \_\_\_\_\_
- 3 Volunteer hours . . . . . \_\_\_\_\_

**Part I-B To be completed by all organizations exempt under section 501(c)(3).**  
See the instructions for Schedule C for details.

- 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 To be completed by all organizations exempt under section 501(c), except section 501(c)(3).**  
See the instructions for Schedule C for details.

- 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 of direct and indirect exempt function expenditures. Add lines 1 and 2 and enter here and on Form 1120-POL, line 17b . . . . . ▶ \$ \_\_\_\_\_
- 4 Did the filing organization file **Form 1120-POL** for this year? . . . . .  Yes  No
- 5 State the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made. Enter the amount paid and indicate if the amount was paid from the filing organization's funds or were political contributions received and 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-.

**Part II-A To be completed by organizations exempt under section 501(c)(3) that filed Form 5768 (election under section 501(h)).** See the instructions for Schedule C for details.

- A** Check  if the filing organization belongs to an affiliated group.  
**B** Check  if the filing organization checked box A and "limited control" provisions apply.

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1 a</b>	Total lobbying expenditures to influence public opinion (grass roots lobbying) . . . . .														
<b>b</b>	Total lobbying expenditures to influence a legislative body (direct lobbying) . . . . .														
<b>c</b>	Total lobbying expenditures (add lines 1a and 1b) . . . . .														
<b>d</b>	Other exempt purpose expenditures . . . . .														
<b>e</b>	Total exempt purpose expenditures (add lines 1c and 1d) . . . . .														
<b>f</b>	Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		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.		
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.														
<b>g</b>	Grassroots nontaxable amount (enter 25% of line 1f) . . . . .														
<b>h</b>	Subtract line 1g from line 1a. Enter -0- if line g is more than line a . . . . .														
<b>i</b>	Subtract line 1f from line 1c. Enter -0- if line f is more than line c . . . . .														
<b>j</b>	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? . . . . .		<input type="checkbox"/> Yes <input type="checkbox"/> 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 instructions for lines 2a through 2f of the instructions.)

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) Total
<b>2 a</b> Lobbying non-taxable amount					
<b>b</b> Lobbying ceiling amount (150% line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots non-taxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

Part II-B To be completed by organizations exempt under section 501(c)(3) that have NOT filed Form 5768 (election under section 501(h)). See the instructions for Schedule C for details.

Table with 3 main columns: (a) Yes/No, (b) Amount. Rows include: 1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation...; a Volunteers?; b Paid staff or management...; c Media advertisements?; d Mailings to members...; e Publications...; f Grants to other organizations...; g Direct contact with legislators...; h Rallies, demonstrations...; i Other activities...; j Total lines 1c through 1i; 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?; b If "Yes," enter the amount of any tax incurred under section 4912; c If "Yes," enter the amount of any tax incurred by organization managers under section 4912; d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?

Part III-A To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). See the instructions for Schedule C for details.

Table with 3 columns: Question, Yes, No. Rows include: 1 Were substantially all (90% or more) dues received nondeductible by members?; 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?; 3 Did the organization agree to carryover lobbying and political expenditures from the prior year?

Part III-B To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR if Part III-A, question 3 is answered "Yes." See Schedule C instructions for details.

Table with 3 columns: Question, Yes, No. Rows include: 1 Dues, assessments and similar amounts from members; 2 Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid); a Current year; b Carryover from last year; c Total; 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues; 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?; 5 Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4)

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5 and Part II-B, line 1i. Also, complete this part for any additional information.

SEE PAGE 4

Horizontal dashed lines for supplemental information input.

**Part IV** Supplemental Information (continued)

SCHEDULE C, PART II-B, LINE 1

BOSTON MEDICAL CENTER PAYS DUES TO NAPH, MHA, AND AHA, AND A PORTION OF

THE DUES ARE ALLOCATED TO LOBBYING EFFORTS. THE PORTION OF THE DUES THAT

WAS ALLOCATED TO LOBBYING EFFORTS WAS \$96,594. BMC ALSO PAID GEORGE

TRAYLOR \$82,718, A LOBBYIST, TO REPRESENT THE ORGANIZATION. ADDITIONALLY,

BOSTON MEDICAL CENTER PAID ROBERT WHITE ASSOCIATES \$30,000 TO REPRESENT

THE ORGANIZATION.

THESE FEES WERE PAID TO THE LOBBYISTS LISTED TO ADVANCE BOSTON MEDICAL

CENTER'S MISSION: "TO CONSISTENTLY PROVIDE EXCELLENT AND ACCESSIBLE

HEALTH CARE SERVICES TO ALL IN NEED OF CARE, REGARDLESS OF STATUS OR

ABILITY TO PAY" AS SET OUT IN CHAPTER 147 OF THE ACTS AND RESOLVES OF

1996 OF THE COMMONWEALTH OF MASSACHUSETTS.

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Name of the organization

Employer identification number

BOSTON MEDICAL CENTER

04-3314093

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: Total number at end of year, Aggregate contributions to (during year), Aggregate grants from (during year), Aggregate value at end of year, and two questions about donor informed consent.

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

Form with multiple sections: 1. Purpose(s) of conservation easements held by the organization (check all that apply). 2. Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Includes a table for 'Held at the End of the Year' with rows 2a, 2b, 2c, 2d.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

Form with sections 1a, 1b, 2, a, b. 1a: If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items. 1b: If the organization elected, as permitted under SFAS 116, 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) Revenues included in 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 relating to these items: a. Revenues included in Form 990, Part VIII, line 1; b. Assets included in Form 990, Part X.

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

- 3 Using the organization's 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 XIV.
- 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 Trust, Escrow and Custodial Arrangements.** Complete if organization answered "Yes" to 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 XIV and complete the following table:
- |   | Amount |
|---|--------|
| c Beginning balance . . . . .             | 1c     |
| d Additions during the year . . . . .     | 1d     |
| e Distributions during the year . . . . . | 1e     |
| f Ending balance . . . . .                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21? . . . . .  Yes  No
- b If "Yes," explain the arrangement in Part XIV.

**Part V Endowment Funds.** Complete if organization answered "Yes" to 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 . . . . .	431,600,644.				
b Contributions . . . . .					
c Investment earnings or losses . . . . .	31,375,895.				
d Grants or scholarships . . . . .					
e Other expenditures for facilities and programs . . . . .	33,917,009.				
f Administrative expenses . . . . .	1,366,261.				
g End of year balance . . . . .	427,693,269.				

- 2 Provide the estimated percentage of the year end balance held as:
- a Board designated or quasi-endowment ▶ 52.0000 %
  - b Permanent endowment ▶ 4.0000 %
  - c Term endowment ▶ 44.0000 %
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |                                       | Yes                      | No                                  |
|---------------------------------------|--------------------------|-------------------------------------|
| (i) unrelated organizations . . . . . | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) related organizations . . . . .  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
- b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? . . . . .  Yes  No
- 4 Describe in Part XIV the intended uses of the organization's endowment funds.

**Part VI Investments - Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land . . . . .		4,463,057.		4,463,057.
b Buildings . . . . .		404,423,110.	95,835,251.	308,587,859.
c Leasehold improvements . . . . .		11,722,254.	1,922,847.	9,799,407.
d Equipment . . . . .		58,506,647.	11,618,916.	46,887,731.
e Other . . . . .		598,557,932.	469,149,986.	129,407,946.
<b>Total.</b> Add lines 1a-1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c).) . . . . . ▶				<b>499,146,000.</b>





**Part XIV** Supplemental Information (continued)

## SCHEDULE D, PART V, LINE 4 - GENERAL ENDOWMENT

THE GENERAL ENDOWMENT INCLUDES FUNDS FROM A NUMBER OF SOURCES WITH VARIOUS RESTRICTIONS ON USE AND TREATMENT. THE ENDOWMENT FUNDS HAVE BEEN CONTRIBUTED FOR SPECIFIC PURPOSES INCLUDING CONSTRUCTION, MAINTENANCE, RESEARCH, CLINICAL CARE, EDUCATION, DEVELOPMENT, STAFFING, SALARIES, LABORATORY EQUIPMENT AND SUPPLIES, AND CONVALESCENT CARE.

## SCHEDULE D, PART XI, LINE 8

## PENSION RELATED CHANGES OTHER THAN

PERIODIC PENSION COSTS	(\$21,233,000)
------------------------	----------------

## ADJUSTMENT FOR CHANGE IN ACCOUNTING

FOR PENSIONS & POSTRETIREMENT	
-------------------------------	--

BENEFITS	(1,263,000)
----------	-------------

TOTAL	(\$22,496,000)
-------	----------------

## SCHEDULE D, PART XII, LINE 4B

RENTAL EXPENSE	(\$ 92,700)
----------------	-------------

SPECIAL EVENTS EXPENSE	(\$ 778,205)
------------------------	--------------

TOTAL	(\$ 870,905)
-------	--------------

## SCHEDULE D, PART XIII, LINE 2D

RENTAL EXPENSE	\$ 92,700
----------------	-----------

SPECIAL EVENTS EXPENSE	\$ 778,205
------------------------	------------

TOTAL	\$ 870,905
-------	------------

**Schedule F  
(Form 990)**

**Statement of Activities Outside the United States**

OMB No. 1545-0047

**2008**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

Name of the organization

Employer identification number

**BOSTON MEDICAL CENTER**

**04-3314093**

**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 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 For grantmakers.** Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States.

**3 Activities per Region.** (Use Schedule F-1 (Form 990) if additional space is needed.)

(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 in region
SUB-SAHARAN AFRICA	2	5	PROGRAM SERVICES	HEALTH SVCS TRAINING	
SUB-SAHARAN AFRICA			GRANTMAKING		
EAST ASIA AND THE PACIFIC		3	GRANTMAKING		
EUROPE			GRANTMAKING		
NORTH AMERICA			GRANTMAKING		
RUSSIA/INDEPENDENT STATES			GRANTMAKING		
CENTRAL AMERICA/CARIBBEAN	1		PROGRAM SERVICES	CAPTIVE INSURANCE	769,677.
<b>Totals . . . . . ▶</b>	<b>3</b>	<b>8</b>			<b>769,677.</b>

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule F (Form 990) 2008

**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. Check this box if no one recipient received more than \$5,000 . . . . .   
 Use Schedule F-1 (Form 990) if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			SUB-SAHARAN AFRICA	SUBAWARD	385,198.	WIRE			
			SUB-SAHARAN AFRICA	SUBAWARD	39,258.	WIRE			
			EAST ASIA/PACIFIC	SUBAWARD	134,102.	WIRE			
			EAST ASIA/PACIFIC	SUBAWARD	36,936.	WIRE			
			EAST ASIA/PACIFIC	SUBAWARD	35,000.	WIRE			
			EAST ASIA/PACIFIC	SUBAWARD	28,463.	WIRE			
			EAST ASIA/PACIFIC	SUBAWARD	28,082.	WIRE			
			RUSSIA	SUBAWARD	49,296.	WIRE			
			NORTH AMERICA	SUBAWARD	53,144.	WIRE			
			EUROPE/ICELAND/GREENLAND	SUBAWARD	64,234.	WIRE			
			EUROPE/ICELAND/GREENLAND	SUBAWARD	10,000.	WIRE			

2 Enter total number of organizations that are recognized as charities by the foreign country or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . .  \_\_\_\_\_

3 Enter total number of other organizations or entities . . . . .  \_\_\_\_\_



**Part IV** Supplemental Information

Complete this part to provide the information required in Part I, line 2, and any other additional information.

SCHEDULE F, PART I, LINE 2

THE PRINCIPAL INVESTIGATOR AND ADMINISTRATOR APPROVE ALL SUBCONTRACT INVOICES, INCLUDING THOSE FROM A FOREIGN COUNTRY. THE FOREIGN SUBCONTRACT RECIPIENT HAS A BUDGET TO WHICH INVOICES ARE MATCHED TO ENSURE THAT ALL SPENDING IS APPROPRIATE. ADDITIONALLY, THE ORGANIZATION'S PRINCIPAL INVESTIGATORS REGULARLY CONTACT THE FOREIGN SUBCONTRACT RECIPIENTS TO MONITOR THE PROGRESS OF THE RECIPIENTS' WORK.

SCHEDULE F, PART I, LINE 3, COLUMN F

THE ORGANIZATION DOES NOT INDIVIDUALLY TRACK ITS FOREIGN EXPENDITURES OTHER THAN THOSE ASSOCIATED WITH THE CAPTIVE. THEREFORE, PURSUANT TO IRS GUIDANCE, DISCLOSURE IN THIS COLUMN IS NOT REQUIRED IN THE CURRENT YEAR.



**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events (Add col. (a) through col. (c))	
		<b>GALA</b> (event type)	<b>FOOD FR THOUGHT</b> (event type)	<b>2</b> (total number)		
Revenue	1	Gross receipts	1,870,189.	924,133.	488,802.	3,283,124.
	2	Less: Charitable contributions	1,643,137.	865,233.	321,813.	2,830,183.
	3	Gross revenue (line 1 minus line 2)	227,052.	58,900.	166,989.	452,941.
Direct Expenses	4	Cash prizes				
	5	Non-cash prizes			1,200.	1,200.
	6	Rent/facility costs	175,285.	54,112.	19,200.	248,597.
	7	Other direct expenses	144,139.	21,880.	362,389.	528,408.
	8	Direct expense summary. Add lines 4 through 7 in column (d)				
9	Net income summary. Combine lines 3 and 8 in column (d)					-325,264.

**Part III Gaming.** Complete if the organization answered "Yes" to 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))
Revenue	1	Gross revenue			
Direct Expenses	2	Cash prizes			
	3	Non-cash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	Yes _____ % No	Yes _____ % No	Yes _____ % No
7	Direct expense summary. Add lines 2 through 5 in column (d)				( )
8	Net gaming income summary. Combine lines 1 and 7 in column (d)				

	Yes	No
9 Enter the state(s) in which the organization operates gaming activities: _____		
a Is the organization licensed to operate gaming activities in each of these states? _____	9a	
b If "No," Explain: _____		
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? _____	10a	
b If "Yes," Explain: _____		
11 Does the organization operate gaming activities with nonmembers? _____	11	
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? _____	12	

		Yes	No
<b>13</b> Indicate the percentage of gaming activity operated in:			
<b>a</b> The organization's facility . . . . .	<b>13a</b> %		
<b>b</b> An outside facility . . . . .	<b>13b</b> %		
<b>14</b> Provide the name and address of the person who prepares the organization's gaming/special event books and records:			
Name ▶ _____			
Address ▶ _____			
<b>15a</b> Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . .			
		<b>15a</b>	
<b>b</b> If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.			
<b>c</b> If "Yes," enter name and address:			
Name ▶ _____			
Address ▶ _____			
<b>16</b> Gaming manager information:			
Name ▶ _____			
Gaming manager compensation ▶ \$ _____			
Description of services provided ▶ _____			
<input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> Independent contractor			
<b>17</b> Mandatory distributions:			
<b>a</b> Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . .		<b>17a</b>	
<b>b</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 ▶ \$ _____			

**SCHEDULE H**

(Form 990)

**Hospitals**

OMB No. 1545-0047

**2008**

**Open to Public Inspection**

▶ To be completed by organizations that answer "Yes" to Form 990,

Part IV, line 20.

▶ Attach to Form 990.

Department of the Treasury  
Internal Revenue Service

Name of the organization

Employer identification number

**BOSTON MEDICAL CENTER**

**04-3314093**

**Part I Charity Care and Certain Other Community Benefits at Cost (Optional for 2008)**

	Yes	No
<b>1a</b> Does the organization have a charity care policy? If "No," skip to question 6a . . . . .		
<b>b</b> If "Yes," is it a written policy? . . . . .		
<b>2</b> If the organization has multiple hospitals, indicate which of the following best describes application of the charity care policy to the various hospitals. <input type="checkbox"/> Applied uniformly to all hospitals <input type="checkbox"/> Applied uniformly to most hospitals <input type="checkbox"/> Generally tailored to individual hospitals		
<b>3</b> Answer the following based on the charity care eligibility criteria that applies to the largest number of the organization's patients.		
<b>a</b> Does the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing <i>free</i> care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for free care: . . . . . <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input type="checkbox"/> Other _____ %		
<b>b</b> Does the organization use FPG to determine eligibility for providing <i>discounted</i> care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for discounted care: . . . . . <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input type="checkbox"/> Other _____ %		
<b>c</b> If the organization does not use FPG to determine eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care. Include in the description whether the organization uses an asset test or other threshold, regardless of income, to determine eligibility for free or discounted care.		
<b>4</b> Does the organization's policy provide free or discounted care to the "medically indigent"? . . . . .		
<b>5a</b> Does the organization budget amounts for free or discounted care provided under its charity care policy? . . . . .		
<b>b</b> If "Yes," did the organization's charity care expenses exceed the budgeted amount? . . . . .		
<b>c</b> If "Yes" to 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? . . . . .		
<b>6a</b> Does the organization prepare an annual community benefit report? . . . . .		
<b>b</b> If "Yes," does the organization make it available to the public? . . . . .		
Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.		

**7 Charity Care and Certain Other Community Benefits at Cost**

	(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
<b>Charity Care and Means-Tested Government Programs</b>						
<b>a</b> Charity care at cost (from Worksheets 1 and 2) . . . . .						
<b>b</b> Unreimbursed Medicaid (from Worksheet 3, column a) . . . . .						
<b>c</b> Unreimbursed costs - other means-tested government programs (from Worksheet 3, column b) . . . . .						
<b>d</b> Total Charity Care and Means-Tested Government Programs . . . . .						
<b>Other Benefits</b>						
<b>e</b> Community health improvement services and community benefit operations (from Worksheet 4) . . . . .						
<b>f</b> Health professions education (from Worksheet 5) . . . . .						
<b>g</b> Subsidized health services (from Worksheet 6) . . . . .						
<b>h</b> Research (from Worksheet 7) . . . . .						
<b>i</b> Cash and in-kind contributions to community groups (from Worksheet 8)						
<b>j</b> Total Other Benefits . . . . .						
<b>k</b> Total (line 7d and 7j) . . . . .						

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

Schedule H (Form 990) 2008

**Part II Community Building Activities** Complete this table if the organization conducted any community building activities. (Optional for 2008)

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

**Part III Bad Debt, Medicare, & Collection Practices** (Optional for 2008)

**Section A. Bad Debt Expense**

- 1 Does the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15? . . . . .
- 2 Enter the amount of the organization's bad debt expense (at cost) . . . . .
- 3 Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's charity care policy . . . . .
- 4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense. In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, or rationale for including other bad debt amounts in community benefit.

	Yes	No
1		
2		
3		
4		
5		
6		
7		
8		
9a		
9b		

**Section B. Medicare**

- 5 Enter total revenue received from Medicare (including DSH and IME) . . . . .
- 6 Enter Medicare allowable costs of care relating to payments on line 5 . . . . .
- 7 Enter line 5 less line 6 - surplus or (shortfall) . . . . .
- 8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit and the costing methodology or source used to determine the amount reported on line 6, and indicate which of the following methods was used:  
 Cost accounting system     Cost to charge ratio     Other

**Section C. Collection Practices**

- 9a Does the organization have a written debt collection policy? . . . . .
- 9b If "Yes," does the organization's collection policy contain provisions on the collection practices to be followed for patients who are known to qualify for charity care or financial assistance? Describe in Part VI. . . . .

**Part IV Management Companies and Joint Ventures** (Optional for 2008)

	(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					

**Part V** Facility Information (Required for 2008)

Name and address	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER - 24 hours	ER - other	Other (Describe)
BOSTON MEDICAL CENTER 88 EAST NEWTON STREET BOSTON MA 02118	X	X		X		X	X		REHABILITATION UNIT
CODMAN SQUARE HEALTH CENTER 637 WASHINGTON STREET BOSTON MA 02124									OUTPATIENT
CHARLESTOWN HS STUDENT HEALTH CENTER 240 MEDFORD STREET BOSTON MA 02129									OUTPATIENT
BRIGHTON HIGH SCHOOL STUD. HEALTH CENTER 25 WARREN STREET BOSTON MA 02135									OUTPATIENT
COMMONWEALTH MEDICAL GROUP OF BOS. UNIV. 915 COMMONWEALTH AVENUE BOSTON MA 02115									OUTPATIENT
EAST BOSTON NEIGHBORHOOD HEALTH CENTER 10 GROVE STREET BOSTON MA 02128									OUTPATIENT
DORCHESTER HOUSE MULTI-SERVICE CENTER 1353 DORCHESTER AVENUE BOSTON MA 02122									OUTPATIENT
MADISION PARK HS STUDENT HEALTH CENTER 75 MALCOM X BOULEVARD BOSTON MA 02120									OUTPATIENT
JEREMIAH E. BURKE STUDENT HEALTH CENTER 60 WASHINGTON STREET DORCHESTER MA 02128									OUTPATIENT
GREATER ROSLINDALE MEDICAL & DENTAL 4199 WASHINGTON STREET ROSLINDALE MA 02131									OUTPATIENT
LATIN ACADEMY STUDENT HEALTH CENTER 205 TOWNSEND STREET BOSTON MA 02121									OUTPATIENT
DORCHESTER HS STUDENT HEALTH CENTER 9 PEACEVALE ROAD DORCHESTER MA 02124									OUTPATIENT
HARBOR SCHOOL 11 CHARLES STREET BOSTON MA 02122									OUTPATIENT
BOSTON MEDICAL CENTER DEPT. OF RADIOLOGY 1125 TREMONT STREET BOSTON MA 02120									OUTPATIENT
BOSTON MEDICAL CENTER DEPT. OF RADIOLOGY 415 COLUMBIA ROAD DORCHESTER MA 02125									OUTPATIENT
GEORGE A. LEWIS MIDDLE SCH HEALTH CENTER 131 WALNUT AVENUE ROXBURY MA 02116									OUTPATIENT

**Part V Facility Information (Required for 2008)**

Name and address	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER - 24 hours	ER - other	Other (Describe)
JOHN D. O'BRYANT STUDENT HEALTH CENTER 55 MALCOLM X BOULEVARD ROXBURY MA 02120									OUTPATIENT
BOSTON MEDICAL CENTER DEPT. OF RADIOLOGY 720 HARRISON AVENUE BOSTON MA 02118									OUTPATIENT
MURIEL SNOWDEN INTERNATIONAL HS HLTH CEN 150 NEWBURY STREET BOSTON MA 02116									OUTPATIENT
BOSTON MEDICAL CENTER SCHOOL BASED HLTH TAFT BUILDING - 20 WARREN STREET BRIGHTON MA 02135									OUTPATIENT
ELDER SERVICE PLAN DISPENSING PHARMACY 26 STURGIS STREET WINTHROP MA 02152									OUTPATIENT
SOUTH BOSTON COMMUNITY HEALTH CENTER 409 WEST BROADWAY SOUTH BOSTON MA 02127									OUTPATIENT
SOUTH BOSTON COMMUNITY HEALTH CENTER 386 WEST BROADWAY SOUTH BOSTON MA 02127									OUTPATIENT
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**Part III Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

**Part IV Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

SCHEDULE I, PART I, LINE 2

BOSTON MEDICAL CENTER MONITORS ALL SPONSORED PROGRAM GRANTS UTILIZING

INTERNAL ELECTRONIC TRACKING SYSTEMS. DEPARTMENT STAFF MONITOR THE

SYSTEMS. GRANTS ADMINISTRATION WORKS CLOSELY WITH THE DEPARTMENT STAFF TO

ENSURE THAT EXPENDITURES ARE APPROPRIATE AND ALLOWABLE PER THE AWARD

CONTRACT AND NOTICE OF GRANT AWARD.

**SCHEDULE I-1  
(Form 990)**

**Continuation Sheet for Schedule I (Form 990)**

OMB No. 1545-0047

**2008**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

▶ **Attach to Form 990 to list additional information for  
Part II and Part III, Schedule I (Form 990)**

Name of the organization

Employer identification number

**BOSTON MEDICAL CENTER**

**04-3314093**

**Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)**

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
BAY COVE HUMAN SERVICES 66 CANAL STREET BOSTON, MA 02114	042518575	501 (C)(3)	2,860,547.				SUBAWARD
BOSTON UNIVERSITY 715 ALBANY STREET BOSTON, MA 02118	042103547	501 (C)(3)	2,155,512.				SUBAWARD
NORTH SUFFOLK MENTAL HEALTH 301 BROADWAY AVENUE CHELSEA, MA 02150	042317215	501 (C)(3)	904,110.				SUBAWARD
TUFTS MEDICAL CENTER 171 HARRISON AVENUE BOSTON, MA 02111	042103634	501 (C)(3)	616,518.				SUBAWARD
NORTHEASTERN UNIVERSITY 360 HUNTINGTON AVENUE BOSTON, MA 02115	041679980	501 (C)(3)	394,789.				SUBAWARD
US CIVILIAN RESEARCH & DEVELOPMENT PO BOX 630622 BALTIMORE, MD 21263	541773406	501 (C)(3)	387,943.				SUBAWARD
BETH ISRAEL DEACONESS MEDICAL CENTER PO BOX 3784 BOSTON, MA 02241	042103881	501 (C)(3)	385,342.				SUBAWARD
BRIGHAM AND WOMEN'S HOSPITAL PO BOX 3149 BOSTON, MA 02241	042312909	501 (C)(3)	369,674.				SUBAWARD
BOSTON PUBLIC HEALTH COMMISSION 1010 MASSACHUSETTS AVENUE BOSTON, MA 02118	043316655	115	262,176.				SUBAWARD
UNIVERSITY OF MASSACHUSETTS 55 LAKE AVENUE NORTH WORCESTER, MA 01655	043167352	115	251,277.				SUBAWARD
FLORIDA STATE UNIVERSITY 600 W. COLLEGE AVE. TALLAHASSEE, FL 32306	591961248	501 (C)(3)	192,562.				SUBAWARD
UNIVERSITY OF RHODE ISLAND 2 CHAFFEE ROAD KINGSTON, RI 02881	056000522	501 (C)(3)	189,044.				SUBAWARD
MGH NEUROGENETICS DNA DIAGNOSTIC LAB 185 CAMBRIDGE STREET BOSTON, MA 02110	042807148	501 (C)(3)	171,600.				SUBAWARD
RADIATION MONITORING 44 HUNT STREET WATERTOWN, MA 02472	042546395	N/A	133,688.				SUBAWARD
MOUNT AUBURN HOSPITAL 330 MOUNT AUBURN CAMBRIDGE, MA 02138	042103606	501 (C)(3)	132,857.				SUBAWARD

2 Enter total number of Section 501(c)(3) and government organizations ..... ▶ **79**  
 3 Enter total number of other organizations ..... ▶ **4**

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

Schedule I-1 (Form 990) 2008

**SCHEDULE I-1  
(Form 990)**

**Continuation Sheet for Schedule I (Form 990)**

OMB No. 1545-0047

**2008**

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Department of the Treasury  
Internal Revenue Service

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Name of the organization

Employer identification number

BOSTON MEDICAL CENTER

04-3314093

**Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)**

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
LOVELACE BIOMEDICAL & ENV. RESEARCH INST 2425 RIDGE STREET ALBUQUERQUE, NM 87108	510154068	501 (C)(3)	114,637.				SUBAWARD
GAYLORD HOSPITAL PO BOX 400 WALLINGFORD, CT 06492	060646649	501 (C)(3)	111,138.				SUBAWARD
MASSACHUSETTS GENERAL HOSPITAL 55 FRUIT STREET BOSTON, MA 02114	042697983	501 (C)(3)	104,679.				SUBAWARD
NATIONAL CENTER FOR HEALTHY HOUSING, INC 10320 LITTLE PATUXENT PKY COLUMBIA, MD 21044	521792579	501 (C)(3)	95,974.				SUBAWARD
STANFORD UNIVERSITY 450 SERRA MALL PALO ALTO, CA 94304	941156365	501 (C)(3)	95,145.				SUBAWARD
YMCA OF GREATER BOSTON 776 WASHINGTON STREET DORCHESTER, MA 02124	042103551	501 (C)(3)	95,012.				SUBAWARD
YALE UNIVERSITY PO BOX 1873 NEW HAVEN, CT 06508	060646973	501 (C)(3)	94,076.				SUBAWARD
CHILDREN'S HOSPITAL OF BOSTON 300 LONGWOOD AVENUE BOSTON, MA 02115	042774441	501 (C)(3)	93,465.				SUBAWARD
YOUTH AND FAMILY ENRICHMENT 1234 HYDE PARK AVENUE HYDE PARK, MA 02136	050588064	501 (C)(3)	90,986.				SUBAWARD
HEALTH PARTNERS RESEARCH PO BOX 1524 MINNEAPOLIS, MN 55440	411670163	501 (C)(3)	81,646.				SUBAWARD
NORTHWESTERN UNIVERSITY 633 CLARK STREET EVANSTON, IL 60208	362167817	501 (C)(3)	77,874.				SUBAWARD
VINFEN CORPORATION PO BOX 5059 BOSTON, MA 02206	042632219	501 (C)(3)	77,857.				SUBAWARD
LAHEY CLINIC 41 MALL ROAD BURLINGTON, MA 01805	042704683	501 (C)(3)	77,427.				SUBAWARD
EAST BOSTON NHC 10 GOVE STREET EAST BOSTON, MA 02128	237425849	501 (C)(3)	75,000.				SUBAWARD
MINNEAPOLIS MEDICAL RESEARCH 914 S. 8TH STREET MINNEAPOLIS, MN 55404	411677920	501 (C)(3)	64,702.				SUBAWARD

2 Enter total number of Section 501(c)(3) and government organizations . . . . . ▶

3 Enter total number of other organizations . . . . . ▶

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

Schedule I-1 (Form 990) 2008

**SCHEDULE I-1  
(Form 990)**

**Continuation Sheet for Schedule I (Form 990)**

OMB No. 1545-0047

**2008**

**Open to Public  
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Department of the Treasury  
Internal Revenue Service

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Name of the organization

Employer identification number

BOSTON MEDICAL CENTER

04-3314093

**Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)**

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
GROUP HEALTH COOPERATIVE 521 WALL STREET SEATTLE, WA 98121	910511770	501 (C)(3)	60,777.				SUBAWARD
SOUTH BOSTON COMMUNITY HEALTH CENTER 409 WEST BROADWAY SOUTH BOSTON, MA 02127	042682152	501 (C)(3)	60,000.				SUBAWARD
WHITTIER STREET HEALTH CENTER 1125 TREMONT STREET ROXBURY, MA 02120	042619517	501 (C)(3)	59,152.				SUBAWARD
WASHINGTON UNIVERSITY IN ST. LOUIS 700 ROSEDALE AVENUE ST. LOUIS, MO 63112	430653611	501 (C)(3)	48,152.				SUBAWARD
UNIVERSITY OF ILLINOIS PO BOX 20787 SPRINGFIELD, IL 62705	376000511	501 (C)(3)	46,396.				SUBAWARD
UNIVERSITY OF ROCHESTER 1381 SOUTH ROCHESTER, NY 14620	160743209	501 (C)(3)	45,401.				SUBAWARD
BOSTON VA RESEARCH INSTITUTE 150 S. HUNTINGTON AVE. BOSTON, MA 02130	043081524	501 (C)(3)	42,452.				SUBAWARD
WESTERN NEW ENGLAND COLLEGE 1215 WILBRAHAM ROAD SPRINGFIELD, MA 01119	042108376	501 (C)(3)	42,448.				SUBAWARD
AMERICAN BAR ASSOCIATION PO BOX 4745 CAROL STREAM, IL 60197	360723150	501 (C)(3)	40,000.				SUBAWARD
TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA 3451 WALNUT STREET PHILADELPHIA, PA 19104	231352685	501 (C)(3)	38,624.				SUBAWARD
UNIVERSITY OF MARYLAND PO BOX 41428 BALTIMORE, MD 21203	311678679	501 (C)(3)	37,000.				SUBAWARD
REGENTS OF THE UNIVERSITY OF CALIFORNIA 2760 FIFTH AVENUE SAN DIEGO, CA 92103	956006144	501 (C)(3)	36,275.				SUBAWARD
COOPER HEALTH SYSTEM ONE COOPER PLACE CAMDEN, NJ 08103	210634462	501 (C)(3)	35,753.				SUBAWARD
UNIVERSITY OF TEXAS PO BOX 297402 HOUSTON, TX 77297	746001118	501 (C)(3)	35,091.				SUBAWARD
DOTWELL PO BOX 220803 DORCHESTER, MA 02122	043433538	501 (C)(3)	34,300.				SUBAWARD

2 Enter total number of Section 501(c)(3) and government organizations . . . . . ▶

3 Enter total number of other organizations . . . . . ▶

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

Schedule I-1 (Form 990) 2008

**SCHEDULE I-1  
(Form 990)**

**Continuation Sheet for Schedule I (Form 990)**

OMB No. 1545-0047

**2008**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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Name of the organization

Employer identification number

BOSTON MEDICAL CENTER

04-3314093

**Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)**

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
NEW ENGLAND RESEARCH INSTITUTE 9 GALEN STREET WATERTOWN, MA 02472	042919509	N/A	30,537.				SUBAWARD
DORCHESTER HOUSE MULTI SERVICE CENTER 1353 DORCHESTER AVENUE DORCHESTER, MA 02122	237125970	501 (C)(3)	30,000.				SUBAWARD
UPHAM'S CORNER HEALTH CENTER 636 COLUMBIA ROAD DORCHESTER, MA 02125	237211732	501 (C)(3)	30,000.				SUBAWARD
JOSLIN DIABETES CENTER ONE JOSLIN PLACE BOSTON, MA 02215	042203836	501 (C)(3)	29,448.				SUBAWARD
WEILL MEDICAL COLLEGE OF CORNELL UNIVERSITY 1300 YORK AVENUE NEW YORK, NY 10005	131623978	501 (C)(3)	28,886.				SUBAWARD
OHIO STATE UNIVERSITY 1960 KENNY ROAD COLUMBUS, OH 43210	316401599	501 (C)(3)	27,073.				SUBAWARD
UNIVERSITY OF MISSISSIPPI MEDICAL CTR 2500 NORTH STREET JACKSON, MS 39216	646008520	501 (C)(3)	25,125.				SUBAWARD
UNIVERSITY OF NORTH CAROLINA CB# 13501 CHAPEL HILL, NC 27599	566001393	501 (C)(3)	24,598.				SUBAWARD
COGITO HEALTH 529 MAIN ST, STE. 606 CHARLESTOWN, MA 02129	205612740	N/A	24,512.				SUBAWARD
DENVER HEALTH AND HOSPITAL 660 BANNOCK, 3RD FLOOR DENVER, CO 80204	841343242	501 (C)(3)	23,679.				SUBAWARD
SOMALI DEVELOPMENT CENTER 203-205 GREEN STREET BOSTON, MA 02130	043318202	501 (C)(3)	23,668.				SUBAWARD
ARKANSAS CHILDREN'S HOSPITAL 800 MARSHALL SLOT 512 LITTLE ROCK, AR 72202	710694931	501 (C)(3)	21,660.				SUBAWARD
THE HENRY M JACKSON FOUNDATION 1401 ROCKVILLE PK ROCKVILLE, MD 20852	521317896	501 (C)(3)	21,323.				SUBAWARD
HEBREW REHABILITATION CENTER 300 FIRST AVENUE NEEDHAM, MA 02494	042104298	501 (C)(3)	20,221.				SUBAWARD
MATTAPAN COMMUNITY HEALTH CENTER 1425 BLUE HILL AVENUE MATTAPAN, MA 02126	042544151	501 (C)(3)	19,259.				SUBAWARD

2 Enter total number of Section 501(c)(3) and government organizations . . . . . ▶

3 Enter total number of other organizations . . . . . ▶

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

Schedule I-1 (Form 990) 2008

**SCHEDULE I-1  
(Form 990)**

**Continuation Sheet for Schedule I (Form 990)**

OMB No. 1545-0047

**2008**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

▶ **Attach to Form 990 to list additional information for  
Part II and Part III, Schedule I (Form 990)**

Name of the organization

Employer identification number

BOSTON MEDICAL CENTER

04-3314093

**Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)**

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
BROCKTON NEIGHBORHOOD HEALTH CENTER 63 MAIN STREET BROCKTON, MA 02301	043165044	501 (C)(3)	19,243.				SUBAWARD
CINCINNATI CHILDREN'S HOSPITAL 3333 BURNET AVENUE CINCINNATI, OH 45229	310833936	501 (C)(3)	17,949.				SUBAWARD
LEGAL AID OF WESTERN MISSOURI 1125 GRAND BLVD KANSAS CITY, MO 64106	430824638	501 (C)(3)	17,500.				SUBAWARD
WAKE FOREST UNIVERSITY 1834 WAKE FOREST RD WINSTON-SALEM, NC 27157	223849199	501 (C)(3)	16,140.				SUBAWARD
BROCKTON AREA MULTI-SERVICES 10 CHRISTY'S DRIVE BROCKTON, MA 02301	042562377	501 (C)(3)	15,811.				SUBAWARD
GREATER BOSTON LEGAL 197 FRIEND STREET BOSTON, MA 02114	042103907	501 (C)(3)	15,000.				SUBAWARD
UNIVERSITY OF MINNESOTA 1300 SOUTH STREET MINNEAPOLIS, MN 55454	416007513	501 (C)(3)	14,428.				SUBAWARD
PRO-CHANGE BEHAVIOR SYSTEMS, INC PO BOX 755 WEST KINGSTON, RI 02862	050508853	N/A	13,250.				SUBAWARD
UNIVERSITY OF IOWA 105 JESSUP HALL IOWA CITY, IA 52242	426004813	115	12,850.				SUBAWARD
MEMORIAL HOSPITAL 325 SOUTH BELMONT STREET YORK, PA 17403	050259004	501 (C)(3)	12,765.				SUBAWARD
CONGOLESE WOMEN ASSOC NEW ENGLAND 271 WESTERN AVENUE LYNN, MA 01904	300290304	501 (C)(3)	12,626.				SUBAWARD
BUTLER HOSPITAL 345 BLACKSTONE BLVD PROVIDENCE, RI 02906	050258812	501 (C)(3)	12,434.				SUBAWARD
DREXEL SCHOOL OF PUBLIC HEALTH 1505 RACE STREET PHILADELPHIA, PA 19102	231352630	501 (C)(3)	11,550.				SUBAWARD
DOUGLAS A. THOM CLINIC, INC 251 WEST STREET NATICK, MA 01760	042104268	501 (C)(3)	10,500.				SUBAWARD
JONATHAN O COLE MENTAL HEALTH 115 MILL STREET BELMONT, MA 02178	043282088	501 (C)(3)	10,440.				SUBAWARD

**2** Enter total number of Section 501(c)(3) and government organizations . . . . . ▶

**3** Enter total number of other organizations . . . . . ▶

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

**Schedule I-1 (Form 990) 2008**





**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

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

OMB No. 1545-0047

**2008**

**Open to Public  
Inspection**

Name of the organization

**BOSTON MEDICAL CENTER**

Employer identification number

**04-3314093**

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |  |
|--|--|
| <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** If line 1a is 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 . . . . .

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? . . . . .

**3** Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

- |   |   |
|---|---|
| <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 checked="" type="checkbox"/> Form 990 of other organizations     | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed in Form 990, Part VII, Section A, line 1a:

- a** Receive a severance payment or change of control payment? . . . . .
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? . . . . .
- c** Participate in, or receive payment from, an equity-based compensation arrangement? . . . . .
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8.**

**5** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? . . . . .
- b** Any related organization? . . . . .
- If "Yes" to line 5a or 5b, describe in Part III.

**6** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? . . . . .
- b** Any related organization? . . . . .
- If "Yes" to line 6a or 6b, describe in Part III.

**7** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III . . . . .

**8** Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III . . . . .

	Yes	No
<b>1b</b>		
<b>2</b>		
<b>4a</b>		<input checked="" type="checkbox"/>
<b>4b</b>	<input checked="" type="checkbox"/>	
<b>4c</b>		<input checked="" type="checkbox"/>
<b>5a</b>		<input checked="" type="checkbox"/>
<b>5b</b>		<input checked="" type="checkbox"/>
<b>6a</b>		<input checked="" type="checkbox"/>
<b>6b</b>		<input checked="" type="checkbox"/>
<b>7</b>	<input checked="" type="checkbox"/>	
<b>8</b>		<input checked="" type="checkbox"/>

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

Schedule J (Form 990) 2008

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

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

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

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ	
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation					
ELAINE S. ULLIAN	(i)	878,831.	175,500.	3,503,878.	180,436.	46,393.	4,785,038.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
EDWARD CHRISTIANSEN, JR	(i)	273,031.	12,173.	1,080.	18,400.	7,640.	312,324.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
RONALD BARTLETT	(i)	436,147.	57,681.	106,581.	60,870.	42,494.	703,773.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
STEPHANIE LOVELL	(i)	348,332.	44,850.	2,520.	66,239.	18,057.	479,998.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
JAMES M. BECKER, MD	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	413,154.	NONE	559,375.	27,048.	27,654.	1,027,231.	NONE
DAVID COLEMAN, MD	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	426,778.	NONE	252,249.	14,035.	2,018.	695,080.	NONE
CAROL SULIS, MD	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	143,767.	NONE	21,601.	20,120.	17,498.	202,986.	NONE
MEG ARANOW	(i)	315,315.	43,095.	54,631.	52,288.	39,335.	504,664.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
PAUL DREW	(i)	440,358.	61,009.	46,201.	68,837.	43,595.	660,000.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
THOMAS TRAYLOR	(i)	375,367.	217,672.	86,795.	54,629.	25,391.	759,854.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
WILLIAM BARRON	(i)	199,581.	123,813.	10,700.	14,551.	20,894.	369,539.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
RAVIN DAVIDOFF	(i)	184,079.	13,000.	19,179.	12,798.	20,710.	249,766.	NONE
	(ii)	102,932.	NONE	77,981.	14,385.	24,991.	220,289.	NONE
PETER HEALY	(i)	245,514.	32,500.	22,131.	30,277.	29,304.	359,726.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
LISA O'CONNOR	(i)	233,032.	32,500.	17,850.	42,207.	11,947.	337,536.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
NORMAN STEIN	(i)	308,870.	100,000.	4,494.	51,597.	19,932.	484,893.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(i)							
	(ii)							

**Part III Supplemental Information**

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

SCHEDULE J, PART I, LINE 4B

THE AMOUNT REPORTED AS OTHER REPORTABLE COMPENSATION FOR MS. ULLIAN INCLUDES A PAYMENT PURSUANT TO THE PLAN DESCRIBED BELOW OF \$3,503,876 OF PRIOR DEFERRED COMPENSATION EARNED IN RECOGNITION OF EXCEPTIONAL PERFORMANCE OVER A PERIOD OF 15 YEARS, WHICH WAS PREVIOUSLY REPORTED AS CONTRIBUTIONS TO EMPLOYEE BENEFITS. SUCH AMOUNT WAS INCLUDED IN COMPENSATION ON THE FORM 990 FOR THE YEAR ENDED SEPTEMBER 30, 2008.

MS. ULLIAN PARTICIPATED IN A DEFERRED COMPENSATION AGREEMENT THAT PROVIDES FOR THE ACTUARIAL EQUIVALENT OF A PENSION LIFE ANNUITY. THE BENEFIT VESTED UPON HER REACHING AGE 60. ADDITIONAL BENEFITS VESTED AT AGES 61 AND 62 PROVIDED SHE REMAINED EMPLOYED BY THE ORGANIZATION. THESE BENEFITS ARE FORFEITED IF SHE ACCEPTS COMPARABLE EMPLOYMENT IN THE HEALTH CARE INDUSTRY WITHIN 24 MONTHS OF THE SEPARATION FROM SERVICE WITH BMC.

BOSTON MEDICAL CENTER PROVIDES A SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN TO CERTAIN EXECUTIVES. AMOUNTS ARE CREDITED TO PARTICIPANTS' ACCOUNTS EACH YEAR. PLAN AMOUNTS ARE SUBJECT TO FORFEITURE AND/OR PAYMENT ONLY IF

**Part III Supplemental Information**

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

CERTAIN CONDITIONS ARE MET, AS OUTLINED IN THE PLAN AGREEMENT.

BOSTON MEDICAL CENTER MAINTAINS AN EXECUTIVE BENEFIT PLAN WHICH OFFERS

PARTICIPATING EXECUTIVES THE OPTION OF ANNUALLY ALLOCATING BENEFIT

DOLLARS TO A SUPPLEMENTAL RETIREMENT/PRE-TAX SAVINGS ACCOUNT. AMOUNTS

VEST ON SPECIFIED DATES BUT NO LATER THAN THE EXECUTIVE'S 68TH BIRTHDAY.

THE FOLLOWING AMOUNTS BECAME VESTED AND WERE PAID TO THE FOLLOWING

EXECUTIVES IN CALENDAR YEAR 2008:

ARANOW - \$27,832

BARTLETT - \$89,725

HEALY - \$19,805

TRAYLOR - \$67,143

SCHEDULE J, PART I, LINE 7

BMC SENIOR MANAGEMENT DEVELOPED THE VSSC GOAL MODEL TO MEASURE THE

ORGANIZATION'S PERFORMANCE. VSSC GOALS INCLUDE MEASUREMENT OF PATIENT

**Part III Supplemental Information**

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

VOLUME (INPATIENT DISCHARGES AND OUTPATIENT CLINIC VISITS), SAFETY  
(DEFECT-FREE CARE AND SERVICES FOR SURGICAL PATIENTS AND PNEUMONIA  
PATIENTS), SATISFACTION (IMPROVE PATIENT SATISFACTION PRIVACY SCORE), AND  
COST (EXPENSE CONTROL AND REDUCTION).

SCHEDULE J, PART II  
AMOUNTS REPORTED ON THIS SCHEDULE WERE PREVIOUSLY REPORTED IN THE 2007  
FORM 990. CALENDAR YEAR 2008 W-2, BOX 1 COMPENSATION WAS USED FOR THE  
PRIOR YEAR TAX RETURN FOR THE YEAR ENDED SEPTEMBER 30, 2008.

SCHEDULE J, PART II  
DURING 2008, RAVIN DAVIDOFF, MD, A DIRECTOR AT EVANS MEDICAL FOUNDATION  
BETWEEN JANUARY 1 AND JUNE 30, 2008, RECEIVED COMPENSATION FROM THE  
FACULTY PRACTICE FOUNDATION'S COMMON PAYMASTER AS A PHYSICIAN AND FROM  
BOSTON MEDICAL CENTER FOR HIS POSITION AS CHIEF MEDICAL OFFICER BETWEEN  
JULY 1 AND DECEMBER 30, 2008.

EDWARD CHRISTIANSEN, JR IS COMPENSATED FOR HIS ROLE AS CHIEF RISK

**Part III Supplemental Information**

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

MANAGEMENT OFFICER AND NOT AS THE FORMER CLERK.

**SCHEDULE J-2  
(Form 990)**

**Continuation Sheet for Form 990**

OMB No. 1545-0047

**2008**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

Name of the Organization <b>BOSTON MEDICAL CENTER</b>	Employer Identification number <b>04-3314093</b>
--	---

**Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(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			
ELAINE S. ULLIAN PRESIDENT/CEO	50.	X		X				4,558,209.	NONE	226,829.
JOEL M. ABRAMS TRUSTEE	1.	X						NONE	NONE	NONE
REVEREND DR. JOHN M. BORDERS, III TRUSTEE	1.	X						NONE	NONE	NONE
KAREN ANTMAN, MD TRUSTEE	1.	X						NONE	NONE	NONE
JAMES M. BECKER, MD TRUSTEE	1.	X						NONE	972,529.	54,702.
MARSHALL N. CARTER CHAIRMAN (UNTIL 6/30/09)	1.	X						NONE	NONE	NONE
DAVID A. PASSAFARO TREASURER	1.	X						NONE	NONE	NONE
CHRISTINE M. DUNN TRUSTEE	1.	X						NONE	NONE	NONE
WILLIAM J. HALPIN, JR TRUSTEE	1.	X						NONE	NONE	NONE
EDMOND J. ENGLISH TRUSTEE	1.	X						NONE	NONE	NONE
RANDI CUTLER TRUSTEE	1.	X						NONE	NONE	NONE
ALYCE J. LEE VICE CHAIRMAN	1.	X						NONE	NONE	NONE
JAMES MARTEN, PHD TRUSTEE	1.	X						NONE	NONE	NONE
MELVIN B. MILLER TRUSTEE (UNTIL 6/30/09)	1.	X						NONE	NONE	NONE
MARTHA S. SAMUELSON TRUSTEE	1.	X						NONE	NONE	NONE
ALAN D. SOLOMONT VICE CHAIRMAN (UNTIL 6/30/09)	1.	X						NONE	NONE	NONE
JAMES O. TAYLOR, MD TRUSTEE	1.	X						NONE	NONE	NONE
THOMAS ALPERIN TRUSTEE	1.	X						NONE	NONE	NONE
JUAN CARLOS MORALES TRUSTEE	1.	X						NONE	NONE	NONE
STEVEN D. LEVY TRUSTEE	1.	X						NONE	NONE	NONE
N. ANTHONY COLES, MD TRUSTEE	1.	X						NONE	NONE	NONE

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

Schedule J-2 (Form 990) 2008

SCHEDULE J-2  
(Form 990)

Continuation Sheet for Form 990

OMB No. 1545-0047

2008

Open to Public  
Inspection

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

Name of the Organization

Employer Identification number

BOSTON MEDICAL CENTER

04-3314093

**Part I** Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(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			
LISA GUSCOTT TRUSTEE	1.	X						NONE	NONE	NONE
STACEY LUCCHINO TRUSTEE (UNTIL 6/30/09)	1.	X						NONE	NONE	NONE
RICHARD SLIFKA TRUSTEE	1.	X						NONE	NONE	NONE
AZZIE YOUNG, MPA, PHD TRUSTEE	1.	X						NONE	NONE	NONE
BARBARA FERRER, PHD TRUSTEE	1.	X						NONE	NONE	NONE
DAVID COLEMAN, MD TRUSTEE	1.	X						NONE	679,027.	16,053.
TIMOTHY BARBERICH TRUSTEE (UNTIL 6/30/09)	1.	X						NONE	NONE	NONE
SUSAN DONAHUE TRUSTEE	1.	X						NONE	NONE	NONE
CAROL SULIS, MD TRUSTEE	1.	X						NONE	165,368.	37,618.
JOHN T. HAILER TRUSTEE (AS OF 6/09/09)	1.	X						NONE	NONE	NONE
RONALD BARTLETT VP FIN/CFO/TREASURER	50.			X				600,409.	NONE	103,364.
STEPHANIE LOVELL VP/GEN. COUNSEL/CLERK	50.			X				395,702.	NONE	84,296.
MEG ARANOW VP INFO TECH/CIO	50.				X			413,041.	NONE	91,623.
LISA O'CONNOR VP NURSING	50.				X			283,382.	NONE	54,154.
THOMAS TRAYLOR VP OF FED, STATE, LOCAL PROG	50.					X		679,834.	NONE	80,020.
WILLIAM BARRON VP QUAL & PATIENT SAFETY/CQO	50.					X		334,094.	NONE	35,445.
RAVIN DAVIDOFF VP MED AFFAIRS/CMO	50.					X		216,258.	180,913.	72,884.
PETER HEALY VP PROFESSIONAL SERVICE	50.					X		300,145.	NONE	59,581.
NORMAN STEIN VP DEVELOPMENT	50.					X		413,364.	NONE	71,529.
EDWARD CHRISTIANSEN, JR CHIEF RISK OFF/FORMER CLERK	50.						X	286,284.	NONE	26,040.
PAUL DREW FORMER EXECUTIVE VP	50.						X	547,568.	NONE	112,432.

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

Schedule J-2 (Form 990) 2008

## Supplemental Information on Tax-Exempt Bonds

2008

Open to Public  
Inspection

Department of the Treasury  
Internal Revenue Service

▶ **Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information on Schedule O (Form 990).**

Name of the organization <b>BOSTON MEDICAL CENTER</b>	Employer identification number <b>04-3314093</b>
--	---

**Part I Bond Issues** *(Required for 2008)*

(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	
						Yes	No	Yes	No
A MHEFA REVENUE SERIES B	042456011	57586C7T6	06/01/2008	245,175,000.	CONSTRUCT & EQUIP FACILITY		X		X
B									
C									
D									
E									

**Part II Proceeds** *(Optional for 2008)*

1 Total proceeds of issue . . . . .	A		B		C		D		E	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
2 Gross proceeds in reserve funds . . . . .										
3 Proceeds in refunding or defeasance escrows . . . . .										
4 Other unspent proceeds . . . . .										
5 Issuance costs from proceeds . . . . .										
6 Working capital expenditures from proceeds . . . . .										
7 Capital expenditures from proceeds . . . . .										
8 Year of substantial completion . . . . .										
9 Were the bonds issued as part of a current refunding issue?										
10 Were the bonds issued as part of an advance refunding issue? . . . . .										
11 Has the final allocation of proceeds been made? . . . . .										
12 Does the organization maintain adequate books and records to support the final allocation of proceeds? . . . . .										

**Part III Private Business Use** *(Optional for 2008)*

1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? . . . . .	A		B		C		D		E	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
2 Are there any lease arrangements with respect to the financed property which may result in private business use?										

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

	A		B		C		D		E	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
<b>3a</b> Are there any management or service contracts with respect to the financed property which may result in private business use? . . . . .										
<b>b</b> Are there any research agreements with respect to the financed property which may result in private business use? . . . . .										
<b>c</b> Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or 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 . . . . . ▶		%		%		%		%		%
<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> Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities? . . . . .										

**Part IV Arbitrage (Optional for 2008)**

	A		B		C		D		E	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b> Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue? . . . . .										
<b>2</b> Is the bond issue a variable rate issue? . . . . .										
<b>3a</b> Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records? . . . . .										
<b>b</b> Name of provider . . . . .										
<b>c</b> Term of hedge . . . . .										
<b>4a</b> Were gross proceeds invested in a GIC? . . . . .										
<b>b</b> Name of provider . . . . .										
<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>5</b> Were any gross proceeds invested beyond an available temporary period? . . . . .										
<b>6</b> Did the bond issue qualify for an exception to rebate? . . . . .										

**SCHEDULE L**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Transactions With Interested Persons**

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

OMB No. 1545-0047

**2008**

**Open To Public Inspection**

<b>Name of the organization</b> BOSTON MEDICAL CENTER	<b>Employer identification number</b> 04-3314093
--	---

**Part I Excess Benefit Transactions** (section 501(c)(3) and section 501(c)(4) organizations only).  
To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No

2 Enter the amount of tax imposed on the 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.**  
To be completed by organizations that answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a.

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
<b>Total</b> . . . . . ▶ \$ _____										

**Part III Grants or Assistance Benefitting Interested Persons.**  
To be completed by organizations that 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 grant or type of assistance

**Part IV Business Transactions Involving Interested Persons.**  
To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 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
BMC INSURANCE CO.	SEE SCHEDULE O.	32,640,000.	INSURANCE		X

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule L (Form 990 or 990-EZ) 2008

**SCHEDULE M  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Non-Cash Contributions**

▶ To be completed by organizations that answered  
"Yes" on Form 990, Part IV, lines 29 or 30.  
▶ Attach to Form 990.

OMB No. 1545-0047

**2008**

**Open To Public  
Inspection**

Name of the organization

**BOSTON MEDICAL CENTER**

Employer identification number

**04-3314093**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art-Works of art . . . . .	<input checked="" type="checkbox"/>	5		SEE PART II
2 Art-Historical treasures . . . . .				
3 Art-Fractional interests . . . . .				
4 Books and publications . . . . .				
5 Clothing and household goods . . . . .	<input checked="" type="checkbox"/>		675,644.	FMV
6 Cars and other vehicles . . . . .				
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities-Publicly traded . . . . .	<input checked="" type="checkbox"/>	12	663,111.	PROCEEDS OF STOCK
10 Securities-Closely held stock . . . . .				
11 Securities-Partnership, LLC, or trust interests . . . . .				
12 Securities-Miscellaneous . . . . .				
13 Qualified conservation contribution (historic structures) . . . . .				
14 Qualified conservation contribution (other) . . . . .				
15 Real estate-Residential . . . . .				
16 Real estate-Commercial . . . . .				
17 Real estate-Other . . . . .				
18 Collectibles . . . . .				
19 Food inventory . . . . .				
20 Drugs and medical supplies . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ▶ ( _____ )				
26 Other ▶ ( _____ )				
27 Other ▶ ( _____ )				
28 Other ▶ ( _____ )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . . . 29 **NONE**

	Yes	No
30 a During the year, did the organization receive by contribution any property reported in Part I, line 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? . . . . .		<input checked="" type="checkbox"/>
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? . . . . .	<input checked="" type="checkbox"/>	
32 a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . .		<input checked="" type="checkbox"/>
b If "Yes," describe in Part II.		
33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) 2008

JSA

**Part II** **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B)

THE ORGANIZATION IS REPORTING THE NUMBER OF CONTRIBUTIONS RECEIVED.

SCHEDULE M, PART I, LINE 1

THE ORGANIZATION DOES NOT RECORD REVENUE FOR WORKS OF ART UNTIL THEY ARE

SOLD AT THE ORGANIZATION'S GALA, A FUNDRAISING EVENT. THEREFORE, REVENUE

FOR THESE ART CONTRIBUTIONS IS NOT INCLUDED ON FORM 990, PART VIII, LINE

1G.

Name of the organization

Employer identification number

BOSTON MEDICAL CENTER

04-3314093

FORM 990, PART III, LINE 4A

BOSTON MEDICAL CENTER'S MISSION IS TO "PROVIDE CONSISTENTLY EXCELLENT AND

ACCESSIBLE HEALTH SERVICES TO ALL IN NEED OF CARE REGARDLESS OF STATUS OR

ABILITY TO PAY." ABOUT 10% OF BOSTON MEDICAL CENTER'S PATIENTS ARE

UNINSURED AND MORE THAN HALF HAVE AN ANNUAL INCOME BELOW \$20,420. MANY

PATIENTS FACE LINGUISTIC AND SOCIO-CULTURAL BARRIERS TO CARE. TO ADDRESS

THE HEALTH NEEDS OF ITS DIVERSE PATIENT POPULATION, BOSTON MEDICAL CENTER

PROVIDES A WIDE RANGE OF SERVICES BEYOND THE TRADITIONAL MEDICAL MODEL.

THESE PROGRAMS INCLUDE, BUT ARE NOT LIMITED TO, PATIENT NAVIGATION,

INTERPRETER SERVICES, AND OTHERS THAT HELP FAMILIES MEET THEIR BASIC

NEEDS FOR FOOD, CLOTHING, AND SHELTER.

Name of the organization <b>BOSTON MEDICAL CENTER</b>	Employer identification number <b>04-3314093</b>
--	---

FORM 990, PART V, LINE 4B

BERMUDA

CANADA

CAYMAN ISLANDS

LESOTHO

FORM 990, PART VI, LINE 2

KAREN ANTMAN, M.D.

JAMES M. BECKER, M.D.

DAVID COLEMAN, M.D.

CAROL SULIS, M.D.

JAMES O. TAYLOR, M.D.

BUSINESS RELATIONSHIP

THE BOARD OF DIRECTORS OF BOSTON MEDICAL CENTER ALSO SERVE AS THE BOARD OF DIRECTORS AT BOSTON MEDICAL CENTER HEALTH PLAN ("BMCHP").

ELLIAN ULLIAN AND THOMAS TRAYLOR SERVE AS OFFICERS OF BMCHP.

CERTAIN BOARD MEMBERS OF BOSTON MEDICAL CENTER ALSO SERVE ON THE BOARD OF BMC INSURANCE COMPANY.

FORM 990, PART VI, LINE 10

BOSTON MEDICAL CENTER'S (BMC) FORM 990 IS PREPARED BY

PRICEWATERHOUSECOOPERS (PWC) AND REVIEWED BY BMC'S INTERNAL MANAGEMENT.

FOLLOWING THAT REVIEW, BMC'S INTERNAL MANAGEMENT AND PWC PRESENT THE FORM

990 TO THE AUDIT COMMITTEE FOR REVIEW AND COMMENT. THE COMPLETED FORM

Name of the organization

Employer identification number

BOSTON MEDICAL CENTER

04-3314093

990 IS PROVIDED TO ALL MEMBERS OF THE BOARD OF DIRECTORS PRIOR TO THE FORM BEING FILED WITH THE IRS.

FORM 990, PART VI, LINE 12C

CONFLICT OF INTEREST QUESTIONNAIRES FOR THE FISCAL YEAR ENDING SEPTEMBER 30, 2009 WERE DISTRIBUTED BY THE ORGANIZATION'S LEGAL DEPARTMENT.

THE CHIEF COMPLIANCE OFFICER QUERIES TRUSTEES, OFFICERS AND DIRECTORS ON AT LEAST AN ANNUAL BASIS REGARDING RELATIONSHIPS THAT MAY CREATE POTENTIAL CONFLICTS OF INTEREST. THE CHIEF COMPLIANCE OFFICER REVIEWS ALL DISCLOSURES AND DETERMINES WHETHER THERE ARE ACTUAL OR POTENTIAL CONFLICTS OF INTEREST. THE CHIEF COMPLIANCE OFFICER INFORMS THE GENERAL COUNSEL OF ANY ACTUAL OR POTENTIAL CONFLICTS OF INTEREST. THE GENERAL COUNSEL ADVISES THE BOARD OF TRUSTEES AND OFFICERS OF THE CORPORATION ACCORDINGLY.

FORM 990, PART VI, LINE 15A&B

AN INDEPENDENT COMMITTEE, FORMED OF INDIVIDUALS WHOSE COMPENSATION IS NOT IN ISSUE, DETERMINES THE COMPENSATION OF OFFICERS, KEY EMPLOYEES, AND THE HIGHEST COMPENSATED EMPLOYEES. THE COMMITTEE MEMBERS ARE NOT UNDER THE CONTROL OR DIRECTION OF ANY BMC EXECUTIVE SEEKING COMPENSATION.

THE COMPENSATION PLAN IS SUPPORTED BY COMPARABLE DATA, WHICH INCLUDES COMPENSATION PAID FOR COMPARABLE POSITIONS BY SIMILARLY SITUATED ORGANIZATIONS, BOTH TAXABLE AND TAX-EXEMPT, COMPENSATION SURVEYS COMPILED INDEPENDENTLY, AND/OR ACTUAL WRITTEN OFFERS FROM SIMILAR INSTITUTIONS COMPETING FOR THE SERVICES OF THE BMC EXECUTIVE.

Name of the organization <b>BOSTON MEDICAL CENTER</b>	Employer identification number <b>04-3314093</b>
--	---

THE INDEPENDENT COMMITTEE'S ASSESSMENT OF THESE CONSIDERATIONS ARE  
CONTAINED IN THE MINUTES OF THE COMMITTEE MEETING. THE REVIEW PROCESS  
INCLUDES - AND MINUTES INDICATE - DISCUSSIONS AND EVALUATIONS OF EACH  
EXECUTIVE'S PRIOR PERFORMANCE, QUALIFICATIONS, AND EXPERIENCE.

EXECUTIVES ARE NOT PRESENT FOR THE INDEPENDENT COMMITTEE'S DISCUSSION AND  
VOTE ON COMPENSATION. THE MINUTES REFLECT THE FACT THAT NO EXECUTIVE WAS  
PRESENT.

FORM 990, PART VI, LINE 19

BOSTON MEDICAL CENTER DOES NOT MAKE ITS GOVERNING DOCUMENTS, CONFLICT OF  
INTEREST POLICY, AND FINANCIAL STATEMENTS PUBLICLY AVAILABLE. HOWEVER,  
THE RESTATED ARTICLES OF THE ORGANIZATION ARE POSTED ON THE SECRETARY OF  
THE COMMONWEALTH'S WEBSITE.

FORM 990, PART VII, SECTION A

EDWARD CHRISTIANSEN, JR IS COMPENSATED FOR HIS ROLE AS CHIEF RISK  
MANAGEMENT OFFICER AND NOT AS THE FORMER CLERK.

FORM 990, PART VII, SECTION A

THE FOLLOWING INDIVIDUALS DEVOTED THE FOLLOWING HOURS PER WEEK TO RELATED  
ORGANIZATIONS DURING THE YEAR:

RAVIN DAVIDOFF - 16 HOURS

JAMES M. BECKER, MD - 40 HOURS

DAVID COLEMAN, MD - 40 HOURS

Name of the organization <b>BOSTON MEDICAL CENTER</b>	Employer identification number <b>04-3314093</b>
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SCHEDULE L, PART IV

FOUR BOSTON MEDICAL CENTER (BMC) TRUSTEES (JAMES M. BECKER, MD; DAVID A. PASSAFARO; DAVID COLEMAN, MD; AND SUSAN DONAHUE) AND ONE FORMER OFFICER (EDWARD CHRISTIANSEN, JR) SERVE AS OFFICERS/DIRECTORS ON BMC INSURANCE CO., INC'S (BMCIC) BOARD. BMC AND BMCIC HAVE SIGNIFICANT TRANSACTIONS WITH EACH OTHER FOR THE PURPOSE OF PROVIDING PROFESSIONAL AND GENERAL LIABILITY INSURANCE. TOTAL EXPENSES INCURRED BY THE MEDICAL CENTER RELATED TO THE INSURANCE PROVIDED BY BMCIC WAS \$9,042,000 FOR THE YEAR ENDED SEPTEMBER 30, 2009. THE MEDICAL CENTER HAS \$16,166,000 OF PREPAID PREMIUMS AND RETROSPECTIVE PREMIUM CREDITS THAT ARE PREPAID BY THE MEDICAL CENTER TO BMCIC AT SEPTEMBER 30, 2009. IN ADDITION, THE MEDICAL CENTER HAS A LIABILITY TO BMCIC OF \$7,432,000 REPRESENTING THE PREMIUM OWED TO BMCIC AS OF SEPTEMBER 30, 2009.

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

**2008**

**Open to Public  
Inspection**

▶ **Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.**

▶ **See separate instructions.**

Name of the organization

**BOSTON MEDICAL CENTER**

Employer identification number

**04-3314093**

**Part I Identification of Disregarded Entities**

(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity
BMC COMMUNITY PHYSICIAN PROGRAM LLC 26-0350958 5101 WASHINGTON AVE. WASHINGTON, DC, 20016	RISK MGMT SVC	DC	NONE	9,598.	N/A

**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
SEE SCHEDULE R-1					

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

Schedule R (Form 990) 2008

**Part III Identification of Related Organizations Taxable as a Partnership**

(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, investment, unrelated)	(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?	
							Yes	No		Yes	No
UNIV ASSOC LP 04-3152772 715 ALBANY ST BOSTON, MA 02118	REAL ESTATE	MA	N/A	INVESTMENT	1,942,665.	16,768,318.		X	2,597.		X
BMC NAB BUS TR 26-6368869 85 CONCORD ST BOSTON, MA 02118	PROPERTY MGMT	MA	N/A	RELATED	-1,659,355.	76,503,418.		X	NONE	X	

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust**

(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
BMC MANAGEMENT SERVICES, INC. 04-3414914 88 EAST NEWTON ST BOSTON, MA 02118	MEDICAL MGMT	MA	N/A	C-CORP	489,183.	2,194,786.	50.0000
650 ALBANY STREET TRUST 04-6875462 715 ALBANY ST BOSTON, MA 02118	REAL ESTATE	MA	N/A	TRUST	3,580,085.	19,518,038.	50.0000
MEDICAL RESEARCH REALTY TRUST 04-6710518 715 ALBANY ST BOSTON, MA 02118	REAL ESTATE	MA	N/A	TRUST	1,642,253.	14,087,724.	50.0000
BMC INSURANCE CO., INC. 98-0375219 10 MAIN ST GRAND CAYMAN, CAYMAN ISLANDS,	INSURANCE	CJ	N/A	C-CORP	NONE	72,217,666.	70.0000
GRYANT, INC. 20-2047166 ONE BOSTON MEDICAL CENTER BOSTON, MA 02118	REAL ESTATE	MA	N/A	C-CORP	764,000.	41,429,000.	100.0000
BMC COMM PHYS PROG RRG 26-0351060 88 EAST NEWTON ST BOSTON, MA 02118	INSURANCE	MA	N/A	C-CORP	NONE	365,684.	100.0000

**Part V Transactions With Related Organizations**

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

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

**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.

(A) Name of other organization(s)	(B) Transaction type (a-r)	(C) Amount involved
(1) BOSTON MEDICAL CENTER FACULTY PRACTICE PLANS	L, M, N	97,181,000.
(2) BOSTON MEDICAL CENTER HEALTH PLAN, INC.	K	94,318,000.
(3) UNIVER DEVELOPMENT FOUNDATION, INC,	R	1,091,250.
(4) UNIVERSITY ASSOCIATES L.P.	Q	690,762.
(5) BMC INSURANCE CO, INC.	L	9,042,000.
(6)		



**Part II** Continuation of 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
BOSTON MEDICAL CENTER HEALTH PLAN, INC. 04-3373331 2 COPLEY PLACE, STE 600 BOSTON, MA 02116	INSURANCE	MA	501(C)(3)	11 TYPE 1	N/A
EAST CONCORD MEDICAL FOUNDATION, INC. 04-6048207 660 HARRISON AVE BOSTON, MA 02118	REAL ESTATE	MA	501(C)(3)	11 TYPE 3	N/A
UNIVER DEVELOPMENT FOUNDATION, INC. 04-3101957 88 EAST NEWTON ST BOSTON, MA 02110	REAL ESTATE	MA	501(C)(3)	11 TYPE 1	N/A
BMC INSURANCE CO., LTD. OF VERMONT 20-1810549 PO BOX 530, 100 BANK ST BURLINGTON, VT 05401	INSURANCE	VT	501(C)(3)	11 TYPE 1	N/A
BOSTON HEALTHNET CORP. 04-3279836 660 HARRISON AVE, 3RD FLR BOSTON, MA 02118	SUPPORT SVCS	MA	501(C)(3)	11 TYPE 2	N/A
FACULTY PRACTICE FOUNDATION, INC. 04-3289381 660 HARRISON AVENUE, 3RD FLR BOSTON, MA 02118	MEDICAL SVCS	MA	501(C)(3)	11 TYPE 2	N/A
TRANSPORTATION SOL. FOR COMMUTERS, INC. 04-3144411 715 ALBANY ST BOSTON, MA 20118	TRANS. SVCS	MA	501(C)(3)	7	N/A
BU MEDICAL CTR ANESTHESIOLOGISTS, INC. 04-3276227 88 EAST NEWTON STREET BOSTON, MA 02118	HEALTHCARE	MA	501(C)(3)	11C III-FI	N/A
BOSTON EMERGENCY PHYSICIAN FDN, INC. 04-3286156 818 HARRISON AVENUE BOSTON, MA 02118	HEALTHCARE	MA	501(C)(3)	11C III-FI	N/A
BU CARDIAC & THORACIC SURGICAL FDN, INC 04-2966416 88 EAST NEWTON STREET BOSTON, MA 02118	HEALTHCARE	MA	501(C)(3)	11C III-FI	N/A
BOSTON UNIVERSITY DERMATOLOGY, INC. 04-3335166 609 ALBANY STREET BOSTON, MA 02118	HEALTHCARE	MA	501(C)(3)	11C III-FI	N/A
BU DERMATOLOGY SUPPORT SERVICES I, INC. 04-3452877 609 ALBANY STREET BOSTON, MA 02118	HEALTHCARE	MA	501(C)(3)	11C III-FI	N/A
BU DERMATOLOGY SUPPORT SERVICES II, INC. 04-3452874 609 ALBANY STREET BOSTON, MA 02118	HEALTHCARE	MA	501(C)(3)	11C III-FI	N/A
BOSTON UNIV. SURGICAL ASSOCIATES, INC. 04-3291148 88 EAST NEWTON STREET BOSTON, MA 02118	HEALTHCARE	MA	501(C)(3)	11C III-FI	N/A
EVANS MEDICAL FOUNDATION, INC. 51-0172171 88 EAST NEWTON STREET BOSTON, MA 02118	HEALTHCARE	MA	501(C)(3)	11C III-FI	N/A

**Part II** Continuation of 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
BOSTON UNIVERSITY EYE ASSOCIATES, INC. 04-3137333 2005 BAY STREET, SUITE 201 TAUNTON, MA 02780	HEALTHCARE	MA	501(C)(3)	11C III-FI	N/A
BOSTON UNIVERSITY FAMILY MEDICINE, INC. 04-3354353 1 BOSTON MEDICAL CTR DOWLING 5 BOSTON, MA 02118	HEALTHCARE	MA	501(C)(3)	11C III-FI	N/A
BU MALLORY PATHOLOGY ASSOCIATES, INC. 04-2794543 784 MASSACHUSETTS AVENUE BOSTON, MA 02118	HEALTHCARE	MA	501(C)(3)	11C III-FI	N/A
BOSTON UNIV. NEUROLOGY ASSOCIATES, INC. 04-3428462 720 HARRISON AVENUE, SUITE 707 BOSTON, MA 02118	HEALTHCARE	MA	501(C)(3)	11C III-FI	N/A
BU NEUROSURGICAL ASSOCIATES, INC. 04-3296068 88 EAST NEWTON STREET BOSTON, MA 02118	HEALTHCARE	MA	501(C)(3)	11C III-FI	N/A
BU OBSTETRICS & GYNECOLOGY FDN, INC. 04-3067465 818 HARRISON AVENUE BOSTON, MA 02118	HEALTHCARE	MA	501(C)(3)	11C III-FI	N/A
BU ORTHOPAEDIC SURGICAL ASSOCIATES, INC. 04-3354360 720 HARRISON AVENUE, SUITE 808 BOSTON, MA 02118	HEALTHCARE	MA	501(C)(3)	11C III-FI	N/A
BUMC OTOLARYNGOLOGIC FOUNDATION, INC. 04-3156471 88 EAST NEWTON STREET BOSTON, MA 02118	HEALTHCARE	MA	501(C)(3)	11C III-FI	N/A
CHILD HEALTH FOUNDATION OF BOSTON, INC. 04-2472758 818 HARRISON AVENUE DOWLING 3 BOSTON, MA 02118	HEALTHCARE	MA	501(C)(3)	11C III-FI	N/A
BOSTON UNIV. PLASTIC SURGERY ASSOC., INC 04-3555478 88 EAST NEWTON STREET BOSTON, MA 02118	HEALTHCARE	MA	501(C)(3)	11C III-FI	N/A
BOSTON UNIVERSITY PSYCHIATRY ASSOC., INC 04-3355267 720 HARRISON AVENUE BOSTON, MA 02118	HEALTHCARE	MA	501(C)(3)	11C III-FI	N/A
BU MEDICAL CENTER RADIOLOGISTS, INC. 04-3283573 88 EAST NEWTON STREET BOSTON, MA 02118	HEALTHCARE	MA	501(C)(3)	11C III-FI	N/A
BOSTON REHABILITATION MEDICINE ASSOC INC 04-3286641 88 EAST NEWTON STREET BOSTON, MA 02118	HEALTHCARE	MA	501(C)(3)	11C III-FI	N/A
BU GENERAL SURGICAL ASSOCIATES, INC. 04-3265008 88 EAST NEWTON STREET BOSTON, MA 02118	HEALTHCARE	MA	501(C)(3)	11C III-FI	N/A
BU MEDICAL CENTER UROLOGISTS, INC. 04-3286643 88 EAST NEWTON STREET BOSTON, MA 02118	HEALTHCARE	MA	501(C)(3)	11C III-FI	N/A





**Part V** Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

(A) Name of other organization	(B) Transaction type (a-r)	(C) Amount involved
(7)		
(8)		
(9)		
(10)		
(11)		
(12)		
(13)		
(14)		
(15)		
(16)		
(17)		
(18)		
(19)		
(20)		
(21)		
(22)		
(23)		
(24)		

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

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NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
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BOSTON UNIVERSITY 715 ALBANY STREET, STE 580 BOSTON, MA 02118-2528	SHARED RESEARCH SVCS	60,152,058.
WILLIAM A. BERRY & SON, INC. 99 CONIFER HILL DRIVE DANVERS, MA 01923	CONSTRUCTION	32,582,614.
SUFFOLK CONSTRUCTION CO. 65 ALLERTON STREET BOSTON, MA 02119	CONSTRUCTION	11,369,014.
MORRISON HEALTH CARE, INC. 5801 PEACHTREE DUNWOODY ROAD ATLANTA, GA 30342	HEALTHCARE SERVICES	5,373,486.
PRICEWATERHOUSECOOPERS LLP 125 HIGH STREET BOSTON, MA 02110	AUDIT/CONSULT SVCS	5,301,816.
TOTAL COMPENSATION		----- 114,778,988. =====