

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

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 2007 calendar year, or tax year beginning 10/01, 2007, and ending 09/30/2008

- B Check if applicable: Address change, Name change, Initial return, Termination, Amended return, Application pending

C Name of organization: BOSTON MEDICAL CENTER
Number and street (or P.O. box if mail is not delivered to street address): 88 EAST NEWTON STREET
City or town, state or country, and ZIP + 4: BOSTON, MA 02118

D Employer identification number: 04-3314093
E Telephone number: (617) 638-5788
F Accounting method: Cash, Accrual

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

H and I are not applicable to section 527 organizations.

- H(a) Is this a group return for affiliates? Yes No
H(b) If "Yes," enter number of affiliates
H(c) Are all affiliates included? Yes No
H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No

G Website: WWW.BMC.ORG

J Organization type (check only one) 501(c) (3) 4947(a)(1) or 527

K Check here if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000.

I Group Exemption Number

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

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 1,104,067,000.

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

Table with columns for Revenue, Expenses, and Net Assets. Rows include contributions, program service revenue, membership dues, interest on savings, dividends, gross rents, other investment income, gross amount from sales of assets, special events, gross sales of inventory, other revenue, total revenue, program services, management and general, fundraising, payments to affiliates, total expenses, and net assets at beginning and end of year.

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

- 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. You must file original and one copy.

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

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 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.

4 I request an additional 3-month extension of time until 08/17/2009

5 For calendar year _____, or other tax year beginning 10/01/2007 and ending 09/30/2008

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

7 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.	8a	\$	NONE
b	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.	8b	\$	NONE
c	Balance Due. Subtract line 8b from line 8a. 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.	8c	\$	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 *Joyce Newson* Title CPA Date 04/20/2009

PRICEWATERHOUSECOOPERS LLP ATTN: JOYCE NEWSON
125 HIGH STREET
BOSTON, MA 02110

Form 8868 (Rev. 4-2008)

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 **X**
 - 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 and click on *e-file for Charities & Nonprofits*.

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

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-EZ | <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 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 05/15, 2009, 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, 2007, and ending 09/30, 2008

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	\$	NONE
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	\$	NONE
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	\$	NONE

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 II Statement of Functional Expenses

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

Table with 5 columns: (A) Total, (B) Program services, (C) Management and general, (D) Fundraising. Rows include 22a-22b, 23-24, 25a-25c, 26-29, 30-39, 40-43, and 44 Total functional expenses.

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

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

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

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

What is the organization's primary exempt purpose? HOSPITAL All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
a THIS ORGANIZATION IS AN ACUTE-CARE HOSPITAL WHICH PROVIDES PROFESSIONAL MEDICAL CARE, SURGICAL SERVICES, EMERGENCY ROOM FACILITIES, AMBULATORY AND ANCILLARY SERVICES. (ALSO SEE STATEMENTS 3-4 AND 6-34) (Grants and allocations \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	806,237,491.
b THE ORGANIZATION SUPPORTS MEDICAL RESEARCH INDIVIDUALLY AND THROUGH THE EVANS MEDICAL FOUNDATION. (Grants and allocations \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	89,664,847.
c (Grants and allocations \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	
d (Grants and allocations \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	
e Other program services (attach schedule) (Grants and allocations \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	
f Total of Program Service Expenses (should equal line 44, column (B), Program services) <input type="checkbox"/>	895,902,338.

Part IV Balance Sheets (See the instructions.)

				(A)		(B)
				Beginning of year		End of year
Assets	45	Cash - non-interest-bearing		79,951,000.	45	7,314,000.
	46	Savings and temporary cash investments		27,355,000.	46	1,602,000.
	47a	Accounts receivable	47a 401,505,000.			
	b	Less: allowance for doubtful accounts	47b 56,876,000.	184,794,000.	47c	344,629,000.
	48a	Pledges receivable	48a			
	b	Less: allowance for doubtful accounts	48b			48c
	49	Grants receivable		99,659,000.	49	96,658,000.
	50a	Receivables from current and former officers, directors, trustees, and key employees (attach schedule)			50a	
	b	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)			50b	
	51a	Other notes and loans receivable (attach schedule)	51a			
	b	Less: allowance for doubtful accounts	51b			51c
	52	Inventories for sale or use		2,901,000.	52	3,188,000.
	53	Prepaid expenses and deferred charges		6,344,000.	53	6,079,000.
	54a	Investments - publicly-traded securities STMT. 38	<input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	78,843,000.	54a	56,629,000.
	b	Investments - other securities (attach schedule)	<input type="checkbox"/> Cost <input type="checkbox"/> FMV		54b	
	55a	Investments - land, buildings, and equipment: basis	55a			
	b	Less: accumulated depreciation (attach schedule)	55b			55c
	56	Investments - other (attach schedule) STMT. 39		235,597,000.	56	155,976,000.
	57a	Land, buildings, and equipment: basis	57a 999,875,000.			
b	Less: accumulated depreciation (attach schedule)	57b 523,635,000.	414,393,000.	57c	476,240,000.	
58	Other assets, including program-related investments (describe STMT 40)		397,444,000.	58	698,062,000.	
59	Total assets (must equal line 74). Add lines 45 through 58		1,527,281,000.	59	1,846,377,000.	
Liabilities	60	Accounts payable and accrued expenses		123,749,000.	60	149,983,000.
	61	Grants payable			61	
	62	Deferred revenue		15,656,000.	62	19,198,000.
	63	Loans from officers, directors, trustees, and key employees (attach schedule)			63	
	64a	Tax-exempt bond liabilities (attach schedule) STMT. 41		137,310,000.	64a	371,204,000.
	b	Mortgages and other notes payable (attach schedule)			64b	
	65	Other liabilities (describe STMT 42)		223,222,000.	65	253,692,000.
66	Total liabilities. Add lines 60 through 65		499,937,000.	66	794,077,000.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.					
	67	Unrestricted		469,857,000.	67	590,432,000.
	68	Temporarily restricted		541,134,000.	68	445,515,000.
	69	Permanently restricted		16,353,000.	69	16,353,000.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.					
	70	Capital stock, trust principal, or current funds			70	
	71	Paid-in or capital surplus, or land, building, and equipment fund			71	
	72	Retained earnings, endowment, accumulated income, or other funds			72	
	73	Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)		1,027,344,000.	73	1,052,300,000.
	74	Total liabilities and net assets/fund balances. Add lines 66 and 73		1,527,281,000.	74	1,846,377,000.

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

a	Total revenue, gains, and other support per audited financial statements	a	1038208000.
b	Amounts included on line a but not on Part I, line 12:		
1	Net unrealized gains on investments	b1	-65,859,000.
2	Donated services and use of facilities	b2	
3	Recoveries of prior year grants	b3	
4	Other (specify): -----	b4	
	Add lines b1 through b4	b	-65,859,000.
c	Subtract line b from line a	c	1104067000.
d	Amounts included on Part I, line 12, but not on line a :		
1	Investment expenses not included on Part I, line 6b	d1	
2	Other (specify): <u>SEE STATEMENT 43</u> -----	d2	-910,202.
	Add lines d1 and d2	d	-910,202.
e	Total revenue (Part I, line 12). Add lines c and d	e	1103156798.

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

a	Total expenses and losses per audited financial statements	a	1008580000.
b	Amounts included on line a but not on Part I, line 17:		
1	Donated services and use of facilities	b1	
2	Prior year adjustments reported on Part I, line 20	b2	
3	Losses reported on Part I, line 20	b3	
4	Other (specify): <u>SEE STATEMENT 44</u> -----	b4	910,202.
	Add lines b1 through b4	b	910,202.
c	Subtract line b from line a	c	1007669798.
d	Amounts included on Part I, line 17, but not on line a :		
1	Investment expenses not included on Part I, line 6b	d1	
2	Other (specify): -----	d2	
	Add lines d1 and d2	d	
e	Total expenses (Part I, line 17). Add lines c and d	e	1007669798.

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

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
SEE STATEMENT 45		2,030,236.	502,089.	NONE

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

	Yes	No
75a Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings 30		
b Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s)	X	
c Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization." SEE STATEMENT 52 If "Yes," attach a statement that includes the information described in the instructions.	X	
d Does the organization have a written conflict of interest policy?	X	

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits

(If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
SEE STATEMENT 53	NONE	265,784.	46,540.	NONE

Part VI Other Information (See the instructions.)

	Yes	No
76 Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change		X
77 Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.		X
78a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
b If "Yes," has it filed a tax return on Form 990-T for this year?	N/A	
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement		X
80a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	X	
b If "Yes," enter the name of the organization ▶ STMT 54 and check whether it is <input checked="" type="checkbox"/> exempt or <input checked="" type="checkbox"/> nonexempt		
81a Enter direct and indirect political expenditures. (See line 81 instructions.) 81a		
b Did the organization file Form 1120-POL for this year?		X

Part VI Other Information (continued)

Table with columns for question ID, question text, and Yes/No columns. Rows include questions 82a through 91a regarding organizational activities, tax status, and foreign accounts.

Part VI Other Information (continued)

c At any time during the calendar year, did the organization maintain an office outside of the United States? Yes No
 If "Yes," enter the name of the foreign country ▶ _____

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

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

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a PATIENT SVC REV					965,875,000.
b OTHER PROGRAM REV					4,966,132.
c GRANT/CONTRACT REV					77,115,000.
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies .					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments .			14	3,669,993.	
96 Dividends and interest from securities	525990	404.	14	20,139,603.	
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property			16	101,657.	
98 Net rental income or (loss) from personal property . .					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			18	-25,374,000.	
101 Net income or (loss) from special events			01	1,668,139.	
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a _____					
b CAFETERIA/PARKING					
c INCOME			03	4,310,276.	
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))		404.		4,515,668.	1,047,956,132.
105 Total (add line 104, columns (B), (D), and (E)) ▶					1,052,472,204.

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

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

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
▼	STMT 58

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

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
STMT 59	%		25,845,251.	296,645,991.
	%			
	%			
	%			

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

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

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

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

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

106 Did the reporting organization **make** any transfers **to** a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

	Yes	No
	<input checked="" type="checkbox"/>	

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	SEE STATEMENT 61			
b				
c				
Totals				114,846,175.

107 Did the reporting organization **receive** any transfers **from** a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

	Yes	No
	<input checked="" type="checkbox"/>	

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	SEE STATEMENT 62			
b				
c				
Totals				92,365,920.

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

	Yes	No
		<input checked="" type="checkbox"/>

Please Sign Here

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

Signature of officer _____ Date _____

Type or print name and title _____

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN (See Gen. Inst. X)
Firm's name (or yours if self-employed), address, and ZIP + 4	EIN		Preparer's SSN or PTIN (See Gen. Inst. X)
PRICEWATERHOUSECOOPERS LLP	13-4008324		13-4008324
125 HIGH STREET	Phone no.		617-530-5000
BOSTON, MA	02110		Form 990 (2007)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

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

Supplementary Information - (See separate instructions.)

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

OMB No. 1545-0047

2007

Name of the organization

BOSTON MEDICAL CENTER

Employer identification number

04-3314093

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

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
SEE STATEMENT 63				

Total number of other employees paid over \$50,000 . . . ▶ **3419**

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

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
SEE STATEMENT 65		

Total number of others receiving over \$50,000 for professional services ▶ **44**

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

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
SEE STATEMENT 66		

Total number of other contractors receiving over \$50,000 for other services ▶ **17**

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

Schedule A (Form 990 or 990-EZ) 2007

Part III Statements About Activities (See page 2 of the instructions.)

Yes No

1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities \$ 237,641. (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)

1 X

Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.

2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)

a Sale, exchange, or leasing of property?

2a X

b Lending of money or other extension of credit? .STMT . 67

2b X

c Furnishing of goods, services, or facilities? .STMT . 68

2c X

d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? .FORM .990. PART. V-A .

2d X

e Transfer of any part of its income or assets?

2e X

3a Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)

3a X

b Did the organization have a section 403(b) annuity plan for its employees?

3b X

c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement

3c X

d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?

3d X

4a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g

4a X

b Did the organization make any taxable distributions under section 4966?

4b

c Did the organization make a distribution to a donor, donor advisor, or related person?

4c

d Enter the total number of donor advised funds owned at the end of the tax year

e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year

f Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the rights to provide advice on the distribution or investment of amounts in such funds or accounts

NONE

g Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year

NONE

Part IV Reason for Non-Private Foundation Status (See pages 4 through 8 of the instructions.)

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

- 5 A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state ► _____
- 10 An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:
 Type I Type II Type III - Functionally Integrated Type III - Other

Provide the following information about the supported organizations. (See page 8 of the instructions.)

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

- 14 An organization organized and operated to test for public safety. Section 509(a)(4). (See page 8 of the instructions.)

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

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting. NOT APPLICABLE

Table with 6 columns: Calendar year (or fiscal year beginning in), (a) 2006, (b) 2005, (c) 2004, (d) 2003, (e) Total. Rows 15-25 include categories like Gifts, grants, and contributions received; Membership fees received; Gross receipts from admissions, merchandise sold or services performed; Gross income from interest, dividends; Net income from unrelated business activities; Tax revenues levied; Value of services or facilities furnished; Other income; Total of lines 15 through 22; Line 23 minus line 17; Enter 1% of line 23.

Table for lines 26a-26f. 26a: Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24. 26b: Prepare a list for your records to show the name of and amount contributed by each person. 26c: Total support for section 509(a)(1) test. 26d: Add: Amounts from column (e) for lines: 18, 19, 22, 26b. 26e: Public support (line 26c minus line 26d total). 26f: Public support percentage (line 26e (numerator) divided by line 26c (denominator)).

27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: NOT APPLICABLE

(2006) _____ (2005) _____ (2004) _____ (2003) _____
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year:
(2006) _____ (2005) _____ (2004) _____ (2003) _____

Table for lines 27c-27h. 27c: Add: Amounts from column (e) for lines: 15, 16, 17, 20, 21. 27d: Add: Line 27a total and line 27b total. 27e: Public support (line 27c total minus line 27d total). 27f: Total support for section 509(a)(2) test: Enter amount from line 23, column (e). 27g: Public support percentage (line 27e (numerator) divided by line 27f (denominator)). 27h: Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)).

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

Part V Private School Questionnaire (See page 9 of the instructions.) **NOT APPLICABLE**
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

	Yes	No
29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29	
30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30	
31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.) ----- ----- -----	31	
32 Does the organization maintain the following:		
a Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
d Copies of all material used by the organization or on its behalf to solicit contributions?	32d	
If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.) ----- -----		
33 Does the organization discriminate by race in any way with respect to:		
a Students' rights or privileges?	33a	
b Admissions policies?	33b	
c Employment of faculty or administrative staff?	33c	
d Scholarships or other financial assistance?	33d	
e Educational policies?	33e	
f Use of facilities?	33f	
g Athletic programs?	33g	
h Other extracurricular activities?	33h	
If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.) ----- -----		
34 a Does the organization receive any financial aid or assistance from a governmental agency?	34a	
b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement.	34b	
35 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35	

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 11 of the instructions.)
 (To be completed **ONLY** by an eligible organization that filed Form 5768) **NOT APPLICABLE**

Check **a** if the organization belongs to an affiliated group. Check **b** if you checked "a" and "limited control" provisions apply.

Limits on Lobbying Expenditures		(a) Affiliated group totals	(b) To be completed for all electing organizations
(The term "expenditures" means amounts paid or incurred.)			
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38	Total lobbying expenditures (add lines 36 and 37)	38	
39	Other exempt purpose expenditures	39	
40	Total exempt purpose expenditures (add lines 38 and 39)	40	
41	Lobbying nontaxable amount. Enter the amount from the following table - If the amount on line 40 is - The lobbying nontaxable amount is - Not over \$500,000 20% of the amount on line 40 Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000 Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000 Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000 Over \$17,000,000 \$1,000,000	41	
42	Grassroots nontaxable amount (enter 25% of line 41)	42	
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43	
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44	

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.
 See the instructions for lines 45 through 50 on page 13 of the instructions.)

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

Part VI-B Lobbying Activity by Nonelecting Public Charities
 (For reporting only by organizations that did not complete Part VI-A) (See page 13 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
a Volunteers		<input checked="" type="checkbox"/>	
b Paid staff or management (Include compensation in expenses reported on lines c through h.)		<input checked="" type="checkbox"/>	
c Media advertisements		<input checked="" type="checkbox"/>	
d Mailings to members, legislators, or the public		<input checked="" type="checkbox"/>	
e Publications, or published or broadcast statements		<input checked="" type="checkbox"/>	
f Grants to other organizations for lobbying purposes		<input checked="" type="checkbox"/>	
g Direct contact with legislators, their staffs, government officials, or a legislative body	<input checked="" type="checkbox"/>		177,758.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means	<input checked="" type="checkbox"/>		59,883.
i Total lobbying expenditures (Add lines c through h.)			237,641.

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities. **STMT 69**

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 14 of the instructions.)

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

		Yes	No
a Transfers from the reporting organization to a noncharitable exempt organization of:			
(i) Cash	51a(i)		<input checked="" type="checkbox"/>
(ii) Other assets	a(ii)		<input checked="" type="checkbox"/>
b Other transactions:			
(i) Sales or exchanges of assets with a noncharitable exempt organization	b(i)		<input checked="" type="checkbox"/>
(ii) Purchases of assets from a noncharitable exempt organization	b(ii)		<input checked="" type="checkbox"/>
(iii) Rental of facilities, equipment, or other assets	b(iii)		<input checked="" type="checkbox"/>
(iv) Reimbursement arrangements	b(iv)		<input checked="" type="checkbox"/>
(v) Loans or loan guarantees	b(v)		<input checked="" type="checkbox"/>
(vi) Performance of services or membership or fundraising solicitations	b(vi)		<input checked="" type="checkbox"/>
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees	c		<input checked="" type="checkbox"/>

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

(a) Line no.	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements
N/A			

52a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? Yes No

b If "Yes," complete the following schedule:

(a) Name of organization	(b) Type of organization	(c) Description of relationship
N/A		

Schedule B

(Form 990, 990-EZ, or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Supplementary Information for
line 1 of Form 990, 990-EZ, and 990-PF (see instructions)

OMB No. 1545-0047

2007

Name of organization

BOSTON MEDICAL CENTER

Employer identification number

04-3314093

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. (Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule - see instructions.)

General Rule -

For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

Special Rules -

For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33¹/₃ % support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms. (Complete Parts I and II.)

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. (Complete Parts I, II, and III.)

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the Parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.) ▶ \$ _____

Caution: Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they **must** check the box in the heading of their Form 990, Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

For Paperwork Reduction Act Notice, see the Instructions for Form 990, Form 990-EZ, and Form 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2007)

Name of organization BOSTON MEDICAL CENTER	Employer identification number 04-3314093
---	---

Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	CARL AND RUTH SHAPIRO FAMILY FOUNDATION 75 PARK PLAZA BOSTON, MA 02116	\$ 10,729,326.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	CITY OF BOSTON ONE CITY HALL SQUARE BOSTON, MA 02201	\$ 3,744,167.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	NATL INST OF ALLERGY AND INFECT DISEASES 6610 ROCKLEDGE DRIVE MSC 6612 BETHESDA, MD 20892	\$ 26,849,682.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

FORM 990 - GENERAL EXPLANATION ATTACHMENT
=====

GAIN/LOSS FROM SALES OF ASSETS OTHER THAN INVENTORY
FORM 990, PART 1, LINE 8:

TOTAL LOSS FROM SALE OF SECURITIES (\$25,374,000)

COMPENSATION PROVIDED BY RELATED ORGANIZATION
FORM 990, PART V-A, LINE 75C:

BOSTON MEDICAL CENTER (YEAR END SEPTEMBER 30) REPORTS COMPENSATION ON A
CALENDAR YEAR BASIS AND BU GENERAL SURGICAL ASSOCIATES, INC., EVANS
MEDICAL FOUNDATION, INC., AND BUMC OTOLARYNGOLOGIC FOUNDATION, INC. (YEAR
END JUNE 30) REPORT COMPENSATION ON A FISCAL YEAR (JUNE 30) BASIS.

INFORMATION REGARDING TAXABLE SUBSIDIARIES
FORM 990, PART IX

BMC INSURANCE CO. LTD'S FOREIGN ADDRESS IS:

FIRST CARRIBBEAN HOUSE, 10 MAIN STREET
GRAND CAYMAN, CAYMAN ISLANDS

CATEGORY OF FILER
FORM 5471, LINE B:

CATEGORY 3 SHOULD ALSO BE CHECKED. DUE TO ELECTRONIC FILING SOFTWARE
LIMITATIONS, THIS BOX COULD NOT BE CHECKED.

FORM 990 - GENERAL EXPLANATION ATTACHMENT
 =====

PROPERTY, PLANT AND EQUIPMENT
 FORM 990, PART II, LINE 42 & PART IV, LINE 57:

THE PROPERTY, PLANT AND EQUIPMENT OF THE MEDICAL CENTER CONSISTS OF THE
 FOLLOWING AT SEPTEMBER 30:

(IN THOUSANDS)	2008	2007
LAND & IMPROVEMENTS	\$ 5,893	5,856
BUILDINGS	161,474	150,201
BUILDING & LEASEHOLD IMPROVEMENTS	222,597	161,667
FIXED EQUIPMENT	58,507	58,428
MAJOR MOVABLE EQUIPMENT	255,442	217,194
LEASED BUILDINGS & EQUIPMENT	218,806	218,806
CONSTRUCTION IN PROGRESS	77,156	75,627
	-----	-----
	999,875	887,779
ACCUMULATED DEPRECIATION & AMORTIZATION	(523,635)	(473,386)
	-----	-----
PROPERTY, PLANT AND EQUIPMENT, NET	\$ 476,240	\$ 414,393

DEPRECIATION AND AMORTIZATION EXPENSES FOR THE YEAR ENDED SEPTEMBER 30,
 2008 WERE \$50,248,566.

FORM 990 - GENERAL EXPLANATION ATTACHMENT
=====

BMC MISSION STATEMENT
FORM 990, PART III, LINE A:

MISSION STATEMENT -

WE WILL PROVIDE CONSISTENTLY EXCELLENT AND ACCESSIBLE HEALTH SERVICES TO ALL IN NEED OF CARE REGARDLESS OF STATUS AND ABILITY TO PAY.

VISION -

OUR VISION IS TO MEET THE HEALTH NEEDS OF THE PEOPLE OF BOSTON AND ITS SURROUNDING COMMUNITIES BY PROVIDING HIGH QUALITY, COMPREHENSIVE CARE TO ALL, PARTICULARLY MINDFUL OF THE NEEDS OF THE VULNERABLE POPULATIONS THROUGH OUR INTEGRATED DELIVERY SYSTEM, IN AN ETHICALLY AND FINANCIALLY RESPONSIBLE MANNER.

VALUES

RESPECT - WE WILL SERVE OUR PATIENTS AND THEIR FAMILIES, PHYSICIANS, STAFF AND COMMUNITIES WITH DIGNITY.

COMMITMENT - WE WILL INTEGRATE OUR PUBLIC HEALTH, PREVENTIVE, EMERGENCY AND REHABILITATIVE PROGRAMS WITH A FULL RANGE OF PRIMARY TO TERTIARY MEDICAL SERVICE.

DIVERSITY - WE WILL SERVE THE EVER-CHANGING NEEDS OF OUR URBAN AND SUBURBAN POPULATIONS, WHILE HONORING THEIR ETHNIC, RELIGIOUS AND CULTURAL DIFFERENCES.

COMPETENCE - WE WILL APPLY A HIGH DEGREE OF MEDICAL, NURSING AND TECHNICAL MANAGEMENT IN A PROFESSIONAL AND ACCOUNTABLE MANNER.

EDUCATION - WE WILL COLLABORATE WITH BOSTON UNIVERSITY, ITS SCHOOLS AND OTHER INSTITUTIONS TO SUPPORT A PREMIER LEARNING ENVIRONMENT FOR ALL MEMBERS OF OUR COMMUNITY.

RESEARCH - WE WILL CONDUCT RESEARCH THAT WILL LEAD TO MAJOR IMPROVEMENTS IN HEALTH CARE AND HEALTH STATUS FOR ALL PEOPLE, AND FURTHER SCIENTIFIC ADVANCES IN MEDICINE.

COST EFFECTIVENESS - WE WILL DEVELOP AND PARTICIPATE IN COMMUNITY-BASED AND MANAGED-CARE PROGRAMS THAT PROMOTE AFFORDABLE, RESPONSIBLE AND HIGH-QUALITY HEALTH CARE.

FORM 990 - GENERAL EXPLANATION ATTACHMENT (CONT'D)
=====

CHARITY CARE

THE MEDICAL CENTER PROVIDES CARE WITHOUT CHARGE TO PATIENTS WHO MEET CERTAIN CRITERIA UNDER ITS CHARITY CARE POLICY. SINCE THE MEDICAL CENTER DOES NOT PURSUE COLLECTION OF AMOUNTS DETERMINED TO QUALIFY AS CHARITY CARE, THEY ARE NOT REPORTED AS NET PATIENT SERVICE REVENUE. THE MEDICAL CENTER MAINTAINS RECORDS TO IDENTIFY AND MONITOR THE LEVEL OF FREE CARE IT PROVIDES. THROUGH THE COMMONWEALTH'S UNCOMPENSATED CARE POOL (UCCP), THE MEDICAL CENTER RECEIVES REIMBURSEMENT FOR A SIGNIFICANT PORTION OF THE CHARITY CARE IT PROVIDES.

THE MEDICAL CENTER PROVIDED FREE CARE OF \$118,719,793 AND \$165,550,084 IN 2008 AND 2007, RESPECTIVELY, BASED ON CHARGES FORGONE AT ESTABLISHED RATES.

FORM 990 - GENERAL EXPLANATION ATTACHMENT
=====

CURRENT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES
FORM 990, PART V-A, LINE 75B:

BOSTON MEDICAL CENTER'S BOARD MEMBERS ARE ALSO BOARD MEMBERS OF BOSTON
MEDICAL CENTER HEALTH PLAN, INC.

ELAINE ULLIAN, RONALD BARTLETT AND STEPHANIE LOVELL ARE ALSO OFFICERS OF
UNIVER DEVELOPMENT FOUNDATION, INC.

RONALD BARTLETT, EDWARD J. CHRISTIANSEN, ESQ. AND PAUL DREW ARE OFFICERS
OF BOSTON MEDICAL CENTER INSURANCE COMPANY, LTD. OF VT.

KAREN ANTMAN, M.D., TRUSTEE OF BOSTON MEDICAL CENTER, IS ALSO THE DEAN
AND PROVOST OF BOSTON UNIVERSITY SCHOOL OF MEDICINE. BOSTON UNIVERSITY IS
ONE OF BOSTON MEDICAL CENTER'S FIVE HIGHEST PAID INDEPENDENT CONTRACTORS
FOR PROFESSIONAL SERVICES.

A FAMILY MEMBER OF A BOARD MEMBER IS EMPLOYED BY ONE OF THE TOP FIVE
PROFESSIONAL SERVICE PROVIDERS IN A NON-MANAGERIAL POSITION.

ELAINE ULLIAN, KAREN ANTMAN, AND PAUL DREW ARE BOARD MEMBERS OF QUINCY
MEDICAL CENTER, INC.

FORM 990 - GENERAL EXPLANATION ATTACHMENT
=====

COMMUNITY BENEFITS
FORM 990, PART III, LINE A:

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." OVER HALF OF OUR PATIENTS HAVE INCOMES AT OR BELOW 200% OF THE FEDERAL POVERTY LEVEL, AND MANY FACE LINGUISTIC AND SOCIOCULTURAL BARRIERS TO CARE. TO ADDRESS THE HEALTH NEEDS OF ITS DIVERSE PATIENT POPULATION, BOSTON MEDICAL CENTER (BMC) PROVIDES A WIDE RANGE OF SERVICES BEYOND THE TRADITIONAL MEDICAL MODEL. THESE PROGRAMS ARE NOT CARVED OUT AS A COMMUNITY BENEFITS PROGRAM-THEY ARE CORE TO FULFILLING OUR MISSION. WE HIGHLIGHT SOME OF THESE PROGRAMS IN THIS REPORT, FOCUSING IN PARTICULAR ON BMC'S EFFORTS IN FY08 TO MINIMIZE THE IMPACTS OF VIOLENCE, TO REACH OUT TO AND IMPROVE THE QUALITY OF LIFE FOR PEOPLE LIVING WITH HIV/AIDS, TO PROVIDE SERVICES TO CHILDREN WITH AUTISM SPECTRUM DISORDER AND THEIR FAMILIES, TO OFFER DIET AND EXERCISE INTERVENTIONS TO OBESE CHILDREN, AND TO HELP FAMILIES MEET THEIR BASIC NEEDS FOR FOOD, CLOTHING AND SHELTER.

BMC, A PRIVATE, NOT-FOR-PROFIT, ACADEMIC MEDICAL CENTER LOCATED IN BOSTON'S HISTORIC SOUTH END, SERVES AS A NATIONAL MODEL FOR CARING FOR VULNERABLE POPULATIONS. APPROXIMATELY 150,000 OF OUR PATIENTS HAVE MASSHEALTH, COMMONWEALTH CARE OR NO INSURANCE AT ALL. AFFILIATED WITH THE BOSTON UNIVERSITY SCHOOL OF MEDICINE (BUSM), BMC IS A PARTNER IN THE BOSTON HEALTHNET, AN INTEGRATED HEALTH CARE DELIVERY SYSTEM THAT INCLUDES 15 COMMUNITY HEALTH CENTERS IN THE BOSTON AREA AND BUSM.

HEALTH CARE REFORM HAS BROUGHT PROFOUND CHANGES TO BMC AND ITS PATIENTS IN FY08. AS THE PREDOMINANT PROVIDER OF CARE TO UNINSURED PATIENTS IN THE COMMONWEALTH, BMC IS AT THE FOREFRONT OF HELPING THESE RESIDENTS ENROLL INTO COMMONWEALTH CARE AND OTHER INSURANCE COVERAGE. BMC AND ITS BOSTON HEALTHNET PARTNERS HAVE A SPECIAL ROLE TO PLAY AS MASSACHUSETTS IMPLEMENTS HEALTH CARE REFORM LEGISLATION (CHAPTER 58). IN ADDITION, THE BMC HEALTHNET PLAN, A SUBSIDIARY OF BMC, IS THE LARGEST MASSHEALTH AND COMMONWEALTH CARE MANAGED CARE ORGANIZATION IN MASSACHUSETTS, PROVIDING HEALTH INSURANCE FOR MORE THAN 240,000 RESIDENTS ACROSS THE COMMONWEALTH.

SERVING A HIGHLY DIVERSE POPULATION (NEARLY 70% ARE UNDERREPRESENTED MINORITIES), BMC IS COMMITTED TO ADDRESSING HEALTH DISPARITIES, AN ISSUE FOR THE BOSTON HEALTH CARE COMMUNITY THAT HAS BEEN BROUGHT TO THE FORE BY SEVERAL REPORTS AND GOVERNMENT COMMISSIONS IN RECENT YEARS.

THE FOLLOWING REPORT WILL HIGHLIGHT BMC'S WORK IN FIVE AREAS: ADDRESSING DOMESTIC AND COMMUNITY VIOLENCE, OUTREACH TO INDIVIDUALS LIVING WITH

FORM 990 - GENERAL EXPLANATION ATTACHMENT (CONT'D)
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HIV/AIDS, SERVICES FOR CHILDREN WITH AUTISM SPECTRUM DISORDER, EXPANSION OF THE MEDICAL-LEGAL PARTNERSHIP (FORMERLY THE MEDICAL-LEGAL PARTNERSHIP FOR CHILDREN), AND DIET AND EXERCISE INTERVENTIONS FOR OBESE CHILDREN.

OUR WORK TO ADDRESS VIOLENCE IS MULTI-FACETED. WE PROVIDE INTERVENTIONS IN THE EMERGENCY DEPARTMENT (ED), WHICH SEES THE MAJORITY OF GUN AND STABBING RELATED TRAUMA IN BOSTON. WE ALSO SUPPORT FAMILIES AND VICTIMS OF INTIMATE PARTNER VIOLENCE. AT URBAN EDS LIKE BMC'S, DOMESTIC VIOLENCE ACCOUNTS FOR ABOUT ONE-FOURTH OF INJURIES TO WOMEN. IN FY08, WE MADE GREAT STRIDES IN ADDRESSING VIOLENCE:

BMC HIRED JOANNE TIMMONS, MPH, IN THE NEWLY CREATED POSITION OF DOMESTIC VIOLENCE PROGRAM COORDINATOR WITH THE CHARGE TO HELP COORDINATE AND DEEPEN BMC'S RESPONSES TO THIS ISSUE. MS. TIMMONS HAS FOCUSED PRIMARILY ON BUILDING RELATIONSHIPS BOTH WITHIN AND OUTSIDE OF BMC, EDUCATING PROVIDERS, AND STRENGTHENING CONNECTIONS TO COMMUNITY-BASED RESOURCES SUCH AS SHELTERS, LEGAL SERVICES, AND OTHER FORMS OF SUPPORT AND ADVOCACY FOR VICTIMS.

PROJECT ASSERT IS A BMC ED SERVICE WHICH FACILITATES ACCESS OF PATIENTS TO PRIMARY CARE, CLINICAL PREVENTIVE SERVICES, AND WHEN NEEDED, TO THE DRUG AND ALCOHOL TREATMENT NETWORK.

THE VIOLENCE INTERVENTION ADVOCATE PROGRAM (VIAP) PROVIDES INDIVIDUAL COUNSELING, TRIAGE AND REFERRAL SERVICES (FOR PRIMARY CARE, MENTAL HEALTH, AND SOCIAL SUPPORTS) FOR VICTIMS OF VIOLENCE BROUGHT TO THE BMC ED. VIAP HIRED REBECCA BISHOP, MSW, TO SERVE AS THE VIAP PROGRAM ADMINISTRATOR. SHE DEVELOPED A SYSTEM TO IMPROVE THE TRACKING OF VIAP PATIENTS WHO ARE TREATED AT BMC.

BMC'S CHILD PROTECTION TEAM ENSURES THAT CHILD VICTIMS OF ABUSE AND NEGLECT AND THEIR FAMILIES HAVE ACCESS TO PROTECTION, APPROPRIATE MEDICAL CARE, PSYCHOSOCIAL SUPPORT, AND ADVOCACY SERVICES; IDENTIFIES AND WORKS TOWARD RESOLVING BARRIERS TO EFFECTIVE IDENTIFICATION OF AND RESPONSE TO MALTREATMENT AT BMC; AND PROVIDES TRAINING AND EDUCATION TO PEDIATRIC HEALTH AND OTHER PROFESSIONALS TO ENHANCE THEIR ABILITIES TO RECOGNIZE AND MANAGE CHILD MALTREATMENT.

THE CHILD WITNESS TO VIOLENCE PROJECT RESPONDS TO THE NEEDS OF PEDIATRIC PATIENTS AT BMC WHO WERE EXPOSED TO OR AFFECTED BY VIOLENCE IN THEIR HOMES AND COMMUNITIES AND PROVIDES A COUNSELING, OUTREACH AND CONSULTATION PROGRAM THAT FOCUSES ON YOUNG CHILDREN (UNDER THE AGE OF 8). IN FY08, THE TEAM PROVIDED TRAUMA-FOCUSED COUNSELING SERVICES FOR 112

FORM 990 - GENERAL EXPLANATION ATTACHMENT (CONT'D)
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CHILDREN, OF WHOM 75% WERE UNDER AGE SEVEN.

HEATHER WALTER, MD, MPH, WAS APPOINTED CHAIR OF BMC'S CHILD & ADOLESCENT PSYCHIATRY DIVISION IN FY08. DR. WALTER IS COMMITTED TO ENHANCING SERVICES TO HELP STABILIZE THE HEALTH AND WELLBEING OF CHILDREN WHO ARE EXPERIENCING A COMBINATION OF STRESSFUL LIFE CIRCUMSTANCES WHICH EXACERBATE, AND IN SOME CASES CAUSE, ARRESTED PSYCHIATRIC DEVELOPMENT.

MEDICAL-LEGAL PARTNERSHIP (MLP) TRAINS CLINICIANS TO IDENTIFY ADVOCACY ISSUES AND PROVIDES LEGAL SUPPORT TO FAMILIES TO SECURE BASIC SERVICES. MLP WAS HONORED BY THE AMERICAN HOSPITAL ASSOCIATION IN JULY 2008 AS ONE OF FIVE NATIONAL PROGRAMS RECEIVING ITS NOVA AWARD, WHICH RECOGNIZES EFFECTIVE COLLABORATIVE PROGRAMS FOCUSED ON COMMUNITY HEALTH. MLP SUPPORTED NEARLY 1,300 PATIENT-FAMILIES AND INDIVIDUAL PATIENTS IN FY08.

THE CENTER FOR HIV/AIDS CARE AND RESEARCH (CHACR) AT BMC IS THE LARGEST PROVIDER OF "ONE-STOP SHOPPING" HIV MEDICAL CARE AND SUPPORT SERVICES IN MASSACHUSETTS, CARING FOR NEARLY 1,500 UNIQUE PATIENTS AND 16% OF ALL BLACK PEOPLE LIVING WITH HIV/AIDS IN THE STATE. AN INTEGRAL PART OF CHACR'S SERVICES IS REACHING OUT TO PEOPLE LIVING WITH HIV/AIDS IN ORDER TO IMPROVE THEIR QUALITY OF LIFE. CHACR DOES THIS WITH A VARIETY OF PROGRAMS INCLUDING: 1) THE SOCIAL NETWORKS PROGRAM, WHICH TARGETS HIV-POSITIVE INDIVIDUALS AND THOSE AT HIGH RISK OF HIV TRANSMISSION IN ORDER TO PREVENT TRANSMISSION; 2) THE RETENTION IN CARE PROGRAM, WHICH AIMS TO RETAIN IN CARE OUR LOW-INCOME, HIGH RISK HIV-POSITIVE PATIENTS WHO FACE BARRIERS TO STAYING IN MEDICAL CARE; AND 3) THE PREVENTION PROGRAM FOR HAITIAN WOMEN, WHICH RECRUITED AND ENROLLED 163 LOW-INCOME HAITIAN WOMEN, A POPULATION THAT HAS AN INCREASED RISK OF CONTRACTING HIV THROUGH HETEROSEXUAL CONTACT, IN A PROGRAM THAT PROMOTES PREVENTION AND FACILITATES REMAINING IN CARE.

IN ADDITION TO PROVIDING ONGOING EARLY, ACCURATE DIAGNOSIS OF AUTISM AND SUPPORTS FOR FAMILIES, AND IN ORDER TO FACILITATE CHILDREN'S ACCESS TO APPROPRIATE EDUCATIONAL SERVICES, THE PEDIATRIC ASSESSMENT OF COMMUNICATION CLINIC (THE AUTISM CLINIC) ADDRESSES PARENTS' REQUESTS FOR GUIDANCE ON BEHAVIORAL MANAGEMENT BY DEVELOPING AND OFFERING THE SIX-SESSION SERIES ENTITLED EVERYDAY BEHAVIOR PROBLEMS AND SOLUTIONS. THE SERIES IS TAILORED TO THE UNDERSERVED CAREGIVERS OF CHILDREN WITH AUTISM SEEN IN THE AUTISM CLINIC, WHOSE HOUSEHOLDS ARE COMPLICATED BY THE CHILD'S INTENSIVE BEHAVIOR NEEDS AND INABILITY TO COMMUNICATE AS WELL AS THE VARIETY OF SOCIOECONOMIC FACTORS.

THE DEPARTMENT OF PEDIATRICS WORKS TO PREVENT THE ONSET OF ADULT DIABETES

FORM 990 - GENERAL EXPLANATION ATTACHMENT (CONT'D)

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IN YOUNG, UNDERSERVED, AND OBESE PATIENTS THROUGH ITS NUTRITION AND FITNESS FOR LIFE PROGRAM (NFL) THAT PROVIDES CLINICAL AND COMMUNITY-BASED RESOURCES TO CHILDREN AND THEIR FAMILIES. THE NFL MODEL FEATURES THREE PRIMARY COMPONENTS: 1) CLINICAL SERVICES TARGETING CHILDREN WITH >95 PERCENTILE OF BODY MASS INDEX; 2) THE FANTASTIC KIDS AFTER SCHOOL PROGRAM WHICH PROVIDES TEEN-MENTORED NUTRITION EDUCATION AND FITNESS ACTIVITIES FOR OVERWEIGHT AND OBESE YOUTH WHO ARE REFERRED TO THE PROGRAM BY THEIR PHYSICIANS AND MAY NOT BE PHYSICALLY READY FOR OTHER PROGRAMS; AND 3) CONTINUING MEDICAL EDUCATION FOR CLINICIANS TO INCREASE THEIR CAPACITY TO TREAT PEDIATRIC OVERWEIGHT PATIENTS IN THE PRIMARY CARE SETTING. THESE PROGRAMS FILL A LARGE GAP IN SERVICES TO POPULATIONS MOST STRONGLY IMPACTED BY THE PEDIATRIC OBESITY EPIDEMIC: NEARLY 80% OF THE PROGRAM'S PARTICIPANTS ARE MEDICAID OR OTHER PUBLIC ASSISTANCE RECIPIENTS; 90% ARE BLACK OR HISPANIC.

SPECIAL ISSUES: ADDRESSING DISPARITIES

THE HOSPITAL WORKING GROUP OF THE CITY OF BOSTON'S DISPARITIES PROJECT GROUPED ITS RECOMMENDATIONS INTO FIVE BROAD CATEGORIES. BMC'S ACTIVITIES IN EACH AREA ARE DESCRIBED BELOW.

COLLECTING INFORMATION ON RACE AND ETHNICITY

BMC HAS BEEN AHEAD OF THE CURVE AMONG BOSTON HOSPITALS IN MODIFYING ITS DATA COLLECTION SYSTEMS TO COLLECT THESE DATA IN THE FORMAT PRESCRIBED BY THE CITY OF BOSTON FOR COLLECTING DATA ON RACE, ETHNICITY, PRIMARY LANGUAGE, AND LEVEL OF EDUCATION, AND IN BEGINNING TO DEVELOP INFORMATION SYSTEMS CAPACITY TO MINE THESE DATA FOR QUALITY IMPROVEMENT FEEDBACK ON POSSIBLE DISPARITIES IN PATIENT CLINICAL CARE AND OUTCOMES.

MEASURING HEALTH DISPARITIES

IN ADDITION TO PUTTING THE DATA COLLECTION FRAMEWORK IN PLACE, BMC HAS INVESTED IN THE CREATION OF A CLINICAL DATA WAREHOUSE, A DATA REPOSITORY OF ALL CLINICAL, DEMOGRAPHIC, AND FINANCIAL DATA. THE WAREHOUSE IS USED AS A RESOURCE FOR VARIOUS HEALTH CARE DISPARITIES INQUIRIES. PRELIMINARY RESEARCH INTO DISPARITIES IN CLINICAL CARE AND OUTCOMES IS UNDERWAY.

THE INSTALLATION OF AN ELECTRONIC MEDICAL RECORD SYSTEM AND THE ESTABLISHMENT OF THE DATA WAREHOUSE BROADEN AND DEEPEN BMC'S CAPACITY TO EXAMINE AND RESPOND TO ISSUES INSTITUTION-WIDE AND TO SET INSTITUTION-LEVEL PRIORITIES AND POLICIES FOR CHANGE.

DIVERSIFYING THE HEALTH CARE WORKFORCE

EFFORTS TO ADDRESS DIVERSITY COVER THREE MAIN AREAS: CAREER LADDERS FOR

FORM 990 - GENERAL EXPLANATION ATTACHMENT (CONT'D)

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ALLIED HEALTH PROFESSIONALS, DIVERSIFICATION OF MANAGERIAL RANKS, AND MINORITY PHYSICIAN RECRUITMENT AND RETENTION.

CAREER LADDERS FOR ALLIED HEALTH PROFESSIONALS

BMC MADE SUBSTANTIAL INVESTMENTS TO LAUNCH AND SUSTAIN A FULLY INTEGRATED CONTINUUM OF WORKFORCE DEVELOPMENT INITIATIVES, THE GOAL OF WHICH IS TO BUILD A PIPELINE OF EMPLOYEES ADVANCING TOWARD CAREERS IN HIGH VACANCY AREAS IN THE HOSPITAL THAT PAY FAMILY-SUPPORTING WAGES. IN DESIGNING ITS PROGRAMS, BMC EMBRACED STRATEGIES RECOMMENDED IN THE INSTITUTE OF MEDICINE'S REPORT ENTITLED, UNEQUAL TREATMENT: CONFRONTING RACIAL AND ETHNIC DISPARITIES IN HEALTHCARE, 2003, SO AS TO DUALY IMPACT LABOR SHORTAGES AND HEALTH DISPARITIES BY PROMOTING EDUCATIONAL ACCESS FOR EMPLOYEES FROM CORE WORKFORCE NEIGHBORHOODS IN BOSTON (THE SAME NEIGHBORHOODS WHERE MANY OF OUR PATIENTS RESIDE). WE ESTIMATE THAT 60% OF PARTICIPANTS ARE RACIAL AND ETHNIC MINORITIES.

BMC WAS SELECTED IN FY07 AS ONE OF THREE BOSTON HOSPITALS TO PARTICIPATE IN THE BOSTON FOUNDATION'S THREE-YEAR ALLIED HEALTH WORKFORCE INITIATIVE, WHICH INCLUDES SPECIFIC TARGETS FOR CAREER DEVELOPMENT OF RACIAL AND ETHNIC MINORITY EMPLOYEES IN THE AREAS OF CENTRAL STERILE PROCESSING AND RADIATION TECHNOLOGY.

RELATED TO OUR EFFORTS TO PROMOTE CAREER DEVELOPMENT OF EMPLOYEES IN THE ALLIED HEALTH PROFESSIONS, BMC PARTICIPATES IN THE YMCA TRAINING, INC. PROGRAM. THIS PROGRAM IS DESIGNED TO PROVIDE ADULTS WITH JOB SKILLS TRAINING TO HELP THEM OBTAIN LIVING-WAGE EMPLOYMENT. BMC PROVIDES PLACEMENTS FOR THESE INTERNS WHO PROVIDE THEIR TIME AND SERVICES WHILE GAINING TRAINING FOR JOB READINESS. AFTER THESE UNPAID INTERNSHIPS, MORE THAN 50% OF THESE INTERNS HAVE BEEN HIRED AT BMC.

DIVERSIFICATION OF MANAGERIAL RANKS

BMC HAS A GOAL OF HAVING MINORITIES REPRESENT AT LEAST 33% OF THE TOTAL HIRES IN THE TOP THREE EEO JOB CATEGORIES. LAST YEAR, WE EXCEEDED THIS GOAL BY 44.51%. AS WELL, BMC EXCEEDED BY 38.35% OUR GOAL OF RETAINING AT LEAST AS MANY MINORITIES AS WE HIRED. BMC'S EMERGING LEADERS IN HEALTHCARE ADMINISTRATION FELLOWSHIP AND INTERNSHIP PROGRAM IS A RECRUITMENT VEHICLE LINKED TO ENHANCING MINORITY REPRESENTATION WITHIN THE MANAGERIAL, PROFESSIONAL, AND TECHNICAL JOB CATEGORIES. THE PROGRAM RECRUITS AND PLACES TWO INTERNS AND TWO FELLOWS FROM MINORITY COMMUNITIES ANNUALLY IN MANAGERIAL TRACKS AT BMC.

BMC MAINTAINS AN ACTIVE RELATIONSHIP WITH THE NATIONAL ASSOCIATION OF HEALTH SERVICES EXECUTIVES (NAHSE) TO RECRUIT ITS FELLOWS AND

FORM 990 - GENERAL EXPLANATION ATTACHMENT (CONT'D)

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PROFESSIONAL AND SENIOR-LEVEL BLACK EXECUTIVES. SEVERAL OF OUR AFRICAN AMERICAN MANAGERS AND PROFESSIONALS ARE NAHSE MEMBERS. THE ORGANIZATION'S MISSION AND ITS PURPOSE SINCE INCEPTION ARE DEDICATED TO THE ADVANCEMENT AND DEVELOPMENT OF AFRICAN AMERICAN HEALTH CARE LEADERS IN CONCERT WITH ELEVATING THE QUALITY OF HEALTH CARE RENDERED TO MINORITIES AND UNDERSERVED COMMUNITIES. BMC IS ALSO A MEMBER OF THE ASSOCIATION OF LATINO PROFESSIONALS IN FINANCE AND ACCOUNTING, WHICH IS THE FIRST NATIONAL LATINO PROFESSIONAL ASSOCIATION IN THE UNITED STATES. THE MEMBERSHIP AFFORDS BMC THE OPPORTUNITY TO REACH OUT TO THE LATINO POPULATION AS A SOURCE FOR MANAGERS, PROFESSIONALS, AND TECHNICAL EMPLOYEES.

MINORITY PHYSICIAN RECRUITMENT AND RETENTION

BMC'S MINORITY PHYSICIAN RECRUITMENT PROGRAM WORKS TO INCREASE THE PROPORTION OF MINORITY RESIDENTS AND FELLOWS IN ORDER TO BETTER SERVE OUR MINORITY PATIENT POPULATION. MINORITY MEDICAL STUDENTS (ABOUT 11 PER YEAR) ARE ALSO SUPPORTED IN SECURING ELECTIVES HERE DURING THEIR MEDICAL SCHOOL TRAINING. THE OFFICE, WHICH IS ONE OF THE OLDEST IN THE COUNTRY (HAVING BEEN ESTABLISHED AT BOSTON CITY HOSPITAL), WORKS CLOSELY WITH THE DEAN OF MINORITY STUDENT AFFAIRS AT BOSTON UNIVERSITY SCHOOL OF MEDICINE.

IMPROVING CULTURAL COMPETENCE

INSTITUTION-WIDE, BMC INVESTS IN CULTURAL COMPETENCY TRAINING FOR ALL STAFF, MANAGERS, AND PHYSICIANS. IN 2006, TRAINING EXPANDED FROM MANAGERIAL-LEVEL ONLY TO INCLUDE ALL STAFF AND PHYSICIANS. A ROSTER OF SEVEN DIVERSITY TRAINING PROGRAMS HAS BEEN DEVELOPED FOR MANAGERS AND STAFF. THESE SEVEN TWO- AND THREE-HOUR MODULES ARE OFFERED THROUGH THE ORGANIZATIONAL DEVELOPMENT AND TRAINING DEPARTMENT.

CULTURAL COMPETENCY TRAINING FOR ALL PHYSICIANS, RESIDENTS, AND OTHER CLINICAL PROVIDERS IS FACILITATED THROUGH AN E-LEARNING MODEL ENTITLED, "QUALITY INTERACTIONS: A PATIENT-BASED APPROACH TO CROSS-CULTURAL CARE," DEVELOPED BY THE MANHATTAN CROSS CULTURAL GROUP.

INCLUDING THE COMMUNITY IN INSTITUTIONAL DECISION-MAKING PROCESSES IN ORDER TO EXPAND THE DIVERSITY OF ITS MEMBERS, THE BMC BOARD OF TRUSTEES IMPANELED A GOVERNANCE AND NOMINATING COMMITTEE IN 2005. THE GOVERNANCE AND NOMINATING COMMITTEE HAS BEEN RESPONSIBLE FOR MAKING DIVERSITY A MAJOR BOARD FOCUS FOR THE LAST SEVERAL YEARS. THE FOLLOWING TABLE HIGHLIGHTS THE INCREASED DIVERSITY OF THE BOARD IN 2008 AS COMPARED TO 1996:

FORM 990 - GENERAL EXPLANATION ATTACHMENT (CONT'D)

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	1996	2008
WOMEN	4	12
MEN	26	17
AFRICAN AMERICANS	3	6
LATINOS	1	1

WHILE BMC DOES NOT HAVE A COMMUNITY ADVISORY BOARD (CAB) FOR THE HOSPITAL, A NUMBER OF DEPARTMENTS HAVE CABS FOR VARIOUS PROGRAMS AND GRANT-FUNDED PROJECTS. THESE CABS FEATURE MEMBERSHIP FROM THE COMMUNITY. IN ADDITION, BMC'S PATIENT ADVOCACY OFFICE IS AN ACCESSIBLE, VISIBLE SERVICE TO PATIENTS AND FAMILIES WHO WISH TO EXPRESS CONCERNS OR COMPLIMENTS ABOUT OUR SERVICES.

COMMUNITY BENEFITS PLANNING AND STRUCTURE

BMC FORMED IN JULY 1996 WITH THE MERGER OF BOSTON CITY HOSPITAL, BOSTON SPECIALTY & REHABILITATION HOSPITAL, AND BOSTON UNIVERSITY MEDICAL CENTER HOSPITAL. AS THE PRIVATE, NOT-FOR-PROFIT SUCCESSOR TO BOSTON CITY HOSPITAL, THE 626-LICENSED-BED BMC IS THE MAJOR HOSPITAL PROVIDER TO THE WORKING POOR, UNDERINSURED, AND UNINSURED IN SUFFOLK COUNTY AND GREATER BOSTON, MASSACHUSETTS, AND IS AT THE HUB OF COMMUNITY HEALTH CARE DELIVERY IN THE BOSTON AREA. IN FY08, THERE WERE 803,725 OUTPATIENT VISITS AND 29,411 INPATIENT ADMISSIONS.

BMC'S MISSION IS TO "PROVIDE CONSISTENTLY EXCELLENT AND ACCESSIBLE HEALTH SERVICES TO ALL IN NEED OF CARE REGARDLESS OF STATUS AND ABILITY TO PAY." APPROXIMATELY 150,000 OF OUR PATIENTS HAVE MASSHEALTH, COMMONWEALTH CARE, OR NO INSURANCE AT ALL AND MORE THAN 75% LIVE IN SUFFOLK COUNTY. OVER HALF HAVE INCOMES AT OR BELOW 200% OF THE FEDERAL POVERTY LEVEL. DIVERSITY IS SIGNIFICANT: OVER 30% DO NOT SPEAK ENGLISH OR NEED AN INTERPRETER TO ACCESS HEALTH CARE; MANY ARE NEWCOMERS TO OUR COMMUNITY OR FIRST GENERATION AMERICANS; SOME ARE REFUGEES AND ASYLUM SEEKERS. TO DELIVER EXCEPTIONAL CARE, BMC HAS ONE OF THE LARGEST INTERPRETER SERVICES PROGRAMS IN THE UNITED STATES. IN FY08, THERE WERE 197,406 PATIENT-INTERPRETER INTERACTIONS.

BMC PROVIDES A WIDE RANGE OF SOCIAL SERVICES TO MEET THE BASIC NEEDS OF THE MANY VULNERABLE PEOPLE WE SERVE. LEVELING THE HEALTH CARE PLAYING FIELD FOR OUR PATIENTS GOES BEYOND OUR COMMITMENT TO PROVIDING EXCEPTIONAL HEALTH CARE WITHOUT EXCEPTION: WE REALIZE THAT WE MUST WORK IN A MULTIDISCIPLINARY FASHION AND ADDRESS MULTIPLE LEVELS OF PATIENTS'

FORM 990 - GENERAL EXPLANATION ATTACHMENT (CONT'D)

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NEEDS TO IMPROVE OUR PATIENTS' HEALTH. OUR SERVICES HAVE EVOLVED OVER MANY YEARS, INCLUDING AT OUR PREDECESSOR INSTITUTIONS, TO PROVIDE BENEFITS AND SERVICES IN LINE WITH OUR PUBLIC HEALTH MISSION. MANY PROGRAMS THAT STARTED AT BMC - LIKE REACH OUT AND READ™ AND THE MEDICAL-LEGAL PARTNERSHIP - HAVE BECOME NATIONALLY REPLICATED MODELS TO IMPROVE THE HEALTH AND WELLBEING OF VULNERABLE POPULATIONS.

IN ADDITION TO THESE PROGRAMS, BMC IS INTEGRALLY INVOLVED IN NUMEROUS COMMUNITY AND NEIGHBORHOOD ACTIVITIES THROUGH ITS PARTNERSHIP IN THE BOSTON HEALTHNET. THE BOSTON HEALTHNET WAS ESTABLISHED IN 1995 TO CREATE AN INTEGRATED HEALTH CARE DELIVERY SYSTEM AMONG ITS MEMBERS. THE BOSTON HEALTHNET IS AN INFLUENTIAL COMMUNITY HEALTH CARE NETWORK SERVING THE CITY'S UNDERSERVED AND WORKING CLASS NEIGHBORHOODS. ITS PRIMARY PARTNER HEALTH CENTERS ARE: CODMAN SQUARE HEALTH CENTER IN DORCHESTER, DORCHESTER HOUSE MULTI-SERVICE CENTER, EAST BOSTON NEIGHBORHOOD HEALTH CENTER, GREATER ROSLINDALE MEDICAL AND DENTAL CENTER, HARVARD STREET COMMUNITY HEALTH CENTER IN DORCHESTER, HEALTH CARE FOR THE HOMELESS/MCINNIS HEALTH GROUP, MATTAPAN COMMUNITY HEALTH CENTER, SOUTH BOSTON COMMUNITY HEALTH CENTER, UPHAM'S CORNER HEALTH CENTER IN DORCHESTER, AND WHITTIER STREET HEALTH CENTER IN ROXBURY. HARBOR HEALTH SERVICES, INC. (WHICH INCLUDES GEIGER-GIBSON COMMUNITY HEALTH CENTER AND NEPONSET HEALTH CENTER, BOTH IN DORCHESTER), MANET COMMUNITY HEALTH CENTER IN QUINCY, ROXBURY COMPREHENSIVE COMMUNITY HEALTH CENTER, AND THE SOUTH END COMMUNITY HEALTH CENTER ARE SECONDARY PARTNERS, WHICH MEANS THEY HAVE A PRIMARY RELATIONSHIP WITH ANOTHER HOSPITAL, BUT STRONG PROGRAMMATIC LINKAGES WITH BMC. MANET'S FIVE SITES EXTEND BOSTON HEALTHNET'S REACH AS FAR SOUTH AS HULL, MASSACHUSETTS.

BMC'S COMMUNITY BENEFITS PROGRAMS ARE NOT MANAGED UNDER A SPECIFIC PROGRAM OFFICE AS AT OTHER HOSPITALS, BECAUSE OUR OVERARCHING MISSION - THE PROVISION OF HEALTH SERVICES TO ALL IN NEED OF CARE, REGARDLESS OF STATUS OR ABILITY TO PAY - IS IN ITSELF A COMMUNITY BENEFIT. BMC ANNUALLY PRIORITIZES AND INVESTS IN SIGNIFICANT PROGRAMMING TO IMPROVE THE HEALTH STATUS OF THE COMMUNITIES WE SERVE, WITH PARTICULAR REGARD TO IMPROVING HEALTH STATUS AND ACCESS FOR THE LOWER-SOCIOECONOMIC COMMUNITIES IN SUFFOLK COUNTY (BOSTON, CHELSEA, WINTHROP AND REVERE). A SIGNIFICANT PORTION OF SERVICES THAT WE BELIEVE ARE ESSENTIAL TO TREATING OUR PATIENT POPULATION MAY NOT BE REIMBURSED BY PAYERS (E.G., CASE MANAGEMENT AND PATIENT NAVIGATION).

BMC SENIOR MANAGEMENT, THE BMC BOARD OF TRUSTEES (IN PARTICULAR ITS COMMUNITY HEALTH CENTER COMMITTEE), INDIVIDUAL DEPARTMENT LEADERS, AND THE BOSTON HEALTHNET BOARD OF DIRECTORS PRIORITIZE PROGRAMS AND SERVICES

FORM 990 - GENERAL EXPLANATION ATTACHMENT (CONT'D)

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FOR THE VULNERABLE POPULATIONS WE SERVE, ENSURING ACCESS TO HEALTH CARE FOR UNDERSERVED POPULATIONS AND SECURING THE FUNDAMENTALS OF HEALTH IN KEY AREAS OF PUBLIC HEALTH. THESE PROGRAMS RECEIVE SIGNIFICANT DEDICATED BUDGETARY SUPPORT IN ADDITION TO PHILANTHROPIC AND GRANT FUNDS. IN THIS REPORT, WE HIGHLIGHT SUPPORT FOR VICTIMS OF COMMUNITY AND DOMESTIC TRAUMA, OUTREACH TO PEOPLE LIVING WITH HIV/AIDS, SERVICES TO CHILDREN WITH AUTISM SPECTRUM DISORDER, THE MEDICAL-LEGAL PARTNERSHIP, AND COMMUNITY PARTNERSHIPS TO DELIVER DIET AND EXERCISE INTERVENTIONS TO CHILDREN AND ADULTS.

BMC RECEIVES SUBSTANTIAL INPUT FROM COMMUNITY GROUPS AND HEALTH CENTER CLINICIANS AND LEADERSHIP IN THE DEVELOPMENT AND ADMINISTRATION OF ITS PROGRAMS. PARTICIPATION FROM BMC TRUSTEES AND BOSTON HEALTHNET HEALTH CENTER MEMBERS IS ANOTHER IMPORTANT SOURCE OF INPUT IN OUR PLANNING PROCESSES. THE BMC FRIENDS OF WOMEN'S HEALTH GROUP BRINGS COMMUNITY ATTENTION TO SPECIFIC NEEDS OF OUR FEMALE PATIENTS.

BMC DOES NOT PREPARE AN ANNUAL COMMUNITY BENEFITS PLAN. ITS SHORT-TERM STRATEGY IS TO BRING KEY RESOURCES TO ITS PATIENTS AND THE COMMUNITIES THEY LIVE IN TO FACILITATE ACCESS TO CARE AND LIVING HEALTHY LIVES. EFFECTIVE PROGRAMS RECEIVE ONGOING HOSPITAL FINANCIAL COMMITMENTS AND/OR ARE SUSTAINED THROUGH PHILANTHROPIC SUPPORT AND REIMBURSEMENT FOR CLINICAL SERVICES WHERE POSSIBLE. BMC'S LONG-TERM GOAL IS FOR THE PEOPLE AND COMMUNITIES WE ASSIST IN (FOR EXAMPLE) ACCESSING PREVENTIVE CARE AND TREATMENT, ADDRESSING UNMET BEHAVIORAL HEALTH ISSUES, LEARNING ABOUT CHILD HEALTH AND DEVELOPMENT, AND OBTAINING FOOD AND NUTRITIONAL GUIDANCE TO LEAD HEALTHIER, SAFER, AND MORE PRODUCTIVE LIVES. PROGRAMS EVOLVE ACCORDING TO CHANGES IN COMMUNITY DEMOGRAPHICS, NEEDS AND ISSUES, AND THE AVAILABILITY OF FINANCIAL RESOURCES.

COMMUNITY BENEFITS INITIATIVES AND RESOURCE ALLOCATION OCCUR UNDER THE LEADERSHIP OF ELAINE ULLIAN, PRESIDENT AND CHIEF EXECUTIVE OFFICER, WHO, WITH THE BOARD AND SENIOR MANAGEMENT, SETS INSTITUTION-WIDE PRIORITIES. ADDITIONAL PRIORITIES ARE SET IN CONJUNCTION WITH THE BOSTON HEALTHNET BOARD OF DIRECTORS. LEADERSHIP AND PLANNING ALSO OCCUR AT THE DEPARTMENT LEVEL WITH MANY PROGRAMS AND SERVICES CONCEIVED, DESIGNED, FUNDED, AND OPERATED THROUGH SPECIFIC DEPARTMENT INITIATIVES. SENIOR MANAGEMENT, DEPARTMENT AND CLINICAL LEADERS WORK CLOSELY WITH THE BMC OFFICE OF DEVELOPMENT TO SECURE ADDITIONAL RESOURCES TO ENSURE EFFECTIVE PROGRAMS ARE PRIORITIZED SO THEY CAN BE COMPREHENSIVE AND SUSTAINED. ALTHOUGH THE HOSPITAL DOES NOT HAVE A COMMUNITY BENEFITS ADVISORY COMMITTEE, SENIOR MANAGEMENT RECEIVES INPUT CONCERNING COMMUNITY NEEDS FROM MULTIPLE AREAS AND ASSESSES THESE NEEDS AND COSTS IN DETERMINING OVERALL BUDGETARY

FORM 990 - GENERAL EXPLANATION ATTACHMENT (CONT'D)

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PRIORITIES AND PROGRAM ALLOCATIONS. THE BOARD OF TRUSTEES IS REGULARLY INFORMED ABOUT COMMUNITY BENEFITS PROGRAMS AND PRIORITIES.

MAJOR ACTIVITIES ARE COMMUNICATED WITHIN THE INSTITUTION AND THE BOSTON HEALTHNET THROUGH A VARIETY OF MECHANISMS. SENIOR MANAGEMENT ARTICULATES ITS COMMUNITY BENEFITS PRIORITIES TO CLINICAL LEADERSHIP AT REGULAR MEETINGS. IN ADDITION TO COMMUNICATION FROM MANAGERS, STAFF AT ALL LEVELS OF BMC RECEIVE INFORMATION CONCERNING COMMUNITY BENEFITS PRIORITIES AND PROGRAMS THROUGH THE BMC INTRANET AND ANNOUNCEMENTS THAT ARE DISSEMINATED VIA ALL-STAFF ELECTRONIC MAIL. COMMUNITY CONNECTIONS, A NEWSLETTER THAT IS DISTRIBUTED TWICE A YEAR THROUGH COMMUNITY NEWSPAPERS IN BOSTON NEIGHBORHOODS, PROVIDES THE COMMUNITY SERVED BY BMC WITH RELEVANT COMMUNITY AND PUBLIC HEALTH INFORMATION, INCLUDING SCREENINGS AND RESEARCH ACTIVITIES AT THE MEDICAL CENTER. APPROXIMATELY 90,000 NEWSLETTERS ARE DISTRIBUTED TWICE A YEAR. WE SUCCESSFULLY USE THE METRO DAILY PAPER TO ADVERTISE OUR CANCER SCREENINGS, ALONG WITH OTHER COMMUNITY NEWSPAPERS AND FLIERS TO LOCAL COMMUNITY CENTERS AND PLACES OF GATHERING. WE PRINT FLIERS IN ENGLISH, SPANISH, AND PORTUGUESE.

ASSESSING THE HEALTH NEEDS OF THE COMMUNITY
BMC'S PROCESS FOR COMMUNITY NEEDS ASSESSMENT IS GROUNDED IN OUR ROLE AS THE LARGEST SAFETY NET PROVIDER TO VULNERABLE COMMUNITIES LOCALLY AND THROUGHOUT THE COMMONWEALTH. BMC'S PRESIDENT AND CHIEF EXECUTIVE OFFICER IS A MEMBER OF THE BOSTON PUBLIC HEALTH COMMISSION, AND THE BPHC'S EXECUTIVE DIRECTOR IS A MEMBER OF BMC'S BOARD OF TRUSTEES. THIS OVERLAP ENSURES THAT THE CITY'S PUBLIC HEALTH AGENDA IS ALWAYS FOREMOST ON THE HOSPITAL'S AGENDA.

A STANDING COMMUNITY HEALTH CENTER COMMITTEE OF THE BMC BOARD AND BMC'S MEMBERSHIP IN THE BOSTON HEALTHNET PROVIDES A DIRECT LINK TO NEIGHBORHOOD-BASED CARE THAT KEEPS BMC IN TUNE WITH THE PULSE OF THE COMMUNITIES IT SERVES AND STRENGTHENS COMMUNITY-BASED CARE. THE BOARDS OF EACH HEALTH CENTER ARE COMPRISED OF COMMUNITY RESIDENTS AND LEADERS, WHOSE INTERESTS ARE THEN RELAYED TO THE BMC BOARD LEVEL BY THE FOUR BMC TRUSTEES WHO ARE EXECUTIVE DIRECTORS AT BOSTON HEALTHNET HEALTH CENTERS. AN ANNUAL RETREAT OF THE BOSTON HEALTHNET PROVIDES AN OPPORTUNITY TO EXAMINE ISSUES OF COMMON CONCERN, AS DO STANDING COMMITTEES, INCLUDING THE BOSTON HEALTHNET BOARD OF DIRECTORS, CFO FORUM, CLINICAL COMMITTEE, CLINICAL COMPUTING COLLABORATIVE, RETREAT PLANNING/STRATEGIC PLANNING COMMITTEE, ROUNDER COMMITTEE, COMMUNITY HEALTH AUTOMATED RECORD TECHNOLOGY (CHART) WORKING GROUP, AND HUMAN RESOURCES COMMITTEE.

COMMUNITY INPUT IS SOUGHT AND RECEIVED FROM NUMEROUS COMMUNITY SOURCES,

FORM 990 - GENERAL EXPLANATION ATTACHMENT (CONT'D)

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INCLUDING COMMUNITY ADVISORY BOARDS FOR SEVERAL OF OUR PROGRAMS AND THROUGH OUR PATIENT ADVOCACY OFFICE. A PATIENT GUIDE PROGRAM, STAFFED BY HOSPITAL NON-CLINICAL EMPLOYEES, HAS PROVIDED AN IMPORTANT VEHICLE FOR OBTAINING CANDID FEEDBACK FROM PATIENTS AND THEIR FAMILIES ABOUT ADDITIONAL SERVICES NEEDED TO SUPPORT THEM IN ACCESSING AND RECEIVING CARE AT BMC. THROUGH BMC'S RELATIONSHIP WITH OTHER COMMUNITY ORGANIZATIONS, COMMUNITY CONCERNS ARE SOLICITED AT MULTIPLE LEVELS OF OUR ORGANIZATION TO DIRECT OUR PROGRAMS AND PRIORITIES.

PUBLISHED INFORMATION SOURCES FOR COMMUNITY BENEFITS PLANNING INCLUDE HEALTH STATUS REPORTS, COLLABORATION WITH COMMUNITY ORGANIZATIONS, AND PATIENT SURVEY DATA CONDUCTED AT THE HOSPITAL LEVEL AND WITHIN INDIVIDUAL CLINICAL DEPARTMENTS. REGARDING DISPARITIES, STATE AND CITY COMMISSION REPORTS HAVE PROVIDED GUIDANCE, AS HAS THE REPORT ENTITLED, THE BOSTON PARADOX: LOTS OF HEALTH CARE, NOT ENOUGH HEALTH, PUBLISHED BY THE NEW ENGLAND HEALTHCARE INSTITUTE AND THE BOSTON FOUNDATION IN JUNE 2007. THE BPHC'S ANNUAL HEALTH OF BOSTON REPORT PROVIDES A SNAPSHOT OF THE HEALTH STATUS OF THE PEOPLE OF BOSTON AND ITS NEIGHBORHOODS. THE INFORMATION IN THE REPORT PROVIDES THE HOSPITAL WITH BENCHMARK DATA TO IDENTIFY PRIORITY AREAS FOR THE ALLOCATION OF CLINICAL AND FINANCIAL RESOURCES. FURTHERMORE, BMC'S CLOSE CLINICAL RELATIONSHIP WITH THE BPHC AND THE CITY OF BOSTON, INCLUDING THE LOCATION OF THE CITY'S TUBERCULOSIS CLINIC ON OR NEAR OUR CAMPUS, EMERGENCY MEDICAL SERVICES AMBULANCE DISPATCH, THE BOSTON POLICE DEPARTMENT SEXUAL ASSAULT UNIT, AND VARIOUS SUBSTANCE ABUSE TREATMENT PROGRAMS, ASSISTS BMC'S RESPONSE TO CRITICAL PUBLIC HEALTH NEEDS.

OUR CLINICIANS ARE ACTIVE ON NUMEROUS NEIGHBORHOOD, CITY AND STATE COMMITTEES AND COALITIONS, INCLUDING THOSE SPONSORED BY THE CITY OF BOSTON, THE MASSACHUSETTS LEGISLATURE, AND THE MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH. THESE CLINICAL LEADERS IN TURN ARE A MAJOR SOURCE OF INFORMATION AND ADVOCACY FOR THE CREATION AND EVOLUTION OF BMC'S COMMUNITY PROGRAMS.

SOME DATA ASSOCIATED WITH PROGRAMS WE ARE HIGHLIGHTING IN THIS REPORT:

VIOLENCE: VIOLENCE DATA FROM THE CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC) IN 2003 SHOW THAT HOMICIDE IS THE LEADING CAUSE OF DEATH FOR YOUNG PEOPLE AGES 15-24; 82% WERE KILLED WITH A FIREARM. THE 2007 HEALTH OF BOSTON REPORT CITED INCREASING HOMICIDE RATES IN BOSTON WITH SIGNIFICANT DISPARITIES REPORTED AMONGST RACIAL AND ETHNIC GROUPS. THE RATE OF NONFATAL ASSAULT-RELATED GUNSHOT AND STABBING INJURIES IN ROXBURY WAS MORE THAN TWICE AS HIGH AS THE OVERALL RATE IN BOSTON, AND RATES FOR

FORM 990 - GENERAL EXPLANATION ATTACHMENT (CONT'D)
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NORTH AND SOUTH DORCHESTER AND EAST BOSTON WERE 60%-90% HIGHER THAN THE BOSTON RATE. (HEALTH OF BOSTON 2008, 2006 DATA). IN FY08, BMC'S EMERGENCY DEPARTMENT (ED) HAD MORE THAN 132,000 PATIENT VISITS AND HANDLED THE MAJORITY OF STABBING AND GUNSHOT VICTIMS IN BOSTON.

FORM 990 - GENERAL EXPLANATION ATTACHMENT
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COMMUNITY BENEFITS CONTINUED
FORM 990, PART III, LINE A:

FAMILY AND INTIMATE PARTNER VIOLENCE IS ANOTHER AREA OF CONCERN. IN THE FIRST 11 MONTHS OF 2006, THERE WERE 26 DOMESTIC HOMICIDES IN MASSACHUSETTS. NEARLY ONE-THIRD OF AMERICAN WOMEN (31%) REPORT BEING PHYSICALLY OR SEXUALLY ABUSED BY A HUSBAND OR BOYFRIEND AT SOME POINT IN THEIR LIVES. AT URBAN ED S LIKE BMC'S, DOMESTIC VIOLENCE ACCOUNTS FOR ABOUT ONE-FOURTH OF INJURIES TO WOMEN. A 2005 STUDY OF PATIENTS IN A LOCAL HEALTH CENTER CONDUCTED BY BU RESEARCHER ANITA RAJ, PH.D., FOUND THAT MORE THAN A QUARTER OF MEN ADMITTED TO PHYSICALLY ABUSING THEIR PARTNERS IN THE PAST YEAR, AND ABOUT THE SAME PERCENTAGE SAID THEY HAD FORCED SEX ON A PARTNER OR INSISTED ON SEX WHEN A PARTNER DIDN'T WANT IT. EIGHTEEN PERCENT ADMITTED TO FORCING THEIR PARTNER TO HAVE SEX WITHOUT A CONDOM. ANNUALLY, THERE ARE MORE THAN 40,000 RESTRAINING ORDERS ISSUED IN MASSACHUSETTS. VICTIMS OF VIOLENCE ARE MORE LIKELY TO HAVE SUBSTANCE ABUSE PROBLEMS AND RECURRING MENTAL HEALTH ISSUES AND ARE 45% MORE LIKELY TO BE RE-INJURED DUE TO A VIOLENT ACT. INTERRUPTING THIS CYCLE IS AN IMPORTANT HEALTH PRIORITY FOR BMC. STUDIES SHOW A STRONG LINK BETWEEN VICTIMIZATION AND FURTHER ACTS OF VIOLENCE.

HIV/AIDS: THE CENTER FOR HIV/AIDS CARE AND RESEARCH AT BMC IS THE LARGEST PROVIDER OF "ONE-STOP SHOPPING" HIV MEDICAL CARE AND SUPPORT SERVICES IN MASSACHUSETTS, CARING FOR NEARLY 1,500 UNIQUE PATIENTS. CHACR CARES FOR 16% OF ALL BLACK PERSONS WITH HIV/AIDS IN MASSACHUSETTS.

ACCORDING TO PRELIMINARY HIV/AIDS DATA FOR BOSTON RESIDENTS IN 2006, THE BOSTON PUBLIC HEALTH COMMISSION'S HEALTH OF BOSTON, 2008 REPORTS THE INCIDENCE RATE FOR BOSTON'S BLACK RESIDENTS WAS 38.6% HIGHER THAN THE OVERALL BOSTON RATE. FURTHER, BOSTON INCIDENCE RATES FOR HIV/AIDS VARY DRAMATICALLY BY SEX; RATES FOR MALES ARE ALMOST SEVEN TIMES HIGHER THAN RATES FOR FEMALES. THE PRELIMINARY DATA FOR 2006 ALSO SUGGESTS THAT SIX BOSTON NEIGHBORHOODS, ALL SERVED BY BMC, HAVE HIV/AIDS INCIDENCE RATES THAT EXCEED THE OVERALL BOSTON RATE: BACK BAY, JAMAICA PLAIN, MATTAPAN, NORTH DORCHESTER, ROXBURY, AND THE SOUTH END.

THE REPORT ALSO INDICATES THAT HETEROSEXUAL SEX AS A MODE OF TRANSMISSION FOR HIV/AIDS CASES IS SEVEN TIMES MORE COMMON IN FEMALES COMPARED TO MALES AND HETEROSEXUAL SEX TRANSMISSION IS MOST PREVALENT AMONG BLACKS AND LEAST PREVALENT AMONG WHITES, WITH HIV/AIDS SEVEN TIMES MORE LIKELY TO BE TRANSMITTED BY HETEROSEXUAL SEX IN BLACKS COMPARED TO WHITES. INCIDENCE RATES FOR HIV/AIDS CONTINUE TO BE HIGHEST FOR BLACKS.

REACHING OUT TO PEOPLE LIVING WITH HIV/AIDS AND TO THOSE AT HIGH RISK FOR HIV/AIDS IS A PRIORITY FOR BMC. OF CHACR'S PATIENTS, 29% ARE BLACK MALES

FORM 990 - GENERAL EXPLANATION ATTACHMENT (CONT'D)
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AND 24% ARE BLACK FEMALES; 53% OF CHACR'S PATIENTS ARE BLACK. FOR MORE THAN 47% OF CHACR'S PATIENTS, THEIR RISK PROFILE IS HETEROSEXUAL SEX.

AUTISM SPECTRUM DISORDERS: AUTISM SPECTRUM DISORDERS (ASD) ARE NEURODEVELOPMENTAL DISORDERS THAT ARE FAST BECOMING A PUBLIC HEALTH CONCERN NATIONALLY. THE MOST RECENT DATA FROM THE CENTERS FOR DISEASE CONTROL AND PREVENTION INDICATE THAT APPROXIMATELY ONE OF EVERY 150 CHILDREN IN THE UNITED STATES HAS AN ASD. ASDS AFFECT CHILDREN FROM ALL ETHNIC AND RACIAL GROUPS, THOUGH DISADVANTAGED CHILDREN ARE OFTEN DIAGNOSED LATER THAN CHILDREN IN HIGHER SOCIOECONOMIC GROUPS. IT HAS BEEN DEMONSTRATED THAT CHILDREN WITH ASD WHO RECEIVE EARLY AND INTENSIVE SPECIALIZED INSTRUCTION MAKE THE MOST PROGRESS IN THEIR DEVELOPMENT. THESE EDUCATIONAL SERVICES ARE EXPENSIVE, AND SKILLED TEACHERS AND THERAPISTS ARE IN SHORT SUPPLY. POOR CHILDREN WITH ASD WHO ATTEND UNDERPERFORMING PUBLIC SCHOOLS ARE LESS LIKELY TO BE DIAGNOSED EARLY AND TO RECEIVE HIGH QUALITY, SPECIALIZED INSTRUCTION TO ADDRESS THEIR SYMPTOMS OF ASD. MANY OF THE CHILDREN SEEN AT BMC ATTEND BOSTON PUBLIC SCHOOLS, AND ARE AT HIGH RISK OF BEING IDENTIFIED LATE AND FAILING TO RECEIVE TIMELY AND APPROPRIATELY INTENSIVE EDUCATIONAL SERVICES.

OBESITY: OBESITY AND ITS ASSOCIATED HEALTH PROBLEMS PRESENT LIFELONG RISKS FOR CHILDREN IN BOSTON AND BEYOND. ACCORDING TO THE CENTERS FOR DISEASE CONTROL AND PREVENTION'S BOSTON STEPS PROGRAM, 45% OF BOSTON PUBLIC SCHOOL STUDENTS ARE OVERWEIGHT OR OBESE. OBESE CHILDREN ARE AT HIGHER RISK FOR DIABETES, HIGH BLOOD PRESSURE, AND JOINT PROBLEMS, AND MAY HAVE LOW SELF-ESTEEM AND POOR PEER RELATIONSHIPS. OBESE CHILDREN ARE LIKELY TO BECOME OBESE ADULTS WHO EXHIBIT A GREATER RISK OF MORTALITY IN ADULTHOOD: THE LIFE EXPECTANCY OF OBESE CHILDREN IS DECREASED BY NEARLY 20 YEARS. BOSTON'S LOW-INCOME MINORITY CHILDREN ARE AT THE HIGHEST RISK FOR OBESITY AND ARE DISPROPORTIONATELY AFFECTED BY IT.

IN 2008, THE BOSTON PUBLIC HEALTH COMMISSION REPORTED THAT 52% OF ADULTS ARE CONSIDERED OVERWEIGHT OR OBESE. ACCORDING TO HEALTH, UNITED STATES, 2008, OBESITY IS A MAJOR RISK FACTOR FOR MANY CHRONIC DISEASES, INCLUDING HEART DISEASE, DIABETES, AND STROKE, AND VARIES BY RACE AND ETHNICITY-53% OF NON-HISPANIC BLACK WOMEN AGE 20 YEARS AND OVER WERE OBESE IN 2003-2006, COMPARED WITH 42% OF WOMEN OF MEXICAN ORIGIN AND 32% OF NON-HISPANIC WHITE WOMEN. FURTHER, HEALTH, 2008 STATES THAT REGULAR PHYSICAL ACTIVITY REDUCES THE RISK OF DISEASE AND ENHANCES MENTAL AND PHYSICAL FUNCTIONING.

ACCORDING TO THE CDC'S 2007 MASSACHUSETTS YOUTH RISK BEHAVIOR SURVEY, 59% OF HIGH SCHOOL STUDENTS DID NOT MEET THE RECOMMENDED LEVELS OF PHYSICAL

FORM 990 - GENERAL EXPLANATION ATTACHMENT (CONT'D)
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ACTIVITY. HEALTH, 2008 REPORTED THAT ABOUT ONE-THIRD OF ADULTS 18 YEARS OF AGE AND OLDER ENGAGED IN REGULAR LEISURE-TIME PHYSICAL ACTIVITY.

CHILD AND ADULT OVERWEIGHT AND OBESITY ARE PRIORITIES FOR BMC GIVEN THAT OUR PATIENT POPULATION IS COMPRISED OF NEARLY 70% UNDERREPRESENTED MINORITIES.

PROGRESS REPORT: FEATURED PROGRAMS

IN THIS SECTION, WE HIGHLIGHT PROGRAMS THAT ADDRESS THE ISSUES OF COMMUNITY-TO-HOSPITAL CARE SYSTEMS, VIOLENCE, OUTREACH TO PEOPLE LIVING WITH HIV/AIDS, CHILDREN WITH AUTISM SPECTRUM DISORDER, MEDICAL AND LEGAL NEEDS OF CHILDREN AND ADULTS, AND CHILDHOOD OBESITY. WE PROVIDE BRIEF UPDATES ON THESE PROGRAMS WHICH HELP TO ENSURE THE HEALTH OF THE COMMUNITY WE SERVE. THIS REPORT IS NOT EXHAUSTIVE, BUT RATHER REPRESENTS THE ARRAY OF EXCEPTIONAL PROGRAMS WE PROVIDE IN PARTNERSHIP WITH COMMUNITY ORGANIZATIONS AND COMMUNITY MEMBERS.

BOSTON HEALTHNET

ESTABLISHED IN 1995, BOSTON HEALTHNET (BHN) IS AN INTEGRATED HEALTH CARE DELIVERY SYSTEM COMPRISED OF BOSTON MEDICAL CENTER, THE BOSTON UNIVERSITY SCHOOL OF MEDICINE, AND 15 COMMUNITY HEALTH CENTERS (CHCS). PHYSICIANS WHO PRACTICE AT HEALTHNET LOCATIONS PROVIDE A WIDE RANGE OF COMPREHENSIVE HEALTH CARE SERVICES TO ADULT AND PEDIATRIC PATIENTS, WITH A FOCUS ON DISEASE PREVENTION AND HEALTH EDUCATION. PATIENTS RECEIVING PRIMARY CARE AT HEALTHNET SITES HAVE ACCESS TO HIGHLY TRAINED SPECIALISTS AND CUTTING-EDGE TECHNOLOGY AT BMC WHILE MAINTAINING INDIVIDUALIZED AND CULTURALLY SENSITIVE CARE IN THEIR NEIGHBORHOODS. NOW IN ITS 14TH YEAR, BHN AND ITS HEALTH CENTER PARTNERS HAVE EXTENDED BMC'S PRESENCE INTO BOSTON-AREA NEIGHBORHOODS, SIGNIFICANTLY IMPACTING THE HEALTH OF THEIR RESIDENTS.

THE ACCOMPLISHMENTS OF THE NETWORK ARE EVIDENCED BY: THE GROWTH OF HEALTH CENTER ADMISSIONS TO BMC; THE ESTABLISHMENT OF AN INPATIENT ROUNDER SYSTEM FOR HEALTH CENTER PATIENTS; THE COLLABORATIVE DEVELOPMENT OF QUALITY IMPROVEMENT INITIATIVES, CLINICAL PROTOCOLS, AND STANDARDS OF PRACTICE; INCREASED ACCESS TO SPECIALTY SERVICES; A SUCCESSFUL PUBLIC HEALTH OUTREACH CAMPAIGN; AND THE SIGNIFICANT DEVELOPMENT AND COORDINATION OF THE NETWORK'S INFORMATION TECHNOLOGY PROGRAMS AND SERVICES.

IN 1997, BOSTON HEALTHNET ESTABLISHED A COMMUNITY PHYSICIAN GROUP INPATIENT ROUNDER SYSTEM AT BMC. THE ROUNDER SYSTEM BRINGS TOGETHER

FORM 990 - GENERAL EXPLANATION ATTACHMENT (CONT'D)

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PHYSICIANS FROM THE HEALTH CENTERS AND THE BMC DEPARTMENT OF FAMILY MEDICINE TO CARE FOR PATIENTS FROM THESE CENTERS WHILE THEY ARE IN THE HOSPITAL, THEREBY COORDINATING AND ENHANCING THE QUALITY AND CONTINUITY OF CARE. TODAY, 12 HEALTH CENTERS AND BMC'S DEPARTMENT OF FAMILY MEDICINE PARTICIPATE IN THE ROUNDER SYSTEM. THE SYSTEM WAS RECONFIGURED IN 2008 INTO THREE TEAMS, COMPRISED OF BMC AND CHC ATTENDING PHYSICIANS ASSISTED BY THREE NURSE PARTNERS AND FOUR PHYSICIAN ASSISTANTS. IN 2008 THE ROUNDER SYSTEM WAS EXTENDED TO EVENINGS AND SEVEN DAY COVERAGE. IN FY08, THE ALOS FOR THE ROUNDER SYSTEM WAS 4.54 DAYS, WHICH COMPARES FAVORABLY WITH OTHER NATIONAL AND LOCAL INDICES.

BOSTON HEALTHNET HEALTH CENTER PARTNERS ARE ACTIVE COLLABORATORS IN A NUMBER OF PROJECTS AND PROGRAMS DESCRIBED IN THIS REPORT, INCLUDING THE PROSTATE CANCER SCREENING INITIATIVE, PATIENT NAVIGATION RESEARCH, THE FANTASTIC KIDS PROGRAM TO ADDRESS PEDIATRIC OVERWEIGHT, AND MEDICAL-LEGAL PARTNERSHIP. ADDITIONAL EXAMPLES OF PROJECTS ON WHICH BMC AND BOSTON HEALTHNET HAVE COLLABORATED INCLUDE:

INFORMATION TECHNOLOGY

SIGNIFICANT STRIDES HAVE BEEN MADE IN THE AREA OF INFORMATION TECHNOLOGY ACROSS THE NETWORK. ALL OF BOSTON HEALTHNET'S PRIMARY PARTNER HEALTH CENTERS ARE CONNECTED TO BMC OVER HIGH-SPEED T-1 LINES THAT PUT BMC'S CLINICAL SYSTEMS AT THE FINGERTIPS OF HEALTH CENTER PROVIDERS AND OTHER STAFF. IN 2001, THE PARTNERSHIP BETWEEN BMC AND THE HEALTH CENTERS, COUPLED WITH A SUBSTANTIAL GRANT FROM AN ANONYMOUS FOUNDATION, SUPPORTED THE IMPLEMENTATION OF THE CENTRICITY ELECTRONIC MEDICAL RECORD (EMR) AT EIGHT OF THE PRIMARY PARTNER HEALTH CENTERS. IN 2008 IMPLEMENTATION WAS COMPLETED AT ONE SECONDARY PARTNER HEALTH CENTER. ADDITIONALLY, ELECTRONIC PRESCRIBING WAS IMPLEMENTED AT THE NINE CENTRICITY SITES. A WORKING GROUP MEETS MONTHLY TO ADDRESS DEVELOPMENTAL ISSUES AND TO EVALUATE AND PRIORITIZE FUTURE PROJECTS.

A THREE YEAR, \$746,246 HRSA AWARD TO BOSTON HEALTHNET IN FY07 IS SUPPORTING THE VERTICAL INTEGRATION OF ELECTRONIC MEDICAL RECORDS AT EIGHT COMMUNITY HEALTH CENTERS WITH THAT OF BMC. THIS INTEGRATION WILL TAKE PLACE VIA IMPLEMENTATION OF A CLINICAL INFORMATION EXCHANGE (CIE) THAT WILL ALLOW COMMUNITY HEALTH CENTER PROVIDERS TO VIEW INFORMATION IN BOTH BMC AND OTHER CHC SYSTEMS THROUGH THE LOCAL PATIENT RECORD. THE CIE WILL ALLOW PHYSICIANS IN THE HEALTH CENTERS TO BETTER TRACK PATIENTS RECEIVING CARE AT BMC.

IN 2008 THE NETWORK WAS A RECIPIENT OF A ONE-YEAR, \$543,000 HIGH IMPACT HEALTH INFORMATION TECHNOLOGY GRANT FROM HRSA THAT WILL ALLOW ITS STAFF

FORM 990 - GENERAL EXPLANATION ATTACHMENT (CONT'D)

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TO IMPLEMENT AN ELECTRONIC REFERRAL MANAGEMENT SYSTEM BETWEEN THE 10 BHN PRIMARY PARTNER CHCS AND SPECIALISTS IN THE BMC DEPARTMENT OF MEDICINE. BY LEVERAGING THE TECHNOLOGY OF THE CIE, THE EREFERRAL SYSTEM WILL ALSO MAKE IT POSSIBLE FOR THE CHCS TO SCHEDULE APPOINTMENTS, ELECTRONICALLY SUBMIT REQUIRED CLINICAL INFORMATION TO SPECIALISTS, RECEIVE ELECTRONIC INFORMATION ABOUT REFERRALS, TRACK PATIENTS' NO-SHOW RATES, AND RECEIVE RETURN SPECIALIST REPORTS THROUGH THE LOCAL EMR OR BY OPENING A WEB-BASED PRACTICE PORTAL.

INCREASING PATIENT ACCESS

COMMUNITY ACCESS TO BMC IS ENHANCED THROUGH A FREE SHUTTLE BUS SERVICE. FOUR BUSES CIRCULATE THROUGHOUT THE SYSTEM ON ESTABLISHED ROUTES, FROM 7AM-7PM, MONDAY THROUGH FRIDAY, BRINGING PATIENTS TO BOSTON MEDICAL CENTER. IN 2008 THESE SHUTTLE BUSES TRANSPORTED 167,055 PATIENTS AND THEIR FAMILIES BETWEEN BMC AND THE BOSTON HEALTHNET HEALTH CENTERS.

CAPITAL INVESTMENTS

WHILE THE NEED FOR COMMUNITY-BASED SERVICES CONTINUES TO GROW, IT HAS BECOME INCREASINGLY DIFFICULT FOR HEALTH CENTERS TO MEET THE DEMAND. REIMBURSEMENT OFTEN DOES NOT COVER THE FULL COST OF CARING FOR THE COMPLEX NEEDS OF HEALTH CENTERS' DIVERSE PATIENT POPULATION. COMPOUNDING THIS PROBLEM, IN THE MID-LATE 1990S MANY HEALTH CENTERS FOUND THEMSELVES OPERATING IN FACILITIES THAT WERE IN DESPERATE NEED OF RESTORATION OR EXPANSION. COSTLY INFORMATION TECHNOLOGY UPGRADES WERE ALSO REQUIRED TO ENHANCE MANAGEMENT EFFICIENCIES AND PATIENT CARE. IN RESPONSE TO THE HEALTH CENTERS' NEEDS, BMC PROVIDES MORE THAN \$4 MILLION IN OPERATING SUPPORT TO THE BOSTON HEALTHNET HEALTH CENTERS EACH YEAR.

BMC ALSO ESTABLISHED A CAPITAL INVESTMENT PROGRAM THROUGH WHICH IT DEDICATES PART OF ITS ANNUAL CAPITAL BUDGET TO HEALTHNET HEALTH CENTER PROJECTS. MORE THAN \$13 MILLION DOLLARS IN BMC CAPITAL INVESTMENT OVER THE PAST TEN YEARS HAS GREATLY ENHANCED MAYOR MENINO'S INITIAL \$20 MILLION INVESTMENT DURING THE MERGER, ALLOWING MANY HEALTH CENTER BUILDING PROJECTS TO MOVE FORWARD. THIS COMMITMENT HAS LEVERAGED AN ADDITIONAL \$32 MILLION IN CAPITAL INVESTMENT IN THE HEALTH CENTERS. BOSTON HEALTHNET'S JOINT PURCHASING EFFORTS, INFORMATION TECHNOLOGY INITIATIVES, AND TECHNICAL ASSISTANCE HAVE ALSO SAVED OUR PARTICIPATING HEALTH CENTERS HUNDREDS OF THOUSANDS OF DOLLARS.

ADVANCING MEDICAL EDUCATION

A NUMBER OF HEALTHNET HEALTH CENTERS ALSO SERVE AS THE PRIMARY COMMUNITY-BASED TRAINING SITES FOR BOSTON UNIVERSITY SCHOOL OF MEDICINE PEDIATRIC, FAMILY MEDICINE, AND GENERAL MEDICINE RESIDENTS.

FORM 990 - GENERAL EXPLANATION ATTACHMENT (CONT'D)

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PROGRAMS THAT ADDRESS VIOLENCE

DOMESTIC VIOLENCE: DOMESTIC VIOLENCE HAS BEEN WIDELY RECOGNIZED WITHIN THE HEALTH CARE FIELD AS A PREVALENT, SIGNIFICANT AND COSTLY FACTOR CONTRIBUTING TO ADVERSE HEALTH OUTCOMES ACROSS THE LIFESPAN, AND AS SUCH IS AN ISSUE OF CONCERN AMONG OUR PATIENT AND EMPLOYEE POPULATIONS. DOMESTIC VIOLENCE WAS FURTHER HIGHLIGHTED AS A COMMUNITY CONCERN IN JUNE OF 2008 WITH THE GOVERNOR'S PUBLIC HEALTH ADVISORY, WHICH CALLED ON COMMUNITY MEMBERS AND HEALTH CARE ORGANIZATIONS (AMONG OTHERS) TO JOIN THE EFFORTS TO STEM THE TIDE OF RISING DOMESTIC VIOLENCE HOMICIDES IN THE STATE. SINCE JOINING BMC IN NOVEMBER OF 2007, THE NEW DOMESTIC VIOLENCE PROGRAM COORDINATOR, JOANNE TIMMONS, HAS BEEN WORKING CLOSELY WITH AN ADVISORY COMMITTEE AND ACROSS ALL DEPARTMENTS AND DISCIPLINES TO COORDINATE EXISTING DOMESTIC VIOLENCE-RELATED ACTIVITIES, IMPROVE THE HOSPITAL'S RESPONSE TO DOMESTIC VIOLENCE, AND LAY THE GROUNDWORK FOR A COMPREHENSIVE PROGRAM FOR PATIENTS AND EMPLOYEES AFFECTED BY ABUSE.

IN FY08 THE COORDINATOR'S ACTIVITIES FOCUSED PRIMARILY ON BUILDING RELATIONSHIPS, EDUCATING PROVIDERS, AND STRENGTHENING CONNECTIONS TO COMMUNITY-BASED RESOURCES SUCH AS SHELTERS, LEGAL SERVICES, AND OTHER FORMS OF SUPPORT AND ADVOCACY FOR VICTIMS. MS. TIMMONS PROVIDED DOMESTIC VIOLENCE TRAINING FOR STAFF AND INTERNS IN THE DEPARTMENTS OF BEHAVIORAL HEALTH AND CARE MANAGEMENT, CHILD WITNESS TO VIOLENCE PROJECT, THE MEDICAL LEGAL PARTNERSHIP L BOSTON, PROJECT HEALTH HELP DESK VOLUNTEERS, AND THE INFECTIOUS DISEASES CLINIC. SHE ORGANIZED TRAINING FOR THE ENTIRE PUBLIC SAFETY DEPARTMENT ON THE BEST PRACTICES FOR RESPONDING TO AND ASSESSING RISK IN DOMESTIC VIOLENCE CASES AND COLLABORATED WITH THE CHILD WITNESS TO VIOLENCE PROJECT AND THE NORTHEASTERN UNIVERSITY SCHOOL OF LAW DOMESTIC VIOLENCE INSTITUTE ON DEVELOPING A BROCHURE FOR BOTH PATIENTS AND EMPLOYEES WITH GENERAL INFORMATION ABOUT DOMESTIC VIOLENCE AND A LIST OF LOCAL HOTLINE AND SHELTER RESOURCES. SHE HAS BEEN SERVING IN A CONSULTATION CAPACITY TO THE CHILD PROTECTION TEAM, PROVIDERS OF ALL DISCIPLINES, AND EMPLOYEES WHO ARE SEEKING A VARIETY OF RESOURCES SUCH AS INFORMATION AND SERVICES RELATED TO DOMESTIC VIOLENCE. THE NEXT STEPS FOR THE PROGRAM, WHICH ARE CURRENTLY UNDERWAY, INCLUDE GRANTSEEKING FOR DIRECT ADVOCACY SERVICES, REVIEWING AND UPDATING THE HOSPITAL'S DOMESTIC VIOLENCE-RELATED POLICIES, AND CONTINUING TO ENHANCE PROVIDERS' SKILLS, DEVELOP RESOURCES, AND BUILD THE HOSPITAL'S CAPACITY TO RESPOND TO DOMESTIC VIOLENCE AS A PATIENT, EMPLOYEE, AND COMMUNITY ISSUE.

CHILD VICTIM SERVICES: THREE PROGRAMS PROVIDE CRITICAL SERVICES TO CHILD VICTIMS AT BMC: THE CHILD PROTECTION TEAM, THE CHILD WITNESS TO VIOLENCE PROJECT, AND THE DIVISION OF CHILD & ADOLESCENT PSYCHIATRY. THE BMC

FORM 990 - GENERAL EXPLANATION ATTACHMENT (CONT'D)

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PEDIATRIC AND ADULT EMERGENCY DEPARTMENTS HAVE BEEN INVOLVED IN COLLABORATION WITH THE MASSACHUSETTS SEXUAL ASSAULT NURSE EXAMINER (SANE) PROGRAM SINCE 1998 WHEN BMC WAS DESIGNATED A SANE SITE. THE MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH HELD ITS FIRST TRAINING FOR NURSES AND NURSE PRACTITIONERS FOR THE PEDIATRIC SEXUAL ASSAULT NURSE EXAMINER PROGRAM (PEDI SANE) IN 2004. MEMBERS OF THE CHILD PROTECTION TEAM (CPT) AT BMC PARTICIPATED IN COMPONENTS OF THAT INITIAL PEDI SANE TRAINING CURRICULUM. SINCE THAT INITIAL TRAINING, BMC HAS BECOME A PRIMARY TRAINING SITE FOR THE NURSES AND NURSE PRACTITIONERS THAT ARE IN THE PROCESS OF CERTIFICATION AS PEDI SANES. BMC'S CPT HAS BEEN SERVING AS PRECEPTORS FOR THE PEDI SANE PROGRAM ACTIVELY SINCE DECEMBER OF 2005. MEMBERS OF THE CPT ALSO PARTICIPATE ON THE PEDI SANE ADVISORY BOARD AS WELL AS SEVERAL SUBCOMMITTEES OF PEDI SANE INCLUDING THE ADOLESCENT CARE COMMITTEE, THE PEDI SANE EMERGENCY RESPONSE GROUP, AND THE SUFFOLK COUNTY NETWORK INTEGRATION TEAM. THE CPT SEEKS TO: 1) ENSURE THAT CHILD VICTIMS OF ABUSE AND NEGLECT AND THEIR FAMILIES HAVE ACCESS TO PROTECTION, APPROPRIATE MEDICAL CARE, PSYCHOSOCIAL SUPPORT, AND ADVOCACY SERVICES; 2) IDENTIFY AND WORK TOWARD RESOLVING BARRIERS TO EFFECTIVE IDENTIFICATION AND RESPONSE TO MALTREATMENT AT BMC; AND 3) PROVIDE TRAINING AND EDUCATION TO PEDIATRIC HEALTH AND OTHER PROFESSIONALS TO ENHANCE THEIR ABILITIES TO RECOGNIZE AND MANAGE CHILD MALTREATMENT.

SINCE 2007, THE CPT HAS BEEN LED BY ROBERT SEGE, M.D., PH.D., DIVISION DIRECTOR OF AMBULATORY PEDIATRICS AND PROFESSOR OF PEDIATRICS AT BOSTON UNIVERSITY SCHOOL OF MEDICINE. DR. SEGE IS A LEADING AUTHORITY ON CHILD ABUSE AND NEGLECT. HE PARTNERS WITH BETSY MCALISTER GROVES, LICSW, DIRECTOR OF BMC'S CHILD WITNESS TO VIOLENCE PROJECT AND A LEADING EXPERT IN THE AREA OF CHILD WELFARE, TO ENSURE THAT CHILD VICTIMS OF ABUSE AND NEGLECT AND THEIR FAMILIES HAVE ACCESS TO PROTECTION, APPROPRIATE MEDICAL CARE, PSYCHOSOCIAL SUPPORT, AND ADVOCACY SERVICES. IN ADDITION TO BUILDING UP THE SERVICES AT BMC, DR. SEGE IS COMMITTED TO EXPANDING THE AVAILABILITY OF THE CPT EXPERTS TO TRAIN AND ADVISE SIMILAR GROUPS AT OTHER INSTITUTIONS. IN 2008 DR. SEGE WAS INSTRUMENTAL IN HELPING TO DEVELOP THE PEDIATRICS DEPARTMENT RESOURCE CENTER THAT INCLUDES A BREAST-FEEDING AREA, A LIBRARY, AND A DEDICATED RESOURCE AREA FOR FAMILIES TO SEEK ASSISTANCE IN OBTAINING RESOURCES IN THE COMMUNITY FOR THEIR CHILDREN AND THE WHOLE FAMILY, INCLUDING FOOD STAMP ASSISTANCE, HEATING AND ELECTRICITY SUBSIDIES, AND LEGAL ASSISTANCE THROUGH THE MEDICAL-LEGAL PARTNERSHIP | BOSTON ORGANIZATION.

THE CWVP WAS FOUNDED IN 1992 IN RESPONSE TO THE NEEDS OF PEDIATRIC PATIENTS AT BMC WHO WERE AFFECTED BY VIOLENCE IN THEIR HOMES AND COMMUNITIES. THE CHILD WITNESS TO VIOLENCE PROJECT IS A

FORM 990 - GENERAL EXPLANATION ATTACHMENT (CONT'D)

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NATIONALLY-RECOGNIZED AND AWARD-WINNING COUNSELING, OUTREACH, AND CONSULTATION PROGRAM THAT FOCUSES ON YOUNG CHILDREN (UNDER THE AGE OF 8) WHO ARE EXPOSED TO DOMESTIC OR COMMUNITY VIOLENCE. THE CURRENT STAFF OF SEVEN CLINICIANS (SOME PART-TIME) PROVIDES ONGOING SERVICES TO AN ACTIVE CASELOAD OF APPROXIMATELY 60 CHILDREN AND FAMILIES. THE CWVP OFFERS A FLEXIBLE COMBINATION OF SERVICES TO CHILDREN AND THEIR FAMILIES, INCLUDING: INTENSIVE TRAUMA-FOCUSED COUNSELING THAT IS DEVELOPMENTALLY TAILORED TO VERY YOUNG CHILDREN AND THEIR PARENTS; ACCESS TO LEGAL ADVOCACY; AND ASSISTANCE WITH LINKING TO OTHER NECESSARY SERVICES INCLUDING HEALTH CARE, CHILD CARE, HOUSING, AND AFTER-SCHOOL PROGRAMS.

IN FY08, THE CWVP PROVIDED TRAUMA-FOCUSED COUNSELING SERVICES TO 112 CHILDREN. THESE CHILDREN (AND THEIR NON-ABUSING PARENTS) WERE SEEN IN WEEKLY THERAPY SESSIONS FOR AN AVERAGE OF FOUR MONTHS. APPROXIMATELY 75% OF THE CHILDREN WERE UNDER AGE SEVEN, AND NEARLY THREE-QUARTERS OF THE REFERRALS WERE FOR DOMESTIC VIOLENCE. THE REMAINING REFERRALS WERE FOR EXPOSURE TO COMMUNITY VIOLENCE, WAR/POLITICAL VIOLENCE, OR OTHER TRAUMAS TO WHICH YOUNG CHILDREN MIGHT BE EXPOSED (SUCH AS FIRES, AUTOMOBILE ACCIDENTS, AND/OR THE SUDDEN DEATH OF A FAMILY MEMBER).

IN ADDITION, THE CWVP PROVIDED 240 TELEPHONE CONSULTATIONS AND REFERRALS. BECAUSE IT IS A UNIQUE PROGRAM, THESE CONSULTATIONS/REFERRAL REQUESTS COME FROM AGENCIES AND INDIVIDUALS FROM THROUGHOUT THE STATE OF MASSACHUSETTS, INCLUDING THE DEPARTMENT OF CHILDREN AND FAMILIES, THE COURTS, OTHER HOSPITALS, NEIGHBORHOOD HEALTH CENTERS, THE HEAD START PROGRAM, SCHOOLS, TEACHERS AND PARENTS.

HEATHER WALTER, MD, MPH IS THE CHAIR OF BMC'S CHILD & ADOLESCENT PSYCHIATRY DIVISION, FOUNDED IN THE 1960S. DR. WALTER IS COMMITTED TO HELPING STABILIZE THE HEALTH AND WELLBEING OF CHILDREN EXPERIENCING DIFFICULT CIRCUMSTANCES. THE DEPARTMENT OF CHILD AND ADOLESCENT PSYCHIATRY SERVES PATIENTS WHO ARE EXPERIENCING A COMBINATION OF STRESSFUL LIFE CIRCUMSTANCES WHICH EXACERBATE, AND IN SOME CASES CAUSE, ARRESTED PSYCHIATRIC DEVELOPMENT. EVEN AMONG THE YOUNGEST PATIENTS, THE MOST PREVALENT DIAGNOSES INCLUDE DEPRESSION, ANXIETY, AND SEXUAL TRAUMA. THROUGH A HOLISTIC APPROACH TO TREATMENT INVOLVING THE CHILD AND HIS/HER FAMILY AND SCHOOL, THE TEAM ENSURES GREATER CONTINUITY OF CARE AND BETTER LONG-TERM HEALTH OUTCOMES. THE DIVISION MAINTAINS ACTIVE LINKAGES WITH PEDIATRIC MENTAL HEALTH PROGRAMS AT ALL OTHER BOSTON AREA HOSPITALS, THE DEPARTMENT OF SOCIAL SERVICES, BOSTON PUBLIC SCHOOLS, THE DEPARTMENT OF MENTAL HEALTH, MEDICAL-LEGAL PARTNERSHIP | BOSTON, THE HOME FOR LITTLE WANDERERS, AND OTHER COMMUNITY-BASED SOCIAL SERVICES THAT HELP PROVIDE WRAP-AROUND CARE FOR YOUNG PSYCHIATRIC PATIENTS AND THEIR FAMILIES. A

FORM 990 - GENERAL EXPLANATION ATTACHMENT (CONT'D)

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KEY PARTNERSHIP FOR THE TEAM IN THE PAST SEVERAL YEARS HAS BEEN THE SOUTH BOSTON SUICIDE PREVENTION PROJECT, WHERE BMC CLINICIANS TRAINED STUDENTS AT SOUTH BOSTON HIGH SCHOOL TO ACT AS PEER COUNSELORS TO HELP IDENTIFY YOUTH AT RISK AND ENGAGE THEM IN COUNSELING SERVICES OF THE SCHOOL, HOSPITAL OR COMMUNITY. OVER THE PAST YEAR, DR. WALTER HAS REBUILT THE STAFF AND DEVELOPED A LONG-TERM STRATEGY FOR THE DEPARTMENT THAT INVOLVES INCREASED COLLABORATION WITH THE PEDIATRICS DEPARTMENT, INCLUDING CROSS-TRAINING FOR CLINICIANS AND NEW METHODS TO IMPROVE THE FLOW OF PATIENTS TO THE CHILD AND ADOLESCENT PSYCHIATRY DEPARTMENT THAT WILL PROVIDE A FULLER CONTINUUM AND IMPROVED QUALITY OF CARE FOR PATIENTS.

PROJECT ASSERT AND THE VIOLENCE INTERVENTION ADVOCATE PROGRAM: PROJECT ASSERT IS A BMC EMERGENCY DEPARTMENT SERVICE THAT FACILITATES PATIENTS' ACCESS TO PRIMARY CARE, CLINICAL PREVENTIVE SERVICES, AND WHEN NEEDED, THE DRUG AND ALCOHOL TREATMENT NETWORK. UNDER ITS AEGIS, CULTURALLY COMPETENT HEALTH PROMOTION ADVOCATES (HPAS) FUNCTION IN THE BMC ED AS COMMUNITY OUTREACH WORKERS. THEIR ROLE IS TO DETECT SUBSTANCE ABUSE AND OTHER PREVENTABLE CONDITIONS, INTERVENE, AND REFER PATIENTS TO TREATMENT. SINCE 1994, PROJECT ASSERT HAS SERVED OVER 50,000 PATIENTS.

IN APRIL 2006, IN PARTNERSHIP WITH THE CITY OF BOSTON AND IN RESPONSE TO RISING VIOLENCE RATES, BMC PILOTED THE VIOLENCE INTERVENTION ADVOCATE PROGRAM (VIAP) TO PROVIDE SPECIALIZED SERVICES TO VICTIMS OF VIOLENCE. VIAP USES TWO COMMUNITY HEALTH WORKERS TO PROVIDE INDIVIDUAL COUNSELING, TRIAGE, AND REFERRAL SERVICES (FOR PRIMARY CARE, MENTAL HEALTH, AND SOCIAL SUPPORTS) FOR VICTIMS OF VIOLENCE BROUGHT TO THE BMC ED. IN 2007, GOVERNOR PATRICK REQUESTED THAT BMC DISSEMINATE VIAP TO SERVE VICTIMS OF VIOLENCE ACROSS MASSACHUSETTS AT THE FOLLOWING HOSPITALS: BROCKTON HOSPITAL IN BROCKTON; UMASS MEMORIAL IN WORCESTER; MASSACHUSETTS GENERAL HOSPITAL IN BOSTON; LAWRENCE GENERAL HOSPITAL IN LAWRENCE; AND BAYSTATE MEDICAL CENTER IN SPRINGFIELD. EACH SITE HAS HIRED A PEER VIOLENCE INTERVENTION ADVOCATE (VIA) WITH STRONG COMMUNITY KNOWLEDGE. ADVOCATES ATTENDED A TWO-WEEK TRAINING AT BOSTON UNIVERSITY SCHOOL OF PUBLIC HEALTH AND THE BMC ED, WHICH COVERED SUBSTANCE ABUSE SCREENING, BRIEF NEGOTIATED INTERVENTION AND REFERRAL TO TREATMENT, AND EXPOSURE TO STRATEGIES FOR VIOLENCE PREVENTION AND INTERVENTION, INCLUDING CASE MANAGEMENT SKILLS AND REVIEW OF AVAILABLE COMMUNITY RESOURCES AND SERVICES. LAST YEAR, VIAP AT BMC EXPANDED ITS HOSPITAL-BASED VIOLENCE PREVENTION PROGRAM BY COLLABORATING WITH THE BOSTON PUBLIC HEALTH COMMISSION. ADVOCATES AT BMC WORK IN TANDEM WITH A NEW COMMUNITY-BASED VIA (HIRED BY THE BPHC) TO LINK TO PARTNERING COMMUNITY ORGANIZATIONS FOR MORE INTENSE FOLLOW-UP TO FULLY ADDRESS NEEDS.

FORM 990 - GENERAL EXPLANATION ATTACHMENT (CONT'D)

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FROM SEPTEMBER 2007 THROUGH NOVEMBER 2008, VIAS FROM THE SIX SITES CONTACTED A TOTAL OF 2,100 VICTIMS OF VIOLENCE AFTER AN INCIDENT. OF THOSE, 554 WERE APPROACHED BUT REFUSED TO TALK TO THE VIAS ABOUT WHAT HAPPENED; 608 HAD A CONVERSATION ABOUT THEIR INJURIES AND/OR THEIR SAFETY PLAN AFTER BEING DISCHARGED AND/OR VIAP, BUT DID NOT ACCEPT SERVICES FROM VIAS. HOWEVER, 938 VICTIMS OF VIOLENCE DID ACCEPT SERVICES. WE FEEL THAT A 45% RATE OF PARTICIPATION FROM THIS CHALLENGING POPULATION IS A POSITIVE RESULT BECAUSE OF THE TIME REQUIRED TO ENGAGE THESE PATIENTS, DEVELOP A RAPPORT WITH THEM, GAIN THEIR TRUST, AND PROVIDE CASE MANAGEMENT SERVICES. THESE SERVICES INCLUDE WORKING WITH VICTIMS OF VIOLENCE OUTSIDE THE HOSPITAL, MAKING HOME VISITS WHERE APPROPRIATE, AND ACCOMPANYING VICTIMS OF VIOLENCE TO REFERRAL APPOINTMENTS.

WITH FUNDING FROM THE BOSTON FOUNDATION IN FY08, VIAP HIRED REBECCA BISHOP, MSW IN SEPTEMBER 2008 TO SERVE AS THE VIAP PROGRAM ADMINISTRATOR. MS. BISHOP FORMERLY WORKED IN THE VIOLENCE INTERVENTION PROGRAM AT BETH ISRAEL DEACONESS MEDICAL CENTER. TO DATE, SHE HAS DEVELOPED A SYSTEM TO IMPROVE TRACKING VIAP PATIENTS WHO ARE TREATED AT BMC, AND ATTENDS THE DAILY TRAUMA SERVICE DISCHARGE MEETINGS SO THAT SHE CAN TRACK VIAP CLIENTS FROM ADMISSION TO DISCHARGE. TO ENSURE THAT OLDER VICTIMS OF VIOLENCE ARE GETTING THE HELP THEY NEED, SHE HAS ALSO IMPLEMENTED A REFERRAL LIST FOR PATIENTS WHO EXCEED THE AGE RANGE (OF 18-26) FOR CASE MANAGEMENT IN OUR PROGRAM. ADDITIONALLY, MS. BISHOP IS INVESTIGATING HOW VIAP CAN INSTITUTE A BILLING SYSTEM WHEN SCREENING, BRIEF INTERVENTION AND REFERRALS ARE PERFORMED FOR SUBSTANCE-ABUSING VICTIMS OF VIOLENCE, AS 40% OF VIAP CLIENTS USE SUBSTANCES BEFORE, DURING, OR AFTER BEING INJURED.

MEDICAL-LEGAL PARTNERSHIP

THE MEDICAL-PARTNERSHIP AT BMC IS A NATIONAL LEADER IN MEDICAL-LEGAL COLLABORATION TO ADDRESS THE ROOT CAUSES OF PEDIATRIC POOR HEALTH AND DEVELOPMENT. MLP SEEKS TO IMPROVE THE HEALTH AND WELLBEING OF PEOPLE IN POVERTY BY ADDRESSING THE NON-MEDICAL BARRIERS TO HEALTH SO OFTEN FACED BY LOW-INCOME INDIVIDUALS. MLP ALLIES LAWYERS AND HEALTH PROFESSIONALS AND CREATES ACCESS TO LEGAL SERVICES IN THE CLINICAL SETTING TO ENSURE THAT LOW-INCOME PATIENTS' BASIC NEEDS-FOR FOOD, HOUSING, EDUCATION, HEALTH CARE, AND SAFETY/STABILITY-ARE MET. IN A POOR ECONOMY THESE NEEDS ARE EVEN MORE ACUTE. FOUNDED IN 1993 IN THE DEPARTMENT OF PEDIATRICS, MLP IS NOW REACHING OUT TO VULNERABLE ADULT POPULATIONS BY ESTABLISHING PARTNERSHIPS WITH BMC'S DEPARTMENTS OF GERIATRICS, CANCER CARE, AND INFECTIOUS DISEASES. INCLUDING MLP | BOSTON THERE ARE SEVEN MEDICAL-LEGAL PARTNERSHIP SITES IN MASSACHUSETTS. IN FY08, MLP-BOSTON SERVED 1,300 PATIENT-FAMILIES.

FORM 990 - GENERAL EXPLANATION ATTACHMENT (CONT'D)
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MLP INITIATED THE "ENERGY CLINIC" IN 2006 TO PROVIDE TARGETED ADVOCACY AROUND ISSUES OF NUTRITION AND HOME ENERGY. DURING FY08, MLP PARTNERED WITH THE DEPARTMENT OF TRANSITIONAL ASSISTANCE (DTA) TO CO-LOCATE A FOOD STAMP WORKER ON-SITE AT BMC, AND IN DOING, HAVE ADDED A NEW LEVEL OF SERVICE TO EXISTING FOOD AND FUEL RESOURCES. BY USING ONGOING SCREENING AND EVALUATION TO DETERMINE BEST PRACTICES AROUND CO-LOCATION, MLP HAS ENHANCED THE EFFICACY OF THE DTA OUTSTATION, ALLOWING MLP AND DTA TO SERVE APPROXIMATELY 175 PATIENT-FAMILIES WITH FOOD AND FUEL NEEDS. IN FY08 MLP HOSTED 25 ENERGY CLINICS, REACHING 25 FAMILIES, AND HOSTED 44 LEGAL CLINICS (DEVOTED TO A BROAD SPECTRUM OF LEGAL ISSUES, INCLUDING NUTRITION AND HOME ENERGY ACCESS), REACHING 64 FAMILIES WITH NUTRITION AND HOME ENERGY NEEDS-CUMULATIVELY REACHING 89 PATIENT-FAMILIES.

ORIGINALLY UNDERWRITTEN BY THE DEPARTMENT OF PEDIATRICS, THE 14-YEAR OLD PROGRAM IS NOW ALMOST ENTIRELY GRANT/PHILANTHROPICALLY FUNDED AND NATIONAL IN SCOPE. THE NATIONAL MLP NETWORK NOW EXTENDS TO MORE THAN 80 SITES ACROSS THE COUNTRY, SPANNING BOTH URBAN AND RURAL COMMUNITIES.

OUTREACH TO PEOPLE LIVING WITH HIV/AIDS

THE CENTER FOR HIV/AIDS CARE AND RESEARCH AT BMC: 1) PROVIDES EXCEPTIONAL MEDICAL CARE, COMPREHENSIVE SUPPORT SERVICES, AND NOVEL PREVENTION AND TREATMENT OPTIONS TO IMPROVE THE QUALITY OF LIFE OF INDIVIDUALS DIAGNOSED WITH HIV/AIDS; 2) CONDUCTS CUTTING-EDGE RESEARCH TO PROMOTE OPTIMAL PATIENT CARE; AND 3) EDUCATES PATIENTS, THEIR FAMILIES, AND PROVIDERS TO EXPAND KNOWLEDGE, AFFECT BEHAVIORS, AND PREVENT THE SPREAD OF HIV.

SOCIAL NETWORKS PROGRAM: AN INTEGRAL PART OF CHACR'S SERVICES INCLUDES OUTREACH TO PEOPLE LIVING WITH HIV/AIDS IN AN EFFORT TO IMPROVE THE QUALITY OF LIFE FOR PEOPLE LIVING WITH THE DISEASE AND TO PREVENT TRANSMISSION. ONE WAY THAT CHACR DOES THIS THROUGH THE SOCIAL NETWORKS PROGRAM WHICH IS BASED ON THE THEORY THAT INDIVIDUALS ARE LINKED TOGETHER TO FORM LARGE SOCIAL NETWORKS AND THAT HIV IS OFTEN SPREAD THROUGH THESE NETWORKS. SOCIAL NETWORKS ENROLLS HIV-POSITIVE AND HIGH-RISK NEGATIVE INDIVIDUALS AS RECRUITERS WHO IN TURN ENLIST PEOPLE WITHIN THEIR SOCIAL NETWORK TO UNDERGO HIV COUNSELING AND TESTING. IN ADDITION, SOCIAL NETWORKS ENSURES THAT HIV POSITIVE INDIVIDUALS ARE REFERRED TO CARE, EDUCATED ABOUT PREVENTION, AND REFERRED TO DETOXIFICATION IF APPROPRIATE. MANY OF THESE INDIVIDUALS ABUSE ALCOHOL AND/OR SUBSTANCES; SOME ARE HOMELESS. SOCIAL NETWORKS IS AN EFFECTIVE STRATEGY TO ACCESS SOME OF THE MOST DISENFRANCHISED PEOPLE AT HIGHEST RISK FOR HIV.

FORM 990 - GENERAL EXPLANATION ATTACHMENT
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COMMUNITY BENEFITS CONTINUED
FORM 990, PART III, LINE A:

PATIENT-CENTERED RETENTION IN CARE PROGRAM: WHILE ENROLLING HIV-POSITIVE INDIVIDUALS INTO CARE IS CRITICAL, RETAINING OUR LOW-INCOME, HIGH RISK POPULATION IN CARE IS CHALLENGING. DESPITE A HIGHLY COORDINATED "ONE-STOP SHOPPING" MODEL OF HIV PRIMARY CARE, CHACR EXPERIENCES A CONCERNING RATE OF NO-SHOWS, PATIENTS WHO DROP OUT OF CARE, AND PATIENTS WHO ARE INCONSISTENT WITH ENGAGEMENT IN CARE. TO MEET THESE NEEDS, CHACR HAS IMPLEMENTED A CULTURALLY COMPETENT PATIENT-CENTERED RETENTION IN CARE PROGRAM. MUCH OF THIS IS ACCOUNTED FOR BY THE TRANSIENT NATURE OF OUR PATIENT POPULATION, MANY OF WHOM ALSO STRUGGLE WITH MENTAL HEALTH, SUBSTANCE ABUSE, AND LEGAL ISSUES, AND HAVE MULTIPLE SUPPORT SERVICE NEEDS. THE PATIENT-CENTERED INTERVENTION REFLECTS DIFFERENT LEVELS OF SERVICE INTENSITY BASED ON INDIVIDUAL NEEDS. A FEW OF THE MANY FACETS OF THE PROGRAM INCLUDE CULTURALLY COMPETENT WRITTEN MATERIALS WITH APPROPRIATE LITERACY LEVELS, FORMATS, AND LANGUAGES AS WELL AS PEER OUTREACH AND NAVIGATION.

PREVENTION PROGRAM FOR HAITIAN WOMEN: AMONG THE POPULATIONS MOST IMPACTED BY HIV/AIDS ARE HAITIAN WOMEN. ONE OF CHACR'S PREVENTION AND EDUCATION PROGRAMS RECRUITS AND ENROLLS HAITIAN WOMEN, WHO HAVE INCREASED RISK OF CONTRACTING HIV PRIMARILY THROUGH HETEROSEXUAL CONTACT, FROM BMC'S PRIMARY CARE, URGENT CARE, AND OTHER CLINICAL PRACTICES. WOMEN ARE PROVIDED A RANGE OF SERVICES, DEPENDING ON THEIR NEED AND RISK, FROM BASIC PREVENTION EDUCATION TO ENROLLMENT IN A TEN-HOUR EVIDENCE-BASED PREVENTION PROGRAM. HIV-POSITIVE WOMEN ARE PROVIDED WITH A NUMBER OF SUPPORTS TO PROMOTE THEIR REMAINING IN CARE SUCH AS REFERRALS TO THE SEXUALLY TRANSMITTED DISEASES CLINIC, MEDICAL MANAGEMENT SERVICES, HOME HEALTH CARE, EFFICIENT CASE FINDING, AND IMMEDIATE LINKAGE TO MEDICAL CARE AND SUPPORT SERVICES - ALL LOCATED ON BMC'S CAMPUS.

FOR THE MOST INTENSIVE LEVEL OF INTERVENTION, WOMEN PARTICIPATE IN AN EVIDENCE-BASED HIV PREVENTION INTERVENTION, SISTERS INFORMING SISTERS ABOUT TOPICS ON AIDS (SISTA), WHICH IS A PEER-LED, SKILL-BUILDING INTERVENTION THAT HAS PROVEN EFFECTIVE WITH AFRICAN AMERICAN AND HISPANIC WOMEN AS EVIDENCED BY INCREASING CONDOM USE, IMPROVING BEHAVIORAL SKILLS, AND INCREASING THE SELF-EFFICACY AND SELF-CONFIDENCE OF WOMEN IN NEGOTIATING WITH MEN TO ENGAGE IN SAFER SEX. CONSISTENT WITH THE RECOMMENDATIONS OF THE CDC, THE SISTA CURRICULUM HAS BEEN ADAPTED TO INCORPORATE THE BELIEFS, VALUES, KNOWLEDGE, AND SKILLS OF HAITIAN WOMEN WITH RESPECT TO HIV AND HETEROSEXUAL RELATIONSHIPS AND TO INTEGRATE HAITIAN STORIES, ART, POEMS, AND ROLE MODELS.

THE PROGRAM REACHES NEARLY 163 LOW-INCOME HAITIAN WOMEN IN THE BOSTON

FORM 990 - GENERAL EXPLANATION ATTACHMENT (CONT'D)
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AREA, ENABLING THEM TO PARTICIPATE IN HIV EDUCATION AND RISK REDUCTION ACTIVITIES, ACCESS ON-SITE HIV COUNSELING AND TESTING, AND LINK WITH NEEDED MEDICAL, MENTAL HEALTH, PSYCHOSOCIAL, AND SUPPORT SERVICES.

PEDIATRIC ASSESSMENT OF COMMUNICATION CLINIC

THE PEDIATRIC ASSESSMENT OF COMMUNICATION CLINIC (THE AUTISM CLINIC) AT BMC PROVIDES EARLY AND ACCURATE DIAGNOSIS OF AUTISM AND SUPPORTS FAMILIES IN ORDER TO FACILITATE THEIR CHILDREN'S ACCESS TO APPROPRIATE EDUCATIONAL SERVICES. SINCE ITS INCEPTION IN 2003, THE AUTISM CLINIC HAS SERVED MORE THAN 650 LOW-INCOME MINORITY FAMILIES FROM SOME OF THE POOREST URBAN COMMUNITIES. THE CLINIC'S TWO PART-TIME EDUCATIONAL SPECIALISTS PROVIDE DIRECT SUPPORT SERVICES TO PRIMARILY LOW-INCOME AND/OR IMMIGRANT FAMILIES WHO HAVE LIMITED ENGLISH PROFICIENCY AND ARE MOST CHALLENGED BY THE REGULATIONS OF THE SPECIAL EDUCATION SYSTEM. AS NEEDED, THE SPECIALISTS TRAVEL TO CLASSROOMS TO OBSERVE YOUNG PATIENTS WITH ASD AND HELP FAMILIES ACCESS THE PROPER SPECIAL EDUCATION PLACEMENT FOR THEIR CHILDREN, MUCH FASTER THAN THESE FAMILIES COULD MANAGE ON THEIR OWN. THE SPECIALISTS WORK WITH BMC'S MEDICAL-LEGAL PARTNERSHIP AND PRO BONO ATTORNEYS WHEN CASES REQUIRE INTENSIVE ADVOCACY RESULTING IN MEDIATION OR A HEARING UNDER DEPARTMENT OF EDUCATION REGULATIONS.

WHILE EDUCATIONAL ADVOCACY IS IMPORTANT, PARENT FEEDBACK HAS DEMONSTRATED A CRITICAL NEED FOR A SEMINAR SERIES TO ADDRESS BEHAVIORAL MANAGEMENT. SINCE THE SUMMER OF 2008, THE AUTISM CLINIC HAS OFFERED A SIX-SESSION SERIES CALLED "EVERYDAY BEHAVIOR PROBLEMS AND SOLUTIONS" TARGETED AT UNDERSERVED CAREGIVERS OF CHILDREN WITH AUTISM SEEN IN THE CLINIC, WHOSE HOUSEHOLDS ARE COMPLICATED BY THE CHILD'S INTENSIVE BEHAVIOR NEEDS AND INABILITY TO COMMUNICATE AS WELL AS THE VARIETY OF PRE-EXISTING SOCIOECONOMIC FACTORS. THESE CHILDREN OFTEN RECEIVE MINIMAL SCHOOL SERVICES THAT EXCLUDE HOME TRAINING, LEAVING PARENTS WITHOUT ANY GUIDANCE FOR THEIR EXTREME CHALLENGES AND WITH REPORTED FEELINGS OF "FRUSTRATION, EXHAUSTION AND DISEMPOWERMENT." THE GOAL OF THE SERIES IS TO EDUCATE PATIENT FAMILIES ABOUT HOW TO BEST ADDRESS BEHAVIORAL MANAGEMENT FOR THEIR CHILDREN WITH ASD. TO DATE, THE PROGRAM HAS BEEN RUN IN ENGLISH AND SPANISH, AND A VIETNAMESE PROGRAM WILL BE RUN THIS SUMMER. BMC WILL BE PARTNERING WITH THE AUTISM CONSORTIUM TO PROVIDE THE SAME PROGRAM TO FAMILIES FOLLOWED CLINICALLY IN OTHER AUTISM CONSORTIUM SITES.

INTERVENTIONS FOR OBESE CHILDREN

THE DEPARTMENT OF PEDIATRICS WORKS TO STAVE OFF THE ONSET OF ADULT DIABETES IN YOUNG, UNDERSERVED, AND OVERWEIGHT PATIENTS THROUGH ITS NUTRITION AND FITNESS FOR LIFE PROGRAM THAT PROVIDES CLINICAL AND COMMUNITY-BASED RESOURCES. THE NFL MODEL FEATURES THREE PRIMARY

FORM 990 - GENERAL EXPLANATION ATTACHMENT (CONT'D)

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COMPONENTS: 1) CLINICAL SERVICES TARGETING CHILDREN WITH >95 PERCENTILE OF BODY MASS INDEX, 2) THE FANTASTIC KIDS AFTER SCHOOL PROGRAM, DEVELOPED IN COLLABORATION WITH DORCHESTER HOUSE MULTI-SERVICE CENTER, PROVIDING TEEN-MENTORED NUTRITION EDUCATION AND FITNESS ACTIVITIES FOR OVERWEIGHT YOUTH WHO ARE REFERRED BY THEIR PHYSICIANS AND MAY NOT BE PHYSICALLY READY FOR OTHER PROGRAMS AND EXPANDING IN FY09 TO ADDITIONAL YMCA BRANCHES, AND 3) CONTINUING MEDICAL EDUCATION FOR CLINICIANS TO INCREASE THEIR CAPACITY TO TREAT PEDIATRIC OVERWEIGHT PATIENTS IN THEIR SETTINGS. THE NFL TEAM ALSO CREATED THE HEALTHY ME CURRICULUM FOR AFTER-SCHOOL PROGRAMS THROUGH FUNDING FROM THE UNITED WAY OF MASSACHUSETTS BAY. THESE PROGRAMS FILL A LARGE GAP IN SERVICES TO ONE OF THE POPULATIONS MOST IMPACTED BY THE PEDIATRIC OBESITY EPIDEMIC: NEARLY 80% OF THE PROGRAM'S PARTICIPANTS ARE MEDICAID OR OTHER PUBLIC ASSISTANCE RECIPIENTS; 90% ARE BLACK OR HISPANIC.

EVALUATION

PROGRAM DATA ARE MAINTAINED FOR ALL OF BMC PROGRAMS. RATES OF USE FOR THE PROGRAMS AND COMMUNITY IMPACT HELP THE FINANCE DEPARTMENT, THE BOARD, AND OTHER DEPARTMENTS SEE TRENDS IN NEEDS, WHETHER PROGRAMS ARE HAVING THE INTENDED EFFECT, AND MAKE DECISIONS ABOUT WHERE TO PLACE EMPHASIS FROM YEAR TO YEAR. FEEDBACK IS SOLICITED FROM PROGRAM DIRECTORS AND SENIOR MANAGERS TO ASSESS SUCCESS AND MAKE MODIFICATIONS. FOR PROGRAMS THAT ARE FUNDED FROM THE HOSPITAL BUDGET (AS OPPOSED TO GRANTS OR PHILANTHROPY), BUDGETS ARE REVIEWED AS PART OF THE HOSPITAL'S ANNUAL BUDGET PLANNING PROCESS. CONSIDERATIONS INCLUDE NUMBERS OF PEOPLE SERVED, NEEDS ADDRESSED BY THE PROGRAM, AND ABILITY TO SECURE FUNDING THROUGH OTHER SOURCES.

NOTABLE ACCOMPLISHMENTS AND OUTCOMES

IN FY08, THE VARIOUS COMMUNITY BENEFITS PROGRAMS OF BMC INCLUDED THE FOLLOWING ACHIEVEMENTS:

- PROVIDED MORE THAN 3,000 VISITS AT THE PEDIATRIC DENTAL CLINIC.
- SUPPORTED 197,406 ON SITE PATIENT INTERACTIONS WITH INTERPRETER SERVICES WITH OVER 30 LANGUAGES.
- PROVIDED SHUTTLE SERVICE RIDES TO 167,055 PATIENTS AND FAMILIES.
- PROVIDED FOOD FROM THE PREVENTIVE FOOD PANTRY TO 61,500 PATIENTS AND THEIR HOUSEHOLD MEMBERS (AN AVERAGE OF 5,125 INDIVIDUALS MONTHLY).
- SCREENED 1,819 MEN FOR PROSTATE CANCER AT 48 EVENTS THROUGHOUT THE BOSTON COMMUNITY AND ASSISTED 1,134 WOMEN IN ACCESSING BREAST CANCER SCREENING AND TREATMENT THROUGH OUR WOMEN'S HEALTH NETWORK SITE.

FORM 990 - GENERAL EXPLANATION ATTACHMENT (CONT'D)

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- CONTINUED TO EXPAND OUR PATIENT NAVIGATION PROGRAMMING, ADDING THREE ADDITIONAL NAVIGATORS TO PROGRAMS.
- DISTRIBUTED FREE WINTER COATS, HATS, AND GLOVES TO 1,500 LOW-INCOME ADULTS AND CHILDREN.
- SUPPORTED OVER 1,100 WOMEN THROUGH BIRTH SISTERS™ DURING PREGNANCY, CHILDBIRTH, AND EARLY MOTHERHOOD. WE ALSO EXPANDED SERVICES TO SUPPORT BREASTFEEDING WOMEN ON THE POSTPARTUM HOSPITAL FLOOR THROUGH PEER COUNSELING, WHERE WE REACHED AN ADDITIONAL 450 WOMEN IN FY08.

FY08 EXPENDITURES

THE FOLLOWING TABLES PROVIDE A SUMMARY OF THE ESTIMATED COSTS OF BMC'S COMMUNITY COMMITMENTS. INFORMATION IS PROVIDED IN TWO FORMATS: FIRST, ACCORDING TO THE ATTORNEY GENERAL GUIDELINES; THEN, USING A BROADER DEFINITION THAT CONSIDERS ADDITIONAL INVESTMENTS AND LOSSES RELATING TO OUR MISSION TO SERVE ALL IN NEED OF CARE, REGARDLESS OF STATUS OR ABILITY TO PAY. DUE TO THE SIZE AND VARIETY OF PROGRAMS AT BMC, OUR SUMMARIES DO NOT CAPTURE THE FULL SCOPE OF ALL EFFORTS OF BMC AND ITS STAFF TO MEET THE NEEDS OF THE COMMUNITY.

COMPONENTS OF FY08 COMMUNITY COMMITMENT
COMPILED ACCORDING TO AG GUIDELINES

COMMUNITY BENEFIT PROGRAMS

DIRECT EXPENSES	\$18,434,426
ASSOCIATED EXPENSES	NOT CALCULATED
DON EXPENSES	\$68,150
OTHER LEVERAGED RESOURCES	\$7,642,360
EMPLOYEE VOLUNTEERISM	\$39,368
NET CHARITY CARE (SHORTFALL PLUS ASSESSMENT)	\$3,947,085
CORPORATE SPONSORSHIPS	\$112,000
COMMUNITY BENEFITS SUBTOTAL PER AG GUIDELINES	\$30,204,021

TOTAL PATIENT CARE-RELATED EXPENSES FOR FY08 \$1,091,264,207

FORM 990 - GENERAL EXPLANATION ATTACHMENT (CONT'D)

=====

COMPONENTS OF FY08 COMMUNITY COMMITMENT
COMPILED ACCORDING TO BROADER DEFINITION

-----	-----
TOTAL PATIENT CARE-RELATED EXPENSES FOR FY08	\$1,091,264,207
-----	-----

COMMUNITY BENEFITS SUBTOTAL PER AG GUIDELINES	\$30,204,021
HOSPITAL BAD DEBT (AT COST)	\$28,304,534
UNREIMBURSED EXPENSES FOR GME	\$31,389,480
PATIENT FINANCIAL COUNSELING SERVICES RE: CH. 58 REFORM	\$820,448
LINKAGE/IN LIEU/TAX PAYMENTS	\$78,160
COMMUNITY COMMITMENT PER BROADER DEFINITION TOTAL	\$90,796,652

FY08 BUDGETING AND GOALS

BUDGETED EXPENSES FOR COMMUNITY BENEFIT PROGRAMS IN FY09 ARE ESTIMATED TO BE \$27,659,814.

BMC'S GOALS IN COMMUNITY PROGRAMMING IN FY09 ARE TO CONTINUE TO PROVIDE EFFECTIVE AND ACCESSIBLE SERVICES TO VULNERABLE POPULATIONS IN THE BOSTON COMMUNITY AND TO EXPAND EFFORTS THAT DEEPEN OUR RELATIONSHIPS WITH THE COMMUNITIES WE SERVE. IN FY09, SPECIAL EMPHASIS WILL BE PLACED IN THE FOLLOWING AREAS:

- ENHANCING SERVICES FOR INDIVIDUALS WITH MENTAL ILLNESS;
- EXPANDING THE WORK OF THE MEDICAL-LEGAL PARTNERSHIP BOSTON TO SUPPORT GERIATRIC PATIENTS;
- EMPOWERING INDIVIDUALS WITH DIABETES TO IMPROVE SELF-MANAGEMENT; AND
- PROVIDING ALTERNATIVE MEDICINE TO MANAGE THE PAIN OF PEDIATRIC AND ADULT PATIENTS.

FORM 990 - GENERAL EXPLANATION ATTACHMENT (CONT'D)
=====

CONTACT INFORMATION
JENNIFER M. FLEMING
SENIOR DEVELOPMENT OFFICER
FOUNDATION RELATIONS
OFFICE OF DEVELOPMENT
801 MASSACHUSETTS AVENUE, 1ST FLOOR
BOSTON, MA 02118
617-638-8927
JENNIFER.FLEMING@BMC.ORG

FORM 990, PART I - SPECIAL FUNDRAISING EVENTS AND ACTIVITIES

=====

DESCRIPTION -----	GROSS REVENUE -----	DIRECT EXPENSES -----	NET INCOME -----
FOOD FOR THOUGHT	859,098.	55,009.	804,089.
HALLOWEEN TOWN	575,258.	279,641.	295,617.
GALA	890,550.	388,112.	502,438.
GOLF TOURNAMENT	92,500.	26,505.	65,995.
	-----	-----	-----
TOTALS	2,417,406.	749,267.	1,668,139.
	=====	=====	=====

FORM 990, PART I - OTHER DECREASES IN FUND BALANCES
=====

DESCRIPTION -----	AMOUNT -----
PENSION RELATED CHANGES OTHER THAN NET PERIODIC COSTS	4,672,000.
CHANGE IN UNREALIZED DEPRECIATION ON INVESTMENTS	65,859,000.

TOTAL	70,531,000.
	=====

FORM 990, PART II - OTHER EXPENSES

=====

DESCRIPTION -----	TOTAL -----	PROGRAM SERVICES -----	MANAGEMENT AND GENERAL -----	FUNDRAISING -----
LICENSE FEES	3,326,495.	2,836,759.	489,736.	
FOOD EXPENSE	3,881,037.	3,261,618.	563,083.	56,336.
PURCHASED SERVICES	96,567,804.	82,205,023.	14,191,815.	170,966.
PHYSICIAN SERVICES	108,722,647.	108,722,647.		
DRUGS	31,393,008.	31,393,008.		
LAB EXPENSES	10,916,240.	10,916,240.		
PROVISION FOR BAD DEBT	28,389,851.	28,389,851.		
DIRECT RESEARCH	89,664,847.	89,664,847.		
INSURANCE	16,187,756.	13,804,549.	2,383,207.	
TRANSCRIPTION	430,289.	366,941.	63,348.	
SHARED SERVICES	8,330,208.	7,103,811.	1,226,397.	
OTHER EXPENSES	3,581,555.	3,005,000.	518,783.	57,772.
LAUNDRY/LINEN	2,450,330.	2,450,330.		
DESIGN & CONSTRUCTION SERVICE EXPENSE	2,575,366.	2,196,213.	379,153.	
HEALTH CENTER DEBT FORGIVENESS	625,000.	532,986.	92,014.	
JOINT VENTURES EXPENSES	1,721,658.	1,468,191.	253,467.	
DUES & SUBSCRIPTIONS	504,781.	389,723.	67,282.	47,776.
TOTALS	409,268,872.	388,707,737.	20,228,285.	332,850.
	=====	=====	=====	=====

FORM 990, PART IV - INVESTMENTS - PUBLICLY TRADED SECURITIES

=====

DESCRIPTION -----	BEGINNING BOOK VALUE -----	ENDING BOOK VALUE -----
MARKETABLE EQUITY SECURITIES	78,843,000.	56,629,000.
TOTALS	----- 78,843,000. =====	----- 56,629,000. =====

FORM 990, PART IV - INVESTMENTS - OTHER

=====

DESCRIPTION -----	BEGINNING BOOK VALUE -----	ENDING BOOK VALUE -----
DONOR RESTRICTED INVESTMENTS	182,076,000.	151,488,000.
LONG-TERM INVESTMENTS	53,521,000.	4,488,000.
	-----	-----
TOTALS	235,597,000.	155,976,000.
	=====	=====

FORM 990, PART IV - OTHER ASSETS

=====

DESCRIPTION -----	BEGINNING BOOK VALUE -----	ENDING BOOK VALUE -----
OTHER LT ASSETS	112,869,000.	205,954,000.
FUNDS HELD BY TRUSTEES	3,849,000.	75,712,000.
BOARD-DESIGNATED INVESTMENTS FOR FUNDED DEPRECIATION	260,819,000.	229,121,000.
FUND HELD BY TRUSTEES UNDER BOND INDENTURE	19,907,000.	180,876,000.
ESTIMATED RECEIVABLE FOR FINAL SETTLEMENTS	NONE	6,399,000.
	-----	-----
TOTALS	397,444,000.	698,062,000.
	=====	=====

FORM 990, PART IV - TAX-EXEMPT BOND LIABILITIES

=====

DESCRIPTION -----	BEGINNING BOOK VALUE -----	ENDING BOOK VALUE -----
SERIES A REVENUE BONDS	137,310,000.	133,295,000.
SERIES B REVENUE BONDS	NONE	237,909,000.
TOTALS	----- 137,310,000. =====	----- 371,204,000. =====

FORM 990, PART IV - OTHER LIABILITIES

=====

DESCRIPTION -----	BEGINNING BOOK VALUE -----	ENDING BOOK VALUE -----
DUE TO 3RD PARTIES	50,270,000.	42,039,000.
LT DEBT AND OBL-CAPITAL LEASE	136,126,000.	122,566,000.
OTHER LONG-TERM LIABILITIES	36,826,000.	89,087,000.
	-----	-----
TOTALS	223,222,000.	253,692,000.
	=====	=====

FORM 990, PART IV-A - OTHER REVENUE ON RETURN BUT NOT ON BOOKS

=====

DESCRIPTION	AMOUNT
-----	-----
RENTAL EXPENSE	-160,935.
SPECIAL EVENTS EXPENSE	-749,267.

TOTAL	-910,202.
	=====

FORM 990, PART IV-B - OTHER EXPENSES ON BOOKS BUT NOT ON RETURN

=====

DESCRIPTION	AMOUNT
-----	-----
RENTAL EXPENSE	160,935.
SPECIAL EVENTS EXPENSE	749,267.

TOTAL	910,202.
	=====

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

=====

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
-----	-----	-----	-----	-----
ELAINE ULLIAN C/O BOSTON MEDICAL CENTER 88 EAST NEWTON STREET BOSTON, MA 02118	PRESIDENT/CEO* 50.00	1,085,625.	262,879.	NONE
* IN ADDITION TO THE COMPENSATION DISCLOSED ABOVE, MS. ULLIAN ALSO RECEIVED PAYMENT OF PRIOR DEFERRED COMPENSATION AWARDS EARNED IN RECOGNITION OF EXCEPTIONAL PERFORMANCE OVER A PERIOD OF 15 YEARS AND PREVIOUSLY REPORTED AS CONTRIBUTIONS TO EMPLOYEE BENEFITS (\$3,466,458). EMPLOYEE BENEFITS INCLUDE THE VALUE OF OTHER EMPLOYEE TAXABLE BENEFITS IN WHICH THE EMPLOYEE PARTICIPATES, SUCH AS LIFE INSURANCE, FUTURE INCOME PLAN, AND THE VALUE OF NON-TAXABLE EMPLOYEE BENEFIT PLANS SUCH AS PENSION, GROUP HEALTH, LIFE AND DISABILITY WHICH THE EMPLOYER PROVIDES TO EMPLOYEES ON A NON-DISCRIMINATORY BASIS.				
RONALD BARTLETT C/O BOSTON MEDICAL CENTER 88 EAST NEWTON STREET BOSTON, MA 02118	VP FIN/CFO/ASST TREASURER 50.00	564,409.	139,414.	NONE
STEPHANIE LOVELL C/O BOSTON MEDICAL CENTER 88 EAST NEWTON STREET BOSTON, MA 02118	VP/GEN. COUNSEL/CLERK 50.00	380,202.	99,796.	NONE
JOEL M ABRAMS C/O BOSTON MEDICAL CENTER 88 EAST NEWTON STREET BOSTON, MA 02118	TRUSTEE 1.00	NONE	NONE	NONE

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

=====

NAME AND ADDRESS -----	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION -----	COMPENSATION -----	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS -----	EXPENSE ACCT AND OTHER ALLOWANCES -----
REVEREND DR JOHN M BORDERS III C/O BOSTON MEDICAL CENTER 88 EAST NEWTON STREET BOSTON, MA 02118	TRUSTEE 1.00	NONE	NONE	NONE
KAREN ANTMAN MD C/O BOSTON MEDICAL CENTER 88 EAST NEWTON STREET BOSTON, MA 02118	TRUSTEE 1.00	NONE	NONE	NONE
JAMES M BECKER MD C/O BOSTON MEDICAL CENTER 88 EAST NEWTON STREET BOSTON, MA 02118	TRUSTEE 1.00	NONE	NONE	NONE
MARSHALL N CARTER C/O BOSTON MEDICAL CENTER 88 EAST NEWTON STREET BOSTON, MA 02118	CHAIRMAN 1.00	NONE	NONE	NONE
DAVID A PASSAFARO C/O BOSTON MEDICAL CENTER 88 EAST NEWTON STREET BOSTON, MA 02118	TREASURER 1.00	NONE	NONE	NONE
CHRISTINE M DUNN C/O BOSTON MEDICAL CENTER 88 EAST NEWTON STREET BOSTON, MA 02118	TRUSTEE 1.00	NONE	NONE	NONE
WILLIAM J HALPIN JR	TRUSTEE* 1.00	NONE	NONE	NONE

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

=====

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
-----	-----	-----	-----	-----
C/O BOSTON MEDICAL CENTER 88 EAST NEWTON STREET BOSTON, MA 02118 * TERM COMMENCED SEPTEMBER 16, 2008	TRUSTEE* 1.00	NONE	NONE	NONE
JOSCELYN EVERING C/O BOSTON MEDICAL CENTER 88 EAST NEWTON STREET BOSTON, MA 02118 * TERM ENDED SEPTEMBER 16, 2008	TRUSTEE* 1.00	NONE	NONE	NONE
MAUREEN FEENEY C/O BOSTON MEDICAL CENTER 88 EAST NEWTON STREET BOSTON, MA 02118 * TERM ENDED JUNE 30, 2008	TRUSTEE 1.00	NONE	NONE	NONE
EDMOND ENGLISH C/O BOSTON MEDICAL CENTER 88 EAST NEWTON STREET BOSTON, MA 02118	TRUSTEE 1.00	NONE	NONE	NONE
RANDI CUTLER C/O BOSTON MEDICAL CENTER 88 EAST NEWTON STREET BOSTON, MA 02118	TRUSTEE 1.00	NONE	NONE	NONE

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

=====

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
-----	-----	-----	-----	-----
ALYCE J LEE C/O BOSTON MEDICAL CENTER 88 EAST NEWTON CENTER BOSTON, MA 02118	VICE CHAIRMAN OF THE BOARD 1.00	NONE	NONE	NONE
JAMES MARTEN PHD C/O BOSTON MEDICAL CENTER 88 EAST NEWTON STREET BOSTON, MA 02118	TRUSTEE 1.00	NONE	NONE	NONE
MELVIN B MILLER C/O BOSTON MEDICAL CENTER 88 EAST NEWTON STREET BOSTON, MA 02118	TRUSTEE 1.00	NONE	NONE	NONE
MARTHA S SAMUELSON C/O BOSTON MEDICAL CENTER 88 EAST NEWTON STREET BOSTON, MA 02118	TRUSTEE 1.00	NONE	NONE	NONE
ALAN D SOLOMONT C/O BOSTON MEDICAL CENTER 88 EAST NEWTON STREET BOSTON, MA 02118	VICE CHAIRMAN OF THE BOARD 1.00	NONE	NONE	NONE
JAMES O TAYLOR MD C/O BOSTON MEDICAL CENTER 88 EAST NEWTON STREET BOSTON, MA 02118	TRUSTEE 1.00	NONE	NONE	NONE
THOMAS ALPERIN	TRUSTEE 1.00	NONE	NONE	NONE

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

=====

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
-----	-----	-----	-----	-----
C/O BOSTON MEDICAL CENTER 88 EAST NEWTON STREET BOSTON, MA 02118	TRUSTEE 1.00	NONE	NONE	NONE
JUAN CARLOS MORALES C/O BOSTON MEDICAL CENTER 88 EAST NEWTON STREET BOSTON, MA 02118	TRUSTEE 1.00	NONE	NONE	NONE
STEVEN D LEVY C/O BOSTON MEDICAL CENTER 88 EAST NEWTON STREET BOSTON, MA 02118	TRUSTEE 1.00	NONE	NONE	NONE
N ANTHONY COLES MD C/O BOSTON MEDICAL CENTER 88 EAST NEWTON STREET BOSTON, MA 02118	TRUSTEE 1.00	NONE	NONE	NONE
LISA GUSCOTT C/O BOSTON MEDICAL CENTER 88 EAST NEWTON STREET BOSTON, MA 02118	TRUSTEE 1.00	NONE	NONE	NONE
STACEY LUCCHINO C/O BOSTON MEDICAL CENTER 88 EAST NEWTON STREET BOSTON, MA 02118	TRUSTEE 1.00	NONE	NONE	NONE
RICHARD SLIFKA C/O BOSTON MEDICAL CENTER 88 EAST NEWTON STREET	TRUSTEE 1.00	NONE	NONE	NONE

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

=====

NAME AND ADDRESS -----	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION -----	COMPENSATION -----	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS -----	EXPENSE ACCT AND OTHER ALLOWANCES -----
BOSTON, MA 02118				
AZZIE YOUNG MPA PHD C/O BOSTON MEDICAL CENTER 88 EAST NEWTON STREET BOSTON, MA 02118	TRUSTEE 1.00	NONE	NONE	NONE
BARBARA FERRER PHD C/O BOSTON MEDICAL CENTER 88 EAST NEWTON STREET BOSTON, MA 02118	TRUSTEE 1.00	NONE	NONE	NONE
DAVID COLEMAN MD C/O BOSTON MEDICAL CENTER 88 EAST NEWTON STREET BOSTON, MA 02118	TRUSTEE 1.00	NONE	NONE	NONE
TIMOTHY BARBERICH C/O BOSTON MEDICAL CENTER 88 EAST NEWTON STREET BOSTON, MA 02118	TRUSTEE 1.00	NONE	NONE	NONE
GREGORY GRILLONE MD C/O BOSTON MEDICAL CENTER 88 EAST NEWTON STREET BOSTON, MA 02118	TRUSTEE 1.00	NONE	NONE	NONE
STEVEN BELKIN C/O BOSTON MEDICAL CENTER 88 EAST NEWTON STREET BOSTON, MA 02118	TRUSTEE* 1.00	NONE	NONE	NONE

* TERM ENDED JUNE 30, 2008

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

=====

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
-----	-----	-----	-----	-----
THERESA PERRY PHD C/O BOSTON MEDICAL CENTER 88 EAST NEWTON STREET BOSTON, MA 02118 * TERM ENDED JUNE 30, 2008	TRUSTEE* 1.00	NONE	NONE	NONE
SUSAN DONAHUE C/O BOSTON MEDICAL CENTER 88 EAST NEWTON STREET BOSTON, MA 02118	TRUSTEE 1.00	NONE	NONE	NONE
CAROL SULIS MD C/O BOSTON MEDICAL CENTER 88 EAST NEWTON STREET BOSTON, MA 02118	TRUSTEE 1.00	NONE	NONE	NONE
GRAND TOTALS		2,030,236.	502,089.	NONE
		-----	-----	-----
		=====	=====	=====

FORM 990, PART V-A COMPENSATION PROVIDED BY RELATED ORGANIZATION

=====

NAME, ORGANIZATION NAME, RELATIONSHIP	EMPLOYER ID #	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
-----		-----	-----	-----
JAMES M BECKER MD BU GENERAL SURGICAL ASSOCIATES, INC.	04-3265008	942,300.	69,888.	NONE
DAVID COLEMAN MD EVANS MEDICAL FOUNDATION, INC.	51-0172171	706,204.	1,541.	NONE
GREGORY GRILLONE MD BUMC OTOLARYNGOLOGIC FDN, INC.	04-3156471	493,308.	34,174.	NONE
GRAND TOTALS		----- 2,141,812. =====	----- 105,603. =====	----- NONE =====

FORM 990, PART V-B - FORMER OFFICERS, DIRECTORS, AND TRUSTEES

=====

NAME AND ADDRESS -----	LOANS AND ADVANCES -----	COMPENSATION -----	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS -----	EXPENSE ACCT AND OTHER ALLOWANCES -----
EDWARD CHRISTIANSEN JR C/O BOSTON MEDICAL CENTER 88 EAST NEWTON STREET BOSTON, MA 02118	NONE	265,784.	46,540.	NONE
GRAND TOTALS	----- NONE	----- 265,784.	----- 46,540.	----- NONE
	=====	=====	=====	=====

FORM 990, PART VI - NAMES OF RELATED ORGANIZATIONS

=====

RELATED ORGANIZATION NAME: BOSTON MEDICAL CENTER HEALTH PLAN, INC.
EXEMPT: X NONEXEMPT:

RELATED ORGANIZATION NAME: UNIVER DEVELOPMENT FOUNDATION, INC.
EXEMPT: X NONEXEMPT:

RELATED ORGANIZATION NAME: EAST CONCORD MEDICAL FOUNDATION, INC.
EXEMPT: X NONEXEMPT:

RELATED ORGANIZATION NAME: BMC MANAGEMENT SERVICES, INC.
EXEMPT: NONEXEMPT: X

RELATED ORGANIZATION NAME: BMC INSURANCE COMPANY, LTD.
EXEMPT: NONEXEMPT: X

RELATED ORGANIZATION NAME: 650 ALBANY STREET TRUST
EXEMPT: NONEXEMPT: X

RELATED ORGANIZATION NAME: BOSTON UNIVERSITY AFFILIATED PHYSICIANS, INC.
EXEMPT: NONEXEMPT: X

RELATED ORGANIZATION NAME: BOSTON UNIVERSITY EYE ASSOCIATES, INC.
EXEMPT: X NONEXEMPT:

RELATED ORGANIZATION NAME: FACULTY PRACTICE FOUNDATION, INC.
EXEMPT: X NONEXEMPT:

RELATED ORGANIZATION NAME: EVANS MEDICAL FOUNDATION, INC.
EXEMPT: X NONEXEMPT:

RELATED ORGANIZATION NAME: CHILD HEALTH FOUNDATION OF BOSTON, INC.
EXEMPT: X NONEXEMPT:

FORM 990, PART VI - NAMES OF RELATED ORGANIZATIONS

=====

RELATED ORGANIZATION NAME: BOSTON UNIVERSITY NEUROSURGICAL ASSOCIATES, INC.

EXEMPT: X NONEXEMPT:

RELATED ORGANIZATION NAME: BOSTON UNIVERSITY SURGICAL ASSOCIATES, INC.

EXEMPT: X NONEXEMPT:

RELATED ORGANIZATION NAME: BOSTON UNIVERSITY PSYCHIATRY ASSOCIATES, INC.

EXEMPT: X NONEXEMPT:

RELATED ORGANIZATION NAME: BOSTON UNIVERSITY ORTHOPEDIC SURGICAL ASSOCIATES, INC.

EXEMPT: X NONEXEMPT:

RELATED ORGANIZATION NAME: BOSTON UNIVERSITY NEUROLOGY ASSOCIATES, INC.

EXEMPT: X NONEXEMPT:

RELATED ORGANIZATION NAME: BOSTON UNIVERSITY MEDICAL CENTER UROLOGISTS, INC.

EXEMPT: X NONEXEMPT:

RELATED ORGANIZATION NAME: BOSTON UNIVERSITY MC RADIOLOGISTS, INC.

EXEMPT: X NONEXEMPT:

RELATED ORGANIZATION NAME: BOSTON UNIVERSITY MC OTOLARYNGOLOGIC FOUNDATION, INC.

EXEMPT: X NONEXEMPT:

RELATED ORGANIZATION NAME: BUMC ANESTHESIOLOGISTS, INC

EXEMPT: X NONEXEMPT:

RELATED ORGANIZATION NAME: BOSTON UNIVERSITY MALLORY PATHOLOGY ASSOCIATES, INC.

EXEMPT: X NONEXEMPT:

RELATED ORGANIZATION NAME: BOSTON UNIVERSITY GENERAL SURGICAL ASSOCIATES, INC.

EXEMPT: X NONEXEMPT:

FORM 990, PART VI - NAMES OF RELATED ORGANIZATIONS

=====

RELATED ORGANIZATION NAME: BOSTON UNIVERSITY FAMILY MEDICINE, INC.

EXEMPT: X NONEXEMPT:

RELATED ORGANIZATION NAME: BOSTON UNIVERSITY DERMATOLOGY, INC.

EXEMPT: X NONEXEMPT:

RELATED ORGANIZATION NAME: BOSTON REHABILITATION MEDICINE ASSOCIATES, INC.

EXEMPT: X NONEXEMPT:

RELATED ORGANIZATION NAME: BOSTON EMERGENCY PHYSICIAN FOUNDATION, INC.

EXEMPT: X NONEXEMPT:

RELATED ORGANIZATION NAME: BOSTON UNIVERSITY OBGYN FOUNDATION, INC.

EXEMPT: X NONEXEMPT:

RELATED ORGANIZATION NAME: BU CARDIAC & THORACIC SURGICAL FOUNDATION, INC.

EXEMPT: X NONEXEMPT:

RELATED ORGANIZATION NAME: BOSTON UNIVERSITY PLASTIC SURGERY ASSOCIATES, INC.

EXEMPT: X NONEXEMPT:

RELATED ORGANIZATION NAME: BMC INSURANCE COMPANY, LTD. OF VT

EXEMPT: X NONEXEMPT:

RELATED ORGANIZATION NAME: GRYANT, INC.

EXEMPT: NONEXEMPT: X

RELATED ORGANIZATION NAME: TRANSPORTATION SOLUTIONS FOR COMMUTERS, INC.

EXEMPT: X NONEXEMPT:

RELATED ORGANIZATION NAME: MEDICAL RESEARCH REALTY TRUST

EXEMPT: NONEXEMPT: X

FORM 990, PART VI - NAMES OF RELATED ORGANIZATIONS

=====

RELATED ORGANIZATION NAME: UNIVERSITY ASSOCIATES LIMITED PARTNERSHIP

EXEMPT: NONEXEMPT: X

RELATED ORGANIZATION NAME: BOSTON UNIVERSITY DERMATOLOGY SUPPORT SERVICES I, INC.

EXEMPT: X NONEXEMPT:

RELATED ORGANIZATION NAME: BOSTON UNIVERSITY DERMATOLOGY SUPPORT SERVICES II, INC.

EXEMPT: X NONEXEMPT:

RELATED ORGANIZATION NAME: BMC HEALTHNET PLAN

EXEMPT: X NONEXEMPT:

RELATED ORGANIZATION NAME: BMC NAB BUSINESS TRUST

EXEMPT: NONEXEMPT: X

RELATED ORGANIZATION NAME: BMC COMMUNITY PHYSICIAN PROGRAM RRG

EXEMPT: NONEXEMPT: X

RELATED ORGANIZATION NAME: BMC COMMUNITY PHYSICIAN PROGRAM LLC

EXEMPT: NONEXEMPT: X

FORM 990, PART VIII - ACCOMPLISHMENT OF EXEMPT PURPOSES

=====

LINE NO. ---	EXPLANATION OF HOW EACH ACTIVITY FOR WHICH INCOME IS REPORTED IN COLUMN (E) OF PART VII CONTRIBUTED IMPORTANTLY TO THE ACCOMPLISHMENT OF EXEMPT PURPOSES -----
--------------------	---

93 A-B	THE ORGANIZATION IS A PRIVATE NON-PROFIT, ACUTE CARE, TERTIARY REFERRAL TEACHING HOSPITAL PRINCIPALLY SERVING THE GREATER BOSTON AND EASTERN MASS. COMMUNITIES. THE SERVICES INCLUDE ROUTINE, ANCILLARY AND OUTPATIENT CLINICAL VISITS IN SUPPORT OF THE HOSPITAL'S HEALTHCARE MISSION. THE ORGANIZATION SUPPORTS MEDICAL RESEARCH INDIVIDUALLY AND THROUGH THE EVANS MEDICAL FOUNDATION.
93C	CLINICAL TRIALS, RESEARCH, AND EDUCATION.

FORM 990, PART IX - INFORMATION REGARDING TAXABLE SUBSIDIARIES

=====

NAME AND ADDRESS EMPLOYER IDENTIFICATION NUMBER -----	PERCENTAGE OWNERSHIP INTEREST -----	NATURE OF BUSINESS ACTIVITIES -----	TOTAL INCOME -----	ENDING ASSETS -----
650 ALBANY ST. TRUST 715 ALBANY ST. BOSTON, MA 02118 04-6875462	50.000000	REAL ESTATE	6,992,372.	40,797,375.
BMC MANAGEMENT SERVICES, INC. 88 EAST NEWTON STREET BOSTON, MA 02118 04-3414914	50.000000	MEDICAL MGT.	901,387.	3,421,239.
BMC INSURANCE CO. LTD (STMT 1) 88 EAST NEWTON STREET BOSTON, MA 02118 98-0375219	70.000000	INVESTMENTS		106,407,721.
BU AFFILIATED PHYSICIANS INC. 88 EAST NEWTON STREET BOSTON, MA 02118 03-3152771	50.000000	HLTH CARE SVC	3,461,218.	1,802,402.
GRYANT, INC. ONE BOSTON MEDICAL CENTER BOSTON, MA 02118 20-2047166	100.000000	REAL ESTATE	1,291,255.	43,054,437.
MEDICAL RESEARCH REALTY TRUST 715 ALBANY ST. BOSTON, MA 02118 04-6710518	50.000000	REAL ESTATE	3,300,448.	28,644,013.
UNIVERSITY ASSOCIATES LP	100.000000	REAL ESTATE	9,669,571.	31,638,478.

FORM 990, PART IX - INFORMATION REGARDING TAXABLE SUBSIDIARIES

=====

NAME AND ADDRESS EMPLOYER IDENTIFICATION NUMBER -----	PERCENTAGE OWNERSHIP INTEREST -----	NATURE OF BUSINESS ACTIVITIES -----	TOTAL INCOME -----	ENDING ASSETS -----
715 ALBANY ST. BOSTON, MA 02118 04-3152772				
BMC NAB BUSINESS TRUST 85 EAST CONCORD STREET BOSTON, MA 02118 26-6368869	90.000000	BUSINESS TRUST	229,000.	40,432,000.
BMC COMM PHYSICIAN PROGRAM LLC 5101 WISCONSIN AVENUE WASHINGTON, DC 20016 26-0350958	100.000000	RISK MANAGEMENT SERVICES		9,787.
BMC COMM PHYSICIAN PROGRAM RRG 88 EAST NEWTON ST BOSTON, MA 02118 26-0351060	100.000000	INSURANCE		438,539.
TOTAL INCOME			----- 25,845,251.	----- 296,645,991.
			=====	=====

FORM 990, PART XI - TRANSFERS TO CONTROLLED ENTITIES STATEMENT

=====

CONTROLLED ENTITY'S NAME: BOSTON MEDICAL CENTER FPPS
 CONTROLLED ENTITY'S ADDRESS: 660 HARRISON AVE. 3RD FL.
 CITY, STATE & ZIP: BOSTON, MA 02118
 EIN: 04-3289381
 TRANSFER AMOUNT: 98,651,000.
 EXPLANATION OF TRANSFER TO CONTROLLED ENTITY:
 FUNDING PROVIDED TO BMC FPP'S FOR PROFESSIONAL AND SUPPORT SERVICES

CONTROLLED ENTITY'S NAME: BMC INSURANCE CO. LTD.
 CONTROLLED ENTITY'S ADDRESS: FIRST CARRIBBEAN HOUSE 10 MAIN ST
 CITY, STATE & ZIP: GRAND CAYMAN
 FOREIGN COUNTRY: CAYMAN ISLANDS
 EIN: 98-0375219
 TRANSFER AMOUNT: 15,000,000.
 EXPLANATION OF TRANSFER TO CONTROLLED ENTITY:
 TRANSFER FROM BOSTON MEDICAL CENTER IN THE ORDINARY COURSE OF BUSINESS

CONTROLLED ENTITY'S NAME: BU AFFILIATED PHYSICIANS INC.
 CONTROLLED ENTITY'S ADDRESS: 88 EAST NEWTON STREET
 CITY, STATE & ZIP: BOSTON, MA 02118
 EIN: 03-3152771
 TRANSFER AMOUNT: 481,250.
 EXPLANATION OF TRANSFER TO CONTROLLED ENTITY:
 TRANSFER FROM BOSTON MEDICAL CENTER IN THE ORDINARY COURSE OF BUSINESS

CONTROLLED ENTITY'S NAME: UNIVERSITY ASSOCIATES LP
 CONTROLLED ENTITY'S ADDRESS: 715 ALBANY STREET
 CITY, STATE & ZIP: BOSTON, MA 02118
 EIN: 04-3152772
 TRANSFER AMOUNT: 713,925.
 EXPLANATION OF TRANSFER TO CONTROLLED ENTITY:
 TRANSFER FROM BOSTON MEDICAL CENTER IN THE ORDINARY COURSE OF BUSINESS

FORM 990, PART XI - TRANSFERS FROM CONTROLLED ENTITIES STATEMENT
=====

CONTROLLED ENTITY'S NAME: BOSTON MEDICAL CENTER HEALTH PLAN, INC.
CONTROLLED ENTITY'S ADDRESS: 2 COPLEY PLACE, SUITE 600
CITY, STATE & ZIP: BOSTON, MA 02116
EIN: 04-3373331
TRANSFER AMOUNT: 88,862,000.
EXPLANATION OF TRANSFER FROM CONTROLLED ENTITY:
PAYMENTS TO BOSTON MEDICAL CENTER FOR MEDICAL SERVICES TO BMCHP MEMBERS

CONTROLLED ENTITY'S NAME: UNIVER DEVELOPMENT FOUNDATION
CONTROLLED ENTITY'S ADDRESS: 88 EAST NEWTON STREET
CITY, STATE & ZIP: BOSTON, MA 02118
EIN: 04-3101957
TRANSFER AMOUNT: 3,503,920.
EXPLANATION OF TRANSFER FROM CONTROLLED ENTITY:
FUNDING PROVIDED TO BOSTON MEDICAL CTR IN THE ORDINARY COURSE OF BUSINESS

SCHEDULE A, PART I - COMPENSATION OF THE FIVE HIGHEST PAID EMPLOYEES

=====

NAME AND ADDRESS -----	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION -----	COMPENSATION -----	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS -----	EXPENSE ACCOUNT -----
MEG ARANOW C/O BOSTON MEDICAL CENTER 88 EAST NEWTON STREET BOSTON, MA 02118	VP INFO TECH/CIO 50.00	377,041.	127,673.	NONE
PAUL DREW C/O BOSTON MEDICAL CENTER 88 EAST NEWTON STREET BOSTON, MA 02118	EXECUTIVE VP 50.00	527,068.	132,932.	NONE
THOMAS TRAYLOR C/O BOSTON MEDICAL CENTER 88 EAST NEWTON STREET BOSTON, MA 02118	VICE PRESIDENT* 50.00	643,834.	116,070.	NONE
* VICE PRESIDENT OF FEDERAL, STATE AND LOCAL PROGRAMS				
WILLIAM BARRON C/O BOSTON MEDICAL CENTER 88 EAST NEWTON STREET BOSTON, MA 02118	VICE PRESIDENT* 50.00	308,344.	61,195.	NONE
* VICE PRESIDENT OF QUALITY/PATIENT SAFETY AND CQO				

SCHEDULE A, PART I - COMPENSATION OF THE FIVE HIGHEST PAID EMPLOYEES

=====

NAME AND ADDRESS -----	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION -----	COMPENSATION -----	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS -----	EXPENSE ACCOUNT -----
NORMAN STEIN C/O BOSTON MEDICAL CENTER 88 EAST NEWTON STREET BOSTON, MA 02118	VP DEVELOPMENT 50.00	392,864.	92,029.	NONE
	TOTAL COMPENSATION	----- 2,249,151. =====	----- 529,899. =====	----- NONE =====

SCH. A, PART II-A COMPENSATION OF THE 5 HIGHEST PAID FOR PROF. SERV.
 =====

NAME AND ADDRESS -----	TYPE OF SERVICE -----	COMPENSATION -----
BOSTON UNIVERSITY 715 ALBANY STREET 580 BOSTON, MA 02118	SHARED RESEARCH SVCS	53,835,079.
BOSTON PHARMACY MANAGEMENT 24 STEVEN LANE COHASSET, MA 02025	PHARMACY SERVICES	4,659,178.
TSOI KOBUS AND ASSOCIATES PO BOX 845010 BOSTON, MA 02284-5010	ARCHITECTURAL	9,679,907.
KELLY HABIB JOHN ONE CONSTRUCTION CENTER BOSTON, MA 02129-2025	CONSULTING	2,231,545.
PRICEWATERHOUSECOOPERS LLP 125 HIGH STREET BOSTON, MA 02110	AUDITING/CONSULTING	2,139,644.
TOTAL COMPENSATION		----- 72,545,353. =====

SCH. A, PART II-B COMPENSATION OF THE 5 HIGHEST PAID FOR OTHER SERV.

=====

NAME AND ADDRESS	TYPE OF SERVICE	COMPENSATION
-----	-----	-----
COACH NEW ENGLAND 353 ROC SAM PARK DRIVE BRAINTREE, MA 02184	TRANSPORTATION SVCS	1,262,344.
ANGELICA CORPORATION P.O. BOX 845197 BOSTON, MA 02284-5197	LAUNDRY SERVICES	2,942,190.
JOHNSON CONTROLS PO BOX 2012 MILWAUKEE, WI 53201	HVAC SERVICE/REPAIRS	11,769,380.
SUFFOLK CONSTRUCTION CO 65 ALLERTON STREET BOSTON, MA 02119	CONSTRUCTION	16,160,749.
CROTHALL HEALTHCARE INC 955 CHESTERBROOK BLVD WAYNE, PA 19087	JANITORIAL SERVICES	1,962,373.
TOTAL COMPENSATION		----- 34,097,036. =====

SCHEDULE A, PART III - EXPLANATION FOR LINE 2B
=====

THE ORGANIZATION ACQUIRED \$10,000 IN CONSULTING SERVICES FROM SOLOMONT BAILIS VENTURES OF WHICH ALAN SOLOMONT IS CEO. MR. SOLOMONT IS ALSO A TRUSTEE OF THE ORGANIZATION. MR. SOLOMONT WAS NOT PRESENT AT THE BOARD MEETING WHEN THESE SERVICES WERE DISCUSSED.

THE MEDICAL CENTER HAS CONTRACTED WITH WILLIAM A. BERRY & SON, INC., TO PROVIDE CONSTRUCTION MANAGEMENT AND BUILDING SERVICES. DAVID PASSAFARO, A TRUSTEE, IS ALSO EMPLOYED BY WILLIAM A. BERRY & SON, INC. AS A VICE PRESIDENT AND DIRECTOR OF BUSINESS DEVELOPMENT. ALL TRANSACTIONS ARE MADE WITHIN THE NORMAL COURSE OF BUSINESS AND ARE CONDUCTED AT ARM'S LENGTH. MR. PASSAFARO WAS NOT PRESENT AT THE BOARD MEETING WHEN THESE SERVICES WERE DISCUSSED.

THERE ARE A NUMBER OF PHYSICIANS ON THE BOARD OF THE ORGANIZATION WHO RECEIVE COMPENSATION FOR PERFORMING MEDICAL OR ADMINISTRATIVE SERVICES. IN ACCORDANCE WITH BOSTON MEDICAL CENTER BY-LAWS, FOUR MEMBERS OF THE BOARD ARE ADMINISTRATORS OF THE NEIGHBORHOOD HEALTH CENTERS. SOME OF THE CENTERS ARE LICENSED THROUGH THE ORGANIZATION. OTHER HEALTH CENTERS HAVE CONTRACTUAL RELATIONSHIPS WITH THE ORGANIZATION.

MEMBERS OF GOVERNANCE OF BOSTON MEDICAL CENTER ARE AFFILIATED WITH OR ARE DIRECTORS OF VARIOUS COMPANIES IN THE COMMUNITY WHICH HAVE A BUSINESS RELATIONSHIP WITH BOSTON MEDICAL CENTER. PURCHASING OR CONTRACTING DECISIONS ARE NOT MADE BY THESE INDIVIDUALS. ALL TRANSACTIONS ARE MADE WITHIN THE NORMAL COURSE OF BUSINESS AND ARE CONDUCTED AT ARM'S LENGTH.

THE MEDICAL CENTER AND BOSTON MEDICAL CENTER INSURANCE COMPANY, LTD. 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 APPROXIMATELY \$15,216,697 AND \$8,693,916 FOR THE YEARS ENDING SEPTEMBER 30, 2008 AND 2007 RESPECTIVELY. THE MEDICAL CENTER HAS APPROXIMATELY \$14,314,796 AND \$8,223,852 OF PREPAID PREMIUMS AND RETROSPECTIVE PREMIUM CREDITS THAT WERE PREPAID BY THE MEDICAL CENTER TO BMCIC AT SEPTEMBER 30, 2008 AND 2007, RESPECTIVELY.

TRUSTEE JUAN CARLOS MORALES IS THE CHIEF FINANCIAL OFFICER OF THE BANK OF NEW YORK MELLON WEALTH MANAGEMENT. THE BANK OF NEW YORK MELLON SERVES AS BOND TRUSTEE FOR BOND FINANCING OBTAINED BY THE MEDICAL CENTER IN 2008. MR. MORALES RECUSED HIMSELF FROM THE VOTE AT THE BOARD MEETING FOR THIS FINANCING. THE MEDICAL CENTER ALSO INVESTS WITH MELLON CAPITAL MANAGEMENT, AND BANK OF NEW YORK MELLON IS ITS TRUSTEE. FINALLY, THE MEDICAL CENTER RECEIVES PERIODIC INVESTMENT ADVICE FROM MELLON CAPITAL.

SCHEDULE A, PART III - EXPLANATION FOR LINE 2C

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SEE STATEMENT FOR SCHEDULE A, PART III, LINE 2B

SCHEDULE A, PART VI-B - LOBBYING ACTIVITY EXPLANATION

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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 \$59,883. BMC ALSO PAID GEORGE TRAYLOR, A LOBBYIST, TO REPRESENT THE ORGANIZATION. HE WAS COMPENSATED \$97,758 ADDITIONALLY, BOSTON MEDICAL CENTER PAID ROBERT WHITE ASSOCIATES \$55,000 AND THE KAROL GROUP, INC. \$25,000 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.

Information Return of U.S. Persons With Respect To Certain Foreign Corporations

(Rev. December 2007)

▶ See separate instructions.

Department of the Treasury
Internal Revenue Service

Information furnished for the foreign corporation's annual accounting period (tax year required by section 898) (see instructions) beginning **10/01/2007**, and ending **09/30/2008**

Attachment
Sequence No. **121**

Name of person filing this return BOSTON MEDICAL CENTER		A Identifying number 04-3314093
Number, street, and room or suite no. (or P.O. box number if mail is not delivered to street address) 88 EAST NEWTON STREET		B Category of filer (See instructions. Check applicable box(es)): 1 (repealed) 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input checked="" type="checkbox"/> 5 <input checked="" type="checkbox"/>
City or town, state, and ZIP code BOSTON MA 02118		C Enter the total percentage of the foreign corporation's voting stock you owned at the end of its annual accounting period 0.7000%
Filer's tax year beginning 10/01/2007 , and ending 09/30/2008		

D Person(s) on whose behalf this information return is filed:

(1) Name	(2) Address	(3) Identifying number	(4) Check applicable box(es)		
			Shareholder	Officer	Director

Important: Fill in all applicable lines and schedules. All information **must** be in English. All amounts **must** be stated in U.S. dollars unless otherwise indicated.

1a Name and address of foreign corporation BOSTON MEDICAL CENTER INSURANCE COMPANY, LTD FIRST CARRIBBEAN HOUSE, 10 MAIN STREET GRAND CAYMAN, CAYMAN ISLANDS CJ				b Employer identification number, if any 98-0375219	
				c Country under whose laws incorporated CAYMAN ISLANDS	
d Date of incorporation 05/30/2002	e Principal place of business CJ	f Principal business activity code number 524290	g Principal business activity INVESTMENTS	h Functional currency US DOLLAR	

2 Provide the following information for the foreign corporation's accounting period stated above.

a Name, address, and identifying number of branch office or agent (if any) in the United States		b If a U.S. income tax return was filed, enter:	
		(i) Taxable income or (loss)	(ii) U.S. income tax paid (after all credits)
c Name and address of foreign corporation's statutory or resident agent in country of incorporation BOSTON MEDICAL CENTER INSURANCE COMPANY, LTD FIRST CARRIBBEAN HOUSE, 10 MAIN ST GRAND CAYMAN CAYMAN ISLANDS CJ		d Name and address (including corporate department, if applicable) of person (or persons) with custody of the books and records of the foreign corporation, and the location of such books and records, if different SAME AS 2C	

Schedule A Stock of the Foreign Corporation

(a) Description of each class of stock	(b) Number of shares issued and outstanding	
	(i) Beginning of annual accounting period	(ii) End of annual accounting period
COMMON	120,000.	120,000.

For Paperwork Reduction Act Notice, see instructions.

Schedule B U.S. Shareholders of Foreign Corporation (see instructions)

(a) Name, address, and identifying number of shareholder	(b) Description of each class of stock held by shareholder. Note: This description should match the corresponding description entered in Schedule A, column (a).	(c) Number of shares held at beginning of annual accounting period	(d) Number of shares held at end of annual accounting period	(e) Pro rata share of subpart F income (enter as a percentage)
BOSTON MEDICAL CENTER 88 EAST NEWTON STREET BOSTON MA 02118 04-3314093	COMMON STOCK PAR VALUE \$0.01	84,000.	84,000.	0.70000
FACULTY PRACTICE FOUNDATION 660 HARRISON AVE. 3RD FLOOR BOSTON MA 02118 04-3289381	COMMON STOCK PAR VALUE \$0.01	36,000.	36,000.	0.30000

Schedule C Income Statement (see instructions)

Important: Report all information in functional currency in accordance with U.S. GAAP. Also, report each amount in U.S. dollars translated from functional currency (using GAAP translation rules). However, if the functional currency is the U.S. dollar, complete only the U.S. Dollars column. See instructions for special rules for DASTM corporations.

		Functional Currency	U.S. Dollars
Income	1 a Gross receipts or sales	1 a 1,111,700.	1,111,700.
	b Returns and allowances	1 b	
	c Subtract line 1b from line 1a	1 c 1,111,700.	1,111,700.
	2 Cost of goods sold	2	
	3 Gross profit (subtract line 2 from line 1c)	3 1,111,700.	1,111,700.
	4 Dividends	4 248,267.	248,267.
	5 Interest	5	
	6 a Gross rents	6 a 2,074,523.	2,074,523.
	b Gross royalties and license fees	6 b	
7 Net gain or (loss) on sale of capital assets	7		
8 Other income (attach schedule)	8 SEE STATEMENT 1.	-99,975.	-99,975.
9 Total income (add lines 3 through 8)	9 3,334,515.	3,334,515.	
Deductions	10 Compensation not deducted elsewhere	10	
	11 a Rents	11 a	
	b Royalties and license fees	11 b	
	12 Interest	12	
	13 Depreciation not deducted elsewhere	13	
	14 Depletion	14	
	15 Taxes (exclude provision for income, war profits, and excess profits taxes)	15	
	16 Other deductions (attach schedule - exclude provision for income, war profits, and excess profits taxes)	16 SEE STATEMENT 1.	3,334,515.
17 Total deductions (add lines 10 through 16)	17 3,334,515.	3,334,515.	
Net Income	18 Net income or (loss) before extraordinary items, prior period adjustments, and the provision for income, war profits, and excess profits taxes (subtract line 17 from line 9)	18	
	19 Extraordinary items and prior period adjustments (see instructions)	19	
	20 Provision for income, war profits, and excess profits taxes (see instructions)	20	
	21 Current year net income or (loss) per books (combine lines 18 through 20)	21	

Schedule E Income, War Profits, and Excess Profits Taxes Paid or Accrued (see instructions)

(a) Name of country or U.S. possession	Amount of tax		
	(b) In foreign currency	(c) Conversion rate	(d) In U.S. dollars
1 U.S.			
2 CAYMAN ISLANDS			
3 NO FOREIGN TAX PAID			NONE
4 ALL FIGURES ARE SHOWN			
5 IN U.S. DOLLARS			
6 THE FUNCTIONAL CURRENCY			
7			
8 Total			NONE

Schedule F Balance Sheet

Important: Report all amounts in U.S. dollars prepared and translated in accordance with U.S. GAAP. See instructions for an exception for DASTM corporations.

Assets		(a)	(b)
		Beginning of annual accounting period	End of annual accounting period
1 Cash	1	100,653.	215,726.
2a Trade notes and accounts receivable	2a		
b Less allowance for bad debts	2b	()	()
3 Inventories	3		
4 Other current assets (attach schedule) SEE STATEMENT 2	4	9,612,136.	21,137,110.
5 Loans to shareholders and other related persons	5		
6 Investment in subsidiaries (attach schedule)	6		
7 Other investments (attach schedule) SEE STATEMENT 2	7	74,099,427.	85,054,885.
8a Buildings and other depreciable assets	8a		
b Less accumulated depreciation	8b	()	()
9a Depletable assets	9a		
b Less accumulated depletion	9b	()	()
10 Land (net of any amortization)	10		
11 Intangible assets:			
a Goodwill	11a		
b Organization costs	11b		
c Patents, trademarks, and other intangible assets	11c		
d Less accumulated amortization for lines 11a, b, and c	11d	()	()
12 Other assets (attach schedule)	12		
13 Total assets	13	83,812,216.	106,407,721.
Liabilities and Shareholders' Equity			
14 Accounts payable	14	160,888.	226,835.
15 Other current liabilities (attach schedule)	15		
16 Loans from shareholders and other related persons	16		
17 Other liabilities (attach schedule) SEE STATEMENT 2	17	71,956,328.	94,485,886.
18 Capital stock:			
a Preferred stock	18a		
b Common stock	18b	120,000.	120,000.
19 Paid-in or capital surplus (attach reconciliation)	19	11,575,000.	11,575,000.
20 Retained earnings	20		
21 Less cost of treasury stock	21	()	()
22 Total liabilities and shareholders' equity	22	83,812,216.	106,407,721.

Schedule G Other Information

	Yes	No
1 During the tax year, did the foreign corporation own at least a 10% interest, directly or indirectly, in any foreign partnership?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If "Yes," see the instructions for required attachment.		
2 During the tax year, did the foreign corporation own an interest in any trust?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3 During the tax year, did the foreign corporation own any foreign entities that were disregarded as entities separate from their owners under Regulations sections 301.7701-2 and 301.7701-3 (see instructions)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If "Yes," you are generally required to attach Form 8858 for each entity (see instructions).		
4 During the tax year, was the foreign corporation a participant in any cost sharing arrangement?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5 During the course of the tax year, did the foreign corporation become a participant in any cost sharing arrangement?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Schedule H Current Earnings and Profits (see instructions)

Important: Enter the amounts on lines 1 through 5c in **functional** currency.

1 Current year net income or (loss) per foreign books of account	1	NONE
2 Net adjustments made to line 1 to determine current earnings and profits according to U.S. financial and tax accounting standards (see instructions):		
	Net Additions	Net Subtractions
a Capital gains or losses		
b Depreciation and amortization		
c Depletion		
d Investment or incentive allowance		
e Charges to statutory reserves		
f Inventory adjustments		
g Taxes		
h Other (attach schedule).		
3 Total net additions		
4 Total net subtractions		
5a Current earnings and profits (line 1 plus line 3 minus line 4)	5a	NONE
b DASTM gain or (loss) for foreign corporations that use DASTM (see instructions)	5b	
c Combine lines 5a and 5b	5c	NONE
d Current earnings and profits in U.S. dollars (line 5c translated at the appropriate exchange rate as defined in section 989(b) and the related regulations (see instructions))	5d	NONE
Enter exchange rate used for line 5d ▶		

Schedule I Summary of Shareholder's Income From Foreign Corporation (see instructions)

1 Subpart F income (line 38b, Worksheet A in the instructions)	1	NONE
2 Earnings invested in U.S. property (line 17, Worksheet B in the instructions)	2	
3 Previously excluded subpart F income withdrawn from qualified investments (line 6b, Worksheet C in the instructions)	3	
4 Previously excluded export trade income withdrawn from investment in export trade assets (line 7b, Worksheet D in the instructions)	4	
5 Factoring income	5	
6 Total of lines 1 through 5. Enter here and on your income tax return. See instructions	6	NONE
7 Dividends received (translated at spot rate on payment date under section 989(b)(1))	7	
8 Exchange gain or (loss) on a distribution of previously taxed income	8	

	Yes	No
• Was any income of the foreign corporation blocked?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
• Did any such income become unblocked during the tax year (see section 964(b))?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If the answer to either question is "Yes," attach an explanation.		

**SCHEDULE J
(Form 5471)**

(Rev. December 2005)
Department of the Treasury
Internal Revenue Service

**Accumulated Earnings and Profits (E&P)
of Controlled Foreign Corporation**

OMB No. 1545-0704

▶ Attach to Form 5471. See Instructions for Form 5471.

Name of person filing Form 5471

Identifying number

BOSTON MEDICAL CENTER

04-3314093

Name of foreign corporation

BOSTON MEDICAL CENTER INSURANCE COMPANY, LTD

Important. Enter amounts in functional currency.	(a) Post-1986 Undistributed Earnings (post-86 section 959(c)(3) balance)	(b) Pre-1987 E&P Not Previously Taxed (pre-87 section 959(c)(3) balance)	(c) Previously Taxed E&P (see instructions) (sections 959(c)(1) and (2) balances)			(d) Total Section 964(a) E&P (combine columns (a), (b), and (c))
			(i) Earnings Invested in U.S. Property	(ii) Earnings Invested in Excess Passive Assets	(iii) Subpart F Income	
1 Balance at beginning of year	NONE					NONE
2a Current year E&P	NONE					
b Current year deficit in E&P						
3 Total current and accumulated E&P not previously taxed (line 1 plus line 2a or line 1 minus line 2b)	NONE					
4 Amounts included under section 951(a) or reclassified under section 959(c) in current year						
5a Actual distributions or reclassifications of previously taxed E&P						
b Actual distributions of nonpreviously taxed E&P						
6a Balance of previously taxed E&P at end of year (line 1 plus line 4, minus line 5a)						
b Balance of E&P not previously taxed at end of year (line 3 minus line 4, minus line 5b)	NONE					
7 Balance at end of year. (Enter amount from line 6a or line 6b, whichever is applicable.)	NONE					NONE

For Paperwork Reduction Act Notice, see the Instructions for Form 5471.

Schedule J (Form 5471) (Rev. 12-2005)

JSA
7X1665 1.000

**Transactions Between Controlled Foreign Corporation
 and Shareholders or Other Related Persons**

▶ Attach to Form 5471. See Instructions for Form 5471.

Name of person filing Form 5471

Identifying number

BOSTON MEDICAL CENTER

04-3314093

Name of foreign corporation

BOSTON MEDICAL CENTER INSURANCE COMPANY, LTD

Important: Complete a **separate** Schedule M for each controlled foreign corporation. Enter the totals for each type of transaction that occurred during the annual accounting period between the foreign corporation and the persons listed in columns (b) through (f). All amounts must be stated in U.S. dollars translated from functional currency at the average exchange rate for the foreign corporation's tax year. See instructions.

Enter the relevant functional currency and the exchange rate used throughout this schedule ▶ **US DOLLAR** **1.0000**

(a) Transactions of foreign corporation	(b) U.S. person filing this return	(c) Any domestic corporation or partnership controlled by U.S. person filing this return	(d) Any other foreign corporation or partnership controlled by U.S. person filing this return	(e) 10% or more U.S. shareholder of controlled foreign corporation (other than the U.S. person filing this return)	(f) 10% or more U.S. shareholder of any corporation controlling the foreign corporation
1 Sales of stock in trade (inventory)					
2 Sales of tangible property other than stock in trade					
3 Sales of property rights (patents, trademarks, etc.) . . .					
4 Buy-in payments received . . .					
5 Cost sharing payments received					
6 Compensation received for technical, managerial, engineering, construction, or like services . .					
7 Commissions received					
8 Rents, royalties, and license fees received					
9 Dividends received (exclude deemed distributions under subpart F and distributions of previously taxed income)					
10 Interest received					
11 Premiums received for insurance or reinsurance					
12 Add lines 1 through 11					
13 Purchases of stock in trade (inventory)					
14 Purchases of tangible property other than stock in trade					
15 Purchases of property rights (patents, trademarks, etc.) . . .					
16 Buy-in payments paid					
17 Cost sharing payments paid . .					
18 Compensation paid for technical, managerial, engineering, construction, or like services . .					
19 Commissions paid					
20 Rents, royalties, and license fees paid					
21 Dividends paid					
22 Interest paid					
23 Premiums paid for insurance or reinsurance					
24 Add lines 13 through 23					
25 Amounts borrowed (enter the maximum loan balance during the year) - see instructions . . .					
26 Amounts loaned (enter the maximum loan balance during the year) - see instructions . . .					

**SCHEDULE O
(Form 5471)**

(Rev. December 2005)

Department of the Treasury
Internal Revenue Service

Organization or Reorganization of Foreign Corporation, and Acquisitions and Dispositions of its Stock

OMB No. 1545-0704

▶ Attach to Form 5471. See Instructions for Form 5471.

Name of person filing Form 5471

Identifying number

BOSTON MEDICAL CENTER

04-3314093

Name of foreign corporation

BOSTON MEDICAL CENTER INSURANCE COMPANY, LTD

Important: Complete a *separate* Schedule O for each foreign corporation for which information must be reported.

Part I To Be Completed by U.S. Officers and Directors

(a) Name of shareholder for whom acquisition information is reported	(b) Address of shareholder	(c) Identifying number of shareholder	(d) Date of original 10% acquisition	(e) Date of additional 10% acquisition

Part II To Be Completed by U.S. Shareholders

Note: If this return is required because one or more shareholders became U.S. persons, attach a list showing the names of such persons and the date each became a U.S. person.

Section A — General Shareholder Information

(a) Name, address, and identifying number of shareholder(s) filing this schedule	(b) For shareholder's latest U.S. income tax return filed, indicate:			(c) Date (if any) shareholder last filed information return under section 6046 for the foreign corporation	
	(1) Type of return (enter form number)	(2) Date return filed	(3) Internal Revenue Service Center where filed		
BOSTON MEDICAL CENTER 88 EAST NEWTON STREET BOSTON, MA 02118	04-3314093	990	08/17/2009	OGDEN, UT	08/15/2008

Section B — U.S. Persons Who Are Officers or Directors of the Foreign Corporation

(a) Name of U.S. officer or director	(b) Address	(c) Social security number	(d) Check appropriate box(es)	
			Ofcr	Dir
SEE STATEMENT 3				

Section C — Acquisition of Stock

(a) Name of shareholder(s) filing this schedule	(b) Class of stock acquired	(c) Date of acquisition	(d) Method of acquisition	(e) Number of shares acquired		
				(1) Directly	(2) Indirectly	(3) Constructively

For Paperwork Reduction Act Notice, see the Instructions for Form 5471.

Schedule O (Form 5471) (12-2005)

(f) Amount paid or value given	(g) Name and address of person from whom shares were acquired

Section D – Disposition of Stock

(a) Name of shareholder disposing of stock	(b) Class of stock	(c) Date of disposition	(d) Method of disposition	(e) Number of shares disposed of		
				(1) Directly	(2) Indirectly	(3) Constructively

(f) Amount received	(g) Name and address of person to whom disposition of stock was made

Section E – Organization or Reorganization of Foreign Corporation

(a) Name and address of transferor	(b) Identifying number (if any)	(c) Date of transfer

(d) Assets transferred to foreign corporation			(e) Description of assets transferred by, or notes or securities issued by, foreign corporation
(1) Description of assets	(2) Fair market value	(3) Adjusted basis (if transferor was U.S. person)	

Section F – Additional Information

(a) If the foreign corporation or a predecessor U.S. corporation filed (or joined with a consolidated group in filing) a U.S. income tax return for any of the last 3 years, attach a statement indicating the year for which a return was filed (and, if applicable, the name of the corporation filing the consolidated return), the taxable income or loss, and the U.S. income tax paid (after all credits).

(b) List the date of any reorganization of the foreign corporation that occurred during the last 4 years while any U.S. person held 10% or more in value or vote (directly or indirectly) of the corporation's stock ►

(c) If the foreign corporation is a member of a group constituting a chain of ownership, attach a chart, for each unit of which a shareholder owns 10% or more in value or voting power of the outstanding stock. The chart must indicate the corporation's position in the chain of ownership and the percentages of stock ownership (see instructions for an example).

FORM 5471, PAGE 2 DETAIL

SCH C, LINE 8 - OTHER INCOME

MOVEMENT IN DEFERRED REINSURANCE PREMIUMS	-99,975.	-99,975.
TOTAL	-99,975.	-99,975.

SCH C, LINE 16 - OTHER DEDUCTIONS

PREMIUMS CEDED	1,111,700.	1,111,700.
ADJUSTMENT TO DEPOSIT LIABILITY FOR ADMIN EXP & INVEST INC.	2,016,775.	2,016,775.
MOVEMENT IN UNEARNED PREMIUM RESERVE	-99,975.	-99,975.
INSURANCE MANAGEMENT FEES	52,000.	52,000.
ACTUARIAL FEES	57,760.	57,760.
U.S. LEGAL FEES	2,042.	2,042.
AUDIT FEES	25,773.	25,773.
GOVERNMENT FEES	10,037.	10,037.
MEETING EXPENSES	70,029.	70,029.
SOFTWARE COSTS	82,031.	82,031.
OTHER EXPENSES	6,343.	6,343.
TOTAL	3,334,515.	3,334,515.

FORM 5471, PAGE 3 DETAIL

	BEGINNING	ENDING
	-----	-----
	US CURRENCY	US CURRENCY
	-----	-----
SCH F, LINE 4 - OTHER CURRENT ASSETS		

PREMIUM RECEIVABLE	8,667,306.	6,077,381.
REINSURANCE BALANCE RECEIVABLE	NONE	7,138,509.
RETROSPECTIVE PREMIUM RECEIVABLE	NONE	7,032,644.
DEFERRED REINSURANCE PREMIUMS	933,750.	833,775.
PREPAID EXPENSES	11,080.	54,801.
	-----	-----
TOTALS	9,612,136.	21,137,110.
	=====	=====

SCH F, LINE 7 - OTHER INVESTMENTS		

MUTUAL FUNDS:		
AMERICAN BEACON CASH PLUS TRUST	56,111,508.	71,112,188.
S&P 500 INDEX FUND	17,987,919.	13,942,697.
	-----	-----
TOTALS	74,099,427.	85,054,885.
	=====	=====

SCH F, LINE 17 - OTHER LIABILITIES		

LOSSES PAYABLE	234,569.	2,049,334.
RESERVE FOR LOSSES AND LOSS		
ADJUSTMENT EXPENSES	NONE	7,138,509.
UNEARNED PREMIUM	933,750.	833,775.
DEPOSIT LIABILITY	67,321,931.	80,998,190.
LIABILITY UNDER LOSS PORTFOLIO		
TRANSFER AGREEMENT	3,466,078.	3,466,078.
	-----	-----
TOTALS	71,956,328.	94,485,886.
	=====	=====

FORM 5471, SCHEDULE O DETAIL

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PART II, SECTION B-U.S. PERSONS WHO ARE OFFICERS OF THE FOREIGN CORP.

(A) AND (B) NAME AND ADDRESS OF OFFICER OR DIRECTOR	(C) SOCIAL SECURITY #	(D) CHECK APPROPRIATE BOX(ES)	
		OFFICER	DIRECTOR
MR. EDWARD CHRISTIANSEN 88 EAST NEWTON STREET BOSTON, MA 02118			X
MRS. SUSAN HAYWARD DONAHUE 88 EAST NEWTON STREET BOSTON, MA 02118			X
MR. DAVID A. PASSAFARO 88 EAST NEWTON STREET BOSTON, MA 02118			X
DR. JAMES M. BECKER 88 EAST NEWTON STREET BOSTON, MA 02118			X
MR. MELVIN B. MILLER 88 EAST NEWTON STREET BOSTON, MA 02118			X
DR. THOMAS A. EINHORN 88 EAST NEWTON STREET BOSTON, MA 02118			X
DR. LINDA J. HEFFNER 88 EAST NEWTON STREET BOSTON, MA 02118			X
MR. PAUL F. DREW 88 EAST NEWTON STREET BOSTON, MA 02118			X
DAVID COLEMAN, MD 88 EAST NEWTON STREET BOSTON, MA 02118			X

Return by a U.S. Transferor of Property to a Foreign Corporation

▶ Attach to your income tax return.

Part I U.S. Transferor Information (see instructions)

Name of transferor **BOSTON MEDICAL CENTER** Identifying number (see instructions) **04-3314093**

- 1** If the transferor was a corporation, complete questions 1a, 1b, and 1c.
- a** If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c)) by 5 or fewer domestic corporations? Yes No
- b** Did the transferor remain in existence after the transfer? Yes No

If not, list the controlling shareholder(s) and their identifying number(s):

Controlling shareholder	Identifying number

- c** If the transferor was a member of an affiliated group filing a consolidated return, was it the parent corporation? Yes No
- If not, list the name and employer identification number (EIN) of the parent corporation:

Name of parent corporation	EIN of parent corporation

- 2** If the transferor was a partner in a partnership that was the actual transferor (but is not treated as such under section 367), list the name and EIN of the transferor's partnership:

Name of partnership	EIN of partnership

Part II Transferee Foreign Corporation Information (see instructions)

3 Name of transferee (foreign corporation) **BOSTON MEDICAL CENTER INSURANCE COMPANY, LTD** **4** Identifying number, if any

5 Address (including country) **FIRST CARRIBBEAN HOUSE, 10 MAIN ST
GRAND CAYMAN CAYMAN ISLANDS CJ**

6 Country of incorporation or organization

CJ

7 Foreign law characterization (see instructions)

CORPORATION

8 Is the transferee foreign corporation a controlled foreign corporation? Yes No

For Paperwork Reduction Act Notice, see page 4.

Part III Information Regarding Transfer of Property (see instructions)

9 Date of transfer VAR	10 Type of nonrecognition transaction (see instructions) SECTION 351
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11 Description of property transferred:
CASH \$15,000,000

12 Did this transfer result from a change in the classification of the transferee to that of a foreign corporation? Yes No

13 Was the transferor required to recognize income under Temporary Regulations sections 1.367(a)-4T through 1.367(a)-6T (e.g., for tainted property, depreciation recapture, branch loss recapture, etc.)? Yes No

14 a Was intangible property (within the meaning of section 936(h)(3)(B)) transferred as a result of the transaction? Yes No

b If yes, describe the nature of the rights to the intangible property that was transferred in the transfer:
