

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 2011 calendar year, or tax year beginning 10/01, 2011, and ending 09/30, 2012

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization BOSTON MEDICAL CENTER Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite 88 EAST NEWTON STREET City or town, state or country, and ZIP + 4 BOSTON, MA 02118			D Employer identification number 04-3314093
	F Name and address of principal officer: KATHLEEN E. WALSH 88 EAST NEWTON STREET BOSTON, MA 02118			E Telephone number (617) 414-1625
	I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			G Gross receipts \$ 1,022,748,343.
	J Website: ▶ WWW.BMC.ORG			H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶				L Year of formation: 1996 M State of legal domicile: MA

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: BOSTON MEDICAL CENTER'S MISSION IS TO PROVIDE CONSISTENTLY EXCELLENT AND ACCESSIBLE HEALTH SERVICES TO ALL IN NEED OF CARE REGARDLESS OF STATUS AND ABILITY TO PAY.		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	29.
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	20.
	5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	6,913.
	6	Total number of volunteers (estimate if necessary)	6	540.
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	617,183.
	b Net unrelated business taxable income from Form 990-T, line 34	7b	525,994.	
Revenue			Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)	11,421,383.	10,023,360.
	9	Program service revenue (Part VIII, line 2g)	944,950,551.	974,874,396.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	16,200,000.	33,542,000.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	4,674,796.	3,826,283.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	977,246,730.	1,022,266,039.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	19,306,772.	18,926,551.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	443,215,078.	464,959,571.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	9,576.
		b Total fundraising expenses (Part IX, column (D), line 25) ▶ 2,331,692.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	542,567,880.	519,429,341.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,005,089,730.	1,003,325,039.
Net Assets or Fund Balances			Beginning of Current Year	End of Year
	19	Revenue less expenses. Subtract line 18 from line 12	-27,843,000.	18,941,000.
	20	Total assets (Part X, line 16)	1,638,938,000.	1,772,798,000.
	21	Total liabilities (Part X, line 26)	720,441,000.	769,719,000.
22	Net assets or fund balances. Subtract line 21 from line 20	918,497,000.	1,003,079,000.	

Part II Signature Block

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

Sign Here	▶ Signature of officer	Date			
	▶ RICHARD SILVERIA Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	GWEN SPENCER				P00641463
	Firm's name ▶ PRICEWATERHOUSECOOPERS LLP	Firm's EIN ▶ 13-4008324		Phone no. 617-530-5000	
Firm's address ▶ 125 HIGH STREET BOSTON, MA 02110					

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

For Paperwork Reduction Act Notice, see the separate instructions.

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III Yes No

1 Briefly describe the organization's mission:

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

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 887,697,409. including grants of \$) (Revenue \$ 974,874,396.)
SEE SCHEDULE O.

4b (Code:) (Expenses \$ 18,396,091. including grants of \$ 18,396,091.) (Revenue \$)
BOSTON MEDICAL CENTER PROVIDES RESEARCH SUPPORT TO ORGANIZATION WITHIN THE US.

4c (Code:) (Expenses \$ 530,460. including grants of \$ 530,460.) (Revenue \$)
BOSTON MEDICAL CENTER PROVIDES RESEARCH SUPPORT TO FOREIGN ORGANIZATIONS.

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

4e Total program service expenses ▶ 906,623,960.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	X	
c Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	X	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?	X	
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i>	X	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I (see instructions)</i>	X	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	X	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	X	

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II.</i>	X	
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III.</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i>	X	
24 a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25.</i>	X	
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	X	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		X
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		X
25 a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I.</i>		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II.</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III.</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV.</i>	X	
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>	X	
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I.</i>	X	
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1.</i>	X	
35 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2.</i>	X	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI.</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

Table with columns for question number, description, and Yes/No checkboxes. Includes questions 1a through 14b regarding IRS filings and tax compliance.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response to any question in this Part VI. [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (29), 1b (20), 2, 3, 4, 5, 6, 7a, 7b, 8, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed MA,
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: JOHN C. LINDSTEDT 88 EAST NEWTON STREET BOSTON, MA 02118 617 414-1625

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
ATTACHMENT 2										
(1) JOEL M. ABRAMS TRUSTEE (UNTIL 6/30/12)	1.00	X						0	0	0
(2) KAREN ANTMAN, MD TRUSTEE	1.00	X						0	0	0
(3) JAMES M. BECKER, MD TRUSTEE (UNTIL 12/31/11)	1.00	X						0	2,494,086.	50,791.
(4) DAVID A. PASSAFARO VICE CHAIRMAN	1.00	X						0	0	0
(5) CHRISTINE M. DUNN TRUSTEE	1.00	X						0	0	0
(6) WILLIAM J. HALPIN, JR TRUSTEE	1.00	X						0	0	0
(7) EDMOND J. ENGLISH CHAIRMAN	1.00	X						0	0	0
(8) RANDI CUTLER TRUSTEE	1.00	X						0	0	0
(9) ALYCE J. LEE VICE CHAIRMAN (UNTIL 6/30/12)	1.00	X						0	0	0
(10) MARTHA S. SAMUELSON TRUSTEE	1.00	X						0	0	0
(11) JAMES O. TAYLOR, MD TRUSTEE (UNTIL 6/30/12)	1.00	X						0	0	0
(12) THOMAS ALPERIN TRUSTEE	1.00	X						0	0	0
(13) STEVEN D. LEVY TRUSTEE	1.00	X						0	0	0
(14) LISA GUSCOTT TRUSTEE	1.00	X						0	0	0

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
15) RICHARD SLIFKA TRUSTEE	1.00	X					0	0	0	
16) AZZIE YOUNG, MPA, PHD TRUSTEE	1.00	X					0	0	0	
17) BARBARA FERRER, PHD TRUSTEE	1.00	X					0	0	0	
18) DAVID COLEMAN, MD TRUSTEE	1.00	X					0	620,320.	35,036.	
19) SUSAN DONAHUE TRUSTEE	1.00	X					0	0	0	
20) JOHN T. HAILER TRUSTEE	1.00	X					0	0	0	
21) KATHLEEN E. WALSH PRESIDENT/CEO	50.00	X		X			1,284,593.	0	99,824.	
22) PAUL EGERMAN TRUSTEE	1.00	X					0	0	0	
23) PEGGY KOENIG TRUSTEE	1.00	X					0	0	0	
24) JAMES S. PHALEN TRUSTEE	1.00	X					0	0	0	
25) RONALD L. WALKER, II TRUSTEE	1.00	X					0	0	0	
1b Sub-total							0	2,494,086.	50,791.	
c Total from continuation sheets to Part VII, Section A							6,603,386.	970,450.	1,163,003.	
d Total (add lines 1b and 1c)							6,603,386.	3,464,536.	1,213,794.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶ 1216**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	X	
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 3		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **▶ 103**

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(26) MARK NUNNELLY TRUSTEE	1.00	X					0	0	0	
(27) THEA JAMES, MD TRUSTEE	1.00	X					0	262,630.	43,932.	
(28) CLAIRE PERLMAN TRUSTEE (AS OF 7/1/12)	1.00	X					0	0	0	
(29) DAVID AMENT TRUSTEE (AS OF 7/1/12)	1.00	X					0	0	0	
(30) JAMES BLUE TRUSTEE (AS OF 7/1/12)	1.00	X					0	0	0	
(31) SANDRA COTTERRELL TRUSTEE (AS OF 7/1/12)	1.00	X					0	0	0	
(32) JACK CRADOCK TRUSTEE (AS OF 7/1/12)	1.00	X					0	0	0	
(33) GERARD DOHERTY, MD TRUSTEE (AS OF 1/1/12)	1.00	X					0	87,500.	0	
(34) STEPHANIE LOVELL VP/GEN COUN/CLRK UNTL 12/12/11	50.00			X			601,349.	0	81,067.	
(35) RICHARD SILVERIA VP FIN/CFO/TREAS	50.00			X			558,895.	0	45,591.	
(36) DAVID BECK VP/GEN COUN/CLK AS OF 12/13/11	50.00			X			192,617.	0	20,808.	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 1216

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	X	
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **▶**

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(37) LISA O'CONNOR SVP NURSING	50.00				X		453,764.	0	105,146.	
(38) MEG ARANOW VP INFO TECH/CIO	50.00				X		385,963.	0	117,216.	
(39) RAVIN DAVIDOFF VP MED AFFAIRS/CMO	50.00					X	589,764.	0	154,118.	
(40) PETER HEALY VP PROFESSIONAL SERVICE	50.00					X	349,996.	0	88,142.	
(41) NORMAN STEIN VP DEVELOPMENT	50.00					X	434,003.	0	157,361.	
(42) THOMAS TRAYLOR VP OF FED, STATE, LOCAL PROG	25.00					X	660,391.	0	140,823.	
(43) TIM MANNING VP HR	50.00					X	424,795.	0	25,251.	
(44) EDWARD CHRISTIANSEN, JR VP & CRO/FORMER CLERK	50.00						X	284,071.	0	33,037.
(45) RONALD BARTLETT VP FIN/CFO/TREAS UNTIL 2/8/11	0						X	383,185.	0	15,651.
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 1216

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	X	
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **▶**

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a						
	b Membership dues	1b						
	c Fundraising events	1c	2,900,686.					
	d Related organizations	1d						
	e Government grants (contributions) . .	1e	2,116,017.					
	f All other contributions, gifts, grants, and similar amounts not included above .	1f	5,006,657.					
	g Noncash contributions included in lines 1a-1f: \$		1,198,963.					
	h Total. Add lines 1a-1f			10,023,360.				
Program Service Revenue	Business Code							
	2a PATIENT SVC REVENUE		900099	886,255,000.	886,255,000.			
	b OTHER PROGRAM REVENUE		900099	4,323,396.	4,323,396.			
	c GRANT/CONTRACT REVENUE		900099	84,296,000.	84,296,000.			
	d _____							
	e _____							
	f All other program service revenue							
	g Total. Add lines 2a-2f			974,874,396.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			16,323,000.		617,183.	15,705,817.	
	4 Income from investment of tax-exempt bond proceeds . . .			0				
	5 Royalties			0				
	6a Gross rents	(i) Real						
		(ii) Personal						
			154,086.					
		b Less: rental expenses		87,961.				
	c Rental income or (loss)		66,125.					
	d Net rental income or (loss)			66,125.			66,125.	
	7a Gross amount from sales of assets other than inventory	(i) Securities						
		(ii) Other						
			17,219,000.					
		b Less: cost or other basis and sales expenses						
	c Gain or (loss)		17,219,000.					
	d Net gain or (loss)			17,219,000.			17,219,000.	
8a Gross income from fundraising events (not including \$ 2,900,686. of contributions reported on line 1c). See Part IV, line 18	a	262,640.						
b Less: direct expenses	b	394,343.						
c Net income or (loss) from fundraising events			-131,703.			-131,703.		
9a Gross income from gaming activities. See Part IV, line 19	a							
b Less: direct expenses	b							
c Net income or (loss) from gaming activities			0					
10a Gross sales of inventory, less returns and allowances	a							
b Less: cost of goods sold	b							
c Net income or (loss) from sales of inventory			0					
Miscellaneous Revenue			Business Code					
11a CAFETERIA		722210	3,456,873.			3,456,873.		
b PARKING		812930	434,988.			434,988.		
c _____								
d All other revenue								
e Total. Add lines 11a-11d			3,891,861.					
12 Total revenue. See instructions			1,022,266,039.	974,874,396.	617,183.	36,751,100.		

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Check if Schedule O contains a response to any question in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	18,396,091.	18,396,091.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22	0			
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	530,460.	530,460.		
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	6,695,269.	5,751,156.	927,375.	16,738.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	87,133.	87,133.		
7 Other salaries and wages	358,031,079.	306,857,301.	49,494,825.	1,678,953.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	25,597,632.	21,988,061.	3,545,577.	63,994.
9 Other employee benefits	44,900,113.	38,568,662.	6,219,201.	112,250.
10 Payroll taxes	29,648,345.	25,467,575.	4,106,649.	74,121.
11 Fees for services (non-employees):				
a Management	0			
b Legal	554,683.		554,683.	
c Accounting	1,655,838.		1,655,838.	
d Lobbying	157,758.	135,852.	21,906.	
e Professional fundraising services. See Part IV, line 17	9,576.			9,576.
f Investment management fees	0			
g Other	47,528,869.	40,920,187.	6,598,385.	10,297.
12 Advertising and promotion	937,084.	804,944.	129,797.	2,343.
13 Office expenses	14,112,165.	12,126,506.	1,955,400.	30,259.
14 Information technology	3,340,790.	2,869,699.	462,739.	8,352.
15 Royalties	11,455,870.	11,455,870.		
16 Occupancy	26,745,789.	22,974,314.	3,704,611.	66,864.
17 Travel	234,912.	199,123.	32,109.	3,680.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	525,005.	448,558.	72,330.	4,117.
20 Interest	18,598,639.	15,976,009.	2,576,133.	46,497.
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	60,305,184.	51,801,434.	8,352,987.	150,763.
23 Insurance	2,469,201.	2,126,330.	342,871.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <u>PHYSICIAN SERVICES</u>	102,984,389.	102,984,389.		
b <u>DIRECT RESEARCH</u>	77,805,219.	77,805,219.		
c <u>PATIENT RELATED SUPPLIES</u>	51,543,854.	51,543,854.		
d <u>PROVISION FOR BAD DEBT</u>	30,498,592.	30,498,592.		
e All other expenses	67,975,500.	64,306,641.	3,615,971.	52,888.
25 Total functional expenses. Add lines 1 through 24e	1,003,325,039.	906,623,960.	94,369,387.	2,331,692.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)	0			

Part X Balance Sheet

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash - non-interest-bearing	76,772,000.	1	85,056,000.
	2 Savings and temporary cash investments	0	2	29,173,000.
	3 Pledges and grants receivable, net	77,442,000.	3	53,194,000.
	4 Accounts receivable, net	120,610,000.	4	130,660,000.
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	5	0
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)	0	6	0
	7 Notes and loans receivable, net	88,970,000.	7	87,505,000.
	8 Inventories for sale or use	2,807,000.	8	4,584,000.
	9 Prepaid expenses and deferred charges	6,826,000.	9	6,068,000.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1108952000.		
	b Less: accumulated depreciation	10b 683,632,000.		
		454,584,000.	10c	425,320,000.
	11 Investments - publicly traded securities	68,829,000.	11	94,471,000.
	12 Investments - other securities. See Part IV, line 11	165,860,000.	12	180,004,000.
	13 Investments - program-related. See Part IV, line 11	0	13	0
	14 Intangible assets	0	14	0
15 Other assets. See Part IV, line 11	576,238,000.	15	676,763,000.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	1,638,938,000.	16	1,772,798,000.	
Liabilities	17 Accounts payable and accrued expenses	122,399,000.	17	135,701,000.
	18 Grants payable	0	18	0
	19 Deferred revenue	19,749,000.	19	18,334,000.
	20 Tax-exempt bond liabilities	358,177,000.	20	354,132,000.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	0
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties	0	23	0
	24 Unsecured notes and loans payable to unrelated third parties	26,586,000.	24	43,482,000.
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	193,530,000.	25	218,070,000.
	26 Total liabilities. Add lines 17 through 25	720,441,000.	26	769,719,000.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	600,175,000.	27	687,623,000.
	28 Temporarily restricted net assets	301,969,000.	28	299,103,000.
	29 Permanently restricted net assets	16,353,000.	29	16,353,000.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	918,497,000.	33	1,003,079,000.	
34 Total liabilities and net assets/fund balances	1,638,938,000.	34	1,772,798,000.	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,022,266,039.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,003,325,039.
3	Revenue less expenses. Subtract line 2 from line 1	3	18,941,000.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	918,497,000.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	65,641,000.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	1,003,079,000.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
2b	Were the organization's financial statements audited by an independent accountant?	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input checked="" type="checkbox"/> Both consolidated and separate basis		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	X	
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	X	

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

OMB No. 1545-0047

2011

Open to Public Inspection

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

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)

- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.

- a Type I b Type II c Type III - Functionally integrated d Type III - Other

e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
- (ii) A family member of a person described in (i) above?
- (iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

h Provide the following information about the supported organization(s).

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

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

Schedule A (Form 990 or 990-EZ) 2011

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Table with 7 columns: (a) 2007, (b) 2008, (c) 2009, (d) 2010, (e) 2011, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2007, (b) 2008, (c) 2009, (d) 2010, (e) 2011, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 9 Net income from unrelated business activities; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities; 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 3 columns: Line number, Description, and Percentage. Rows include: 14 Public support percentage for 2011; 15 Public support percentage from 2010 Schedule A; 16a 33 1/3% support test - 2011; b 33 1/3% support test - 2010; 17a 10%-facts-and-circumstances test - 2011; b 10%-facts-and-circumstances test - 2010; 18 Private foundation.

Part III Support Schedule for Organizations Described in Section 509(a)(2)
 (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.
 If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b.						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	%

- 19a 33 1/3% support tests - 2011.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►
- b 33 1/3% support tests - 2010.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ►

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**

▶ **See separate instructions.**

2011

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

If the organization answered "Yes" to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

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

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes" to Form 990, Part IV, line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), then

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

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

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

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

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

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

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

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file **Form 1120-POL** for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
(1)	-----			
(2)	-----			
(3)	-----			
(4)	-----			
(5)	-----			
(6)	-----			

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1 a	Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b	Total lobbying expenditures to influence a legislative body (direct lobbying)														
c	Total lobbying expenditures (add lines 1a and 1b)														
d	Other exempt purpose expenditures														
e	Total exempt purpose expenditures (add lines 1c and 1d)														
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g	Grassroots nontaxable amount (enter 25% of line 1f)														
h	Subtract line 1g from line 1a. If zero or less, enter -0-														
i	Subtract line 1f from line 1c. If zero or less, enter -0-														
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
2 a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

Table with 3 main columns: (a) Yes/No, (b) Amount. Rows include: 1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation...; 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

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

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

Table with 2 columns: Question, Amount. Rows include: 1 Dues, assessments and similar amounts from members; 2 Section 162(e) nondeductible lobbying and political expenditures; 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues; 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?; 5 Taxable amount of lobbying and political expenditures (see instructions)

Part IV Supplemental Information

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

SEE PAGE 4

Part IV Supplemental Information (continued)

SCHEDULE C, PART II-B, LINE 1

BOSTON MEDICAL CENTER PAYS DUES TO NAPH, MHA, AND AHA, AND A PORTION OF THE DUES ARE ALLOCATED TO LOBBYING EFFORTS. THE PORTION OF THE DUES THAT WAS ALLOCATED TO LOBBYING EFFORTS WAS \$71,569. BMC ALSO PAID GEORGE TRAYLOR \$97,758, A LOBBYIST, TO REPRESENT THE ORGANIZATION. ADDITIONALLY, BOSTON MEDICAL CENTER PAID ROBERT WHITE ASSOCIATES \$60,000 TO REPRESENT THE ORGANIZATION.

THESE FEES WERE PAID TO THE LOBBYISTS LISTED TO ADVANCE BOSTON MEDICAL CENTER'S MISSION: "TO CONSISTENTLY PROVIDE EXCELLENT AND ACCESSIBLE HEALTH CARE SERVICES TO ALL IN NEED OF CARE, REGARDLESS OF STATUS OR ABILITY TO PAY" AS SET OUT IN CHAPTER 147 OF THE ACTS AND RESOLVES OF 1996 OF THE COMMONWEALTH OF MASSACHUSETTS.

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2011

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. See separate instructions.

Name of the organization

BOSTON MEDICAL CENTER

Employer identification number

04-3314093

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate contributions to (during year), 3 Aggregate grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

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

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) (i) and section 170(h)(4)(B)(ii)?, 9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

Table with 2 columns: \$, \$, \$, \$. Rows include: 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. 1b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1, (ii) Assets included in Form 990, Part X. 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenues included in Form 990, Part VIII, line 1, b Assets included in Form 990, Part X.

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

Schedule D (Form 990) 2011

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a Public exhibition, b Scholarly research, c Preservation for future generations, d Loan or exchange programs, e Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

b If "Yes," explain the arrangement in Part XIV and complete the following table:

Table with 2 columns: Description, Amount. Rows: 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance.

2a Did the organization include an amount on Form 990, Part X, line 21?

b If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows: 1a-1g (Beginning of year balance, Contributions, Net investment earnings, gains, and losses, Grants or scholarships, Other expenditures for facilities and programs, Administrative expenses, End of year balance).

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

- a Board designated or quasi-endowment 55.0000 %
b Permanent endowment 3.0000 %
c Temporarily restricted endowment 42.0000 %

The percentages in lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations
(ii) related organizations

Table with 2 columns: Yes, No. Rows: 3a(i), 3a(ii), 3b.

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

4 Describe in Part XIV the intended uses of the organization's endowment funds.

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

Table with 5 columns: (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows: 1a Land, b Buildings, c Leasehold improvements, d Equipment, e Other, Total.

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) DONOR RESTRICTED INVESTMENTS	180,004,000.	FMV
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	180,004,000.	

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) OTHER LT ASSETS	177,907,758.
(2) FUNDS HELD BY TRUSTEES	32,250,000.
(3) BOARD-DESIGNATED INVESTMENTS	
(4) FOR FUNDED DEPRECIATION	340,482,000.
(5) FUND HELD BY TRUSTEES UNDER	
(6) BOND INDENTURE	54,732,000.
(7) NONCURRENT NOTES RECEIVABLE	8,744,000.
(8) INVESTMENT IN OTHER VENTURES	23,971,242.
(9) INSURANCE RECOVERY RECEIVABLES	38,676,000.
(10)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	676,763,000.

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) EST SETTLEMENT W/3RD PARTY PAY	28,889,000.
(3) LT DEBT AND OBL-CAPITAL LEASE	63,256,000.
(4) OTHER LONG-TERM LIABILITIES	34,441,370.
(5) LT ADDITIONAL PENSION LIABILIT	52,807,630.
(6) PROFESSIONAL LIABILITY CLAIMS	38,676,000.
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	218,070,000.

2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	1,022,266,039.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	1,003,325,039.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	18,941,000.
4	Net unrealized gains (losses) on investments	4	36,683,000.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	28,958,000.
9	Total adjustments (net). Add lines 4 through 8	9	65,641,000.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	84,582,000.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	1059037000.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	36,683,000.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	36,683,000.
3	Subtract line 2e from line 1	3	1022354000.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	-87,961.
c	Add lines 4a and 4b	4c	-87,961.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	1022266039.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	1003413000.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	87,961.
e	Add lines 2a through 2d	2e	87,961.
3	Subtract line 2e from line 1	3	1003325039.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	1003325039.

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

SEE PAGE 5

Part XIV Supplemental Information (continued)

SCHEDULE D, PART V, LINE 4 - GENERAL ENDOWMENT

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

SCHEDULE D, PART X, LINE 2

THE ORGANIZATION'S FINANCIAL STATEMENTS DID NOT REPORT A LIABILITY FOR UNCERTAIN TAX POSITIONS UNDER FIN 48.

SCHEDULE D, PART XI, LINE 8

TRANSFER FROM BMCHP	\$ 50,000,000
CHANGE IN ASSISTANCE WITH CITY OF	
BOSTON	(\$ 18,060,000)
PENSION RELATED CHANGES OTHER THAN	
PERIODIC PENSION COSTS	(\$ 2,982,000)

TOTAL	(\$ 28,958,000)

SCHEDULE D, PART XII, LINE 4B

RENTAL EXPENSE	(\$ 87,961)
----------------	-------------

SCHEDULE D, PART XIII, LINE 2D

RENTAL EXPENSE	\$ 87,961
----------------	-----------

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2011

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization

Employer identification number

BOSTON MEDICAL CENTER

04-3314093

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) EAST ASIA AND THE PACIFIC			GRANTMAKING		118,295.
(2) NORTH AMERICA			GRANTMAKING		50,000.
(3) RUSSIA/INDEPENDENT STATES			GRANTMAKING		105,863.
(4) SUB-SAHARAN AFRICA			GRANTMAKING		207,653.
(5) CENTRAL AMERICA/CARIBBEAN			INVESTMENTS		20,452,005.
(6) NORTH AMERICA			INVESTMENTS		36,994,698.
(7) EUROPE			INVESTMENTS		658,770.
(8) SUB-SAHARAN AFRICA	2.	8.	PROGRAM SERVICES	HEALTH SVCS TRAINING	28,351.
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Sub-total	2.	8.			58,615,635.
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)	2.	8.			58,615,635.

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

Schedule F (Form 990) 2011

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000
 Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			EAST ASIA/PACIFIC	SUBAWARD	102,295.	WIRE TRANSFR			
(2)			EAST ASIA/PACIFIC	SUBAWARD	16,000.	WIRE TRANSFR			
(3)			NORTH AMERICA	SUBAWARD	50,000.	WIRE TRANSFR			
(4)			RUSSIA	SUBAWARD	105,863.	WIRE TRANSFR			
(5)			SUB-SAHARAN AFRICA	SUBAWARD	34,649.	WIRE TRANSFR			
(6)			SUB-SAHARAN AFRICA	OPER SUPPORT	28,351.	WIRE TRANSFR			
(7)			SUB-SAHARAN AFRICA	SUBAWARD	173,004.	WIRE TRANSFR			
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter _____

3 Enter total number of other organizations or entities _____

7.

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926).* Yes No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A).* Yes No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations. (see Instructions for Form 5471).* Yes No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)* Yes No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships. (see Instructions for Form 8865).* Yes No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713)* Yes No

Part V Supplemental Information

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

SCHEDULE F, PART I, LINE 2

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

SCHEDULE F, PART II, LINE 1

FOREIGN EXPENDITURES ARE SEPARATELY IDENTIFIED ON THE ORGANIZATION'S GENERAL LEDGER.

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

**Supplemental Information Regarding
Fundraising or Gaming Activities**

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

2011

**Open to Public
Inspection**

Name of the organization

BOSTON MEDICAL CENTER

Employer identification number

04-3314093

Part I

Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations
- b Internet and email solicitations
- c Phone solicitations
- d In-person solicitations
- e Solicitation of non-government grants
- f Solicitation of government grants
- g Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1 OPEN HEARTS, INC.	CATWALK FOR CANCER CARE	X		63,837.	9,576.	54,262.
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total				63,837.	9,576.	54,262.

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

ME, MA,

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total events
		GALA (event type)	FOOD FOR THOUGH (event type)	3. (total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	2,193,064.	764,150.	206,112.	3,163,326.
	2 Less: Charitable contributions	1,981,820.	744,550.	174,316.	2,900,686.
	3 Gross income (line 1 minus line 2)	211,244.	19,600.	31,796.	262,640.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	20,000.		61,133.	81,133.
	7 Food and beverages	138,997.	39,958.		178,955.
	8 Entertainment	52,356.	14,362.		66,718.
	9 Other direct expenses	67,537.			67,537.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				(394,343.)
	11 Net income summary. Combine line 3, column (d), and line 10				-131,703.

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

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

9 Enter the state(s) in which the organization operates gaming activities: _____

a Is the organization licensed to operate gaming activities in each of these states? Yes No

b If "No," explain: _____

10 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," explain: _____

- 11 Does the organization operate gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity operated in:

a The organization's facility	13a	%
b An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.
- c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

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

Part IV Supplemental Information. Complete this part to provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

**SCHEDULE H
(Form 990)**

Hospitals

OMB No. 1545-0047

2011

Open to Public Inspection

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, question 20.**
▶ **Attach to Form 990. ▶ See separate instructions.**

Department of the Treasury
Internal Revenue Service

Name of the organization

BOSTON MEDICAL CENTER

Employer identification number

04-3314093

Part I Financial Assistance and Certain Other Community Benefits at Cost

	Yes	No
1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	X	
b If "Yes," was it a written policy?	X	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.		
a Did the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ %	X	
b Did the organization use FPG to determine eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input type="checkbox"/> Other _____ %		X
c If the organization did not use FPG to determine eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, to determine eligibility for free or discounted care.		
4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	X	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	X	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	X	
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?		X
6a Did the organization prepare a community benefit report during the tax year?		X
b If "Yes," did the organization make it available to the public?		

Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.

7 Financial Assistance and Certain Other Community Benefits at Cost						
Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)		79072	97,023,736.	65,279,801.	31,743,935.	3.26
b Medicaid (from Worksheet 3, column a)		296450	327,408,647.	271,278,578.	56,130,069.	5.77
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs		375522	424,432,383.	336,558,379.	87,874,004.	9.03
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			16,840,593.	5,083,819.	11,756,774.	1.21
f Health professions education (from Worksheet 5)			55,988,484.	13,276,828.	42,711,656.	4.39
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)	674		93,716,962.	93,716,962.		
i Cash and in-kind contributions for community benefit (from Worksheet 8)			81,657.		81,657.	.01
j Total. Other Benefits	674		166,627,696.	112,077,609.	54,550,087.	5.61
k Total. Add lines 7d and 7j.	674	375522	591,060,079.	448,635,988.	142,424,091.	14.64

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

Schedule H (Form 990) 2011

Part II Community Building Activities Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing			74,012.		74,012.	.01
2 Economic development			15,930,000.		15,930,000.	1.64
3 Community support			788,092.		788,092.	.08
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy			7,668,322.	6,989,217.	679,105.	.07
8 Workforce development			562,320.		562,320.	.06
9 Other			708,384.		708,384.	.07
10 Total			25,731,130.	6,989,217.	18,741,913.	1.93

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

- Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?
- Enter the amount of the organization's bad debt expense
- Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy
- Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense. In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, and rationale for including a portion of bad debt amounts as community benefit.

	Yes	No
1	X	
2		
3		
5		
6		
7		
9a	X	
9b		X

Section B. Medicare

- Enter total revenue received from Medicare (including DSH and IME)
- Enter Medicare allowable costs of care relating to payments on line 5
- Subtract line 6 from line 5. This is the surplus (or shortfall)
- Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used:

Cost accounting system Cost to charge ratio Other

Section C. Collection Practices

- Did the organization have a written debt collection policy during the tax year?
- If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI

Part IV Management Companies and Joint Ventures (see instructions)

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

Part V Facility Information (continued)

Section B. Facility Policies and Practices

(Complete a separate Section B for each of the hospital facilities listed in Part V, Section A)

Name of Hospital Facility: BOSTON MEDICAL CENTER

Line Number of Hospital Facility (from Schedule H, Part V, Section A): 1

		Yes	No
Community Health Needs Assessment (Lines 1 through 7 are optional for tax year 2011)			
1	During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment (Needs Assessment)? If "No," skip to line 8 If "Yes," indicate what the Needs Assessment describes (check all that apply):	1	
a	<input type="checkbox"/> A definition of the community served by the hospital facility		
b	<input type="checkbox"/> Demographics of the community		
c	<input type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	<input type="checkbox"/> How data was obtained		
e	<input type="checkbox"/> The health needs of the community		
f	<input type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j	<input type="checkbox"/> Other (describe in Part VI)		
2	Indicate the tax year the hospital facility last conducted a Needs Assessment: 20 <u> </u> <u> </u>		
3	In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3	
4	Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	4	
5	Did the hospital facility make its Needs Assessment widely available to the public? If "Yes," indicate how the Needs Assessment was made widely available (check all that apply):	5	
a	<input type="checkbox"/> Hospital facility's website		
b	<input type="checkbox"/> Available upon request from the hospital facility		
c	<input type="checkbox"/> Other (describe in Part VI)		
6	If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply):		
a	<input type="checkbox"/> Adoption of an implementation strategy to address the health needs of the hospital facility's community		
b	<input type="checkbox"/> Execution of the implementation strategy		
c	<input type="checkbox"/> Participation in the development of a community-wide community benefit plan		
d	<input type="checkbox"/> Participation in the execution of a community-wide community benefit plan		
e	<input type="checkbox"/> Inclusion of a community benefit section in operational plans		
f	<input type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the Needs Assessment		
g	<input type="checkbox"/> Prioritization of health needs in its community		
h	<input type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community		
i	<input type="checkbox"/> Other (describe in Part VI)		
7	Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs	7	
Financial Assistance Policy			
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
8	Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8	X
9	Used federal poverty guidelines (FPG) to determine eligibility for providing free care? If "Yes," indicate the FPG family income limit for eligibility for free care: <u> </u> <u> </u> <u> </u> % If "No," explain in Part VI the criteria the hospital facility used.	9	X

Part V Facility Information (continued) BOSTON MEDICAL CENTER

	Yes	No
10 Used FPG to determine eligibility for providing <i>discounted care</i> ? If "Yes," indicate the FPG family income limit for eligibility for discounted care: _ _ _ % If "No," explain in Part VI the criteria the hospital facility used.		X
11 Explained the basis for calculating amounts charged to patients? If "Yes," indicate the factors used in determining such amounts (check all that apply):	X	
a <input type="checkbox"/> Income level		
b <input type="checkbox"/> Asset level		
c <input type="checkbox"/> Medical indigency		
d <input type="checkbox"/> Insurance status		
e <input checked="" type="checkbox"/> Uninsured discount		
f <input type="checkbox"/> Medicaid/Medicare		
g <input type="checkbox"/> State regulation		
h <input checked="" type="checkbox"/> Other (describe in Part VI)		
12 Explained the method for applying for financial assistance?	X	
13 Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply):	X	
a <input type="checkbox"/> The policy was posted on the hospital facility's website		
b <input checked="" type="checkbox"/> The policy was attached to billing invoices		
c <input checked="" type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms		
d <input checked="" type="checkbox"/> The policy was posted in the hospital facility's admissions offices		
e <input type="checkbox"/> The policy was provided, in writing, to patients on admission to the hospital facility		
f <input checked="" type="checkbox"/> The policy was available on request		
g <input type="checkbox"/> Other (describe in Part VI)		

Billing and Collections

14 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?	X	
15 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP:		
a <input type="checkbox"/> Reporting to credit agency		
b <input type="checkbox"/> Lawsuits		
c <input type="checkbox"/> Liens on residences		
d <input type="checkbox"/> Body attachments		
e <input type="checkbox"/> Other similar actions (describe in Part VI)		
16 Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged:		X
a <input type="checkbox"/> Reporting to credit agency		
b <input type="checkbox"/> Lawsuits		
c <input type="checkbox"/> Liens on residences		
d <input type="checkbox"/> Body attachments		
e <input type="checkbox"/> Other similar actions (describe in Part VI)		
17 Indicate which efforts the hospital facility made before initiating any of the actions checked in line 16 (check all that apply):		
a <input type="checkbox"/> Notified patients of the financial assistance policy on admission		
b <input type="checkbox"/> Notified patients of the financial assistance policy prior to discharge		
c <input type="checkbox"/> Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills		
d <input type="checkbox"/> Documented its determination of whether patients were eligible for financial assistance under the hospital facility's financial assistance policy		
e <input type="checkbox"/> Other (describe in Part VI)		

Part V Facility Information (continued) BOSTON MEDICAL CENTER

Policy Relating to Emergency Medical Care

		Yes	No
18	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	X	
If "No," indicate why:			
a	<input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
b	<input type="checkbox"/> The hospital facility's policy was not in writing		
c	<input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)		
d	<input type="checkbox"/> Other (describe in Part VI)		

Individuals Eligible for Financial Assistance

19	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.		
a	<input type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged		
b	<input type="checkbox"/> The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged		
c	<input type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged		
d	<input checked="" type="checkbox"/> Other (describe in Part VI)		
20	Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care?		X
If "Yes," explain in Part VI.			
21	Did the hospital facility charge any of its FAP-eligible patients an amount equal to the gross charge for any service provided to that patient?		X
If "Yes," explain in Part VI.			

Part V Facility Information (continued)

Section C. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? 2

Name and address	Type of Facility (describe)
1 MARGARET M. SHEA RN ADULT HEALTH PROGRAM 229 RIVER STREET MATTAPAN MA 02126	ADULT DAYCARE
2 SUPPORTING PARENTS & RESILIENT KIDS CTR 255 RIVER STREET MATTAPAN MA 02126	THERAPEUTIC CENTER
3	
4	
5	
6	
7	
8	
9	
10	

Part VI Supplemental Information

Complete this part to provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 9, 10, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospitals facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

INTRODUCTION

THE STATUTE THAT CREATED BOSTON MEDICAL CENTER (BMC) REQUIRES IT TO SERVE ALL POPULATIONS. BMC IS A PRIVATE, NOT-FOR-PROFIT, 496-LICENSED BED, URBAN ACADEMIC MEDICAL CENTER WHICH EMPHASIZES COMMUNITY-BASED, ACCESSIBLE CARE AND THE MISSION TO PROVIDE CONSISTENTLY ACCESSIBLE HEALTH SERVICES TO ALL IN NEED OF CARE REGARDLESS OF STATUS AND ABILITY TO PAY. BMC IS THE LARGEST SAFETY NET HOSPITAL IN NEW ENGLAND AND PROVIDES A FULL SPECTRUM OF PEDIATRIC AND ADULT CARE SERVICES FROM PRIMARY TO FAMILY MEDICINE TO ADVANCED SPECIALTY CARE.

APPROXIMATELY 73% OF OUR PATIENT VISITS COME FROM UNDERSERVED POPULATIONS, THE LOW-INCOME AND ELDERLY, WHO RELY ON GOVERNMENT PAYORS SUCH AS MEDICAID, THE HEALTH SAFETY NET AND MEDICARE FOR THEIR COVERAGE, AND 30 PERCENT DO NOT SPEAK ENGLISH AS A PRIMARY LANGUAGE. TO ADDRESS THE HEALTH NEEDS OF ITS DIVERSE PATIENT POPULATION, BMC PROVIDES A WIDE RANGE OF SERVICES BEYOND THE TRADITIONAL MEDICAL MODEL. THESE PROGRAMS, INCLUDING BUT NOT LIMITED TO PATIENT NAVIGATION, INTERPRETER SERVICES, AND A FOOD PANTRY, HELP REDUCE BARRIERS TO ACCESSING HEALTH SERVICES AND

Part VI Supplemental Information

Complete this part to provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 9, 10, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospitals facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

ELIMINATE DISPARITIES IN HEALTH CARE AMONG THE VARIOUS POPULATIONS BMC
SERVES.

WITH MORE THAN 26,132 ADMISSIONS AND 858,980 PATIENT VISITS IN FY12, BMC
PROVIDES A COMPREHENSIVE RANGE OF INPATIENT, CLINICAL AND DIAGNOSTIC
SERVICES IN MORE THAN 70 AREAS OF MEDICAL SPECIALTIES AND SUBSPECIALTIES.
THE LARGEST 24-HOUR LEVEL I TRAUMA CENTER IN NEW ENGLAND, BMC'S EMERGENCY
DEPARTMENT HAD 129,714 VISITS IN FY12.

BMC SERVES THE URBAN COMMUNITY OF GREATER BOSTON. THE MAJORITY OF THE
COMMUNITIES THAT BMC SERVES ARE BOSTON CENSUS TRACTS THAT ARE
FEDERALLY-DESIGNATED MEDICALLY UNDERSERVED AREAS/POPULATIONS. BMC'S
SERVICE COMMUNITIES REPRESENT MORE THAN 50% OF THE 180 SUCH DESIGNATED
TRACTS IN SUFFOLK COUNTY (COMPRISING 17 NEIGHBORHOODS WITHIN AND
SURROUNDING BOSTON). ALTHOUGH MASSACHUSETTS' UNIVERSAL CARE ENABLES
INDIVIDUALS TO SEEK CARE AT ANY HOSPITAL, BMC REMAINS THE LARGEST SAFETY
NET PROVIDER IN BOSTON AND NEW ENGLAND. THE IMPLEMENTATION OF UNIVERSAL
CARE DID NOT REDUCE THE REAL NUMBER OR PERCENT OF UNDERSERVED COMMUNITIES

Part VI Supplemental Information

Complete this part to provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 9, 10, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospitals facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

SERVED BY BMC. IN 2010, AN ESTIMATED 23%* OF BOSTON RESIDENTS HAD INCOMES BELOW THE FEDERAL POVERTY LEVEL WHILE NEARLY HALF OF BMC'S PATIENTS HAVE INCOMES BELOW THE FEDERAL POVERTY LEVEL. * U.S. CENSUS BUREAU, 2010 AMERICAN COMMUNITY SURVEY.

ACCORDING TO THE 2011 MASSACHUSETTS HEALTH INSURANCE SURVEY (WHICH INCLUDES DATA FROM 2008-2011), AN ESTIMATE OF 3.1% OF RESIDENTS WERE UNINSURED AND CLOSE TO 97% OF MASSACHUSETTS RESIDENTS HAD COVERAGE DURING THE SURVEY. THE COMPOSITION OF THE LATTER IS: 17.7% MEDICAID; 61.8% EMPLOYER SPONSORED INSURANCE; AND 17.4% PUBLIC OR OTHER INSURANCE. OF BMC'S PATIENTS, NEARLY 9.2% ARE UNINSURED, AND COVERAGE RATES FOR PRIMARY INSURANCE WERE APPROXIMATELY: 35.6% MEDICAID; 31.2% PRIVATE OR OTHER INSURANCE (EMPLOYER SPONSORED AND OTHER); AND 24% PUBLIC.

Part VI Supplemental Information

Complete this part to provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 9, 10, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospitals facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

LINE 1: REQUIRED DESCRIPTIONS

PART I, LINE 3C

ORGANIZATION OFFERS A DISCOUNT FROM CHARGES REGARDLESS OF INCOME OR ASSETS. THE DISCOUNT IS EQUAL TO THE UNCOMPENSATED CARE COST TO CHARGE RATIO.

PART I, LINE 7

FOR THE CALCULATION OF COSTS OF CHARITY CARE (LINE 7A) & MEDICAID COST (LINE 7B) AN OVERALL COST TO CHARGE RATIO WAS USED. A COST TO CHARGE RATIO IS DETERMINED BY DIVIDING THE TOTAL CHARGES FOR ALL SERVICES INTO THE TOTAL COST OF PROVIDING THE SERVICES. THE RESULTING RATIO IS KNOWN AS A COST TO CHARGE RATIO. THE RATIO IS MULTIPLIED BY THE CHARGES FOR CHARITY CARE & MEDICAID TO OBTAIN THEIR RESPECTIVE COSTS.

FOR THE CALCULATION OF COMMUNITY HEALTH IMPROVEMENT SERVICES(LINE 7E) DISCRETE COSTING WAS USED. FOR THE CALCULATION OF HEALTH PROFESSIONS EDUCATION COST (LINE 7F) THE CENTERS FOR MEDICARE & MEDICAID (CMS) COST ALLOCATION METHODOLOGY PER CMS FORM 2552 WAS USED. CMS FORM 2552 IS A

Part VI Supplemental Information

Complete this part to provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 9, 10, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospitals facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

REQUIRED ANNUAL FILING TO THE FEDERAL GOVERNMENT.

PART I, LINE 7, COLUMN F

THE AMOUNT OF BAD DEBT SUBTRACTED FOR PURPOSES OF CALCULATING THE PERCENTAGE WAS \$30,498,592.

PART II

BMC CONTRIBUTES TO THE COMMUNITY THROUGH ITS PAYMENT OF LINKAGE FEES TO THE CITY OF BOSTON, WHICH FUND PROGRAMS FOR AFFORDABLE HOUSING AND NEIGHBORHOOD HEALTH CARE. BMC ALSO PROVIDES SUBSIDIES TO BOSTON HEALTHNET, WHICH SUPPORTS COMMUNITY-BASED SERVICES.

PHYSICIAN IMPROVEMENTS AND HOUSING: ACCORDING TO THE DEVELOPMENT IMPACT PROJECT AGREEMENT FOR MOAKLEY MEDICAL SERVICES BUILDING PROJECT BETWEEN BOSTON MEDICAL CENTER AND THE BOSTON REDEVELOPMENT AUTHORITY IN 2005, BMC AGREES TO PAY SEVEN EQUAL ANNUAL LINKAGE FEES ENDING IN 2012 OF \$74,012 TO THE NEIGHBORHOOD HOUSING TRUST TOTALING \$518,000.

Part VI Supplemental Information

Complete this part to provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 9, 10, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospitals facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

BOSTON MEDICAL CENTER HAS AGREEMENTS WITH BOSTON ALLIANCE FOR COMMUNITY HEALTH. ACCORDING TO THE VARIOUS AGREEMENTS, BMC HAS AGREED TO PAY LINKAGE FEES OF \$29,350 FOR FIVE YEARS ENDING IN FISCAL YEAR 2013 TOTALING TO \$146,750; \$17,542 FOR FIVE YEARS ENDING IN 2013 TOTALING TO \$87,710; AND \$16,700 AND \$4,500 IN FISCAL YEAR 2012.

MATTAPAN COMMUNITY HEALTH CENTER, AN AFFILIATE OF BOSTON MEDICAL CENTER, RECEIVED A TOTAL OF \$8,200,000 FROM BOSTON MEDICAL CENTER DURING 2009 AND 2010 IN THE FORM OF A LOAN THAT WAS ORIGINATED EFFECTIVE SEPTEMBER 30, 2010. COMMENCING NOVEMBER 1, 2011, BOSTON MEDICAL CENTER SHALL FORGIVE TEN PERCENT OF THE ORIGINAL PRINCIPAL AMOUNT OF THE NOTE EACH YEAR, WITH THE RESULT THAT THE ENTIRE LOAN OUTSTANDING SHALL BE FORGIVEN IN TEN YEARS. THE FISCAL YEAR 2012 EXPENSE RELATED TO THE FORGIVENESS OF THIS LOAN WAS \$720,000.

CAPITAL INVESTMENTS IN BOSTON HEALTHNET: 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

Part VI Supplemental Information

Complete this part to provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 9, 10, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospitals facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

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 APPROXIMATELY \$16 MILLION IN OPERATING SUPPORT TO THE BOSTON HEALTHNET HEALTH CENTERS EACH YEAR. OTHER NET SUBSIDIES INCLUDE MOSTLY ECONOMIC DEVELOPMENT, COMMUNITY HEALTH IMPROVEMENT AND WORKFORCE DEVELOPMENT SUCH AS PROVIDING FREE SHUTTLE SERVICES FOR PATIENTS, PAYMENT FOR PHYSICIAN SERVICES UNDER CONTRACT AND JOINT HIRES OF PHYSICIANS.

PART III, LINE 3

THE ORGANIZATION ESTIMATED \$0 OF THE ORGANIZATION'S BAD DEBT EXPENSE (AT COST) AS ATTRIBUTABLE TO PATIENTS ELIGIBLE UNDER THE ORGANIZATION'S CHARITY CARE POLICY DUE TO THE MANNER IN WHICH THE DETAIL OF THE BAD DEBT

Part VI Supplemental Information

Complete this part to provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 9, 10, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospitals facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

EXPENSE IS PROCESSED IN ITS SYSTEM.

PART III, LINE 4

THERE IS NO FOOTNOTE IN THE AUDITED FINANCIAL STATEMENTS. BAD DEBT EXPENSE IS EQUAL TO THE CHANGE IN THE ACCOUNT RECEIVABLE RESERVE FOR UNCOLLECTIBLE ACCOUNTS. THE AMOUNT OF THE ACCOUNT RECEIVABLE RESERVE CONSIDERS THE ACCOUNT'S AGE AND PAYOR SOURCE WHEN DETERMINING THE LIKELIHOOD OF PAYMENT. THE RATE OF COST TO CHARGES (RCC) METHODOLOGY WAS USED FOR DETERMINING BAD DEBT EXPENSE DUE TO THE LACK OF A COST ACCOUNTING SYSTEM. THE HOSPITAL'S OPERATING LOSS HAS BEEN INCLUDED AS A COMMUNITY BENEFIT. THIS IS DUE TO THE HOSPITAL'S UNIQUE PROGRAMS AND DIVERSE AND UNDERSERVED PATIENT POPULATION.

PART III, LINE 8

MEDICARE ALLOWABLE COSTS OF \$164,307,874 WERE CALCULATED USING THE CMS FORM 2552 METHODOLOGY OF DETERMINING MEDICARE COSTS. THIS UTILIZES THE STEP DOWN METHOD OF DETERMINING FULLY ALLOCATED COSTS BY DISTINCT CLINICAL COST CENTERS AS DEFINED BY CMS. THESE FULLY ALLOCATED COSTS ARE

Part VI Supplemental Information

Complete this part to provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 9, 10, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospitals facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

APPLIED AGAINST TOTAL CHARGES TO CALCULATE A RATIO OF COST TO CHARGES (RCC). THE RCC IS APPLIED TO MEDICARE CHARGES BY DISTINCT CLINICAL COST CENTERS TO DETERMINE THE MEDICARE COSTS.

PART V, SECTION A

BOSTON MEDICAL CENTER ALSO OPERATES THE FOLLOWING OUTPATIENT CENTERS, WHICH ARE UNDER THE HOSPITAL'S LICENSE:

CODMAN SQUARE HEALTH CENTER

CHARLESTOWN HS STUDENT HEALTH CENTER

BRIGHTON HIGH SCHOOL STUDENT HEALTH CENTER

BOSTON MEDICAL CENTER RADIOLOGY AT RYAN CENTER BOSTON UNIVERSITY

EAST BOSTON NEIGHBORHOOD HEALTH CENTER (10 GROVE ST.)

EAST BOSTON NEIGHBORHOOD HEALTH CENTER (20 MAVERICK SQ.)

DORCHESTER HOUSE MULTI-SERVICE CENTER

MADISON PARK HS STUDENT HEALTH CENTER

JEREMIAH E. BURKE STUDENT HEALTH CENTER

GREATER ROSLINDALE MEDICAL & DENTAL

Part VI Supplemental Information

Complete this part to provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 9, 10, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospitals facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

LATIN ACADEMY STUDENT HEALTH CENTER

TECHBOSTON ACADEMY SCHOOL HEALTH CENTER

HARBOR SCHOOL

BOSTON MEDICAL CENTER RADIOLOGY AT WHITTIER HEALTH CENTER

BOSTON MEDICAL CENTER RADIOLOGY AT UPHAM'S CORNER HEALTH CENTER

BOSTON MEDICAL CENTER RADIOLOGY AT MATTAPAN COMM. HEALTH CTR. - AS OF

11/9/12

JOHN D. O'BRYANT STUDENT HEALTH CENTER

MURIEL SNOWDEN INTERNATIONAL HS HEALTH CENTER

BOSTON MEDICAL CENTER SCHOOL BASED CENTER AT BOSTON COMMUNITY LEADERSHIP

ACADEMY

ELDER SERVICE PLAN DISPENSING PHARMACY

SOUTH BOSTON COMMUNITY HEALTH CENTER (386 WEST BROADWAY)

SOUTH BOSTON COMMUNITY HEALTH CENTER (409 WEST BROADWAY)

PART V, SECTION B, LINE 11H

PATIENTS ARE CHARGED AT THE SAME LEVELS AS INSURERS ARE CHARGED; HOWEVER,

THEY ARE OFFERED A PROMPT-PAY DISCOUNT OF 40% (REGARDLESS OF INCOME

Part VI Supplemental Information

Complete this part to provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 9, 10, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospitals facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

LEVEL, ETC.) IF THE PAYMENTS ARE MADE WITHIN THE FIRST 30 DAYS FROM SERVICE.

PART V, SECTION B, LINE 19D

BY THE DEFINITION OF OUR FINANCIAL ASSISTANCE POLICY (FAP), PATIENTS WHO QUALIFY FOR THE FAP HAVE APPLIED FOR ONE OF THE COMMONWEALTH'S FINANCIAL ASSISTANCE PROGRAMS (COMMONWEALTH CARE, MEDICAID, OR HEALTH SAFETY NET) OR HAVE BEEN RENDERED URGENT/EMERGENT SERVICES. IN THOSE INSTANCES, PATIENTS ARE VIEWED AS UNABLE TO PAY FOR THESE CHARGES AND THE HOSPITAL SUBMITS THE CHARGE FOR REIMBURSEMENT FROM THE HEALTH SAFETY NET.

LINE 2: NEEDS ASSESSMENT

BMC'S ASSESSMENT OF THE HEALTH CARE NEEDS OF THE COMMUNITIES IT SERVES IS BASED ON DEMONSTRATED NEED. THE MEDICAL LEGAL PARTNERSHIP I BOSTON (MLP) IS ONE OF MANY EXAMPLES OF HOW DEMONSTRATED NEED INFORMS BMC (BMC) COMMUNITY HEALTH IMPROVEMENT ACTIVITIES AND SERVICES.

IN 1993, CLINICIANS WITHIN THE DEPARTMENT OF PEDIATRICS UNDERSTOOD THAT

Part VI Supplemental Information

Complete this part to provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 9, 10, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospitals facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

NUTRITION AND HOME ENERGY WERE ROOT CAUSES OF POOR HEALTH AND DEVELOPMENT AMONG THEIR PREDOMINANTLY LOW-INCOME PEDIATRIC PATIENTS. IN RESPONSE, MLP INITIATED THE "ENERGY CLINIC" IN 2006 TO PROVIDE TARGETED ADVOCACY AROUND ISSUES OF NUTRITION AND HOME ENERGY.

TODAY, MLP 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 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. THE NATIONAL MLP NETWORK NOW EXTENDS TO MORE THAN 80 SITES ACROSS THE COUNTRY, SPANNING BOTH URBAN AND RURAL COMMUNITIES.

Part VI Supplemental Information

Complete this part to provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 9, 10, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospitals facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

LINE 3: PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE

FOR THOSE PATIENTS WHO ARE UNINSURED OR UNDERINSURED, BMC WILL ASSIST THEM IN APPLYING FOR AVAILABLE FINANCIAL ASSISTANCE PROGRAMS THAT MAY COVER SOME OR ALL OF THEIR UNPAID HOSPITAL BILLS. IN ORDER TO HELP UNINSURED AND UNDERINSURED PATIENTS FIND AVAILABLE AND APPROPRIATE FINANCIAL ASSISTANCE PROGRAMS, THE HOSPITAL WILL PROVIDE ALL PATIENTS WITH A GENERAL NOTICE OF THE AVAILABILITY OF PROGRAMS IN BOTH THE BILLS THAT ARE SENT TO PATIENTS AS WELL AS IN GENERAL NOTICES THAT ARE POSTED THROUGHOUT THE HOSPITAL.

THE GOAL OF THESE NOTICES IS TO ASSIST PATIENTS IN APPLYING FOR COVERAGE WITHIN A FINANCIAL ASSISTANCE PROGRAM, SUCH AS MASSHEALTH, COMMONWEALTH CARE, CHILDREN'S MEDICAL SECURITY PLAN, HEALTHY START, HEALTH SAFETY NET, OR MEDICAL HARDSHIP THROUGH THE HEALTH SAFETY NET. THE HOSPITAL WILL PROVIDE, UPON REQUEST, SPECIFIC INFORMATION ABOUT THE ELIGIBILITY PROCESS TO BE A LOW INCOME PATIENT UNDER EITHER THE MASSACHUSETTS HEALTH SAFETY NET PROGRAM OR ADDITIONAL ASSISTANCE FOR PATIENTS WHO ARE LOW INCOME THROUGH THE HOSPITAL'S OWN INTERNAL FINANCIAL ASSISTANCE PROGRAM. THE

Part VI Supplemental Information

Complete this part to provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 9, 10, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospitals facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

HOSPITAL WILL ALSO NOTIFY THE PATIENT ABOUT AVAILABLE PAYMENT PLANS THAT MAY BE AVAILABLE TO THEM BASED ON THEIR FAMILY'S SIZE AND INCOME.

THE HOSPITAL WILL TRY TO IDENTIFY AVAILABLE COVERAGE OPTIONS FOR PATIENTS WHO MAY BE UNINSURED OR UNDERINSURED WITH THEIR CURRENT INSURANCE PROGRAM WHEN THE PATIENT IS SCHEDULING THEIR SERVICES, WHILE THE PATIENT IS IN THE HOSPITAL, UPON DISCHARGE, AND FOR A REASONABLE TIME FOLLOWING DISCHARGE FROM THE HOSPITAL. THE HOSPITAL REGISTRATION AND ADMISSIONS STAFF WILL DIRECT ALL PATIENTS SEEKING AVAILABLE COVERAGE OPTIONS OR FINANCIAL ASSISTANCE, TO THE HOSPITAL'S PATIENT FINANCIAL COUNSELING OFFICE TO DETERMINE IF THEY ARE ELIGIBLE AND THEN TO SCREEN FOR ELIGIBILITY IN AN APPROPRIATE COVERAGE OPTION. THE HOSPITAL WILL THEN ASSIST THE PATIENT IN APPLYING FOR THE APPROPRIATE COVERAGE OPTIONS THAT ARE AVAILABLE OR NOTIFY THEM OF THE AVAILABILITY OF FINANCIAL ASSISTANCE THROUGH THE HOSPITAL'S OWN INTERNAL FINANCIAL ASSISTANCE PROGRAM.

THE HOSPITAL WILL ALSO PROVIDE INFORMATION ON HOW TO CONTACT THE APPROPRIATE STAFF WITHIN THE HOSPITAL'S PATIENT FINANCIAL SERVICES

Part VI Supplemental Information

Complete this part to provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 9, 10, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospitals facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

DEPARTMENT (PFS) TO VERIFY THE ACCURACY OF THE HOSPITAL BILL OR TO DISPUTE CERTAIN CHARGES.

THE HOSPITAL WILL POST A NOTICE (SIGNS) OF AVAILABILITY OF FINANCIAL ASSISTANCE AS OUTLINED IN THIS CREDIT AND COLLECTION POLICY IN THE FOLLOWING LOCATIONS:

- I. INPATIENT, CLINIC, AND EMERGENCY DEPARTMENT AND/OR WAITING AREAS;
- II. PATIENT FINANCIAL COUNSELOR AREAS;
- III. CENTRAL ADMISSION/REGISTRATION AREAS; AND/OR
- IV. BUSINESS OFFICE AREAS THAT IS OPEN TO PATIENTS.

POSTED SIGNS WILL BE CLEARLY VISIBLE AND LEGIBLE TO PATIENTS VISITING THESE AREAS. THE HOSPITAL WILL ALSO INCLUDE A NOTICE ABOUT THE AVAILABILITY OF FINANCIAL ASSISTANCE IN ALL INITIAL BILLS.

WHEN THE PATIENT CONTACTS THE HOSPITAL, THE HOSPITAL PFS STAFF WILL NOTIFY THE PATIENT IF THEY MAY QUALIFY FOR A PAYMENT PLAN. A PATIENT WHO IS ENROLLED IN A PUBLIC FINANCIAL ASSISTANCE PROGRAM (E.G., MASSHEALTH,

Part VI Supplemental Information

Complete this part to provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 9, 10, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospitals facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

HEALTH SAFETY NET, OR FOR MEDICAL HARDSHIP) MAY QUALIFY FOR CERTAIN PLANS. PATIENTS MAY ALSO QUALIFY FOR ADDITIONAL ASSISTANCE BASED ON THE HOSPITAL'S OWN INTERNAL CRITERIA FOR FINANCIAL ASSISTANCE.

FOR CASES WHERE THE HOSPITAL IS USING THE VIRTUAL GATEWAY (STATE'S PORTAL) APPLICATION, THE HOSPITAL WILL ASSIST THE PATIENT IN COMPLETING THE APPLICATION FOR MASSHEALTH, COMMONWEALTH CARE, CHILDREN'S MEDICAL SECURITY PLAN, HEALTHY START, HEALTH SAFETY NET, OR OTHER FORMS OF FINANCIAL ASSISTANCE PROGRAMS AS THEY BECOME PART OF THE VIRTUAL GATEWAY PROGRAM.

ALL SIGNS AND NOTICES SHALL BE TRANSLATED INTO LANGUAGES OTHER THAN ENGLISH IF SUCH LANGUAGE IS SPOKEN BY 10% OR MORE OF THE POPULATION RESIDING IN THE HOSPITAL SERVICE AREA. CURRENTLY, THE HOSPITAL TRANSLATES THE NOTICES INTO THE FOLLOWING LANGUAGES:

- ENGLISH
- PORTUGUESE
- SPANISH

Part VI Supplemental Information

Complete this part to provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 9, 10, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospitals facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

• HAITIAN CREOLE

LINE 4: COMMUNITY INFORMATION

SEE INTRODUCTION.

LINE 5: PROMOTION OF COMMUNITY HEALTH

SPECIAL SUPPORT FOR CHILDREN AND FAMILIES:

CHILD LIFE PROGRAM (CLP): THE CLP HELPS CHILDREN AND FAMILIES MANAGE THE STRESSES ASSOCIATED WITH HOSPITALIZATION AND ILLNESS. THE CHILD LIFE TEAM IS TRAINED TO HELP CHILDREN AND FAMILIES UNDERSTAND THE HOSPITAL EXPERIENCE AND RELATED FEELINGS. THE GOALS OF THE CLP ARE TO: HELP CHILDREN EXPRESS THEIR FEELINGS IN A SAFE AND SUPPORTIVE ENVIRONMENT; HELP CHILDREN MANAGE PAIN EFFECTIVELY; OFFER CHILDREN CHOICES THAT INCREASE FEELINGS OF INDEPENDENCE, SELF ESTEEM AND TRUST; AND ASSIST WITH IMPLEMENTATION OF COPING TECHNIQUES DURING STRESSFUL SITUATIONS.

Part VI Supplemental Information

Complete this part to provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 9, 10, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospitals facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

CHILDREN'S HEALTH WATCH (CHW): CHW IS A NON-PARTISAN PEDIATRIC RESEARCH CENTER THAT MONITORS THE IMPACT OF ECONOMIC CONDITIONS AND PUBLIC POLICIES ON THE HEALTH AND WELL-BEING OF VERY YOUNG CHILDREN. CHW INTERVIEWS FAMILIES WITH YOUNG CHILDREN IN FIVE HOSPITALS ACROSS THE NATION, INCLUDING BMC (5,000 PATIENT INTERVIEWS IN FY12), THAT SERVE THE POOREST FAMILIES. THE DATABASE OF MORE THAN 50,000 CHILDREN, 80 PERCENT OF WHOM ARE MINORITIES, IS THE LARGEST CLINICAL DATABASE IN THE NATION ON VERY YOUNG CHILDREN LIVING IN POVERTY. DATA ARE COLLECTED ON A WIDE VARIETY OF ISSUES, INCLUDING DEMOGRAPHICS, FOOD SECURITY, PUBLIC BENEFITS, HOUSING, HOME ENERGY, AND CHILDREN'S HEALTH STATUS AND DEVELOPMENTAL RISK. WE SEEK TO PROVIDE POLICY MAKERS AND ADVOCACY GROUPS WITH THE EVIDENCE THEY NEED TO SHAPE POLICIES THAT PREVENT CHILD HUNGER AND PROMOTE CHILDREN'S HEALTH.

PEDIATRIC ASSESSMENT OF COMMUNICATION CLINIC (THE AUTISM CLINIC): SINCE 2003, THE AUTISM CLINIC HAS PROVIDED EVALUATIONS AND ONGOING CARE FOR CHILDREN OF ALL AGES WHEN THERE IS A PEDIATRICIAN CONCERN ABOUT AUTISM SPECTRUM DISORDER (ASD) AND RELATED CONDITIONS, OR WHEN THEY HAVE A

Part VI Supplemental Information

Complete this part to provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 9, 10, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospitals facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

PREVIOUS DIAGNOSIS OF ASD. THE PRIMARY SERVICE PROVIDED BY THE AUTISM CLINIC STAFF IS EDUCATIONAL ADVOCACY. THE AUTISM CLINIC'S EDUCATIONAL SPECIALIST PROVIDES DIRECT SUPPORT SERVICES TO PRIMARILY LOW-INCOME AND/OR IMMIGRANT FAMILIES WHO HAVE LIMITED ENGLISH PROFICIENCY AND ARE MOST CHALLENGED BY THE COMPLEX REGULATIONS GOVERNING THE SPECIAL EDUCATION SYSTEM. AS NEEDED, HE/SHE TRAVELS TO CLASSROOMS TO OBSERVE YOUNG PATIENTS WITH ASD AND TO HELP FAMILIES ACCESS THE PROPER SPECIAL EDUCATION PLACEMENT FOR THEIR CHILDREN MUCH FASTER THAN THESE FAMILIES COULD MANAGE ON THEIR OWN. IN FY12, THE AUTISM CLINIC EVALUATED APPROXIMATELY 600 NEW PATIENTS AND PROVIDED REGULAR FOLLOW-UP (AT LEAST TWICE PER YEAR) TO AN ADDITIONAL 1,000 FAMILIES.

BIRTH SISTERS AND CENTERING PREGNANCY: BMC HAS DEVELOPED TWO PROGRAMS, BIRTH SISTERS AND CENTERING PREGNANCY, TO IMPROVE HEALTH OUTCOMES OF CHILDBEARING WOMEN AT RISK FOR POOR MATERNAL AND INFANT OUTCOMES. BIRTH SISTERS ARE WOMEN WHO ARE TRAINED TO PROVIDE SOCIAL SUPPORT AND EDUCATION TO MOTHERS FROM THEIR OWN COMMUNITIES DURING PREGNANCY, LABOR, AND THE POSTPARTUM PERIOD. THE BIRTH SISTERS PROGRAM HAS BEEN LINKED TO

Part VI Supplemental Information

Complete this part to provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 9, 10, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospitals facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

SIGNIFICANTLY HIGHER BREASTFEEDING RATES AND FEWER CESAREAN DELIVERIES.

CENTERING PREGNANCY IS AN INNOVATIVE AND PROVEN MODEL OF CARE THAT OFFERS

PRENATAL CARE IN 10 TWO-HOUR GROUP SESSIONS USING A BMC-DEVELOPED

CURRICULUM. AT THESE SESSIONS, BEGINNING EARLY IN THE SECOND TRIMESTER,

PATIENTS RECEIVE HEALTH VISITS, PRENATAL AND PARENTING EDUCATION, AND

PEER GROUP SUPPORT ALL IN ONE VISIT. THE PROGRAMS SERVICED A COMBINED 334

PATIENTS IN FY12.

SUPPORTING PARENTS AND RESILIENT KIDS CENTER (SPARK): SPARK IS A

THERAPEUTIC DAY PROGRAM FOR BOSTON'S MOST VULNERABLE CHILDREN, INCLUDING

THOSE LIVING WITH HIV/AIDS; THOSE BORN VERY PREMATURELY; THOSE WHO HAVE

SUFFERED PSYCHOLOGICAL TRAUMA DUE TO ABUSE/NEGLECT; AND THOSE WITH

COMPLEX MEDICAL AND EMOTIONAL NEEDS. SPARK STAFF PROVIDE MEDICAL,

EDUCATIONAL, NUTRITIONAL, AND MENTAL HEALTH SERVICES TO VULNERABLE

CHILDREN FROM BIRTH TO AGE 22. SPARK OPERATES AN EARLY CHILDHOOD DAY

PROGRAM, A SCHOOL-AGE AFTER-SCHOOL PROGRAM, A YOUNG ADULT JOB TRAINING

PROGRAM AND A SUMMER CAMP PROGRAM, SERVING APPROXIMATELY 100 CHILDREN

ANNUALLY WHO LIVE IN GREATER BOSTON NEIGHBORHOODS. SPARK HELPS CHILDREN

Part VI Supplemental Information

Complete this part to provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 9, 10, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospitals facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

TO BUILD POSITIVE SOCIAL NETWORKS, POSITIVE SELF-REGARD AND COMMUNITY BELONGING. ADDITIONALLY, THE PROGRAM PROVIDES PARENTING EDUCATION AND SUPPORT.

MEDICAL LEGAL PARTNERSHIP | BOSTON (MLP BOSTON): MLP BOSTON SEEKS TO IMPROVE THE HEALTH AND WELLBEING OF PEOPLE LIVING IN POVERTY BY ADDRESSING THE NON-MEDICAL BARRIERS TO HEALTH THAT LOW-INCOME INDIVIDUALS SO OFTEN FACE. MLP BOSTON 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. PRIOR TO SPINNING OFF FROM BMC IN JULY 2012, MLP BOSTON SERVED 586 INDIVIDUALS.

MARGARET M. SHEA RN ADULT DAY HEALTH PROGRAM: THIS PROGRAM OFFERS FAMILIES PEACE OF MIND AND A SUPPORT SYSTEM TO HELP THEM WITH DECISIONS INVOLVING THE CARE OF THEIR LOVED ONES. IT IS A HOLISTIC MEDICAL INTERVENTION PROGRAM THAT PROVIDES SERVICES IN AN AMBULATORY, HOME-LIKE SETTING FOR ADULTS WHO DO NOT REQUIRE 24-HOUR INSTITUTIONAL CARE, BUT

Part VI Supplemental Information

Complete this part to provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 9, 10, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospitals facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

BECAUSE OF PHYSICAL AND/OR MENTAL IMPAIRMENT, ARE NOT COMPLETELY ABLE TO LIVE INDEPENDENTLY. ALL PARTICIPANTS ARE REFERRED TO THE PROGRAM AND ARE SCREENED BEFORE ENTERING THE PROGRAM. SERVICES OFFERED BY THE PROGRAM INCLUDE NURSING, SOCIAL SERVICES, ACTIVITIES, AND TRANSPORTATION.

PEDIATRIC COMPREHENSIVE CARE PROGRAM (PEDIATRIC CCP): THE COMPREHENSIVE CARE PROGRAM IN THE DEPARTMENT OF PEDIATRICS SERVES APPROXIMATELY 300 CHILDREN WITH SPECIAL HEALTH CARE NEEDS AND THEIR FAMILIES. THE CLINICAL STAFF INTEGRATES PRIMARY CARE WITH SPECIALTY CARE AND SOCIAL SERVICES FOR CHILDREN WITH NEURODEVELOPMENTAL AND EMOTIONAL/BEHAVIORAL NEEDS RELATED TO PRE-TERM BIRTH, CONGENITAL SYNDROMES AND CHRONIC HEALTH CONDITIONS, AND/OR HAVE EXPERIENCED TRAUMA AS A RESULT OF ABUSE/NEGLECT, PARENTAL ABANDONMENT, DOMESTIC VIOLENCE, AND PARENTAL SUBSTANCE ABUSE. MOST OF THE CHILDREN SEEN IN THE CCP HAVE COMPLEX OVERLAPPING HEALTH, DEVELOPMENT AND EMOTIONAL/BEHAVIORAL ISSUES. MANY LOW-INCOME PARENTS OF SPECIAL NEEDS CHILDREN TEND TO ENGAGE HAPHAZARDLY AND EPISODICALLY WITH THE HEALTHCARE SYSTEM AND FAIL TO RECEIVE APPROPRIATE FOLLOW-UP CARE AND INTERVENTION. THESE PARENTS OFTEN FACE ECONOMIC HARDSHIPS, EDUCATIONAL BARRIERS,

Part VI Supplemental Information

Complete this part to provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 9, 10, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospitals facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

PSYCHOSOCIAL STIGMA, AND SOCIAL ISOLATION AS THEY TRY TO COPE WITH THEIR CHILDREN'S NEEDS AND ATTEMPT TO MAINTAIN STABILITY FOR THEIR FAMILIES. THE CCP, WITH ITS MULTIDISCIPLINARY APPROACH, SEES FROM 4 TO 6 PATIENTS PER HOUR, CONSIDERABLY LESS THAN THE 8 PATIENTS PER HOUR IN A REGULAR PEDIATRIC CLINIC. ADDITIONALLY, DURING THEIR PRIMARY CARE VISIT PATIENTS ALSO CAN SEE A NEUROLOGIST, PULMONOLOGIST, NUTRITIONIST, GASTROENTEROLOGIST, AND/OR A PEDIATRIC ENDOCRINOLOGIST. THIS "ONE STOP SHOPPING" MODEL OF CARE PROMOTES COMMUNICATION BETWEEN ALL MEMBERS OF THE CHILD'S HEALTHCARE TEAM.

INJURY PREVENTION

CHILD PROTECTION TEAM (CPT): A SPECIAL SERVICES DIVISION OF THE DEPARTMENT OF PEDIATRICS, CPT SERVES ALL OF BMC'S MALTREATED PEDIATRIC PATIENTS. THE CPT HAS THREE MAJOR AREAS OF RESPONSIBILITY: 1) SUPPORTING BMC PROVIDERS TO ENSURE THAT MALTREATED CHILDREN WHO RECEIVE THEIR CARE AT BMC ARE PROTECTED; 2) IMPROVING THE EFFECTIVE IDENTIFICATION AND RESPONSE TO MALTREATMENT THROUGH INNOVATIVE RESEARCH AND PROGRAM

Part VI Supplemental Information

Complete this part to provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 9, 10, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospitals facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

DEVELOPMENT AT BMC AND NATIONALLY; AND 3) PROVIDING TRAINING AND EDUCATION TO PEDIATRIC HEALTH AND OTHER PROFESSIONALS IN THE RECOGNITION AND MANAGEMENT OF CHILD MALTREATMENT. CPT COLLABORATES WITH COMMUNITY AND STATE AGENCIES, LAW ENFORCEMENT PERSONNEL AND THE JUDICIARY SYSTEM TO ENSURE THE BEST POSSIBLE OUTCOME FOR CHILDREN AND FAMILIES.

CHILD WITNESS TO VIOLENCE PROJECT (CWVP): CWVP IS A NATIONALLY-RECOGNIZED AND AWARD-WINNING COUNSELING, OUTREACH, AND CONSULTATION PROGRAM THAT FOCUSES ON CHILDREN UNDER THE AGE OF EIGHT WHO HAVE BEEN EXPOSED TO DOMESTIC OR COMMUNITY VIOLENCE. 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 FY12, THE CWVP PROVIDED TRAUMA-FOCUSED COUNSELING SERVICES TO 90 CHILDREN, AND BRIEF CONSULTATION/ADVOCACY FOR AN ADDITIONAL 200 FAMILIES. THE TRAINING/CLINICAL CONSULTATION COMPONENT OF THE PROGRAM DELIVERED 100

Part VI Supplemental Information

Complete this part to provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 9, 10, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospitals facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

TRAININGS ACROSS MASSACHUSETTS AND 12 STATES.

DOMESTIC VIOLENCE PROGRAM (DVP): THE DVP PROVIDES TRAINING AND EDUCATION FOR STAFF, ASSISTANCE WITH HOSPITAL POLICY AND PROTOCOL DEVELOPMENT, CONSULTATION ON A VARIETY OF CLINICAL AND RESEARCH INITIATIVES, AS WELL AS DIRECT ADVOCACY/SUPPORT SERVICES FOR SURVIVORS OF DOMESTIC AND DATING ABUSE. IN 2009, A SAFETY AND SUPPORT ADVOCATE POSITION WAS CREATED TO PROVIDE A RANGE OF ADVOCACY AND SUPPORT SERVICES TO PATIENTS REFERRED FROM A RANGE OF ADULT AND ADOLESCENT SETTINGS AND PROVIDERS. THE DVP SERVED APPROXIMATELY 360 INDIVIDUALS IN FY12 BY PROVIDING SERVICES SUCH AS CRISIS INTERVENTION/COUNSELING; RISK ASSESSMENT AND SAFETY PLANNING; ASSISTANCE WITH ACCESSING PROTECTIVE ORDERS AND VICTIM COMPENSATION; ACCOMPANIMENT TO COURT, LEGAL, MEDICAL, HOUSING AND OTHER APPOINTMENTS; REFERRAL TO COMMUNITY-BASED DV ADVOCACY/RAPE CRISIS COUNSELING, MEDICAL/MENTAL HEALTH SERVICES AND OTHER SUPPORT AS NEEDED.

VIOLENCE INTERVENTION ADVOCATE PROGRAM (VIAP): IN APRIL 2006, BMC PILOTTED VIAP TO PROVIDE SPECIALIZED SERVICES TO VICTIMS OF VIOLENCE, USING TWO

Part VI Supplemental Information

Complete this part to provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 9, 10, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospitals facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

COMMUNITY HEALTH WORKERS, VIOLENCE INTERVENTION ADVOCATES, TO PROVIDE INDIVIDUAL COUNSELING, TRIAGE AND REFERRAL SERVICES FOR VICTIMS OF VIOLENCE BROUGHT TO THE BMC EMERGENCY DEPARTMENT. VIAP STAFF COLLABORATES WITH PUBLIC AND PRIVATE AGENCIES TO OFFER A BROAD SPECTRUM OF CONCRETE SERVICES TO PATIENTS RECOVERING FROM VIOLENT INJURY. EACH VIAP SITE HAS HIRED A PEER VIOLENCE INTERVENTION ADVOCATE WITH STRONG COMMUNITY KNOWLEDGE. IN FY12, VIAP PROVIDED SERVICES TO A TOTAL OF 499 VICTIMS: 197 GUNSHOT VICTIMS AND 302 STABBING VICTIMS. OF THESE VICTIMS, 58 WERE FEMALE. VIAP PROVIDED THE FOLLOWING DIRECT SERVICES AND REFERRALS TO SERVICES TO VICTIMS AND 34 OF ASSOCIATED FAMILIES: CRISIS INTERVENTION AND STABILIZATION; HOUSING AND TRANSPORTATION; LEGAL; EDUCATIONAL; VOCATIONAL AND LIFE SKILLS DEVELOPMENT; MENTAL HEALTH; EMPLOYMENT; AND HEALTH AND WELLNESS.

COMMUNITY OUTREACH

CANCER SCREENINGS: BMC OFFERS AN ANNUAL FREE CANCER SCREENING EVENT TO VULNERABLE, UNDERSERVED INDIVIDUALS IN ORDER TO PROMOTE THE EARLY

Part VI Supplemental Information

Complete this part to provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 9, 10, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospitals facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

DETECTION OF CANCER. BECAUSE BMC SERVES A PREDOMINANTLY MINORITY AND LOW-INCOME POPULATION, INCLUDING MANY NON-ENGLISH-SPEAKING CITIZENS AND IMMIGRANTS, THE DELIVERY OF EXCEPTIONAL CARE REQUIRES A KEEN SENSITIVITY TO THE CHALLENGES FOR OUR PATIENT POPULATION. THE SATURDAY CANCER SCREENINGS EFFECTIVELY REACH OUR TARGET POPULATION BECAUSE THEY CREATE A CONVENIENT TIME FOR PEOPLE WHO WORK TO ACCESS SCREENINGS, AND ALLOW HUSBANDS AND WIVES TO SUPPORT EACH OTHER AS THEY BOTH ARE SCREENED. ON MARCH 31, 2012, BMC HELD ITS ANNUAL SATURDAY CANCER SCREENING EVENT. A TOTAL OF 138 PEOPLE FROM GREATER BOSTON ATTENDED THIS EVENT, WHERE A TOTAL OF 249 INDIVIDUAL EXAMS WERE GIVEN AT NO OUT-OF-POCKET COSTS TO PARTICIPANTS.

A SAFETY NET FOR SPECIAL AT-RISK POPULATIONS

THE METRO BOSTON JAIL DIVERSION PROGRAM (JDP): SINCE 2006, THE JDP HAS WORKED WITH 719 INDIVIDUALS WITH MENTAL HEALTH AND/OR CO-OCCURRING MENTAL HEALTH AND SUBSTANCE DEPENDENCE WHOSE ASSOCIATED BEHAVIOR BRINGS THEM TO THE ATTENTION OF LAW ENFORCEMENT AND COURTS. THE JDP COLLABORATES WITH

Part VI Supplemental Information

Complete this part to provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 9, 10, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospitals facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

THE POLICE AND COURTS TO FIRST AND FOREMOST IDENTIFY INDIVIDUALS WITH THESE RISK FACTORS, AND THEN TO CONNECT THEM WITH APPROPRIATE SERVICES AND TREATMENT AS ALTERNATIVES TO ARREST AND INCARCERATION. THE JDP IS TRAINING BOSTON POLICE DEPARTMENT AND MASSACHUSETTS BAY TRANSIT AUTHORITY OFFICERS TO IDENTIFY INDIVIDUALS WITH MENTAL ILLNESS AND HOW TO REFER INDIVIDUALS TO SERVICES INSTEAD OF ARRESTING THEM. AT THE COURT LEVEL, 74 JDP PARTICIPANTS HAVE SUCCESSFULLY COMPLETED PROBATION RATHER THAN BEING INCARCERATED.

BOSTON CENTER FOR REFUGEE HEALTH AND HUMAN RIGHTS (BCRHHR): THE MISSION OF THE BCRHHR IS TO PROVIDE COMPREHENSIVE HEALTH CARE FOR REFUGEES AND SURVIVORS OF TORTURE AND RELATED TRAUMA, COORDINATED WITH LEGAL AID AND SOCIAL SERVICES; TO EDUCATE AND TRAIN AGENCIES AND PROFESSIONALS WHO SERVE THESE COMMUNITIES; TO ADVOCATE FOR THE PROMOTION OF HEALTH AND HUMAN RIGHTS IN THE UNITED STATES AND WORLDWIDE; AND TO CONDUCT CLINICAL, EPIDEMIOLOGICAL, AND LEGAL RESEARCH FOR THE BETTER UNDERSTANDING AND PROMOTION OF HEALTH AND QUALITY OF LIFE FOR SURVIVORS OF TORTURE AND RELATED TRAUMA. IN FY12, THE BCRHHR SERVED 460 PATIENTS.

Part VI Supplemental Information

Complete this part to provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 9, 10, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospitals facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

ELDERS LIVING AT HOME PROGRAM (ELAHP): THE GOAL OF ELAHP IS TO HELP OLDER ADULTS LOCATE AND MAINTAIN A PERMANENT RESIDENCE AND ALLOW THEM TO LIVE AS INDEPENDENTLY AS POSSIBLE. IN FY12, ELAHP PROVIDED HOUSING SEARCH AND PLACEMENT TO 8 HOMELESS OLDER ADULTS, AND HOUSING STABILIZATION SERVICES TO AN ADDITIONAL 70 ELDERS. NONE OF THE VULNERABLE CLIENTS SERVED DURING THE YEAR RELAPSED INTO HOMELESSNESS, ALTHOUGH TWO INDIVIDUALS DID REQUIRE NURSING HOME PLACEMENT DUE TO SIGNIFICANT DECLINES IN THEIR COGNITIVE ABILITIES.

HEALTHY NUTRITION AND EXERCISE

PREVENTIVE FOOD PANTRY AND DEMONSTRATION KITCHEN: THE PREVENTIVE FOOD PANTRY AND DEMONSTRATION KITCHEN ADDRESS HUNGER-RELATED ILLNESS AND MALNUTRITION AMONG A LOW-INCOME, LARGELY UNDERSERVED AND VULNERABLE PATIENT POPULATION OF GREATER BOSTON. INDIVIDUALS AT RISK OF MALNUTRITION ARE REFERRED TO THE PROGRAM BY BMC OR BOSTON HEALTHNET PHYSICIANS OR NUTRITIONISTS WHO PROVIDE "PRESCRIPTIONS" FOR SUPPLEMENTAL FOOD THAT BEST

Part VI Supplemental Information

Complete this part to provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 9, 10, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospitals facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

PROMOTES PHYSICAL HEALTH, PREVENTS FUTURE ILLNESS, AND FACILITATES RECOVERY. THE FOOD PANTRY NOW PROVIDES NUTRITIONAL FOOD PRESCRIPTIONS TO APPROXIMATELY 7,000 PEOPLE EACH MONTH. IN 2012, THE PANTRY PROVIDED NUTRITIOUS FOOD FOR 82,846 GREATER BOSTON RESIDENTS. APPROXIMATELY 10,000 POUNDS OF FOOD SUPPLIES ARE REQUIRED WEEKLY TO STOCK THE PANTRY SHELVES AT BMC. THE DEMONSTRATION KITCHEN COMPLEMENTS THE WORK OF THE PANTRY BY EDUCATING PATIENTS ABOUT NUTRITION THROUGH COOKING METHODS THAT ARE COMPATIBLE WITH THEIR MEDICAL AND DIETARY NEEDS, AS PRESCRIBED BY THEIR PHYSICIANS.

GROW CLINIC: AS PART OF BMC'S PEDIATRICS DEPARTMENT, THE PRIMARY GOAL OF THE GROW CLINIC IS TO PROVIDE COMPREHENSIVE MULTIDISCIPLINARY MEDICAL, NUTRITIONAL, SOCIAL SERVICES AND DIETARY ASSISTANCE TO CHILDREN FROM THE GREATER BOSTON AREA DIAGNOSED WITH FAILURE TO THRIVE (FTT). CHILDREN WITH FTT HAVE SIGNIFICANT DIFFICULTY GROWING BECAUSE OF MALNUTRITION ASSOCIATED WITH POVERTY, ILLNESS AND FAMILY STRESS. THE EFFECTS OF FTT INCLUDE SHORTENED ATTENTION SPANS, EMOTIONAL PROBLEMS, DELAYED COGNITIVE DEVELOPMENT, LASTING GROWTH FAILURE, AND FREQUENT SERIOUS ILLNESS, WHICH

Part VI Supplemental Information

Complete this part to provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 9, 10, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospitals facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

CAN RESULT IN HOSPITALIZATION. IN 2012, THE GROW CLINIC PROVIDED MEDICAL TREATMENT, NUTRITIONAL ASSESSMENT, HOME HEALTH EDUCATION, FAMILY ADVOCACY, ACCESS TO A THERAPEUTIC FOOD PANTRY, CHILDREN'S CLOTHES, DIAPERS, BOOKS AND EDUCATIONAL TOYS AMONG OTHER SERVICES. AT ANY GIVEN TIME THERE ARE APPROXIMATELY 240-250 CHILDREN BEING TREATED IN-CLINIC, 36% OF WHOM ARE 12 MONTHS OF AGE OR YOUNGER.

BWELL CENTER: THE BWELL CENTER PROVIDES PEDIATRIC PATIENTS AND THEIR FAMILIES WITH SIMPLE INTERVENTIONS THAT PROMOTE HEALTH AND WELL-BEING WHILE THEY ARE IN THE AMBULATORY CARE WAITING ROOM. BWELL CENTER STAFF AND VOLUNTEERS USE VARIOUS INTERACTIVE AND EDUCATIONAL TOOLS TO ENGAGE CHILDREN INCLUDING BOOKS, COMPUTERS, AGE APPROPRIATE VIDEOS ON A VARIETY OF HEALTHY LIVING TOPICS, PLAY AREAS WHERE CHILDREN CAN JUMP ROPE, FOR EXAMPLE, AND HOURLY DEMONSTRATIONS FOCUSED ON EXPOSING PATIENTS TO YOGA, NUTRITION, AND OTHER HEALTHY LIFESTYLE CHOICES. IN RESPONSE TO ITS POPULARITY AMONG CHILDREN, THEIR PARENTS, AND PROVIDERS, THE BWELL CENTER HAS EXPANDED SIGNIFICANTLY SINCE ITS CREATION MORE THAN A YEAR AGO. BWELL SERVES NEARLY 200 FAMILIES PER MONTH, A NUMBER THAT HAS GROWN STEADILY

Part VI Supplemental Information

Complete this part to provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 9, 10, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospitals facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

SINCE ITS INCEPTION AND IS EXPECTED TO CONTINUE TO GROW.

BASIC NEEDS

CLOTHING BANK: BMC'S SOCIAL WORKERS ACCESS THE CLOTHING BANK IN REAL TIME WHEN A PROVIDER CONTACTS SOCIAL WORK ABOUT A BASIC CLOTHING NEED (SWEAT PANTS, SHIRTS, UNDERWEAR, SOCKS, SHOES, AND WINTERCOATS) FOR A LOW-INCOME PATIENT.

SOCIAL WORK EMERGENCY FUND (SWEF): SWEF PROVIDED SHORT-TERM, IMMEDIATE ASSISTANCE TO PATIENTS WHO FACED CRISES. IN FY12, SWEF SUPPORTED THE COST OF EMERGENCY EXPENSES, SUCH AS CAB VOUCHERS FOR THOSE UNABLE TO ACCESS PUBLIC TRANSPORTATION TO GET TO BMC, AND CAR SEATS AND CLOTHING FOR FAMILIES. SWEF'S SOCIAL WORKERS HELPED INDIVIDUALS AND FAMILIES CONNECT TO RESOURCES AND SERVICES THAT THEY NEEDED IN ORDER TO STABILIZE THEIR LIVES AFTER PERSONAL CRISES. SWEF HAS THE FLEXIBILITY TO PROVIDE FOR A RANGE OF NEEDS IN RESPONSE TO A NUMBER OF UNIQUE SITUATIONS WHEN, TOO OFTEN, INDIVIDUALS AND FAMILIES HAVE NO ALTERNATIVE SUPPORTS.

Part VI Supplemental Information

Complete this part to provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 9, 10, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospitals facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

KIDS FUND: DONATIONS TO THE KIDS FUND ARE USED TO HELP FAMILIES OBTAIN EQUIPMENT AND ITEMS THAT THEIR CHILDREN NEED FOR OPTIMUM HEALTH AND SAFETY. FOR EXAMPLE, BMC PROVIDERS CARE FOR NEARLY 500 CHILDREN EACH WINTER WHO DO NOT HAVE A WARM WINTER COAT. OFTEN, FAMILIES CANNOT AFFORD TO BUY A CAR SEAT OR A CRIB, PUTTING THE CHILD AT RISK OF SERIOUS INJURY. NURSES AND SOCIAL WORKERS CAN ACCESS THE KIDS FUND TO PURCHASE COATS, CRIBS, CAR SEATS, EYEGLASSES, OR WHATEVER ELSE A CHILD MAY NEED YET THE FAMILY CANNOT AFFORD TO PURCHASE ON THEIR OWN.

REMOVING BARRIERS TO ACCESSING CARE

NEW ENGLAND FLIGHT: BMC IS A BOSTON MEDFLIGHT (BMF) PARTNER. BMF IS A COMMISSION ON ACCREDITATION OF MEDICAL TRANSPORT SERVICES (CAMTS) ACCREDITED CRITICAL CARE TRANSPORT SERVICE. BOSTON MEDFLIGHT COMMITS TO EXCELLENCE IN CRITICAL CARE TRANSPORT BY PROVIDING THE HIGHEST QUALITY REGIONAL CRITICAL CARE TRANSPORT SYSTEM. AS A NON-PROFIT ORGANIZATION, BOSTON MEDFLIGHT TRANSPORTS EMERGENT PATIENTS REGARDLESS OF THEIR ABILITY

Part VI Supplemental Information

Complete this part to provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 9, 10, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospitals facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

TO PAY AND IS FINANCIALLY SUPPORTED IN PART BY A CONSORTIUM OF BOSTON HOSPITALS INCLUDING BMC. FOR OVER 25 YEARS, BOSTON MEDFLIGHT HAS PLAYED AN INTEGRAL ROLE AS PART OF THE MASSACHUSETTS EMS SYSTEM AND THE COMMUNITY HOSPITALS OF NEW ENGLAND.

PATIENT NAVIGATION: THE PATIENT NAVIGATION PROGRAM IS DESIGNED FOR PATIENTS WITH CANCER AND CHRONIC ILLNESSES, SUCH AS DIABETES, WHO NEED SPECIAL ASSISTANCE IN NAVIGATING THE HEALTH CARE SYSTEM. PATIENT NAVIGATORS ARE INDIVIDUALS FROM THE COMMUNITIES SERVED BY BMC, WHO HAVE SPECIAL LANGUAGE SKILLS, TRAINING IN SCHEDULING, AND REFINED COMPASSION/COMMUNICATION SKILLS. PATIENT NAVIGATORS CONTACT OUR MOST VULNERABLE PATIENTS AND HELP THEM TO ACCESS THE DOCTOR VISITS AND TREATMENT THAT THEY NEED IN THE MOST EFFICIENT MANNER POSSIBLE, ARRANGING TRANSPORTATION FOR PATIENTS, REMINDING PATIENTS ABOUT APPOINTMENTS THAT THEY HELPED THE PATIENTS TO SCHEDULE, AND CONNECTING PATIENTS TO COMMUNITY RESOURCES SUCH AS THE BMC FOOD PANTRY.

SHUTTLE BUSES/TAXIS: COMMUNITY ACCESS TO BMC IS ENHANCED THROUGH A FREE

Part VI Supplemental Information

Complete this part to provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 9, 10, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospitals facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

SHUTTLE BUS SERVICE. FOUR BUSES CIRCULATE THROUGHOUT THE SYSTEM ON ESTABLISHED ROUTES, FROM 7AM-7PM, MONDAY THROUGH FRIDAY, BRINGING PATIENTS TO BMC. IN FY12, THESE SHUTTLE BUSES TRANSPORTED 202,830 PATIENTS AND THEIR FAMILIES BETWEEN BMC AND THE BOSTON HEALTHNET COMMUNITY HEALTH CENTERS. THERE IS ALSO A DIRECT TAXI AND VAN HOSPITAL-TO-HOME SERVICE FOR SPECIFIC CASES.

WOMEN'S HEALTH UNIT INITIATIVE: THIS INITIATIVE AIMS TO REDUCE DISPARITIES IN BREAST CANCER OUTCOMES AMONG THE CULTURALLY DIVERSE, LOW-INCOME WOMEN WHOM BMC SERVE, AS THEY REPRESENT THE GROUP MOST LIKELY TO RECEIVE A DIAGNOSIS OF LATE-STAGE CANCER, LEAST LIKELY TO ADHERE TO RECOMMENDED CARE, AND MOST LIKELY TO DIE FROM THE DISEASE. THE INITIATIVE PRIDES ITSELF ON THE USE OF COMMUNITY INPUT AND OBJECTIVE DATA TO DESIGN, CONTINUOUSLY EVALUATE, AND ENHANCE INNOVATIVE PROGRAMS TO ADDRESS THE CHANGING NEEDS OF THESE DIVERSE COMMUNITIES. PATIENT NAVIGATION REMAINS AT THE CORNERSTONE OF THE INITIATIVE, AND IS LARGELY RESPONSIBLE FOR THE IMPROVEMENTS IN CARE CONSISTENTLY DEMONSTRATED YEAR AFTER YEAR.

Part VI Supplemental Information

Complete this part to provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 9, 10, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospitals facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

IMPROVING QUALITY OF LIFE

ACUPUNCTURE: ACUPUNCTURE SERVICES AT BMC ARE PROVIDED FREE OF CHARGE TO MORE THAN 1,000 PATIENTS ANNUALLY WHO DO NOT HAVE AFFORDABLE ACCESS TO COMPLEMENTARY ALTERNATIVE MEDICINE (CAM).

CANCER SUPPORT GROUPS: IN 2006, BMC ESTABLISHED THE CANCER PATIENT SUPPORT SERVICES FUND TO PROVIDE CRUCIAL SERVICES AND PROGRAMS TO COMPLEMENT PATIENTS' CLINICAL CARE. THE FUND IS USED FOR SURVIVORSHIP PROGRAMS SUCH AS SUPPORT GROUPS AND CELEBRATIONS, ASSISTANCE WITH TRANSPORTATION COSTS TO AND FROM THE HOSPITAL, PATIENT NAVIGATION, AND THE PROVISION OF COMPLEMENTARY THERAPIES SUCH AS YOGA AND MASSAGE. IN FY12, THERE WERE 15 CANCER SUPPORT GROUPS THAT MET REGULARLY.

INTEGRATIVE MEDICINE: THE MISSION OF THE INITIATIVE FOR INTEGRATIVE MEDICINE AND HEALTH DISPARITIES WITHIN THE DEPARTMENT OF FAMILY MEDICINE, WHICH SERVED APPROXIMATELY 250 PATIENTS ON A ROTATING BASIS IN FY12, IS TO SUBSTANTIALLY IMPACT THE QUALITY OF LIFE FOR THE UNDERSERVED THROUGH

Part VI Supplemental Information

Complete this part to provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 9, 10, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospitals facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

PROVIDING ACCESS TO INTEGRATIVE MEDICINE CLINICAL SERVICES, RESEARCH AND EDUCATION. SERVICES PROVIDED, PRIMARILY FREE OF CHARGE, INCLUDE YOGA CLASSES, ACUPUNCTURE CLINICS, INTEGRATIVE MEDICINE CONSULTS AND GROUP VISITS.

LINE 6: AFFILIATED HEALTH CARE SYSTEM: BOSTON HEALTHNET HEALTH CARE SYSTEM

ESTABLISHED IN 1995, BOSTON HEALTHNET (BHN) IS AN INTEGRATED HEALTH CARE DELIVERY SYSTEM COMPRISED OF BMC, THE BOSTON UNIVERSITY SCHOOL OF MEDICINE, AND 14 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 18TH YEAR, BHN AND ITS CHC PARTNERS HAVE EXTENDED BMC'S PRESENCE INTO BOSTON-AREA NEIGHBORHOODS, SIGNIFICANTLY IMPACTING THE HEALTH OF THEIR RESIDENTS.

Part VI Supplemental Information

Complete this part to provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 9, 10, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospitals facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

THE ACCOMPLISHMENTS OF THE NETWORK ARE EVIDENCED BY: THE GROWTH OF CHC ADMISSIONS TO BMC; THE ESTABLISHMENT OF AN INPATIENT ROUNDER SYSTEM FOR CHC 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 BHN'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 PHYSICIANS FROM THE CHCS 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 CHCS 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

Part VI Supplemental Information

Complete this part to provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 9, 10, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospitals facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

EXTENDED TO EVENINGS AND SEVEN DAY COVERAGE. THE AVERAGE LENGTH OF STAY FOR THE ROUNDER SYSTEM WAS 4.39 DAYS, WHICH COMPARES FAVORABLY WITH OTHER NATIONAL AND LOCAL INDICES.

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. ALL OF OUR PRIMARY AND SECONDARY PARTNER HEALTH CENTERS ARE CONNECTED TO BMC OVER HIGH-SPEED ELAN CONNECTIONS THAT PUT BMC'S CLINICAL SYSTEMS AT THE FINGERTIPS OF THE HEALTH CENTER PROVIDERS AND OTHER STAFF. IN 2001, THE PARTNERSHIP BETWEEN BMC AND THE CHCS, 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 CHCS. IN 2008, IMPLEMENTATION WAS COMPLETED AT ONE SECONDARY PARTNER CHC. ADDITIONALLY, ELECTRONIC PRESCRIBING WAS IMPLEMENTED AT THE NINE CENTRICITY SITES.

Part VI Supplemental Information

Complete this part to provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 9, 10, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospitals facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

A THREE YEAR, \$746,246 HRSA AWARD TO BOSTON HEALTHNET IN FY07 SUPPORTED THE VERTICAL INTEGRATION OF ELECTRONIC MEDICAL RECORDS AT EIGHT CHCS WITH THAT OF BMC. THIS INTEGRATION TOOK PLACE VIA IMPLEMENTATION OF A CLINICAL INFORMATION EXCHANGE (CIE) THAT NOW ALLOWS CHC PROVIDERS TO VIEW INFORMATION IN BOTH BMC AND OTHER CHC SYSTEMS THROUGH THE LOCAL PATIENT RECORD. THE CIE ALSO ALLOWS PHYSICIANS IN THE CHCS 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 ALLOWED STAFF 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 ALSO MAKES 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

Part VI Supplemental Information

Complete this part to provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 9, 10, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospitals facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

PRACTICE PORTAL.

THE EREFERRAL PROJECT HAS HELPED TO ELIMINATE A NUMBER OF THE INEFFICIENCIES INHERENT IN THE CURRENT REFERRAL PROCESS. DATA AVAILABLE FROM THE EREFERRAL PORTAL SHOWS A SIGNIFICANT DECREASE IN LAG TIMES TO SPECIALTY APPOINTMENTS FOR CHCS PATIENTS RECEIVING CARE AT BMC.

IN 2009, BMC APPROVED THE EXPANSION OF THE EREFERRAL PORTAL TO OTHER SPECIALTIES BEYOND THE DEPARTMENT OF MEDICINE. DURING 2010, THE EREFERRAL PORTAL WAS ROLLED OUT TO ALL SPECIALTY DEPARTMENTS AS WELL AS TWO ADDITIONAL HEALTH CENTERS. IN FY2012, 49,411 REFERRALS PASSED THROUGH THE EREFERRAL PORTAL.

ON JUNE 1, 2010, BHN WAS AWARDED A TWO YEAR \$2.98 MILLION HEALTH INFORMATION TECHNOLOGY (HIT) INNOVATIONS GRANT FROM THE HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA). WITH THIS FUNDING, BHN IS INTRODUCING THE INTEGRATED DATABASE, ELECTRONIC ALERTS AND STANDARDIZED SYSTEMS (IDEAS) PROJECT - A SERIES OF ONE-TIME HIT IMPLEMENTATIONS AND

Part VI Supplemental Information

Complete this part to provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 9, 10, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospitals facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

INNOVATIONS THAT WILL INCREASE THE CAPACITY OF PROVIDERS AT THE CHCS TO MANAGE LOCAL HEALTH CARE AND BUSINESS OPERATIONS. SOME ELEMENTS OF THE IDEAS PROJECT INCLUDING THE INSTALLATION OF CENTRICITY PRACTICE SOLUTIONS (CPS) -- A CLINICAL AND FINANCIAL MANAGEMENT SYSTEM FULLY INTEGRATED WITH THE CENTRICITY® EMR - AT FIVE CHCS, CREATION OF A CHCS DATA WAREHOUSE, CLINICAL REGISTRIES AND COMPUTERIZED PHYSICIAN ORDER ENTRY AND RESULT RETRIEVAL FOR LAB TESTS PERFORMED AT BMC AND/OR OTHER PREFERRED LABORATORIES. LEVERAGING THE DATA WAREHOUSE WITH THE REGISTRIES POSITIONS BMC AND THE CHCS TO BETTER MANAGE PATIENTS WITH CHRONIC DISEASES. THIS IMPROVED MANAGEMENT IS ESSENTIAL TO THE LOOMING ACO ENVIRONMENT WITH GLOBAL PAYMENTS AND ASSOCIATED FINANCIAL RISK.

THE BHN IDEAS PROJECT FACILITATES MEANINGFUL USE OF ELECTRONIC HEALTH RECORDS ACROSS ALL THREE STAGES OF MEANINGFUL USE, AS OUTLINED BY THE CENTERS FOR MEDICARE AND MEDICAID SERVICES. IT IS ALSO RESPONSIVE TO THE NCQA PATIENT CENTERED MEDICAL HOME REQUIREMENTS.

THIS YEAR ALSO SAW MOST BHN COMMUNITY HEALTH CENTERS WORK COLLABORATIVELY

Part VI Supplemental Information

Complete this part to provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 9, 10, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospitals facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

WITH BMC AS THEIR DESIGNATED IOO (IMPLEMENTATION AND OPTIMIZATION ORGANIZATION) THROUGH THE REGIONAL EXTENSION CENTER. THIS GOVERNMENT PROGRAM WAS ESTABLISHED TO PROVIDE ADDITIONAL ASSISTANCE TO PRIMARY CARE PROVIDERS IN EFFORTS TO REACH MEANINGFUL USE.

IN 2011, BMC RECEIVED A ONE-YEAR \$454,967 GRANT FOR THE BALANCED SCORECARD/SAFE SIGN-OUTS PROJECT. BMC BALANCED SCORECARD IS A CONTINUATION PROJECT TO MOVE TO THE NEXT LEVEL IN DEVELOPING A COMPUTER DASHBOARD SYSTEM TO DRILL DOWN ON PATIENT SAFETY AND QUALITY. THIS PROJECT FOCUSED ON THE PROVIDER LEVEL METRICS DEVELOPMENT AND TESTING. SAFE SIGN-OUTS WAS A NEW SYSTEMS DEVELOPMENT PROJECT WHICH CREATED A SOFTWARE SYSTEM AND PROTOCOL FOR RESIDENT SAFE SIGN-OUTS TO PREVENT PATIENT ADVERSE EVENTS.

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 BMC. LAST YEAR,

Part VI Supplemental Information

Complete this part to provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 9, 10, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospitals facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

THESE SHUTTLE BUSES TRANSPORTED 202,830 PATIENTS AND THEIR FAMILIES
BETWEEN BMC AND THE BOSTON HEALTHNET CHCS.

ADVANCING MEDICAL EDUCATION

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

LINE 7: STATE FILING OF COMMUNITY BENEFIT REPORT

BMC DOES NOT SUBMIT A COMMUNITY BENEFITS REPORT TO THE COMMONWEALTH OF
MASSACHUSETTS.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

OMB No. 1545-0047

2011

**Open to Public
Inspection**

Name of the organization

BOSTON MEDICAL CENTER

Employer identification number

04-3314093

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	ARKANSAS CHILDREN'S HOSPITAL 800 MARSHALL SLOT 512 LITTLE ROCK, AR 72202	71-0694931	501(C)(3)	54,804.				SUBAWARD
(2)	BAY COVE HUMAN SERVICES 66 CANAL STREET BOSTON, MA 02114	04-2518575	501(C)(3)	3,633,669.				SUBAWARD
(3)	BETH ISRAEL DEACONESS HOSPITAL PO BOX 3784 BOSTON, MA 02241	04-2103881	501(C)(3)	432,855.				SUBAWARD
(4)	BETH ISRAEL MEDICAL CENTER 555 WEST 57TH STREET NEW YORK, NY 10019	13-5564934	501(C)(3)	27,890.				SUBAWARD
(5)	BOSTON PUBLIC HEALTH COMMISSION 1010 MASSACHUSETTS AVENUE BOSTON, MA 02118	04-3316655	115	552,173.				SUBAWARD
(6)	BOSTON VA RESEARCH IN 150 S HUNTINGTON AVE BOSTON, MA 02130	04-3081524	501(C)(3)	63,670.				SUBAWARD
(7)	BRIGHAM & WOMENS HOSPITAL PO BOX 3149 BOSTON, MA 02241	04-2312909	501(C)(3)	338,125.				SUBAWARD
(8)	BOARD OF TRUSTEES MICHIGAN 360 ADMIN BULDING EAST LANSING, MI 48824	38-6005984	501(C)(3)	103,317.				SUBAWARD
(9)	BROCKTON NEIGHBORHOOD HEALTH 63 MAIN STREET BROCKTON, MA 02301	04-3165044	501(C)(3)	17,717.				SUBAWARD
(10)	BUTLER HOSPITAL 345 BLACKSTONE BLVD PROVIDENCE, RI 02906	05-0258812	501(C)(3)	209,755.				SUBAWARD
(11)	CALIFORNIA STATE UNIVERSITY 4910 N. CHESTNUT AVENUE FRESNO, CA 93726	94-6003272	501(C)(3)	11,694.				SUBAWARD
(12)	CAMBRIDGE HEALTH ALLIANCE 1493 CAMBRIDGE STREET CAMBRIDGE, MA 02139	04-3320571	501(C)(3)	322,084.				SUBAWARD

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

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

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

Schedule I (Form 990) (2011)

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

OMB No. 1545-0047

2011

**Open to Public
Inspection**

Name of the organization

BOSTON MEDICAL CENTER

Employer identification number

04-3314093

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	CENTER FOR COMMUNITY HEALTH EDUCATION & RES 420 WASHINGTON STREET DORCHESTER, MA 02124	04-3112225	501(C)(3)	69,592.				SUBAWARD
(2)	CHILDREN'S HOSPITAL OF BOSTON 300 LONGWOOD AVENUE BOSTON, MA 02115	04-2774441	501(C)(3)	521,713.				SUBAWARD
(3)	CODMAN SQUARE HEALTH CTR INC 637 WASHINGTON STREET BOSTON, MA 02124	04-2678774	501(C)(3)	30,847.				SUBAWARD
(4)	COOPER HEALTH SYSTEM ONE COOPER PLACE CAMDEN, NJ 08103	21-0634462	501(C)(3)	10,146.				SUBAWARD
(5)	DORCHESTER HOUSE MULTI SVC CTR 1353 DORCHESTER AVENUE DORCHESTER, MA 02122	23-7125970	501(C)(3)	44,340.				SUBAWARD
(6)	BAYLOR COLLEGE OF MEDICINE 6621 FANNIN ST HOUSTON, TX 77030	74-1613878	501(C)(3)	19,934.				SUBAWARD
(7)	DOUGLAS A. THOM CLINIC, INC 251 WEST STREET NATICK, MA 01760	04-2104268	501(C)(3)	17,505.				SUBAWARD
(8)	EAST BOSTON NHC 10 GOVE STREET EAST BOSTON, MA 02128	23-7425849	501(C)(3)	32,746.				SUBAWARD
(9)	EAST CAROLINA UNIVERSITY 2200 S CHARLES BLVD GREENVILLE, NC 27858	56-6000403	501(C)(3)	104,035.				SUBAWARD
(10)	FRONTIER SCIENCE & TECHNOLOGY 900 COMMONWEALTH AVE BOSTON, MA 02115	16-1056814	501(C)(3)	48,079.				SUBAWARD
(11)	GEISINGER CLINIC 100 N. ACADEMY AVE DANVILLE, PA 17822	23-6291113	501(C)(3)	152,219.				SUBAWARD
(12)	GROUP HEALTH COOPERATIVE 521 WALL STREET SEATTLE, WA 98121	91-0511770	501(C)(3)	35,358.				SUBAWARD

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

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

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

Schedule I (Form 990) (2011)

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

OMB No. 1545-0047

2011

**Open to Public
Inspection**

Name of the organization

BOSTON MEDICAL CENTER

Employer identification number

04-3314093

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	HARVARD UNIVERSITY 677 HUNTINGTON AVENUE BOSTON, MA 02115	04-2103580	501(C)(3)	428,291.				SUBAWARD
(2)	HEALTH PARTNERS RESEARCH FOUNDATION PO BOX 1524 MINNEAPOLIS, MN 55440	41-1670163	501(C)(3)	42,041.				SUBAWARD
(3)	ICF INCORPORATED LLC 9300 LEE HWY. FAIRFAX, VA 22031	52-0893615	501(C)(3)	41,985.				SUBAWARD
(4)	INSTITUTE FOR HEALTH ONE N.E. EXEC PARK BURLINGTON, MA 01803	11-3764559	501(C)(3)	203,888.				SUBAWARD
(5)	JOHN HOPKINS UNIVERSITY 600 WOLFE STREET BALTIMORE, MD 21287	52-0595110	501(C)(3)	26,203.				SUBAWARD
(6)	JONATHAN O COLE MENTAL HEALTH 115 MILL STREET BELMONT, MA 02178	04-3282088	501(C)(3)	13,500.				SUBAWARD
(7)	JOSLIN DIABETES CENTER ONE JOSLIN PLACE BOSTON, MA 02215	04-2203836	501(C)(3)	66,703.				SUBAWARD
(8)	KAISER FOUNDATION RESEARCH 1800 HARRISON STREET OAKLAND, CA 94612	94-1105628	501(C)(3)	168,737.				SUBAWARD
(9)	BAYSTATE MEDICAL PRACTICES INC 280 CHESTNUT ST SPRINGFIELD, MA 01199	04-2888373	501(C)(3)	70,049.				SUBAWARD
(10)	LOVELACE BIOMEDICAL & ENVIRONMENTAL RESEARC 2425 RIDGE STREET ALBUQUERQUE, NM 87108	51-0154068	501(C)(3)	27,502.				SUBAWARD
(11)	GREATER BALTIMORE MEDICAL CTR 6701 N CHARLES ST BALTIMORE, MD 21204	52-6049658	501(C)(3)	6,380.				SUBAWARD
(12)	MARTIN'S POINT HEALTH PO BOX 9746 PORTLAND, ME 04104	01-0353275	501(C)(3)	6,000.				SUBAWARD

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

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

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

Schedule I (Form 990) (2011)

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

OMB No. 1545-0047

2011

**Open to Public
Inspection**

Name of the organization

BOSTON MEDICAL CENTER

Employer identification number

04-3314093

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	MASSACHUSETTS GENERAL HOSPITAL 55 FRUIT STREET BOSTON, MA 02114	04-2697983	501(C)(3)	151,209.				SUBAWARD
(2)	MAYO CLINIC ARIZONA 13400 E SHEA BLVD SCOTTSDALE, AZ 85259	86-0800150	501(C)(3)	7,061.				SUBAWARD
(3)	MAYO CLINIC ROCHESTER 200 FIRST ST SW ROCHESTER, NY 55905	41-6011702	501(C)(3)	5,390.				SUBAWARD
(4)	MGH NEUROGENETICS DNA DIAG. LAB 185 CAMBRIDGE STREET BOSTON, MA 02110	04-2807148	501(C)(3)	307,979.				SUBAWARD
(5)	MINNEAPOLIS MED RESEARCH FND 914 S. EIGHT ST MINNEAPOLIS, MN 55404	41-1677920	501(C)(3)	20,606.				SUBAWARD
(6)	GREATER BOSTON SICKLE CELL 1803 DORCHESTER AVE DORCHESTER, MA 02124	04-3524260	501(C)(3)	64,167.				SUBAWARD
(7)	OREGON HEALTH & SCIENCE UNIV. 3181 SW JACKSON PK RD PORTLAND, OR 97239	93-1176109	501(C)(3)	20,815.				SUBAWARD
(8)	NATIONAL CENTER FOR HEALTHY HOUSING INC 10320 L PATUXENT PKWY COLUMBIA, MD 21044	52-1792579	501(C)(3)	62,961.				SUBAWARD
(9)	NEW YORK UNIVERSITY MEDICAL CENTER 550 FIRST AVENUE NEW YORK, NY 10016	13-5562309	501(C)(3)	34,302.				SUBAWARD
(10)	NORTH SUFFOLK MENTAL HEALTH 301 BROADWAY AVENUE CHELSEA, MA 02150	04-2317215	501(C)(3)	3,286,581.				SUBAWARD
(11)	NORTHEASTERN UNIVERSITY 360 HUNTINGTON AVENUE BOSTON, MA 02115	04-1679980	501(C)(3)	668,473.				SUBAWARD
(12)	NORTHWESTERN UNIVERSITY 633 CLARK STREET EVANSTON, IL 60208	36-2167817	501(C)(3)	73,901.				SUBAWARD

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

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

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

Schedule I (Form 990) (2011)

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

OMB No. 1545-0047

2011

**Open to Public
Inspection**

Name of the organization

BOSTON MEDICAL CENTER

Employer identification number

04-3314093

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	REGENTS OF UNIV. OF MINNESOTA 1300 SOUTH STREET MINNEAPOLIS, MN 55454	41-6007513	501(C)(3)	77,603.				SUBAWARD
(2)	RESEARCH TRIANGLE INSTITUTE PO BOX 900002 RALEIGH, NC 27675	56-0686338	501(C)(3)	40,632.				SUBAWARD
(3)	SOUTH BOSTON CHC 409 WEST BROADWAY SOUTH BOSTON, MA 02127	04-2682152	501(C)(3)	33,647.				SUBAWARD
(4)	ST. ELIZABETH'S MEDICAL CENTER 736 CAMBRIDGE STREET BOSTON, MA 02135	27-2473667	501(C)(3)	14,060.				SUBAWARD
(5)	SPECTRUM HEALTH HOSPITALS 25 MICHIGAN NE GRAND RAPIDS, MI 49503	38-1360529	501(C)(3)	111,268.				SUBAWARD
(6)	THE PENNSYLVANIA STATE UNIVERSITY 110 TECH CENTER UNIVERSITY PARK, PA 16802	24-6000376	501(C)(3)	32,724.				SUBAWARD
(7)	TRUSTEES OF BU 715 ALBANY STREET BOSTON, MA 02118	04-2103547	501(C)(3)	2,861,122.				SUBAWARD
(8)	THE NEXT STEP FUND 86A SHERMAN ST CAMBRIDGE, MA 02140	04-3579298	501(C)(3)	5,750.				SUBAWARD
(9)	TUFTS UNIVERSITY 171 HARRISON AVENUE BOSTON, MA 02111	04-2103634	501(C)(3)	382,478.				SUBAWARD
(10)	U.S.CIVILIAN RESEARCH PO BOX 630622 BALTIMORE, MD 21263	54-1773406	501(C)(3)	219,256.				SUBAWARD
(11)	UNIV. OF ALABAMA AT BIRMINGHAM 1530 3RD AVENUE SOUTH BIRMINGHAM, AL 35294	63-6005396	501(C)(3)	158,322.				SUBAWARD
(12)	UNIVERSITY OF CALIFORNIA 505 PARNASSUS AVE SAN FRANCISCO, CA 94413	94-6036493	501(C)(3)	39,189.				SUBAWARD

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

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

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

Schedule I (Form 990) (2011)

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

OMB No. 1545-0047

2011

**Open to Public
Inspection**

Name of the organization

BOSTON MEDICAL CENTER

Employer identification number

04-3314093

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	UNIVERSITY OF MARYLAND PO BOX 41428 BALTIMORE, MD 21203	31-1678679	501(C)(3)	54,652.				SUBAWARD
(2)	UNIVERSITY OF MASSACHUSETTS BOSTON 55 LAKE AVENUE NORTH WORCESTER, MA 01655	04-3167352	115	347,970.				SUBAWARD
(3)	UNIVERSITY OF MICHIGAN 1301 CATHERINE ROAD ANN ARBOR, MI 48109	38-6006309	501(C)(3)	17,909.				SUBAWARD
(4)	UNIVERSITY OF RHODE ISLAND 2 CHAFEE ROAD KINGSTON, RI 02881	05-6000522	501(C)(3)	95,259.				SUBAWARD
(5)	UNIVERSITY OF WASHINGTON 1959 NE PACIFIC ST SEATTLE, WA 98195	91-6001537	501(C)(3)	24,169.				SUBAWARD
(6)	VINFEN CORP PO BOX 5059 BOSTON, MA 02206	04-2632219	501(C)(3)	75,634.				SUBAWARD
(7)	VISIONS INC. 48 JUNIPER STREET ROXBURY, MA 02119	52-1378064	501(C)(3)	30,675.				SUBAWARD
(8)	WAKE FOREST UNIVERSITY HEALTH 1834 WAKE FOREST RD WINSTON-SALEM, NC 27157	22-3849199	501(C)(3)	329,786.				SUBAWARD
(9)	WILLIAMS BEAUMONT HOSPITAL 3601 W 13 MILE RD ROYAL OAK, MI 48073	38-1459362	501(C)(3)	118,721.				SUBAWARD
(10)	UNIVERSITY OF CHICAGO DIST CTR 11030 S LANGLEY AVE CHICAGO, IL 60628	36-2177139	501(C)(3)	69,746.				SUBAWARD
(11)	YMCA OF GREATER BOSTON 776 WASHINGTON STREET DORCHESTER, MA 02124	04-2103551	501(C)(3)	108,822.				SUBAWARD
(12)	YOUTH & FAMILY ENRICHMENT SVC 1234 HYDE PARK AVENUE HYDE PARK, MA 02136	05-0588064	501(C)(3)	263,600.				SUBAWARD

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

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

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

Schedule I (Form 990) (2011)

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

OMB No. 1545-0047

2011

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

Name of the organization

BOSTON MEDICAL CENTER

Employer identification number

04-3314093

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	YALE UNIVERSITY SCHOOL PO BOX 1873 NEW HAVEN, CT 06508	06-0646973	501(C)(3)	63,546.				SUBAWARD
(2)	REGENTS OF THE U OF CALIFORNIA 9500 GILMAN DR LA JOLLA, CA 92093	95-6006144	501(C)(3)	13,541.				SUBAWARD
(3)	UNIVERSITY OF N CAROLINA 104 AIRPORT DR CHAPEL HILL, NC 27599	56-6001393	501(C)(3)	125,782.				SUBAWARD
(4)	UNIVERSITY OF PITTSBURGH 200 LOTHROP ST PITTSBURGH, PA 15213	23-2919472	501(C)(3)	19,871.				SUBAWARD
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 76.

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

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

Schedule I (Form 990) (2011)

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

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

SCHEDULE I, PART I, LINE 2

BOSTON MEDICAL CENTER MONITORS ALL SPONSORED PROGRAM GRANTS UTILIZING INTERNAL ELECTRONIC TRACKING SYSTEMS. DEPARTMENT STAFF MONITOR THE SYSTEM. GRANTS ADMINISTRATION WORKS CLOSELY WITH THE DEPARTMENT STAFF TO ENSURE THAT EXPENDITURES ARE APPROPRIATE AND ALLOWABLE PER THE AWARD CONTRACT AND NOTICE OF GRANT AWARD.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2011

Open to Public Inspection

Name of the organization

BOSTON MEDICAL CENTER

Employer identification number

04-3314093

Part I Questions Regarding Compensation

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

- | | |
|--|---|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input checked="" type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

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

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director. Explain in Part III.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

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

Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.

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

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

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

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

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

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

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

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

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

Schedule J (Form 990) 2011

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

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

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990	
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation					
1 EDWARD CHRISTIANSEN, JR	(i)	273,369.	0	10,702.	19,600.	13,437.	317,108.	0
	(ii)	0	0	0	0	0	0	0
2 RONALD BARTLETT	(i)	298,838.	0	84,347.	8,575.	7,076.	398,836.	0
	(ii)	0	0	0	0	0	0	0
3 STEPHANIE LOVELL	(i)	475,210.	48,000.	78,139.	71,871.	9,196.	682,416.	75,336.
	(ii)	0	0	0	0	0	0	0
4 JAMES M. BECKER, MD	(i)	0	0	0	0	0	0	0
	(ii)	441,273.	0	2,052,813.	32,540.	18,251.	2,544,877.	0
5 DAVID COLEMAN, MD	(i)	0	0	0	0	0	0	0
	(ii)	449,292.	0	171,028.	32,540.	2,496.	655,356.	0
6 RAVIN DAVIDOFF	(i)	445,261.	76,000.	68,503.	113,626.	40,492.	743,882.	50,343.
	(ii)	0	0	0	0	0	0	0
7 PETER HEALY	(i)	327,847.	0	22,149.	52,979.	35,163.	438,138.	20,884.
	(ii)	0	0	0	0	0	0	0
8 LISA O'CONNOR	(i)	355,374.	53,000.	45,390.	78,826.	26,320.	558,910.	31,716.
	(ii)	0	0	0	0	0	0	0
9 NORMAN STEIN	(i)	319,941.	65,000.	49,062.	143,778.	13,583.	591,364.	34,455.
	(ii)	0	0	0	0	0	0	0
10 THOMAS TRAYLOR	(i)	390,952.	202,000.	67,439.	112,287.	28,536.	801,214.	50,710.
	(ii)	0	0	0	0	0	0	0
11 KATHLEEN E. WALSH	(i)	878,240.	0	406,353.	87,875.	11,949.	1,384,417.	328,708.
	(ii)	0	0	0	0	0	0	0
12 MEG ARANOW	(i)	342,689.	0	43,274.	108,366.	8,850.	503,179.	39,992.
	(ii)	0	0	0	0	0	0	0
13 RICHARD SILVERIA	(i)	440,234.	100,000.	18,661.	4,125.	41,466.	604,486.	0
	(ii)	0	0	0	0	0	0	0
14 THEA JAMES, MD	(i)	0	0	0	0	0	0	0
	(ii)	239,596.	0	23,034.	32,540.	11,392.	306,562.	0
15 DAVID BECK	(i)	187,346.	0	5,271.	0	20,808.	213,425.	0
	(ii)	0	0	0	0	0	0	0
16 TIM MANNING	(i)	353,321.	0	71,474.	0	25,251.	450,046.	0
	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

SCHEDULE J, PART I, LINE 1A AND 1B

UNDER THE TERMS OF HER EMPLOYMENT AGREEMENT, THE ORGANIZATION'S PRESIDENT AND CEO RECEIVED REIMBURSEMENT FOR CERTAIN PERSONAL PROFESSIONAL SERVICES FEES INCLUDING LEGAL, TAX AND FINANCIAL PLANNING ADVICE. SUCH REIMBURSEMENTS WERE INCLUDED IN THE PRESIDENT'S TAXABLE INCOME.

SCHEDULE J, PART I, LINE 4A

AS A RESULT OF A CHANGE IN ROLES AND RESPONSIBILITIES AND IN RECOGNITION OF 16 YEARS OF SERVICE, JAMES BECKER RECEIVED A PAYMENT OF \$1,505,000 IN CALENDAR YEAR 2011 WHICH IS REPORTED ON SCHEDULE J, COLUMN B(III) AS OTHER REPORTABLE COMPENSATION.

AS OF DECEMBER 12, 2011, UNDER THE TERMS OF STEPHANIE LOVELL'S EMPLOYMENT CONTRACT, SHE WILL RECEIVE TWELVE MONTHS OF SALARY CONTINUATION WITH PARTIAL PAY OFFSET FOR MONTH SEVEN TO MONTH TWELVE. THE AMOUNT PAID IN 2011 WAS \$20,000.

SCHEDULE J, PART I, LINE 4B

BOSTON MEDICAL CENTER PROVIDES A SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

TO CERTAIN EXECUTIVES. AMOUNTS ARE CREDITED TO PARTICIPANTS' ACCOUNTS EACH YEAR. PLAN AMOUNTS ARE SUBJECT TO FORFEITURE AND PAYMENT ONLY IF CERTAIN CONDITIONS ARE MET, AS OUTLINED IN THE PLAN AGREEMENT.

BOSTON MEDICAL CENTER MAINTAINS AN EXECUTIVE BENEFIT PLAN WHICH OFFERS PARTICIPATING EXECUTIVES THE OPTION OF ANNUALLY ALLOCATING BENEFIT DOLLARS TO A SUPPLEMENTAL RETIREMENT/PRE-TAX SAVINGS ACCOUNT. AMOUNTS VEST ON SPECIFIED DATES BASED ON CONTINUED EMPLOYMENT BUT NO LATER THAN THE EXECUTIVE'S 68TH BIRTHDAY.

THE FOLLOWING AMOUNTS BECAME VESTED AND WERE PAID TO THE FOLLOWING EXECUTIVES IN CALENDAR YEAR 2011:

ARANOW - \$40,029

DAVIDOFF - \$49,541

HEALY - \$20,903

LOVELL - \$75,404

O'CONNOR - \$31,745

STEIN - \$31,156

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

TRAYLOR - \$50,757

BMC PROVIDED A SEPARATE SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN TO KATHLEEN E. WALSH, PRESIDENT AND CEO AS OF MARCH 1, 2010. PURSUANT TO THE TERMS OF THE AGREEMENT, THE PRESIDENT AND CEO WAS CREDITED A ONE TIME PAYMENT THAT WAS SUBJECT TO CERTAIN CONDITIONS WHICH HAS VESTED EFFECTIVE DECEMBER 1, 2011. THE PAYMENT IS REFLECTED IN SCHEDULE J, PART II, COLUMN B(III). IN ADDITION, CERTAIN AMOUNTS ARE CREDITED TO PRESIDENT AND CEO'S ACCOUNT EACH YEAR. THESE AMOUNTS ARE SUBJECT TO FORFEITURE AND PAYMENT WILL BE MADE ONLY IF CERTAIN CONDITIONS ARE MET, AS OUTLINED IN THE AGREEMENT. THE APPLICABLE ACCRUED AMOUNTS ARE REFLECTED IN SCHEDULE J, PART II, COLUMN C.

BMC PROVIDED A NON-QUALIFIED DEFINED BENEFIT PLAN TO CERTAIN EXECUTIVES. THE ESTIMATED ANNUAL INCREASE IN ACTUARIAL VALUE FOR THE FOLLOWING EXECUTIVES ARE REFLECTED IN SCHEDULE J, PART II, COLUMN C.

ARANOW - \$62,417

DAVIDOFF - \$55,597

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

HEALY - \$28,053

LOVELL - \$64,521

O'CONNOR - \$40,617

STEIN - \$96,584

TRAYLOR - \$70,485

SCHEDULE J, PART I, LINE 6B

AN INDIVIDUAL LISTED IN SCHEDULE J, PART II WAS PAID COMPENSATION
CONTINGENT ON THE NET EARNINGS OF A RELATED ORGANIZATION. THIS
COMPENSATION IS REFLECTED IN SCHEDULE J, PART II, COLUMN B(II).

SCHEDULE J, PART I, LINE 8

KATHLEEN E. WALSH ENTERED INTO AN EMPLOYMENT CONTRACT WITH BMC IN MARCH
2010. THE TERMS OF HER CONTRACT INCLUDE BASE SALARY, INCENTIVE PROGRAM,
DEFERRED COMPENSATION, EXECUTIVE BENEFITS, AND SEVERANCE PROVISION.

RICHARD SILVERIA ENTERED INTO AN EMPLOYMENT CONTRACT WITH BMC IN DECEMBER
2010. THE TERMS OF HIS CONTRACT INCLUDE A BASE SALARY, INCENTIVE PROGRAM,

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

EXECUTIVE BENEFITS, AND SEVERANCE PROVISION.

DAVID BECK ENTERED INTO AN EMPLOYMENT CONTRACT WITH BMC IN DECEMBER 2011.

THE TERMS OF HIS CONTRACT INCLUDE A BASE SALARY, EXECUTIVE BENEFITS, AND

SEVERANCE PROVISION.

SCHEDULE J, PART II

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

MANAGEMENT OFFICER AND NOT AS THE FORMER CLERK.

**SCHEDULE K
(Form 990)**

Supplemental Information on Tax-Exempt Bonds

OMB No. 1545-0047

2011

**Open to Public
Inspection**

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.**

▶ **Attach to Form 990.** ▶ **See separate instructions.**

Department of the Treasury
Internal Revenue Service

Name of the organization
BOSTON MEDICAL CENTER

Employer identification number
04-3314093

Part I Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
						Yes	No	Yes	No	Yes	No
A MASS HEALTH AND EDUCATIONAL FACILITES AUTHORITY	04-2456011	57586ELD1	08/14/2009	13,688,734.	REFUND OF SERIES M3-B (2005)		X		X	X	
B MASS HEALTH AND EDUCATIONAL FACILITES AUTHORITY	04-2456011	57586C7T6	07/01/2008	239,309,847.	FINANCE CONSTRUCTION/RENOVATION		X		X		X
C MASS DEVELOPMENT FINANCE AGENCY	04-3431814	57583URP5	06/14/2012	117,490,498.	REFUND OF PRIOR BONDS		X		X		X
D											

Part II Proceeds

	A		B		C		D	
1 Amount of bonds retired	2,444,807.		590,000.					
2 Amount of bonds legally defeased								
3 Total proceeds of issue	13,688,734.		253,556,588.		117,490,523.			
4 Gross proceeds in reserve funds	112,288.		24,646,536.		10,519,363.			
5 Capitalized interest from proceeds			31,231,616.					
6 Proceeds in refunding escrows								
7 Issuance costs from proceeds			2,592,758.		1,684,874.			
8 Credit enhancement from proceeds								
9 Working capital expenditures from proceeds								
10 Capital expenditures from proceeds			156,299,928.					
11 Other spent proceeds	13,688,734.				115,805,649.			
12 Other unspent proceeds			38,706,491.					
13 Year of substantial completion	2006							
	Yes	No	Yes	No	Yes	No	Yes	No
14 Were the bonds issued as part of a current refunding issue?	X			X	X			
15 Were the bonds issued as part of an advance refunding issue?		X		X		X		
16 Has the final allocation of proceeds been made?	X			X		X		
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X			

Part III Private Business Use

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

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

Schedule K (Form 990) 2011

		TAX-EXEMPT BONDS							
		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?		X	X					
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?			X					
c	Are there any research agreements that may result in private business use of bond-financed property?		X	X					
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?			X					
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶		%	.7100	%		%		%
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶		%		%		%		%
6	Total of lines 4 and 5		%	.7100	%		%		%
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X		X					

		ARBITRAGE							
		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		X		X		X		
2	Is the bond issue a variable rate issue?	X			X		X		
3a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X		
b	Name of provider								
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was the hedge terminated?								
4a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X	X			
b	Name of provider						AIGMC		
c	Term of GIC						26.000		
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?					X			
5	Were any gross proceeds invested beyond an available temporary period?		X	X			X		
6	Did the bond issue qualify for an exception to rebate?	X			X		X		

Part V Procedures To Undertake Corrective Action
 Check the box if the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations Yes No

Part VI Supplemental Information. Complete this part to provide additional information for responses to questions on Schedule K (see instructions).
 SEE SCHEDULE O

SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**
▶ **Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

OMB No. 1545-0047

2011

Open To Public Inspection

Name of the organization
BOSTON MEDICAL CENTER

Employer identification number
04-3314093

Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

- 2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 ▶ \$ _____
- 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$ _____

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a.

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
	(1)									
(2)										
(3)										
(4)										
(5)										
(6)										
(7)										
(8)										
(9)										
(10)										

Total ▶ \$ _____

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount and type of assistance
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		

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

Schedule L (Form 990 or 990-EZ) 2011

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) BOSTON MEDICAL CENTER INSURANCE CO, LTD	SEE PART V	19,465,000.	INSURANCE		X
(2) LANGUAGE LINE SERVICES	TTEE KOENIG IS ON BOARD	456,782.	TRANSLATION SERVICES		X
(3) SUFFOLK CONSTRUCTION COMPANY	TTEE PASSAFARO IS VP	2,778,306.	CONSTRUCTION		X
(4) FRANCIS O'CONNOR	SON OF KE O'CONNOR	12,841.	COMPENSATION		X
(5) TRIAD ISOTOPE, INC.	TTEE AMENT IS ON BOARD	286,974.	MED SUPPLIES		X
(6) ANAESTHESIA ASSOCIATES OF MA	SEE PART V	8,615,100.	MEDICAL SERVICES		X
(7)					
(8)					
(9)					
(10)					

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

SCHEDULE L, PART IV, LINE 1

NAME OF INTERESTED PERSON: BOSTON MEDICAL CENTER INSURANCE CO, LTD.
 RELATIONSHIP: TRUSTEES PASSAFARO, DONAHUE, AND COLEMAN, THE PRESIDENT/CEO, WALSH, AND THE VP & CRO/FORMER CLERK, CHRISTIANSEN, SERVE ON THE BOARD. AMOUNT OF TRANSACTION: BMC AND BMCIC HAVE SIGNIFICANT TRANSACTIONS WITH EACH OTHER FOR THE PURPOSE OF PROVIDING PROFESSIONAL AND GENERAL LIABILITY INSURANCE. TOTAL EXPENSES INCURRED BY THE MEDICAL CENTER RELATED TO THE INSURANCE PROVIDED BY BMCIC WAS \$4,182,000 FOR THE YEAR ENDED SEPTEMBER 30, 2012. THE MEDICAL CENTER HAS \$15,283,000 OF PREPAID PREMIUMS AND RETROSPECTIVE PREMIUM CREDITS THAT ARE PREPAID BY THE MEDICAL CENTER TO BMCIC AT SEPTEMBER 30, 2012.

SCHEDULE L, PART IV, LINE 6

NAME: ANAESTHESIA ASSOCIATES OF MA
 RELATIONSHIP: TRUSTEE ENGLISH'S BROTHER IS PRESIDENT. ANAESTHESIA ASSOCIATES BEGAN PROVIDING SERVICES TO BMC IN 1998. IT HAS BEEN PROVIDING SERVICES TO BMC, AND TRUSTEE ENGLISH'S BROTHER HAS BEEN PRESIDENT, SINCE BEFORE TRUSTEE ENGLISH JOINED THE BMC BOARD IN 2005.

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
▶ **Attach to Form 990.**

OMB No. 1545-0047

2011

Open To Public Inspection

Name of the organization

BOSTON MEDICAL CENTER

Employer identification number

04-3314093

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art	X	6 .	2,600 .	FMV
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications	X		1,545 .	FMV
5 Clothing and household goods	X		95,567 .	FMV
6 Cars and other vehicles				
7 Boats and planes	X	1 .	750 .	FMV
8 Intellectual property				
9 Securities - Publicly traded	X	5 .	425,426 .	PROCEEDS OF STOCK
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory	X	50 .	48,344 .	FMV
20 Drugs and medical supplies	X	1 .	1,007 .	FMV
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (<u>ATCH 1</u>)		162 .	623,724 .	
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29**

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

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

Schedule M (Form 990) (2011)

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

SCHEDULE M, PART I, COLUMN (B)

THE ORGANIZATION IS REPORTING THE NUMBER OF CONTRIBUTIONS RECEIVED.

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

ATTACHMENT 1

SCHEDULE M, PART I - OTHER NONCASH CONTRIBUTIONS

<u>DESCRIPTION</u>	<u>(A) CHECK</u>	<u>(B) NUMBER OF CONTRIBUTIONS</u>	<u>(C) REVENUES REPORTED</u>	<u>(D) METHOD OF DETERMINING</u>
COLLECTIBLES	X	6.	1,395.	FMV
COMPUTERS/EQUIPMENT	X	7.	515,887.	FMV
GIFT CERTIFICATES	X	149.	106,442.	FMV
TOTALS		<u>162.</u>	<u>623,724.</u>	

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2011

**Open to Public
Inspection**

Name of the organization

BOSTON MEDICAL CENTER

Employer identification number

04-3314093

FORM 990, PART III, LINE 4A

BOSTON MEDICAL CENTER'S MISSION IS TO PROVIDE CONSISTENTLY EXCELLENT AND ACCESSIBLE HEALTH SERVICES TO ALL IN NEED OF CARE REGARDLESS OF STATUS AND ABILITY TO PAY. APPROXIMATELY 73% OF OUR PATIENT VISITS COME FROM UNDERSERVED POPULATIONS, THE LOW-INCOME AND ELDERLY, WHO RELY ON GOVERNMENT PAYORS SUCH AS MEDICAID, THE HEALTH SAFETY NET AND MEDICARE FOR THEIR COVERAGE, AND 30% DO NOT SPEAK ENGLISH AS A PRIMARY LANGUAGE. TO ADDRESS THE HEALTH NEEDS OF ITS DIVERSE PATIENT POPULATION, BMC PROVIDES A WIDE RANGE OF SERVICES BEYOND THE TRADITIONAL MEDICAL MODEL. THESE PROGRAMS, INCLUDING BUT NOT LIMITED TO PATIENT NAVIGATION, INTERPRETER SERVICES, AND A FOOD PANTRY, HELP REDUCE BARRIERS TO ACCESSING HEALTH SERVICES AND ELIMINATE DISPARITIES IN HEALTHCARE AMONG THE VARIOUS POPULATIONS BMC SERVES.

PART IV, LINE 12

BOSTON MEDICAL CENTER HAS SEPARATE FINANCIAL STATEMENTS AND IS ALSO INCLUDED IN THE CONSOLIDATED FINANCIAL STATEMENTS FOR BOSTON MEDICAL CENTER AND AFFILIATES.

FORM 990, PART VI, LINE 2

KAREN ANTMAN, M.D.

JAMES M. BECKER, M.D.

DAVID COLEMAN, M.D.

BUSINESS RELATIONSHIP - KAREN ANTMAN, M.D. IS A KEY EMPLOYEE AT BOSTON

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

UNIVERSITY, WHICH ALSO EMPLOYS JAMES M. BECKER, M.D. AND DAVID COLEMAN,
M.D.

DAVID A. PASSAFARO

SUSAN DONAHUE

DAVID COLEMAN, M.D.

KATHLEEN E. WALSH

BUSINESS RELATIONSHIP - SERVE ON THE BOARD OF BMC INSURANCE COMPANY.

FORM 990, PART VI, LINE 11B

BOSTON MEDICAL CENTER'S (BMC) FORM 990 IS PREPARED BY
PRICEWATERHOUSECOOPERS (PWC) AND REVIEWED BY BMC'S INTERNAL MANAGEMENT.
FOLLOWING THAT REVIEW, BMC'S INTERNAL MANAGEMENT AND PWC PRESENT THE FORM
990 TO THE AUDIT COMMITTEE FOR REVIEW AND COMMENT. THE COMPLETED FORM
990 IS PROVIDED TO ALL MEMBERS OF THE BOARD OF DIRECTORS PRIOR TO THE
FORM BEING FILED WITH THE IRS.

FORM 990, PART VI, LINE 12C

CONFLICT OF INTEREST QUESTIONNAIRES FOR THE FISCAL YEAR ENDING SEPTEMBER
30, 2012 WERE DISTRIBUTED BY THE ORGANIZATION'S LEGAL DEPARTMENT.

THE CHIEF COMPLIANCE OFFICER OR HER DESIGNEE QUERIES TRUSTEES, OFFICERS
AND DIRECTORS ON AT LEAST AN ANNUAL BASIS REGARDING RELATIONSHIPS THAT
MAY CREATE POTENTIAL CONFLICTS OF INTEREST. THE CHIEF COMPLIANCE OFFICER
OR HER DESIGNEE REVIEWS ALL DISCLOSURES AND DETERMINES WHETHER THERE ARE
ACTUAL OR POTENTIAL CONFLICTS OF INTEREST. THE CHIEF COMPLIANCE OFFICER

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

OR HER DESIGNEE INFORMS THE GENERAL COUNSEL OF ANY ACTUAL OR POTENTIAL CONFLICTS OF INTEREST. THE GENERAL COUNSEL ADVISES THE BOARD OF TRUSTEES AND OFFICERS OF THE CORPORATION ACCORDINGLY.

FORM 990, PART VI, LINE 15A&B

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

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

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

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

FORM 990, PART VI, LINE 19

BOSTON MEDICAL CENTER DOES NOT MAKE ITS GOVERNING DOCUMENTS, CONFLICT OF

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

INTEREST POLICY, AND FINANCIAL STATEMENTS PUBLICLY AVAILABLE. HOWEVER,
THE RESTATED ARTICLES OF THE ORGANIZATION ARE POSTED ON THE SECRETARY OF
THE COMMONWEALTH'S WEBSITE.

FORM 990, PART VII, SECTION A

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

FORM 990, PART XI, LINE 5

UNREALIZED GAIN	\$ 36,683,000
TRANSFER FROM BMCHP	\$ 50,000,000
CHANGE IN ASSISTANCE WITH CITY OF BOSTON	(\$ 18,060,000)
PENSION RELATED CHANGES OTHER THAN PERIODIC PENSION COSTS	(\$ 2,982,000)

TOTAL	(\$ 65,641,000)

SCHEDULE K, PART II

BOND A

THE BONDS ARE PART OF A POOLED (TOTAL PAR \$101,485,000) FINANCING AND
THUS ONLY THE BORROWER'S ALLOCABLE PORTION OF THE BONDS IS REPRESENTED IN
PART I AND II. THE BORROWER'S PORTION OF THE BONDS REFINANCED THE PORTION
OF THE ISSUER'S SERIES M3-B (2005) BONDS (ISSUED ON OCTOBER 3, 2005)
ALLOCABLE TO THE BORROWER.

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

BOND B

THE DIFFERENCE BETWEEN PART I (E) AND PART II 3 IS DUE TO INTEREST EARNINGS ON BOND PROCEEDS.

QUESTION 12 INCLUDES UNSPENT PROJECT FUND AND EXPENSE FUND INTEREST EARNINGS.

BONDS A&C

QUESTION 4 - THE RESERVE PROCEEDS REPRESENTED ARE TRANSFERRED PROCEEDS FROM THE REFUNDED BONDS.

SCHEDULE K, PART III, LINE 4

BOND B

ALTHOUGH THE PROJECT HAS NOT BEEN SUBSTANTIALLY COMPLETED CERTAIN PORTIONS OF THE PROJECT HAVE BEEN PLACED IN SERVICE. THE PRIVATE USE PERCENTAGE LISTED IN PART III LINE 4 REFLECTS THE USE OF ONLY THOSE PORTIONS OF THE PROJECT THAT HAVE BEEN PLACED IN SERVICE.

SCHEDULE K, PART V

THE ORGANIZATION HAS ESTABLISHED WRITTEN PROCEDURES TO ENSURE VIOLATIONS OF FEDERAL TAX REQUIREMENTS ARE TIMELY IDENTIFIED AND CORRECTED THROUGH THE VOLUNTARY CLOSING AGREEMENT PROGRAM IF SELF-REMEDICATION IS NOT AVAILABLE UNDER APPLICABLE REGULATIONS. THESE WRITTEN PROCEDURES ARE IN DRAFT FORM AS OF 9/30/2012 AND EXPECT TO BE ADOPTED DURING THE FOLLOWING FISCAL YEAR.

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

ATTACHMENT 1FORM 990, PART V, LINE 4B - FOREIGN COUNTRIES

BERMUDA

CANADA

CAYMAN ISLANDS

LESOTHO

UNITED KINGDOM

ATTACHMENT 2FORM 990, PART VII, COLUMN B - ESTIMATED AVERAGE PER WEEK

NAME AND TITLE	HOURS DEVOTED FOR RELATED ORGANIZATION
JOEL M. ABRAMS TRUSTEE (UNTIL 6/30/12)	1.00
KAREN ANTMAN, MD TRUSTEE	4.00
JAMES M. BECKER, MD TRUSTEE (UNTIL 12/31/11)	50.00
DAVID A. PASSAFARO VICE CHAIRMAN	1.00
CHRISTINE M. DUNN TRUSTEE	1.00
WILLIAM J. HALPIN, JR TRUSTEE	1.00
EDMOND J. ENGLISH CHAIRMAN	1.00
RANDI CUTLER TRUSTEE	1.00
ALYCE J. LEE VICE CHAIRMAN (UNTIL 6/30/12)	1.00
MARTHA S. SAMUELSON TRUSTEE	1.00
JAMES O. TAYLOR, MD TRUSTEE (UNTIL 6/30/12)	1.00
THOMAS ALPERIN TRUSTEE	2.00
STEVEN D. LEVY TRUSTEE	1.00
LISA GUSCOTT	

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

ATTACHMENT 2 (CONT'D)

TRUSTEE	1.00
RICHARD SLIFKA	
TRUSTEE	1.00
AZZIE YOUNG, MPA, PHD	
TRUSTEE	1.00
BARBARA FERRER, PHD	
TRUSTEE	1.00
DAVID COLEMAN, MD	
TRUSTEE	55.00
SUSAN DONAHUE	
TRUSTEE	1.00
JOHN T. HAILER	
TRUSTEE	1.00
KATHLEEN E. WALSH	
PRESIDENT/CEO	9.50
PAUL EGERMAN	
TRUSTEE	1.00
PEGGY KOENIG	
TRUSTEE	1.00
JAMES S. PHALEN	
TRUSTEE	1.00
RONALD L. WALKER, II	
TRUSTEE	1.00
MARK NUNNELLY	
TRUSTEE	1.00
THEA JAMES, MD	
TRUSTEE	1.00
CLAIRE PERLMAN	
TRUSTEE (AS OF 7/1/12)	1.00
DAVID AMENT	
TRUSTEE (AS OF 7/1/12)	1.00
JAMES BLUE	
TRUSTEE (AS OF 7/1/12)	1.00
SANDRA COTTERRELL	
TRUSTEE (AS OF 7/1/12)	1.00
JACK CRADOCK	
TRUSTEE (AS OF 7/1/12)	1.00
GERARD DOHERTY, MD	
TRUSTEE (AS OF 1/1/12)	55.00
STEPHANIE LOVELL	
VP/GEN COUN/CLRK UNTL 12/12/11	15.00
RICHARD SILVERIA	
VP FIN/CFO/TREAS	6.50
DAVID BECK	
VP/GEN COUN/CLK AS OF 12/13/11	15.50
RAVIN DAVIDOFF	
VP MED AFFAIRS/CMO	5.50
PETER HEALY	
VP PROFESSIONAL SERVICE	10.00
THOMAS TRAYLOR	
VP OF FED, STATE, LOCAL PROG	25.00

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

ATTACHMENT 2 (CONT'D)

EDWARD CHRISTIANSEN, JR
VP & CRO/FORMER CLERK 1.00

ATTACHMENT 3

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

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
BOSTON UNIVERSITY 715 ALBANY STREET, SUITE 580 BOSTON, MA 02118-2528	SHARED RESEARCH SVCS	66,486,746.
FTI CONSULTING, INC 200 STATE STREET, 2ND FLOOR BOSTON, MA 02109	CONSULTING	5,686,440.
MORRISON HEALTH CARE, INC. 5801 PEACHTREE DUNWOODY ROAD ATLANTA, GA 30342	FOOD SVCS/CAFETERIA	4,691,409.
WILLIAM A BERRY & SON, INC 99 CONIFER HILL DRIVE DANVERS, MA 01923	CONSTRUCTION	3,721,606.
SUFFOLK CONSTRUCTION COMPANY 65 ALLERTON STREET BOSTON, MA 02119	CONSTRUCTION	2,778,306.
TOTAL COMPENSATION		<u>83,364,507.</u>

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2011

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.**
▶ **Attach to Form 990.** ▶ **See separate instructions.**

Name of the organization
BOSTON MEDICAL CENTER

Employer identification number
04-3314093

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) BMC COMM PHY PROG LLC DISSOLVED 12/21/11 26-0350958 5101 WASHINGTON AVENUE WASHINGTON, DC 20016	RISK MGMT SVC	DC			BMC
(2) -----					
(3) -----					
(4) -----					
(5) -----					
(6) -----					

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) BOSTON MEDICAL CENTER HEALTH PLAN, INC. 04-3373331 2 COPLEY PLACE, STE 600 BOSTON, MA 02116	INSURANCE	MA	501(C)(3)	11 A-I	BMC	X	
(2) EAST CONCORD MEDICAL FOUNDATION, INC. 04-6048207 660 HARRISON AVENUE BOSTON, MA 02118	REAL ESTATE	MA	501(C)(3)	11C III-FI	N/A		X
(3) UNIVER DEVELOPMENT FOUNDATION, INC. 04-3101957 88 EAST NEWTON STREET BOSTON, MA 02118	REAL ESTATE	MA	501(C)(3)	11 A-I	BMC	X	
(4) BMC INSURANCE CO., LTD. OF VERMONT 20-1810549 PO BOX 530, 100 BANK STREET BURLINGTON, VT 05401	INSURANCE	VT	501(C)(3)	11 A-I	BMC	X	
(5) BOSTON HEALTHNET CORP. 04-3279836 660 HARRISON AVENUE, 3RD FLOOR BOSTON, MA 02118	SUPPORT SVCS	MA	501(C)(3)	11 B-II	BMC	X	
(6) FACULTY PRACTICE FOUNDATION, INC. 04-3289381 660 HARRISON AVENUE, 3RD FLOOR BOSTON, MA 02118	MEDICAL SVCS	MA	501(C)(3)	11 B-II	N/A		X
(7) TRANSPORTATION SOL. FOR COMMUTERS, INC. 04-3144411 715 ALBANY STREET BOSTON, MA 02118	TRANS. SVCS	MA	501(C)(3)	7	BMC	X	

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

Schedule R (Form 990) 2011

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2011

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.**
▶ **Attach to Form 990.** ▶ **See separate instructions.**

Name of the organization
BOSTON MEDICAL CENTER

Employer identification number
04-3314093

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) -----					
(2) -----					
(3) -----					
(4) -----					
(5) -----					
(6) -----					

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) BU MEDICAL CTR ANESTHESIOLOGISTS, INC. 04-3276227 88 EAST NEWTON STREET BOSTON, MA 02118	HEALTHCARE	MA	501(C)(3)	11C III-FI	N/A		X
(2) BOSTON EMERGENCY PHYSICIAN FDN, INC. 04-3286156 818 HARRISON AVENUE BOSTON, MA 02118	HEALTHCARE	MA	501(C)(3)	11C III-FI	N/A		X
(3) BU CARDIAC & THORACIC SURGICAL FDN, INC. 04-2966416 88 EAST NEWTON STREET BOSTON, MA 02118	HEALTHCARE	MA	501(C)(3)	11C III-FI	N/A		X
(4) BOSTON UNIVERSITY DERMATOLOGY, INC. 04-3335166 609 ALBANY STREET BOSTON, MA 02118	HEALTHCARE	MA	501(C)(3)	11C III-FI	N/A		X
(5) BU DERMATOLOGY SUPPORT SERVICES I, INC. 04-3452877 609 ALBANY STREET BOSTON, MA 02118	HEALTHCARE	MA	501(C)(3)	11C III-FI	N/A		X
(6) BU DERMATOLOGY SUPPORT SERVICES II, INC. 04-3452874 609 ALBANY STREET BOSTON, MA 02118	HEALTHCARE	MA	501(C)(3)	11C III-FI	N/A		X
(7) BOSTON UNIV. SURGICAL ASSOCIATES, INC. 04-3291148 88 EAST NEWTON STREET BOSTON, MA 02118	HEALTHCARE	MA	501(C)(3)	11C III-FI	N/A		X

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

Schedule R (Form 990) 2011

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2011

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.**
▶ **Attach to Form 990.** ▶ **See separate instructions.**

Name of the organization
BOSTON MEDICAL CENTER

Employer identification number
04-3314093

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) -----					
(2) -----					
(3) -----					
(4) -----					
(5) -----					
(6) -----					

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) EVANS MEDICAL FOUNDATION, INC. 51-0172171 88 EAST NEWTON STREET BOSTON, MA 02118	HEALTHCARE	MA	501(C)(3)	11C III-FI	N/A		X
(2) BOSTON UNIVERSITY EYE ASSOCIATES, INC. 04-3137333 2005 BAY STREET, SUITE 201 TAUNTON, MA 02780	HEALTHCARE	MA	501(C)(3)	11C III-FI	N/A		X
(3) BOSTON UNIVERSITY FAMILY MEDICINE, INC. 04-3354353 1 BOSTON MEDICAL CTR DOWLING 5 BOSTON, MA 02118	HEALTHCARE	MA	501(C)(3)	11C III-FI	N/A		X
(4) BU MALLORY PATHOLOGY ASSOCIATES, INC. 04-2794543 784 MASSACHUSETTS AVENUE BOSTON, MA 02118	HEALTHCARE	MA	501(C)(3)	11C III-FI	N/A		X
(5) BOSTON UNIV. NEUROLOGY ASSOCIATES, INC. 04-3428462 720 HARRISON AVENUE, SUITE 707 BOSTON, MA 02118	HEALTHCARE	MA	501(C)(3)	11C III-FI	N/A		X
(6) BU NEUROSURGICAL ASSOCIATES, INC. 04-3296068 88 EAST NEWTON STREET BOSTON, MA 02118	HEALTHCARE	MA	501(C)(3)	11C III-FI	N/A		X
(7) BU OBSTETRICS & GYNECOLOGY FDN, INC. 04-3067465 818 HARRISON AVENUE BOSTON, MA 02118	HEALTHCARE	MA	501(C)(3)	11C III-FI	N/A		X

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

Schedule R (Form 990) 2011

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2011

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.**
▶ **Attach to Form 990.** ▶ **See separate instructions.**

Name of the organization
BOSTON MEDICAL CENTER

Employer identification number
04-3314093

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) -----					
(2) -----					
(3) -----					
(4) -----					
(5) -----					
(6) -----					

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) BU ORTHOPAEDIC SURGICAL ASSOCIATES, INC. 04-3354360 720 HARRISON AVENUE, SUITE 808 BOSTON, MA 02118	HEALTHCARE	MA	501(C)(3)	11C III-FI	N/A		X
(2) BUMC OTOLARYNGOLOGIC FOUNDATION, INC. 04-3156471 88 EAST NEWTON STREET BOSTON, MA 02118	HEALTHCARE	MA	501(C)(3)	11C III-FI	N/A		X
(3) CHILD HEALTH FOUNDATION OF BOSTON, INC. 04-2472758 818 HARRISON AVENUE DOWLING 3 BOSTON, MA 02118	HEALTHCARE	MA	501(C)(3)	11C III-FI	N/A		X
(4) BOSTON UNIV. PLASTIC SURGERY ASSOC., INC 04-3555478 88 EAST NEWTON STREET BOSTON, MA 02118	HEALTHCARE	MA	501(C)(3)	11C III-FI	N/A		X
(5) BOSTON UNIVERSITY PSYCHIATRY ASSOC., INC 04-3355267 720 HARRISON AVENUE BOSTON, MA 02118	HEALTHCARE	MA	501(C)(3)	11C III-FI	N/A		X
(6) BU MEDICAL CENTER RADIOLOGISTS, INC. 04-3283573 88 EAST NEWTON STREET BOSTON, MA 02118	HEALTHCARE	MA	501(C)(3)	11C III-FI	N/A		X
(7) BOSTON REHABILITATION MEDICINE ASSOC INC 04-3286641 88 EAST NEWTON STREET BOSTON, MA 02118	HEALTHCARE	MA	501(C)(3)	11C III-FI	N/A		X

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

Schedule R (Form 990) 2011

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2011

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.**
▶ **Attach to Form 990.** ▶ **See separate instructions.**

Name of the organization
BOSTON MEDICAL CENTER

Employer identification number
04-3314093

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) -----					
(2) -----					
(3) -----					
(4) -----					
(5) -----					
(6) -----					

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) BU GENERAL SURGICAL ASSOCIATES, INC. 04-3265008 88 EAST NEWTON STREET BOSTON, MA 02118	HEALTHCARE	MA	501(C)(3)	11C III-FI	N/A		X
(2) BU MEDICAL CENTER UROLOGISTS, INC. 04-3286643 88 EAST NEWTON STREET BOSTON, MA 02118	HEALTHCARE	MA	501(C)(3)	11C III-FI	N/A		X
(3) BOSTON UNIVERSITY AFFILIATED PHYSICIANS 04-3218267 660 HARRISON AVE BOSTON, MA 02118	HEALTHCARE	MA	501(C)(3)	3	BMC	X	
(4) -----							
(5) -----							
(6) -----							
(7) -----							

Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) BMC_NAB_BUS_TR_26-6368869 85 CONCORD ST BOSTON, MA 02118	PROPERTY MGMT	MA	N/A	RELATED	-5,000,412.	150,137,864.		X	0	X		90.0000
(2) -----												
(3) -----												
(4) -----												
(5) -----												
(6) -----												
(7) -----												

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(1) BMC INSURANCE CO., INC. 98-0375219 10 MAIN STREET GRAND CAYMAN, CJ	INSURANCE	CJ	BMC	C-CORP	0	69,671,834.	70.0000
(2) GRYANT, INC. 20-2047166 ONE BOSTON MEDICAL CENTER BOSTON, MA 02118	REAL ESTATE	MA	BMC	C-CORP	-1,318,630.	38,903,622.	100.0000
(3) BMC COMM PHYS PROG RRG (DISSOLVED 12/11) 26-0351060 88 EAST NEWTON STREET BOSTON, MA 02118	INSURANCE	MA	BMC	C-CORP	0	0	100.0000
(4) CHARITABLE REMAINDER TRUST (3) -----	SUPPORT	MA	BMC	TRUST			
(5) -----							
(6) -----							
(7) -----							

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.)

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

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)	X	
d Loans or loan guarantees to or for related organization(s)	X	
e Loans or loan guarantees by related organization(s)		X
f Sale of assets to related organization(s)		X
g Purchase of assets from related organization(s)		X
h Exchange of assets with related organization(s)		X
i Lease of facilities, equipment, or other assets to related organization(s)		X
j Lease of facilities, equipment, or other assets from related organization(s)		X
k Performance of services or membership or fundraising solicitations for related organization(s)	X	
l Performance of services or membership or fundraising solicitations by related organization(s)	X	
m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	X	
n Sharing of paid employees with related organization(s)	X	
o Reimbursement paid to related organization(s) for expenses		X
p Reimbursement paid by related organization(s) for expenses		X
q Other transfer of cash or property to related organization(s)	X	
r Other transfer of cash or property from related organization(s)		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) BOSTON MEDICAL CENTER HEALTH PLAN, INC	K	92,597,000.	INSURANCE RATES
(2) BOSTON MEDICAL CENTER HEALTH PLAN, INC	C	50,000,000.	NET ASSET TRANS
(3) BOSTON UNIVERSITY AFFILIATED PHYSICIANS, INC.	L, M, N	1,262,000.	FINANCIAL NEED
(4) BMC INSURANCE CO., INC.	Q	8,802,000.	BOOK
(5) BMC INSURANCE CO., INC.	D	1,053,000.	BOOK
(6) BMC NAB BUSINESS TRUST	D	3,172,000.	BOOK

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under section 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1) -----													
(2) -----													
(3) -----													
(4) -----													
(5) -----													
(6) -----													
(7) -----													
(8) -----													
(9) -----													
(10) -----													
(11) -----													
(12) -----													
(13) -----													
(14) -----													
(15) -----													
(16) -----													

Part VII **Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

Boston Medical Center
(Parent Company only)
Financial Statements
September 30, 2012 and 2011

Boston Medical Center
(Parent Company only)
Index
September 30, 2012 and 2011

	Page(s)
Report of Independent Auditors	1
Financial Statements	
Balance Sheets	2
Statements of Operations	3
Statements of Changes in Net Assets	4
Statements of Cash Flows	5
Notes to Financial Statements	6–39



Report of Independent Auditors

To the Board of Trustees
of Boston Medical Center:

In our opinion, the accompanying balance sheets and the related statements of operations, changes in net assets and cash flows present fairly, in all material respects, the financial position of Boston Medical Center (parent company only) (the "Medical Center") at September 30, 2012 and 2011, and the results of its operations, changes in its net assets, and its cash flows for the years then ended in conformity with accounting principles generally accepted in the United States of America. These financial statements are the responsibility of the Medical Center's management. Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits of these statements in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements, assessing the accounting principles used and significant estimates made by management, and evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

In August 2010, the FASB issued Accounting Standards Update No. 2010-24, Presentation of Insurance Claims and Related Insurance Recoveries, which require anticipated insurance recoveries and estimated liabilities for medical malpractice claims or similar contingent liabilities to be presented separately on the balance sheet. The standard is effective for fiscal years, and interim periods within those years, beginning after December 15, 2010. Medical Center adopted this guidance during 2012, and included such presentation on the balance sheet at September 30, 2012.

The Medical Center publishes consolidated financial statements, which are its primary financial statements. Faculty Practice Foundation, Inc. and Affiliates (the "Foundation") and Boston Medical Center Health Plan, Inc. ("BMCHP") are affiliates of the Medical Center. As described in Note 17, due to the significance of the transactions between the Medical Center, Foundation, and BMCHP, the results of operations for the Medical Center may not be indicative of the results which would have been attained if the Foundation and BMCHP were not affiliates of the Medical Center.

PricewaterhouseCoopers LLP

February 8, 2013

*PricewaterhouseCoopers LLP, 125 High Street, Boston, MA 02110
T: (617) 530 5000, F: (617) 530 5001, www.pwc.com/us*

Boston Medical Center
(Parent Company only)
Balance Sheets
September 30, 2012 and 2011

<i>(in thousands)</i>	2012	2011
Assets		
Current assets		
Cash and cash equivalents	\$ 114,229	\$ 76,772
Patient accounts receivable, less allowance of \$19,221 and \$17,887 in 2012 and 2011	74,712	66,529
Other accounts receivable, less allowance of \$5,186 and \$5,253 in 2012 and 2011	55,948	54,081
Current portion of grants receivable, less allowance of \$3,362 and \$3,349 in 2012 and 2011	25,343	21,743
Current portion of estimated receivable for final settlements with third-party payors	8,744	26,591
Current portion of due from related parties	56,935	61,572
Inventories	4,584	2,807
Prepaid expenses and other current assets	6,068	6,826
Insurance recoveries receivable	38,676	-
Current portion of funds held by Trustees	32,250	32,250
Total current assets	<u>417,489</u>	<u>349,171</u>
Assets limited as to use		
Board-designated investments	340,482	237,586
Funds held by trustees	54,732	69,156
Donor-restricted investments	274,475	234,689
Total assets limited as to use	<u>669,689</u>	<u>541,431</u>
Property, plant and equipment, net	425,320	454,584
Long-term portion of due from related parties	30,570	27,398
Grants receivable, less current portion	27,851	55,699
Other noncurrent assets	201,879	210,655
Total assets	<u>\$ 1,772,798</u>	<u>\$ 1,638,938</u>
Liabilities and Net Assets		
Current liabilities		
Accounts payable and accrued expenses	\$ 135,701	\$ 122,399
Deferred revenue	18,334	19,749
Current portion of long-term debt and capital leases	17,398	16,059
Professional liability claims	38,676	-
Current portion of due to related parties	43,482	26,586
Total current liabilities	<u>253,591</u>	<u>184,793</u>
Estimated final settlements with third-party payors	28,889	27,227
Obligations under capital leases	28,770	57,418
Long-term debt	371,220	376,993
Other long-term liabilities	87,249	74,010
Total liabilities	<u>769,719</u>	<u>720,441</u>
Commitments and contingencies		
Net assets		
Unrestricted	687,623	600,175
Temporarily restricted	299,103	301,969
Permanently restricted	16,353	16,353
Total net assets	<u>1,003,079</u>	<u>918,497</u>
Total liabilities and net assets	<u>\$ 1,772,798</u>	<u>\$ 1,638,938</u>

The accompanying notes are an integral part of these financial statements.

Boston Medical Center
(Parent Company only)
Statements of Operations
Years Ended September 30, 2012 and 2011

<i>(in thousands)</i>	2012	2011
Operating revenue		
Net patient service revenue	\$ 886,255	\$ 847,270
Grants and contract revenue	84,296	87,969
Other revenue	10,785	17,379
Net assets released from restrictions for operations	24,632	22,629
Total operating revenue	<u>1,005,968</u>	<u>975,247</u>
Operating expenses		
Salaries and wages	465,374	443,215
Supplies and expenses	234,969	248,169
Institutional support (Note 17)	96,514	103,287
Depreciation and amortization	60,305	63,282
Interest expense	18,626	14,271
Provision for bad debts	30,499	33,586
Research, sponsored programs and community health services	97,126	99,766
Total operating expenses	<u>1,003,413</u>	<u>1,005,576</u>
Income (loss) from operations	<u>2,555</u>	<u>(30,329)</u>
Nonoperating gains (losses), net		
Investment income (including other-than-temporary impairment losses of \$1,007 and \$3,313 in 2012 and 2011, respectively)	9,098	7,995
Fundraising costs and other	<u>(2,810)</u>	<u>(2,815)</u>
Total nonoperating gains	<u>6,288</u>	<u>5,180</u>
Excess (deficiency) of revenue over expenses	8,843	(25,149)
Other changes in unrestricted net assets		
Change in unrealized appreciation (depreciation) on investments	23,988	(11,484)
Net assets transfer from BMCHP	50,000	23,000
Other adjustments	-	1,836
Revised classification of net assets (Note 2)	5,129	-
Net assets released from restrictions for property, plant and equipment	2,470	958
Pension related changes other than net periodic pension costs	<u>(2,982)</u>	<u>(8,580)</u>
Change in unrestricted net assets	<u>87,448</u>	<u>(19,419)</u>
Beginning of year	<u>600,175</u>	<u>619,594</u>
End of year	<u>\$ 687,623</u>	<u>\$ 600,175</u>

The accompanying notes are an integral part of these financial statements.

Boston Medical Center
(Parent Company only)
Statements of Changes in Net Assets
Years Ended September 30, 2012 and 2011

<i>(in thousands)</i>	Unrestricted	Temporarily Restricted	Permanently Restricted	Total
Net assets at September 30, 2010	\$ 619,594	\$ 386,744	\$ 16,353	\$ 1,022,691
(Decreases) increases in net assets				
Deficiency of revenues over expenses	(25,149)	-	-	(25,149)
Investment income	-	8,205	-	8,205
Change in unrealized depreciation on investments	(11,484)	(13,108)	-	(24,592)
Contribution revenue	-	11,730	-	11,730
Net assets released from restrictions for operations	-	(22,629)	-	(22,629)
Net assets transfer from BMCHP	23,000	-	-	23,000
Other adjustments	1,836	-	-	1,836
Termination of NEIDL agreement	-	(68,015)	-	(68,015)
Net assets released from restrictions for property, plant and equipment	958	(958)	-	-
Pension related changes other than net periodic pension costs	(8,580)	-	-	(8,580)
Total decrease in net assets	<u>(19,419)</u>	<u>(84,775)</u>	<u>-</u>	<u>(104,194)</u>
Net assets at September 30, 2011	<u>600,175</u>	<u>301,969</u>	<u>16,353</u>	<u>918,497</u>
Increases (decreases) in net assets				
Excess of revenues over expenses	8,843	-	-	8,843
Investment income	-	24,444	-	24,444
Change in unrealized appreciation on investments	23,988	12,695	-	36,683
Contribution revenue	-	10,286	-	10,286
Net assets released from restrictions for operations	-	(24,632)	-	(24,632)
Net asset transfer from BMCHP	50,000	-	-	50,000
Revised classification of net assets	5,129	(5,129)	-	-
Net assets released from restriction for property, plant and equipment	2,470	(2,470)	-	-
Pension related changes other than net periodic pension costs	(2,982)	-	-	(2,982)
Change in assistance with the City of Boston ("COB")	-	(18,060)	-	(18,060)
Total increase (decrease) in net assets	<u>87,448</u>	<u>(2,866)</u>	<u>-</u>	<u>84,582</u>
Net assets at September 30, 2012	<u>\$ 687,623</u>	<u>\$ 299,103</u>	<u>\$ 16,353</u>	<u>\$ 1,003,079</u>

The accompanying notes are an integral part of these financial statements.

Boston Medical Center
(Parent Company only)
Statements of Cash Flows
Years Ended September 30, 2012 and 2011

<i>(in thousands)</i>	2012	2011
Operating activities		
Change in net assets	\$ 84,582	\$ (104,194)
Adjustments to reconcile change in net assets to net cash provided by operating activities		
Accretion of discount on long-term grants	(2,116)	(2,868)
Depreciation and amortization	60,305	63,282
Investment in NEIDL	-	68,015
Restricted contributions	(4,351)	(2,534)
Donated securities received	(74)	(145)
Amortization of bond discount	119	95
Loss on disposal of fixed assets	8,887	-
Bond premium	7,557	-
Amortization of bond premium	(111)	-
City of Boston lease refinancing	(12,058)	-
Discount and allowance for contributions receivable	4,234	4,994
Net realized (gains) losses and change in unrealized (appreciation) depreciation on investments	(53,902)	21,762
Equity in net losses of joint ventures	971	248
Increase in asset retirement obligation	996	962
Provision for bad debts	30,499	33,586
Pension related changes other than net periodic pension costs	2,982	8,580
Changes in operating assets and liabilities		
Grants receivable	26,364	7,660
Patient accounts receivable	(38,682)	(31,748)
Other current assets and liabilities	(8,535)	80,917
Other noncurrent assets and liabilities	11,102	6,921
Due to/from related parties	18,361	7,147
Estimated final settlements with third-party payors	19,509	(3,502)
Accounts payable and accrued expenses	10,469	(9,593)
Net cash provided by operating activities	<u>167,108</u>	<u>149,585</u>
Investing activities		
Investment in forgiveness loan	-	(820)
Investment in subsidiaries	(2,913)	(1,224)
Purchases of investments	(481,971)	(315,904)
Proceeds from sale of investments	407,615	270,230
Purchase of property, plant and equipment	(37,429)	(42,800)
Proceeds from sales of donated securities	74	145
Net cash (used in) investing activities	<u>(114,624)</u>	<u>(90,373)</u>
Financing activities		
Repayment of long-term debt and capital leases	(128,328)	(14,745)
Proceeds from restricted contributions	4,351	2,534
Proceeds from borrowings	108,950	-
Net cash (used in) financing activities	<u>(15,027)</u>	<u>(12,211)</u>
Increase in cash and cash equivalents	37,457	47,001
Cash and cash equivalents		
Beginning of year	<u>76,772</u>	<u>29,771</u>
End of year	<u>\$ 114,229</u>	<u>\$ 76,772</u>
Supplemental disclosure of cash flow information		
Cash paid for interest	\$ 21,943	\$ 22,857
Property, plant, and equipment included in accounts payable	3,886	1,053
Conditional asset retirement obligations	662	639
Net fixed assets recognized related to conditional asset retirement obligations	(334)	(323)
Contributed securities	74	145
Termination of NEIDL agreement	-	68,015

The accompanying notes are an integral part of these financial statements.

Boston Medical Center
(Parent Company only)
Notes to Financial Statements
September 30, 2012 and 2011

1. Organization

Boston Medical Center (parent company only) (the "Medical Center" or "BMC") was incorporated on July 1, 1996 when all of the assets and liabilities of University Hospital, Inc. (a.k.a. Boston University Medical Center Hospital or "BUMCH") and its subsidiaries were merged with and into the Medical Center. In addition, specific assets and liabilities of Boston City Hospital ("BCH"), Boston Specialty and Rehabilitation Hospital ("BSRH") and Trustees of Health and Hospitals, Inc. ("THH"), as indicated in the Consolidation Agreement, were transferred by the City of Boston (the "City" or "COB") to the Medical Center. The merger of BUMCH into the Medical Center was accounted for as a pooling of interests, and the consolidation of certain assets and liabilities of BCH, BSRH and THH into the Medical Center was accounted for as a contribution of net assets. Accordingly, the balance sheet includes all the assets, liabilities and net assets of the former BUMCH and only certain assets, liabilities and net assets of the former BCH, BSRH and THH. The contribution of net assets by the City of \$58,700,000 included cash, accounts receivable, inventory and moveable equipment less certain trade accounts payable.

Univer Development Foundation, Inc. ("UDF") is a Massachusetts Corporation involved in real estate development activities. UDF is wholly owned by the Medical Center.

East Concord Medical Foundation, Inc. ("ECMF") is a Massachusetts Corporation involved in real estate development activities. ECMF is a joint venture between the Medical Center and the Trustees of Boston University, each owning 50%. ECMF has been fully consolidated with the Medical Center as the Medical Center guarantees 100% of the debt of ECMF.

BMC Management Services, Inc. ("MSO") was organized to arrange delivery of health care services to enrollees or beneficiaries of preferred provider health insurance arrangements, health maintenance organizations, corporate employee benefit plans, prepaid health plans, and other alternative delivery system contracts with medical service providers. MSO promotes the development of an integrated delivery system to more efficiently and effectively meet the healthcare needs of the community. This delivery system will benefit the community by attracting a continuum of patients with diverse medical problems that will contribute to research, education, clinical care and teaching activities. MSO contracts on behalf of the Medical Center, its physicians, and other community health centers. MSO is owned 50% by BMC and 50% by the Faculty Practice Foundation.

These financial statements do not include the combined accounts of Faculty Practice Foundation, Inc. ("Faculty") and its 21 affiliated faculty practice plans (the "Plans," collectively known as the "Foundation"), the Boston Medical Center Health Plan, Inc. ("BMCHP"), Boston Medical Center Insurance Company, Ltd. ("BMCIC"), Boston Medical Center Insurance Company, Ltd. of Vermont ("BMCIC of Vermont"), Boston University Affiliated Physicians, Inc. ("BUAP"), Gryant, Inc. or BMC NAB Business Trust.

The Foundation became affiliated with the Medical Center during the year ended September 30, 2001 and has a fiscal year-end of June 30. The Foundation had total net assets of \$95,540,000 and \$89,573,000 as of June 30, 2012 and 2011, respectively, and total assets of \$190,774,000 and \$116,304,000 as of June 30, 2012 and 2011, respectively. The Foundation had total operating revenue of \$331,350,000 and \$343,804,000 for the years ended June 30, 2012 and 2011, respectively, before any eliminations, and an increase in unrestricted net assets of \$5,967,000 and \$12,627,000 for the years ended June 30, 2012 and 2011, respectively.

Boston Medical Center
(Parent Company only)
Notes to Financial Statements
September 30, 2012 and 2011

BMCHP was established as an independent 501(c)(3) organization on July 1, 1997. BMCHP was established to administer the BMC Health Plan, which is a capitated provider-sponsored program of The Commonwealth of Massachusetts' Division of Medical Assistance ("DMA") designed to provide medical coverage to people who are covered by Medicaid. All of BMCHP's capitation revenue is generated from enrollment in the prepaid health plan established by DMA. BMCHP is a wholly owned subsidiary of the Medical Center. BMCHP had total net assets of \$229,723,000 and \$281,178,000 as of September 30, 2012 and 2011, respectively, and total assets of \$382,094,000 and \$422,924,000 as of September 30, 2012 and 2011, respectively. BMCHP had total operating revenue of \$1,194,409,000 and \$1,325,982,000, before eliminations, and a (decrease) increase in unrestricted net assets of (\$51,455,000) and \$69,887,000 for the years ended September 30, 2012 and 2011, respectively.

Effective July 1, 2002, the Medical Center and the Foundation established BMCIC for purposes of providing professional and general liability insurance to each entity, its physicians and employees. BMCIC was incorporated under the laws of the Cayman Islands and has a Cayman Islands Unrestricted Class B insurer's license. BMCIC is owned 70% by the Medical Center and 30% by the Foundation. BMCIC had a net income of \$0 for the years ending September 30, 2012 and 2011. BMCIC had a total shareholder's equity of \$120,000 and \$120,000 and total assets of \$99,531,000 and \$96,680,000 as of September 30, 2012 and 2011, respectively.

BMCIC of Vermont was incorporated, on October 7, 2004, as a single parent captive insurance company licensed by the State of Vermont. BMCIC of Vermont provided insurance coverage from December 31, 2004 until December 31, 2005. BMCIC of Vermont provided coverage for the Medical Center for property and for certain liability exposures arising from acts of terrorism under the Terrorism Risk Insurance Act of 2002 ("TRIA"). All coverages provided by BMCIC of Vermont were on a claims-made basis. BMCIC of Vermont ceased to provide coverage, effective December 31, 2005, because TRIA expired on December 31, 2005 and was not extended by the federal government. BMCIC of Vermont is owned 100% by the Medical Center. BMCIC of Vermont had total shareholder's equity of \$250,000 and \$259,000 and total assets of \$290,000 and \$297,000 as of September 30, 2012 and 2011, respectively.

BUAP is a tax exempt, nonprofit corporation that employs nine physicians in Boston, Foxboro and Norwood, Massachusetts, to provide health care services, perform medical and clinical research, and provide health and medical education programs. The Medical Center is BUAP's sole corporate member.

Gryant, Inc. is a Massachusetts Corporation organized under Chapter 156D of the General Laws of Massachusetts for real estate development activities. Gryant, Inc. is wholly owned by the Medical Center.

BMC NAB Business Trust was organized, in May 2008, as a Massachusetts business trust under Chapter 182 of the General Laws of Massachusetts. The Medical Center is a 90% shareholder of the trust, as well as trustee, and Steward Research and Specialty Projects Corporation, an affiliate of Steward Medical Holdings Subsidiary Five, Inc., is a 10% shareholder.

Boston Medical Center
(Parent Company only)
Notes to Financial Statements
September 30, 2012 and 2011

2. Summary of Significant Accounting Policies

Principles of Consolidation

The financial statements include the accounts of the Medical Center, ECMF, MSO and UDF. All significant intercompany accounts and transactions have been eliminated. BMC publishes consolidated financial statements, its primary financial statements, which include the aforementioned entities, the Foundation, BMCHP, BMCIC, BMCIC of Vermont, BUAP, Gryant and BMC NAB Business Trust. The financial statements within have been prepared solely for the purpose of additional analysis. The accompanying financial statements have been prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America.

Cash and Cash Equivalents

Cash equivalents include certain investments in highly liquid debt instruments with original maturities of three months or less at date of purchase. The Medical Center maintains approximately \$117,477,000 and \$83,040,000 at September 30, 2012 and 2011, respectively, of its cash and cash equivalents accounts with a single institution. The Medical Center has not experienced any losses associated with deposits at this institution.

Investments

Investments in equity securities with readily determinable fair values and all investments in debt securities (marketable investments) are measured at fair value in the balance sheet primarily based on quoted market prices. Investment income or loss (including realized gains and losses on investments, interest and dividends) is included in the excess (deficiency) of revenues over expenses unless the income or loss is restricted by donor or law. The change in unrealized appreciation (depreciation) on investments is recorded in the statement of operations as changes in unrestricted net assets, unless their use is restricted by explicit donor-imposed stipulations or law, in which case they are reported in the appropriate restricted class of net assets.

The fair value of the Medical Center's investments in bonds, notes, and common stock is based on quoted market prices in an active market. At September 30, 2012 and 2011, the Medical Center held interests in private investment funds. Interests in private investment funds are generally recorded at fair market value based on the Medical Center's ownership share and rights of the investment, unless certain criteria require the investment to be recorded as equity method investments or at cost. Securities for which no such quotations or valuations are readily available are carried at fair value as estimated by management using values provided by external investment managers. The Medical Center believes that these valuations are a reasonable estimate of fair value as of September 30, 2012 and 2011, but are subject to uncertainty and, therefore, may differ from the value that would have been used had a ready market for the investment existed. The Medical Center has the ability to liquidate its investments periodically in accordance with the provisions of the respective fund agreements.

Assets Limited as to Use

Assets limited as to use primarily include assets held by trustees under bond indenture agreements and designated assets set aside by the Board of Trustees for future capital improvements over which the Board retains control and may, at its discretion, subsequently use for other purposes. Also included are donor-restricted investments representing permanently and temporarily restricted net assets.

Boston Medical Center
(Parent Company only)
Notes to Financial Statements
September 30, 2012 and 2011

Property, Plant and Equipment

Property and equipment acquisitions are recorded at cost. Donated items are recorded at fair market value at the date of contribution. Depreciation, which includes the amortization of assets recorded under capital leases, is provided using the straight-line method over the estimated useful lives of the respective assets in accordance with guidance published by the American Hospital Association. Maintenance and repairs are charged to expense as incurred; major renewals and betterments are capitalized. Costs and the related allowance for depreciation are eliminated from the accounts when items are sold, retired or abandoned and any related gain or loss is recognized as a non-operating gain or loss in the statement of operations. The carrying value of property and equipment is reviewed if the facts and circumstances indicate that it may be impaired.

Assessment of Long-Lived Assets

The Medical Center periodically reviews the carrying value of its long-lived assets (primarily property, plant and equipment) to assess the recoverability of these assets; any impairments would be recognized in operating results, if the reduction in value is considered to be other-than-temporary.

Inventories

Inventories are stated at the lower of cost (first-in, first-out method) or market.

Third-Party Liabilities for Patient Services

Under the terms of contractual agreements, certain elements of third-party reimbursement are subject to negotiation, audit and/or final determination by third-party payors. The accompanying financial statements include certain estimates of final settlements. Variances between estimated and final settlements are included in the statement of operations in the year in which the settlement or change in estimate occurs.

The Medical Center has classified a portion of the accrual for settlements with third-party payors as short-term receivables because such amounts are expected to be received or paid in the next twelve months. The Medical Center has also classified a portion of the accrual for settlements with third-party payors as long-term liabilities because such amounts, by their nature, or by virtue of regulation or legislation, will not be received or paid within one year.

Deferred Revenue

Deferred revenue consists of amounts received in advance of the contract period. Certain advances are received from the Commonwealth of Massachusetts (the "Commonwealth") related to grants. Advances received related to grants were \$17,639,000 and \$18,999,000 as of September 30, 2012 and 2011, respectively. Also included in deferred revenue is a rebate received in advance. The Medical Center recorded deferred revenue related to the rebate of \$695,000 and \$750,000 for the years ended September 30, 2012 and 2011, respectively.

Boston Medical Center
(Parent Company only)
Notes to Financial Statements
September 30, 2012 and 2011

Net Assets

Permanently restricted net assets include only the historical dollar amount of gifts, which are required by donors to be held in perpetuity. Temporarily restricted net assets include gifts, grants, investment income, including realized gains and losses, and the change in unrealized appreciation (depreciation) on investments, which can be expended but for which restrictions have not yet been met. Such restrictions include purpose restrictions, time restrictions and restrictions imposed by law on the use of capital appreciation on donor restricted funds. At September 30, 2012, temporarily restricted net assets include a reduction due to the refinancing of the City of Boston ("COB") lease obligation. At September 30, 2011, temporarily restricted net assets also include the activity related to the withdrawal from the National Emerging Infectious Diseases Laboratory ("NEIDL") joint venture.

Realized gains and losses are classified as unrestricted net assets unless they are restricted by the donor or the law. Unless permanently restricted by the donor, realized and unrealized net gains on permanently restricted gifts are classified as temporarily restricted until appropriated for spending by the Medical Center in accordance with policies established by the Medical Center and the Uniform Prudent Management of Institutional Funds Act ("UPMIFA") enacted by the Commonwealth in July 2009. Unrestricted net assets include all the remaining net assets of the Medical Center. See Note 11 for further information on the composition of restricted net assets.

Gifts and Grants

Gifts of long-lived assets with explicit restrictions that specify the use of assets and gifts of cash or other assets that must be used to acquire long-lived assets are reported as additions to temporarily restricted net assets. Gifts of long-lived assets and gifts specified for the acquisition or construction of long-lived assets are reported as additions to unrestricted net assets when the assets are placed in service and are excluded from the excess (deficiency) of revenues over expenses.

Unconditional promises to give cash and other assets to the Medical Center are reported at fair value on the date the promise is received. The contributions are reported as temporarily restricted support if they are received with donor stipulations that limit the use of the donated assets or as unrestricted contributions if no such conditions exist. When a donor restriction expires, that is, when a stipulated time restriction ends or purpose restriction is accomplished, temporarily restricted net assets are reclassified to unrestricted net assets and reported in the statements of operations as net assets released from restrictions.

Grants and contracts are recognized as unrestricted revenues as the related expenditures are incurred. The Medical Center recognizes indirect cost recoveries at provisional rates, which are subject to audit, for U.S. Government grants and contracts and negotiated rates for other grants and contracts.

Self-Insurance Reserves

The Medical Center is self-insured for certain employee health care benefits, workers' compensation and certain other employee benefits. These costs are accounted for on an accrual basis to include estimates of future payments on claims incurred as of the balance sheet date.

Professional Liability Insurance

The Medical Center maintains medical malpractice insurance on a modified claims-made basis for residents, interns and physicians, the Medical Center and its employees, significantly all of which are provided by BMCIC. The deposit liability represents the provision on hand to cover liabilities that may arise under the primary professional liability, commercial general liability and excess

Boston Medical Center
(Parent Company only)
Notes to Financial Statements
September 30, 2012 and 2011

professional liability policies issued by the company. Premiums are allocated to the deposit liability account as well as losses, investment income, operating expenses and unrealized holding gains/losses on investments. The reserve for losses and loss adjustment expenses and corresponding reinsurance recoverable represent management's best estimate, at a 70% confidence level discounted at 4%, of the BMCIC's liability under the excess loss coverage based on an actuarial projection of losses. The Medical Center has provided for the estimated cost of incurred but not reported malpractice claims and an estimate for amounts payable on the deductibles.

Statements of Operations

All activities of the Medical Center deemed by management to be ongoing or central to the provision of health care services, training and research activities are reported as operating revenues and expenses. Peripheral or incidental transactions are reported as nonoperating gains and losses.

The statement of operations includes the excess (deficiency) of revenue over expenses. Changes in unrestricted net assets which, consistent with industry practice, are excluded from the excess (deficiency) of revenue over expenses, include the change in unrealized appreciation (depreciation) on investments, contributions of long-lived assets (including assets acquired using contributions which, by donor restriction, were to be used for the purpose of acquiring such assets) and pension related changes other than net periodic pension costs. Other changes in unrestricted net assets include net asset transfers from BMCHP to the Medical Center, other adjustments to record the land related to UDF and revised classification of net assets.

During fiscal year 2012, the Medical Center received favorable settlements from Medicaid, Medicare and the Health Safety Net fund ("HSN") related to prior years. Medicaid made corrections to the Medical Center's 2011 inpatient rate and Medicaid Pay for Performance payments for \$2.2 million, Medicare agreed to a Rural Floor Budget Neutrality Settlement and prior period cost report settlements for \$3.9 million and the Medical Center settled with the Health Safety Net for physician free care payments for \$11.1 million.

Favorable (unfavorable) changes in prior year estimates from third-party payors recorded in the years ended September 30, 2012 and 2011 amounted to approximately \$17,228,000 and (\$424,000), respectively.

Net Patient Service Revenue

Net patient service revenue is reported at the estimated net realizable amounts, excluding charges related to charity accounts, from patients and third-party payors. It includes estimates of anticipated retroactive adjustments under reimbursement agreements with certain third-party payors, including Medicare and Medicaid. Such adjustments are accrued in the period the related services are provided and adjusted in subsequent periods, as final settlements are determined.

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.

Boston Medical Center
(Parent Company only)
Notes to Financial Statements
September 30, 2012 and 2011

The Medical Center provided free care of \$97,031,000 and \$93,983,000 in 2012 and 2011, respectively. Such costs have been estimated based on the ratio of expenses (excluding bad debt expense) to establish patient service charges. Under healthcare reform all documented Massachusetts citizens who were once eligible for charity care are now required to be enrolled in one of the subsidized Commonwealth Care insurance products. Those patients who are over 300% of the federal poverty guidelines are now required to buy into an affordable insurance product either offered by their employer or the Commonwealth Care Connector or face financial penalties. Many of the Medical Center's patients that were previously uninsured are now enrolled in various health insurance plans in an effort to comply with the Commonwealth's healthcare reform mandate.

Through the Commonwealth's Health Safety Net Office ("HSNO"), the Medical Center receives reimbursement for a significant portion of the charity care it provides. The amounts received were \$58,908,000 and \$49,377,000 for the years ended September 30, 2012 and 2011, respectively.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Significant estimates are made in the area of patient accounts receivable, accruals for settlements with third-party payors, accrued professional liability insurance, accrued compensation and benefits and conditional asset retirement obligations. Actual results could differ from those estimates.

Fair Value of Financial Instruments

The fair value of Medical Center's financial instruments approximates the carrying amount reported in the balance sheet for cash and cash equivalents, investments, receivables and payables.

Income Taxes

The Medical Center, ECMF, and UDF are nonprofit corporations and have been recognized as tax exempt pursuant to Section 501(c)(3) of the Internal Revenue Code. MSO is a taxable entity.

Revision

The revised classification between unrestricted and temporarily restricted net assets of \$5,129,000 reflects the correction of an error of previously reported investment gains. These gains were related to earnings on funds invested in the Medical Center's pooled endowment fund which were previously reported as temporarily restricted net assets, but should be reported as unrestricted net assets. These amounts were corrected in fiscal year 2012 and management does not consider this adjustment to be material to the financial statements.

Adoption of New Accounting Guidance

In August 2010, the Financial Accounting Standards Board (FASB) issued Accounting Standards Update 2010-24 (ASU 2010-24), *Presentation of Insurance Claims and Related Insurance Recoveries*, as an amendment to ASC Topic 954. ASU 2010-24 requires that medical malpractice claims, which include costs associated with litigating or settling claims, be accrued when the incidents that give rise to the claims occur and that companies should not net insurance recoveries against the related claim liability. Medical Center adopted ASU 2010-24 as of October 2011. Adoption of ASU 2010-24 had no impact on excess of revenues over expenses. Refer to Note 21 Professional Liability Insurance, for more information.

Boston Medical Center
(Parent Company only)
Notes to Financial Statements
September 30, 2012 and 2011

In August 2010, the FASB issued (ASU 2010-23) *Health Care Entities: Measuring Charity Care for Disclosure*, which clarified the disclosure of charity care provided by healthcare organizations, providing that such disclosure should be measured using cost and that related reimbursements recorded should also be separately disclosed. The Medical Center adopted the provisions of ASU 2010-23 during the year ended September 30, 2012.

3. Assets Limited as to Use

Assets limited as to use consist of the following at September 30:

(in thousands)	2012		2011	
	At Fair Value	Cost	At Fair Value	Cost
Cash and cash equivalents	\$ 3,177	\$ 3,177	\$ 887	\$ 887
Bonds and U.S. Treasury Notes	129,272	119,934	127,722	123,059
Private investment fund	187,709	171,975	115,924	112,335
Mutual funds	102,418	89,324	93,149	87,979
Marketable equity securities	94,471	80,533	68,829	71,317
Money market mutual funds	47,916	47,916	15,157	15,157
	<u>564,963</u>	<u>512,859</u>	<u>421,668</u>	<u>410,734</u>
Funds held by trustee	86,982	87,294	101,406	103,924
	<u>\$ 651,945</u>	<u>\$ 600,153</u>	<u>\$ 523,074</u>	<u>\$ 514,658</u>

At September 30, 2012, the Medical Center recorded certain private investment funds of \$49,994,000 using the cost method. At September 30, 2011, the Medical Center recorded certain private investment funds of \$50,607,000 using equity method, of which the cost associated with these investments totaled \$43,914,000. For the private investment funds reflected in the balance sheet at cost, the difference (unrecorded net unrealized appreciation) between the value reported by the investment managers and the cost for these investments was \$2,498,000 and \$6,693,000 as of September 30, 2012 and 2011, respectively. Included in private investment funds (as described in the American Institute of Certified Public Accountants document, *A Practice Aid for Auditors Alternative Investments - Audit Considerations*) are alternative investment vehicles including commingled funds with an estimated fair value of approximately \$187,709,000 and \$115,924,000 at September 30, 2012 and 2011, respectively.

Boston Medical Center
(Parent Company only)
Notes to Financial Statements
September 30, 2012 and 2011

Total return on the Medical Center's investment portfolio, which includes investment income, net realized (losses) gains and the change in the unrealized appreciation (depreciation) on investments, includes the following for the years ended September 30:

<i>(in thousands)</i>	2012	2011
Unrestricted		
Dividends and interest	\$ 10,850	\$ 9,182
Net realized (losses) on investments	(1,752)	(1,187)
Change in unrealized appreciation (depreciation) on investments	<u>23,988</u>	<u>(11,484)</u>
	<u>33,086</u>	<u>(3,489)</u>
Temporarily restricted		
Dividends and interest	5,473	4,188
Net realized gains on investments	18,971	4,017
Change in unrealized appreciation (depreciation) on investments	<u>12,695</u>	<u>(13,108)</u>
	<u>37,139</u>	<u>(4,903)</u>
	<u>\$ 70,225</u>	<u>\$ (8,392)</u>

Investments, in general, are exposed to various risks, such as interest rate, credit, and overall market volatility. As such, it is reasonably possible that changes in the fair value of investments will occur in the near term and that such changes could materially affect the amounts reported in the balance sheets and statements of operations.

4. Fair Value Measurements

Fair value is defined as the price that would be received to sell an asset or paid to transfer a liability (an exit price) in the principal or most advantageous market for the asset or liability in an orderly transaction between market participants on the measurement date. In determining fair value, the use of various valuation approaches, including market, income and cost approaches, is permitted.

A fair value hierarchy has been established based on whether the inputs to valuation techniques are observable or unobservable. Observable inputs reflect market data obtained from sources independent of the reporting entity. Unobservable inputs reflect the entities' own assumptions about how market participants would value an asset or liability based on the best information available. Valuation techniques used to measure fair value must maximize the use of observable inputs and minimize the use of unobservable inputs. The standard describes a fair value hierarchy based on three levels of inputs, of which the first two are considered observable and the last unobservable, that may be used to measure fair value.

The following describes the hierarchy of inputs used to measure fair value and the primary valuation methodologies used by the Medical Center for financial instruments measured at fair value on a recurring basis. The three levels of inputs are as follows:

- Level 1 Observable inputs such as quoted prices in active markets;
- Level 2 Inputs, other than the quoted prices in active markets, that are observable either directly or indirectly; and

Boston Medical Center
(Parent Company only)
Notes to Financial Statements
September 30, 2012 and 2011

Level 3 Unobservable inputs in which there is little or no market data, which require the reporting entity to develop its own assumptions.

Assets and liabilities measured at fair value are based on one or more of the following three valuation techniques:

Market Approach

Prices and other relevant information generated by market transactions involving identical or comparable assets or liabilities;

Cost Approach

Amount that would be required to replace the service capacity of an asset (i.e., replacement cost); and

Income Approach

Techniques to convert future amounts to a single present amount based on market expectations (including present value techniques).

Investments (except for private partnerships, which are reported on either the equity method or cost method of accounting) and funds held by trustee are classified within Level 1 or Level 2 of the fair value hierarchy as they are valued using quoted market prices, broker or dealer quotations, or other observable pricing sources.

The following table summarizes fair value measurements at September 30, 2012 for financial assets measured at fair value on a recurring basis.

<i>(in thousands)</i>	Level 1	Level 2	Level 3	Total
Investments				
Cash and cash equivalents	\$ 3,177	\$ -	\$ -	\$ 3,177
Bonds and U.S. Treasury Notes	-	129,272	-	129,272
Marketable equity securities	94,471	-	-	94,471
Private investment funds	-	187,709	-	187,709
Money market mutual funds	47,916	-	-	47,916
Mutual funds	102,418	-	-	102,418
	<u>\$ 247,982</u>	<u>\$ 316,981</u>	<u>\$ -</u>	<u>\$ 564,963</u>
Funds held by trustee				
U.S. government securities	\$ 34,949	\$ -	\$ -	\$ 34,949
Money market mutual funds	52,033	-	-	52,033
	<u>\$ 86,982</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 86,982</u>

The following table summarizes fair value measurements at September 30, 2011 for financial assets measured at fair value on a recurring basis.

Boston Medical Center
(Parent Company only)
Notes to Financial Statements
September 30, 2012 and 2011

<i>(in thousands)</i>	Level 1	Level 2	Level 3	Total
Investments				
Cash and cash equivalents	\$ 887	\$ -	\$ -	\$ 887
Bonds and U.S. Treasury Notes	-	127,722	-	127,722
Marketable equity securities	68,829	-	-	68,829
Private investment funds	-	115,924	-	115,924
Money market mutual funds	15,157	-	-	15,157
Mutual funds	93,149	-	-	93,149
	<u>\$ 178,022</u>	<u>\$ 243,646</u>	<u>\$ -</u>	<u>\$ 421,668</u>
Funds held by trustee				
U.S. government securities	\$ 75,458	\$ -	\$ -	\$ 75,458
Money market mutual funds	25,948	-	-	25,948
	<u>\$ 101,406</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 101,406</u>

The Medical Center had no transfers from Level 2 to Level 1 in fiscal year 2012 and 2011.

The following is a description of the Medical Center's valuation methodologies for assets and liabilities measured at fair value. Fair value for Level 1 is based upon quoted prices in active markets that the Medical Center has the ability to access for identical assets and liabilities. Market price data is generally obtained from exchange or dealer markets. The Medical Center does not adjust the price for such assets and liabilities.

Fair value for Level 2 is based on quoted prices for similar instruments in active markets, quoted prices for identical or similar instruments in markets that are not active and model-based valuation techniques for which all significant assumptions are observable in the market or can be corroborated by observable market data for substantially the full term of the assets. Inputs are obtained from various sources including market participants, dealers, and brokers.

Fair value for Level 3 is based on valuation techniques that use significant inputs that are unobservable as they trade infrequently or not at all.

The Medical Center's investments in private equity funds are fair valued based on most current net asset value ("NAV").

The following table presents liquidity information for the financial instruments carried at net asset value at September 30, 2012.

<i>(in thousands)</i>	Investments Asset Value at September 30, 2012		
	Net Asset Value	Redemption Frequency	Notice Period
Bonds and U.S. Treasury Notes	\$ 129,272	Daily-Monthly	2-30 Days
Private investment funds	187,709	Bi-Monthly-Monthly	3-45 Days
	<u>\$ 316,981</u>		

Boston Medical Center
(Parent Company only)
Notes to Financial Statements
September 30, 2012 and 2011

The following table presents liquidity information for the financial instruments carried at net asset value at September 30, 2011.

<i>(in thousands)</i> Investment Type	Investments Asset Value at September 30, 2011		
	Net Asset Value	Redemption Frequency	Notice Period
Bonds and U.S. Treasury Notes	\$ 127,722	Daily-Monthly	2-30 Days
Private investment funds	115,924	Bi-Monthly-Monthly	3-45 Days
	<u>\$ 243,646</u>		

There were no unfunded commitments as of September 30, 2012.

Externally managed marketable investments with fair value below cost are considered to be other-than-temporarily impaired and accordingly, the unrealized depreciation is recognized as realized losses through a write-down in the cost basis of these investments. All other investments are periodically reviewed for impairment to determine if such declines are other-than-temporary. Management's review is based upon the percentage and period of time that the investment is below cost as well as other qualitative considerations. A similar write down is recorded when the impairment on these investments has been judged to be other-than-temporary. During 2012 and 2011, the Medical Center reported recognized losses of approximately \$1,007,000 and \$3,313,000, respectively, relating to declines in fair value of investments that were determined by management to be other-than-temporary.

5. Contributions Receivable

Contributions receivable are recorded as part of other accounts receivable and other noncurrent assets on the balance sheet. Contributions receivable, net, are summarized as follows as of September 30:

Unconditional promises expected to be collected in:

<i>(in thousands)</i>	2012	2011
Less than one year	\$ 6,505	\$ 7,882
One year to five years	4,661	5,162
More than five years	4,000	6,000
	<u>15,166</u>	<u>19,044</u>
Less: Discounts and allowance for uncollectible accounts	<u>(4,234)</u>	<u>(4,994)</u>
Net contributions receivable	<u>\$ 10,932</u>	<u>\$ 14,050</u>

Included in total gross contributions receivable is a single donor in the amount of \$11,000,000. The original contribution from the donor in 2008 was \$15,000,000, of which \$4,000,000 was paid. Discount rates used to calculate the present value of contributions receivable ranged from 2.40%-16.74%, depending upon the anticipated pledge fulfillment date.

Boston Medical Center
(Parent Company only)
Notes to Financial Statements
September 30, 2012 and 2011

6. Property, Plant and Equipment

The property, plant and equipment of the Medical Center consists of the following at September 30:

<i>(in thousands)</i>	Useful Life	2012	2011
Land		\$ 11,292	\$ 11,292
Land improvements	5–40 years	1,532	1,532
Buildings	15–45 years	168,553	169,571
Building and leasehold improvements	5–40 years	355,105	337,599
Fixed equipment	5–25 years	58,581	58,533
Major movable equipment	3–20 years	337,766	321,895
Leased buildings and equipment	15–20 years	125,548	219,496
Construction in progress		50,575	43,054
		<u>1,108,952</u>	<u>1,162,972</u>
Accumulated depreciation and amortization		<u>(683,632)</u>	<u>(708,388)</u>
Property, plant and equipment, net		<u>\$ 425,320</u>	<u>\$ 454,584</u>

Depreciation expense amounted to \$50,379,000 and \$54,090,000 for the years ended September 30, 2012 and 2011, respectively. Amortization expense amounted to \$9,926,000 and \$9,192,000 for the years ended September 30, 2012 and 2011, respectively.

As of September 30, 2012 and 2011, assets under capital lease agreements amounted to approximately \$125,548,000 and \$219,496,000, respectively, with accumulated amortization of \$81,971,000 and \$157,182,000, respectively. Amortization expense is included with depreciation and amortization expense in the statement of operations.

Property, plant and equipment with a net book value of \$54,259,000 was disposed during the year ended September 30, 2012. In conjunction with the disposals, original cost amounts written off for the year ended September 30, 2012 consisted of \$138,404,000 of leased assets related to the City of Boston (“COB”) refinancing, buildings of \$1,017,000 and \$85,162,000 of accumulated depreciation. See Note 14 for further information on COB refinancing.

The Master Trust Indenture places certain restrictions on property, plant and equipment in terms of the creation of liens and transfers of assets.

The Medical Center has capitalized interest in the amount of \$41,463,000 and \$31,514,000 for the years ended September 30, 2012 and 2011, respectively.

7. Other Noncurrent Assets

Other noncurrent assets consist of the Medical Center’s investments in Medical Research Realty Trust, the 650 Albany Street Trust, Biosquare Realty Trust, NEIDL (Note 22), BCD Building LLC (“BCD”), FGH Building LLC (“FGH”), notes receivable and unamortized bond issuance expenses. The investments in Medical Research Realty Trust, 650 Albany Street Trust, Biosquare Realty Trust, NEIDL, BCD and FGH are recorded utilizing the equity method of accounting. Unamortized bond issuance expenses are amortized over the life of the related bonds.

Boston Medical Center
(Parent Company only)
Notes to Financial Statements
September 30, 2012 and 2011

The Medical Center has financed the cost of renovating two existing structures and for new construction of a third building on its campus using the New Markets Tax Credit ("NMTC") program. NMTC is a program of the Community Development Financial Institutions Fund ("CDFI Fund"), a bureau of the United States Treasury. The NMTC program awards tax incentives to private sector investors who provide investment capital to entities that create economic growth and jobs in distressed neighborhoods. Investors receive a tax credit against federal income taxes over a seven-year period.

In 2005, the Medical Center was the beneficiary of an allocation of NMTC that was awarded to Affirmative Investments, Inc. These NMTC and federal historic tax credits were used as part of a financing package to reduce the cash required by the Medical Center to rehabilitate the BCD Building. The financing required the Medical Center to loan approximately \$5,800,000 and \$6,100,000 to a third party relating to project costs of \$16,000,000 to perform building improvements on the BCD building. The \$5,800,000 is recorded as a note receivable at September 30, 2012 and 2011 but it is considered permanent financing and will be reclassified to property, plant and equipment once the Medical Center takes ownership, which is expected at the end of the seven-year period when the tax incentives for the investor have been exhausted. The \$6,100,000 was repaid to the Medical Center by a third party; however the interest is still outstanding. The loans have an interest rate of 5.12% and have accrued interest of \$2,071,000 and \$2,007,000 as of September 30, 2012 and 2011, respectively. On May 1, 2012, the Medical Center purchased Gryant, Inc.'s interest in the BCD building for \$300,000. As of September 30, 2012 and 2011, the Medical Center recorded \$1,600,000 and \$1,300,000 as an investment in BCD.

The Medical Center has entered into four put and call option agreements in connection with the redevelopment of the BCD Building. If the put options or the call options are not executed, two of the agreements terminate on December 22, 2014, and the other two terminate on June 5, 2016. The purpose of the put and call option agreements is to ensure that the Medical Center regains control of the rehabilitated building at the end of the NMTC period. This is accomplished by acquiring the interests of all investment members for \$1,472,000. The Medical Center has calculated that the net present value of acquiring the interest of all investors totals \$1,056,000, which the Medical Center recorded as long-term assets and liabilities for the years ended September 30, 2012 and 2011.

During 2006, the Medical Center loaned approximately \$11,600,000 and \$9,000,000 to a third party relating to project costs of \$21,000,000 to perform building improvements on the Medical Center's FGH Building. These loans are part of a second financing package that utilizes new market tax credits to reduce the cash required by the Medical Center to rehabilitate the facility. The \$11,654,000 loan is recorded as other noncurrent assets at September 30, 2012 and 2011 and it is considered permanent financing and will be reclassified to property, plant and equipment once the Medical Center takes ownership at the end of seven years. The loan has an interest rate of 3.5% and has been recorded as notes receivable with accrued interest of \$116,000 as of September 30, 2012 and 2011. The \$9,000,000 was repaid to the Medical Center by a third party. On July 24, 2012, the Medical Center purchased Gryant, Inc.'s interest in the FGH Building for \$150,000. As of September 30, 2012 and 2011, the Medical Center recorded \$2,426,000 and \$2,276,000 as an investment in FGH.

The Medical Center has entered into four put and call option agreements in connection with the redevelopment of the FGH Building. All of the agreements terminate on December 20, 2015 if the put options or the call options are not executed. The purpose of the put and call option agreements is to ensure that the Medical Center regains control of the rehabilitated building at the end of the

Boston Medical Center
(Parent Company only)
Notes to Financial Statements
September 30, 2012 and 2011

NMTC period. This is accomplished by acquiring interests of all investment members for \$1,654,000. The Medical Center has calculated that the net present value of acquiring the interest of all investors totals \$1,125,000, which the Medical Center recorded as long-term assets and liabilities for the years ended September 30, 2012 and 2011.

During 2008, the Medical Center loaned \$53,667,000 to a third party relating to project costs of \$190,110,000 for the demolition of 91 East Concord Street and for the design, construction, and equipping of the Shapiro Ambulatory Care Center. The loan is part of a financing package that utilizes \$70,000,000 of new markets tax credits to reduce cash required by the Medical Center to construct this new facility. The loan is recorded as other noncurrent assets as of September 30, 2012 and 2011 and will be reclassified to property, plant and equipment once the Medical Center takes ownership at the end of the lease period. The loan has an interest rate of 3.85%, and has been recorded as notes receivable as of September 30, 2012 and 2011, with accrued interest of \$7,719,000 and \$5,939,000, respectively. The loan from the Medical Center was combined with a third party capital contribution in the amount of \$16,333,000 in an investment fund totaling \$70,000,000. The total amount in the investment fund was used to make a "qualified equity investment" into community development entities ("CDEs"). The CDEs, in turn, are required to make a series of loans totaling \$68,900,000 to the BMC NAB Business Trust for the construction of the facility.

Included in the capital contribution is a low interest loan in the amount of \$2,917,000, which must be repaid by the BMC NAB Business Trust at the end of the loan period.

As part of this financing transaction, there is a provision for an assignment of all loans to the Medical Center on the seventh anniversary of the transaction. As a financial incentive to trigger the assignment of all the loans, the loans will have a \$5,000,000 principal payment due at the end of the seven years.

At September 30, 2009, the outstanding loans, except the low interest loan in the amount of \$2,917,000 which will be paid in full by the BMC NAB Business Trust, were assigned to and recorded as a liability to the Medical Center. The Medical Center thus became the sole lender to the BMC NAB Business Trust. The Medical Center will have the option to terminate the business trust lease at that time and terminate the loans, eliminating the ownership structures created for the NMTC transaction.

In November and December 2008, the Medical Center closed on a second and third round of NMTC financing for the construction of the Shapiro Ambulatory Care Center. The Medical Center was the beneficiary of an allocation of federal new market tax credits in the amounts of \$46,697,000 and \$24,000,000, respectively. In these two financing transactions, the Medical Center provided loans of \$33,582,000 and \$19,517,000 with the capital contribution of \$14,715,000 and \$4,483,000 provided by a third party. These loans of \$33,582,000 and \$19,517,000 have an interest rate of 3.00% and have accrued interest of \$2,882,000 and \$1,630,000, respectively, as of September 30, 2012. In the second round of NMTC financing, the Medical Center also entered into an additional loan in the amount of \$472,000 with an interest rate of 3.00%. Accrued interest of \$60,000 and \$30,000 related to this loan has been recorded as of September 30, 2012 and 2011, respectively. All loans are recorded as notes receivable as of September 30, 2012 and 2011. These funds also became equity investments into CDEs. The CDEs, in turn, are required to make a series of loans to the BMC NAB Business Trust totaling \$46,234,000 and \$24,000,000 for the construction of the facility.

Boston Medical Center
(Parent Company only)
Notes to Financial Statements
September 30, 2012 and 2011

As part of these financing transactions, the Medical Center has entered into two put and call agreements in connection with the construction of the Shapiro Ambulatory Care Center. The purpose of these agreements is to ensure that the Medical Center retains control of the new building at the end of the NMTC period. If the put options are not exercised by the investors, then the call option may be exercised by the Medical Center during a four-month period following the put option period. If the call option is executed, then the Medical Center must pay the fair market value of the investors' interest.

8. Long-Term Debt

Long-term debt consists of the following at September 30:

<i>(in thousands)</i>	Interest Rate	2012	2011
Massachusetts Development Finance Agency			
Revenue Bonds Series C	3.00%–5.25%	\$ 108,950	\$ -
Revenue Bonds Series B	4.00%–5.75%	244,585	245,175
Revenue Bonds Series A	4.20%–5.25%	-	119,970
ECMF Series A Bonds	6.45%	9,600	10,500
Series O - Tax Exempt (Garage)	varies	11,224	11,679
Series O - Taxable (Garage)	varies	3,515	3,638
		<u>377,874</u>	<u>390,962</u>
Less: Current portion of long-term debt		(7,251)	(7,001)
Revenue Bonds Series B discount		(6,849)	(6,968)
Revenue Bonds Series C premium		7,446	-
		<u>\$ 371,220</u>	<u>\$ 376,993</u>

On October 1, 2010 (the "Effective Date") pursuant to certain provisions of Chapter 240 of the Acts of 2010 of the Massachusetts Legislature, signed into law by the Massachusetts Governor on August 5, 2010 (the "Legislation") the Massachusetts Health and Educational Facilities Authority (the "Authority") was merged into the Massachusetts Development Finance Agency ("MassDevelopment"). Under the Legislation, among other matters in connection with the merger, (i) on the Effective Date, the Authority is dissolved, and (ii) on and after the Effective Date, the Authority's rights, powers and duties, and properties shall be exercised, performed, owned and held by MassDevelopment, and any and all obligations and liabilities of the Authority shall become obligations and liabilities of MassDevelopment.

In July 2012, the Medical Center refunded the MassDevelopment Revenue Bonds, Boston Medical Center Issue, Series A (1998) Bonds ("Series A Bonds") through the sale of \$108,950,000 MassDevelopment, Series C Revenue 2012 Bonds ("Series C Revenue Bonds"). The principal amount outstanding of the Series A Bonds was \$119,970,000. The interest rate on the Series C Revenue Bonds ranges from 3.00% to 5.25% based on the bonds' maturities. Principal and sinking fund payments will be made annually between 2013 and 2029 and range from \$5,080,000 to \$8,060,000.

In July 2008, the Medical Center issued through the Authority \$245,175,000 Series B Revenue Bonds. The bonds were issued to finance the cost of demolition of 91 East Concord Street, the design, construction and equipping of the Shapiro Ambulatory Care Center, the design and

Boston Medical Center
(Parent Company only)
Notes to Financial Statements
September 30, 2012 and 2011

construction of a 2-story addition to the Menino Pavilion, and routine capital expenditures. The interest rate on the Series B Revenue Bonds ranges from 4.00% to 5.75% based on the bonds' maturities. Principal and sinking fund payments will be made annually between 2013 and 2038 and range from \$545,000 to \$26,430,000.

The Medical Center has granted a mortgage on the Newton Pavilion and Health Services building and a negative pledge on the restricted property of the Menino Pavilion and the Yawkey Ambulatory Care Center pursuant to the Amended and Restated Master Trust Indenture. The Amended and Restated Master Trust maintains the financial covenant requiring the Medical Center to maintain an annual debt service coverage ratio of at least 1.10 to 1.

These financial statements represent the Obligated Group and three financially immaterial affiliates that are not members of the Obligated Group (UDF, ECMF, and the MSO).

In July 1998, the Medical Center issued through the Authority \$156,370,000 Series A Revenue Bonds. The bonds were issued to finance the cost of refinancing the 1990 Series C bonds, construction of a research building and routine capital expenditures. The interest rate on the Series A Revenue Bonds ranges from 4.20% to 5.25% based on the bonds' maturities.

The Amended and Restated Master Trust Indenture covers the obligations of Series B Revenue Bonds, Series C Revenue Bonds and Series O Pool Loans.

ECMF issued \$17,200,000 of bonds (the "ECMF Series A Bonds") through the Authority on March 7, 2000. The bonds were issued in two separate issuances with \$5,900,000 of the bonds matured in 2010 (the "2010 Bonds") and \$11,300,000 of the bonds maturing in 2020 (the "2020 Bonds"). Principal payments are made on an annual basis through 2020 and range from \$1,000,000 to \$1,500,000. The interest rate on the 2020 bonds is 6.45%. The bonds are redeemable at any time at the option of ECMF at their principal amounts plus accrued interest. The bonds are collateralized by a grant of a mortgage on the project, a pledge of all revenues to be received by ECMF and the Medical Center's guaranty of payment of total debt service on the bonds.

Included in the Medical Center's debt is approximately \$14,739,000 of the Authority's variable rate demand bonds ("VRDBs"), Capital Asset Program Issue 2009 Series O-1 and O-2 (a refinancing of the Authority's Series M loans issued in 2005). The Medical Center has entered into irrevocable letters of credit ("LOCs") with a financial institution to secure bond repayment and interest obligations associated with its VRDBs. RBS Citizens, N.A. provides LOCs totaling \$14,981,000. There are no drawings under the LOCs as of September 30, 2012. The LOC supporting the Series O-1 and O-2 will expire on December 31, 2014. RBS Citizens provided a Federal Home Loan Bank wrap (AAA rated) for the two Letters of Credit. The term and payment schedule for the loans did not change. The interest rates at September 30, 2012 were 0.16% and 0.22% for the tax exempt and taxable loans, respectively.

If the VRDBs are unable to be remarketed, the trustee for the VRDB will request purchase under the LOC scheduled repayment terms. Based on the existing repayment and maturity terms of the underlying LOCs, the scheduled payments under the VRDB related LOCs will be determined when and if the VRDBs are unable to be remarketed.

The Medical Center has a liquidity covenant which requires minimum liquidity of \$50,000,000 be maintained in certain board designated accounts as security for the LOCs.

Boston Medical Center
(Parent Company only)
Notes to Financial Statements
September 30, 2012 and 2011

The Medical Center has escrowed the following funds with bond trustees under the Series B Revenue Bonds, the Series C Revenue Bonds, the ECMF Series A Bonds and Series O Pool loans. In addition, these amounts include funds for the self-insured workers' compensation program and designated by management for pension and other employee benefit purposes. These funds are included in assets limited as to use in the financial statements.

<i>(in thousands)</i>	September 30,	
	2012	2011
Construction fund	\$ 38,770	\$ 51,517
Debt service fund	6,764	6,914
Debt service reserve funds	35,276	35,481
Accrued interest receivable	285	857
Workers compensation reserve funds	5,550	6,300
Other held funds	337	337
	<u>\$ 86,982</u>	<u>\$ 101,406</u>

The assets of the funds held by the trustees are invested principally in government securities and money market funds.

Maturities of long-term debt are as follows:

<i>(in thousands)</i>	
Years Ending September 30,	
2013	\$ 7,251
2014	7,534
2015	8,258
2016	8,601
2017	9,225
Thereafter	<u>337,005</u>
	<u>\$ 377,874</u>

The fair value of long-term debt was approximately \$409,931,000 and \$366,825,000 at September 30, 2012 and 2011, respectively.

Boston Medical Center
(Parent Company only)
Notes to Financial Statements
September 30, 2012 and 2011

9. Obligations Under Capital Leases

Obligations under capital leases consist of the following at September 30:

<i>(in thousands)</i>	2012	2011
City of Boston (forgivable)	\$ 37,198	\$ -
City of Boston	1,501	66,027
Other	218	449
Less: Current portion (forgivable)	(9,347)	-
Less: Current portion	(800)	(9,058)
	<u>\$ 28,770</u>	<u>\$ 57,418</u>

Effective with the merger on July 1, 1996, the Medical Center entered into a 50-year capital lease with the Public Health Commission ("PHC"), a division of the City of Boston, for all the real property previously owned by BCH. The lease payments for the first 25 years are equal to the debt service payments required on the City of Boston Revenue Refunding Bonds, Boston City Hospital (FHA insured mortgage) Series B (the "1993 Bonds"). The lease payments for the second 25 years will be determined at that time based upon several factors. In conjunction with the lease execution, the City of Boston agreed to provide the Medical Center with Base Assistance Grant payments (Note 14) which are expected to equal the Medical Center's payments on the first 25 years of the lease. The lease payments during the first 25 years are only required if the Medical Center receives the Base Assistance Grant payments from the City of Boston. The interest rate on the lease was 6.2%.

On May 1, 2012, the City of Boston refinanced its 2002 Bonds through the issuance of General Obligation Bonds, 2012 Series C (the "2012 Bonds"). In conjunction with the refinancing, the Medical Center and PHC amended the lease agreement to reflect a reduction in monthly payments so that the Medical Center's obligation was equal to the debt service payment for the City of Boston's General Obligation debt. As the Medical Center continues to occupy the space and pays rent that is less than fair market value, the execution of this amendment resulted in a forgivable capital leased asset between the City of Boston and the Medical Center. The execution of the forgivable capital leased asset resulted in a reduction of the existing asset of \$8,887,000 and a reduction in the obligation of \$18,060,000. A gain of \$9,211,000 was recorded on the amendment of the agreement due to a difference in amortization methods. The capital asset, the forgivable obligation and the gain will be amortized over the remainder of the lease term (through June 2016). The amended agreement also terminates the Medical Center's Base Assistance Grant receivable payments from the City of Boston.

Once the 2002 Bonds are retired, the rent payments will reflect fair market value, taking into account, among other factors, restrictions in the lease agreement and any investments the Medical Center has made.

Boston Medical Center
(Parent Company only)
Notes to Financial Statements
September 30, 2012 and 2011

Future minimum payments of the Medical Center's obligations under capital leases are as follows:

(in thousands)

Years Ending September 30,	
2013	\$ 871
2014	371
2015	347
2016	273
2017	-
Thereafter	-
Total minimum lease payments	1,862
Less: Amount representing interest	(143)
Present value of minimum lease payments	1,719
Less: Current portion	(800)
	\$ 919

10. Operating Lease Commitments

The Medical Center estimated future minimum lease obligations are as follows:

(in thousands)

	Lease Obligations
Years Ending September 30,	
2013	\$ 7,336
2014	6,775
2015	6,837
2016	6,707
2017	6,408
Thereafter	23,165
	\$ 57,228

The Medical Center records rent expense on a straight-line basis over the life of the lease and records accrued rent as the difference between rent expense and actual payments made. As of September 30, 2012 and 2011, the accumulated difference between rent expense and amounts paid amounted to \$2,080,000 and \$2,065,000, respectively, and is included in accounts payable and accrued expenses and other long-term liabilities on the balance sheet.

Boston Medical Center
(Parent Company only)
Notes to Financial Statements
September 30, 2012 and 2011

11. Restricted Net Assets

Restricted net assets, which are recorded in assets limited to use, grants receivable and other accounts receivable on the balance sheet, are composed of the following at September 30:

<i>(in thousands)</i>	2012	2011
Temporarily restricted		
Accumulated realized and unrealized gains	\$ 187,697	\$ 162,795
City of Boston Grants (Note 14)	37,198	63,893
Funds for the purchase of equipment and capital improvements	31,825	31,298
Other restricted purposes	42,383	43,983
	<u>\$ 299,103</u>	<u>\$ 301,969</u>
Permanently restricted		
Investments to be held in perpetuity	\$ 16,353	\$ 16,353

12. Endowments

The Medical Center's endowment consists of approximately 167 donor-restricted funds established for a variety of purposes. As required by generally accepted accounting principles, net assets associated with endowment funds are classified and reported as restricted or unrestricted based on the existence or absence of donor-imposed restrictions.

The Medical Center has interpreted the UPMIFA as requiring the preservation of the original gift as of the gift date of the donor-restricted endowment funds absent explicit donor stipulations to the contrary. As a result of this interpretation, the Medical Center classifies as permanently restricted net assets, the original value of gifts donated to the permanent endowment. The remaining portion of the donor-restricted endowment fund that is not classified in permanently restricted net assets is classified as temporarily restricted net assets until those amounts are appropriated for expenditure by the Medical Center in a manner consistent with the standard of prudence prescribed by UPMIFA. In accordance with UPMIFA, the Medical Center considers certain factors in making a determination to appropriate or accumulate endowment funds. These factors include the duration and preservation of the fund; the purpose of the organization and the donor-restricted endowment fund; general economic conditions; the possible effect of inflation and deflation; the expected total return from income and the appreciation of investments; other resources of the organization; and the investment policies of the organization.

As of September 30, 2012, the Medical Center did not have board-designated funds included in the endowment. The endowment net asset composition by type of fund consisted of the following:

<i>(in thousands)</i>	Unrestricted	Temporarily Restricted	Permanently Restricted	Total
Donor-restricted endowment funds	\$ -	\$ 162,727	\$ 16,353	\$ 179,080
	<u>\$ -</u>	<u>\$ 162,727</u>	<u>\$ 16,353</u>	<u>\$ 179,080</u>

Boston Medical Center
(Parent Company only)
Notes to Financial Statements
September 30, 2012 and 2011

Changes in endowment net assets for the year ended September 30, 2012, consisted of the following:

<i>(in thousands)</i>	Unrestricted	Temporarily Restricted	Permanently Restricted	Total
Endowment net assets at September 30, 2011	<u>\$ -</u>	<u>\$ 140,398</u>	<u>\$ 16,353</u>	<u>\$ 156,751</u>
Investment return				
Investment income	-	17,815	-	17,815
Net unrealized appreciation	-	11,657	-	11,657
Total investment return	<u>-</u>	<u>29,472</u>	<u>-</u>	<u>29,472</u>
Appropriation of endowment assets for expenditures	<u>-</u>	<u>(7,143)</u>	<u>-</u>	<u>(7,143)</u>
	<u>-</u>	<u>(7,143)</u>	<u>-</u>	<u>(7,143)</u>
Endowment net assets at September 30, 2012	<u>\$ -</u>	<u>\$ 162,727</u>	<u>\$ 16,353</u>	<u>\$ 179,080</u>

As of September 30, 2011, the endowment net asset composition by type of fund consisted of the following:

<i>(in thousands)</i>	Unrestricted	Temporarily Restricted	Permanently Restricted	Total
Donor-restricted endowment funds	<u>\$ -</u>	<u>\$ 140,398</u>	<u>\$ 16,353</u>	<u>\$ 156,751</u>
	<u>\$ -</u>	<u>\$ 140,398</u>	<u>\$ 16,353</u>	<u>\$ 156,751</u>

Changes in endowment net assets for the year ended September 30, 2011, consisted of the following:

<i>(in thousands)</i>	Unrestricted	Temporarily Restricted	Permanently Restricted	Total
Endowment net assets at September 30, 2010	<u>\$ -</u>	<u>\$ 148,128</u>	<u>\$ 16,353</u>	<u>\$ 164,481</u>
Investment return				
Investment income	-	6,043	-	6,043
Net unrealized depreciation	-	(7,568)	-	(7,568)
Total investment return	<u>-</u>	<u>(1,525)</u>	<u>-</u>	<u>(1,525)</u>
Appropriation of endowment assets for expenditures	<u>-</u>	<u>(6,205)</u>	<u>-</u>	<u>(6,205)</u>
	<u>-</u>	<u>(6,205)</u>	<u>-</u>	<u>(6,205)</u>
Endowment net assets at September 30, 2011	<u>\$ -</u>	<u>\$ 140,398</u>	<u>\$ 16,353</u>	<u>\$ 156,751</u>

Boston Medical Center
(Parent Company only)
Notes to Financial Statements
September 30, 2012 and 2011

13. Third-Party Reimbursement

The Medical Center maintains agreements with Blue Cross of Massachusetts, Inc., the Social Security Administration under the Medicare Program, the Commonwealth under the Medicaid Program and certain managed care entities that govern payment to the Medical Center for services rendered to patients covered by these programs.

Medicare

Reimbursement for services provided to inpatients and outpatients covered by the federal government's Medicare program who have elected not to enter a Medicare health maintenance organization for services varies according to patient classification systems that are based on clinical, diagnostic, and other factors.

Medicaid

The Commonwealth's MassHealth (Office of Medicaid) utilizes a prospective payment system for acute hospital services provided to Medicaid beneficiaries. Office of Medicaid pays the Medical Center a fixed amount per discharge for inpatient services, prospectively determined flat rates based on diagnoses and procedures performed for most outpatient services, and fixed fees for certain other outpatient services.

Uncompensated Care

The Medical Center is partially reimbursed for uncompensated care services, defined as charity care and bad debt associated with emergency services, through the statewide Health Safety Net Office ("HSNO"), administered by the Commonwealth. Following the merger of BUMCH and BCH on July 1, 1996, the Medical Center has continued the historical mission and commitment of BCH to the public health needs of all residents of the City of Boston to provide accessible health care services to all in need of care, regardless of status or ability to pay. As a result, the Medical Center receives a significant amount of its reimbursement from the HSNO. Changes in the level of funding of the Health Safety Net or in the regulations governing its administration may have an adverse impact on the Medical Center.

14. Grant Payments

In connection with the establishment of the Medical Center, the City of Boston agreed to provide Base Assistance Grant payments to capitalize the Medical Center and promote the development of an urban healthcare system in the City of Boston. Funding was subject to annual appropriation by the City each fiscal year after July 1, 1996 for as long as the FHA mortgage is outstanding. The Base Assistance Grant payments were approximately \$7,167,000 and \$10,750,000 for the years ending September 30, 2012 and 2011, respectively. On May 1, 2012 the City of Boston refinanced its 2002 Bonds through the issuance of General Obligation Bonds, 2012 Series C. In conjunction with the refinancing, the City of Boston terminated the agreement to provide the Base Assistance Grant to the Medical Center, as the FHA mortgage is no longer outstanding. As the Medical Center continues to occupy the space and pays rent that is less than fair market value, the execution of this amendment resulted in an "in-kind" rent receivable between the City of Boston and the Medical Center.

Boston Medical Center
(Parent Company only)
Notes to Financial Statements
September 30, 2012 and 2011

Prior to termination, the Base Assistance Grant payments were discounted using a rate of 2.69%. The net present value of payments was \$63,893,000 as of September 30, 2011. This amount is included in grants receivable and temporarily restricted net assets on the balance sheet at September 30, 2011. The accretion of the discount of these grants of approximately \$1,704,000 and \$2,868,000 for the years ended September 30, 2012 and 2011, respectively, is included in contribution revenue of temporarily restricted net assets in the statement of changes in net assets. The receipt of these payments from the City each year is recorded as temporarily restricted net assets that are released from restrictions for operations.

The net present value of the "in-kind" rent receivable is \$37,198,000 and is included in the grants receivable and temporarily restricted net assets on the balance sheet at September 30, 2012. The "in-kind" rent receivable has been discounted using a rate of 4.26%. The accretion of the discount on the "in-kind" receivable is approximately \$412,000 for the year ended September 30, 2012 and is included in contribution revenue of temporarily restricted net assets in the statement of changes in net assets.

15. Benefit Plans Available to Employees

The Medical Center has a Tax Sheltered Annuity Plan (the "TSA Plan") which is a deferred compensation plan. Participation in the TSA Plan is voluntary. The Medical Center also has a contributory 403(b) plan. The Medical Center's contributions under this plan amounted to \$16,009,000 and \$15,113,000 for the years ended September 30, 2012 and 2011, respectively.

Certain retired Medical Center employees have postretirement medical and life insurance benefits covered under the Welfare Benefits Plan ("the Plan"). The Plan was frozen effective with the merger on July 1, 1996. Current employees and employees retiring after July 1, 1996 are not covered by the Plan. The accrued benefit cost amounted to \$171,000 and \$164,000 as of September 30, 2012 and 2011, respectively. The net periodic benefit cost recorded on the Plan amounted to (\$38,000) and (\$33,000) for the years ended September 30, 2012 and 2011, respectively.

Boston Medical Center
(Parent Company only)
Notes to Financial Statements
September 30, 2012 and 2011

The Medical Center maintains a defined benefit pension plan (the "Pension Plan"), effective July 1, 1996, for certain former employees of BCH with a measurement date of September 30. The covered group consists of employees who either had a nonforfeitable right to a retirement benefit under the former BCH defined benefit pension plan or would have earned one with service through September 30, 1997. The Pension Plan provides benefits based on an employee's average compensation and years of service reduced by a percentage of their Social Security benefit. The Pension Plan's provisions have been set based on a collective bargaining agreement effective July 1, 1996, and a formal document was signed on June 30, 1997. Contributions to the Plan are made in amounts sufficient to meet the minimum funding requirements set forth in the Employee Retirement Income Security Act of 1974. The City is responsible for the past service cost of former BCH employees.

<i>(in thousands)</i>	2012	2011
Accumulated benefit obligation	\$ 124,165	\$ 103,479
Change in projected benefit obligation		
Projected benefit obligation at beginning of year	\$ 117,603	\$ 101,889
Service cost	5,461	5,479
Interest cost	5,243	5,051
Actuarial loss	13,138	6,480
Benefits paid	(1,698)	(1,296)
Projected benefit obligation at end of year	<u>\$ 139,747</u>	<u>\$ 117,603</u>
Change in plan assets		
Fair value of plan assets at beginning of year	\$ 70,467	\$ 65,329
Actual return on plan assets	11,770	434
Employer contributions	6,400	6,000
Benefits paid	(1,698)	(1,296)
Fair value of plan assets at end of year	<u>\$ 86,939</u>	<u>\$ 70,467</u>
Reconciliation of funded status		
Projected benefit obligation	\$ 139,747	\$ 117,603
Fair value of plan assets	86,939	70,467
Funded status	<u>(52,808)</u>	<u>(47,136)</u>
Amounts recognized in the balance sheet included within other long-term liabilities	<u>\$ (52,808)</u>	<u>\$ (47,136)</u>

Boston Medical Center
(Parent Company only)
Notes to Financial Statements
September 30, 2012 and 2011

The components of net periodic benefit cost for the years ended September 30, 2012 and 2011 are as follows:

<i>(in thousands)</i>	2012	2011
Service cost	\$ 5,461	\$ 5,479
Interest cost	5,243	5,051
Expected return on plan assets	(5,120)	(4,759)
Amortization of prior service cost	1	1
Recognized actuarial loss	3,581	2,224
Net periodic benefit cost	<u>\$ 9,166</u>	<u>\$ 7,996</u>
Weighted average assumptions used to determine the net periodic cost for the period just ended		
Discount rate	4.50 %	5.00 %
Long-term rate of return	7.00 %	7.00 %
Rate of compensation increase	3.50 %	4.00 %
Weighted average assumptions used to determine the benefit obligations		
Discount rate	3.75 %	4.50 %
Rate of compensation increase	3.00 %	3.50 %
Other changes in plan assets and benefit obligations recognized in unrestricted net assets		
New net actuarial loss	\$ 6,488	\$ 10,805
Amortization of prior service cost	(1)	(1)
Amortization of net loss	(3,581)	(2,224)
	<u>\$ 2,906</u>	<u>\$ 8,580</u>
Amounts recognized in unrestricted net assets		
Net prior service cost	\$ 3	\$ 4
Net actuarial loss	41,163	38,256
	<u>\$ 41,166</u>	<u>\$ 38,260</u>

The amounts expected to be recognized as amortization of prior net service cost and amortization of net loss, respectively, and as components of net periodic cost in the upcoming year are \$1,328 and \$3,906,345.

Boston Medical Center
(Parent Company only)
Notes to Financial Statements
September 30, 2012 and 2011

Pension Plan Assets

The pension plan weighted average asset allocation as of the measurement dates September 30, 2012 and 2011, is as follows:

Asset category	Target Allocation Fiscal Year Ending September 30, 2012	Percentage of Plan Assets at September 30,	
		2012	2011
Equity securities	55 %	53 %	54 %
Debt securities	34	39	41
Other	11	8	5
	<u>100 %</u>	<u>100 %</u>	<u>100 %</u>

The fair value of pension plan assets as of September 30, 2012 is disclosed in the table below:

<i>(in thousands)</i>	Level 1	Level 2	Level 3	Total
Investments				
Cash and cash equivalents	\$ 1,693	\$ -	\$ -	\$ 1,693
Fixed income	9,303	24,820	-	34,123
Equities	9,049	36,821	-	45,870
Commodities	5,253	-	-	5,253
	<u>\$ 25,298</u>	<u>\$ 61,641</u>	<u>\$ -</u>	<u>\$ 86,939</u>

The fair value of pension plan assets as of September 30, 2011 is discussed in the table below.

<i>(in thousands)</i>	Level 1	Level 2	Level 3	Total
Investments				
Cash and cash equivalents	\$ 2,947	\$ -	\$ -	\$ 2,947
Fixed income	2,749	22,928	-	25,677
Equities	6,732	33,444	-	40,176
Commodities	1,667	-	-	1,667
	<u>\$ 14,095</u>	<u>\$ 56,372</u>	<u>\$ -</u>	<u>\$ 70,467</u>

The Medical Center contracts with a consulting firm for financial consulting services for the Pension Plan. The consultants provide the Medical Center's Investment Committee and management with financial analysis and recommendations on target allocations and investment managers. The Medical Center's investment objective is to achieve the highest reasonable total return after considering (i) plan liabilities, (ii) funding status and projected cash flows, (iii) projected market returns, valuations and correlations for various asset classes, and (iv) the Medical Center's ability and willingness to incur market risk. The Medical Center's Investment Committee actively manages the pension plan assets by selecting investments and investment managers to maximize the investment returns.

Boston Medical Center
(Parent Company only)
Notes to Financial Statements
September 30, 2012 and 2011

The expected long-term rate of return assumption represents the expected average rate of earnings on the funds invested or to be invested to provide for the benefits included in the benefit obligations. The long-term rate of return assumption is determined based on a number of factors, including historical market index, returns, the anticipated long-term asset allocation of the plans, historical plan return data, plan expenses, and the potential to outperform market index returns.

Cash Flows

Information about the expected cash flows for the Pension Plan is as follows:

Expected contributions for fiscal year ending September 30, 2013	
Expected employer contributions	\$ 6,800,000
Estimated future benefit payments reflecting expected future service for the fiscal year(s) ending September 30	
2013	\$ 2,829,000
2014	3,384,000
2015	3,964,000
2016	4,504,000
2017	5,399,000
2018–2022	39,666,000

The Medical Center contributed \$6,400,000 and \$6,000,000 to the Pension Plan for the years ended September 30, 2012 and 2011, respectively. The Medical Center plans to make any necessary contributions during the upcoming fiscal year 2013 to ensure the Pension Plan continues to be adequately funded during the current market conditions.

16. Concentration of Credit Risk

The Medical Center provides health care services to residents within its geographic location. The Medical Center grants credit without collateral to its patients, most of whom are local residents and are either insured under third-party payor agreements or covered by the Health Safety Net Care Pool.

The mix of receivables from patients and third-party payors at September 30, 2012 and 2011 was as follows:

	2012	2011
Medicare	18 %	18 %
Medicaid	25	23
HMOs	30	30
Commercial	9	11
Blue Cross	6	7
Commonwealth Care	5	3
Other	1	1
Self-Pay	6	7
	<u>100 %</u>	<u>100 %</u>

Boston Medical Center
(Parent Company only)
Notes to Financial Statements
September 30, 2012 and 2011

The Medical Center records an allowance for doubtful accounts (credit losses) for the following other accounts receivable balances at September 30, 2012:

<i>(in thousands)</i>	Receivable Balance	Allowance for Doubtful Accounts
FICA reimbursement for resident payments	\$ 22,146	\$ -
Other hospitals and health centers	5,722	2,295
New market tax credits	14,700	-
Outside contracts	11,405	1,100
Contributions receivable	6,338	1,591
Other	823	200
	<u>\$ 61,134</u>	<u>\$ 5,186</u>

The Medical Center records an allowance for doubtful accounts (credit losses) for the following other accounts receivable balances at September 30, 2011:

<i>(in thousands)</i>	Receivable Balance	Allowance for Doubtful Accounts
FICA reimbursement for resident payments	\$ 21,907	\$ -
Other hospitals and health centers	5,119	2,439
New market tax credits	11,568	-
Outside contracts	12,884	792
Contributions receivable	7,640	1,881
Other	216	141
	<u>\$ 59,334</u>	<u>\$ 5,253</u>

These receivables represent current amounts from the other accounts receivable balance. Management regularly assesses the adequacy of the allowance for doubtful accounts by performing ongoing evaluation of the balances, including such factors as the economic environment, risks associated with each receivable, the financial condition of specific borrowers and, where applicable, the existence of any guarantees or indemnifications.

Factors also considered by management when performing its assessment, in addition to general economic conditions and the other factors described above, include, but were not limited to, a detailed review of the aging of receivables and review of cash receipts in current year compared against prior year allowance for doubtful accounts. The level of the allowance is adjusted based upon the results of management's analysis.

Boston Medical Center
(Parent Company only)
Notes to Financial Statements
September 30, 2012 and 2011

Changes in the allowance for doubtful accounts for the year ended September 30, 2012 were as follows:

(in thousands)

Beginning balance at October 1, 2011	\$ 5,253
Recoveries	(432)
Net charge-offs	365
Ending balance at September 30, 2012	<u>\$ 5,186</u>

Changes in the allowance for doubtful accounts for the year ended September 30, 2011 were as follows:

(in thousands)

Beginning balance at October 1, 2010	\$ 14,440
Recoveries	(5,098)
Net charge-offs	(4,089)
Ending balance at September 30, 2011	<u>\$ 5,253</u>

17. Related Party Transactions

The Foundation and the Medical Center have significant transactions with each other for operating purposes. During the years ended September 30, 2012 and 2011, the Medical Center provided funding of approximately \$95,252,000 and \$103,287,000, respectively, to the Foundation for professional and support services. The Foundation is comprised of physician groups which provide teaching and other services to the Medical Center. In addition, the Medical Center and the Foundation have certain board members in common. The Medical Center has various notes receivable and other receivables from the Foundation which totaled approximately \$32,495,000 and \$17,232,000 at September 30, 2012 and 2011, respectively. In addition, the Medical Center owed the Foundation \$32,796,000 and \$19,454,000 at September 30, 2012 and 2011, respectively, and the amounts due are included in the current portion of due to related parties.

BMCHP and the Medical Center have significant transactions with each other for operating purposes. Total revenue earned by the Medical Center from BMCHP related to medical services provided by the Medical Center to BMCHP members was \$92,597,000 and \$91,363,000 for the years ended September 30, 2012 and 2011, respectively, and is included in net patient service revenue. At September 30, 2012 and 2011, BMCHP owed the Medical Center \$248,000 and \$23,326,000, respectively. In addition, BMCHP owed the Medical Center \$12,276,000 and \$9,726,000 at September 30, 2012 and 2011, respectively, and the amounts due are included in patient accounts receivable. BMCHP approved a net asset transfer of \$50,000,000 and \$23,000,000 to the Medical Center for the years ending September 30, 2012 and 2011, respectively.

Boston Medical Center
(Parent Company only)
Notes to Financial Statements
September 30, 2012 and 2011

The Medical Center and BMCIC have significant transactions with each other for the purpose of providing professional and general liability insurance. Total expenses incurred by the Medical Center related to the insurance provided by BMCIC were \$4,182,000 and \$2,000,000 for the years ending September 30, 2012 and 2011, respectively. The Medical Center has \$15,283,000 and \$12,999,000 of prepaid premiums and retrospective premium credits that were prepaid by the Medical Center to BMCIC at September 30, 2012 and 2011, respectively. In fiscal year 2012 the Medical Center adopted ASU 2010-24, requiring the gross up of anticipated claims liabilities and insurance recoveries. The Medical Center recorded an insurance recovery receivable and a professional liability claims payable of \$38,676,000.

The Medical Center and BMCIC of Vermont have transactions with each other for the purpose of providing insurance coverage for property and for certain liability exposures arising from acts of terrorism under TRIA. All insurance written and claims paid originate with the Medical Center. There were no expenses incurred by the Medical Center related to the insurance provided by BMCIC of Vermont for the years ending September 30, 2012 and 2011, respectively. At September 30, 2012 and 2011, respectively, there were no premiums owed to BMCIC of Vermont as all premiums written were paid prior to year-end.

BUAP and the Medical Center have transactions with each other for operating purposes. During the year ended September 30, 2012 the Medical Center provided funding of approximately \$1,262,000 to BUAP for professional and support services. The Medical Center has various accounts receivable from BUAP which totaled approximately \$4,070,000 at September 30, 2012.

The Medical Center and the BMC NAB Business Trust have significant transactions with each other relating to the construction of the Shapiro Ambulatory Care Center. Pursuant to the note and loan agreement, dated May 1, 2008, the Medical Center loaned the BMC NAB Business Trust \$3,172,000 in 2012 and \$10,758,000 in 2011 for the construction of the facility.

The Medical Center is affiliated with several community health centers. At September 30, 2012 and 2011, the Medical Center had loaned a total of \$5,820,000 and \$6,540,000, respectively, to the community health centers. The loans are interest bearing and are forgiven as long as no event of default as defined in the loan documents has occurred.

18. Functional Expenses

The total operating expenses of the Medical Center by function are as follows for the year ended September 30:

<i>(in thousands)</i>	2012	2011
Patient care	\$ 704,122	\$ 701,862
Medical education	62,832	69,200
Research, sponsored programs and community health services	97,126	99,766
General and administrative	139,333	134,748
	<u>\$ 1,003,413</u>	<u>\$ 1,005,576</u>

Boston Medical Center
(Parent Company only)
Notes to Financial Statements
September 30, 2012 and 2011

19. Governmental Subsidies

On December 20, 2011, Centers for Medicare and Medicaid Services ("CMS") approved a three year Massachusetts Medicaid Waiver extension for the period of July 1, 2011 through June 30, 2014 that included Delivery System Transformation Initiative ("DSTI") potential funding of \$103,553,000 annually for BMC. These initiatives are designed as incentive payments to support investments in health care delivery systems that will support payment reform, and transition away from fee-for-service payments toward alternative payment arrangements that reward high-quality, efficient, and integrated systems of care. CMS has identified four categories for which funding authority is available. Participating hospitals must select a minimum number of projects from each category as outlined in the Master DSTI Plan. The four categories are: (1) development of a fully integrated delivery system; (2) improved health outcomes and quality; (3) ability to respond to statewide transformation to value-based purchasing and to accept alternatives to fee-for-service payments; and (4) population-focused improvements. BMC has submitted a DSTI Plan with detailed projects to be implemented consistent with the categories outlined. CMS finalized the approval of BMC's DSTI plan on June 20, 2012. The terms of the waiver allowed BMC to receive 50% of year one DSTI funding within 30 days of the final approval of its DSTI plan. The second 50% payment was made on August 30, 2012 after successful documentation of meeting the fiscal year 2012 metrics was submitted on July 31, 2012. The Medical Center has recorded \$103,553,000 in fiscal year 2012.

The Commonwealth is required to appropriate the nonfederal share of its DSTI funding. To that end, a supplemental budget for state fiscal year 2012, which appropriates \$51,700,000 to BMC, was filed by the Governor and approved in May 2012. The Medical Center has recorded \$51,700,000 in fiscal year 2012.

20. Commitments and Contingencies

The Medical Center is subject to complaints, claims and litigation which have arisen in the normal course of business. In addition, the Medical Center is subject to compliance with laws and regulations of various governmental agencies. Recently, governmental review of compliance with these laws and regulations has increased, resulting in fines and penalties for noncompliance by individual health care providers.

On July 15, 2009, the Medical Center filed a lawsuit in state court against the Commonwealth to require the Commonwealth to adequately cover the costs of care for the Medical Center's low income patients, and to recover monies owed to the Medical Center. On December 20, 2010, the Massachusetts Superior Court dismissed the lawsuit. The court ruled that neither state nor federal law authorizes the courts to review the payment rates set by the state's secretary of health and human services. The Medical Center appealed the court's decision and, on September 14, 2012, the Massachusetts Supreme Judicial Court upheld the Superior Court's ruling dismissing the lawsuit.

In September 2009, allegations of wage and hour violations were made in complaints filed in Massachusetts Superior Court and the United States District Court for the District of Massachusetts. In sum, the plaintiffs allege that the Medical Center and other defendants failed to pay a class of hourly employees for missed and interrupted meal breaks, preliminary and postliminary hours worked, and mandatory training time. In February and March, 2011, all claims in both the federal and state cases were dismissed. The action is still ongoing as of September 30, 2012. It is not possible at this time to express any opinion as to the merit of the action or the likelihood that the claimants will prevail.

Boston Medical Center
(Parent Company only)
Notes to Financial Statements
September 30, 2012 and 2011

In July 2012, allegations of patent infringement were made in a complaint filed in the United States District Court for the District of Massachusetts against the Medical Center, Boston University Affiliated Physicians, Inc., Boston University Medical Center Radiologists, Inc., and Trustees of Boston University. The plaintiffs (Neurografix, Neurography Institute Medical Associates, Inc., and Image-Based Surgicenter Corporation) allege infringement of their patents through the purchase and use of MRIs and other equipment manufactured by Philips, General Electric, and BrainLab. It is not possible at this time to express any opinion as to the merit of the action or the likelihood that the claimants will prevail.

21. Self-Insurance

Professional and General Liability

Estimated professional and general liability costs, as calculated by BMCIC's consulting actuaries, consist of specific reserves to cover the estimated liability resulting from medical or general liability incidents or potential claims which have been reported, as well as a provision for claims incurred but not reported. Estimated professional and general liabilities are based on claims reported, historical experience, and industry trends. These liabilities include estimates of future trends in loss severity and frequency and other factors that could vary as the claims are ultimately resolved. Although it is not possible to measure the degree of variability inherent in such estimates, management believes the reserves for claims are adequate. These estimates are periodically reviewed, and necessary adjustments are reflected in the consolidated statement of operations in the year the need for such adjustments becomes known. Management is unaware of any claims that would cause the final expense for professional and general liability risks to vary materially from the amounts provided.

Excess Liability Coverage

The Medical Center has excess liability coverage of \$30,000,000 for professional and general liability losses per individual claim, and for annual aggregate professional and general liability losses on a claims-made basis. The existence of this reinsurance coverage does not relieve the Medical Center of its primary obligation with respect to losses incurred. The Medical Center would be liable for claims ceded to reinsurers in the event such reinsurers are unable to meet their obligations.

22. National Emerging Infectious Diseases Laboratory ("NEIDL")

In September 2003, Boston University received an award from the National Institutes of Health ("NIH") for the construction of a biocontainment facility to be located on Boston University's Medical Campus. This laboratory will be used by Boston University and the Medical Center, as well as other organizations, to support the federal government's bio-defense efforts. As part of this award, NIH will provide \$140,990,000 of the construction costs of the facility. Boston University and Boston Medical Center each provided \$27,927,000 toward construction, and received a 50% equity interest in the venture. As such, both parties will share equally in the future operating activities of the laboratory. The NIH reimbursement was recorded as an increase to temporarily restricted net assets. On May 1, 2010, Boston Medical Center issued a letter notifying Boston University that the Medical Center elected to withdraw from further participation in the NEIDL at Boston University Medical Center effective as of May 1, 2011. As a result of the withdrawal, the Medical Center reversed the investment and temporarily restricted net assets recorded in previous periods.

Boston Medical Center
(Parent Company only)
Notes to Financial Statements
September 30, 2012 and 2011

In 2011, Boston Medical Center and Boston University agreed to contribution repayment terms whereas Boston University owes Boston Medical Center the total principal of \$29,064,000. Boston University will make five annual payments of \$5,813,000 plus 2% interest on the outstanding balance due. As of September 30, 2012 the remaining balance owed to the Medical Center is \$23,445,000 and is included in other accounts receivable and other noncurrent assets on the balance sheet.

23. Subsequent Events

The Medical Center has assessed the impact of subsequent events through February 8, 2013, the date the audited financial statements were available for issuance, and has concluded that other than the notes below, there were no such events that require adjustment to the audited financial statements or disclosure in the notes to the audited financial statements.

On October 1, 2012 the Medical Center executed the put for BCD to Sovereign. The Medical Center paid Sovereign \$1,455,000 for Sovereign's 99% interest in Affirmative NMTC Fund I LLC (the "Fund"). Affirmative LLC has the other 1% interest in the Fund. Affirmative LLC has a put option to sell its 1% interest in the Fund to the Medical Center; however, as of February 8, 2013, the Medical Center has not executed the put for BCD to Affirmative LLC.

In October 2012, Medical Center entered into a Line of Credit for short-term borrowings with a bank under which up to \$25 million may be borrowed on such terms as outlined by the Amended and Restated Line of Credit Agreement. This Agreement will be renewed annually but can be withdrawn at the bank's option. The Medical Center has pledged certain board designated accounts to secure the line of credit. The assets of these accounts will collateralize borrowings against the line of credit.

The Medical Center received payments in October 2012 and November 2012 totaling \$21,169,000 related to FICA refund claims for medical residents. The FICA receivable outstanding as of September 30, 2012 was \$22,146,000. The outstanding balance as of February 8, 2013, of approximately \$977,000, is related to 2009 fourth quarter claims which is under appeal.