

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

- ▶ Do not enter Social Security numbers on this form as it may be made public.
- ▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning

10/01, 2013, and ending

09/30, 2014

B Check if applicable:

- Address change
- Name change
- Initial return
- Terminated
- Amended return
- 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 province, country, and ZIP or foreign postal code
BOSTON, MA 02118

F Name and address of principal officer: KATHLEEN E. WALSH
88 EAST NEWTON STREET BOSTON, MA 02118

D Employer identification number
04-3314093

E Telephone number
(617) 414-1625

G Gross receipts \$ 1,121,529,700.

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

H(b) Are all subordinates included? Yes No
If "No," attach a list. (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status: 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527

J Website: ▶ WWW.BMC.ORG

K Form of organization: Corporation Trust Association 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	26.
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	16.
	5 Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5	7,306.
	6 Total number of volunteers (estimate if necessary)	6	528.
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, line 34	7b	-8,266.	

Revenue		Prior Year	Current Year
		8 Contributions and grants (Part VIII, line 1h)	9,605,331.
9 Program service revenue (Part VIII, line 2g)	980,736,152.	1,044,427,171.	
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	28,517,000.	48,774,000.	
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	4,238,303.	4,871,054.	
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,023,096,786.	1,120,846,589.	

Expenses		Prior Year	Current Year
		13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	18,402,589.
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)	482,311,904.	507,192,894.	
16a Professional fundraising fees (Part IX, column (A), line 11e)	46,000.	79,149.	
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 3,273,803.			
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	504,229,293.	523,312,373.	
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,004,989,786.	1,049,014,589.	
19 Revenue less expenses. Subtract line 18 from line 12	18,107,000.	71,832,000.	

Net Assets or Fund Balances		Beginning of Current Year	End of Year
		20 Total assets (Part X, line 16)	1,862,453,000.
21 Total liabilities (Part X, line 26)	754,736,000.	776,233,000.	
22 Net assets or fund balances. Subtract line 21 from line 20.	1,107,717,000.	1,189,881,000.	

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 _____

Type or print name and title _____

Paid Preparer Use Only

Print/Type preparer's name: GWEN SPENCER Preparer's signature: _____ Date: _____ Check if self-employed PTIN: P00641463

Firm's name ▶ PRICEWATERHOUSECOOPERS LLP Firm's EIN ▶ 13-4008324

Firm's address ▶ 125 HIGH STREET BOSTON, MA 02110 Phone no. 617-530-5000

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

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2013)

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

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 [X] No

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

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 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 \$ 924,338,296. including grants of \$) (Revenue \$ 1,044,427,171.) SEE SCHEDULE O.

4b (Code:) (Expenses \$ 17,850,687. including grants of \$ 17,850,687.) (Revenue \$) BOSTON MEDICAL CENTER PROVIDES RESEARCH SUPPORT TO ORGANIZATIONS WITHIN THE US.

4c (Code:) (Expenses \$ 579,486. including grants of \$ 579,486.) (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 942,768,469.

Part IV Checklist of Required Schedules

Table with 3 columns: Question number, Yes, No. Rows include questions 1 through 20b regarding organizational requirements and financial reporting.

Part IV Checklist of Required Schedules (continued)

		Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government 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 or 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 25a.</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	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payable to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II.		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, Part II, III, or IV, and Part V, line 1</i>	X	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
b	If "Yes" to line 35a, 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 11b 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 or note to any line in this Part V

Table with columns for question number, description, and Yes/No checkboxes. Includes questions 1a through 14b regarding IRS filings, employee reporting, foreign accounts, and charitable contributions.

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 or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (26), 1b (16), 2, 3, 4, 5, 6, 7a, 7b, 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, 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 or note to any line in this Part VII. X

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 (list any hours for related organizations below dotted line)	(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			
(1) KAREN H. ANTMAN, MD TRUSTEE	1.00 2.00	X						0 737,406.	34,802.	
(2) DAVID A. PASSAFARO VICE CHAIRMAN	1.00 1.00	X		X				0 0	0	
(3) CHRISTINE M. DUNN TRUSTEE (UNTIL 5/13/14)	1.00 0	X						0 0	0	
(4) WILLIAM J. HALPIN, JR TRUSTEE	1.00 1.00	X						0 0	0	
(5) EDMOND J. ENGLISH CHAIRMAN	1.00 1.00	X		X				0 0	0	
(6) RANDI CUTLER TRUSTEE	1.00 0	X						0 0	0	
(7) MARTHA S. SAMUELSON TRUSTEE	1.00 1.00	X						0 0	0	
(8) STEVEN D. LEVY TRUSTEE	1.00 0	X						0 0	0	
(9) LISA GUSCOTT TRUSTEE (UNTIL 5/13/14)	1.00 0	X						0 0	0	
(10) RICHARD SLIFKA TRUSTEE	1.00 1.00	X						0 0	0	
(11) AZZIE YOUNG, MPA, PHD TRUSTEE	1.00 0	X						0 0	0	
(12) BARBARA FERRER, PHD TRUSTEE	1.00 0	X						0 0	0	
(13) DAVID L. COLEMAN, MD TRUSTEE	1.00 55.00	X						0 695,580.	36,429.	
(14) SUSAN DONAHUE TRUSTEE	1.00 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 (list any hours for related organizations below dotted line)	(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) JOHN T. HAILER ----- TRUSTEE	1.00 ----- 0	X						0	0	0
(16) KATHLEEN E. WALSH ----- PRESIDENT/CEO	50.00 ----- 7.50	X		X				1,204,643.	0	86,720.
(17) PAUL EGERMAN ----- TRUSTEE	1.00 ----- 0	X						0	0	0
(18) PEGGY KOENIG ----- TRUSTEE	1.00 ----- 1.00	X						0	0	0
(19) JAMES S. PHALEN ----- TRUSTEE	1.00 ----- 1.00	X						0	0	0
(20) MARK NUNNELLY ----- TRUSTEE	1.00 ----- 1.00	X						0	0	0
(21) CLAIRE PERLMAN ----- TRUSTEE	1.00 ----- 0	X						0	0	0
(22) DAVID AMENT ----- TRUSTEE	1.00 ----- 2.00	X						0	0	0
(23) JAMES BLUE ----- TRUSTEE	1.00 ----- 1.00	X						0	0	0
(24) SANDRA COTTERRELL ----- TRUSTEE	1.00 ----- 1.00	X						0	0	0
(25) JACK CRADOCK ----- TRUSTEE (UNTIL 5/13/14)	1.00 ----- 2.00	X						0	0	0
1b Sub-total								0	1,432,986.	71,231.
c Total from continuation sheets to Part VII, Section A								6,352,475.	1,121,423.	774,255.
d Total (add lines 1b and 1c)								6,352,475.	2,554,409.	845,486.

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 ► 1347

	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 2		

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 ► 94

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(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) GERARD DOHERTY, MD ----- TRUSTEE	1.00 ----- 55.00	X						0	840,627.	62,153.
(27) ANAND DEVAIAH, MD ----- TRUSTEE (UNTIL 11/11/14)	1.00 ----- 0	X						0	280,796.	49,229.
(28) RUTH ELLEN FITCH ----- TRUSTEE (AS OF 5/13/14)	1.00 ----- 0	X						0	0	0
(29) MELANIE FOLEY ----- TRUSTEE (AS OF 5/13/14)	1.00 ----- 0	X						0	0	0
(30) MANNY LOPES ----- TRUSTEE (AS OF 5/13/14)	1.00 ----- 0	X						0	0	0
(31) DAVID BECK ----- VP/GENERAL COUNSEL/CLERK	50.00 ----- 12.50			X				337,545.	0	55,793.
(32) RICHARD SILVERIA ----- SVP FIN/CFO/TREAS	50.00 ----- 4.50			X				626,993.	0	79,109.
(33) RAVIN DAVIDOFF ----- SR VP MED AFFAIRS/CMO	50.00 ----- 1.50				X			574,508.	0	77,973.
(34) STAN HOCHBERG ----- SR. VP QLTY, SAFETY, AND TECH	50.00 ----- 1.00				X			514,455.	0	73,309.
(35) ALASTAIR BELL ----- SVP OPS&STRTRY/COO(AS OF 1/14)	50.00 ----- 0				X			633,721.	0	28,209.
(36) BOB BIGGIO ----- VP FACILITY & SUPPORT SERVICES	50.00 ----- 0					X		336,670.	0	62,294.
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 ► 1347

	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

Check if Schedule O contains a response or note to any line in this Part VIII

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a						
	b Membership dues	1b						
	c Fundraising events	1c	3,846,078.					
	d Related organizations	1d						
	e Government grants (contributions)	1e	996,982.					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	17,931,304.					
	g Noncash contributions included in lines 1a-1f: \$		857,673.					
	h Total. Add lines 1a-1f			22,774,364.				
Program Service Revenue	2a PATIENT SVC REVENUE	Business Code						
		900099		964,265,000.	964,265,000.			
	b OTHER PROGRAM REVENUE	900099		1,378,312.	1,378,312.			
	c GRANT/CONTRACT REVENUE	900099		78,783,859.	78,783,859.			
	d _____							
	e _____							
	f All other program service revenue							
g Total. Add lines 2a-2f			1,044,427,171.					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			18,435,000.			18,435,000.	
	4 Income from investment of tax-exempt bond proceeds			0				
	5 Royalties			0				
	6a Gross rents	(i) Real	143,225.					
		(ii) Personal						
		b Less: rental expenses		73,411.				
		c Rental income or (loss)		69,814.				
	d Net rental income or (loss)			69,814.			69,814.	
	7a Gross amount from sales of assets other than inventory	(i) Securities	30,339,000.					
		(ii) Other						
		b Less: cost or other basis and sales expenses						
		c Gain or (loss)		30,339,000.				
	d Net gain or (loss)			30,339,000.			30,339,000.	
	8a Gross income from fundraising events (not including \$ 3,846,078. of contributions reported on line 1c). See Part IV, line 18	a		256,636.				
		b Less: direct expenses		609,700.				
c Net income or (loss) from fundraising events				-353,064.			-353,064.	
9a Gross income from gaming activities. See Part IV, line 19	a							
	b Less: direct expenses							
	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							
	c Net income or (loss) from sales of inventory			0				
Miscellaneous Revenue		Business Code						
11a CAFETERIA		900099		3,660,028.			3,660,028.	
b PARKING		812930		1,494,276.			1,494,276.	
c _____								
d All other revenue								
e Total. Add lines 11a-11d				5,154,304.				
12 Total revenue. See instructions				1,120,846,589.	1,044,427,171.		53,645,054.	

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).

Check if Schedule O contains a response or note to any line 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	17,850,687.	17,850,687.		
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	579,486.	579,486.		
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	8,717,815.	7,497,320.	957,995.	262,500.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	305,900.	305,900.		
7 Other salaries and wages	394,490,099.	339,218,659.	53,442,580.	1,828,860.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	21,623,971.	18,596,615.	2,905,299.	122,057.
9 Other employee benefits	49,574,035.	42,633,670.	6,660,543.	279,822.
10 Payroll taxes	32,481,074.	27,933,723.	4,364,011.	183,340.
11 Fees for services (non-employees):				
a Management	0			
b Legal	1,861,538.		1,861,538.	
c Accounting	1,682,997.		1,682,997.	
d Lobbying	150,238.	129,204.	21,034.	
e Professional fundraising services. See Part IV, line 17.	79,149.			79,149.
f Investment management fees	0			
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	63,405,210.	54,528,480.	8,806,481.	70,249.
12 Advertising and promotion	626,247.	538,572.	87,433.	242.
13 Office expenses	15,262,612.	13,125,846.	2,048,778.	87,988.
14 Information technology	3,183,829.	2,738,092.	445,697.	40.
15 Royalties	15,017,415.	12,914,976.	2,102,439.	
16 Occupancy	27,903,339.	23,996,871.	3,895,133.	11,335.
17 Travel	248,665.	213,851.	27,006.	7,808.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	608,678.	523,463.	80,335.	4,880.
20 Interest	12,271,982.	10,553,904.	1,669,112.	48,966.
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	60,005,825.	51,605,009.	8,161,392.	239,424.
23 Insurance	5,813,168.	4,999,324.	813,844.	
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 PHYSICIAN SERVICES -----	102,038,286.	102,038,286.		
b DIRECT RESEARCH -----	79,438,371.	79,438,371.		
c PATIENT RELATED SUPPLIES -----	55,174,054.	55,174,054.		
d DRUGS -----	57,290,175.	57,290,175.		
e All other expenses -----	21,329,744.	18,343,931.	2,938,670.	47,143.
25 Total functional expenses. Add lines 1 through 24e	1,049,014,589.	942,768,469.	102,972,317.	3,273,803.
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

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	77,427,000.	1	98,247,000.
	2 Savings and temporary cash investments	62,407,000.	2	27,773,000.
	3 Pledges and grants receivable, net	43,910,000.	3	36,801,000.
	4 Accounts receivable, net	106,248,000.	4	127,892,000.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	5	0
	6 Loans and other 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). Complete Part II of Schedule L	0	6	0
	7 Notes and loans receivable, net	131,344,000.	7	129,344,000.
	8 Inventories for sale or use	5,490,000.	8	6,201,000.
	9 Prepaid expenses and deferred charges	7,147,000.	9	11,838,000.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1282763000.		
	b Less: accumulated depreciation	10b 726,693,000.	456,347,000.	10c 556,070,000.
	11 Investments - publicly traded securities	116,984,000.	11	120,867,000.
	12 Investments - other securities. See Part IV, line 11	189,499,000.	12	209,894,000.
	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	665,650,000.	15	641,187,000.
16 Total assets. Add lines 1 through 15 (must equal line 34)	1,862,453,000.	16	1,966,114,000.	
Liabilities	17 Accounts payable and accrued expenses	127,955,000.	17	151,372,000.
	18 Grants payable	0	18	0
	19 Deferred revenue	18,348,000.	19	19,436,000.
	20 Tax-exempt bond liabilities	361,634,000.	20	359,836,000.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	0
	22 Loans and other 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	51,174,000.	24	69,445,000.
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	195,625,000.	25	176,144,000.	
26 Total liabilities. Add lines 17 through 25	754,736,000.	26	776,233,000.	
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	771,252,000.	27	829,496,000.
	28 Temporarily restricted net assets	320,112,000.	28	344,125,000.
	29 Permanently restricted net assets	16,353,000.	29	16,260,000.
	Organizations that do not follow SFAS 117 (ASC 958), 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	1,107,717,000.	33	1,189,881,000.
	34 Total liabilities and net assets/fund balances	1,862,453,000.	34	1,966,114,000.

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,120,846,589.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,049,014,589.
3	Revenue less expenses. Subtract line 2 from line 1	3	71,832,000.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,107,717,000.
5	Net unrealized gains (losses) on investments	5	13,390,000.
6	Donated services and use of facilities	6	0
7	Investment expenses	7	0
8	Prior period adjustments	8	0
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-3,058,000.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,189,881,000.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

- 1** Accounting method used to prepare the Form 990: Cash Accrual 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?
 If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
 If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** 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.
- 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?
- b** 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.

	Yes	No
2a		X
2b	X	
2c	X	
3a	X	
3b	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.

OMB No. 1545-0047

2013

Open to Public Inspection

▶ Attach to Form 990 or Form 990-EZ.
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

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-Non-functionally integrated
- 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?

	Yes	No
11g(i)		
 - (ii) A family member of a person described in (i) above?

	Yes	No
11g(ii)		
 - (iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
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 monetary 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) 2013

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) 2009, (b) 2010, (c) 2011, (d) 2012, (e) 2013, (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) 2009, (b) 2010, (c) 2011, (d) 2012, (e) 2013, (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; 11 Total support; 12 Gross receipts from related activities; 13 First five years.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2013 (36.29%); 15 Public support percentage from 2012 Schedule A; 16a 33 1/3% support test - 2013 (checked); 16b 33 1/3% support test - 2012; 17a 10%-facts-and-circumstances test - 2013; 17b 10%-facts-and-circumstances test - 2012; 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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2013. 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 - 2012. 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. 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).

ATTACHMENT 1

SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2009	2010	2011	2012	2013	TOTAL
FUNDRAISING	2,426,312.	308,617.	262,640.	472,670.	256,636.	3,726,875.
CAFETERIA	2,913,988.	3,512,164.	3,456,873.	3,686,398.	3,660,028.	17,229,451.
PARKING	1,489,630.	1,206,607.	434,988.	362,534.	1,494,276.	4,988,035.
INCOME FROM GAMING	16,760.					16,760.
TOTALS	<u>6,846,690.</u>	<u>5,027,388.</u>	<u>4,154,501.</u>	<u>4,521,602.</u>	<u>5,410,940.</u>	<u>25,961,121.</u>

Schedule of Contributors

2013

▶ **Attach to Form 990, Form 990-EZ, or Form 990-PF.**

▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

Name of the organization

BOSTON MEDICAL CENTER

Employer identification number

04-3314093

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

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

Special Rules

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

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

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	----- ----- -----	\$ 1,540,075.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	----- ----- -----	\$ 1,062,450.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	----- ----- -----	\$ 810,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	----- ----- -----	\$ 600,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	----- ----- -----	\$ 590,842.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization **BOSTON MEDICAL CENTER**

Employer identification number

04-3314093

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-----	----- ----- -----	\$-----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-----	----- ----- -----	\$-----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-----	----- ----- -----	\$-----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-----	----- ----- -----	\$-----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-----	----- ----- -----	\$-----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-----	----- ----- -----	\$-----	-----

Name of organization **BOSTON MEDICAL CENTER**

Employer identification number
04-3314093

Part III *Exclusively* religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry.

For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2013

Open to Public Inspection

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.** ▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.**

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
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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)	-----			

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

Schedule C (Form 990 or 990-EZ) 2013

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												
1a	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%;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) Total
2a 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: Question, (a) Yes/No, and (b) Amount. Rows include questions about lobbying activities and their amounts.

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 questions about dues, lobbying expenditures, and carryover.

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 3 columns: Question, Yes, No. Rows include questions about dues, non-deductible lobbying expenditures, and carryover.

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, line 2; 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 \$83,568. BMC ALSO PAID GEORGE TRAYLOR \$90,238, 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

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.

2013

Department of the Treasury Internal Revenue Service

Attach to Form 990.

Open to Public Inspection

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

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 XIII, 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: Revenues, Assets. 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 XIII, 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) 2013

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 XIII.

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 XIII and complete the following table:

Table with columns for Amount and rows for 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 XIII. Check here if the explanation has been provided in Part XIII.

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

Table with columns (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back and rows for 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 51.0000 %
b Permanent endowment 2.0000 %
c Temporarily restricted endowment 47.0000 %

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 columns Yes, No and 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 XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

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

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. 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	209,894,000.	FMV
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶	209,894,000.	

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX Other Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) OTHER LT ASSETS	168,320,000.
(2) FUNDS HELD BY TRUSTEES	8,842,000.
(3) BOARD-DESIGNATED INVESTMENTS	343,704,000.
(4) FOR FUNDED DEPRECIATION	
(5) FUND HELD BY TRUSTEES UNDER	
(6) BOND INDENTURE	49,725,000.
(7) NONCURRENT NOTES RECEIVABLE	36,583,000.
(8) INVESTMENT IN OTHER VENTURES	
(9) INSURANCE RECOVERY RECEIVABLES	34,013,000.
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	641,187,000.

Part X Other Liabilities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. 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	55,764,000.
(3) LT DEBT AND OBL-CAPITAL LEASE	21,891,000.
(4) OTHER LONG-TERM LIABILITIES	64,476,000.
(5) LT ADDITIONAL PENSION LIABILIT	
(6) PROFESSIONAL LIABILITY CLAIMS	34,013,000.
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	176,144,000.

2. Liability for uncertain tax positions. In Part XIII, 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). Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Total revenue reported as 1120846589.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Total expenses reported as 1049014589.

Part XIII Supplemental Information.

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, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

SEE PAGE 5

Part XIII 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 4B

RENTAL EXPENSE (\$73,411)

SCHEDULE D, PART XII, LINE 2D

RENTAL EXPENSE \$73,411

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2013

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.
- ▶ Attach to Form 990. ▶ See separate instructions.
- ▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

BOSTON MEDICAL CENTER

Employer identification number

04-3314093

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on 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		57,362.
(2) RUSSIA/INDEPENDENT STATES			GRANTMAKING		151,318.
(3) SUB-SAHARAN AFRICA	2.	8.	PROGRAM SERVICES	HEALTH SVCS TRAINING	128,777.
(4) NORTH AMERICA			GRANTMAKING		86,913.
(5) SOUTH AMERICA			GRANTMAKING		155,116.
(6) CENTRAL AMERICA/CARIBBEAN			PROGRAM SERVICES	PREMIUMS	9,078,000.
(7) EUROPE			INVESTMENTS		26,996,785.
(8) NORTH AMERICA			INVESTMENTS		40,571,992.
(9) CENTRAL AMERICA/CARIBBEAN			INVESTMENTS		8,475,461.
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Sub-total	2.	8.			85,701,724.
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)	2.	8.			85,701,724.

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

Schedule F (Form 990) 2013

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who 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)			SOUTH AMERICA	SUBAWARD	155,116.	WIRE TRANSFR			
(2)			EAST ASIA/PACIFIC	SUBAWARD	57,362.	WIRE TRANSFR			
(3)			RUSSIA/NEWLY IND. STATES	SUBAWARD	151,318.	WIRE TRANSFR			
(4)			NORTH AMERICA	SUBAWARD	13,501.	WIRE TRANSFR			
(5)			NORTH AMERICA	SUBAWARD	73,412.	WIRE TRANSFR			
(6)			SUB-SAHARAN AFRICA	SUBAWARD	128,777.	WIRE TRANSFR			
(7)									
(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. **6.**

3 Enter total number of other organizations or entities.

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on 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

Name of the organization

BOSTON MEDICAL CENTER

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.

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

Open to Public Inspection

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 BLUE SKY ENTERTAINMENT	MAYO BOWL		X	216,122.	44,149.	171,973.
2 CLAPPAZZOLA PARTNERS	GOLF AND CATWALK		X	558,093.	35,000.	523,093.
3						
4						
5						
6						
7						
8						
9						
10						
Total				774,215.	79,149.	695,066.

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 THOUG (event type)	3. (total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	2,388,409.	925,215.	789,090.	4,102,714.
	2 Less: Contributions	2,289,410.	906,671.	649,997.	3,846,078.
	3 Gross income (line 1 minus line 2)	98,999.	18,544.	139,093.	256,636.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	186,868.	52,887.	114,177.	353,932.
	7 Food and beverages	80,000.		32,500.	112,500.
	8 Entertainment	25,000.			25,000.
	9 Other direct expenses	12,430.	56,412.	49,426.	118,268.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				609,700.
	11 Net income summary. Subtract line 10 from line 3, column (d)				-353,064.

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. Subtract line 7 from line 1, column (d)				

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 ▶ _____

- 15 a 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.** 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

2013

Open to Public Inspection

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 20.

▶ Attach to Form 990. ▶ See separate instructions.

▶ Information about Schedule H (Form 990) and its instructions is at www.irs.gov/form990.

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	
1b 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) as a factor in determining eligibility for providing free 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 as a factor in determining eligibility for providing discounted 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 used factors other than FPG in determining 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, as a factor in determining 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	
5b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	X	
5c 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	
6b If "Yes," did the organization make it available to the public?	X	

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)		54000	69,109,287.	59,854,205.	9,255,082.	.88
b Medicaid (from Worksheet 3, column a)		444837	405,241,483.	337,751,730.	67,489,753.	6.43
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs		498837	474,350,770.	397,605,935.	76,744,835.	7.31
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			14,806,342.	6,288,980.	8,517,362.	.81
f Health professions education (from Worksheet 5)			61,352,323.	13,260,699.	48,091,624.	4.58
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)	671		83,520,231.	68,504,337.	15,015,894.	1.43
i Cash and in-kind contributions for community benefit (from Worksheet 8)			94,245.		94,245.	.01
j Total. Other Benefits	671		159,773,141.	88,054,016.	71,719,125.	6.83
k Total. Add lines 7d and 7j.	671	498837	634,123,911.	485,659,951.	148,463,960.	14.14

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			30,191.		30,191.	
2 Economic development	2		15,847,500.		15,847,500.	1.51
3 Community support			820,000.		820,000.	.08
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy	10		5,189,175.	6,354,497.	1,165,322.	.11
8 Workforce development	1		516,742.		516,742.	.05
9 Other	2		894,885.		894,885.	.09
10 Total	15		23,298,493.	6,354,497.	19,274,640.	1.84

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

	Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	X	
2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.		
3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.		
4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.		

Section B. Medicare

5 Enter total revenue received from Medicare (including DSH and IME)	5	179,356,354.
6 Enter Medicare allowable costs of care relating to payments on line 5	6	167,207,163.
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	7	12,149,191.
8 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: <input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other		

Section C. Collection Practices

9a Did the organization have a written debt collection policy during the tax year?	9a	X	
b 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	9b		X

Part IV Management Companies and Joint Ventures (owned 10% or more by officers, directors, trustees, key employees, and physicians - 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

Section A. Hospital Facilities

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

How many hospital facilities did the organization operate during the tax year? 1

Name, address, primary website address, and state license number

1	BOSTON MEDICAL CENTER
	88 EAST NEWTON STREET
	BOSTON MA 02118
	HTTP://WWW.BMC.ORG
	V112

Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
X	X		X		X	X			

Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

Name of hospital facility or facility reporting group BOSTON MEDICAL CENTER

If reporting on Part V, Section B for a single hospital facility only: line number of hospital facility (from Schedule H, Part V, Section A) 1

Community Health Needs Assessment (Lines 1 through 8c are optional for tax years beginning on or before March 23, 2012)

	Yes	No
1 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 9. If "Yes," indicate what the CHNA report describes (check all that apply):	X	
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" 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 checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" 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 Section C)		
2 Indicate the tax year the hospital facility last conducted a CHNA: <u>20 1 2</u>		
3 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	X	
4 Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C		X
5 Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply):	X	
a <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>WWW.BMC.ORG</u>		
b <input type="checkbox"/> Other website (list url): _____		
c <input checked="" type="checkbox"/> Available upon request from the hospital facility		
d <input type="checkbox"/> Other (describe in Section C)		
6 If the hospital facility addressed needs identified in its most recently conducted CHNA, indicate how (check all that apply as of the end of the tax year):		
a <input checked="" type="checkbox"/> Adoption of an implementation strategy that addresses each of the community health needs identified through the CHNA		
b <input checked="" type="checkbox"/> Execution of the implementation strategy		
c <input type="checkbox"/> Participation in the development of a community-wide plan		
d <input type="checkbox"/> Participation in the execution of a community-wide 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 CHNA		
g <input checked="" type="checkbox"/> Prioritization of health needs in its community		
h <input checked="" 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 Section C)		
7 Did the hospital facility address all of the needs identified in its most recently conducted CHNA? If "No," explain in Section C which needs it has not addressed and the reasons why it has not addressed such needs		X
8a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?		X
8b If "Yes" to line 8a, did the organization file Form 4720 to report the section 4959 excise tax?		
c If "Yes" to line 8b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V Facility Information (continued)

Financial Assistance Policy BOSTON MEDICAL CENTER

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
9	Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	X	
10	Used federal poverty guidelines (FPG) to determine eligibility for providing <i>free</i> care? If "Yes," indicate the FPG family income limit for eligibility for free care: <u> 2 </u> <u> 0 </u> <u> 0 </u> % If "No," explain in Section C the criteria the hospital facility used.	X	
11	Used FPG to determine eligibility for providing <i>discounted</i> care? If "Yes," indicate the FPG family income limit for eligibility for discounted care: <u> — </u> <u> — </u> <u> — </u> % If "No," explain in Section C the criteria the hospital facility used.		X
12	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 type="checkbox"/> Residency		
i	<input checked="" type="checkbox"/> Other (describe in Section C)		
13	Explained the method for applying for financial assistance?	X	
14	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 Section C)		
Billing and Collections			
15	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	
16	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 individual'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 Section C)		
17	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 individual'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 Section C)		

Part V Facility Information (continued) BOSTON MEDICAL CENTER

- 18** Indicate which efforts the hospital facility made before initiating any of the actions listed in line 17 (check all that apply):
- a** Notified individuals of the financial assistance policy on admission
 - b** Notified individuals of the financial assistance policy prior to discharge
 - c** Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills
 - d** Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy
 - e** Other (describe in Section C)

Policy Relating to Emergency Medical Care

- | | | Yes | No |
|---|-----------|-----|----|
| 19 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?
If "No," indicate why: | 19 | X | |
| 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 Section C) | | | |
| d <input type="checkbox"/> Other (describe in Section C) | | | |

Changes to Individuals Eligible for Assistance under the FAP (FAP-Eligible Individuals)

- | | | | |
|---|-----------|--|---|
| 20 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 Section C) | | | |
| 21 During the tax year, did the hospital facility charge any FAP-eligible individual 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?
If "Yes," explain in Section C. | 21 | | X |
| 22 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?
If "Yes," explain in Section C. | 22 | | X |

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

PART V, SECTION A

THE MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH HAS LICENSED BOSTON MEDICAL CENTER TO OPERATE A HOSPITAL AT ONE BOSTON MEDICAL CENTER PLACE, BOSTON, MA 02118. THIS LOCATION IS (1) A LICENSED HOSPITAL, (2) PROVIDES GENERAL MEDICAL & SURGICAL TREATMENT, (3) IS A TEACHING HOSPITAL, AND (4) OPERATES AN ER 24 HOURS. WHILE THE HOSPITAL LICENSE LISTS THREE CAMPUSES, ONLY TWO CAMPUSES OPERATE:

1. BOSTON MEDICAL CENTER CORPORATION, MENINO PAVILION, 830-840 HARRISON AVENUE, BOSTON, MA 02118; AND,
2. BOSTON MEDICAL CENTER CORPORATION, NEWTON PAVILION, 88 EAST NEWTON STREET, BOSTON, MA 02118

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

CODMAN SQUARE HEALTH CENTER
 BRIGHTON HIGH SCHOOL STUDENT HEALTH CENTER
 BOSTON MEDICAL CENTER RADIOLOGY AT RYAN CENTER BOSTON UNIVERSITY
 EAST BOSTON NEIGHBORHOOD HEALTH CENTER (10 GOVE STREET)
 DORCHESTER HOUSE MULTI-SERVICE CENTER
 MADISON PARK HIGH SCHOOL STUDENT HEALTH CENTER
 JEREMIAH E. BURKE STUDENT HEALTH CENTER
 GREATER ROSLINDALE MEDICAL & DENTAL
 LATIN ACADEMY STUDENT HEALTH CENTER
 TECHBOSTON ACADEMY SCHOOL HEALTH CENTER
 BOSTON MEDICAL CENTER RADIOLOGY AT WHITTIER HEALTH CENTER

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

BOSTON MEDICAL CENTER RADIOLOGY AT UPHAM'S CORNER HEALTH CENTER

MURIEL SNOWDEN INTERNATIONAL HIGH SCHOOL HEALTH CENTER

SOUTH BOSTON COMMUNITY HEALTH CENTER

BOSTON MEDICAL CENTER SCHOOL BASED CENTER AT BOSTON COMMUNITY LEADERSHIP
ACADEMY

SOUTH BOSTON COMMUNITY HEALTH CENTER

EAST BOSTON NEIGHBORHOOD HEALTH CENTER - 20 MAVERICK SQUARE

BOSTON MEDICAL CENTER RADIOLOGY AT MATTAPAN COMMUNITY HEALTH CENTER

EAST BOSTON NEIGHBORHOOD HEALTH CENTER (79 PARIS STREET)

PART V, SECTION B, LINE 3

THIS CHNA IDENTIFIES THE HEALTH-RELATED NEEDS OF AND ASSETS IN THE
COMMUNITY SERVED BY BMC THROUGH SOCIAL DETERMINANTS OF HEALTH FRAMEWORK,
WHICH DEFINES HEALTH BROADLY AND RECOGNIZES NUMEROUS FACTORS AT MULTIPLE
LEVELS- FROM LIFESTYLE BEHAVIORS (E.G., HEALTHY EATING AND ACTIVE LIVING)
TO CLINICAL CARE (E.G., ACCESS TO MEDICAL SERVICES) TO SOCIAL AND
ECONOMIC FACTORS (E.G., POVERTY) TO THE PHYSICAL ENVIRONMENT (E.G., AIR
QUALITY)-WHICH HAVE AN IMPACT ON THE COMMUNITY'S HEALTH.

EXISTING SOCIAL, ECONOMIC, AND EPIDEMIOLOGICAL DATA WERE DRAWN FROM
NATIONAL, STATE, COUNTY, AND LOCAL SOURCES, SUCH AS THE U.S. CENSUS
BUREAU AND THE MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH, WHICH INCLUDE
SELF-REPORT, PUBLIC HEALTH SURVEILLANCE, AND VITAL STATISTICS DATA. MORE
THAN 55 INDIVIDUALS-REPRESENTING PERSONS WITH EXPERTISE IN PUBLIC HEALTH;
LEADERS, REPRESENTATIVES AND MEMBERS OF MEDICALLY UNDERSERVED,
LOW-INCOME, MINORITY POPULATIONS; AND POPULATIONS WITH CHRONIC DISEASE

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

NEEDS FROM THE COMMUNITY SERVED BY THE HOSPITAL-WERE ENGAGED IN FOCUS GROUPS AND INTERVIEWS BETWEEN NOVEMBER 2012 AND MARCH 2013 IN ORDER TO GAUGE THEIR PERCEPTIONS OF THE COMMUNITY AND PRIORITY HEALTH CONCERNS. THREE OF THE FOCUS GROUPS WERE CONDUCTED IN LANGUAGES OTHER THAN ENGLISH, INCLUDING VIETNAMESE, SPANISH, AND CAPE VERDEAN CREOLE.

PART V, SECTION B, LINE 7

IN 2013 BOSTON MEDICAL CENTER (BMC) CONDUCTED A TRIENNIAL COMPREHENSIVE COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA). BMC'S CHNA IDENTIFIED THE HEALTH-RELATED NEEDS OF AND ASSETS IN THE COMMUNITY SERVED BY BMC THROUGH A SOCIAL DETERMINANTS OF HEALTH FRAMEWORK, WHICH DEFINES HEALTH BROADLY AND RECOGNIZES NUMEROUS FACTORS AT MULTIPLE LEVELS- FROM LIFESTYLE BEHAVIORS (E.G., HEALTHY EATING AND ACTIVE LIVING) TO CLINICAL CARE (E.G., ACCESS TO MEDICAL SERVICES) TO SOCIAL AND ECONOMIC FACTORS (E.G., POVERTY) TO THE PHYSICAL ENVIRONMENT (E.G., AIR QUALITY)-WHICH HAVE AN IMPACT ON THE COMMUNITY'S HEALTH.

EXISTING SOCIAL, ECONOMIC, AND EPIDEMIOLOGICAL DATA WERE DRAWN FROM NATIONAL, STATE, COUNTY, AND LOCAL SOURCES, SUCH AS THE U.S. CENSUS BUREAU AND THE MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH, WHICH INCLUDE SELF-REPORT, PUBLIC HEALTH SURVEILLANCE, AND VITAL STATISTICS DATA. MORE THAN 55 INDIVIDUALS-REPRESENTING PERSONS WITH EXPERTISE IN PUBLIC HEALTH; LEADERS, REPRESENTATIVES AND MEMBERS OF MEDICALLY UNDERSERVED, LOW-INCOME, MINORITY POPULATIONS; AND POPULATIONS WITH CHRONIC DISEASE NEEDS FROM THE COMMUNITY SERVED BY THE HOSPITAL-WERE ENGAGED IN FOCUS GROUPS AND INTERVIEWS BETWEEN NOVEMBER 2012 AND MARCH 2013 IN ORDER TO

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

GAUGE THEIR PERCEPTIONS OF THE COMMUNITY AND PRIORITY HEALTH CONCERNS.

THREE OF THE FOCUS GROUPS WERE CONDUCTED IN LANGUAGES OTHER THAN ENGLISH,
INCLUDING VIETNAMESE, SPANISH AND CAPE VERDEAN CREOLE.

KEY FINDINGS THAT EMERGED FROM THE CHNA INCLUDED POVERTY, ACCESS TO AND
UTILIZATION OF HEALTH CARE, CHRONIC DISEASES AND CONDITIONS, VIOLENCE,
MENTAL HEALTH AND SUBSTANCE ABUSE.

UNWAVERING IN OUR COMMITMENT TO ADDRESS THE HEALTH NEEDS OF OUR
COMMUNITY, BMC PROVIDES A WIDE RANGE OF PROGRAMS BEYOND THE TRADITIONAL
MEDICAL MODEL. CORE TO FULFILLING OUR PUBLIC HEALTH MISSION AND
CONSISTENT WITH THE CHNA FINDINGS, THE GOALS OF OUR COMMUNITY BENEFITS
PROGRAMS ARE TO IMPROVE ACCESS TO AND UTILIZATION OF HEALTH SERVICES, AND
IMPROVE HEALTH OUTCOMES FOR UNDERSERVED POPULATIONS IN OUR COMMUNITY.

POVERTY IS UNIQUE AMONG THE NEEDS IDENTIFIED BY THE CHNA BECAUSE IT
EXACERBATES EACH OF THE OTHER NEEDS; AND LOW-INCOME POPULATIONS ARE
DISPROPORTIONATELY AFFECTED BY BARRIERS TO ACCESSING AND UTILIZING HEALTH
CARE, CHRONIC DISEASES AND CONDITIONS, VIOLENCE, MENTAL HEALTH ISSUES,
AND SUBSTANCE ABUSE. THE ERADICATION OF POVERTY REQUIRES STRATEGIES THAT
ARE WELL BEYOND THE SCOPE OF ANY HOSPITAL'S MISSION, INCLUDING BMC'S, YET
OUR EXISTING COMMUNITY BENEFITS PROGRAMS WILL CONTINUE TO HELP ASSIST
THOSE LIVING IN POVERTY TO GAIN GREATER ACCESS TO HEALTH CARE SERVICES.

PART V, SECTION B, LINE 11

THE ORGANIZATION OFFERS A DISCOUNT FROM CHARGES REGARDLESS OF INCOME OR

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

ASSETS. THE DISCOUNT IS EQUAL TO THE UNCOMPENSATED CARE COST TO CHARGE
RATIO.

PART V, SECTION B, LINE 12I

PATIENTS ARE CHARGED AT THE SAME LEVELS AS INSURERS ARE CHARGED; HOWEVER,
THEY ARE OFFERED A PROMPT-PAY DISCOUNT OF 40% (REGARDLESS OF INCOME
LEVEL, ETC.) IF THE PAYMENTS ARE MADE WITHIN THE FIRST 30 DAYS FROM
SERVICE.

PART V, SECTION B, LINE 20D

BY THE DEFINITION OF BMC'S FINANCIAL ASSISTANCE POLICY (FAP), PATIENTS
WHO QUALIFY FOR THE FAP HAVE APPLIED FOR ONE OF THE COMMONWEALTH'S
FINANCIAL ASSISTANCE PROGRAMS (CONNECTORCARE, 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.

Part V Facility Information *(continued)*

Section D. 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

Provide the following information.

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- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs 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 hospital 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, 611-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 75% OF OUR PATIENT VISITS COME FROM UNDERSERVED POPULATIONS, THE LOW-INCOME AND ELDERLY, WHO RELY ON GOVERNMENT PAYERS SUCH AS MEDICAID, THE HEALTH SAFETY NET AND MEDICARE FOR THEIR COVERAGE, AND 31% 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 AND A FOOD PANTRY TO HELP REDUCE BARRIERS TO ACCESSING HEALTH SERVICES AND ELIMINATE DISPARITIES IN HEALTH

Part VI Supplemental Information

Provide the following information.

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- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
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CARE AMONG THE VARIOUS POPULATIONS BMC SERVES.

WITH MORE THAN 26,064 ADMISSIONS AND 874,770 PATIENT VISITS IN THE LAST YEAR, 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 128,840 VISITS IN FY14.

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. 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 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.

Part VI Supplemental Information

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- 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.

ACCORDING TO THE 2013 MASSACHUSETTS HEALTH INSURANCE SURVEY (DATA FROM 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 4.1% ARE UNINSURED, AND COVERAGE RATES FOR PRIMARY INSURANCE WERE APPROXIMATELY: 38.8% MEDICAID; 27.9% PRIVATE OR OTHER INSURANCE (EMPLOYER SPONSORED AND OTHER); AND 29% PUBLIC.

PART I, LINE 3C

THE 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 6A

THIS CHNA IDENTIFIES THE HEALTH-RELATED NEEDS OF AND ASSETS IN THE COMMUNITY SERVED BY BMC THROUGH A SOCIAL DETERMINANTS OF HEALTH

Part VI Supplemental Information

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FRAMEWORK, WHICH DEFINES HEALTH BROADLY AND RECOGNIZES NUMEROUS FACTORS AT MULTIPLE LEVELS- FROM LIFESTYLE BEHAVIORS (E.G., HEALTHY EATING AND ACTIVE LIVING) TO CLINICAL CARE (E.G., ACCESS TO MEDICAL SERVICES) TO SOCIAL AND ECONOMIC FACTORS (E.G., POVERTY) TO THE PHYSICAL ENVIRONMENT (E.G., AIR QUALITY)-WHICH HAVE AN IMPACT ON THE COMMUNITY'S HEALTH.

EXISTING SOCIAL, ECONOMIC, AND EPIDEMIOLOGICAL DATA WERE DRAWN FROM NATIONAL, STATE, COUNTY, AND LOCAL SOURCES, SUCH AS THE U.S. CENSUS BUREAU AND THE MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH, WHICH INCLUDE SELF-REPORT, PUBLIC HEALTH SURVEILLANCE, AND VITAL STATISTICS DATA. MORE THAN 55 INDIVIDUALS-REPRESENTING PERSONS WITH EXPERTISE IN PUBLIC HEALTH; LEADERS, REPRESENTATIVES AND MEMBERS OF MEDICALLY UNDERSERVED, LOW-INCOME, MINORITY POPULATIONS; AND POPULATIONS WITH CHRONIC DISEASE NEEDS FROM THE COMMUNITY SERVED BY THE HOSPITAL-WERE ENGAGED IN FOCUS GROUPS AND INTERVIEWS BETWEEN NOVEMBER 2012 AND MARCH 2013 IN ORDER TO GAUGE THEIR PERCEPTIONS OF THE COMMUNITY AND PRIORITY HEALTH CONCERNS. THREE OF THE FOCUS GROUPS WERE CONDUCTED IN LANGUAGES OTHER THAN ENGLISH, INCLUDING VIETNAMESE, SPANISH AND CAPE VERDEAN CREOLE.

Part VI Supplemental Information

Provide the following information.

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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 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 \$0.

Part VI Supplemental Information

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DURING FISCAL YEAR 2014, THE MEDICAL CENTER RECEIVED FAVORABLE SETTLEMENTS FROM MEDICAID, MEDICARE AND THE HEALTH SAFETY NET FUND ("HSN") RELATED TO PRIOR YEARS. CHANGES INCLUDE MEDICAID INPATIENT RATE ADJUSTMENT FOR \$1,037,000, MEANINGFUL USE INCENTIVE PAYMENTS FOR ELECTRONIC MEDICAL RECORDS OF \$706,000, MEDICARE PRIOR PERIOD COST REPORT SETTLEMENTS FOR \$10,226,000 AND THE MEDICAL CENTER SETTLED WITH THE HSN FOR PHYSICIAN FREE CARE PAYMENTS FOR \$20,480,000.

PART II

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

PHYSICAL IMPROVEMENTS AND HOUSING: ACCORDING TO THE DEVELOPMENT IMPACT PROJECT AGREEMENT FOR BUILDING FGH PROJECT BETWEEN BOSTON MEDICAL CENTER AND THE BOSTON REDEVELOPMENT AUTHORITY IN 2008, BMC AGREES TO PAY LINKAGE

Part VI Supplemental Information

Provide the following information.

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- 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.

FEES OF \$30,191, ENDING IN 2014, TO THE NEIGHBORHOOD HOUSING TRUST.

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 ON SEPTEMBER 30, 2010. EFFECTIVE JUNE 30, 2009, \$1,000,000 OF THE 2009 PORTION OF THE MATTAPAN LOAN WAS FORGIVEN. COMMENCING NOVEMBER 1, 2011, BOSTON MEDICAL CENTER SHALL FORGIVE TEN PERCENT OF THE REMAINING PRINCIPAL AMOUNT (\$7,200,000) OF THE NOTE EACH YEAR, WITH THE RESULT THAT THE ENTIRE LOAN OUTSTANDING SHALL BE FORGIVEN IN TEN YEARS. THE FISCAL YEAR 2014 EXPENSE RELATED TO THE FORGIVENESS OF THIS LOAN WAS \$720,000.

EAST BOSTON NEIGHBORHOOD HEALTH CENTER, AN AFFILIATE OF BOSTON MEDICAL CENTER, RECEIVED A TOTAL OF \$1,000,000 FROM BOSTON MEDICAL CENTER DURING 2013 IN THE FORM OF A LOAN THAT WAS ORIGINATED EFFECTIVE JANUARY 15, 2013. COMMENCING SEPTEMBER 30, 2013, 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

Part VI Supplemental Information

Provide the following information.

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YEARS. THE FISCAL YEAR 2014 EXPENSE RELATED TO THE FORGIVENESS OF THIS
LOAN WAS \$100,000.

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 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.

Part VI Supplemental Information

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PART III, LINE 2

SCHEDULE H, PART III, LINE 3 REPORTS BAD DEBT EXPENSE AT COST. PATIENT PAYMENTS ON ACCOUNTS ARE WRITTEN OFF TO BAD DEBT AND RECORDED AS A BAD DEBT RECOVERY, REDUCING THE GROSS BAD DEBT WRITE-OFF.

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 EXPENSE IS PROCESSED IN ITS SYSTEM.

PART III, LINE 4

THE ORGANIZATION'S BAD DEBT EXPENSE IS ADDRESSED IN FOOTNOTE 17 FOUND ON PAGE 35 OF ITS MOST RECENT AUDITED FINANCIAL STATEMENTS.

PART III, LINE 8

MEDICARE ALLOWABLE COSTS OF \$167,207,163 WERE CALCULATED USING THE CMS FORM 2552 METHODOLOGY OF DETERMINING MEDICARE COSTS. THIS UTILIZES THE

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STEP DOWN METHOD OF DETERMINING FULLY ALLOCATED COSTS BY DISTINCT CLINICAL COST CENTERS AS DEFINED BY CMS. THESE FULLY ALLOCATED COSTS ARE 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 VI, LINE 2: NEEDS ASSESSMENT

IN 2013 BOSTON MEDICAL CENTER (BMC) CONDUCTED A TRIENNIAL COMPREHENSIVE COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA). BMC'S CHNA IDENTIFIED THE HEALTH-RELATED NEEDS OF AND ASSETS IN THE COMMUNITY SERVED BY BMC THROUGH A SOCIAL DETERMINANTS OF HEALTH FRAMEWORK, WHICH DEFINES HEALTH BROADLY AND RECOGNIZES NUMEROUS FACTORS AT MULTIPLE LEVELS- FROM LIFESTYLE BEHAVIORS (E.G., HEALTHY EATING AND ACTIVE LIVING) TO CLINICAL CARE (E.G., ACCESS TO MEDICAL SERVICES) TO SOCIAL AND ECONOMIC FACTORS (E.G., POVERTY) TO THE PHYSICAL ENVIRONMENT (E.G., AIR QUALITY)-WHICH HAVE AN IMPACT ON THE COMMUNITY'S HEALTH.

EXISTING SOCIAL, ECONOMIC, AND EPIDEMIOLOGICAL DATA WERE DRAWN FROM

Part VI Supplemental Information

Provide the following information.

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NATIONAL, STATE, COUNTY, AND LOCAL SOURCES, SUCH AS THE U.S. CENSUS BUREAU AND THE MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH, WHICH INCLUDE SELF-REPORT, PUBLIC HEALTH SURVEILLANCE, AND VITAL STATISTICS DATA. MORE THAN 55 INDIVIDUALS-REPRESENTING PERSONS WITH EXPERTISE IN PUBLIC HEALTH; LEADERS, REPRESENTATIVES AND MEMBERS OF MEDICALLY UNDERSERVED, LOW-INCOME, MINORITY POPULATIONS; AND POPULATIONS WITH CHRONIC DISEASE NEEDS FROM THE COMMUNITY SERVED BY THE HOSPITAL-WERE ENGAGED IN FOCUS GROUPS AND INTERVIEWS BETWEEN NOVEMBER 2012 AND MARCH 2013 IN ORDER TO GAUGE THEIR PERCEPTIONS OF THE COMMUNITY AND PRIORITY HEALTH CONCERNS. THREE OF THE FOCUS GROUPS WERE CONDUCTED IN LANGUAGES OTHER THAN ENGLISH, INCLUDING VIETNAMESE, SPANISH AND CAPE VERDEAN CREOLE.

KEY FINDINGS THAT EMERGED FROM THE CHNA INCLUDED POVERTY, ACCESS TO AND UTILIZATION OF HEALTH CARE, CHRONIC DISEASES AND CONDITIONS, VIOLENCE, MENTAL HEALTH AND SUBSTANCE ABUSE.

UNWAVERING IN OUR COMMITMENT TO ADDRESS THE HEALTH NEEDS OF OUR COMMUNITY, BMC PROVIDES A WIDE RANGE OF PROGRAMS BEYOND THE TRADITIONAL

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MEDICAL MODEL. CORE TO FULFILLING OUR PUBLIC HEALTH MISSION AND CONSISTENT WITH THE CHNA FINDINGS, THE GOALS OF OUR COMMUNITY BENEFITS PROGRAMS ARE TO IMPROVE ACCESS TO AND UTILIZATION OF HEALTH SERVICES, AND IMPROVE HEALTH OUTCOMES FOR UNDERSERVED POPULATIONS IN OUR COMMUNITY.

POVERTY IS UNIQUE AMONG THE NEEDS IDENTIFIED BY THE CHNA BECAUSE IT EXACERBATES EACH OF THE OTHER NEEDS; AND LOW-INCOME POPULATIONS ARE DISPROPORTIONATELY AFFECTED BY BARRIERS TO ACCESSING AND UTILIZING HEALTH CARE, CHRONIC DISEASES AND CONDITIONS, VIOLENCE, MENTAL HEALTH ISSUES, AND SUBSTANCE ABUSE. THE ERADICATION OF POVERTY REQUIRES STRATEGIES THAT ARE WELL BEYOND THE SCOPE OF ANY HOSPITAL'S MISSION, INCLUDING BMC'S, YET OUR EXISTING COMMUNITY BENEFITS PROGRAMS WILL CONTINUE TO HELP ASSIST THOSE LIVING IN POVERTY TO GAIN GREATER ACCESS TO HEALTH CARE SERVICES.

PART VI, LINE 3:

PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE
THE HOSPITAL WILL POST A NOTICE (SIGNS) OF AVAILABILITY OF FINANCIAL ASSISTANCE IN THE FOLLOWING LOCATIONS:

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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 ARE 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 PATIENT FINANCIAL

SERVICES STAFF WILL NOTIFY THE PATIENT IF THEY QUALIFY FOR A PAYMENT

PLAN. A PATIENT WHO IS ENROLLED IN A PUBLIC FINANCIAL ASSISTANCE PROGRAM

(E.G., MASSHEALTH, 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 APPLICATION,

THE HOSPITAL WILL ASSIST THE PATIENT IN COMPLETING THE APPLICATION FOR

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MASSHEALTH, CONNECTORCARE, 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
- HAITIAN CREOLE

PART VI, LINE 4: COMMUNITY INFORMATION

PLEASE SEE INTRODUCTION

PART VI, LINE 5: PROMOTION OF COMMUNITY HEALTH

ACCESS TO AND UTILIZATION OF HEALTH CARE

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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 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 CURRICULUM MODIFIED TO MEET THE COMPLEX SOCIAL NEEDS OF BMC'S POPULATION. 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 879 PATIENTS IN FY14.

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

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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 2014, THE BCRHHR SERVED 352 PATIENTS.

CANCER SCREENINGS: BMC OFFERS ANNUAL FREE CANCER SCREENING EVENTS TO VULNERABLE, UNDERSERVED INDIVIDUALS IN ORDER TO PROMOTE THE EARLY 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 WEEKEND CANCER SCREENINGS EFFECTIVELY REACH OUR TARGET POPULATION BECAUSE THEY CREATE A CONVENIENT TIME FOR PEOPLE WHO WORK TO ACCESS SCREENINGS. IN 2014, 82 PEOPLE ATTENDED CANCER SCREENING EVENTS AT BMC AT NO OUT-OF-POCKET-COSTS TO PARTICIPANTS.

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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.

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

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 FY14, ELAHP SERVED 222 CLIENTS: 33 CLIENTS RECEIVED HOUSING SEARCH SERVICES; 47 CLIENTS RECEIVED

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STABILIZATION SERVICES; 97 CLIENTS RECEIVED NUTRITION SERVICES; AND 45 CLIENTS RECEIVED HOMELESSNESS PREVENTION SERVICES. ALL OF THE ELDERLY MEN AND WOMEN PLACED IN HOUSING AND PROVIDED HOUSING STABILIZATION SERVICES HAVE REMAINED SUCCESSFULLY HOUSED.

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 CAN RESULT IN HOSPITALIZATION. IN FY14, 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 200-250 CHILDREN BEING TREATED IN-CLINIC,

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12% OF WHOM ARE 12 MONTHS OF AGE OR YOUNGER; 41% OF CHILDREN WERE 12 MONTHS OR YOUNGER ON THE DATE OF REFERRAL TO THE GROW CLINIC.

MARGARET M. SHEA RN ADULT DAY HEALTH PROGRAM: THE PROGRAM IS LICENSED UNDER THE DEPARTMENT OF PUBLIC HEALTH AND 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 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. THE PROGRAM SERVES 60 INDIVIDUALS WITH A CENSUS OF 42 AND AVERAGE ATTENDANCE AT 38 DAILY; PARTICIPANTS ATTEND THE PROGRAM UP TO FIVE TIMES PER WEEK WITH A MINIMUM OF TWO DAYS A WEEK REQUIREMENT.

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PEDIATRIC ASSESSMENT OF COMMUNICATION CLINIC (THE AUTISM PROGRAM): THE AUTISM PROGRAM PROVIDES COMPREHENSIVE CARE TO PATIENTS SEEN FOR A DIAGNOSIS OF AUTISM SPECTRUM DISORDER (ASD). THE AUTISM PROGRAM ASSISTS AND EMPOWERS THOSE AFFECTED BY ASDS THROUGH CULTURALLY-COMPETENT, DIRECT PATIENT SUPPORT AND COMMUNITY-BASED OUTREACH. AUTISM SPECIALISTS ARE AVAILABLE AT THE TIME OF DIAGNOSIS TO OFFER IMMEDIATE PSYCHOSOCIAL SUPPORT AND ASSISTANCE TO FAMILIES AS WELL AS LONGITUDINAL SUPPORT, INCLUDING AIDING WITH PUBLIC BENEFITS ENROLLMENT, NAVIGATING EDUCATIONAL AND THERAPEUTIC OPTIONS, AND FACILITATING LINKAGES TO COMMUNITY SUPPORT AGENCIES. AUTISM SPECIALISTS ROUTINELY WORK WITH COMMUNITY PARTNERS, SUCH AS BOSTON PUBLIC SCHOOLS AND NON-PROFIT AGENCIES, TO PROVIDE TRAINING AND CONSULTATION TO PARENTS AND PROFESSIONALS ON RESOURCES AND INTERVENTION PRACTICES RELATED TO AUTISM. THE BMC AUTISM PROGRAM ALSO HAS A WELL-ESTABLISHED SOCIAL MEDIA PRESENCE ON FACEBOOK, TWITTER, PINTEREST AND TUMBLR-WHICH EACH SERVE AS FURTHER VENUES TO PROVIDER RESOURCE INFORMATION AND GUIDANCE TO FAMILIES. IN FY14, THE AUTISM PROGRAM DIRECTLY ASSISTED APPROXIMATELY 200 NEW PATIENTS AND PROVIDED REGULAR FOLLOW-UP (AT LEAST TWICE PER YEAR) TO AN ADDITIONAL 250 FAMILIES.

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PEDIATRIC COMPREHENSIVE CARE PROGRAM (PEDIATRIC CCP): THE COMPREHENSIVE CARE PROGRAM IN THE DEPARTMENT OF PEDIATRICS SERVED 372 CHILDREN WITH SPECIAL HEALTH CARE NEEDS AND THEIR FAMILIES IN FY14. 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, 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

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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.

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 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 FY14, THE PANTRY PROVIDED NUTRITIOUS FOOD FOR 81,554 GREATER BOSTON RESIDENTS. APPROXIMATELY 12,000 POUNDS OF FOOD SUPPLIES ARE REQUIRED WEEKLY TO STOCK THE PANTRY SHELVES

Part VI Supplemental Information

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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.

SHUTTLE BUSES/TAXIS: 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. IN FY14, THESE SHUTTLE BUSES TRANSPORTED 204,070 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.

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 PROVIDES MEDICAL,

Part VI Supplemental Information

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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 60 CHILDREN ANNUALLY WHO LIVE IN GREATER BOSTON NEIGHBORHOODS. SPARK HELPS CHILDREN TO REACH THEIR FULL NEURODEVELOPMENTAL POTENTIAL, BUILD POSITIVE SOCIAL AND EMOTIONAL SKILLS, COPE PROACTIVELY WITH HEALTH CHALLENGES, AND LEARN HOW TO SUCCEED IN SCHOOL AND BEYOND. ADDITIONALLY, SPARK MAKES STRONG INVESTMENTS IN FAMILIES, THROUGH A VARIETY OF PARENT EDUCATION AND SUPPORT PROGRAMS.

CHRONIC DISEASES AND CONDITIONS

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

Part VI Supplemental Information

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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 B WELL CENTER HAS EXPANDED SIGNIFICANTLY SINCE ITS CREATION MORE THAN THREE YEARS AGO. B WELL SERVES APPROXIMATELY 500 FAMILIES PER MONTH, A NUMBER THAT HAS GROWN STEADILY SINCE ITS INCEPTION AND IS EXPECTED TO CONTINUE TO GROW.

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 FY14, THERE WERE 26 CANCER SUPPORT AND ACTIVITY GROUPS THAT MET REGULARLY AND 13 SIGNIFICANT SPECIAL SURVIVORSHIP EVENTS.

PATIENT NAVIGATION: THE PATIENT NAVIGATION PROGRAM IS DESIGNED FOR PATIENTS WITH CANCER AND CHRONIC ILLNESSES, SUCH AS DIABETES, WHO NEED

Part VI Supplemental Information

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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.

VIOLENCE

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 DEVELOPMENT AT BMC AND NATIONALLY; AND 3) PROVIDING TRAINING AND

Part VI Supplemental Information

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EDUCATION TO PEDIATRIC HEALTH AND OTHER PROFESSIONALS IN THE RECOGNITION AND MANAGEMENT OF CHILD MALTREATMENT. THE CPT COLLABORATES WITH COMMUNITY AND STATE AGENCIES, LAW ENFORCEMENT PERSONNEL AND THE JUDICIARY SYSTEM TO ENSURE THE BEST POSSIBLE OUTCOME FOR CHILDREN AND FAMILIES. IN FY14, CPT SERVED 907 CHILDREN AT BMC.

CHILD WITNESS TO VIOLENCE PROJECT (CWVP): CWVP IS A NATIONALLY-RECOGNIZED AND AWARD-WINNING MENTAL HEALTH COUNSELING, OUTREACH, AND CONSULTATION PROGRAM. CWVP SPECIALIZES IN INTERVENTION WITH VERY YOUNG CHILDREN EXPOSED TO DOMESTIC OR COMMUNITY VIOLENCE. THE PROGRAM OFFERS BOTH SHORT- AND LONG-TERM EVIDENCE-BASED TREATMENTS THAT REPRESENT BEST PRACTICE IN SERVING THE NEEDS OF TRAUMATIZED CHILDREN AND THEIR FAMILIES. THE PROGRAM PROVIDES A FLEXIBLE COMBINATION OF SERVICES, INCLUDING RESOURCE ADVOCACY TO LINK FAMILIES TO BASIC SERVICES INCLUDING HEALTH CARE, CHILD CARE, HOUSING, AND AFTER-SCHOOL PROGRAMS. IN FY14, THE CWVP PROVIDED REFERRALS, ADVOCACY, ASSESSMENT, SHORT-TERM, AND/OR LONGER-TERM CLINICAL CARE TO APPROXIMATELY 291 FAMILIES. IN ADDITION TO ITS CLINICAL SERVICES, CWVP IS ENGAGED IN EXTENSIVE LOCAL, STATEWIDE, AND NATIONAL TRAINING EFFORTS TO

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RAISE THE STANDARD OF CARE FOR YOUNG CHILDREN EXPERIENCING THE TRAUMATIC EFFECTS OF VIOLENCE. IN FY14, CWVP STAFF DELIVERED APPROXIMATELY 90 TRAININGS ACROSS FIVE STATES TO MENTAL HEALTH AND OTHER PROVIDERS ACROSS MULTIPLE SERVICE SECTORS AND SETTINGS.

COMMUNITY VIOLENCE RESPONSE TEAM: THE COMMUNITY VIOLENCE RESPONSE TEAM ADDRESSES THE GREAT NEED FOR SERVICES FOR VICTIMS OF COMMUNITY VIOLENCE AND THEIR FAMILIES, AS WELL AS FAMILY SURVIVORS OF HOMICIDE VICTIMS FROM THE GREATER BOSTON AREA. FREE CULTURALLY SENSITIVE, FAMILY-FOCUSED CLINICAL SERVICES PROVIDED BY THE CVRT INCLUDE CRISIS INTERVENTION, ADVOCACY, CASE MANAGEMENT, AND TRAUMA-FOCUSED COUNSELING FOR ADULTS, ADOLESCENTS, AND CHILDREN (WITH A FOCUS ON AGE EIGHT AND OVER). CVRT SEEKS TO REDUCE THE EFFECTS OF TRAUMA BY PROVIDING THERAPEUTIC SUPPORT THROUGHOUT THE RECOVERY PROCESS AND ULTIMATELY MINIMIZING MENTAL HEALTH TRAUMA. CVRT STAFF REFLECTS THE DIVERSITY OF BMC'S PATIENT POPULATION. IN FY14, THE CVRT SERVED 1,081 PEOPLE.

DOMESTIC VIOLENCE PROGRAM (DVP): THE DVP PROVIDES TRAINING AND EDUCATION

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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. REFERRALS COME FROM ALL INPATIENT AND OUTPATIENT SETTINGS AS WELL AS COMMUNITY PROVIDERS, AND THE PROGRAM ALSO SERVES BMC EMPLOYEES. IN FY14, THE PROGRAM'S SAFETY AND SUPPORT ADVOCATES PROVIDED APPROXIMATELY 350 VICTIMS AND SURVIVORS WITH A RANGE OF SERVICES INCLUDING 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; EMERGENCY FINANCIAL ASSISTANCE AND OTHER SUPPORT AS NEEDED. ADVOCATES PROVIDE SERVICES IN FOUR LANGUAGES, UTILIZE INTERPRETER SERVICES FOR ADDITIONAL LANGUAGE NEEDS, AND PROGRAM MATERIALS ARE AVAILABLE IN 10 LANGUAGES.

Part VI Supplemental Information

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VIOLENCE INTERVENTION ADVOCATE PROGRAM (VIAP): IN APRIL 2006, BMC PILOTED VIAP TO PROVIDE SPECIALIZED SERVICES TO VICTIMS OF VIOLENCE, USING TWO 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 FY14, VIAP PROVIDED SERVICES TO A TOTAL OF 384 VICTIMS: 169 GUNSHOT VICTIMS AND 215 STABBING VICTIMS. OF THESE VICTIMS, 40 WERE FEMALE. VIAP PROVIDED THE FOLLOWING DIRECT SERVICES AND REFERRALS TO VICTIMS AND ASSOCIATED FAMILIES: CRISIS INTERVENTION AND STABILIZATION; HOUSING AND TRANSPORTATION; LEGAL; EDUCATIONAL; VOCATIONAL AND LIFE SKILLS DEVELOPMENT; MENTAL HEALTH; EMPLOYMENT; AND HEALTH AND WELLNESS.

MENTAL HEALTH AND SUBSTANCE ABUSE

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MENTAL HEALTH DIVERSION INITIATIVE (MHDI): SINCE 2006, THE MHDI HAS WORKED WITH 1,732 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 MHDI COLLABORATES WITH 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 MHDI TRAINS 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, 131 MHDI PARTICIPANTS HAVE SUCCESSFULLY COMPLETED PROBATION RATHER THAN BEING INCARCERATED.

PROJECT ASSERT STANDS FOR IMPROVING ALCOHOL & SUBSTANCE ABUSE SERVICES, EDUCATION, AND REFERRAL TO TREATMENT. SINCE 1998, PROJECT ASSERT HAS BEEN AN ONGOING COMPONENT OF SAFETY NET SERVICES AT BMC'S EMERGENCY DEPARTMENT (ED). AS MEMBERS OF THE PROJECT ASSERT TEAM, HEALTH PROMOTION ADVOCATES CONSULT AND COLLABORATE WITH HOSPITAL STAFF TO OFFER ED PATIENTS ALCOHOL

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AND DRUG SCREENING, BRIEF INTERVENTION, AND REFERRALS TO HEALTH AND SOCIAL RESOURCES, SUCH AS SUBSTANCE ABUSE TREATMENT AND PRIMARY CARE SERVICES. IN FY14, PROJECT ASSERT HAD 4,260 VISITS. PROJECT ASSERT ALSO EDUCATED PATIENTS AT RISK FOR OPIOID OVERDOSE AND DISTRIBUTED 235 TOTAL NALOXONE RESCUE KITS TO ED PATIENTS AND TO FAMILY AND FRIENDS.

PART VI, LINE 6: AFFILIATED HEALTH CARE SYSTEM:

BMC HEALTHNET PLAN

BMC HEALTHNET PLAN (BMCHP) AND WELL SENSE HEALTH PLAN ARE NON-PROFIT MANAGED CARE ORGANIZATIONS COMMITTED TO PROVIDING THE HIGHEST QUALITY HEALTHCARE COVERAGE TO UNDERSERVED POPULATIONS. IN MASSACHUSETTS, BMCHP IS THE BUSINESS NAME FOR BOSTON MEDICAL CENTER HEALTH PLAN, INC.; OUTSIDE MASSACHUSETTS, WELL SENSE HEALTH PLAN IS THE BUSINESS NAME. BMCHP SERVES OVER 305,000 MEMBERS ACROSS THREE PRODUCT LINES: MASSHEALTH (MEDICAID), COMMERCIAL (QUALIFIED HEALTH PLAN), AND NEW HAMPSHIRE MEDICAID. BMCHP IS THE SECOND LARGEST MEDICAID HEALTH PLAN IN MASSACHUSETTS AND THE LARGEST IN NEW HAMPSHIRE. BMCHP CURRENTLY SERVES 195,000 MASSHEALTH ENROLLEES STATEWIDE, 17,000 OF WHOM ARE DISABLED.

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FOR 19 YEARS, BMCHP HAS ARRANGED AND COORDINATED CARE AND SERVICES FOR LOW-INCOME, VULNERABLE POPULATIONS. IN 2014, THE NCQA RANKED BMCHP AS THE #4 MEDICAID PLAN NATIONALLY ACCORDING TO NCQA'S MEDICAID HEALTH INSURANCE PLAN RANKINGS 2014-2015. BMCHP HAS EXTENSIVE EXPERIENCE MANAGING THE HEALTH AND SOCIAL SERVICE NEEDS OF MEDICAID MEMBERS, MANY OF WHOM HAVE COMPLEX CARE AND SUPPORT NEEDS. AS PART OF THE BMC HEALTH SYSTEM THAT HAS BEEN SERVING SUFFOLK COUNTY FOR OVER 150 YEARS, BMCHP BRINGS PARTICULAR STRENGTHS IN UNDERSTANDING AND SERVING THE DIVERSE NEEDS OF MEMBERS IN THE SERVICE AREA. IN ADDITION TO OUR ACCESS TO BMC'S PROGRAMS AND EXPERTISE, BMCHP HAS AN ESTABLISHED NETWORK OF SOCIAL AND COMMUNITY SERVICE ORGANIZATIONS IN THE GREATER BOSTON REGION.

BOSTON HEALTHNET

ESTABLISHED IN 1995, BOSTON HEALTHNET (BHN) IS AN INTEGRATED HEALTH CARE DELIVERY SYSTEM COMPRISED OF BMC, THE BOSTON UNIVERSITY SCHOOL OF MEDICINE, AND 13 COMMUNITY HEALTH CENTERS (CHCS). PHYSICIANS WHO PRACTICE AT HEALTHNET LOCATIONS PROVIDE A WIDE RANGE OF COMPREHENSIVE HEALTH CARE

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- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital 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.

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 20TH YEAR, BHN AND ITS CHC PARTNERS HAVE EXTENDED BMC'S PRESENCE INTO BOSTON-AREA NEIGHBORHOODS, SIGNIFICANTLY IMPACTING THE HEALTH OF THEIR RESIDENTS.

THE ACCOMPLISHMENTS OF THE NETWORK ARE EVIDENCED BY: THE GROWTH OF 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

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
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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 EXTENDED TO EVENINGS AND SEVEN DAY COVERAGE. THE AVERAGE LENGTH OF STAY FOR THE ROUNDER SYSTEM WAS 3.99 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

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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.

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.

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
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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 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.

Part VI Supplemental Information

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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 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

Part VI Supplemental Information

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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.

STARTING IN 2012, MOST BHN COMMUNITY HEALTH CENTERS WORKED COLLABORATIVELY 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.

Part VI Supplemental Information

Provide the following information.

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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,

THESE SHUTTLE BUSES TRANSPORTED 204,070 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.

PART VI, 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)**

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

OMB No. 1545-0047

2013

**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.

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

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. 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)	130,187.				SUBAWARD
(2) BAY COVE HUMAN SERVICES 66 CANAL STREET BOSTON, MA 02114	04-2518575	501(C)(3)	3,504,313.				SUBAWARD
(3) BETH ISRAEL DEACONESS HOSPITAL PO BOX 3784 BOSTON, MA 02241	04-2103881	501(C)(3)	551,214.				SUBAWARD
(4) BOSTON PUBLIC HEALTH COMMISSION 1010 MASSACHUSETTS AVENUE BOSTON, MA 02118	04-3316655	N/A GOV'T	15,000.				SUBAWARD
(5) BOSTON VA RESEARCH IN 150 S HUNTINGTON AVE BOSTON, MA 02130	04-3081524	501(C)(3)	23,956.				SUBAWARD
(6) BRIGHAM & WOMENS HOSPITAL PO BOX 3149 BOSTON, MA 02241	04-2312909	501(C)(3)	233,039.				SUBAWARD
(7) BOARD OF TRUSTEES MICHIGAN 360 ADMIN BULDING EAST LANSING, MI 48824	38-6005984	501(C)(3)	92,028.				SUBAWARD
(8) BROCKTON NEIGHBORHOOD HEALTH 63 MAIN STREET BROCKTON, MA 02301	04-3165044	501(C)(3)	21,065.				SUBAWARD
(9) BUTLER HOSPITAL 345 BLACKSTONE BLVD PROVIDENCE, RI 02906	05-0258812	501(C)(3)	158,292.				SUBAWARD
(10) CAMBRIDGE HEALTH ALLIANCE 1493 CAMBRIDGE STREET CAMBRIDGE, MA 02139	04-3320571	501(C)(3)	333,465.				SUBAWARD
(11) CHILDREN'S HOSPITAL OF BOSTON 300 LONGWOOD AVENUE BOSTON, MA 02115	04-2774441	501(C)(3)	731,778.				SUBAWARD
(12) CODMAN SQUARE HEALTH CTR INC 637 WASHINGTON STREET BOSTON, MA 02124	04-2678774	501(C)(3)	46,148.				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

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Schedule I (Form 990) (2013)

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- 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. 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) DORCHESTER HOUSE MULTI SVC CTR 1353 DORCHESTER AVENUE DORCHESTER, MA 02122	23-7125970	501(C)(3)	65,314.				SUBAWARD
(2) EAST CAROLINA UNIVERSITY 2200 S CHARLES BLVD GREENVILLE, NC 27858	56-6000403	501(C)(3)	146,879.				SUBAWARD
(3) FRONTIER SCIENCE & TECHNOLOGY PO BOX 983027 BOSTON, MA 02115	16-1056814	501(C)(3)	33,237.				SUBAWARD
(4) GEISINGER CLINIC WEIS CENTER FOR RESEARCH DANVILLE, PA 17822	23-6291113	501(C)(3)	21,832.				SUBAWARD
(5) HARVARD UNIVERSITY 677 HUNTINGTON AVENUE BOSTON, MA 02115	04-2103580	501(C)(3)	283,470.				SUBAWARD
(6) INSTITUTE FOR HEALTH METRICS ONE NEW ENGLAND EXECUTIVE PARK	11-3764559	501(C)(3)	108,249.				SUBAWARD
(7) JOHN HOPKINS UNIVERSITY 600 WOLFE STREET BALTIMORE, MD 21287	52-0595110	501(C)(3)	24,588.				SUBAWARD
(8) JONATHAN O COLE MENTAL HEALTH 115 MILL STREET BELMONT, MA 02178	04-3282088	501(C)(3)	31,540.				SUBAWARD
(9) JOSLIN DIABETES CENTER ONE JOSLIN PLACE BOSTON, MA 02215	04-2203836	501(C)(3)	10,655.				SUBAWARD
(10) BAYSTATE MEDICAL PRACTICES INC 280 CHESTNUT ST SPRINGFIELD, MA 01199	04-2888373	501(C)(3)	92,970.				SUBAWARD
(11) MASSACHUSETTS GENERAL HOSPITAL 55 FRUIT STREET BOSTON, MA 02114	04-2697983	501(C)(3)	150,849.				SUBAWARD
(12) MGH NEUROGENETICS DNA 185 CAMBRIDGE STREET BOSTON, MA 02110	04-2807148	501(C)(3)	275,000.				SUBAWARD

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ -----
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Schedule I (Form 990) (2013)

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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. 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) MINNEAPOLIS MED RESEARCH FND 600 SHAPIRO BUILDING MINNEAPOLIS, MN 55404	41-1677920	501(C)(3)	285,038.				SUBAWARD
(2) GREATER BOSTON SICKLE CELL 1803 DORCHESTER AVE DORCHESTER, MA 02124	04-3524260	501(C)(3)	50,000.				SUBAWARD
(3) OREGON HEALTH & SCIENCE UNIV. 3181 SW SAM JACKSON PARK RD	93-1176109	501(C)(3)	19,312.				SUBAWARD
(4) NORTH SUFFOLK MENTAL HEALTH 301 BROADWAY AVENUE CHELSEA, MA 02150	04-2317215	501(C)(3)	2,591,048.				SUBAWARD
(5) NORTHEASTERN UNIVERSITY 360 HUNTINGTON AVENUE BOSTON, MA 02115	04-1679980	501(C)(3)	408,649.				SUBAWARD
(6) NORTHWESTERN UNIVERSITY 633 CLARK STREET EVANSTON, IL 60208	36-2167817	501(C)(3)	332,409.				SUBAWARD
(7) RESEARCH TRIANGLE INSTITUTE PO BOX 900002 RALEIGH, NC 27675	56-0686338	501(C)(3)	34,914.				SUBAWARD
(8) SOUTH BOSTON CHC 409 WEST BROADWAY SOUTH BOSTON, MA 02127	04-2682152	501(C)(3)	10,647.				SUBAWARD
(9) SPECTRUM HEALTH HOSPITALS 25 MICHIGAN ST NE GRAND RAPIDS, MI 49503	38-1360529	501(C)(3)	67,391.				SUBAWARD
(10) TUFTS UNIVERSITY 171 HARRISON AVENUE BOSTON, MA 02111	04-2103634	501(C)(3)	508,554.				SUBAWARD
(11) UNIVERSITY OF MARYLAND PO BOX 41428 BALTIMORE, MD 21203	31-1678679	501(C)(3)	264,216.				SUBAWARD
(12) UNIVERSITY OF MASSACHUSETTS 55 LAKE AVENUE NORTH WORCESTER, MA 01655	04-3167352	115	219,862.				SUBAWARD

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

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- 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. 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 MICHIGAN 3003 S STATE STREET ANN ARBOR, MI 48109	38-6006309	501(C)(3)	149,168.				SUBAWARD
(2) VINFEN CORP PO BOX 5059 BOSTON, MA 02206	04-2632219	501(C)(3)	221,736.				SUBAWARD
(3) WAKE FOREST UNIVERSITY 1834 WAKE FOREST RD WINSTON-SALEM, NC 27157	22-3849199	501(C)(3)	381,201.				SUBAWARD
(4) WILLIAM BEAUMONT HOSPITAL 3601 WEST THIRTEEN MILE ROAD	38-1459362	501(C)(3)	139,411.				SUBAWARD
(5) UNIVERSITY OF CHICAGO DIST CTR 11030 S LANGLEY AVE CHICAGO, IL 60628	36-2177139	501(C)(3)	152,565.				SUBAWARD
(6) YOUTH & FAMILY ENRICHMENT SVC 1234 HYDE PARK AVENUE HYDE PARK, MA 02136	05-0588064	501(C)(3)	184,302.				SUBAWARD
(7) YALE UNIVERSITY PO BOX 1873 NEW HAVEN, CT 06508	06-0646973	501(C)(3)	173,535.				SUBAWARD
(8) UNIVERSITY OF N CAROLINA CB# 13501 CHAPEL HILL, NC 27599	56-6001393	501(C)(3)	112,017.				SUBAWARD
(9) UNIVERSITY OF PITTSBURGH 116 ATWOOD ST., STE. 201	25-0965591	501(C)(3)	136,235.				SUBAWARD
(10) BOSTON HOUSING AUTHORITY 52 CHAUNCY STREET BOSTON, MA 02111	04-6001907	501(C)(3)	86,932.				SUBAWARD
(11) BOSTON UNIVERSITY 715 ALBANY STREET BOSTON, MA 02118	04-2103547	501(C)(3)	3,035,559.				SUBAWARD
(12) BROCKTON AREA MULTI-S 10 CHRISTY'S DRIVE BROCKTON, MA 02301	04-2562377	501(C)(3)	152,445.				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) (2013)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2013

**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.

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

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. 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) CHILD & FAMILY SERVICE 52 CHAUNCY STREET SPRINGFIELD, MA 01105	04-2103987	501(C)(3)	116,208.				SUBAWARD
(2) DARTMOUTH COLLEGE 37 DEWEY FIELD RD. HANOVER, NH 03765	02-0222111	501(C)(3)	13,169.				SUBAWARD
(3) INSTITUTE FOR HEALTH & RECOVERY 349 BROADWAY CAMBRIDGE, MA 02139	04-3086647	501(C)(3)	22,011.				SUBAWARD
(4) JSI RESEARCH & TRAINING INST DBA WOMEN OF COLOR AIDS COALTN	04-2679824	501(C)(3)	43,082.				SUBAWARD
(5) MID-ATLANTIC PERMANENTE MED GROUP INC 2101 E. JEFFERSON ST. ROCKVILLE, MD 20849	52-1196226	501(C)(3)	22,003.				SUBAWARD
(6) NE PHYSICAL THERAPY PLUS INC PO BOX 52554 BOSTON, MA 02205	04-3242110	501(C)(3)	11,790.				SUBAWARD
(7) REGENTS OF THE U OF CALIFORNIA, SAN DIEGO 2760 FIFTH AVENUE SAN DIEGO, CA 92103	95-6006144	501(C)(3)	26,172.				SUBAWARD
(8) THIRD SECTOR NEW ENGLAND INC 89 SOUTH STREET, 7TH FLOOR BOSTON, MA 02111	04-2261109	501(C)(3)	271,558.				SUBAWARD
(9) UNIVERSITY OF TEXAS PO BOX 297402 HOUSTON, TX 77297	74-6001118	501(C)(3)	36,000.				SUBAWARD
(10) WASHINGTON HOSPITAL CTR. CORP 110 IRVING ST., N.W. WASHINGTON, DC 20010	52-1272129	501(C)(3)	36,000.				SUBAWARD
(11) WEILL MEDICAL COLLEGE 1300 YORK AVENUE NEW YORK, NY 10005	13-1623978	501(C)(3)	31,264.				SUBAWARD
(12) TUFTS UNIVERSITY 715 ALBANY STREET BOSTON, MA 02118	04-2103547	501(C)(3)	35,501.				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) (2013)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2013

**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.

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

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. 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) MEDSTAR HEALTH RESEAR 6525 BELCREST ROAD HYATTSVILLE, MD 20782	52-6056274	501(C)(3)	11,849.				SUBAWARD
(2) VIRGINIA COMMONWEALTH PO BOX 980568 RICHMOND, VA 23298	54-6001758	501(C)(3)	26,620.				SUBAWARD
(3) FORSYTH DENTAL INFIRM 245 FIRST STREET CAMBRIDGE, MA 02142	04-2104230	501(C)(3)	27,086.				SUBAWARD
(4) UNIVERSITY OF LOUISVILLE 530 SOUTH JACKSON STREET	61-1029626	501(C)(3)	33,405.				SUBAWARD
(5) EASTERN VIRGINIA MED. PO BOX 1980 NORFOLK, VA 23501-1980	54-6055378	501(C)(3)	37,500.				SUBAWARD
(6) SINAI HOSPITAL OF BAL 2401 WEST BELVEDERE AVE BALTIMORE, MD 21215	52-0486540	501(C)(3)	37,500.				SUBAWARD
(7) NHIC CORP 75 SGT WILLIAM B TERRY DR.	75-1532981	501(C)(3)	42,416.				SUBAWARD
(8) RUTGERS, THE STATE UN 65 DAVIDSON ROAD PISCATAWAY, NJ 08854	46-2354111	501(C)(3)	167,339.				SUBAWARD
(9) _____							
(10) _____							
(11) _____							
(12) _____							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 66.

3 Enter total number of other organizations listed in the line 1 table 2.

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

Schedule I (Form 990) (2013)

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, Part III, column (b), 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.
- ▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

**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 directors, trustees, and officers, including 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, but 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		

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

Schedule J (Form 990) 2013

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 and Title		(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 KAREN H. ANTMAN, MD TRUSTEE	(i)	0	0	0	0	0	0	0
	(ii)	675,000.	0	62,406.	33,910.	892.	772,208.	0
2 DAVID L. COLEMAN, MD TRUSTEE	(i)	0	0	0	0	0	0	0
	(ii)	449,265.	0	246,315.	33,910.	2,519.	732,009.	0
3 BOB BIGGIO VP FACILITY & SUPPORT SERVICES	(i)	269,935.	65,000.	1,735.	30,050.	32,244.	398,964.	0
	(ii)	0	0	0	0	0	0	0
4 RAVIN DAVIDOFF SR VP MED AFFAIRS/CMO	(i)	458,817.	113,831.	1,860.	47,560.	30,413.	652,481.	0
	(ii)	0	0	0	0	0	0	0
5 STAN HOCHBERG SR. VP QLTY, SAFETY, AND TECH	(i)	410,220.	102,375.	1,860.	41,250.	32,059.	587,764.	0
	(ii)	0	0	0	0	0	0	0
6 TIM MANNING VP HR (UNTIL 4/30/13)	(i)	137,695.	0	280,805.	3,188.	20,310.	441,998.	7,214.
	(ii)	0	0	0	0	0	0	0
7 LISA O'CONNOR SVP CLINIC. OPER. (UNTIL 9/13)	(i)	276,131.	83,854.	1,260.	7,969.	9,722.	378,936.	0
	(ii)	0	0	0	0	0	0	0
8 NORMAN STEIN VP DEVELOPMENT	(i)	364,907.	71,998.	1,860.	47,578.	9,321.	495,664.	0
	(ii)	0	0	0	0	0	0	0
9 THOMAS TRAYLOR VP OF FED, STATE, LOCAL PROG	(i)	442,323.	87,132.	1,860.	39,802.	23,145.	594,262.	0
	(ii)	0	0	0	0	0	0	0
10 DAVID BECK VP/GENERAL COUNSEL/CLERK	(i)	269,415.	66,406.	1,724.	34,750.	21,043.	393,338.	0
	(ii)	0	0	0	0	0	0	0
11 RICHARD SILVERIA SVP FIN/CFO/TREAS	(i)	500,820.	124,313.	1,860.	47,650.	31,459.	706,102.	0
	(ii)	0	0	0	0	0	0	0
12 KATHLEEN E. WALSH PRESIDENT/CEO	(i)	890,558.	278,333.	35,752.	79,650.	7,070.	1,291,363.	0
	(ii)	0	0	0	0	0	0	0
13 GERARD DOHERTY, MD TRUSTEE	(i)	0	0	0	0	0	0	0
	(ii)	469,523.	0	371,104.	3,460.	58,693.	902,780.	0
14 ANAND DEVAIAH, MD TRUSTEE (UNTIL 11/11/14)	(i)	0	0	0	0	0	0	0
	(ii)	243,463.	0	37,333.	23,710.	25,519.	330,025.	0
15 ALASTAIR BELL SVP OPS&STRGY/COO(AS OF 1/14)	(i)	509,012.	123,094.	1,615.	23,567.	4,642.	661,930.	0
	(ii)	0	0	0	0	0	0	0
16 DAVID PETERSON VP TECHNOLOGY & CIO	(i)	333,923.	0	40,192.	638.	37,793.	412,546.	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 OF NOVEMBER 29, 2013, UNDER THE TERMS OF A SEVERANCE ARRANGEMENT WITH DAVID PETERSON, HE RECEIVED TWELVE MONTHS OF SALARY AND BENEFITS CONTINUATION. THE AMOUNT PAID IN 2013 WAS \$31,250.

PURSUANT TO THE TERMS OF HIS EMPLOYMENT AGREEMENT, TIM MANNING RECEIVED TWELVE MONTHS OF SALARY AND BENEFITS CONTINUATION. THE AMOUNT PAID IN 2013 WAS \$235,129.

SCHEDULE J, PART I, LINE 4B

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

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.

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 AMOUNT BECAME VESTED AND WAS PAID TO THE FOLLOWING EXECUTIVE IN CALENDAR YEAR 2013:

MANNING - \$36,967

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, CERTAIN AMOUNTS WERE CREDITED TO THE PRESIDENT AND CEO'S ACCOUNT IN PRIOR YEARS. THESE AMOUNTS ARE SUBJECT TO FORFEITURE AND PAYMENT WILL BE MADE ONLY IF CERTAIN CONDITIONS ARE MET, AS OUTLINED IN THE AGREEMENT. NO AMOUNTS WERE ACCRUED OR VESTED UNDER

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.

THE PLAN IN 2013.

SCHEDULE J, PART II, LINE 7

BMC HAS AN ANNUAL EXECUTIVE PERFORMANCE INCENTIVE PLAN. PERFORMANCE TARGETS AND PAYOUT METRICS ARE ESTABLISHED AND APPROVED BY THE COMPENSATION COMMITTEE AT THE BEGINNING OF EACH PERFORMANCE CYCLE. FY13 PERFORMANCE BONUS PAYOUTS ARE APPROVED BY THE COMMITTEE AT THE COMPENSATION COMMITTEE MEETING HELD ON NOVEMBER 20, 2013. THE COMMITTEE REVIEWED THE FY13 PERFORMANCE RESULTS AGAINST PRE-ESTABLISHED PERFORMANCE TARGETS, AND APPROVED THE FORMULA-BASED PAYOUTS ACCORDINGLY.

**SCHEDULE K
(Form 990)**

Supplemental Information on Tax-Exempt Bonds

OMB No. 1545-0047

2013

**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.**

▶ **Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.**

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	101,485,000.	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	3,459,263.		1,770,000.		10,315,000.			
2 Amount of bonds legally defeased								
3 Total proceeds of issue	13,688,734.		254,298,158.		117,498,727.			
4 Gross proceeds in reserve funds	101,285.		24,669,476.		10,675,700.			
5 Capitalized interest from proceeds			31,231,616.					
6 Proceeds in refunding escrows								
7 Issuance costs from proceeds			2,592,758.		1,673,410.			
8 Credit enhancement from proceeds								
9 Working capital expenditures from proceeds								
10 Capital expenditures from proceeds			186,954,901.					
11 Other spent proceeds	13,688,734.				115,813,841.			
12 Other unspent proceeds			8,849,407.		11,475.			
13 Year of substantial completion			2014					
	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.

Part III Private Business Use (Continued)	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 ▶				.7000				
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 57000				
7 Does the bond issue meet the private security or payment test?		X		X				
8a Has there been a sale or disposition of any of the bond-financed property to a non-governmental person other than a 501(c)(3) organization since the bonds were issued?		X						
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X		X					

Part IV Arbitrage								
	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X		X		
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		X		X	X			
b Exception to rebate?	X			X	X			
c No rebate due?		X	X			X		
If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?	X			X		X		
4a 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?								

Part VI **Supplemental Information.** Provide additional information for responses to questions on Schedule K (see instructions) *(Continued)*

SCHEDULE K, PART II

BOND A

THE BONDS ARE PART OF A POOLED FINANCING (TOTAL PAR \$101,485,000). 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.

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.

BOND A

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

QUESTION 13 - SINCE THE PROCEEDS OF THE BONDS WERE USED FOR REFUNDING PURPOSES, THE YEAR OF SUBSTANTIAL COMPLETION IS NOT APPLICABLE.

Part VI **Supplemental Information.** Provide additional information for responses to questions on Schedule K (see instructions) *(Continued)*

BOND C

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

QUESTION 4 - DEBT SERVICE RESERVE FUND PROCEEDS REPRESENT TRANSFERRED PROCEEDS FROM THE PRIOR BONDS.

QUESTION 13 - SINCE THE PROCEEDS OF THE 2012 BONDS WERE USED FOR REFUNDING PURPOSES, THE YEAR OF SUBSTANTIAL COMPLETION IS NOT APPLICABLE.

SCHEDULE K, PART III, LINE 7

BONDS A & B

AS PROVIDED IN TREASURY REGULATION SECTION 1.141-4(C)(2)(I)(B), THE AMOUNT OF PRIVATE PAYMENTS TAKEN INTO ACCOUNT UNDER THE PRIVATE PAYMENT TEST MAY NOT EXCEED THE AMOUNT OF PRIVATE BUSINESS USE AND/OR UNRELATED TRADE OR BUSINESS USE. ACCORDINGLY, THE AMOUNT OF PRIVATE PAYMENTS FOR THE REPORTING PERIOD DOES NOT EXCEED THE AMOUNT STATED IN PART III, LINE 6. THE ORGANIZATION HAS NOT UNDERTAKEN AN ANALYSIS OF THE PRIVATE SECURITY TEST WITH RESPECT TO THE BONDS, AS THE

LEVEL OF PRIVATE BUSINESS USE AND/OR UNRELATED TRADE OR BUSINESS REPORTED

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions) *(Continued)*

IN PART III, LINE 6, IS NOT IN EXCESS OF AMOUNTS PERMITTED UNDER SECTION

145 OF THE CODE.

SCHEDULE K, PART IV, LINE 2B

BOND PROCEEDS WERE EXPENDED TO FINANCE A CURRENT REFUNDING, WHICH HAS MET AN EXCEPTION TO THE REBATE REQUIREMENT. NO COMPUTATION HAS BEEN MADE THAT WOULD INDICATE WHETHER ANY REBATE WOULD BE DUE ON THE PROCEEDS TRANSFERRED FROM THE PRIOR BONDS.

SCHEDULE K, PART IV, LINE 2C

ARBITRAGE REBATE ANALYSIS WAS PERFORMED FOR BONDS B AND C IN FY14, LISTED BELOW ARE THE ANALYSIS DATES. NO PAYMENT WAS DUE TO THE IRS FOR THESE BONDS IN FY14.

BOND B

THE REBATE COMPUTATION WAS PERFORMED AS OF JUNE 30, 2014 FOR BOND B.

BOND C

ARBITRAGE ANALYSIS OPINION LETTER ISSUED ON JULY 11, 2014 FOR BOND C.

SCHEDULE K, PART V

THE ORGANIZATION HAS ESTABLISHED WRITTEN PROCEDURES TO ENSURE VIOLATIONS

Part VI **Supplemental Information.** Provide additional information for responses to questions on Schedule K (see instructions) *(Continued)*

OF FEDERAL TAX REQUIREMENTS ARE TIMELY IDENTIFIED AND CORRECTED THROUGH

THE VOLUNTARY CLOSING AGREEMENT PROGRAM IF SELF-REMEDIATION IS NOT

AVAILABLE UNDER APPLICABLE REGULATIONS. AVAILABLE UNDER APPLICABLE

REGULATIONS. REGULATIONS. REGULATIONS.

SCHEDULE L
(Form 990 or 990-EZ)

Transactions With Interested Persons

OMB No. 1545-0047

2013

Department of the Treasury
Internal Revenue Service

▶ **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.**
▶ **Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.**

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) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

- 2 Enter the amount of tax incurred by 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-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) 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 of assistance	(d) Type of assistance	(e) Purpose 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) 2013

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) STATE STREET BANK	SEE PART V	268,621.	CUSTODIAL FEES/MANAGEMENT FEES		X
(2) BOSTON MEDICAL CENTER INS. CO., LTD	SEE PART V	40,718,000.	INSURANCE		X
(3) SUFFOLK CONSTRUCTION COMPANY	SEE PART V	11,114,587.	CONSTRUCTION		X
(4) TRIAD ISOTOPE, INC.	SEE PART V	642,078.	MEDICAL SUPPLIES		X
(5) ANAESTHESIA ASSOCIATES OF MA	SEE PART V	9,464,576.	MEDICAL SERVICES		X
(6)					
(7)					
(8)					
(9)					
(10)					

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions).

SCHEDULE L, PART IV, LINE 1

NAME OF INTERESTED PERSON: STATE STREET BANK

RELATIONSHIP: TRUSTEE PHALEN IS THE VICE CHAIRMAN AND EXECUTIVE VICE PRESIDENT OF STATE STREET BANK.

AMOUNT OF TRANSACTION: BOSTON MEDICAL CENTER PAID STATE STREET BANK \$194,948 IN CUSTODIAL FEES AND STATE STREET GLOBAL ADVISORS \$73,673 IN MANAGEMENT FEES.

DESCRIPTION OF TRANSACTION: STATE STREET BANK PROVIDES FINANCIAL SERVICES TO BOSTON MEDICAL CENTER. AS AN INTERESTED PERSON, TRUSTEE PHALEN'S PARTICIPATION IN ANY MATTERS REGARDING STATE STREET BANK IS GOVERNED BY BMC'S CONFLICT OF INTEREST POLICY AND SUBJECT TO DISCLOSURE AND REVIEW BY DISINTERESTED TRUSTEES.

SCHEDULE L, PART IV, LINE 2

NAME OF INTERESTED PERSON: BOSTON MEDICAL CENTER INSURANCE CO, LTD.

RELATIONSHIP: TRUSTEES PASSAFARO, DOHERTY, DONAHUE, AND COLEMAN, AND THE PRESIDENT/CEO, WALSH, SERVE ON THE BOARD.

AMOUNT OF TRANSACTION: BMC AND BMCIC HAVE SIGNIFICANT TRANSACTIONS WITH EACH OTHER FOR THE PURPOSE OF PROVIDING PROFESSIONAL AND GENERAL

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)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions).

LIABILITY INSURANCE. TOTAL EXPENSES INCURRED BY THE MEDICAL CENTER RELATED TO THE INSURANCE PROVIDED BY BMCIC WAS \$4,489,000 FOR THE YEAR ENDED SEPTEMBER 30, 2014. THE MEDICAL CENTER HAS \$36,229,000 OF PREPAID PREMIUMS AND RETROSPECTIVE PREMIUM CREDITS THAT ARE PREPAID BY THE MEDICAL CENTER AT SEPTEMBER 30, 2014.

SCHEDULE L, PART IV, LINE 3

NAME OF INTERESTED PERSON: SUFFOLK CONSTRUCTION COMPANY
 RELATIONSHIP: TRUSTEE PASSAFARO IS VP OF SUFFOLK CONSTRUCTION COMPANY
 DESCRIPTION OF TRANSACTION: SUFFOLK CONSTRUCTION COMPANY PROVIDES CONSTRUCTION SERVICES TO BOSTON MEDICAL CENTER. AS AN INTERESTED PERSON, TRUSTEE PASSAFARO'S PARTICIPATION IN ANY MATTERS REGARDING SUFFOLK CONSTRUCTION COMPANY IS GOVERNED BY BMC'S CONFLICT OF INTEREST POLICY AND SUBJECT TO DISCLOSURE AND REVIEW BY DISINTERESTED TRUSTEES.

SCHEDULE L, PART IV, LINE 4

NAME OF INTERESTED PERSON: TRIAD ISOTOPES, INC.
 RELATIONSHIP: TRUSTEE AMENT IS ON THE BOARD OF TRIAD ISOTOPES, INC.

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)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions).

DESCRIPTION OF TRANSACTION: TRIAD ISOTOPES, INC. PROVIDES MEDICAL SERVICES TO BOSTON MEDICAL CENTER. AS AN INTERESTED PERSON, TRUSTEE AMENT'S PARTICIPATION IN ANY MATTERS REGARDING TRIAD ISOTOPES, INC., IS GOVERNED BY BMC'S CONFLICT OF INTEREST POLICY AND SUBJECT TO DISCLOSURE AND REVIEW BY DISINTERESTED TRUSTEES.

SCHEDULE L, PART IV, LINE 5

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)**

Noncash Contributions

OMB No. 1545-0047

2013

**Open To Public
Inspection**

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

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				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications	X		500.	DONOR ESTIMATE
5 Clothing and household goods	X		16,905.	DONOR ESTIMATE
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	10.	609,559.	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	X	14.	2,750.	DONOR ESTIMATE
19 Food inventory	X	46.	56,215.	DONOR ESTIMATE
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (ATCH 1)		233.	171,744.	
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) (2013)

Part II **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. 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, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. 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>
JEWELERY	X	6.	656.	DONOR ESTIMATE
GIFT CERTIFICATES	X	155.	136,056.	DONOR ESTIMATE
TICKETS	X	72.	35,032.	DONOR ESTIMATE
TOTALS		<u>233.</u>	<u>171,744.</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

2013

**Open to Public
Inspection**

Name of the organization

BOSTON MEDICAL CENTER

Employer identification number

04-3314093

FORM 990, PART III, LINE 4A

THE STATUTE THAT CREATED BOSTON MEDICAL CENTER (BMC) REQUIRES IT TO SERVE ALL POPULATIONS. BMC IS A PRIVATE, NOT-FOR-PROFIT, 611-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 75% OF OUR PATIENT VISITS COME FROM UNDERSERVED POPULATIONS, THE LOW-INCOME AND ELDERLY, WHO RELY ON GOVERNMENT PAYERS SUCH AS MEDICAID, THE HEALTH SAFETY NET AND MEDICARE FOR THEIR COVERAGE, AND 31 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 AND A FOOD PANTRY TO HELP REDUCE BARRIERS TO ACCESSING HEALTH SERVICES AND ELIMINATE DISPARITIES IN HEALTH CARE 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 BMC HEALTH SYSTEM, INC.

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

FORM 990, PART VI, LINE 2

KAREN ANTMAN, M.D.

DAVID COLEMAN, M.D.

ANAND DEVAIAH, M.D.

GERARD DOHERTY, M.D.

BUSINESS RELATIONSHIP - KAREN ANTMAN, M.D., IS A KEY EMPLOYEE AT BOSTON UNIVERSITY; BOSTON UNIVERSITY ALSO EMPLOYS DRs. COLEMAN, DEVAIAH, AND DOHERTY.

BARBARA FERRER, PH.D.

KATHLEEN E. WALSH

BUSINESS RELATIONSHIP - DR. FERRER IS EXECUTIVE DIRECTOR OF THE BOSTON PUBLIC HEALTH COMMISSION; MS. WALSH SERVES ON THE BOARD OF HEALTH THAT GOVERNS THE COMMISSION.

DAVID COLEMAN, M.D.

GERARD DOHERTY, M.D.

SUSAN DONAHUE

DAVID PASSAFARO

KATHLEEN E. WALSH

BUSINESS RELATIONSHIP - EACH SERVES AS A DIRECTOR OF BOSTON MEDICAL CENTER INSURANCE COMPANY, LTD.

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

FORM 990, PART VI, LINE 6

THE SOLE MEMBER OF THE ORGANIZATION IS BMC HEALTH SYSTEM, INC. (BMCHS).

FORM 990, PART VI, LINE 7B

BMC HEALTH SYSTEM, INC. (BMCHS) HAS THE RIGHT TO TAKE CERTAIN ACTIONS INCLUDING, BUT NOT LIMITED TO, THE APPROVAL OF BUDGETS, MERGERS, ACQUISITIONS, AND INDEBTEDNESS.

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, 2014 WERE DISTRIBUTED BY BMC'S CORPORATE COMPLIANCE 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 OR HER DESIGNEE INFORMS THE GENERAL COUNSEL OF ANY ACTUAL OR POTENTIAL

Name of the organization BOSTON MEDICAL CENTER	Employer identification number 04-3314093
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CONFLICTS OF INTEREST. THE GENERAL COUNSEL ADVISES THE BOARD OF TRUSTEES
AND OFFICERS OF THE CORPORATION ACCORDINGLY.

FORM 990, PART VI, LINE 15 A&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 XI, LINE 9

CONTRIBUTED CAPITAL ASSET	\$7,632,000
PENSION RELATED CHANGES OTHER THAN PERIODIC PENSION COSTS	(\$8,190,000)
OTHER CHANGES	(\$2,500,000)

TOTAL	(\$3,058,000)

ATTACHMENT 1

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

IRELAND

CANADA

CAYMAN ISLANDS

LESOTHO

UNITED KINGDOM

BERMUDA

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

ATTACHMENT 2

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	63,677,823.
MORRISON HEALTH CARE, INC. 5801 PEACHTREE DUNWOODY ROAD ATLANTA, GA 30342	FOOD SVCS/CAFETERIA	4,145,523.
SUFFOLK CONSTRUCTION COMPANY 65 ALLERTON STREET BOSTON, MA 02119	CONSTRUCTION	11,114,587.
OPTIMUM HEALTHCARE IT 1525 B THE GREENSWAY, STE 100 JACKSONVILLE BEACH, FL 32250	CONSULTING	7,532,504.
SHAWMUT WOODWORKING & SUPPLY 560 HARRISON AVE. BOSTON, MA 02118	CONSTRUCTION	3,372,615.

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2013

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

- ▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**
- ▶ **Attach to Form 990.** ▶ **See separate instructions.**
- ▶ **Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.**

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

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

(a) Name, address, and EIN (if applicable) 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" on 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	BMCHS	X	
(2) UNIVER DEVELOPMENT FOUNDATION, INC. 04-3101957 88 EAST NEWTON STREET BOSTON, MA 02118	REAL ESTATE	MA	501(C)(3)	11 A-I	BMC	X	
(3) 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	
(4) 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
(5) 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
(6) BOSTON EMERGENCY PHYSICIAN FDN, INC. 04-3286156 818 HARRISON AVENUE BOSTON, MA 02118	HEALTHCARE	MA	501(C)(3)	11C III-FI	N/A		X
(7) 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

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

Schedule R (Form 990) 2013

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2013

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

- ▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**
- ▶ **Attach to Form 990.** ▶ **See separate instructions.**
- ▶ **Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.**

Name of the organization

BOSTON MEDICAL CENTER

Employer identification number

04-3314093

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

(a) Name, address, and EIN (if applicable) 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" on 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 UNIVERSITY DERMATOLOGY, INC. 04-3335166 609 ALBANY STREET BOSTON, MA 02118	HEALTHCARE	MA	501(C)(3)	11C III-FI	N/A		X
(2) 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
(3) 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
(4) 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
(5) EVANS MEDICAL FOUNDATION, INC. 51-0172171 88 EAST NEWTON STREET BOSTON, MA 02118	HEALTHCARE	MA	501(C)(3)	11C III-FI	N/A		X
(6) 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
(7) 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

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Schedule R (Form 990) 2013

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

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Name of the organization

BOSTON MEDICAL CENTER

Employer identification number

04-3314093

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

(a) Name, address, and EIN (if applicable) 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" on 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 MALLORY PATHOLOGY ASSOCIATES, INC. 04-2794543 784 MASSACHUSETTS AVENUE BOSTON, MA 02118	HEALTHCARE	MA	501(C)(3)	11C III-FI	N/A		X
(2) 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
(3) BU NEUROSURGICAL ASSOCIATES, INC. 04-3296068 88 EAST NEWTON STREET BOSTON, MA 02118	HEALTHCARE	MA	501(C)(3)	11C III-FI	N/A		X
(4) BU OBSTETRICS & GYNECOLOGY FDN, INC. 04-3067465 818 HARRISON AVENUE BOSTON, MA 02118	HEALTHCARE	MA	501(C)(3)	11C III-FI	N/A		X
(5) 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
(6) BUMC OTOLARYNGOLOGIC FOUNDATION, INC. 04-3156471 88 EAST NEWTON STREET BOSTON, MA 02118	HEALTHCARE	MA	501(C)(3)	11C III-FI	N/A		X
(7) CHLD 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

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Schedule R (Form 990) 2013

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

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Internal Revenue Service

- ▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**
- ▶ **Attach to Form 990.** ▶ **See separate instructions.**
- ▶ **Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.**

Name of the organization

BOSTON MEDICAL CENTER

Employer identification number

04-3314093

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

(a) Name, address, and EIN (if applicable) 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" on 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 UNIV. PLASTIC SURGERY ASSOC., INC 88 EAST NEWTON STREET BOSTON, MA 02118 04-3555478	HEALTHCARE	MA	501(C)(3)	11C III-FI	N/A		X
(2) BOSTON UNIVERSITY PSYCHIATRY ASSOC., INC 720 HARRISON AVENUE BOSTON, MA 02118 04-3355267	HEALTHCARE	MA	501(C)(3)	11C III-FI	N/A		X
(3) BU MEDICAL CENTER RADIOLOGISTS, INC. 88 EAST NEWTON STREET BOSTON, MA 02118 04-3283573	HEALTHCARE	MA	501(C)(3)	11C III-FI	N/A		X
(4) BOSTON REHABILITATION MEDICINE ASSOC INC 88 EAST NEWTON STREET BOSTON, MA 02118 04-3286641	HEALTHCARE	MA	501(C)(3)	11C III-FI	N/A		X
(5) BU GENERAL SURGICAL ASSOCIATES, INC. 88 EAST NEWTON STREET BOSTON, MA 02118 04-3265008	HEALTHCARE	MA	501(C)(3)	11C III-FI	N/A		X
(6) BU MEDICAL CENTER UROLOGISTS, INC. 88 EAST NEWTON STREET BOSTON, MA 02118 04-3286643	HEALTHCARE	MA	501(C)(3)	11C III-FI	N/A		X
(7) BOSTON UNIVERSITY AFFILIATED PHYSICIANS 660 HARRISON AVE BOSTON, MA 02118 04-3218267	HEALTHCARE	MA	501(C)(3)	3	BMC	X	

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Schedule R (Form 990) 2013

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2013

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Internal Revenue Service

- ▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**
- ▶ **Attach to Form 990.** ▶ **See separate instructions.**
- ▶ **Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.**

Name of the organization

BOSTON MEDICAL CENTER

Employer identification number

04-3314093

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

(a) Name, address, and EIN (if applicable) 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" on 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) BMC HEALTH SYSTEM, INC. 46-3556853 ONE BOSTON MEDICAL CENTER PLAC BOSTON, MA 02118	SUPPORT SVCS.	MA	501(C)(3)	11 B-II	N/A		X
(2) BMC INTEGRATED CARE SERVICES, INC. 04-3414914 ONE BOSTON MEDICAL CENTER PLAC BOSTON, MA 02118	HEALTHCARE	MA	501(C)(3)	11A, TYPE I	FPF	X	
(3) -----							
(4) -----							
(5) -----							
(6) -----							
(7) -----							

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

Schedule R (Form 990) 2013

Part III Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on 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	BMC	RELATED	-5,022,310.	145,447,593.		X	0			90.0000
(2) BCD_BUILDING,LLC(DSLVD 9/9/14) 33 UNION ST. BOSTON, MA 02108	REAL ESTATE	MA	BMC	RELATED	0	9,863,734.		X	0			60.0000
(3) -----												
(4) -----												
(5) -----												
(6) -----												
(7) -----												

Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on 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	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) BMC INSURANCE COMPANY, LTD. 98-0375219 10 MAIN STREET GRAND CAYMAN, CJ	INSURANCE	CJ	BMC	C-CORP	0	78,034,888.	70.0000	X	
(2) GRYANT, INC. (DISSOLVED 10/24/13) 20-2047166 ONE BOSTON MEDICAL CENTER BOSTON, MA 02118	REAL ESTATE	MA	BMC	C-CORP	-583.	0	100.0000	X	
(3) CHARITABLE REMAINDER TRUST (3)	SUPPORT	MA	BMC	TRUST					X
(4) -----									
(5) -----									
(6) -----									
(7) -----									

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, 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 Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)	X	
m Performance of services or membership or fundraising solicitations by related organization(s)	X	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	X	
o Sharing of paid employees with related organization(s)	X	
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses	X	
r Other transfer of cash or property to related organization(s)		X
s 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 related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) BOSTON MEDICAL CENTER HEALTH PLAN, INC	L	133,526,000.	INSURANCE RATES
(2) BOSTON UNIVERSITY AFFILIATED PHYSICIANS, INC.	M,N,O	3,024,000.	FINANCIAL NEED
(3) BMC INSURANCE COMPANY, LTD.	Q	9,078,000.	BOOK
(4)			
(5)			
(6)			

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).
