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Form 990  Department of the Treasury Internal Revenue Service	Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)	OMB No 1545-0047
	The organization may have to use a copy of this return to satisfy state reporting requirements	<div> <div>2008</div> <div>Open to Public Inspection</div> </div>

A For the 2008		calendar year, or tax year beginning 07-01-2008 and ending 06-30-2009		
B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization Faculty Practice Foundation Inc & Affiliates		D Employer identification number 90-0513372
		Doing Business As		E Telephone number (617) 638-8923
		Number and street (or P O box if mail is not delivered to street address) 660 HARRISON AVENUE 3RD FLOOR	Room/suite	G Gross receipts \$ 283,745,441
		City or town, state or country, and ZIP + 4 BOSTON, MA 02118		
		F Name and address of Principal Officer KAREN H ANTMAN MD 660 HARRISON AVENUE BOSTON, MA 02118		
I Tax-exempt status <input checked="" type="checkbox"/> 501(c) (3) (Insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(b) Are all affiliates included? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If "No," attach a list See instructions)		
J Web site: WWW.BMC.ORG		H(c) Group Exemption Number 8094		
K Type of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> trust <input type="checkbox"/> association <input type="checkbox"/> other		L Year of Formation 1994	M State of legal domicile MA	

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities See Schedule O		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	43
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	0
	5	Total number of employees (Part V, line 2a)	5	1,845
	6	Total number of volunteers (estimate if necessary)	6	0
	7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	25,700
b	Net unrelated business taxable income from Form 990-T, line 34	7b	-4,610	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	7,233	0
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	252,346,218	283,375,463
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,531,403	369,978
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	0	0
	12		253,884,854	283,745,441
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	228,806	419,683
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	187,949,375	203,269,842
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
	b	(Total fundraising expenses, Part IX, column (D), line 25 ⁰)		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	58,993,670	73,405,011
	18	Total expenses—add lines 13–17 (must equal Part IX, line 25, column (A))	247,171,851	277,094,536
	19	Revenue less expenses Subtract line 18 from line 12	6,713,003	6,650,905
	Net Assets or Fund Balances		Beginning of Year	End of Year
20		Total assets (Part X, line 16)	83,598,593	91,748,012
21		Total liabilities (Part X, line 26)	33,868,915	36,700,148
22		Net assets or fund balances Subtract line 21 from line 20	49,729,678	55,047,864

Part II Signature Block

Please Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge				
	Signature of officer			2010-05-17 Date	
	PETER HEALY VP OF PROFESSIONAL SERVICES Type or print name and title				
Paid Preparer's Use Only	Preparer's signature		Date	Check if self-employed	Preparer's PTIN (See Gen Inst)
	Firm's name (or yours if self-employed), address, and ZIP + 4		PRICEWATERHOUSECOOPERS LLP 125 High Street Boston, MA 02110		EIN
					Phone no (617) 530-5000

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

Part III

Statement of Program Service Accomplishments (See the instructions.)

1

Briefly describe the organization's mission
See Schedule O

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes

☒

No

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

3

Did the organization cease conducting or make significant changes in how it conducts any program services?

Yes

☒

No

If "Yes," describe these changes on Schedule O

4

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

4a

(Code) (Expenses \$ 226,944,296 including grants of \$ 419,683) (Revenue \$ 283,349,763)
SEE SCHEDULE O

4b

(Code) (Expenses \$ including grants of \$) (Revenue \$)

4c

(Code) (Expenses \$ including grants of \$) (Revenue \$)

4d

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












4e

Total program service expenses \$ 226,944,296 Must equal Part IX, Line 25, column (B).

Form 990 (2008)

Part IV

Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	1	Yes
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	No
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	No
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	No
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5	
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 	6	No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II 	7	No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8	No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 	9	No
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10	No
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable 	11	Yes
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII 	12	No
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a	Did the organization maintain an office, employees, or agents outside of the U S?	14a	No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S? If "Yes," complete Schedule F, Part I	14b	No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15	No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16	No
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17	No
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	No
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	No
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 	21	Yes
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 	22	No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J 	23	Yes
24a	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? If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to question 25	24a	No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
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?	24c	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a	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? If "Yes," complete Schedule L, Part I	25a	No
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b	No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27	No

Part IV

Checklist of Required Schedules (Continued)

	Yes	No
28 During the tax year, did any person who is a current or former officer, director, trustee, or key employee		
a Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV		No
b Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV		No
c Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV		No
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		No
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		No
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		No
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		No
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		No
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	Yes	
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		No
36 501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		No
37 Did the organization conduct more than 5 percent of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		No

Part V

Statements Regarding Other IRS Filings and Tax Compliance

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable	1a74		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return	2a1,845		
b	If at least one is reported in 2a, did the organization file all required federal employment tax returns? . . . Note: <i>If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return.</i>	2b		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts .			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . .	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, <i>Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction</i> ?	5c		
6a	Did the organization solicit any contributions that were not tax deductible?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of \$75 or more?	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . .	7f		No
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.			
a	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
a	Initiation fees and capital contributions included on Part VIII, line 12	10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11	Section 501(c)(12) organizations. Enter			
a	Gross income from members or shareholders	11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		

Part VI

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

Section A. Governing Body and Management

For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

1a

Enter the number of voting members of the governing body

1a

43

1b

Enter the number of voting members that are independent

1b

0

2

Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?

2

Yes

3

Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?

3

No

4

Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?

4

No

5

Did the organization become aware during the year of a material diversion of the organization's assets?

5

No

6

Does the organization have members or stockholders?

6

No

7a

Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?

7a

No

7b

Are any decisions of the governing body subject to approval by members, stockholders, or other persons?

7b

No

8

Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following

8a

the governing body?

8a

Yes

8b

each committee with authority to act on behalf of the governing body?

8b

Yes

9a

Does the organization have local chapters, branches, or affiliates?

9a

No

9b

If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?

9b

10

Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990

10

Yes

11

Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O

11

No

Section B. Policies

12a

Does the organization have a written conflict of interest policy? If "No", go to line 13

12a

Yes

12b

Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?

12b

Yes

12c

Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done

12c

Yes

13

Does the organization have a written whistleblower policy?

13

Yes

14

Does the organization have a written document retention and destruction policy?

14

No

15

Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision

15a

The organization's CEO, Executive Director, or top management official?

15a

No

15b

Other officers or key employees of the organization?

15b

No

16a

Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?

16a

No

16b

If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?

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 Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
☐ own website ☐ another's website ☒ upon request

19

Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.

20

State the name, physical address, and telephone number of the person who possesses the books and records of the organization.
KATHRYN BEACH
660 HARRISON AVENUE
BOSTON, MA 02118
(617) 638-3565

Form 990 (2008)

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

☐ Check this box if the organization did not compensate any officer, director, trustee or key employee

Form 990 (2008)

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual Trustee or Director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
1b Total								22,598,926	1,094,616	2,404,842

		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>	3 Yes	
4	For any individual listed online 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>	4 Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	No

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A)	(B)	(C)
Name and business address	Description of services	Compensation
ANESTHESIA ASSOC OF MA 690 CANTON STREET WESTWOOD, MA 02090	MGMT SERVICES	8,253,615
PER SE TECHNOLOGIES 10 MOLLISON WAY LEWISTON, ME 04240	BILLING SERVICES	3,406,661
HART ASSOCIATES INC 3 ALLIED DRIVE DEDHAM, MA 02026	BILLING SERVICES	710,386
LIGHTHOUSE MD INC 70 ROYAL LITTLE DRIVE PROVIDENCE, RI 02904	BILLING SERVICES	652,851
BROCKTOWN CARDIOLOGY MEDICAL SERVIC 210 QUINCY AVENUE BROCKTON, MA 02302	HEALTH SERVICES	489,914
2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization		15

Part VIII

Statement of Revenue

			(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514		
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a					
	b	Membership dues						
			1b					
	c	Fundraising events						
			1c					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	0					
			1f					
g	Noncash contributions included in lines 1a-1f \$							
h	Total (Add lines 1a-1f)	0						
Program Service Revenue	2a	PATIENT REVENUE	Business Code 900,099	129,488,382	129,488,382			
	b	INSTITUTIONAL SUPPORT	900,099	108,922,988	108,922,988			
	c	FREE CARE REIMBURSEMENT	900,099	7,943,812	7,943,812			
	d	RESEARCH SUPPORT	900,099	1,718,183	1,718,183			
	e	OTHER HEALTH REVENUE	541,380	35,302,098	35,276,398	25,700		
	f	All other program service revenue						
	g	Total. Add lines 2a-2f						
		\$ 283,375,463						
Other Revenue	3	Investment income (including dividends, interest other similar amounts)		318,817		318,817		
	4	Income from investment of tax-exempt bond proceeds		0				
	5	Royalties		0				
	6a	Gross Rents	(i) Real	(ii) Personal				
	b	Less rental expenses						
	c	Rental income or (loss)						
	d	Net rental income or (loss)						
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
	b	Less cost or other basis and sales expenses						
	c	Gain or (loss)		51,161				
	d	Net gain or (loss)		51,161		51,161		
	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 Attach Schedule G if total exceeds \$15,000	a					
			b	Less direct expenses	b			
			c	Net income or (loss) from fundraising events		0		
	9a	Gross income from gaming activities See part IV, line 19 Complete Schedule G if total exceeds \$15,000	a					
			b	Less direct expenses	b			
			c	Net income or (loss) from gaming activities		0		
10a	Gross sales of inventory, less returns and allowances	a						
		b	Less cost of goods sold	b				
		c	Net income or (loss) from sales of inventory		0			
	Miscellaneous Revenue	Business Code						
11a								
b								
c								
d	All other revenue							
e	Total. Add lines 11a-11d	\$ 0						
12	Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e		283,745,441	283,349,763	25,700	369,978		

Part IX

Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).					
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 U S See Part IV, line 21	419,683	419,683		
2	Grants and other assistance to individuals in the U S See Part IV, line 22	0			
3	Grants and other assistance to governments, organizations and individuals outside the U S See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	14,929,440	13,004,284	1,925,156	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	187,652,298	157,493,267		
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	42,979	34,813	8,166	
9	Other employee benefits	246,303	199,505	46,798	
10	Payroll taxes	398,822	323,767	75,055	
11	Fees for services (non-employees)				
a	Management	3,144,121		3,144,121	
b	Legal	333,548		333,548	
c	Accounting	1,275		1,275	
d	Lobbying	0			
e	Professional fundraising See Part IV, line 17	0			
f	Investment management fees	11,896,028		11,896,028	
g	Other	0			
12	Advertising and promotion	0			
13	Office expenses	2,521,282	2,061,790	459,492	
14	Information technology	0			
15	Royalties	0			
16	Occupancy	3,415,536	2,801,656	613,880	
17	Travel	1,415,490	1,163,556	251,934	
18	Payments of travel or entertainment expenses for any Federal, state or local public officials	0			
19	Conferences, conventions and meetings	0			
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	802,547	640,862	161,685	
23	Insurance	7,066,611	7,066,611		
24	Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a	BAD DEBT EXPENSE	24,652,708	24,652,708		
b	UTILITIES	466,822	389,531	77,291	
c	RESEARCH EXPENSES	990,509	990,509		
d	PROFESSIONAL SERVICES	9,787,457	9,787,457		
e	MISCELLANEOUS EXPENSES	6,911,077	5,914,297	996,780	
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	277,094,536	226,944,296	50,150,240	0
26	Joint Costs. Check <input type="checkbox"/> if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X

Balance Sheet

		(A)		(B)
		Beginning of year		End of year
Assets	1	Cash—non-interest-bearing	27,117,538	130,255,876
	2	Savings and temporary cash investments		2
	3	Pledges and grants receivable, net		3
	4	Accounts receivable, net	17,589,113	416,082,408
	5	Receivables from current and former officers, directors, trustees, key employees or other related parties <i>Complete Part II of Schedule L</i>		5
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) <i>Complete Part II of Schedule L</i>		6
	7	Notes and loans receivable, net		7
	8	Inventories for sale or use		8
	9	Prepaid expenses and deferred charges		9
	10a	Land, buildings, and equipment cost basis		
		10a10,110,994		
	b	Less accumulated depreciation <i>Complete Part VI of Schedule D</i>		
		10b7,021,557	3,091,339	10c3,089,437
	11	Investments—publicly traded securities	20,996,812	1116,302,566
	12	Investments—other securities See Part IV, line 11 <i>Complete Part VII of Schedule D</i>		12
	13	Investments—program-related See Part IV, line 11 <i>Complete Part VIII of Schedule D</i>		13
14	Intangible assets		14	
15	Other assets See Part IV, line 11 <i>Complete Part IX of Schedule D</i>	14,803,791	1526,017,725	
16	Total assets. Add lines 1 through 15 (must equal line 34)	83,598,593	1691,748,012	
Liabilities	17	Accounts payable and accrued expenses	7,599,828	178,022,170
	18	Grants payable		18
	19	Deferred revenue		19
	20	Tax-exempt bond liabilities		20
	21	Escrow account liability <i>Complete Part IV of Schedule D</i>		21
	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons <i>Complete Part II of Schedule L</i>		22
	23	Secured mortgages and notes payable to unrelated third parties		23
	24	Unsecured notes and loans payable		24
	25	Other liabilities <i>Complete Part X of Schedule D</i>	26,269,087	2528,677,978
	26	Total liabilities. Add lines 17 through 25	33,868,915	2636,700,148
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27	Unrestricted net assets	49,729,678	2755,047,864
	28	Temporarily restricted net assets		28
	29	Permanently restricted net assets		29
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30
	31	Paid-in or capital surplus, or land, building or equipment fund		31
	32	Retained earnings, endowment, accumulated income, or other funds		32
	33	Total net assets or fund balances	49,729,678	3355,047,864
	34	Total liabilities and net assets/fund balances	83,598,593	3491,748,012

Part XI

Financial Statements and Reporting

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

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1)
nonexempt charitable trusts.
Attach to Form 990 or Form 990-EZ. See separate instructions.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization Faculty Practice Foundation Inc & Affiliates		Employer identification number 90-0513372
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Part I Reason for Public Charity Status (to be completed by all organizations) (See Instructions)

The organization is not a private foundation because it is (Please check only **one** organization)

1

☐

A church, convention of churches, or association of churches described in **Section 170(b)(1)(A)(i).**

2

☐

A school described in **Section 170(b)(1)(A)(ii).** (Attach Schedule E)

3

☐

A hospital or a cooperative hospital service organization described in **Section 170(b)(1)(A)(iii).** (Attach Schedule H)

4

☐

A medical research organization operated in conjunction with a hospital described in **Section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state

5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **Section 170(b)(1)(A)(iv).** (Complete Part II)

6

☐

A federal, state, or local government or governmental unit described in **Section 170(b)(1)(A)(v).**

7

☐

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **Section 170(b)(1)(A)(vi)** (Complete Part II)

8

☐

A community trust described in **Section 170(b)(1)(A)(vi)** (Complete Part II)

9

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **Section 509(a)(2).** (Complete Part III)

10

☐

An organization organized and operated exclusively to test for public safety See **Section 509(a)(4).** (See instructions)

11

☒

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

a

☐

Type I

b

☐

Type II

c

☒

Type III - Functionally Integrated

d

☐

Type III - Other

e

☒

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

f

☐

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

g

☐

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

(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 the supported organization?

(ii)

a family member of a person described in (i) above?

(iii)

a 35% controlled entity of a person described in (i) or (ii) above?

h

☐

Provide the following information about the organizations the organization supports

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

(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) A amount of support?
			Yes	No	Yes	No	Yes	No	
BOSTON MEDICAL CENTER	043314093	03	Yes		Yes		Yes		0
TRUSTEES OF BOSTON UNIVERSITY	042103547	02	Yes		Yes		Yes		0
Total									0

Part II

Support Schedule for Organizations Described in IRC 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.)

Public Support						
Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add line 1-3						
5 The portion of total contribution by each person (other than a government unit or publicly supported organization) included on line 1 that exceed 2% of the amount shown on line 11, column (f)						
6 Public Support subtract line 5 from line 4						

Total Support						
Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
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, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total Support (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (See instructions)					12	
13 First Five Years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Computation of Public Support Percentage		
14 Public Support Percentage for 2008 (line 6 column (f) divided by line 11 column (f))	14	
15 Public Support Percentage for 2007 Schedule A, Part IV-A, line 26f	15	
16a 33 1/3% Test - 2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33 1/3% Test - 2007. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% Facts and Circumstances Test - 2008. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% Facts and Circumstances Test - 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private Foundation. If the organization did not check the box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions		<input type="checkbox"/>

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

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3Gross receipts from activities that are not an unrelated trade or business under section 513						
4Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5The value of services or facilities furnished by a governmental unit to the organization without charge						
6Total Add lines 1-5						
7aAmounts included on lines 1, 2, and 3 received from disqualified persons						
bAmounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
cTotal of lines 7a and 7b						
8Public Support (Subtract line 7c from line 6)						

Total Support						
Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9Amounts from line 6						
10aGross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
bUnrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975						
cAdd lines 10a and 10b						
11Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13Total Support (Add lines 9, 10c, 11 and 12)						
14First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Computation of Public Support Percentage			
15	Public Support Percentage for 2008 (line 8 column (f) divided by line 13 column (f))	15	
16	Public Support Percentage for 2007 Schedule A, Part IV -A, line 27g	16	

Computation of Investment Income Percentage			
17	Investment Income Percentage for 2008 (line 10c column (f) divided by line 13 column (f))	17	
18	Investment Income Percentage from 2007 Schedule A, Part IV -A, line 27h	18	
19a	33 1/3% Tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization		
b	33 1/3% Tests - 2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization		
20	Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions		

Part IV

Supplemental Information. Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)

Facts and Circumstances Test

SCHEDULE D

(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
Faculty Practice Foundation Inc & Affiliates

Employer identification number

90-0513372

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.

	(a) Donor advised funds	(b) Funds and other accounts
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? <div><input type="checkbox"/> Yes<input type="checkbox"/> No</div>	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? <div><input type="checkbox"/> Yes<input type="checkbox"/> No</div>	

Part II

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

1

Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or pleasure)☐ Preservation of an historically importantly land area☐ Protection of natural habitat☐ Preservation of certified historic structure☐ Preservation of open space

2

Complete lines 2a–2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year
a	Total number of conservation easements
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable 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, violations, and enforcement of the conservation easements it holds?

☐ Yes☐ No

6

Staff or volunteer hours devoted to monitoring, inspecting and enforcing easements during the year ▶

7

Amount of expenses incurred in monitoring, inspecting, and enforcing 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 170(h)(4)(B)(ii)?

☐ Yes☐ No

9

In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization’s financial statements that describes the organization’s accounting for conservation easements

Part III

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

1a

If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b

If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1▶ \$

(ii) Assets included in Form 990, Part X▶ \$

2

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a

Revenues included in Form 990, Part VIII, line 1▶ \$

b

Assets included in Form 990, Part X▶ \$

For Paperwork Reduction Act Notice, see the Intructions for Form 990

Cat No 52283D

Schedule D (Form 990) 2008

Part III

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

3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

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

5

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

☐ Yes

☐ No

Part IV

Trust, Escrow and Custodial Arrangements. Complete if 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?

☐ Yes

☐ No

b

If "Yes," explain why in Part XIV and complete the following table

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

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

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV

Part V

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

	(a)Current Year	(b)Prior Year	(c)Two Years Back	(d)Three Years Back	(e)Four Years Back
1a	Beginning of year balance				
b	Contributions				
c	Investment earnings or losses				
d	Grants or scholarships				
e	Other expenditures for facilities and programs				
f	Administrative expenses				
g	End of year balance				

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶

b

Permanent endowment ▶

c

Term endowment ▶

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

b

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

	Yes	No
3a(i)		
3a(ii)		
3b		

4

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

Part VI

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

Description of investment	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		3,069,568	1,347,112	1,722,456
d Equipment		4,542,659	3,550,669	991,990
e Other		2,498,767	2,123,776	374,991
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶				3,089,437

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Other		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12) ▶		

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13) ▶		

(a) Description	(b) Book value
OTHER RECEIVABLES	2,619,943
DUE FROM RELATED PARTIES	23,166,620
OTHER CURRENT ASSETS	227,512
OTHER ASSETS	3,650
Total. (Column (b) should equal Form 990, Part X, col.(B) line 15.)	26,017,725

(a) Description of Liability	(b) Amount
Federal Income Taxes	
DUE TO AFFILIATES	28,677,978
Total. (Column (b) should equal Form 990, Part X, col (B) line 25) ▶	28,677,978

Schedule D (Form 990) 2008

Part XI

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	

Part XII

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

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

Part XIII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

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

Part XIV

Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part XIV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

Identifier	Return Reference	Explanation
schedule d, part x - fin 48	FACULTY PRACTICE FOUNDATION, INC'S FINANCIAL STATEMENTS DID NOT REPORT	A LIABILITY FOR UNCERTAIN TAX POSITIONS UNDER FIN 48

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
Faculty Practice Foundation Inc &
Affiliates

Grants and Other Assistance to Organizations,
Governments and Individuals in the U.S.

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

OMB No 1545-0047

2008

Open to Public
Inspection

Employer identification number
90-0513372

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" on Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 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
TRUSTEES OF BOSTON UNIVERSITY881 COMMONWEALTH AVENUE BOSTON, MA 02118	04-2103547	501(c)(3)	32,239				
BOSTON MEDICAL CENTER 88 EAST NEWTON STREET BOSTON, MA 02118	04-3314093	501(C)(3)	315,050				
arthritis foundation1330 west peachtree st atlanta, GA 30309	58-1341679	501(c)(3)	5,500				
american heart association 7272 greenville avenue dallas, TX 75231	13-5613797	501(c)(3)	35,486				

2

Enter total number of section 501(c)(3) and government organizations

4

3

Enter total number of other organizations

0

Part III

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Use Schedule I-1 (Form 990) if additional space is needed.

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

Part IV

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

Identifier	Return Reference	Explanation
SCHEDULE I, PART 1, LINE 2		The FACULTY PRACTICE FOUNDATION, INC & affiliates utilize the BMC Grants Administration office for monitoring the use of grant funds The BMC Grants Administration office maintains a policies and procedures manual for overseeing the life of a grant award The manual outlines the roles and responsibilities of each party Each grant is processed through the pre-award and post-award office for completeness The pre-award office primarily reviews and maintains the records related to grants and contracts submitted and oversees compliance The post-award office primarily maintains the accounting and budgeting of the award and oversees compliance and grant close-out procedures These policies and procedures can be accessed internally via the intranet website

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
Faculty Practice Foundation Inc & Affiliates

Employer identification number
90-0513372

Part I	Questions Regarding Compensation		Yes	No
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. <div><input type="checkbox"/> First class or charter travel</div> <div><input type="checkbox"/> Travel for companions</div> <div><input type="checkbox"/> Tax idemnification and gross-up payments</div> <div><input type="checkbox"/> Discretionary spending account</div> <div><input type="checkbox"/> Housing allowance or residence for personal use</div> <div><input type="checkbox"/> Payments for business use of personal residence</div> <div><input type="checkbox"/> Health or social club dues or initiation fees</div> <div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div>			
b	If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply. <div><input checked="" type="checkbox"/> Compensation committee</div> <div><input type="checkbox"/> Independent compensation consultant</div> <div><input type="checkbox"/> Form 990 of other organizations</div> <div><input type="checkbox"/> Written employment contract</div> <div><input type="checkbox"/> Compensation survey or study</div> <div><input type="checkbox"/> Approval by the board or compensation committee</div>			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a			
a	Receive a severance payment or change of control payment?	4a		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	501(c)(3) and 501(c)(4) organizations only must complete lines 5-8.			
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	5a		No
b	Any related organization?	5b		No
	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?	6a		No
b	Any related organization?	6b		No
	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	7		No
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		No

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

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

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

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
See Additional Data Table	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
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	(i)						
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	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						

Software ID:

Software Version:

EIN: 90-0513372

Name: Faculty Practice Foundation Inc & Affiliates

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
Jonathan S Olshaker MD	(i)	423,233	0	93,058	27,048	19,239	562,578	0
	(ii)	0	0	0	0	0	0	0
Steve R Williams MD	(i)	398,690	0	26,035	21,285	4,988	450,998	0
	(ii)	0	0	0	0	0	0	0
William A Macone	(i)	84,460	0	21,417	13,048	53,341	172,266	0
	(ii)	0	0	0	0	0	0	0
Edward B Feinberg MD MPH	(i)	391,340	0	41,763	27,048	19,610	479,761	0
	(ii)	0	0	0	0	0	0	0
Susannah G Rowe MD	(i)	200,242	0	90,217	21,285	20,102	331,846	0
	(ii)	0	0	0	0	0	0	0
Manju L Subramanian MD	(i)	213,349	0	8,557	20,056	622	242,584	0
	(ii)	0	0	0	0	0	0	0
Tony N Pira MD	(i)	200,425	0	4,834	19,294	5,599	230,152	0
	(ii)	0	0	0	0	0	0	0
Larry Culpepper MD	(i)	286,122	0	36,479	27,048	17,637	367,286	0
	(ii)	0	0	0	0	0	0	0
James M Becker MD	(i)	413,154	0	559,375	27,048	27,654	1,027,231	0
	(ii)	0	0	0	0	0	0	0
Daniel G Remick MD	(i)	440,142	0	141,121	0	19,170	600,433	0
	(ii)	0	0	0	0	0	0	0
Michael J OBrien MD	(i)	200,939	0	342,960	27,048	17,183	588,130	0
	(ii)	0	0	0	0	0	0	0
Alexander M Norbash MD	(i)	426,020	0	204,209	22,885	19,143	672,257	0
	(ii)	0	0	0	0	0	0	0
William R Cranley MD	(i)	206,128	0	149,585	27,048	4,400	387,161	0
	(ii)	0	0	0	0	0	0	0
Ewa Kuligowska MD	(i)	195,978	0	93,116	25,428	498	315,020	0
	(ii)	0	0	0	0	0	0	0
Glenn Barest MD	(i)	208,330	0	175,689	24,352	18,626	426,997	0
	(ii)	0	0	0	0	0	0	0
Richard K Babayan MD	(i)	422,716	0	134,292	27,048	18,094	602,150	0
	(ii)	0	0	0	0	0	0	0
Carlos S Kase MD	(i)	309,301	0	39,126	27,048	18,950	394,425	0
	(ii)	0	0	0	0	0	0	0
Lawrence S Chin MD	(i)	428,271	0	266,889	25,135	19,201	739,496	0
	(ii)	0	0	0	0	0	0	0
Linda J Heffner md phd	(i)	424,638	0	74,571	27,048	14,999	541,256	0
	(ii)	0	0	0	0	0	0	0
Aviva Lee-Parritz MD	(i)	207,192	0	71,295	27,048	616	306,151	0
	(ii)	0	0	0	0	0	0	0
Paul M Hendessi MD	(i)	187,555	0	19,031	19,503	15,847	241,936	0
	(ii)	0	0	0	0	0	0	0
Susanna M Walsh MD	(i)	123,777	0	18,050	15,757	15,285	172,869	0
	(ii)	0	0	0	0	0	0	0
David C Harrison Jr MD	(i)	184,619	0	10,881	0	18,728	214,228	0
	(ii)	0	0	0	0	0	0	0
Kathryn Knight	(i)	0	0	0	0	0	0	0
	(ii)	121,018	5,279	1,101	9,091	16,557	153,046	0
Thomas A Einhorn MD	(i)	417,064	0	303,617	27,048	25,467	773,196	0
	(ii)	0	0	0	0	0	0	0
Gregory A Antoine MD	(i)	416,924	0	55,231	27,048	12,976	512,179	0
	(ii)	0	0	0	0	0	0	0
Domenic A Ciraulo MD	(i)	337,460	0	42,556	27,048	32,580	439,644	0
	(ii)	0	0	0	0	0	0	0
Benedict D Daly MD	(i)	421,119	0	227,633	27,048	19,339	695,139	0
	(ii)	0	0	0	0	0	0	0
Keith P Lewis MD	(i)	368,337	0	48,025	27,048	945	444,355	0
	(ii)	0	0	0	0	0	0	0
Kenneth M Grundfast MD	(i)	375,979	0	90,413	27,048	15,888	509,328	0
	(ii)	0	0	0	0	0	0	0
Barry S Zuckerman MD	(i)	186,717	0	33,146	23,601	5,703	249,167	0
	(ii)	0	0	0	0	0	0	0
Robert J Vinci MD	(i)	276,786	0	23,092	27,048	48,936	375,862	0
	(ii)	0	0	0	0	0	0	0
David DiFiore	(i)	0	0	0	0	0	0	0
	(ii)	156,484	2,864	1,156	10,137	2,415	173,056	0
Howard Bauchner MD	(i)	200,327	0	45,215	27,048	18,881	291,471	0
	(ii)	0	0	0	0	0	0	0
Shalender Bhasin MD	(i)	237,872	0	16,331	30,485	18,818	303,506	0
	(ii)	0	0	0	0	0	0	0
Lewis Braverman MD	(i)	205,064	0	13,692	25,397	1,206	245,359	0
	(ii)	0	0	0	0	0	0	0
David L Coleman MD	(i)	426,778	0	252,249	14,035	2,018	695,080	0
	(ii)	0	0	0	0	0	0	0
Karen Freund MD	(i)	187,096	0	17,233	24,918	17,740	246,987	0
	(ii)	0	0	0	0	0	0	0
Paul Skolnick MD	(i)	208,199	0	27,407	27,048	20,846	283,500	0
	(ii)	0	0	0	0	0	0	0
Stephanie Lovell ESQ	(i)	0	0	0	0	0	0	0
	(ii)	348,332	44,850	2,520	66,239	18,057	479,998	0
MINA YAAR MD	(i)	167,115	0	67,217	24,675	1,495	260,502	0
	(ii)	0	0	0	0	0	0	0
DAVID NUNES MD	(i)	210,609	0	43,222	25,885	7,148	286,864	0
	(ii)	0	0	0	0	0	0	0
EMELIA BENJAMIN MD	(i)	204,900	0	1,842	28,547	26,871	262,160	0
	(ii)	0	0	0	0	0	0	0
STEPHANIE LEE MD	(i)	154,236	0	38,471	23,181	3,858	219,746	0
	(ii)	0	0	0	0	0	0	0
Jeffrey h Spiegel md	(i)	206,022	0	1,036,061	21,285	18,762	1,282,130	0
	(ii)	0	0	0	0	0	0	0
Timothy e Foster md	(i)	205,953	0	822,203	25,885	18,890	1,072,931	0
	(ii)	0	0	0	0	0	0	0
William r Creevy md	(i)	208,271	0	666,804	25,885	18,850	919,810	0
	(ii)	0	0	0	0	0	0	0
Tony y Tannoury md	(i)	205,081	0	618,752	958	20,147	844,938	0
	(ii)	0	0	0	0	0	0	0
Andrew Stein md	(i)	208,330	0	512,782	21,285	18,793	761,190	0
	(ii)	0	0	0	0	0	0	0
BARBARA GILCHREST MD	(i)	202,411	0	74,323	27,048	6,778	310,560	0
	(ii)	0	0	0	0	0	0	0
ELLEN COOPER MD	(i)	118,009	0	22,493	17,199	9,790	167,491	0
	(ii)	0	0	0	0	0	0	0
MANUEL S RAAGAS MD	(i)	202,269	0	220,458	27,048	52,673	502,448	0
	(ii)	0	0	0	0	0	0	0
THOMAS MOORE MD	(i)	396,727	0	52,519	27,048	18,660	494,954	0
	(ii)	0	0	0	0	0	0	0
francis a farraye md	(i)	202,607	0	53,555	27,048	50,985	334,195	0
	(ii)	0	0	0	0	0	0	0
sharon a levine md	(i)	165,644	0	23,812	22,965	18,726	231,147	0
	(ii)	0	0	0	0	0	0	0
ravin davidoff md	(i)	102,932	0	77,981	14,385	24,991	220,289	0
	(ii)	184,079	13,000	19,179	12,798	20,710	249,766	0
john robert larrieux md	(i)	203,330	0	26,466	27,048	18,792	275,636	0
	(ii)	0	0	0	0	0	0	0

SCHEDULE O
(Form 990)

Supplemental Information to Form 990

OMB No 1545-0047

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

Name of the organization Faculty Practice Foundation Inc & Affiliates	Employer identification number 90-0513372
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Identifier	Return Reference	Explanation
FORM 990, H (b) AFFILIATES INCLUDED IN GROUP RETURN		Boston University Medical Center Anesthesiologists, Inc 88 East New ton Street, Boston, MA 02118 04-3276227 Boston Emergency Physician Foundation, Inc 818 Harrison Avenue, Boston, MA 02118 04-3286156 Boston University Cardiac & Thoracic Surgical Foundation, Inc 88 East New ton Street, Boston, MA 02118 04-2966416 Boston University Dermatology, Inc 609 Albany Street, Boston, MA 02118 04-3335166 Boston University Dermatology Support Services I, Inc 609 Albany Street, Boston, MA 02118 04-3452877 Boston University Dermatology Support Services II, Inc 609 Albany Street, Boston, MA 02118 04-3452874 Boston University Surgical Associates, Inc 88 East New ton Street, Boston, MA 02118 04-3291148 Evans Medical Foundation, Inc 88 East New ton Street, Boston, MA 02118 51-0172171 Boston University Eye Associates, Inc 2005 Bay Street, Suite 201, Taunton, MA 02780 04-3137333 Boston University Family Medicine, Inc One Boston Medical Center, Dow ling 5 South, Boston, MA 02118 04-3354353 Boston University Mallory Pathology Associates, Inc 784 Massachusetts Avenue, Boston, MA 02118 04-2794543 Boston University Neurology Associates, Inc 720 Harrison Avenue, Suite 707, Boston, MA 02118 04-3428462 Boston University Neurosurgical Associates, Inc 88 East New ton Street, Boston, MA 02118 04-3296068 Boston University Obstetrics & Gynecology Foundation, Inc 818 Harrison Avenue, Boston, MA 02118 04-3067465 Boston University Orthopaedic Surgical Associates, Inc 720 Harrison Avenue, Suite 808, Boston, MA 02118 04-3354360 Boston University Medical Center Otolaryngologic Foundation, Inc 88 East New ton Street, Boston, MA 02118 04-3156471 Child Heath Foundation of Boston, Inc 818 Harrison Avenue, Dow ling 3 South, Boston, MA 02118 04-2472758 Boston University Plastic Surgery Associates, Inc 88 East New ton Street, Boston, MA 02118 04-3555478 Boston University Psychiatry Associates, Inc 720 Harrison Avenue, Boston, MA 02118 04-3355267 Boston University Medical Center Radiologists, Inc 88 East New ton Street, Boston, MA 02118 04-3283573 Boston Rehabilitation Medicine Associates, Inc 88 East New ton Street, Boston, MA 02118 04-3286641 Boston University General Surgical Associates, Inc 88 East New ton Street, Boston, MA 02118 04-3265008 Boston University Medical Center Urologists, Inc 88 East New ton Street, Boston, MA 02118 04-3286643

Identifier	Return Reference	Explanation
ORGANIZATION'S MISSION	FORM 990, PART I, LINE 1 AND PART III, LINES 1 AND 4	THE FACULTY PRACTICE PLANS ("THE PLANS") WERE ESTABLISHED AS NOT-FOR-PROFIT CORPORATIONS OPERATING EXCLUSIVELY FOR THE BENEFIT OF BOSTON MEDICAL CENTER AND BOSTON UNIVERSITY SCHOOL OF MEDICINE THE PLANS' PURPOSE IS TO PROVIDE, COORDINATE AND FACILITATE THE DELIVERY OF PATIENT CARE SERVICES AND TO PROMOTE THE DEVELOPMENT OF AN INTEGRATED SY STEM OF DELIVERY TO MORE EFFICIENTLY AND EFFECTIVELY MEET THE HEALTH CARE NEEDS OF THE COMMUNITIES SERVED BY THE INSTITUTIONS THE PLANS PROVIDE AMBULATORY SERVICES RANGING FROM PRIMARY ADULT AND PEDIATRIC CARE TO ADVANCED SPECIALTY CARE, AFFILIATED PHYSICIANS ALSO STAFF THE LARGEST 24 HOUR LEVEL 1 TRAUMA CENTER IN NEW ENGLAND THE FOLLOWING 23 plans WERE ESTABLISHED AS SEPARATE 501(C)(3) CORPORATIONS BOSTON UNIVERSITY MEDICAL CENTER ANESTHESIOLOGISTS, INC BOSTON EMERGENCY PHYSICIAN FOUNDATION, INC BOSTON UNIVERSITY CARDIAC & THORACIC SURGICAL FOUNDATION, INC BOSTON UNIVERSITY DERMATOLOGY, INC BOSTON UNIVERSITY DERMATOLOGY SUPPORT SERVICES I, INC BOSTON UNIVERSITY DERMATOLOGY SUPPORT SERVICES II, INC BOSTON UNIVERSITY SURGICAL ASSOCIATES, INC EVANS MEDICAL FOUNDATION, INC BOSTON UNIVERSITY EYE ASSOCIATES, INC BOSTON UNIVERSITY FAMILY MEDICINE, INC BOSTON UNIVERSITY MALLORY PATHOLOGY ASSOCIATES, INC BOSTON UNIVERSITY NEUROLOGY ASSOCIATES, INC BOSTON UNIVERSITY NEUROSURGICAL ASSOCIATES, INC BOSTON UNIVERSITY OBSTETRICS & GYNECOLOGY FOUNDATION, INC BOSTON UNIVERSITY ORTHOPAEDIC SURGICAL ASSOCIATES, INC BOSTON UNIVERSITY MEDICAL CENTER OTOLARYNGOLOGIC FOUNDATION, INC CHILD HEATH FOUNDATION OF BOSTON, INC BOSTON UNIVERSITY PLASTIC SURGERY ASSOCIATES, INC BOSTON UNIVERSITY PSYCHIATRY ASSOCIATES, INC BOSTON UNIVERSITY MEDICAL CENTER RADIOLOGISTS, INC BOSTON REHABILITATION MEDICINE ASSOCIATES, INC BOSTON UNIVERSITY GENERAL SURGICAL ASSOCIATES, INC BOSTON UNIVERSITY MEDICAL CENTER UROLOGISTS, INC FINANCIAL STATEMENTS AND REPORTING FORM 990, PART IV, LINE 12 AND PART XI, LINE 2B THE FACULTY PRACTICE PLANS received AUDITED FINANCIAL STATEMENTS HOWEVER, BECAUSE THE FINANCIAL STATEMENTS INCLUDE the faculty practice foundation, THIS QUESTION IS ANSWERED "NO" GOVERNANCE, MANAGEMENT, AND DISCLOSURE FORM 990, PART VI, SECTION A, LINE 1B AND 2 ALL OFFICERS AND DIRECTORS ARE EMPLOYEES OF EITHER BOSTON UNIVERSITY OR BOSTON MEDICAL CENTER, RELATED ORGANIZATIONS GOVERNANCE, MANAGEMENT, AND DISCLOSURE FORM 990, PART VI, SECTION A, LINE 10 PRIOR TO THE FILING OF the FORM 990 WITH THE IRS, THE FORM 990 prepared by our outside tax consultants WAS REVIEWED BY INTERNAL MANAGEMENT THE AUDIT AND COMPLIANCE COMMITTEE OF THE Boston medical center BOARD OF TRUSTEES then REVIEWed THE RETURN each member of the plans' board w as provided A COPY OF THE FINAL FORM 990 prior to filing governance, management, and disclosure form 990, part vi, section b, line 12 conflict of interest questionnaires for the fiscal year ending june 30, 2009 w ere distributed on january 8, 2010 by the compliance and legal services department THE CHIEF COMPLIANCE OFFICER QUERIES TRUSTEES, officers and directors on at least an annual basis regarding relationships that may create potential conflicts of interest The Chief Compliance Officer review s all disclosures and determines w hether there are actual or potential conflicts of interest The Chief Compliance Officer informs the General Counsel of any actual or potential conflicts of interest The General Counsel advises the board of trustees and officers of the corporation accordingly GOVERNANCE, MANAGEMENT, AND DISCLOSURE FORM 990, PART VI, SECTION B, LINE 14 As of june 30, 2009, there w as no formal policy in place for the plans to govern document retention and destruction HOWEVER, THE PLANS FOLLOWED BOSTON MEDICAL CENTER'S POLICY IN PRACTICE effective MARCH 12, 2010, The plans have adopted the Boston Medical Center policy in regards to document retention and destruction w ith certain addendums as defined GOVERNANCE, MANAGEMENT, AND DISCLOSURE FORM 990, PART VI, SECTION B, LINE 15 A & B THE plans do NOT HAVE A COMPENSATION COMMITTEE how ever, the faculty practice FOUNDATION ("the foundation"), the planS' parent ORGANIZATION, haS a compensation committee for purposes of review ing the plans' officer's compensation The Foundation Compensation Committee has tw o members including the President and CEO of Boston medical center and the Dean of Boston University School of Medicine This Committee is responsible for approving the compensation for certain physician executives An annual meeting of the Foundation's Compensation Committee w as held on June 11, 2008 to review and approve the FY2009 proposed compensation for the physician executives serving as presidents of the plans as w ell as the executive contracted to serve as the department chair of Anesthesia For FY2009 the salary of each of the physician executives under consideration w as provided to the Committee The Committee evaluated and relied upon comparable data in making its decision The comparable data consisted of compensation survey information from the AAMC for each specialty w here available, listing both the fiftieth and seventy-fifth salary percentiles The proposed compensation as submitted or amended by the Committee w as voted upon by the Committee The Committee's assessment of these considerations is contained in the official minutes GOVERNANCE, MANAGEMENT, AND DISCLOSURE Form 990, part VI, Section B, line 19 THE plans DO NOT MAKE their GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, OR FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC Shared Services Agreement Form 990, part VII, Section A The plans are affiliated w ith Boston Medical Center ("BMC") and Boston University School of Medicine ("BUSM") The Plans each entered into a common paymaster agreement w ith BMC and the Trustees of Boston University ("BU") Under the terms of the physician practice agreements, faculty physicians and practitioners ("Faculty Members") are employed by the individual Plans The Faculty serves the benefit of BMC (by providing clinical services) and BUSM (by serving as faculty members of BUSM) Each Plan, w ith respect to each Faculty member that the Plan employs, pays BU 28 1% of each Faculty member's salary up to a \$230,000 base, for reimbursement of fringe benefits and related paymaster fees If a particular Faculty member's salary exceeds the base amount of \$230,000, the Plans further pay BU 8 1% on such excess up to an amount equal to the FICA limit for that particular year and then 1 9% on any amount in excess of the applicable FICA limit The Plans also pay for a portion of administrative salaries and fringe benefits for nonphysician employees of BMC, w ho provide services to them

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2008

Open to Public Inspection

▶ Attach to Form 990. To be completed by organizations that answerd "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37.
▶ See separate instructions.

Name of the organization
Faculty Practice Foundation Inc & Affiliates

Employer identification number
90-0513372

Part I Identification of Disregarded Entities					
(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations					
(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity
BOSTON MEDICAL CENTER 88 EAST NEWTON STREET BOSTON, MA02118 04-3314093	healthcare	MA	501(C)(3)	3	NA
TRUSTEES OF BOSTON UNIVERSITY 881 COMMONWEALTH AVENUE BOSTON, MA02115 04-3314093	EDUCATION	MA	501(C)(3)	2	NA
FACULTY PRACTICE FOUNDATION INC 660 Harrison Avenue 3rd Floor Boston, MA02118 04-3289381	healthcare	MA	501(C)(3)	11b II	NA

Part III

Identification of Related Organizations Taxable as a Partnership

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Predominant income(related, investment, unrelated)	(F) Share of total income	(G) Share of end-of- year assets	(H) Disproporionate allocations?		(I) Code V—UBI amount on Box 20 of K-1	(J) General or managing partner?	
							Yes	No		Yes	No

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Type of entity (C corp, S corp, or trust)	(F) Share of total income	(G) Share of end-of-year assets	(H) Percentage ownership

Part V

Transactions with Related Organizations

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

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 (iv) rent from a controlled entity

b Gift, grant, or capital contribution to other organization(s)

c Gift, grant, or capital contribution from other organization(s)

d Loans or loan guarantees to or for other organization(s)

e Loans or loan guarantees by other organization(s)

f Sale of assets to other organization(s)

g Purchase of assets from other organization(s)

h Exchange of assets

i Lease of facilities, equipment, or other assets to other organization(s)

j Lease of facilities, equipment, or other assets from other organization(s)

k Performance of services or membership or fundraising solicitations for other organization(s)

l Performance of services or membership or fundraising solicitations by other organization(s)

m Sharing of facilities, equipment, mailing lists, or other assets

n Sharing of paid employees

o Reimbursement paid to other organization for expenses

p Reimbursement paid by other organization for expenses

q Other transfer of cash or property to other organization(s)

r Other transfer of cash or property from other organization(s)

Yes

No

1a

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

No

No

No

No

No

No

No

No

No

No

No

No

Yes

Yes

Yes

Yes

No

No

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

(A) Name of other organization(s)	(B) Transaction type(a-r)	(C) Amount Involved
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		

Schedule R (Form 990) 2008

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.

[illegible]

Additional Data

Software ID:

Software Version:

EIN: 90-0513372

Name: Faculty Practice Foundation Inc & Affiliates

Form 990, Part VII - Section Aaa

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099MISC)	(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			
Jonathan S Olshaker MD , President-ER	40 0	X		X				516,291	0	46,287
Steve R Williams MD , President-REHAB	40 0	X		X				424,725	0	26,273
Edward B Feinberg MD MPH , President-EYE	40 0	X		X				433,103	0	46,658
Susannah G Rowe MD , Director-EYE	40 0	X						290,459	0	41,387
Manju L Subramanian MD , Director-EYE	40 0	X						221,906	0	20,678
Tony N Pira MD , Director-EYE	40 0	X						205,259	0	24,893
Larry Culpepper MD , President-FAMILY	40 0	X		X				322,601	0	44,685
James M Becker MD , President-SURGICAL	40 0	X		X				972,529	0	54,702
Daniel G Remick MD , President-PATH	40 0	X		X				581,263	0	19,170
Michael J OBrien MD , Director-PATH	40 0	X						543,899	0	44,231
Alexander M Norbash MD , President-RADIO	40 0	X		X				630,229	0	42,028
William R Cranley MD , Treasurer-RADIO	40 0	X		X				355,713	0	31,448
Glenn Barest MD , Director-RADIO	40 0	X						384,019	0	42,978
Richard K Babayan MD , President-UROLOGY	40 0	X		X				557,008	0	45,142
Carlos S Kase MD , President/Director-NEURO	40 0	X		X				348,427	0	45,998
Lawrence S Chin MD , President-NEURO	40 0	X		X				695,160	0	44,336
Linda J Heffner md phd , President-OBGYN	40 0	X		X				499,209	0	42,047
Aviva Lee-Parritz MD , Director-BU OBGYN	40 0	X						278,487	0	27,664
Paul M Hendessi MD , Director-OBGYN	40 0	X						206,586	0	35,350
Therese McMahan CNM , Director-OBGYN	40 0	X						109,775	0	368
Susanna M Walsh MD , Director-OBGYN	40 0	X						141,827	0	31,042
David C Harrison Jr MD , Director-OBGYN	40 0	X						195,500	0	18,728
Thomas A Einhorn MD , President-ORTHO	40 0	X		X				720,681	0	52,515
Gregory A Antoine MD , President-PLASTICS	40 0	X		X				472,155	0	40,024
Domenic A Ciraulo MD , President/CEO - PSYCH	40 0	X		X				380,016	0	59,628
Benedict D Daly MD , President-C&T	40 0	X		X				648,752	0	46,387
Keith P Lewis MD , President-ANES	40 0	X		X				416,362	0	27,993
Kenneth M Grundfast MD , President-OTO	40 0	X		X				466,392	0	42,936
Barry S Zuckerman MD , President-CHF	40 0	X		X				219,863	0	29,304
Robert J Vinci MD , Vice President-CHF	40 0	X		X				299,878	0	75,984

Form 990, Part VII - Section Aaa

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)							(D) Reportable compensation from the organization (W- 2/1099MISC)	(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				
David DiFiore , Treasurer/Director-CHF	40 0	X		X				0	160,504	12,552	
Howard Bauchner MD , Clerk-CHF	40 0	X		X				245,542	0	45,929	
Shalender Bhasin MD , Director-EMF	40 0	X						254,203	0	49,303	
Lewis Braverman MD , Clerk-EMF	40 0	X		X				218,756	0	26,603	
David L Coleman MD , President-EMF	40 0	X		X				679,027	0	16,053	
Karen Freund MD , Director-EMF	40 0	X						204,329	0	42,658	
Paul Skolnick MD , Director-EMF	40 0	X						235,606	0	47,894	
MINA YAAR MD , DIRECTOR-DERM	40 0	X		X				234,332	0	26,170	
STEPHEN CHRISTIANSEN MD , PRESIDENT-EYE	40 0	X		X				0	0	0	
DAVID NUNES MD , DIRECTOR-EMF	40 0	X						253,831	0	33,033	
EMELIA BENJAMIN MD , DIRECTOR- EMF	40 0	X						206,742	0	55,418	
STEPHANIE LEE MD , DIRECTOR-EMF	40 0	X						192,707	0	27,039	
adrianne e rogers md , director-radio	40 0	X						0	0	0	
francis a farraye md , director-emf	40 0	X						256,162	0	78,033	
sharon a levine md , director-emf	40 0	X						189,456	0	41,691	
ravin davidoff md , director-emf	40 0	X						180,913	216,258	72,884	
samantha e kaplan md , director-obgyn	40 0	X						105,011	0	26,591	
john robert larrieux md , director-obgyn	40 0	X						229,796	0	45,840	
William A Macone , Treasurer-DERM	40 0			X				105,877	0	66,389	
Ewa Kuligowska MD , Clerk-RADIO	40 0			X				289,094	0	25,926	
Kevin Maguire , Clerk-NEURO	40 0			X				0	106,274	20,448	
Kathryn Knight , Treasurer-OBGYN	40 0			X				0	127,398	25,648	
Stephanie Lovell ESQ , Assistant Clerk	1 0			X				0	395,702	84,296	
DIANE HOLMES , treasurer-EMF	40 0			X				0	88,480	6,596	
ayesha cummings , clerk-obgyn	40 0			X					0		
Jeffrey h Spiegel md , PROFESSOR/PHYSICIAN-Oto	40 0					X		1,242,083	0	40,047	
Timothy e Foster md , PROFESSOR/PHYSICIAN-Ortho	40 0					X		1,028,156	0	44,775	
William r Creevy md , PROFESSOR/PHYSICIAN-ORTHO	40 0					X		875,075	0	44,735	
Tony y Tannoury md , PROFESSOR/PHYSICIAN-ORTHO	40 0					X		823,833	0	21,105	
Andrew Stein md , PROFESSOR/PHYSICIAN-ORTHO	40 0					X		721,112	0	40,078	

Form 990, Part VII - Section Aaa

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual Trustee or Director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
BARBARA GILCHREST MD , FMR PRESIDENT/DIRECTOR-DERM	40 0						X	276,734	0	33,826
ELLEN COOPER MD , FMR TREASURER/DIRECTOR-CHF	40 0						X	140,502	0	26,989
MANUEL S RAAGAS MD , FMR CLERK-RADIO	40 0						X	422,727	0	79,721
THOMAS MOORE MD , FMR PRESIDENT-EMF	40 0						X	449,246	0	45,708

Form 990, Part VIII - Statement of Revenue - 2a - 2g Program Service Revenue -

	Business Code	(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
a PATIENT REVENUE	900,099	129,488,382	129,488,382		
b INSTITUTIONAL SUPPORT	900,099	108,922,988	108,922,988		
c FREE CARE REIMBURSEMENT	900,099	7,943,812	7,943,812		
d RESEARCH SUPPORT	900,099	1,718,183	1,718,183		
e OTHER HEALTH REVENUE	541,380	35,302,098	35,276,398	25,700	