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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)

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

OMB No 1545-0047

2008

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning OCT 1, 2008 and ending SEP 30, 2009

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

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
B.I.H. RADIOLOGIC FOUNDATION, INC.

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
330 BROOKLINE AVENUE

City or town, state or country, and ZIP + 4
BOSTON, MA 02215

D Employer identification number
04-2571853

E Telephone number
617-667-9553

G Gross receipts $ 5,984,824.

F Name and address of principal officer: CARL NICKERSON
330 BROOKLINE AVENUE, BOSTON, MA 02215

H(a) Is this a group return for affiliates? ☐ Yes ☒ No

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

H(c) Group exemption number ▶

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

J Website: ▶ N/A

K Type of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1975 M State of legal domicile: MA

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities. CHARITABLE - THE PROVISION OF HEALTHCARE SERVICES, RESEARCH AND TEACHING.	
	2	Check this box ▶ ☐ 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)	10
	4	Number of independent voting members of the governing body (Part VI, line 1b)	0
	5	Total number of employees (Part V, line 2a)	0
	6	Total number of volunteers (estimate if necessary)	0
	7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	<24,148.>
	b	Net unrelated business taxable income from Form 990-T, line 34	<24,699.>

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)		
	9	Program service revenue (Part VIII, line 2g)	4,792,917.	5,910,493.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	363,316.	98,479.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	21,723.	<24,148.>
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	5,177,956.	5,984,824.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
	14	Benefits paid to or for members (Part IX, column (A), line 4)		
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	8,629,314.	5,477,054.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	8,629,314.	5,477,054.
	19	Revenue less expenses Subtract line 18 from line 12	<3,451,358.>	507,770.

			Beginning of Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	8,928,673.	9,040,799.
	21	Total liabilities (Part X, line 26)	1,184,802.	468,636.
	22	Net assets or fund balances. Subtract line 21 from line 20	7,743,871.	8,572,163.

RECEIVED
AUG 17 2010
OGDEN, UT

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 8-13-10

▶ CARL NICKERSON, TREASURER
Type or print name and title

Paid Preparer's Use Only

Preparer's signature — Date 08/11/10 — Check if self-employed ▶ ☐ — Preparer's identifying number (see instructions)

Firm's name (or yours if self-employed), address, and ZIP + 4
FEELEY & DRISCOLL, P.C.
200 PORTLAND STREET
BOSTON, MA 02114

EIN ▶

Phone no. ▶ 617-742-7788

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

SCANNED AUG 30 2010

Part III Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission SEE SCHEDULE O FOR CONTINUATION
THE PROVISION OF HEALTHCARE SERVICES, AND RESEARCH AND TEACHING RELATED TO THE PROVISION OF HEALTHCARE IN CONJUNCTION WITH AND IN SUPPORT OF THE MISSIONS OF BETH ISRAEL DEACONESS MEDICAL CENTER, HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No
If "Yes", describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No
If "Yes", describe these changes on Schedule O.

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

4a (Code:) (Expenses $ 5,176,571. including grants of $) (Revenue $ 5,910,493.)
PROVIDED RADIOLOGICAL SERVICES TO THE PATIENTS SERVED BY BETH ISRAEL DEACONESS MEDICAL CENTER (BIDMC) AND HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER (HMFP), THEIR AFFILIATED ORGANIZATIONS AND THE COMMUNITIES SERVED BY THESE ORGANIZATIONS; PARTICIPATED IN AND PROVIDED INSTRUCTION FOR THE MEDICAL EDUCATION PROGRAMS OF HMFP, BIDMC AND HARVARD MEDICAL SCHOOL.

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 ▶ $** 5,176,571. *(Must equal Part IX, Line 25, column (B))*

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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
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		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	4	X	
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		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		X
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		X
10	Did the organization hold assets in term, permanent, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		X
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	X	
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		X
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the U.S ?	14a		X
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		X
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? *If "Yes," complete Schedule F, Part II*	15		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? *If "Yes," complete Schedule F, Part III*	16		X
17	Did the organization report more than $15,000 on Part IX, column (A), line 11e? *If "Yes," complete Schedule G, Part I*	17		X
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		X
19	Did the organization report more than $15,000 on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20		X
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		X
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		X
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? *If "Yes," complete Schedule J*	23	X	
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		X
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		X
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		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	26		X
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		X

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*	28a		X
b	Have a family member who had a direct or indirect business relationship with the organization? *If "Yes," complete Schedule L, Part IV*	28b		X
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*	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		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? *If "Yes," complete Schedule R, Part I*	33		X
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*	34	X	
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*	35		X
36	**Section 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*	36		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? *If "Yes," complete Schedule R, Part VI*	37		X

Part V Statements Regarding Other IRS Filings and Tax Compliance

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U S. Information Returns. Enter -0- if not applicable	1a	6		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	0		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* this return. (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?		3a	X	
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*		3b	X	
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		X
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		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		X
c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		5c		
6a	Did the organization solicit any contributions that were not tax deductible?		6a		X
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 more than $75?		7a		X
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		X
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		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		7g		X
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		7h		X
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 N/A				
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 N/A				
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 N/A	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

			Yes	No
	For each "Yes" response to lines 2-7b 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 10		
b	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	X	
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		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6	X	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9a	Does the organization have local chapters, branches, or affiliates?	9a		X
b	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	X	
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		X

Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? *If "No," go to line 13*	12a		X
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this is done*	12c		
13	Does the organization have a written whistleblower policy?	13	X	
14	Does the organization have a written document retention and destruction policy?	14	X	
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			
a	The organization's CEO, Executive Director, or top management official?	15a		X
b	Other officers or key employees of the organization?	15b		X
	Describe the process in Schedule O. (see instructions)			
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		X
b	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 Forms 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.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶

CARL NICKERSON - 617-667-9553

330 BROOKLINE AVENUE, BOSTON, MA 02215

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

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- 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.

[X] Check this box if the organization did not compensate any officer, director, trustee, or key employee.

(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			
JONATHAN KRUSKAL, MD PRESIDENT	5.00	X		X				0.	406,111.	67,210.
PETER GROSS, MD DIRECTOR	5.00	X						0.	369,761.	57,149.
MELVIN E. CLOUSE, MD DIRECTOR	5.00	X						0.	316,795.	66,252.
ROBERT KANE, MD DIRECTOR	5.00	X						0.	273,709.	71,231.
DEBORAH LEVINE-JESURUM DIRECTOR	5.00	X						0.	337,715.	64,410.
MAX P. ROSEN, MD DIRECTOR	5.00	X						0.	352,453.	64,710.
VASSILIOS RAPTOPOULOS, M DIRECTOR	1.00	X						0.	474,156.	65,710.
STUART A. ROSENBERG, MD DIRECTOR	5.00	X						0.	633,173.	60,661.
CARL NICKERSON, MBA TREASURER/CLERK	5.00			X				0.	136,658.	35,240.
HERBERT KRESSEL, MD FORMER DIRECTOR	1.00						X	0.	586,906.	64,133.

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

(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 ▶								0.	3,887,437.	616,706.

2 Total number of individuals (including those in 1a) who received more than $100,000 in reportable compensation from the organization ▶ 0

		Yes	No
3 Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	3	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? *If "Yes," complete Schedule J for such individual*	4	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? *If "Yes," complete Schedule J for such person*	5		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

(A) Name and business address	(B) Description of services	(C) Compensation
HARVARD MEDICAL FACULTY PHYSICIANS AT BIDMC 375 LONGWOOD AVE, 3RD FLOOR, BOSTON, MA 022	PHYSICIAN SERVICES	3,724,319.
BETH ISRAEL DEACONESS MEDICAL CENTER 330 BROOKLINE AVE, BOSTON, MA 02215	MRI SUPPORT AND RESEARCH & EDUCTATIO	528,480.
SIEMENS FINANCIAL SERVICES, INC. DEPT AT 40065, ATLANTA, GA 311920065	MRI EQUIPMENT SERVICES	309,661.
GE HEALTHCARE FINANCIAL SERVICES PO BOX 641419, PITTSBURGH, PA 15264	CT SCAN EQUIPMENT SERVICES	284,992.
MCKESSON CORPORATION 291 MOODY STREET, LUDLOW, MA 01056	BILLING AND CODING SERVICE	136,235.

2 Total number of independent contractors (including those in 1) who received more than $100,000 in compensation from the organization ▶ 5

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1 a 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	1f				
	g Noncash contributions included in lines 1a-1f $					
	h **Total.** Add lines 1a-1f	▶				
Program Service Revenue		Business Code				
	2 a NET PATIENT REVENUE	900099	5,910,493.	5,910,493.		
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g **Total.** Add lines 2a-2f	▶	5,910,493.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	▶	360.			360.
	4 Income from investment of tax-exempt bond proceeds	▶				
	5 Royalties	▶				
		(i) Real / (ii) Personal				
	6 a Gross Rents					
	b Less: rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)	▶				
		(i) Securities / (ii) Other				
	7 a Gross amount from sales of assets other than inventory	98,119.				
	b Less. cost or other basis and sales expenses					
	c Gain or (loss)	98,119.				
	d Net gain or (loss)	▶	98,119.			98,119.
	8 a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c). See Part IV, line 18	a				
	b Less: direct expenses	b				
	c Net income or (loss) from fundraising events	▶				
	9 a Gross income from gaming activities. See Part IV, line 19	a				
	b Less direct expenses	b				
	c Net income or (loss) from gaming activities	▶				
	10 a 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	▶				
	Miscellaneous Revenue	Business Code				
	11 a EQUITY IN LOSS OF JOIN	621990	<1,616.>		<1,616.>	
	b EQUITY IN LOSS OF SUBS	621990	<22,532.>		<22,532.>	
	c					
	d All other revenue					
	e **Total.** Add lines 11a-11d	▶	<24,148.>			
	12 **Total Revenue.** Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e	▶	5,984,824.	5,910,493.	<24,148.>	98,479.

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				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages				
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees)				
a Management				
b Legal	2,325.		2,325.	
c Accounting	10,890.		10,890.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other				
12 Advertising and promotion				
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy	52,888.		52,888.	
17 Travel	19,087.		19,087.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	20,680.		20,680.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	396,408.	393,243.	3,165.	
23 Insurance				
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 RESEARCH EXPENSE	1,489,132.	1,489,132.		
b HMFP PURCHASED SERVICES	1,217,767.	1,217,767.		
c CONTRACTED PROFESSIONAL	818,101.	818,101.		
d CT SCANNER UTILIZATION	500,000.	500,000.		
e HMFP FEES	315,026.	315,026.		
f All other expenses	634,750.	443,302.	191,448.	
25 **Total functional expenses.** Add lines 1 through 24f	5,477,054.	5,176,571.	300,483.	0.
26 **Joint Costs.** Check here ▶ ☐ if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing		88,568.	1	190,639.
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		611,263.	4	612,670.
	5	Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		300,056.	9	300,057.
	10a	Land, buildings, and equipment: cost basis	10a 2,509,633.			
	b	Less accumulated depreciation. Complete Part VI of Schedule D	10b 1,964,169.	929,354.	10c	545,464.
	11	Investments - publicly traded securities			11	
	12	Investments - other securities. See Part IV, line 11		6,933,251.	12	7,325,788.
	13	Investments - program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		66,181.	15	66,181.
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		8,928,673.	16	9,040,799.
Liabilities	17	Accounts payable and accrued expenses		189,137.	17	124,986.
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow account liability. Complete Part IV of Schedule D			21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties		787,701.	23	343,650.
	24	Unsecured notes and loans payable			24	
	25	Other liabilities. Complete Part X of Schedule D		207,964.	25	0.
	26	**Total liabilities.** Add lines 17 through 25		1,184,802.	26	468,636.
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		7,483,109.	27	8,311,401.
	28	Temporarily restricted net assets		260,762.	28	260,762.
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117, check here ▶ [ ] 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		7,743,871.	33	8,572,163.
	34	Total liabilities and net assets/fund balances		8,928,673.	34	9,040,799.

Part XI Financial Statements and Reporting

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

SCHEDULE A (Form 990 or 990-EZ)

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.

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2008

Open to Public Inspection

Name of the organization	Employer identification number
B.I.H. RADIOLOGIC FOUNDATION, INC.	04-2571853

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

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

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

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

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

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

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

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

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

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

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

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

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

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

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

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

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

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

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document? Yes	(iv) No	(v) Did you notify the organization in col. (i) of your support? Yes	(v) No	(vi) Is the organization in col. (i) organized in the U.S.? Yes	(vi) No	(vii) Amount of support
BETH ISREAL DEACONESS ME	04-2103881	3	X		X		X		3,656,256.
HARVARD MEDICAL FACU	22-2768204	9	X		X		X		529,069.
THE PRESIDENT AN	04-2103580	2	X		X		X		
Total									4,185,325.

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

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 lines 1 - 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public Support.** Subtract line 5 from line 4						

Section B. 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 section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)) 14 %

15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f 15 %

16a **33 1/3% support test - 2008.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support test - 2007.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

17a **10% -facts-and-circumstances test - 2008.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "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 ▶ ☐

b **10% -facts-and-circumstances test - 2007.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ ☐

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

Section A. Public Support

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 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 - 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 1% of the total of lines 9, 10c, 11, and 12 for the year or $5,000						
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) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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 2008 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	%

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

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

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

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

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

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2008

Open to Public Inspection

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

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

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

- Section 501(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), then

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

Name of organization	Employer identification number
B.I.H. RADIOLOGIC FOUNDATION, INC.	04-2571853

Part I-A To be completed by all organizations exempt under section 501(c) and section 527 organizations.

See the instructions for Schedule C for details.

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

Part I-B To be completed by all organizations exempt under section 501(c)(3).

See the instructions for Schedule C for details.

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

Part I-C To be completed by all organizations exempt under section 501(c), except section 501(c)(3).

See the instructions for Schedule C for details.

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

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

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

A Check ▶ ☐ if the filing organization belongs to an affiliated group.

B Check ▶ ☐ if the filing organization checked box A and "limited control" provisions apply.

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 (grassroots 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.		

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. Enter -0- if line g is more than line a		
i Subtract line 1f from line 1c. Enter -0- if line f is more than line c		

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? ☐ Yes ☐ No

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f of the instructions.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		X	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X	
c	Media advertisements?		X	
d	Mailings to members, legislators, or the public?		X	
e	Publications, or published or broadcast statements?		X	
f	Grants to other organizations for lobbying purposes?		X	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		X	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?		X	
i	Other activities? If "Yes," describe in Part IV	X		
j	Total lines 1c through 1i			
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) non-deductible lobbying and political expenditures **(do not include amounts of political expenses for which the section 527(f) tax was paid).**		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4)	5	

Part IV **Supplemental Information**

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

PART II-B, LINE 1(I), OTHER LOBBYING ACTIVITIES:

BETH ISRAEL DEACONESS MEDICAL CENTER, ONE OF THE ENTITIES SUPPORTED BY THE BIH RADIOLOGIC FOUNDATION MAY HAVE ENGAGED IN SOME LOBBYING EFFORTS ON BEHALF OF THIS ENTITY AND OTHER AFFILIATED NETWORK ENTITIES. ADDITIONALLY, THE BIH RADIOLOGIC FOUNDATION MAY PAY DUES TO CERTAIN MEMBERSHIP ORGANIZATIONS, A PIECE OF WHICH MAY BE USED BY SUCH

Part IV **Supplemental Information** *(continued)*

ORGANIZATIONS FOR LOBBYING ACTIVITIES ON BEHALF OF THIS INSTITUTION AND OTHER SIMILARLY SITUATED ORGANIZATIONS. TOTAL LOBBYING EXPENDITURES ON BEHALF OF BIH RADIOLOGIC FOUNDATION WERE MINIMAL AND NOT SUBSTANTIAL BASED ON REVENUES.

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
B.I.H. RADIOLOGIC FOUNDATION, INC.

Employer identification number
04-2571853

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? ☐ Yes ☐ No

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? ☐ Yes ☐ No

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)
☐ Protection of natural habitat
☐ Preservation of open space
☐ Preservation of an historically important land area
☐ Preservation of certified historic structure

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	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06	2d

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 section 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 ▶ $ _____

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

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

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

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

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

		Amount
c	Beginning balance	1c
d	Additions during the year	1d
e	Distributions during the year	1e
f	Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

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

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

		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance					
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

		Yes	No
(i)	unrelated organizations	3a(i)	
(ii)	related organizations	3a(ii)	
b	If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	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	56,740.		8,984.	47,756.
d	Equipment	2,452,893.		1,955,185.	497,708.
e	Other				
Total.	Add lines 1a-1e. *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)*			▶	545,464.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Other		
INVESTMENT AND SECURITIES	7,325,788.	END-OF-YEAR MARKET VALUE
Total. (Col (b) should equal Form 990, Part X, col (B) line 12.) ▶	7,325,788.	

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

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

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

(a) Description	(b) Book value
Total. *(Column (b) should equal Form 990, Part X, col (B) line 15)* ▶	

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

(a) Description of liability	(b) Amount
Federal income taxes	
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	

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

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	5,984,824.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	5,477,054.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	507,770.
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	320,522.
9	Total adjustments (net). Add lines 4-8	9	320,522.
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	828,292.

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	447,539,000.
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	441,554,176.		
e	Add lines 2a through 2d			2e	441,554,176.
3	Subtract line 2e from line 1			3	5,984,824.
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	0.
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)			5	5,984,824.

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

1	Total expenses and losses per audited financial statements			1	436,290,000.
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	430,812,946.		
e	Add lines 2a through 2d			2e	430,812,946.
3	Subtract line 2e from line 1			3	5,477,054.
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	0.
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)			5	5,477,054.

Part XIV Supplemental Information

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

PART XI, LINE 8 - OTHER ADJUSTMENTS:

UNREALIZED GAIN ON INVESTMENTS: 297990.

EQUITY IN LOSS OF SUBSIDIARY: 22532.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

OTHER ENTITIES CONSOLIDATED INTO HARVARD MEDICAL FACULTY

PHYSICIANS AT BIDMC: 441554176.

Part XIV Supplemental Information *(continued)*

PART XIII, LINE 2D - OTHER ADJUSTMENTS:

OTHER ENTITIES CONSOLIDATED INTO HARVARD MEDICAL FACULTY PHYSICIANS AT BIDMC: 430812946.

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

B.I.H. RADIOLOGIC FOUNDATION, INC.

Employer identification number

04-2571853

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.			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax indemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e.g., maid, chauffeur, chef)		
b	If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	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.			
	☒ Compensation committee	☒ Written employment contract		
	☒ Independent compensation consultant	☐ Compensation survey or study		
	☒ Form 990 of other organizations	☒ Approval by the board or compensation committee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a:			
a	Receive a severance payment or change of control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	5a		X
b	Any related organization?	5b		X
	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		X
b	Any related organization?	6b	X	
	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		X
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		X

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

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

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

(A) Name		(B) Breakdown of W 2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
	(i)	0.	0.	0.	0.	0.	0.	0.
JONATHAN KRUSKAL, MD	(ii)	373,124.	5,958.	27,029.	43,125.	24,085.	473,321.	0.
	(i)	0.	0.	0.	0.	0.	0.	0.
PETER GROSS, MD	(ii)	321,727.	6,840.	41,194.	43,125.	14,024.	426,910.	0.
	(i)	0.	0.	0.	0.	0.	0.	0.
MELVIN E. CLOUSE, MD	(ii)	269,124.	4,361.	43,310.	48,683.	17,569.	383,047.	0.
	(i)	0.	0.	0.	0.	0.	0.	0.
ROBERT KANE, MD	(ii)	268,303.	4,206.	1,200.	45,937.	25,294.	344,940.	0.
	(i)	0.	0.	0.	0.	0.	0.	0.
DEBORAH LEVINE-JESURUM	(ii)	309,407.	6,500.	21,808.	43,125.	21,285.	402,125.	0.
	(i)	0.	0.	0.	0.	0.	0.	0.
MAX P. ROSEN, MD	(ii)	277,339.	10,481.	64,633.	43,125.	21,585.	417,163.	0.
	(i)	0.	0.	0.	0.	0.	0.	0.
VASSILIOS RAPTOPOULOS, M	(ii)	433,659.	7,344.	33,153.	43,125.	22,585.	539,866.	0.
	(i)	0.	0.	0.	0.	0.	0.	0.
STUART A. ROSENBERG, MD	(ii)	633,173.	0.	0.	0.	60,661.	693,834.	0.
	(i)	0.	0.	0.	0.	0.	0.	0.
CARL NICKERSON, MBA	(ii)	100,167.	11,206.	25,285.	22,716.	12,524.	171,898.	0.
	(i)	0.	0.	0.	0.	0.	0.	0.
HERBERT KRESSEL, MD	(ii)	552,560.	2,010.	32,336.	48,955.	15,178.	651,039.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

PART I, LINE 6: COMPENSATION PROVIDED TO CERTAIN OFFICERS AND DIRECTORS BY RELATED ORGANIZATIONS IS BASED, IN PART, ON THE PERFORMANCE OF THOSE RELATED ORGANIZATIONS.

REPORTABLE COMPENSATION LISTED IN FORM 990 PART VII INCLUDES BASE COMPENSATION, BONUS/INCENTIVE COMPENSATION AND OTHER REPORTABLE COMPENSATION AS REPORTED IN FORM 990 SCHEDULE J.

OTHER COMPENSATION LISTED IN FORM 990 PART VII INCLUDES DEFERRED COMPENSATION AND NON-TAXABLE BENEFITS AS REPORTED IN FORM 990 SCHEDULE J.

REPORTABLE COMPENSATION:
AMOUNTS NOT OTHERWISE SEPARATELY NOTED IN THIS RETURN BUT QUANTIFIED IN OTHER REPORTABLE COMPENSATION INCLUDE AMOUNTS FROM ONE OR MORE OF THE FOLLOWING ITEMS: THE EMPLOYEE'S OWN CONTRIBUTIONS TO A 401K PLAN; THE EMPLOYEE'S OWN CONTRIBUTIONS TO 403B PLAN; AMOUNTS DEFERRED BY THE EMPLOYEE (PLUS EARNINGS) UNDER 457(B) PLAN; INCREASE/DECREASE IN VALUE OF NONQUALIFIED 457(B) PLAN; TAXABLE EMPLOYER-SUBSIDIZED PARKING; TAXABLE

Part III Supplemental Information

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

MOVING EXPENSES; TAXABLE LIFE, DISABILITY, OR LONG-TERM CARE INSURANCE; AND OTHER TAXABLE RETIREMENT BENEFITS

DEFERRED COMPENSATION:

AMOUNTS NOT OTHERWISE SEPARATELY NOTED BUT QUANTIFIED IN DEFERRED COMPENSATION INCLUDE AMOUNTS FROM ONE OR MORE OF THE FOLLOWING ITEMS: EMPLOYER CONTRIBUTIONS TO 401K RETIREMENT PLAN, EMPLOYER CONTRIBUTIONS TO 403B RETIREMENT PLAN, EMPLOYER CONTRIBUTION TO PENSION PLAN

NON-TAXABLE BENEFITS:

AMOUNTS NOT OTHERWISE SEPARATELY NOTED BUT QUANTIFIED IN DEFERRED COMPENSATION INCLUDE AMOUNTS FROM ONE OR MORE OF THE NON-TAXABLE BENEFITS: EMPLOYEE CONTRIBUTIONS TO HEALTH INSURANCE, EMPLOYER CONTRIBUTIONS TO HEALTH INSURANCE, EMPLOYEE CONTRIBUTIONS TO FLEXIBLE SPENDING ACCOUNTS FOR DEPENDENT CARE AND/OR MEDICAL REIMBURSEMENT, GROUP TERM LIFE INSURANCE, DISABILITY INSURANCE

ALL DIRECTORS/TRUSTEES SERVE WITHOUT COMPENSATION OR BENEFITS. COMPENSATION PAID TO OFFICERS, DIRECTORS, TRUSTEES OR KEY EMPLOYEES WAS EARNED FOR WORK

Part III Supplemental Information

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

PERFORMED IN A CAPACITY OTHER THAN THAT OF DIRECTOR/TRUSTEE, AS DENOTED BY THE LISTED TITLES

CLOUSE, M.D., MELVIN E.

DIRECTOR- BIH RADIOLOGIC FOUNDATION, INC.

RADIOLOGIST- HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER

PROFESSOR OF RADIOLOGY- HARVARD MEDICAL SCHOOL

DR. CLOUSE SERVED AS DIRECTOR THROUGH MAY 7, 2009.

PAYMENTS MADE BY HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER:

BASE COMPENSATION: 269,124

BONUS AND INCENTIVE COMPENSATION: 4,361

OTHER REPORTABLE COMPENSATION: 43,310

DEFERRED COMPENSATION: 48,683

NON-TAXABLE BENEFITS: 17,569

Part III Supplemental Information

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

AS REQUIRED IN THIS FORM 990, COMPENSATION AND BENEFITS REPORTED BY HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER FOR THE 2008 CALENDAR YEAR INCLUDES THE FOLLOWING PAYMENTS FROM THE PRESIDENT AND FELLOWS OF HARVARD COLLEGE/HARVARD MEDICAL SCHOOL RELATED TO DR. CLOUSE'S POSITIONS AS RADIOLOGIST AT HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER AND PROFESSOR OF RADIOLOGY AT HARVARD MEDICAL SCHOOL: $75,992 BASE AND OTHER REPORTABLE COMPENSATION, $7,599 DEFERRED COMPENSATION, AND $45 NON-TAXABLE BENEFITS

KRESSEL, M.D., HERBERT Y.
RADIOLOGIST- HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER
RADIOLOGIST-IN-CHIEF EMERITUS BETH ISRAEL DEACONESS MEDICAL CENTER
PROFESSOR OF RADIOLOGY- HARVARD MEDICAL SCHOOL
FORMER DIRECTOR/FORMER CHAIR OF RADIOLOGY- HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER
FORMER CHIEF OF RADIOLOGY- BETH ISRAEL DEACONESS MEDICAL CENTER
FORMER DIRECTOR AND PRESIDENT- BIH RADIOLOGIC FOUNDATION, INC.

Part III Supplemental Information

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

DR. KRESSEL SERVED AS DIRECTOR/CHAIR OF RADIOLOGY AT HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER THROUGH DECEMBER 31, 2007.

DR. KRESSEL SERVED AS PRESIDENT AND DIRECTOR AT BIH RADIOLOGIC FOUNDATION THROUGH DECEMBER 31, 2007.

ALL PAYMENTS TO DR. KRESSEL RELATE TO HIS CURRENT ROLE.

PAYMENTS MADE BY HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER:

BASE COMPENSATION: 552,560

BONUS AND INCENTIVE COMPENSATION: 2,010

OTHER REPORTABLE COMPENSATION: 32,336

DEFERRED COMPENSATION: 48,955

NON-TAXABLE BENEFITS: 15,074

AS REQUIRED IN THIS FORM 990, COMPENSATION AND BENEFITS REPORTED BY HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER FOR THE

Part III Supplemental Information

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

2008 CALENDAR YEAR INCLUDES THE FOLLOWING PAYMENTS FROM THE PRESIDENT AND FELLOWS OF HARVARD COLLEGE/HARVARD MEDICAL SCHOOL RELATED TO DR. KRESSEL'S POSITION AS PROFESSOR OF RADIOLOGY AT HARVARD MEDICAL SCHOOL: $73,120 BASE COMPENSATION AND OTHER REPORTABLE COMPENSATION, $7,312 DEFERRED COMPENSATION, AND $104 NON-TAXABLE BENEFITS

RAPTOPOULOS, M.D., VASSILIOS

RADIOLOGIST- HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER

FORMER INTERIM CHAIR OF RADIOLOGY- HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER

FORMER INTERIM CHIEF OF RADIOLOGY- BETH ISRAEL DEACONESS MEDICAL CENTER

FORMER PRESIDENT AND DIRECTOR- BIH RADIOLOGIC FOUNDATION

DR. RAPTOPOULOS SERVED AS INTERIM CHAIR OF RADIOLOGY AT HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER THROUGH SEPTEMBER 10, 2008.

DR. RAPTOPOULOS SERVED AS DIRECTOR AT BIH RADIOLOGIC FOUNDATION THROUGH

Part III Supplemental Information

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

SEPTEMBER 10, 2008.

ALL PAYMENTS TO DR. RAPTOPOULOS RELATE TO HIS CURRENT ROLE.

PAYMENTS MADE BY HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER:

BASE COMPENSATION: 433,659

BONUS AND INCENTIVE COMPENSATION: 7,344

OTHER REPORTABLE COMPENSATION: 33,153

DEFERRED COMPENSATION: 43,125

NON-TAXABLE BENEFITS: 22,585

SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ 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.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization

B.I.H. RADIOLOGIC FOUNDATION, INC.

Employer identification number

04-2571853

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

CENTER AND THE PRESIDENT AND FELLOWS OF HARVARD COLLEGE - HARVARD MEDICAL SCHOOL.

FORM 990, PART VI, SECTION A, LINE 2: THE FOLLOWING INDIVIDUALS HAVE BUSINESS RELATIONSHIPS WHICH ARISE FROM THEIR ROLES AS OFFICERS AND/OR DIRECTORS OF BIH RADIOLOGIC FOUNDATION, INC. AND ITS AFFILIATED ENTITIES.

1. JONATHAN KRUSKAL, MD

2. DEBORAH LEVINE JESURUM, MD

FORM 990, PART VI, SECTION A, LINE 6: HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER, INC. (HMFP) IS THE SOLE MEMBER OF THE BIH RADIOLOGIC FOUNDATION (THE FOUNDATION).

FORM 990, PART VI, SECTION A, LINE 7B: THE MEMBER (HMFP), ACCORDING TO THE FOUNDATION BYLAWS, HAS THE FOLLOWING RIGHTS:

1. TO APPROVE ANY AMENDMENTS TO THE ARTICLES OF ORGANIZATION OR BYLAWS;

2. TO APPROVE THE UNDERTAKING OF ANY CLINICAL SERVICES OF THE FOUNDATION NOT BEING PROVIDED BY THE FOUNDATION AS OF OCTOBER 1, 2006;

3. TO APPROVE ANY ACTION THAT WOULD CAUSE, OR COULD REASONABLY BE EXPECTED TO CAUSE THE MEMBER TO BREACH THE AFFILIATION AGREEMENT BETWEEN THE MEMBER AND BETH ISRAEL DEACONESS MEDICAL CENTER;

4. TO SELECT AND REMOVE AND REPLACE THE INDEPENDENT PUBLIC ACCOUNTING FIRM;

5. TO REQUIRE THE FOUNDATION TO COMPLY WITH THE POLICIES AND PROCEDURES OF THE MEMBER'S PROGRAM FOR COMPLIANCE WITH THE APPLICABLE BILLING AND PAYMENT

REQUIREMENTS OF FEDERAL HEALTH CARE PROGRAMS; AND,

6. POWERS AND RIGHTS AS VESTED BY LAW.

FORM 990, PART VI, SECTION A, LINE 10: THE PREPARATION AND THE FILING OF THE FOUNDATION'S FORM 990 AND SUPPORTING SCHEDULES IS THE RESPONSIBILITY OF THE CHIEF FINANCIAL OFFICER (CFO) OF HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER,INC. THE FORM 990 IS PREPARED BY THE FOUNDATION'S TAX ADVISOR AND REVIEWED BY THE CFO AND HIS TEAM WHO ARE RESPONSIBLE FOR ANSWERING QUESTIONS AND PROVIDING ADDITIONAL INFORMATION WHEN NECESSARY WITH THE ASSISTANCE OF THE FOUNDATION'S MANAGEMENT. AFTER THE REVIEW BY THE TAX ADVISORS, THE FORM 990 AND RELATED SCHEDULES ARE PROVIDED TO THE FOUNDATION'S PRESIDENT FOR REVIEW, PARTICULARLY IN THE AREAS OF ACCURACY AND ADEQUACY OF EXPLANATIONS AND ANSWERS RELATED TO NON FINANCIAL INFORMATION. ANY ISSUES ARE THEN ADDRESSED BY THE CFO AND HIS TEAM WITH THE FOUNDATION'S PRESIDENT. THE FORM 990 IS ASSEMBLED AND REVIEWED FOR FINAL FILING BY THE FOUNDATION'S TAX ADVISORS. ONCE ASSEMBLED, THE FOUNDATION'S PRESIDENT APPROVES AND SIGNS THE RETURN AND THE RETURN IS PROVIDED TO THE FOUNDATION'S BOARD FOR REVIEW. THE COMPLETED 990 IS THEN FILED WITH THE PROPER AUTHORITIES BY THE CFO AND HIS TEAM.

FORM 990, PART VI, SECTION B, LINE 12C: THE FOUNDATION DID NOT HAVE A CONFLICT OF INTEREST POLICY EFFECTIVE FOR FISCAL YEAR 2008, HOWEVER, THE FOUNDATION IS COMMITTED TO PURSUING CHARITABLE MISSIONS AND CONDUCTING BUSINESS IN A RESPONSIBLE AND ETHIC MANNER. THE FOUNDATION HAS ADOPTED A CONFLICT OF INTEREST POLICY EFFECTIVE ON APRIL 15, 2010. THE PRESIDENT, OFFICERS AND BOARD MEMBERS WILL BE REQUIRED TO REPORT ANY CONFLICTS OF

INTEREST. THE FOUNDATION HAS PREPARED A FORMAL CONFLICT OF INTEREST DISCLOSURE STATEMENT WHICH IS REQUIRED TO BE COMPLETED ANNUALLY BY ALL KEY FOUNDATION PERSONNEL. THE STANDARDS IN THE POLICY REQUIRE FOUNDATION OFFICERS AND BOARD MEMBERS SHALL NOT VOTE ON, INFLUENCE, OR MAKE RECOMMENDATIONS REGARDING A TRANSACTION OR DECISION WHEN THE INDIVIDUAL OR MEMBER OF HIS OR HER FAMILY HAS A MATERIAL INTEREST IN AN ENTITY OR PROPERTY INVOLVED IN THE TRANSACTION OR DECISION. A MATERIAL INTEREST INCLUDES, BUT IS NOT LIMITED TO AN INDIVIDUAL OR FAMILY MEMBER HAVING A COMBINED INTEREST OF GREATER THAN 5% OF AN ENTITY OR PROPERTY, AN INDIVIDUAL OR FAMILY MEMBER SERVING AS A DIRECTOR, TRUSTEE, OFFICER, PARTNER, EMPLOYEE, CONSULTANT, AGENT, MEMBER OF THE THE ACTIVE PROFESSIONAL STAFF, RESEARCHER OR ADVISOR OF OR TO AN ENTITY (INCLUDED BY NOT LIMITED TO HEALTH CARE PROVIDERS) OTHER THAN HARVARD MEDICAL FACULTY PHYSICIANS AT BIDMC, INC AND ITS AFFILIATES, AN INDIVIDUAL HOLDING AN ELECTED OR APPOINTED OFFICE OR POSITION IN A BRANCH OF GOVERNMENT OR IN A REGULATORY AGENCY HAVING AUTHORITY OR JURISDICTION OVER PROVIDERS OF HEALTH CARE (FOR MEMBERS OF THE JUDICIARY, AREAS OF CONFLICT WILL BE DEFINED IN THE CODE OF JUDICIAL CONDUCT) AND AN INDIVIDUAL (OR MEMBER OF HIS OR HER FAMILY) COMPETING WITH THE FOUNDATION IN THE PURCHASE OR SALE OF ANY PROPERTY RIGHT, INTEREST, OR SERVICE. THE CONFLICT OF INTEREST STANDARDS WILL REQUIRE THAT AN INDIVIDUAL OR MEMBER OF HIS OR HER FAMILY NOT ACCEPT GIFTS OR OTHER FAVORS THAT MIGHT LEAD TO THE INFERENCE THAT THE GIFT OR FAVOR WAS INTENDED TO INFLUENCE HIS OR HER DECISION-MAKING WHILE SERVING THE FOUNDATION. PER THE POLICY, AN INDIVIDUAL SHOULD NOT DISCLOSE OR USE FOUNDATION INFORMATION FOR PERSONAL PROFIT OR ADVANTAGE OR SHOULD NOT DISCLOSE CONFIDENTIAL AND/OR STRATEGIC INFORMATION IN ADVANCE OF ITS

AUTHORIZED RELEASE. AS NOTED ABOVE, THE PROCESS FOR ADDRESSING A POTENTIAL CONFLICT REQUIRES THAT THE FOUNDATION DIRECTORS AND OFFICERS COMPLETE A FORMAL CONFLICT OF INTEREST DISCLOSURE STATEMENT EACH YEAR. THE FOUNDATION BOARD WILL REVIEW SUCH SUBMITTED FORMS AND FORMAL APPROVAL OF SUCH ACTIVITIES WILL BE REQUIRED TO BE DOCUMENTED IN MINUTES OF THE BOARD MEETING. IF THE BOARD FEELS THAT ANY INDIVIDUAL HAS FAILED TO DISCLOSE A CONFLICT OF INTEREST, IT WILL INFORM THE INDIVIDUAL OF THE BASIS FOR THE BELIEF AND AFFORD THE INDIVIDUAL AN OPPORTUNITY TO EXPLAIN THE ALLEGED FAILURE TO DISCLOSE. IF THE BOARD DETERMINES THAT THE INDIVIDUAL FAILED TO PROPERLY DISCLOSE A CONFLICT OF INTEREST, IT SHALL TAKE APPROPRIATE DISCIPLINARY AND CORRECTIVE ACTIONS. WITH THE ADOPTION OF THIS CONFLICT OF INTEREST POLICY, THE BOARD IS DETERMINED TO HELP ENSURE ALL TRANSACTIONS ARE HANDLED IN A FAIR AND ETHICAL MANNER.

FORM 990, PART VI, SECTION B, LINE 15: THE FOUNDATION DOES NOT PROVIDE COMPENSATION TO ANY INDIVIDUAL. CERTAIN OFFICERS AND TRUSTEES OF THE ORGANIZATION RECEIVE RECEIVED COMPENSATION FROM RELATED PARTIES. THE PROCESS OF DETERMINING COMPENSATION OF THESE INDIVIDUALS IS CONDUCTED AT THE RELATED PARTY LEVEL WHERE THE RELATED ORGANIZATION HAS A COMPENSATION COMMITTEE THAT IS CHARGED WITH DETERMINING THE COMPENSATION OF ITS OFFICERS, DIRECTORS, KEY EMPLOYEES AND PROFESSIONAL STAFF OF THE ORGANIZATION. THE COMPENSATION COMMITTEE UTILIZES COMPARATIVE INDUSTRY DATA, OUTSIDE CONSULTANTS, AND OTHER OUTSIDE MARKET DATA TO HELP DETERMINE COMPENSATION. THE RELATED ENTITIES OF THE FOUNDATION HAVE FORMAL COMPENSATION POLICIES WHICH ARE DOCUMENTED AND REVIEWED BY THEIR BOARD OF DIRECTORS. THE COMPENSATION COMMITTEE PRE-APPROVES COMPENSATION PLANS

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ 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.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization

B.I.H. RADIOLOGIC FOUNDATION, INC.

Employer identification number

04-2571853

WHICH ARE DOCUMENTED IN A FORMALIZED MANNER BEFORE BEING PRESENTED TO EMPLOYEES.

FORM 990, PART VI, SECTION C, LINE 18: THE ORGANIZATION'S FORM 990 IS AVAILABLE UPON REQUEST AND IS ALSO AVAILABLE ON THE PUBLIC CHARITY DOCUMENT SEARCH WEBSITE MAINTAINED BY THE COMMONWEALTH OF MASSACHUSETTS ATTORNEY GENERAL.

FORM 990, PART VI, SECTION C, LINE 19: THE FOUNDATION'S GOVERNING DOCUMENTS, ITS NEWLY ADOPTED CONFLICT OF INTEREST POLICY, AND ITS FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST AT THE OFFICES OF HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER, INC. LOCATED AT 375 LONGWOOD AVENUE, BOSTON, MA 02215. ADDITIONALLY, STATE AND FEDERAL TAX RELATED INFORMATION IS PROVIDED TO THE GENERAL POPULATION THROUGH PUBLIC WEBSITES INCLUDING WWW.GUIDESTAR.ORG AND THE MASSACHUSETTS ATTORNEY GENERAL'S WEBSITE.

PART XI, FINANCIAL STATEMENTS AND REPORTING

AUDITED FINANCIAL STATEMENT PROCESS

THE B.I.H. RADIOLOGIC FOUNDATION, INC.'S FINANCIAL STATEMENTS WERE AUDITED ON A CONSOLIDATED BASIS AS PART OF THE AUDIT OF HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ 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.

OMB No 1545-0047

2008

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Name of the organization

B.I.H. RADIOLOGIC FOUNDATION, INC.

Employer identification number

04-2571853

MEDICAL CENTER INC.'S FINANCIAL STATEMENTS.

SCHEDULE R (Form 990)
Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

▶ See separate instructions.

OMB No 1545-0047
2008
Open to Public Inspection

Name of the organization: B.I.H. RADIOLOGIC FOUNDATION, INC.

Employer identification number: 04-2571853

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
ASSOCIATED PHYSICIANS OF HARVARD MEDICAL FACULTY PHYSICIANS AT BIDMC, INC. -, 375 LONGWOOD AVENUE, BOSTON, MA 02215	EMERGENCY MEDICAL SERVICES	MASSACHUSETTS	3	Y	
BETH ISRAEL ANAESTHESIA FOUNDATION, INC. - 04-2997215, 330 BROOKLINE AVENUE, BOSTON, MA 02215	SUPPORT PATIENT CARE, RESEARCH AND TEACHING MISSION OF BIDMC, HMFP AND	MASSACHUSETTS	3	Y	
BETH ISRAEL DEACONESS DEPARTMENT OF MEDICINE FOUNDATION - 04-3079630, 330 BROOKLINE AVENUE, BOSTON, MA 02215	SUPPORT PATIENT CARE, RESEARCH AND TEACHING MISSION OF BIDMC, HMFP AND	MASSACHUSETTS	3	Y	
BETH ISRAEL DEACONESS DEPARTMENT OF NEONATOLOGY FOUNDATION - 20-8253452, 330 BROOKLINE AVENUE, BOSTON, MA 02215	SUPPORT PATIENT CARE, RESEARCH AND TEACHING MISSION OF BIDMC, HMFP AND	MASSACHUSETTS	3	Y	

Part III Identification of Related Organizations Taxable as a Partnership

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Predominant income (related, investment, unrelated)	(F) Share of total income	(G) Share of end-of-year assets	(H) Disproportionate allocations? Yes	(H) No	(I) Code V UBI amount in box 20 of Schedule K-1 (Form 1065)	(J) General or managing partner? Yes	(J) No
BEWELL BODY SCAN, LLC - 26-0051016, 25 BOYLSTON STREET, CHESTNUT HILL, MA 02651	MEDICAL DIAGNOSTIC SERVICES	MA		RELATED	614,029.	267,739.		X	N/A		X
CHARLTON MRI SERVICES, LLC - 26-4662778, MAIN STREET, CHARLTON, MA 01507	MEDICAL DIAGNOSTIC SERVICES	MA		RELATED	0.	0.		X	N/A		X
BETH ISRAEL DEACONESS PHYSICIAN ORGANIZATION - 04-3426253, 110 FRANCIS STREET, BOSTON, MA 02215	TO PROMOTE THE HIGHEST QUALITY OF COORDINATED PATIENT CARE AT BIDMC	MA		RELATED	0.	0.		X	N/A		X
CAREGROUP CLINICAL RESEARCH - 30-0228711, 109 BROOKLINE AVENUE, BOSTON, MA 02215	TO PARTICIPATE IN A CLINICAL RESEARCH PARTNERSHIP	MA		RELATED	0.	0		X	N/A		X

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

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Type of entity (C corp, S corp, or trust)	(F) Share of total income	(G) Share of end-of-year assets	(H) Percentage ownership
ANESTHESIA FINANCIAL SOLUTIONS - 04-0000001 330 BROOKLINE AVENUE BOSTON, MA 02215	TO PROVIDE BILLING SERVICES	MA		C CORP	0.	0.	.00%
BIDMC/CGSMC JV, INC. - 26-4426847 330 BROOKLINE AVENUE BOSTON, MA 02215	INACTIVE CORPORATION	MA		C CORP	0.	0.	.00%
CHESTNUT HEALTHCARE ALLIANCE, INC. - 04-3265117 148 CHESTNUT STREET NEEDHAM, MA 02492	PHYSICIAN/HOSPITAL ORGANIZATION	MA		C CORP	0.	0	.00%

Part V Transactions With Related Organizations

		Yes	No
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	1a		X
b Gift, grant, or capital contribution to other organization(s)	1b		X
c Gift, grant, or capital contribution from other organization(s)	1c		X
d Loans or loan guarantees to or for other organization(s)	1d		X
e Loans or loan guarantees by other organization(s)	1e		X
f Sale of assets to other organization(s)	1f		X
g Purchase of assets from other organization(s)	1g		X
h Exchange of assets	1h		X
i Lease of facilities, equipment, or other assets to other organization(s)	1i		X
j Lease of facilities, equipment, or other assets from other organization(s)	1j		X
k Performance of services or membership or fundraising solicitations for other organization(s)	1k		X
l Performance of services or membership or fundraising solicitations by other organization(s)	1l	X	
m Sharing of facilities, equipment, mailing lists, or other assets	1m		X
n Sharing of paid employees	1n		X
o Reimbursement paid to other organization for expenses	1o	X	
p Reimbursement paid by other organization for expenses	1p		X
q Other transfer of cash or property to other organization(s)	1q		X
r Other transfer of cash or property from other organization(s)	1r		X

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

(A) Name of other organization(s)	(B) Transaction type (a-r)	(C) Amount involved
(1) HARVARD MEDICAL FACULTY PHYSICIANS AT BIDMC	L	529,069.
(2) HARVARD MEDICAL FACULTY PHYSICIANS AT BIDMC	O	529,069.
(3) BETH ISRAEL DEACONESS MEDICAL CENTER	L	3,656,256.
(4) BETH ISRAEL DEACONESS MEDICAL CENTER	O	3,656,256.
(5)		
(6)		

Part VI **Unrelated Organizations Taxable as a Partnership**

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) Are all partners section 501(c)(3) organizations?		(E) Share of end-of-year assets	(F) Disproportionate allocations?		(G) Code V UBI amount in box 20 of Schedule K-1 (Form 1065)	(H) General or managing partner?	
			Yes	No		Yes	No		Yes	No

Part II Continuation of Identification of Related Tax-Exempt Organizations

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity
BETH ISRAEL DEACONESS DEPARTMENT OF NEUROLOGY FOUNDATION - 04-3030397, 330 BROOKLINE AVENUE, BOSTON, MA 02215	SUPPORT PATIENT CARE, RESEARCH AND TEACHING MISSION OF BIDMC, HMFP AND	MASSACHUSETTS	3	Y	
BETH ISRAEL DEACONESS DEPARTMENT OF ORTHOPAEDIC SURGERY FOUNDATION - 20-4974, 330 BROOKLINE AVENUE, BOSTON, MA 02215	SUPPORT PATIENT CARE, RESEARCH AND TEACHING MISSION OF BIDMC, HMFP AND	MASSACHUSETTS	3	Y	
BETH ISRAEL DEACONESS DEPARTMENT OF SURGERY FOUNDATION - 02-0671240, 110 FRANCIS STREET, BOSTON, MA 02215	SUPPORT PATIENT CARE, RESEARCH AND TEACHING MISSION OF BIDMC, HMFP AND	MASSACHUSETTS	3	Y	
BETH ISRAEL DEACONESS HOSPITAL - NEEDHAM, INC. - 04-3229679, 148 CHESTNUT STREET, NEEDHAM, MA 02492	OPERATION OF A HOSPITAL FOR THE TREATMENT, CARE AND RELIEF OF SICK PERSONS	MASSACHUSETTS	3	Y	
BETH ISRAEL DEACONESS MEDICAL CENTER - 04-2103881, 330 BROOKLINE AVENUE, BOSTON, MA 02215	OPERATION OF A WORLD CLASS ACADEMIC MEDICAL CENTER	MASSACHUSETTS	3	Y	
BETH ISRAEL DEACONESS MEDICAL CENTER AND CHILDREN'S HOSPITAL MED CARE CORP -, 300 LONGWOOD AVENUE, BOSTON, MA 02215	OPERATION OF AN OUTPATIENT AMBULATORY CARE CENTER IN LEXINGTON, MA	MASSACHUSETTS	3	Y	
BETH ISRAEL DEACONESS MEDICAL CENTER OBSTETRICS AND GYNECOLOGY FOUNDATION - , 330 BROOKLINE AVENUE, BOSTON, MA 02215	SUPPORT PATIENT CARE, RESEARCH AND TEACHING MISSION OF BIDMC, HMFP AND	MASSACHUSETTS	3	Y	
BETH ISRAEL DERMATOLOGY FOUNDATION - 04-3117601, 330 BROOKLINE AVENUE, BOSTON, MA 02215	SUPPORT PATIENT CARE, RESEARCH AND TEACHING MISSION OF BIDMC, HMFP AND	MASSACHUSETTS	3	Y	
BIH PATHOLOGY FOUNDATION - 22-2548374 330 BROOKLINE AVENUE BOSTON, MA 02215	SUPPORT PATIENT CARE, RESEARCH AND TEACHING MISSION OF BIDMC, HMFP AND	MASSACHUSETTS	3	Y	
CARDIOVASCULAR ASSOCIATED PHYSICIANS OF HMFP AT BIDMC - 04-3208878, 185 PILGRIM ROAD, BOSTON, MA 02215	TO PROVIDE SPECIALIZED CARDIOVASCULAR MEDICAL SERVICES	MASSACHUSETTS	3	Y	
CARDIOVASCULAR MANAGEMENT ASSOCIATES - 20-8550792, 185 PILGRIM ROAD, BOSTON, MA 02215	TO FACILITATE COMPREHENSIVE CARDIOVASCULAR CARE, EDUCATION & RESEARCH	MASSACHUSETTS	3	Y	
CAREGROUP, INC. - 22-2629185 109 BROOKLINE AVENUE BOSTON, MA 02215	TO DEVELOP AND COORDINATE A NON-DISCRIMINATORY INTEGRATED HC DELIVERY	MASSACHUSETTS	3	Y	

Part II Continuation of Identification of Related Tax-Exempt Organizations

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity
CONTINUING EDUCATION PROGRAM, INC. D/B/A BID DEPT OF PSYCHIATRY FOUNDATION -, 401 PARK DRIVE, BOSTON, MA 02215	SUPPORT PATIENT CARE, RESEARCH AND TEACHING MISSION OF BIDMC, HMFP AND	MASSACHUSETTS	3	Y	
MEDICAL CARE OF BOSTON MANAGEMENT CORP. D/B/A AFFILIATED PHYSICIANS GROUP - , 400 HUNNEWELL STREET, NEEDHAM, MA 02494	MEDICAL SERVICES ORGANIZATION	MASSACHUSETTS	3	Y	
MOUNT AUBURN HOSPITAL - 04-2103606 330 MOUNT AUBURN STREET CAMBRIDGE, MA 02138	OPERATION OF A HOSPITAL FOR THE TREATMENT, CARE AND RELIEF OF SICK PERSONS	MASSACHUSETTS	3	Y	
MOUNT AUBURN PROFESSIONAL SERVICES, INC. - 04-3026897, 330 MOUNT AUBURN STREET, CAMBRIDGE, MA 02138	THE PROVISION OF MEDICAL CARE IN GENERAL AND SPECIALIZED PRACTICES	MASSACHUSETTS	3	Y	
NEW ENGLAND BAPTIST HOSPITAL - 04-2103612 125 PARKER HILL AVENUE BOSTON, MA 02120	OPERATION OF AN ORTHOPEDIC SPECIALTY HOSPITAL	MASSACHUSETTS	3	Y	
NEW ENGLAND BAPTIST MEDICAL ASSOCIATES, INC. - 04-3326928, 125 PARKER HILL AVENUE, BOSTON, MA 02120	OUTPATIENT MEDICAL SERVICES TO THE COMMUNITIES SERVED BY NE BAPTIST HOSPITAL	MASSACHUSETTS	3	Y	
RIVERBROOK CORPORATION - 04-2828955 109 BROOKLINE AVENUE BOSTON, MA 02215	TO HOLD TITLE TO PROPERTY FOR CAREGROUP, INC.	MASSACHUSETTS	2	Y	
HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER -, 375 LONGWOOD AVENUE, BOSTON, MA 02215	TO PROVIDE GENERAL AND SPECIALIZED MEDICAL SERVICES TO PATIENTS OF	MASSACHUSETTS	3	Y	
HEART CENTER OF METROWEST, INC. - 03-0390670 99 LINCOLN STREET FRAMINGHAM, MA 02120	TO PROVIDE OUTPATIENT MEDICAL SERVICES TO THE METROWEST COMMUNITIES	MASSACHUSETTS	3	Y	

• If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** and check this box ▶ [X]

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

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

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

Type or print	Name of Exempt Organization		Employer identification number
File by the extended due date for filing the return See instructions	B.I.H. RADIOLOGIC FOUNDATION, INC.		04-2571853
	Number, street, and room or suite no. If a P.O. box, see instructions. 330 BROOKLINE AVENUE		For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. BOSTON, MA 02215		

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

[X] Form 990 [ ] Form 990-EZ [ ] Form 990-T (sec. 401(a) or 408(a) trust) [ ] Form 1041-A [ ] Form 5227 [ ] Form 8870
[ ] Form 990-BL [ ] Form 990-PF [ ] Form 990-T (trust other than above) [ ] Form 4720 [ ] Form 6069

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

• The books are in the care of ▶ CARL NICKERSON 330 BROOKLINE AVENUE - BOSTON, MA 02215
Telephone No. ▶ 617-667-9553 FAX No. ▶

• If the organization does not have an office or place of business in the United States, check this box ▶ [ ]

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ▶ [ ]. If it is for part of the group, check this box ▶ [ ] and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until AUGUST 15, 2010.

5 For calendar year _____, or other tax year beginning OCT 1, 2008, and ending SEP 30, 2009.

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

7 State in detail why you need the extension
ADDITIONAL TIME IS NECESSARY FOR A COMPLETE AND ACCURATE RETURN.

8a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	$	
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	$	
c	**Balance Due.** Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	$	N/A

Signature and Verification

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

Signature ▶ Title ▶ CPA Date ▶