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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 10/1/2008 , and ending 9/30/2009

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: BIH PATHOLOGY FOUNDATION, INC.

Doing Business As:

Number and street (or P O box if mail is not delivered to street address): 330 BROOKLINE AVENUE — Room/suite: GZ-137

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

D Employer identification number: 22-2548374

E Telephone number: (617) 667-4344

G Gross receipts $: 105,127

F Name and address of principal officer: Jeffrey Saffitz, MD PHD 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)

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

J Website: ▶ N/A

H(c) Group exemption number ▶

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

L Year of formation: 1984

M State of legal domicile: MA

Part I Summary

1 Briefly describe the organization's mission or most significant activities: The mission of BIH Pathology Foundation, Inc. is to support medical research, provide instruction and participate in activities designed to improve the general public health and the health of patients served by Beth Israel Deaconess Medical Center, Harvard Medical Faculty Physicians at Beth Israel Deaconess Medical Center and their affiliated organizations.

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)	3	8
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	0
5	Total number of employees (Part V, line 2a)	5	0
6	Total number of volunteers (estimate if necessary)	6	0
7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	-5,481
b	Net unrelated business taxable income from Form 990-T, line 34	7b	-5,481

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	0	0
9	Program service revenue (Part VIII, line 2g)	98,329	53,566
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	327,991	57,042
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	50,000	-5,481
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	476,320	105,127
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,294,660	0
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	0	0
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	63,481	16,615
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	1,358,141	16,615
19	Revenue less expenses. Subtract line 18 from line 12	-881,821	88,512

		Beginning of Year	End of Year
20	Total assets (Part X, line 16)	9,277,965	9,052,519
21	Total liabilities (Part X, line 26)	726,335	27,218
22	Net assets or fund balances. Subtract line 21 from line 20	8,551,630	9,025,301

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: 8/10/10

JEFFREY SAFFITZ, MD PHD — PRESIDENT

Type or print name and title

Paid Preparer's Use Only

Preparer's signature		Date: 8/4/10	Check if self-employed ▶ ☐
Preparer's identifying number (see instructions)	P00037953		
Firm's name (or yours if self-employed), address, and ZIP + 4	KPMG LLP, Two Financial Center 60 South Street Boston, MA 02111	EIN ▶ 13-5565207	Phone no ▶ 617-988-1000

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

Part III Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission:
The mission of BIH Pathology Foundation, Inc. is to support medical research, provide instruction, and participate in activities designed to improve the general public health and the health of patients served by Beth Israel Deaconess Medical Center, Harvard Medical Faculty Physicians at Beth Israel Deaconess Medical Center, and their affiliated organizations.

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 $ 2,720 including grants of $ 0) (Revenue $ 49,838)
TRAINING AND EDUCATIONAL SEMINAR COSTS MADE IN RELATION TO THE MEDICAL EDUCATION PROGRAMS OF BIDMC, HMFP, AND HARVARD MEDICAL SCHOOL AND THEIR AFFILIATED ORGANIZATIONS.

4b (Code:) (Expenses $ 0 including grants of $ 0) (Revenue $ 0)

4c (Code:) (Expenses $ 0 including grants of $ 0) (Revenue $ 0)

4d Other program services. (Describe in Schedule O.)
(Expenses $ 0 including grants of $ 0) (Revenue $ 0)

4e **Total program service expenses** ▶ $ 2,720 *(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 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	1		
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			
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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b			
	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			
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h			
8	**Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8			
9	**Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?	9a			
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b			
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			

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

Section A. Governing Body and Management

				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	8		
b	Enter the number of voting members that are independent	1b			
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: ► JANIS ZONA 617-667-5761

330 BROOKLINE AVENUE, GZ-137, 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			
James L Connolly, M D. Director- Path Fdn, Pathologist at HMFP at BIDMC	5	X						0	312,099	45,509
Harvey Goldman, M D retired 4/8/2009 Director- Path Fdn, Pathologist at HMFP at BIDMC	5.	X						0	342,599	42,498
Gary Horowitz, M D retired 5/18/2009 Director & Clerk- Path Fdn, Pathologist at HMFP at BIDMC	5	X		X				0	254,259	51,885
Seymour Rosen, M D Director- Path Fdn; Patholgist at HMFP at BIDMC	5	X						0	250,195	42,924
Jeffrey E Saffitz, M D. PhD President and Director Ex Officio- Path Fdn, Chair (Pathology) & Director- HMFP at BIDMC, Professor of Pathology- Harvard Medical School	5	X		X				0	560,717	52,217
Stuart J Schnitt, M D Director- Path Fdn, Pathologist at HMFP at BIDMC, Professor, Dept of Pathology- Harvard Medical School	5	X						0	307,192	47,685
Isaac Stillman, M D Commenced 6/23/2009 Director- Path Fdn	5	X						0	0	0
Lynne Uhl, M D Director-Path Fdn; Pathologist, HMFP at BIDMC	5.	X						0	274,281	48,685
Judith Jensen Treasurer- Path Fdn, Chief Administrative Officer Pathology- HMFP at BIDMC	5			X				0	204,788	40,335
	0							0	0	0
	0							0	0	0
	0							0	0	0
	0.							0	0	0
	0							0	0	0
	0							0	0	0
	0							0	0	0
	0							0	0	0

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

(A) Name and title	(B) Average hours per week	(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			
	0.							0	0	0
	0.							0	0	0
	0							0	0	0
	0.							0	0	0
	0.							0	0	0
	0.							0	0	0
	0.							0	0	0
	0.							0	0	0
	0.							0	0	0
	0.							0	0	0
	0							0	0	0
	0							0	0	0
	0.							0	0	0
1b Total ▶								0	2,506,130	371,738

2 Total number of individuals (including those in 1a) who received more than $100,000 in reportable compensation from the organization ▶ 8

		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*		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*	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*		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
		0
		0
		0
		0
		0

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

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a 0				
	b	Membership dues	1b 0				
	c	Fundraising events	1c 0				
	d	Related organizations	1d 0				
	e	Government grants (contributions)	1e 0				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f 0				
	g	Noncash contributions included in lines 1a-1f: $ 0					
	h	**Total.** Add lines 1a–1f		0			
Program Service Revenue			Business Code				
	2a	MEDICAL TRAINING SEMINARS	541700	53,566	53,566		
	b			0			
	c			0			
	d			0			
	e			0			
	f	All other program service revenue		0			
	g	**Total.** Add lines 2a–2f		53,566			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		17,734			17,734
	4	Income from investment of tax-exempt bond proceeds		0			
	5	Royalties		0			
			(i) Real / (ii) Personal				
	6a	Gross Rents					
	b	Less: rental expenses					
	c	Rental income or (loss)	0 / 0				
	d	Net rental income or (loss)		0			
			(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory	39,308 / 0				
	b	Less: cost or other basis and sales expenses	0 / 0				
	c	Gain or (loss)	39,308 / 0				
	d	Net gain or (loss)		39,308			39,308
	8a	Gross income from fundraising events (not including $ 0 of contributions reported on line 1c). See Part IV, line 18 a	0				
	b	Less: direct expenses b	0				
	c	Net income or (loss) from fundraising events		0			
	9a	Gross income from gaming activities. See Part IV, line 19. a	0				
	b	Less: direct expenses b	0				
	c	Net income or (loss) from gaming activities		0			
	10a	Gross sales of inventory, less returns and allowances a	0				
	b	Less: cost of goods sold b	0				
	c	Net income or (loss) from sales of inventory		0			
		Miscellaneous Revenue	Business Code				
	11a	Partnership losses	523000	-5,481		-5,481	
	b			0			
	c			0			
	d	All other revenue		0			
	e	**Total.** Add lines 11a–11d		-5,481			
	12	**Total Revenue.** Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e		105,127	53,566	-5,481	57,042

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	0			
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	0			
3 Grants and other assistance to governments, organizations, and individuals outside the U S. See Part IV, lines 15 and 16	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	0			
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	0			
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	0			
9 Other employee benefits	0			
10 Payroll taxes	0			
11 Fees for services (non-employees).				
a Management	0			
b Legal	6,132		6,132	
c Accounting	0			
d Lobbying	0			
e Professional fundraising services. See Part IV, line 17	0			
f Investment management fees	0			
g Other	0			
12 Advertising and promotion	0			
13 Office expenses	6,966		6,966	
14 Information technology	0			
15 Royalties	0			
16 Occupancy	0			
17 Travel	0			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	0			
20 Interest	0			
21 Payments to affiliates	0	0	0	0
22 Depreciation, depletion, and amortization	0	0	0	0
23 Insurance	0			
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 DUES AND LICENSES	410		410	
b CONFERENCE/ RESEARCH SUPPORT	2,720	2,720		
c BANK SERVICE CHARGES	387		387	
d	0			
e	0			
f All other expenses	0			
25 **Total functional expenses.** Add lines 1 through 24f	16,615	2,720	13,895	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	306,969	1	96,229
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	0	3	0
	4	Accounts receivable, net	0	4	0
	5	Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L	0	5	0
	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	0	6	0
	7	Notes and loans receivable, net	0	7	0
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment. cost basis 10a 0			
	b	Less: accumulated depreciation. Complete Part VI of Schedule D 10b 0	0	10c	0
	11	Investments–publicly traded securities	0	11	0
	12	Investments–other securities. See Part IV, line 11	0	12	0
	13	Investments–program-related. See Part IV, line 11	8,970,996	13	8,956,290
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	0	15	0
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	9,277,965	16	9,052,519
Liabilities	17	Accounts payable and accrued expenses	726,335	17	27,218
	18	Grants payable		18	
	19	Deferred revenue	0	19	
	20	Tax-exempt bond liabilities	0	20	0
	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	0	22	0
	23	Secured mortgages and notes payable to unrelated third parties	0	23	0
	24	Unsecured notes and loans payable	0	24	0
	25	Other liabilities. Complete Part X of Schedule D	0	25	0
	26	**Total liabilities.** Add lines 17 through 25	726,335	26	27,218
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	8,551,630	27	9,025,301
	28	Temporarily restricted net assets		28	
	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	8,551,630	33	9,025,301
	34	Total liabilities and net assets/fund balances	9,277,965	34	9,052,519

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.**

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization	Employer identification number
BIH PATHOLOGY FOUNDATION, INC.	22-2548374

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 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?	11g(i)	X
(ii)	A family member of a person described in (i) above?	11g(ii)	X
(iii)	A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)	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?		(v) Did you notify the organization in col.(i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Beth Israel Deaconess Medical Center	04-2103881	3	X		X		X		2,720
Harvard Medical Faculty Physicians at BIDMC, Inc	22-2768204	9	X		X		X		0
President and Fellows of Harvard College	04-2103580	2	X		X		X		0
									0
									0
Total									2,720

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 ")	0	0	0			0
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0			0
3 The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0			0
4 **Total** Add lines 1-3	0	0	0	0	0	0
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.						0

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	0	0	0	0	0	0
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	0	0	0			0
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	0	0	0			0
11 **Total support.** Add lines 7 through 10						0
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	0.00%
15	Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	0.00%

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.")	0	0	0			0
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	0	0	0			0
3 Gross receipts from activities that are not an unrelated trade or business under section 513						0
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0			0
5 The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0			0
6 **Total.** Add lines 1-5	0	0	0	0	0	0
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0
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						0
c Add lines 7a and 7b	0	0	0	0	0	0
8 **Public support** (Subtract line 7c from line 6.)						0

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	0	0	0	0	0	0
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						0
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0
c Add lines 10a and 10b	0	0	0	0	0	0
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	0	0	0			0
13 **Total support.** (Add lines 9, 10c, 11, and 12.)						0

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	0.00%
16	Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	0.00%

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2008** (line 10c, column (f) divided by line 13, column (f))	17	0.00%
18	Investment income percentage from **2007** Schedule A, Part IV-A, line 27h	18	0.00%

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 ▶ ☐

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

OMB No 1545-0047

2008

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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
BIH PATHOLOGY FOUNDATION, INC.	22-2548374

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 ▶	$ 0
3	Volunteer hours	0

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 ▶	$ 0
2	Enter the amount of any excise tax incurred by organization managers under section 4955 ▶	$ 0
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 ▶	$ 0
2	Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶	$ 0
3	Total of direct and indirect exempt function expenditures. Add lines 1 and 2 and enter here and on Form 1120-POL, line 17b ▶	$ 0
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-
			0	0
			0	0
			0	0
			0	0
			0	0
			0	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 ▶ [X] 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 (grass roots lobbying)	0	0
b Total lobbying expenditures to influence a legislative body (direct lobbying)	0	0
c Total lobbying expenditures (add lines 1a and 1b)	0	0
d Other exempt purpose expenditures	0	0
e Total exempt purpose expenditures (add lines 1c and 1d)	0	0
f Lobbying nontaxable amount Enter the amount from the following table in both columns.	0	0
g Grassroots nontaxable amount (enter 25% of line 1f)	0	0
h Subtract line 1g from line 1a. Enter -0- if line g is more than line a	0	0
i Subtract line 1f from line 1c. Enter -0- if line f is more than line c	0	0

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.

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	0	0	0		0
b Lobbying ceiling amount (150% of line 2a, column(e))					0
c Total lobbying expenditures	0	0	0		0
d Grassroots non-taxable amount	0	0	0		0
e Grassroots ceiling amount (150% of line 2d, column (e))					0
f Grassroots lobbying expenditures	0	0	0		0

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			0
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
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	0
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	0

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 Line 1i Beth Israel Deaconess Medical Center, one of the entities supported by BIH Pathology Foundation, Inc.

Part II-B Line Line 1i may have engaged in some lobbying efforts on behalf of this entity and other affiliated

Part II-B Line Line 1i network entities. Additionally, BIH Pathology Foundation, Inc may pay dues do certain

Part II-B Line Line 1i membership organizations, a piece of which may be used by such organizations for lobbying activities

Part II-B Line Line 1i on behalf of this institution and other similiarly situated organizations. Total lobbying expenditures on

Part II-B Line Line 1i behalf of BIH Pathology Foundation, Inc. were minimal and not substantial based upon

Part II-B Line Line 1i revenues.

Part IV Supplemental Information *(continued)*

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

BIH PATHOLOGY FOUNDATION, INC

Employer identification number

22-2548374

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) ☐ Preservation of an historically important land area

☐ Protection of natural habitat ☐ Preservation of certified historic structure

☐ Preservation of open space

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

			Held at the End of the Year
a	Total number of conservation easements	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	0

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	0				

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	0	0		0
b Buildings	0	0	0	0
c Leasehold improvements	0	0	0	0
d Equipment	0	0	0	0
e Other	0	0	0	0
Total. Add lines 1a–1e. *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				0

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	0	
Closely-held equity interests	0	
Other	0	
	0	
	0	
	0	
	0	
	0	
	0	
	0	
	0	
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶	0	

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
CAREGROUP INVESTMENT PARTNERSHIP FUND	8,956,290	F
	0	
	0	
	0	
	0	
	0	
	0	
	0	
	0	
Total. *(Column (b) should equal Form 990, Part X, col (B) line 13)* ▶	8,956,290	

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

(a) Description	(b) Book value
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
Total. *(Column (b) should equal Form 990, Part X, col. (B) line 15.)* ▶	0

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

(a) Description of liability	(b) Amount
Federal income taxes	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	0

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	105,127
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	16,615
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	88,512
4	Net unrealized gains (losses) on investments	4	379,678
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	5,481
9	Total adjustments (net). Add lines 4–8	9	385,159
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	473,671

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	454,943,000
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	454,832,392		
e	Add lines 2a through 2d			2e	454,832,392
3	Subtract line 2e from line 1			3	110,608
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	-5,481		
c	Add lines 4a and 4b			4c	-5,481
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)			5	105,127

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

1	Total expenses and losses per audited financial statements			1	441,002,000
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	440,985,385		
e	Add lines 2a through 2d			2e	440,985,385
3	Subtract line 2e from line 1			3	16,615
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	16,615

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 Part XII Line The entity does not have stand alone audited financial statements, but in

Part Part XII Line order to provide consistency from the prior year Form 990, this information

Part Part XII Line is being provided.

Part Part XIII Line The entity does not have stand along audited financial statements, but in

Part Part XIII Line order to provide consistency from the prior year Form 990, this information

Part Part XIII Line is being provided.

Part Part XII Line Line 2D Other entities consolidated into HMFP.

Part Part XIII Line Line 2D Other entities consolidated into HMFP & unrealized losses from investments.

Part XIV Supplemental Information *(continued)*

Part Part XI Line Line 8 Partnership losses from unrelated business income

Part Part XII Line Line 4b Partnership losses from unrelated business income

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
BIH PATHOLOGY FOUNDATION, INC.

Employer identification number
22-2548374

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 reportable compensation				
James L. Connolly, M.D.	(i)	0	0	0	0	0	0	0
	(ii)	279,529	3,000	29,570	27,600	17,909	357,608	0
Harvey Goldman, M.D. retired 4/8/2009	(i)	0	0	0	0	0	0	0
	(ii)	293,723	3,000	45,876	27,600	14,898	385,097	0
Gary Horowitz, M.D. retired 5/18/2009	(i)	0	0	0	0	0	0	0
	(ii)	226,701	5,000	22,558	27,600	24,285	306,144	0
Seymour Rosen, M.D	(i)	0	0	0	0	0	0	0
	(ii)	210,224	4,000	35,971	27,600	15,324	293,119	0
Jeffrey E. Saffitz, M D. PhD	(i)	0	0	0	0	0	0	0
	(ii)	490,258	39,386	31,073	29,126	23,091	612,934	0
Stuart J. Schnitt, M.D.	(i)	0	0	0	0	0	0	0
	(ii)	282,616	5,000	19,578	27,600	20,085	354,879	0
Lynne Uhl, M.D.	(i)	0	0	0	0	0	0	0
	(ii)	239,858	5,000	29,423	27,600	21,085	322,966	0
Judith Jensen	(i)	0	0	0	0	0	0	0
	(ii)	153,029	26,301	25,458	21,041	19,294	245,123	0
	(i)	0	0	0	0	0	0	0
	(ii)	0	0	0	0	0	0	0
	(i)	0	0	0	0	0	0	0
	(ii)	0	0	0	0	0	0	0
	(i)	0	0	0	0	0	0	0
	(ii)	0	0	0	0	0	0	0
	(i)	0	0	0	0	0	0	0
	(ii)	0	0	0	0	0	0	0
	(i)	0	0	0	0	0	0	0
	(ii)	0	0	0	0	0	0	0
	(i)	0	0	0	0	0	0	0
	(ii)	0	0	0	0	0	0	0
	(i)	0	0	0	0	0	0	0
	(ii)	0	0	0	0	0	0	0
	(i)	0	0	0	0	0	0	0
	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

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

Part II Line 2 Harvey Goldman, M.D. retired on 4/6/2009

Part II Line 3 Gary Horowitz, M.D. retired on 5/18/2009

All Directors and Trustees serve without compensation or benefits. Compensation paid to Officers, Directors, Trustees or Key Employees was earned for work performed in a capacity other than that of Director or Trustee as denoted on Schedule J. No Trustee or Director devotes more than 20 hours per month to their position.

Part I Line 6b Some officers and directors of the Organization receive a non fixed payment from related parties based upon his or her individual contribution less allocable expenses.

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 contribution to a 401k Plan; the employee's own contributions to the 403b Plan, Taxable employer-subsidized parking; Taxable 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 non-taxable benefits include amounts from one or more of the following items: Employee contributions to health insurance; Employer contributions to health insurance; Employee contributions to flexible spending amounts for dependent care and/or medical reimbursement, Group term life insurance, or disability insurance. See Schedule O for additional compensation related disclosures.

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

BIH PATHOLOGY FOUNDATION, INC.

Employer identification number

22-2548374

Form 990 Part 1 Section Summary Line 1 The mission of BIH Pathology Foundation, Inc. (the Foundation) is to support medical research, provide instruction, and participate in activities designed to improve the general public health of patients served by Beth Israel Deaconess Medical Center, Harvard Medical Faculty Physicians at Beth Israel Deaconess Medical Center (BIDMC) and their affiliates The Foundation uses its funds to support the physician's work in the pathology Department at BIDMC and to strengthen the department by supporting the educational requirements of the department and physicians worldwide by providing training seminars and other classes. The Foundation also uses its funds to support expenses incurred by its affiliated entities which benefit the physicians and other personnel who are engaged in activity related to the pathology field. All activities that the Foundation participates in are focused on medical procedures, research, and other activities that are inspired to enhance methods utilized in the pathology field.

Form 990 Part VI Section A Line 2 Business and Family Relationships: The following individuals have business relationships which arise from their roles as Officers and/or Directors of B.I.H. Pathology Foundation Inc. and its affiliates:

Jeffrey E. Saffitz, MD

Form 990 Part VI Section A Line 6 Yes, Harvard Medical Faculty Physicians at Beth Israel Deaconess Medical Center, Inc (HMFP) is the sole Member of BIH Pathology Foundation, Inc. (the Foundation)

Form 990 Part VI Section A Line 7b Yes, the Member according to Foundation bylaws has the following rights:

- To approve any amendments to the Articles of Organization or bylaws;
- To approve the undertaking of any clinical services of the Foundation not being provided by the Foundation as of October 1, 2006;
- 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;
-To select and remove and replace the independent public accounting firm;
-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,
-Powers and rights as vested by law.

Name of the organization	Employer identification number
BIH PATHOLOGY FOUNDATION, INC	22-2548374

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 CFO's Finance group and a draft version of the Form 990 and all supporting work papers are reviewed by the Foundation's tax advisors, KPMG, LLP. During the review by the tax advisors, the CFO and his team 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, particulary 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. There were no such issues for the Foundation's 990 preparation for this year. 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 The completed 990 is then filed with the proper authorities by the CFO and his team.

Form 990 Part VI Section B Line 12a-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 resposible and ethic manner. The Foundation has adopted a conflict of interest policy effective on June 30, 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 reguire 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.

Name of the organization	Employer identification number
BIH PATHOLOGY FOUNDATION, INC.	22-2548374

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 15a-15b The Foundation does not provide compensation to any individual. Certain officers and trustees of the organization 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 which are documented in a formalized manner before being presented to employees.

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.

Name of the organization	Employer identification number
BIH PATHOLOGY FOUNDATION, INC.	22-2548374

Form 990 Part VII Section A Line 1a All Foundation Directors and Trustees serve without compensation or benefits. Compensation paid to officers, directors, trustees orkey employees was earned for work performed in a capacity other than Director or Trustee as denoted by the titles listed in Section VII. No Foundation Trustee or Director devotes more than twenty hours per month to their position as trustee or director.

Form 990 Part XI Line 2a-2c The BIH Pathology 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 Medical Center Inc.'s financial statements.

Form 990 Part VII Section A The following items are disclosures relating to Directors and their compensation:

Goldman, M.D., Harvey

Director- BIH Pathology Foundation

Pathologist- Harvard Medical Faculty Physicians at Beth Israel Deaconess Medical Center

Professor of Pathology- Harvard Medical School

Dr. Goldman served as Director through April 6, 2009.

Payments made by Harvard Medical Faculty Physicians at Beth Israel Deaconess Medical Center:

Base Compensation: $293,723

Bonus and Incentive Compensation: $3,000

Other Reportable Compensation: $45,876

Deferred Compensation: $27,600

Non-Taxable Benefits: $14,898

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. Goldman's positions as Pathologist at Harvard Medical Faculty Physicians at Beth Israel Deaconess Medical Center and Professor of Pathology

Name of the organization	Employer identification number
BIH PATHOLOGY FOUNDATION, INC.	22-2548374

at Harvard Medical School: $2,006 Base and Other Reportable Compensation

Horowitz, M D , Gary

Director and Clerk- BIH Pathology Foundation

Pathologist- Harvard Medical Faculty Physicians at Beth Israel Deaconess Medical Center

Dr Horowitz served as Director through September 30, 2008 and noted in the May 18, 2009 Board minutes

Payments made by Harvard Medical Faculty Physicians at Beth Israel Deaconess Medical Center.

Base Compensation $226,701

Bonus and Incentive Compensation $5,000

Other Reportable Compensation $22,558

Deferred Compensation $27,600

Non-Taxable Benefits $24,285

Saffitz, M D PhD, Jeffrey E.

President and Director Ex Officio- BIH Pathology Foundation

Director and Chair of Pathology- Harvard Medical Faculty Physicians at Beth Israel Deaconess Medical Center

Chief of Pathology- Beth Israel Deaconess Medical Center

Professor of Pathology- Harvard Medical School

Payments made by Harvard Medical Faculty Physicians at Beth Israel Deaconess Medical Center:

Base Compensation: $490,258

Bonus and Incentive Compensation: $39,386

Other Reportable Compensation $31,073

Deferred Compensation: $29,126

Non-Taxable Benefits $23,091

Name of the organization	Employer identification number
BIH PATHOLOGY FOUNDATION, INC.	22-2548374

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 benefits Fellows of Harvard College/Harvard Medical School related to Dr. Saffitz's positions as Chair of Pathology at Harvard Medical Faculty Physicians at Beth Israel Deaconess Medical Center, Chief of Pathology at Beth Israel Deaconess Medical Center, and Professor of Pathology at Harvard Medical School: $14,735 Base and Other Reportable Compensation, $1,526 Deferred Compensation, and $991 Non-taxable

Schnitt, M D., Stuart J.

Director- BIH Pathology Foundation

Pathologist- Harvard Medical Faculty Physicians at Beth Israel Deaconess Medical Center

Professor of Pathology- Harvard Medical School

Payments made by Harvard Medical Faculty Physicians at Beth Israel Deaconess Medical Center:

Base Compensation: $282,616

Bonus and Incentive Compensation: $5,000

Other Reportable Compensation: $19,576

Deferred Compensation: $27,600

Non-Taxable Benefits: $20,085

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. Schnitt's positions as Pathologist at Harvard Medical Faculty Physicians at Beth Israel Deaconess Medical Center and Professor of Pathology at Harvard Medical School: $700 Base and Other Reportable Compensation

Stillman, M.D., Isaac

Name of the organization	Employer identification number
BIH PATHOLOGY FOUNDATION, INC	22-2548374

Director- BIH Pathology Foundation

Dr Stillman commenced his role as Director on May 18, 2009 as noted in the June 23, 2009 Board Minutes

SCHEDULE O	Supplemental Information to Form 990	OMB No 1545-0047
Name of the organization		Employer identification number
BIH PATHOLOGY FOUNDATION, INC		22-2548374

Form Schedule R Part II Section Identification of Related Tax-Exempt Organizations Detailed primary activity for related Organizations

Associated Physicians of Harvard Medical Faculty Physicians at Beth Israel Deaconess Medical Center, Inc.

To provide emergency medical services

Beth Israel Anaesthesia Foundation, Inc.

To support the patient care, research and teaching missions of Beth Israel Deaconess Medical Center, Harvard Medical Faculty Physicians at Beth Israel Deaconess Medical Center and Harvard Medical School

Beth Israel Deaconess Department of Medicine Foundation, Inc.

To support the patient care, research and teaching missions of Beth Israel Deaconess Medical Center, Harvard Medical Faculty Physicians at Beth Israel Deaconess Medical Center and Harvard Medical School

Beth Israel Deaconess Department of Neonatology Foundation, Inc.

To support the patient care, research and teaching missions of Beth Israel Deaconess Medical Center, Harvard Medical Faculty Physicians at Beth Israel Deaconess Medical Center and Harvard Medical School

Beth Israel Deaconess Department of Neurology Foundation, Inc. .

To support the patient care, research and teaching missions of Beth Israel Deaconess Medical Center, Harvard Medical Faculty Physicians at Beth Israel Deaconess Medical Center and Harvard Medical School

Beth Israel Deaconess Department of Orthopaedic Surgery Foundation, Inc.

To support the patient care, research and teaching missions of Beth Israel Deaconess Medical Center, Harvard Medical Faculty Physicians at Beth Israel Deaconess Medical Center and Harvard Medical School

Beth Israel Deaconess Department of Surgery Foundation, Inc.

To support the patient care, research and teaching missions of Beth Israel Deaconess Medical Center, Harvard Medical Faculty Physicians at Beth Israel Deaconess Medical Center and Harvard Medical School

Beth Israel Deaconess Hospital Needham Inc.

The operation of a hospital in Needham, MA for the treatment, care and relief of sick and suffering persons

Beth Israel Deaconess Medical Center

The operation of a world class academic medical center in Boston, MA for the provision of exemplary patient care of sick and suffering persons, conducting "leading edge" research and supporting outstanding educaional programs

Beth Israel Deaconess Medical Center and Children's Hospital Medical Care Corporation

The operation of an outpatient ambulatory care center in Lexington, MA

Beth Israel Deaconess Medical Center Obstetrics and Gynecology Foundation, Inc.

To support the patient care, research and teaching missions of Beth Israel Deaconess Medical Center, Harvard Medical Faculty Physicians at Beth Israel Deaconess Medical Center and Harvard Medical School

Beth Israel Dermatology Foundation, Inc.

To support the patient care, research and teaching missions of Beth Israel Deaconess Medical Center, Harvard Medical Faculty Physicians at Beth Israel Deaconess Medical Center and Harvard Medical School

(Continued)

Name of the organization: BIH PATHOLOGY FOUNDATION, INC

Employer identification number: 22-2548374

BIH Pathology Foundation, Inc.

To support the patient care, research and teaching missions of Beth Israel Deaconess Medical Center, Harvard Medical Faculty Physicians at Beth Israel Deaconess Medical Center and Harvard Medical School

BIH Radiologic Foundation, Inc.

To support the patient care, research and teaching missions of Beth Israel Deaconess Medical Center, Harvard Medical Faculty Physicians at Beth Israel Deaconess Medical Center and Harvard Medical School

Cardiovascular Associated Physicians of Harvard Medical Faculty Physicians at Beth Israel Deaconess Medical Center, Inc.

To provide specialized cardiovascular medical services to the patients of the Cardio Vsucal Institues at Beth Israel Deaconess Medical Center and Harvard Medical Faculty Plhysicians at Beth Israel Deaconess Medical Center and others

Cardiovascular Management Associates, Inc.

To facilitate comprehensive cardiovascualr care, education and research, within the Beth Israel Deaconess Medical Center andf Harvard Medical Faculty Physicians at Beth Israel Deaconess Medical Center and surrounding communities

CareGroup, Inc.

To develop and coordinate a non-discriminatory integrated health care delivery system and to provide management services to its members

Continuing Education Program, Inc, d/b/a Beth Israel Deaconess Department of Psychiatry Foundation, Inc.

To support the patient care, research and teaching missions of Beth Israel Deaconess Medical Center, Harvard Medical Faculty Physicians at Beth Israel Deaconess Medical Center and Harvard Medical School

Medical Care of Boston Management Corp. d/b/a Affiliated Physicians Group

Medical Services Organization

Mount Auburn Hospital

The operation of a hospital in Cambridge, MA for the treatment, care and relief of sick and suffering persons

Mount Auburn Professional Services, Inc.

To serve Cambridge, MA and the surounding communities by offering medical care in general and specialized practices

New England Baptist Hospital

The operation of an orthopedic specialty hospital in Boston, MA for the treatment, care and relief of sick and suffering persons

New England Baptist Medical Associates, Inc.

To provide outpatient medical serives to the vaious communities serviced by New England Baptist Hospital

Harvard Medical Faculty Physicians at Beth Israel Deaconess Medical Center, Inc.

To provide general and specialized medical services to the patients of Beth Israel Deaconess Medical Center and others

Heart Center of Metrowest, Inc.

To provide outpatient medical services to the metrowest communities

President & Fellows of Harvard College

To provide teaching and research programs in Arts and Sciences, Business, Design, Divinity, Education, Government, Law, Medicine, and Public Health

Name of the organization	Employer identification number
BIH PATHOLOGY FOUNDATION, INC	22-2548374

Riverbrook Corporation

To hold title to property for CareGroup, Inc

Form Schedule R Part III Section Identification of Related Organizations Taxable as Partnerships Detailed primary activity for organizations

Beth Israel Deaconess Physician Organization, LLC - To promote quality coordinated, safe and cost effective patient care at Beth Israel Deaconess Medical Center and affiliates through integrated and coordinated managed care contracts and related medical management programs

Form Schedule R Part III Section Identification of Related Organizations Taxable as Partnerships Detailed direct controlling entity

Physicians Professional Services, LLP - The organization is controlled 50% by the Beth Israel Deaconess Department of Medicine Foundation, Inc and 50% by the Beth Israel Deaconess Medical Center Obstetrics and Gynecology Foundation, Inc

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, line 33, 34, 35, 36, or 37.
▶ See separate instructions.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
BIH PATHOLOGY FOUNDATION, INC

Employer identification number
22-2548374

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. 32-0058309 375 Longwood Avenue, Boston, MA 02215	Medical services	MA	501(c)(3)	Line 11, Type 1	Harvard Medical Faculty Physicians at BIDMC, Inc
Beth Israel Anesthesia Foundation, Inc 04-2997215 330 Brookline Avenue, Boston, MA 02215	Healthcare education	MA	501(c)(3)	Line 11, Type 1	Harvard Medical Faculty Physicians at BIDMC, Inc
Beth Israel Deaconess Department of Medicine Foundation, Inc. 04-3079630 330 Brookline Avenue, Boston, MA 02215	Healthcare education	MA	501(c)(3)	Line 11, Type 1	Harvard Medical Faculty Physicians at BIDMC, Inc
Beth Israel Deaconess Department of Neonatology Foundation, Inc 20-8253452 330 Brookline Avenue, Boston, MA 02215	Healthcare education	MA	501(c)(3)	Line 11, Type 1	Harvard Medical Faculty Physicians at BIDMC, Inc.
Beth Israel Deaconess Department of Neurology Foundation, Inc 04-3030397 330 Brookline Avenue, Boston, MA 02215	Healthcare education	MA	501(c)(3)	Line 11, Type 1	Harvard Medical Faculty Physicians at BIDMC, Inc
Beth Israel Deaconess Dept of Orthopaedic Surgery Foundation, Inc 20-4974585 330 Brookline Avenue, Boston, MA 02215	Healthcare education	MA	501(c)(3)	Line 11, Type 1	Harvard Medical Faculty Physicians at BIDMC, Inc.
Beth Israel Deaconess Department of Surgery Foundation, Inc 02-0671240 110 Francis Street, Boston, MA 02215	Healthcare education	MA	501(c)(3)	Line 11, Type 1	Harvard Medical Faculty Physicians at BIDMC, Inc

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
CareGroup Clinical Research, LLC 30-0228711 109 Brookline Avenue, Boston, MA 02215	To participate in a clinical research partnership	MA	N/A	NONE	0	0		X	0		X
Advanced Vascular Care, LLC 26-1647880 375 Longwood Avenue, Boston, MA 02215	To provide medical support services	MA	Harvard Medical Faculty Physicians at BIDMC Inc	Related	0	0		X	0		X
Beth Israel Deaconess Physician Organization, LLC 04-3426253 110 Francis Street, Boston, MA 02215	Contract administration	MA	Harvard Medical Faculty Physicians at BIDMC Inc	Related	0	0		X	0		X
CareGroup Investment Partnership, LLP 04-3278109 109 Brookline Avenue, Boston, MA 02215	Investment Partnership	MA	Beth Israel Deaconess Medical Center	Investment	150,985	9,518,218		X	-4,494		X
Physicians Professional Services, LLP 04-3275078 10 Cabot Road, Medford, MA 02155	Medical billing services	MA	See Attached Schedule O	Related	0	0		X	0		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	Type of entity (C corp, S corp, or trust)	(F) Share of total income	(G) Share of end-of-year assets	(H) Percentage ownership
BIDMC-CGSMC JV, INC 26-4426847 400 Honeywell Street, Needham, MA 02494	Inactive Corporation	MA	N/A	C Corp	0	0	%
Chestnut HealthCare Alliance, Inc 04-3265117 148 Chestnut Street, Needham, MA 02492	Physician/hospital organization	MA	N/A	C Corp	0	0	%
					0	0	%
					0	0	%
					0	0	%
					0	0	%
					0	0	%

Part V Transactions With Related Organizations

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

			Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II–IV?			
a	Receipt of (i) interest (ii) annuities (iii) royalties (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)			0
(2)			0
(3)			0
(4)			0
(5)			0
(6)			0

Part VI Unrelated Organizations Taxable as a Partnership N/A

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 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
					0			0		
					0			0		
					0			0		
					0			0		
					0			0		
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					0			0		
					0			0		
					0			0		
					0			0		
					0			0		

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 Hospital - Needham, Inc 04-3229679 148 Chestnut Street, Needham, MA 02492	Hospital	MA	501(c)(3)	Line 3	Beth Israel Deaconess Medical Center, Inc
Beth Israel Deaconess Medical Center 04-2103881 330 Brookline Avenue, Boston, MA 02215	Hospital	MA	501(c)(3)	Line 3	CareGroup, Inc
Beth Israel Deaconess Med Ctr and Childrens Hospital Med Care Corp 04-3200113 300 Longwood Avenue, Boston , MA 02215	Medical services	MA	501(c)(3)	Line 11, Type 1	N/A
Beth Israel Deaconess Med Ctr Obstetrics and Gynecology Foundation Inc 04-2794855 330 Brookline Avenue, Boston, MA 02215	Healthcare education	MA	501(c)(3)	Line 11, Type 1	Harvard Medical Faculty Physicians at BIDMC, Inc
BIH Pathology Foundation, Inc 22-2548374 330 Brookline Avenue, Boston, MA 02215	Healthcare education	MA	501(c)(3)	Line 11, Type 1	Harvard Medical Faculty Physicians at BIDMC, Inc
BIH Radiologic Foundation, Inc 04-2571853 330 Brookline Avenue, Boston, MA 02215	Healthcare education	MA	501(c)(3)	Line 11, Type 1	Harvard Medical Faculty Physicians at BIDMC, Inc
Cardiovascular Associated Physicians of HMFP at BIDMC, Inc 04-3208878 185 Pilgrim Road, Boston, MA 02215	Medical services	MA	501(c)(3)	Line 11, Type 1	Harvard Medical Faculty Physicians at BIDMC, Inc
Cardiovascular Management Associates, Inc 20-8550792 185 Pilgrim Road, Boston, MA 02215	Medical services	MA	501(c)(3)	Line 11, Type 1	Beth Israel Deaconess Medical Center, Inc
CareGroup, Inc 22-2629185 109 Brookline Avenue, Boston, MA 02215	Medical services	MA	501(c)(3)	Line 11, Type III-Other	N/A
Cont Ed Prog Inc dba BID Dept of Psychiatry Foundation Inc 04-3242952 401 Park Drive C/O of Harvard Med School, Boston, MA 02215	Healthcare education	MA	501(c)(3)	Line 11, Type 1	Harvard Medical Faculty Physicians at BIDMC, Inc
Beth Israel Dermatology Foundation, Inc 04-3117601 330 Brookline Avenue, Boston, MA 02215	Healthcare education	MA	501(c)(3)	Line 11, Type 1	Harvard Medical Faculty Physicians at BIDMC, Inc
Mount Auburn Hospital 04-2103606 330 Mount Auburn Street, Cambridge, MA 02138	Hospital	MA	501(c)(3)	Line 3	CareGroup, Inc
Mount Auburn Professional Services, Inc 04-3026897 330 Mount Auburn Street, Cambridge, MA 02138	Medical services	MA	501(c)(3)	Line 11, Type I	Mount Auburn Hospital
New England Baptist Hospital 04-2103612 125 Parker Hill Avenue, Boston, MA 02120	Hospital	MA	501(c)(3)	Line 3	CareGroup, Inc
New England Baptist Medical Associates, Inc 04-3326928 125 Parker Hill Avenue, Boston, MA 02120	Medical services	MA	501(c)(3)	Line 3	New England Baptist Hospital, Inc
President & Fellows of Harvard College 04-2103580 Massachusetts Hall, Cambridge, MA 02138	Healthcare education	MA	501(c)(3)	Line 2	N/A
Harvard Medical Faculty Physicians at BIDMC, Inc 22-2768204 375 Longwood Avenue, Boston, MA 02215	Medical services	MA	501(c)(3)	Line 9	N/A
Heart Center of Metrowest, Inc 03-0390670 99 Lincoln Street, Framingham, MA 01702	Medical services	MA	501(c)(3)	Line 9	Cardiovascular Management Associates, Inc

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
Medical Care of Boston Mgmt Corp dba Affiliated Physicians Group 04-2810972 400 Hunnewell Street, Needham, MA 02494	Medical services	MA	501(c)(3)	Line 9	Beth Israel Deaconess Medical Center, Inc
Riverbrook Corporation 04-2828955 109 Brookline Avenue, Boston, MA 02215	Real estate administration	MA	501(c)(2)	N/A	CareGroup, Inc
					0
					0
					0
					0
					0
					0
					0
					0

Form **8868**
(Rev. April 2007)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

OMB No 1545-1709

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** and check this box . . . . . ▶ [X]
- If you are filing for an **Additional (not automatic) 3-Month Extension, complete only Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I **Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

Section 501(c) corporations required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only . . . . . ▶ [ ]

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing (*e-file*). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for section 501(c) corporations required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit *www.irs.gov/efile* and click on *e-file for Charities & Nonprofits.*

Type or print File by the due date for filing your return. See instructions.	Name of Exempt Organization	Employer identification number
	BIH Pathology Foundation, Inc.	22-2548374
	Number, street, and room or suite no. If a P.O. box, see instructions.	
	330 Brookline Avenue	
	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-T (corporation)	[ ] Form 4720
[ ] Form 990-BL	[ ] Form 990-T (sec. 401(a) or 408(a) trust)	[ ] Form 5227
[ ] Form 990-EZ	[ ] Form 990-T (trust other than above)	[ ] Form 6069
[ ] Form 990-PF	[ ] Form 1041-A	[ ] Form 8870

- The books are in the care of ▶ Janis Zona

Telephone No. ▶ (617) 667-5761 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) N/A. If this is for the whole group, check this box . . . . . ▶ [ ]. If it is for part of the group, check this box. . . . . ▶ [ ] and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6 months for a section 501(c) corporation required to file Form 990-T) extension of time until 5/15/2009, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ [ ] calendar year _____ or
▶ [X] tax year beginning 10/1/2007, and ending 9/30/2008.

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

3 a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	$
b	If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	$
c	**Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	$ 0

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

- 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	BIH Pathology Foundation, Inc.	22-2548374
	Number, street, and room or suite no. If a P O. box, see instructions.	For IRS use only
	330 Brookline Avenue, Room No. GZ-137	
	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):

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

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

- The books are in the care of ▶ Janis Zona 330 Brookline Avenue, GZ-137 Boston MA 02215
  Telephone No. ▶ 617-667-5761 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) N/A . 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 8/15/2010 .

5 For calendar year , or other tax year beginning 10/1/2008 , and ending 9/30/2009 .

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 Some of the information necessary to complete the return will not be avilable in time for filing a complete and accurate return by MAy 17, 2010.

8 a	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	$ 0

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 ▶ Judith M. Penn Title ▶ Treasurer Date ▶ 5/13/10