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Form <b>990</b>  Department of the Treasury Internal Revenue Service	<b>Return of Organization Exempt From Income Tax</b>  <b>Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)</b>	OMB No 1545-0047 <div> <div>2009</div> <div>Open to Public Inspection</div> </div>
	The organization may have to use a copy of this return to satisfy state reporting requirements	

**A For the 2009 calendar year, or tax year beginning 07-01-2009 and ending 06-30-2010**

<b>B</b> Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>Please use IRS label or print or type. See Specific Instructions.</b>	<b>C</b> Name of organization Faculty Practice Foundation INC & affiliates		<b>D</b> Employer identification number 90-0513372
		Doing Business As		<b>E</b> Telephone number (617) 638-8923
		Number and street (or P.O. box if mail is not delivered to street address) 660 HARRISON AVENUE 3RD FLOOR	Room/suite	<b>G</b> Gross receipts \$ 281,583,919
		City or town, state or country, and ZIP + 4 BOSTON, MA 02118		
		<b>F</b> Name and address of principal officer KAREN H ANTMAN MD 660 HARRISON AVENUE BOSTON, MA 02118		
<b>I</b> Tax-exempt status <input checked="" type="checkbox"/> 501(c) ( 3 ) <input type="checkbox"/> (insert no ) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>H(b)</b> Are all affiliates included? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)		
<b>J</b> Website: WWW BMC ORG		<b>H(c)</b> Group exemption number 8094		

<b>K</b> Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other <input type="checkbox"/>	<b>L</b> Year of formation 1994	<b>M</b> State of legal domicile MA
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## Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities SEE SCHEDULE O		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	4
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	
	5	Total number of employees (Part V, line 2a)	5	1,74
	6	Total number of volunteers (estimate if necessary)	6	7
	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	32,65
	7b	Net unrelated business taxable income from Form 990-T, line 34	7b	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	0	0
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	283,375,463	281,739,098
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	369,978	-155,179
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	0	0
	12		283,745,441	281,583,919
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	419,683	247,530
	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)	203,269,842	209,490,515
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25) <input type="checkbox"/> 0		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	73,405,011	73,991,576
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	277,094,536	283,729,621
	19	Revenue less expenses Subtract line 18 from line 12	6,650,905	-2,145,702
Net Assets or Fund Balances			Beginning of Current Year	End of Year
	20	Total assets (Part X, line 16)	91,748,012	82,410,801
	21	Total liabilities (Part X, line 26)	36,700,148	27,448,703
	22	Net assets or fund balances Subtract line 21 from line 20	55,047,864	54,962,098

## Part II Signature Block

<b>Sign Here</b>	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							
	<div> <div></div> <div>Signature of officer</div> </div>			<div> <div></div> <div>2011-05-16</div> </div> <div>Date</div>				
	<div> <div></div> <div>PETER HEALY VP OF PROFESSIONAL SVCS</div> </div> <div>Type or print name and title</div>							
<b>Paid Preparer's Use Only</b>	Preparer's signature	<div> <div></div> <div>PRICEWATERHOUSECOOPERS LLP</div> </div>	Date	<div> <div></div> <div>2011-05-13</div> </div>	Check if self-employed	<input type="checkbox"/>	Preparer's identifying number (see instructions)	
	Firm's name (or yours if self-employed), address, and ZIP + 4	<div> <div></div> <div>PricewaterhouseCoopers LLP</div> </div> <div> <div></div> <div>125 High Street</div> </div> <div> <div></div> <div>Boston, MA 02110</div> </div>					EIN	<div> <div></div> <div></div> </div>
	Phone no							<div> <div></div> <div>(617) 530-5000</div> </div>

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








**1** Briefly describe the organization's mission

SEE SCHEDULE O

Form **990** (2009)

Part IV

Checklist of Required Schedules

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

Part IV

Checklist of Required Schedules (continued)

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

Part V

Statements Regarding Other IRS Filings and Tax Compliance

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable . . . . .	1a	96	
	b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .			1c	Yes
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return . . . . .	2a	1,741	
	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note:</b> 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	Yes
b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O . . . . .			3b	Yes
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .			4a	No
b If "Yes," enter the name of the foreign country: <input type="text"/> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts				
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . .			5a	No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b	No
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? . . . . .			5c	
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? . . . . .			6a	No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .			6b	
7 Organizations that may receive deductible contributions under section 170(c).				
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . .			7a	No
b If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .			7b	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .			7c	No
d If "Yes," indicate the number of Forms 8282 filed during the year . . . . .			7d	
e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .			7e	No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . .			7f	No
g For all contributions of qualified intellectual property, did the organization file Form 8899 as required? . . .			7g	
h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? . . . . .			7h	
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? . . . . .			8	
9 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

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

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body . . .	1a	44	
b	Enter the number of voting members that are independent . . .	1b	0	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . .	2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . . .	3		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets? . . .	5		No
6	Does the organization have members or stockholders? . . . . .	6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? . . . . .	7a		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . . .	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body? . . . . .	8a	Yes	
b	Each committee with authority to act on behalf of the governing body? . . . . .	8b	Yes	
9	Is there any officer, director, 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 . . . . .	9		No

Section B. Policies

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

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates? . . . . .	10a	Yes	
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? . . . . .	10b	Yes	
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990 . . . . .			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	12b	Yes	
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	Yes	
13	Does the organization have a written whistleblower policy? . . . . .	13	Yes	
14	Does the organization have a written document retention and destruction policy? . . . . .	14	Yes	
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	Yes	
b	Other officers or key employees of the organization . . . . .	15b	Yes	
	If "Yes" to line a or b, 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		No
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 Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ KATHRYN BEACH 660 HARRISON AVENUE GAMBRO 3 RM 3 BOSTON,MA 02118 (617) 638-3565

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

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

Form 990 (2009)



1b	Total	23,337,704	1,261,902	2,216,707
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2

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization▶594

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

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
ANESTHESIA ASSOC OF MA 690 CANTON STREET WESTWOOD, MA 02090	MGMT SERVICES	8,747,013
PER SE TECHNOLOGIES 10 MOLLISON WAY LEWISTON, ME 04240	BILLING SERVICES	3,440,950
Springfield Service Corporation 8151 W 183rd Street Suite B TINLEY PARK, IL 60487	BILLING SERVICES	1,589,554
HART ASSOCIATES INC 3 ALLIED DRIVE DEDHAM, MA 02026	BILLING SERVICES	1,160,844
CHILDREN'S HOSPITAL OF BOSTON 300 LONGWOOD AVE FEGHAN 3 BOSTON, MA 02115	PHYSICIAN CONTRACT	751,286

2

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶15

Part VIII

Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514		
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . .	1a						
	b	Membership dues . . . . .	1b						
	c	Fundraising events . . . . .	1c						
	d	Related organizations . . . .	1d						
	e	Government grants (contributions)	1e						
	f	All other contributions, gifts, grants, and similar amounts not included above	1f						
	g	Noncash contributions included in lines 1a-1f \$ _____							
	h	Total. Add lines 1a-1f . . . . .		0					
Program Service Revenue			Business Code						
	2a	PATIENT REVENUE	900,099	142,125,389	142,125,389				
	b	INSTITUTIONAL SUPPORT	900,099	95,884,017	95,884,017				
	c	FREE CARE REIMBURSEMENT	900,099	8,527,702	8,527,702				
	d	RESEARCH SUPPORT	900,099	2,258,890	2,258,890				
	e	OTHER HEALTH REVENUE	541,380	32,943,100	32,910,446	32,654			
	f	All other program service revenue							
	g	Total. Add lines 2a-2f . . . . .		281,739,098					
Other Revenue	3	Investment income (including dividends, interest and other similar amounts) . . . . .		-180,619			-180,619		
	4	Income from investment of tax-exempt bond proceeds . . .		0					
	5	Royalties . . . . .		0					
	6a	Gross Rents	(i) Real	(ii) Personal					
	b	Less rental expenses							
	c	Rental income or (loss)							
	d	Net rental income or (loss) . . . . .							
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other					
					25,440				
	d	Net gain or (loss) . . . . .		25,440			25,440		
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . .	a						
			b	Less direct expenses . . . . .	b				
			c	Net income or (loss) from fundraising events . . .		0			
	9a	Gross income from gaming activities See Part IV, line 19 . . . . .	a						
			b	Less direct expenses . . . . .	b				
c			Net income or (loss) from gaming activities . . .		0				
10a	Gross sales of inventory, less returns and allowances . . . . .	a							
		b	Less cost of goods sold . . . . .	b					
		c	Net income or (loss) from sales of inventory . . .		0				
Miscellaneous Revenue		Business Code							
11a									
b									
c									
d	All other revenue . . . . .								
e	Total. Add lines 11a-11d . . . . .		0						
12	Total revenue. See Instructions . . . . .		281,583,919	281,706,444	32,654	-155,179			

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	247,530	247,530		
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 . . . . .	16,737,862	14,301,238	2,436,624	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	149,776,725	124,837,493	24,939,232	0
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . .	33,920	27,475	6,445	0
9	Other employee benefits . . . . .	42,724,215	35,425,357	7,298,858	0
10	Payroll taxes . . . . .	217,793	184,045	33,748	0
11	Fees for services (non-employees)				
a	Management . . . . .	2,718,545	0	2,718,545	0
b	Legal . . . . .	47,507	0	47,507	0
c	Accounting . . . . .	14,000	0	14,000	0
d	Lobbying . . . . .	0			
e	Professional fundraising See Part IV, line 17 . . . . .	0			
f	Investment management fees . . . . .	188,744	0	188,744	0
g	Other . . . . .	19,611,182	17,864,750	1,746,432	0
12	Advertising and promotion . . . . .	294,118	250,050	44,068	0
13	Office expenses . . . . .	4,006,286	3,209,532	796,754	0
14	Information technology . . . . .	134,919	118,736	16,183	0
15	Royalties . . . . .	0	0	0	0
16	Occupancy . . . . .	2,828,333	2,235,728	592,605	0
17	Travel . . . . .	1,104,741	916,832	187,909	0
18	Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .	0			
19	Conferences, conventions, and meetings . . . . .	1,741,070	1,345,133	395,937	0
20	Interest . . . . .	26,744	26,743	1	0
21	Payments to affiliates . . . . .	10,807,714	6,570,246	4,237,468	0
22	Depreciation, depletion, and amortization . . . . .	742,639	593,608	149,031	0
23	Insurance . . . . .	7,358,355	6,126,057	1,232,298	
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below )				
a	BAD DEBT EXPENSE	17,558,882	17,558,882	0	
b	DUES, MEMBERSHIPS & LIC MDS	986,141	826,254	159,887	
c	RESEARCH EXPENSES	1,676,254	1,234,067	442,187	
d	MEDICAL STAFF DEVELOPMENT	806,619	678,718	127,901	
e	EMPLOYEE RELATIONS	207,357	191,998	15,359	
f	All other expenses	1,131,426	937,476	193,950	
25	Total functional expenses. Add lines 1 through 24f	283,729,621	235,707,948	48,021,673	0
26	Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X

Balance Sheet

						(A)		(B)
						Beginning of year		End of year
Assets	1	Cash—non-interest-bearing . . . . .				30,255,876	1	31,037,336
	2	Savings and temporary cash investments . . . . .					2	
	3	Pledges and grants receivable, net . . . . .					3	
	4	Accounts receivable, net . . . . .				16,082,408	4	14,337,824
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . .					5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L . . . . .					6	
	7	Notes and loans receivable, net . . . . .					7	
	8	Inventories for sale or use . . . . .					8	
	9	Prepaid expenses and deferred charges . . . . .					9	
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D . . . . .	10a	10,787,553				
	b	Less accumulated depreciation . . . . .	10b	7,049,634		3,089,437	10c	3,737,919
	11	Investments—publicly traded securities . . . . .				16,302,566	11	17,355,268
	12	Investments—other securities See Part IV, line 11 . . . . .					12	
	13	Investments—program-related See Part IV, line 11 . . . . .					13	
	14	Intangible assets . . . . .					14	
	15	Other assets See Part IV, line 11 . . . . .				26,017,725	15	15,942,454
	16	Total assets. Add lines 1 through 15 (must equal line 34) . . . . .				91,748,012	16	82,410,801
Liabilities	17	Accounts payable and accrued expenses . . . . .				8,022,170	17	10,826,716
	18	Grants payable . . . . .					18	
	19	Deferred revenue . . . . .					19	
	20	Tax-exempt bond liabilities . . . . .					20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D . . . . .					21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . . . . .					22	
	23	Secured mortgages and notes payable to unrelated third parties . . . . .					23	
	24	Unsecured notes and loans payable to unrelated third parties . . . . .					24	
	25	Other liabilities Complete Part X of Schedule D . . . . .				28,677,978	25	16,621,987
	26	Total liabilities. Add lines 17 through 25 . . . . .				36,700,148	26	27,448,703
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.							
	27	Unrestricted net assets . . . . .				55,047,864	27	54,962,098
	28	Temporarily restricted net assets . . . . .					28	
	29	Permanently restricted net assets . . . . .					29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.							
	30	Capital stock or trust principal, or current funds . . . . .					30	
	31	Paid-in or capital surplus, or land, building or equipment fund . . . . .					31	
	32	Retained earnings, endowment, accumulated income, or other funds . . . . .					32	
	33	Total net assets or fund balances . . . . .				55,047,864	33	54,962,098
	34	Total liabilities and net assets/fund balances . . . . .				91,748,012	34	82,410,801

**Part XI Financial Statements and Reporting**

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

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury  
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2009

Open to Public  
Inspection

Name of the organization  
Faculty Practice Foundation INC & affiliates

Employer identification number  
90-0513372

Part I

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

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

- 1

☐

A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**
- 2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E )
- 3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II )
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☐

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II )
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II )
- 9

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III )
- 10

☐

An organization organized and operated exclusively to test for public safety See**section 509(a)(4).**
- 11

☒

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

a

☐

Type I

b

☐

Type II

c

☒

Type III - Functionally integrated

d

☐

Type III - Other
- e

☒

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

☐

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

☐

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

(i)

a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?

(ii)

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

(iii)

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

☐

Provide the following information about the supported organization(s)

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
BOSTON MEDICAL CENTER	043314093	03	Yes		Yes		Yes		0
TRUSTEES OF BOSTON UNIVERSITY	042103547	02	Yes		Yes		Yes		0
Total									0

Part II

Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)  
(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public Support. Subtract line 5 from line 4						

Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV ) Do not include gain or loss from the sale of capital assets						
11 Total support (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (See instructions )					12	
13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage		
14	Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f))	14
15	Public Support Percentage for 2008 Schedule A, Part II, line 14	15
16a	<b>33 1/3% support test—2009.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization	<input type="checkbox"/>
b	<b>33 1/3% support test—2008.</b> If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization	<input type="checkbox"/>
17a	<b>10%-facts-and-circumstances test—2009.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization	<input type="checkbox"/>
b	<b>10%-facts-and-circumstances test—2008.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization	<input type="checkbox"/>
18	<b>Private Foundation</b> If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions	<input type="checkbox"/>

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3Gross receipts from activities that are not an unrelated trade or business under section 513						
4Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5The value of services or facilities furnished by a governmental unit to the organization without charge						
6Total. Add lines 1 through 5						
7aAmounts included on lines 1, 2, and 3 received from disqualified persons						
bAmounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
cAdd lines 7a and 7b						
8Public Support (Subtract line 7c from line 6 )						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9Amounts from line 6						
10aGross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
bUnrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
cAdd lines 10a and 10b						
11Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13Total support (Add lines 9, 10c, 11 and 12.)						
14First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage

15Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f))	15	
16Public support percentage from 2008 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17Investment income percentage for 2009 (line 10c column (f) divided by line 13 column (f))	17	
18Investment income percentage from 2008 Schedule A, Part III, line 17	18	
19a33 1/3% support tests—2009. 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		
b33 1/3% support tests—2008. 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		
20Private 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.** 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 D  
(Form 990)

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.  
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization Faculty Practice Foundation INC & affiliates	Employer identification number 90-0513372
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Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	

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

1	Purpose(s) of conservation easements held by the organization (check all that apply) <div><input type="checkbox"/> Preservation of land for public use (e g , recreation or pleasure) <input type="checkbox"/> Preservation of an historically importantly land area <input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure <input type="checkbox"/> Preservation of open space</div>											
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											
		<table><tr><td></td><td>Held at the End of the Year</td></tr><tr><td>a</td><td>Total number of conservation easements</td></tr><tr><td>b</td><td>Total acreage restricted by conservation easements</td></tr><tr><td>c</td><td>Number of conservation easements on a certified historic structure included in (a)</td></tr><tr><td>d</td><td>Number of conservation easements included in (c) acquired after 8/17/06</td></tr></table>		Held at the End of the Year	a	Total number of conservation easements	b	Total acreage restricted by conservation easements	c	Number of conservation easements on a certified historic structure included in (a)	d	Number of conservation easements included in (c) acquired after 8/17/06
	Held at the End of the Year											
a	Total number of conservation easements											
b	Total acreage restricted by conservation easements											
c	Number of conservation easements on a certified historic structure included in (a)											
d	Number of conservation easements included in (c) acquired after 8/17/06											
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ _____											
4	Number of states where property subject to conservation easement is located ▶ _____											
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>											
6	Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ▶ _____											
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____											
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>											
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

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

1a

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

☐ Yes

☐ No

b

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

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

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV

Part V

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

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

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶

b

Permanent endowment ▶

c

Term endowment ▶

3a

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

(i)

unrelated organizations . . . . .

(ii)

related organizations . . . . .

b

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

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

4

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

Part VI

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

Description of investment	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land . . . . .				
b Buildings . . . . .				
c Leasehold improvements . . . . .		3,403,633	1,247,291	2,156,342
d Equipment . . . . .		5,520,020	4,255,046	1,264,974
e Other . . . . .		1,863,900	1,547,297	316,603
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶				3,737,919



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

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

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

Part XIV Supplemental Information		
Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part 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. Also complete this part to provide any additional information.		
Identifier	Return Reference	Explanation
schedule d, part x - fin 48	FACULTY PRACTICE FOUNDATION, INC. & AFFILIATES' FINANCIAL STATEMENTS DID	NOT REPORT A LIABILITY FOR UNCERTAIN TAX POSITIONS UNDER FIN 48

Schedule I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

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

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

OMB No 1545-0047

2009

Open to Public  
Inspection

Name of the organization  
Faculty Practice Foundation INC & affiliates

Employer identification number  
90-0513372

Part I

General Information on Grants and Assistance

1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . .

☒ Yes ☐ No

2

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed . . . . . ☐

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TRUSTEES OF BOSTON UNIVERSITY881 COMMONWEALTH AVENUE BOSTON, MA 02215	042103547	501(c)(3)	6,325				GENERAL SUPPORT
BOSTON MEDICAL CENTER 88 EAST NEWTON STREET BOSTON, MA 02118	043314093	501(C)(3)	172,819				GENERAL SUPPORT
arthritis foundation (MASS CHAPTER)29 craft st ste 450 newton, MA 02458	042113261	501(c)(3)	6,000				GENERAL SUPPORT
american heart association 7272 greenville avenue dallas,TX 75231	135613797	501(c)(3)	15,000				GENERAL SUPPORT
american skin association 346 park ave S 4th fl new york,NY 10010	133401320	501(c)(3)	7,500				GENERAL SUPPORT

2

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

5

3

Enter total number of other organizations . . . . .

0

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

[illegible]

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

[illegible]

Schedule J  
(Form 990)

Compensation Information

OMB No 1545-0047

2009

Open to Public Inspection

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

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

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization

Faculty Practice Foundation INC & affiliates

Employer identification number

90-0513372

Part I

Questions Regarding Compensation

		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items		
	<div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Housing allowance or residence for personal use</div></div> <div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Payments for business use of personal residence</div></div> <div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div></div> <div><div><input type="checkbox"/> Discretionary spending account</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div>		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain	1b	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply		
	<div><div><input type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Written employment contract</div></div> <div><div><input type="checkbox"/> Independent compensation consultant</div><div><input type="checkbox"/> Compensation survey or study</div></div> <div><div><input type="checkbox"/> Form 990 of other organizations</div><div><input type="checkbox"/> Approval by the board or compensation committee</div></div>		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization		
a	Receive a severance payment or change-of-control payment?	4a	No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c	No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III		
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.		
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of		
a	The organization?	5a	No
b	Any related organization?	5b	No
	If "Yes," to line 5a or 5b, describe in Part III		
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of		
a	The organization?	6a	No
b	Any related organization?	6b	No
	If "Yes," to line 6a or 6b, describe in Part III		
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	Yes
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	8	No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9	



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

[illegible]

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.

Identifier	Return Reference	Explanation
ALL INDIVIDUALS WERE COMPENSATED FOR THEIR ROLES AS PHYSICIANS AND/OR	DEPARTMENT CHAIRS, NOT FOR THEIR ROLES AS DIRECTORS, OFFICERS, OR FORMER	officers. RHODA M. ALANI, MD, WAS EMPLOYED AS OF JANUARY 1, 2010, AS CHAIR OF BOSTON UNIVERSITY DERMATOLOGY, INC. SHE DID NOT RECEIVE COMPENSATION DURING CALENDAR 2009. SCHEDULE J, PART I, LINE 3: THE COMPENSATION COMMITTEE OF THE FACULTY PRACTICE FOUNDATION, A RELATED ORGANIZATION, SERVES AS THE COMPENSATION COMMITTEE OF EACH FACULTY PRACTICE PLAN TO REVIEW AND APPROVE COMPENSATION OF THE CHIEF EXECUTIVE OFFICER OF EACH FACULTY PRACTICE PLAN. SCHEDULE J, PART I, LINE 7: THE FACULTY PRACTICE FOUNDATION, INC. AND AFFILIATES DO NOT DISTRIBUTE COMPENSATION CONTINGENT ON REVENUE OR NET EARNINGS OF THE ORGANIZATION AS A WHOLE, NOR THE INDIVIDUAL PRACTICES. HOWEVER, BASED ON THE INDIVIDUAL PHYSICIAN ACTIVITY INCOME STATEMENT, A PHYSICIAN MAY BE PAID COMPENSATION, WHICH IS REPORTED AS "OTHER NON-FIXED PAYMENTS" ON SCHEDULE J, PART I, COLUMN B(III).

Schedule L

(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Transactions with Interested Persons

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

OMB No 1545-0047

2009

Open to Public  
Inspection

**Name of the organization**  
Faculty Practice Foundation INC &  
affiliates

**Employer identification number**  
  
90-0513372

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

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

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 . . . . . ▶ \$ \_\_\_\_\_

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ \$ \_\_\_\_\_

Part II Loans to and/or From Interested Persons.

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

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c)Original principal amount	(d)Balance due	(e) In default?		(f) Approved by board or committee?		(g)Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
Total . . . . . ▶ \$ _____										

Part III Grants or Assistance Benefitting Interested Persons.

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

(a) Name of interested person	(b)Relationship between interested person and the organization	(c)Amount of grant or type of assistance

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
ANN MARIE CIRAULO	SPOUSE OF OFFICER	78,700	EMPLOYEE AT BUPA		No
DANIELLE CIRAULO	CHILD OF OFFICER	43,260	EMPLOYEE AT BUPA		No

Additional Data

Software ID:  
Software Version:  
EIN: 90-0513372  
Name: Faculty Practice Foundation INC & affiliates

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -	DLN: 93493136045741
SCHEDULE O (Form 990)	Supplemental Information to Form 990  Complete to provide information for responses to specific questions on Form 990 or to provide any additional information. ▶ Attach to Form 990.		OMB No 1545-0047
			2009
			Open to Public Inspection
Name of the organization Faculty Practice Foundation INC & affiliates			Employer identification number 90-0513372

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

Identifier	Return Reference	Explanation
ORGANIZATION'S MISSION	FORM 990, PART I, LINE 1 AND PART III, LINES 1 AND 4	THE FACULTY PRACTICE PLANS ("THE PLANS") WERE ESTABLISHED AS NOT-FOR-PROFIT CORPORATIONS OPERATING EXCLUSIVELY FOR THE BENEFIT OF BOSTON MEDICAL CENTER AND BOSTON UNIVERSITY SCHOOL OF MEDICINE THE PLANS' PURPOSE IS TO PROVIDE, COORDINATE AND FACILITATE THE DELIVERY OF PATIENT CARE SERVICES AND TO PROMOTE THE DEVELOPMENT OF AN INTEGRATED SY STEM OF DELIVERY TO MORE EFFICIENTLY AND EFFECTIVELY MEET THE HEALTH CARE NEEDS OF THE COMMUNITIES SERVED BY THE INSTITUTIONS THE PLANS PROVIDE AMBULATORY SERVICES RANGING FROM PRIMARY ADULT AND PEDIA TRIC CARE TO ADVANCED SPECIALTY CARE, AFFILIATED PHYSICIANS ALSO STAFF THE LARGEST 24 HOUR LEVEL 1 TRAUMA CENTER IN NEW ENGLAND GOVERNANCE, MANAGEMENT, AND DISCLOSURE FORM 990, PART VI, SECTION A, LINE 1B AND 2 ALL OFFICERS AND DIRECTORS ARE EMPLOYEES OF EITHER BOSTON UNIVERSITY OR BOSTON MEDICAL CENTER, RELATED ORGANIZATIONS GOVERNANCE, MANAGEMENT, AND DISCLOSURE FORM 990, PART VI, SECTION A, LINE 11A PRIOR TO THE FILING OF THE FORM 990 WITH THE IRS, THE FORM 990 WAS PREPARED BY OUR OUTSIDE TAX CONSULTANTS WAS REVIEWED BY INTERNAL MANAGEMENT THE AUDIT AND COMPLIANCE COMMITTEE OF THE BOSTON MEDICAL CENTER BOARD OF TRUSTEES THEN REVIEWED THE RETURN EACH MEMBER OF THE PLANS' BOARD WAS PROVIDED A COPY OF THE FINAL FORM 990 PRIOR TO FILING governance, management, and disclosure form 990, part vi, section b, line 12 conflict of interest questionnaires for the fiscal year ending june 30, 2010 w ere distributed on january 31, 2011 by the compliance and legal services department THE OFFICE OF GENERAL COUNSEL queries TRUSTEES, officers and directors on at least an annual basis regarding relationships that may create potential conflicts of interest The OFFICE OF GENERAL COUNSEL review s all disclosures and determ ines w hether there are actual or potential conflicts of interest The General Counsel advises the board of trustees and officers of the corporation accordingly GOVERNANCE, MANAGEMENT, AND DISCLOSURE FORM 990, PART VI, SECTION B, LINES 15 A & B THE COMPENSATION COMMITTEE OF THE FACULTY PRACTICE FOUNDATION, A RELATED ORGANIZATION, SERVES AS THE COMPENSATION COMMITTEE OF EACH FACULTY PRACTICE PLAN TO REVIEW AND APPROVE COMPENSATION OF THE CHIEF EXECUTIVE OFFICER OF EACH FACULTY PRACTICE PLAN The Foundation Compensation Committee has tw o members including the President and CEO of Boston medical center and the Dean of Boston University School of Medicine This Committee is responsible for approving the compensation for certain physician executives An annual meeting of the Foundation's Compensation Committee w as held on June 15, 2009 to review and approve the FY2010 proposed compensation for the physician executives serving as presidents of the plans as w ell as the executive contracted to serve as the department chair of Anesthesia For FY2010 the salary of each of the physician executives under consideration w as provided to the Committee The Committee evaluated and relied upon comparable data in making its decision The comparable data consisted of compensation survey information from the AAMC for each specialty w here available, listing both the fiftieth and seventy-fifth salary percentiles The proposed compensation as submitted or amended by the Committee w as voted upon by the Committee The Committee's assessment of these considerations is contained in the official minutes GOVERNANCE, MANAGEMENT, AND DISCLOSURE Form 990, part VI, Section B, line 19 THE plans DO NOT MAKE their GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, OR FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC Shared Services Agreement Form 990, part VII, Section A The plans are affiliated w ith Boston Medical Center ("BMC") and Boston University School of Medicine ("BUSM") The Plans each entered into a common paymaster agreement w ith BMC and the Trustees of Boston University ("BU") Under the terms of the physician practice agreements, faculty physicians and practitioners ("Faculty Members") are employed by the individual Plans The Faculty serves the benefit of BMC (by providing clinical services) and BUSM (by serving as faculty members of BUSM) Each Plan, w ith respect to each Faculty member that the Plan employs, pays BU 28 9% of each Faculty member's salary up to a \$245,000 base, for reimbursement of fringe benefits and related paymaster fees If a particular Faculty member's salary exceeds the base amount of \$245,000, the Plans further pay BU 8 1% on such excess up to an amount equal to the FICA limit for that particular year and then 1 9% on any amount in excess of the applicable FICA limit The Plans also pay for a portion of administrative salaries and fringe benefits for nonphysician employees of BMC, w ho provide services to them The plans do not pay for pension plan contributions for those employees that fall under the above-mentioned paymaster agreement(s)

SCHEDULE R  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization  
Faculty Practice Foundation INC & affiliates

Employer identification number  
90-0513372

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)					
(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)					
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
BOSTON MEDICAL CENTER  88 EAST NEWTON STREET  BOSTON, MA 02118 04-3314093	healthcare	MA	501(C)(3)	3	NA
TRUSTEES OF BOSTON UNIVERSITY  881 COMMONWEALTH AVENUE  BOSTON, MA 02215 04-2103547	EDUCATION	MA	501(C)(3)	2	NA
FACULTY PRACTICE FOUNDATION INC  660 Harrison Avenue 3rd Floor  Boston, MA 02118 04-3289381	healthcare	MA	501(C)(3)	11b II	NA

Part III

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	
							Yes	No		Yes	No

Part IV

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership

Part V

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

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

1

During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a

Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity

b

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

c

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

d

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

e

Loans or loan guarantees by other organization(s)

f

Sale of assets to other organization(s)

g

Purchase of assets from other organization(s)

h

Exchange of assets

i

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

j

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

k

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

l

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

m

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

n

Sharing of paid employees

o

Reimbursement paid to other organization for expenses

p

Reimbursement paid by other organization for expenses

q

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

r

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

	Yes	No
1a		No
1b		No
1c		No
1d		No
1e		No
1f		No
1g		No
1h	Yes	
1i		No
1j		No
1k		No
1l		No
1m	Yes	
1n	Yes	
1o	Yes	
1p	Yes	
1q		No
1r		No

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

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		

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

[illegible]



Additional Data

Software ID:

Software Version:

EIN: 90-0513372

Name: Faculty Practice Foundation INC & affiliates

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Jonathan S Olshaker MD President-ER	50 0	X		X				527,699	0	44,215
Steve R Williams MD DIRECTOR & PRESIDENT-REHAB	50 0	X		X				431,410	0	28,202
Susannah G Rowe MD Director-EYE	50 0	X						299,665	0	43,909
Manju L Subramanian MD Director-EYE	50 0	X						243,505	0	28,476
Tony N Pira MD Director-EYE	50 0	X						212,402	0	26,095
Larry Culpepper MD President-FAMILY	50 0	X		X				338,576	0	41,396
James M Becker MD PresIDENT-SURGICAL/GEN SURGERY	50 0	X		X				1,002,335	0	41,651
Daniel G Remick MD President-PATH	50 0	X		X				548,612	0	43,522
Michael J OBrien MD Director-PATH	50 0	X						352,315	0	41,653
Alexander M Norbash MD President-RADIO	50 0	X		X				646,749	0	44,215
William R Cranley MD Treasurer-RADIO	50 0	X		X				309,975	0	27,354
Ewa Kuligowska MD Clerk-RADIO	50 0	X		X				130,878	0	12,681
Glenn Barest MD Director-RADIO	50 0	X						372,476	0	49,728
Richard K Babayan MD President-UROLOGY	50 0	X		X				607,493	0	43,032
Carlos S Kase MD President/Director-NEURO	50 0	X		X				367,860	0	43,814
Lawrence S Chin MD President-NEURO	50 0	X		X				706,157	0	44,177
Linda J Heffner md phd President-OBGYN	50 0	X		X				503,816	0	41,382
Aviva Lee-Parritz MD Director-BU OBGYN	50 0	X						284,273	0	23,991
Paul M Hendessi MD Director-OBGYN	50 0	X						223,888	0	38,766
Therese McMahan CNM Director-OBGYN	50 0	X						107,586	0	14,899
Susanna M Walsh MD Director-OBGYN	50 0	X						143,219	0	32,476
David C Harrison Jr MD Director-OBGYN	50 0	X						178,264	0	20,333
Thomas A Einhorn MD President-ORTHO	50 0	X		X				729,447	0	50,890
Gregory A Antoine MD President-PLASTICS	50 0	X		X				484,737	0	37,183
Domenic A Ciraulo MD President/CEO -PSYCH	50 0	X		X				420,193	0	59,083

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(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				
Benedict D Daly MD President-C&T	50 0	X		X				685,110	0	43,153	
Keith P Lewis MD President-ANES	50 0	X		X				433,725	0	24,310	
Kenneth M Grundfast MD President-OTO	50 0	X		X				466,262	0	40,797	
Barry S Zuckerman MD President-CHF	50 0	X		X				422,762	0	43,302	
Robert J Vinci MD Vice President-CHF	50 0	X		X				320,824	0	43,892	
David DiFiore Treasurer/Director-CHF	50 0	X		X				0	168,800	14,191	
Howard Bauchner MD DIRECTOR/CLERK-CHF	50 0	X		X				270,529	0	41,459	
Shalender Bhasin MD Director-EMF	50 0	X						271,782	0	42,733	
Lewis Braverman MD DIRECTOR-EMF	50 0	X		X				217,037	0	21,593	
David L Coleman MD President-EMF	50 0	X		X				598,854	0	25,785	
Karen M Freund MD Director-EMF	50 0	X						212,831	0	44,017	
Paul R Skolnick MD Director-EMF	50 0	X						244,539	0	46,332	
STEPHEN CHRISTIANSEN MD PRESIDENT-EYE	50 0	X		X				485,729	0	18,668	
DAVID P NUNES MD DIRECTOR-EMF	50 0	X						261,393	0	31,052	
EMELIA BENJAMIN MD DIRECTOR-EMF	50 0	X						237,620	0	49,357	
STEPHANIE LEE MD DIRECTOR-EMF	50 0	X						193,880	0	22,166	
MINA YAAR MD DIRECTOR-DERM	50 0	X		X				310,688	0	25,367	
JULIE MOTTI-SANTIAGO CNM DIRECTOR-OBGYN	50 0	X						110,358	0	30,400	
JULIO MAZUL MD DIRECTOR-OBGYN	50 0	X						181,086	0	7,416	
JENNIFER BALLARD-DWAN MD DIRECTOR-OBGYN	50 0	X						196,986	0	21,084	
MARTIN H KROLL MD DIRECTOR-PATH	50 0	X						359,685	0	28,170	
RHODA M ALANI MD PRESIDENT-DERM	50 0	X		X				0	0	0	
William A Macone Treasurer-DERM	50 0			X				113,709	0	28,722	
Kevin Maguire Clerk-NEURO	50 0			X				0	111,677	27,524	
Kathryn Knight Treasurer-OBGYN	50 0			X				0	138,667	29,033	

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(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			
Stephanie Lovell ESQ Assistant Clerk	50 0			X				0	543,113	83,955
DIANE HOLMES treasurer-EMF	50 0			X				0	175,302	19,976
GREGORY GRILLONE MD CLERK-OTO	50 0			X				291,883	0	43,690
JOHN WOOD CLERK-OBGYN	50 0			X				0	44,447	2,297
BRIAN ROUX TREASURER-OTO	50 0			X				0	79,896	9,362
Jeffrey h Spiegel md PROFESSOR/PHYSICIAN-Oto	50 0					X		1,199,192	0	43,245
Timothy e Foster md PROFESSOR/PHYSICIAN-Ortho	50 0					X		1,087,143	0	43,893
William r Creevy md PROFESSOR/PHYSICIAN-ORTHO	50 0					X		856,416	0	43,893
Tony y Tannoury md PROFESSOR/PHYSICIAN-ORTHO	50 0					X		813,252	0	43,178
Andrew Stein md PROFESSOR/PHYSICIAN-ORTHO	50 0					X		804,556	0	43,797
Edward B Feinberg MD MPH President-EYE	50 0						X	416,346	0	40,405
BARBARA GILCHREST MD FMR PRESIDENT/DIRECTOR-DERM	50 0						X	121,837	0	18,506
ELLEN R COOPER MD FMR TREASURER/DIRECTOR-CHF	50 0						X	143,990	0	23,555
MANUEL S RAAGAS MD FMR CLERK-RADIO	50 0						X	367,791	0	42,963
THOMAS J MOORE MD FMR PRESIDENT-EMF	50 0						X	466,379	0	40,346

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

	Business Code	(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
PATIENT REVENUE	900,099	142,125,389	142,125,389		
INSTITUTIONAL SUPPORT	900,099	95,884,017	95,884,017		
FREE CARE REIMBURSEMENT	900,099	8,527,702	8,527,702		
RESEARCH SUPPORT	900,099	2,258,890	2,258,890		
OTHER HEALTH REVENUE	541,380	32,943,100	32,910,446	32,654	

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

<i>Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
BAD DEBT EXPENSE	17,558,882	17,558,882	0	
DUES, MEMBERSHIPS & LIC MDS	986,141	826,254	159,887	
RESEARCH EXPENSES	1,676,254	1,234,067	442,187	
MEDICAL STAFF DEVELOPMENT	806,619	678,718	127,901	
EMPLOYEE RELATIONS	207,357	191,998	15,359	

Software ID:

Software Version:

EIN: 90-0513372

Name: Faculty Practice Foundation INC & affiliates

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

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
Jonathan S Olshaker MD	(i) 443,157 (ii) 0	0 0	84,542 0	23,349 0	20,866 0	571,914 0	0 0
Steve R Williams MD	(i) 412,950 (ii) 0	0 0	18,460 0	22,774 0	5,428 0	459,612 0	0 0
Edward B Feinberg MD MPH	(i) 372,924 (ii) 0	0 0	43,422 0	23,349 0	17,056 0	456,751 0	0 0
Susannah G Rowe MD	(i) 230,415 (ii) 0	0 0	69,250 0	23,349 0	20,560 0	343,574 0	0 0
Manju L Subramanian MD	(i) 237,443 (ii) 0	0 0	6,062 0	22,705 0	5,771 0	271,981 0	0 0
Tony N Pira MD	(i) 210,350 (ii) 0	0 0	2,052 0	19,977 0	6,118 0	238,497 0	0 0
Larry Culpepper MD	(i) 315,609 (ii) 0	0 0	22,967 0	23,349 0	18,047 0	379,972 0	0 0
James M Becker MD	(i) 443,265 (ii) 0	0 0	559,070 0	23,349 0	18,302 0	1,043,986 0	0 0
Daniel G Remick MD	(i) 439,101 (ii) 0	0 0	109,511 0	23,349 0	20,173 0	592,134 0	0 0
Michael J OBrien MD	(i) 234,174 (ii) 0	0 0	118,141 0	23,349 0	18,304 0	393,968 0	0 0
Alexander M Norbash MD	(i) 440,787 (ii) 0	0 0	205,962 0	23,349 0	20,866 0	690,964 0	0 0
William R Cranley MD	(i) 242,031 (ii) 0	0 0	67,944 0	23,349 0	4,005 0	337,329 0	0 0
Glenn Barest MD	(i) 232,157 (ii) 0	0 0	140,319 0	23,349 0	26,379 0	422,204 0	0 0
Richard K Babayan MD	(i) 441,884 (ii) 0	0 0	165,609 0	23,349 0	19,683 0	650,525 0	0 0
Carlos S Kase MD	(i) 340,832 (ii) 0	0 0	27,028 0	23,349 0	20,465 0	411,674 0	0 0
Lawrence S Chin MD	(i) 443,195 (ii) 0	0 0	262,962 0	23,349 0	20,828 0	750,334 0	0 0
Linda J Heffner md phd	(i) 435,108 (ii) 0	0 0	68,708 0	23,349 0	18,033 0	545,198 0	0 0
Aviva Lee-Parritz MD	(i) 242,512 (ii) 0	0 0	41,761 0	23,349 0	642 0	308,264 0	0 0
Paul M Hendessi MD	(i) 218,657 (ii) 0	0 0	5,231 0	20,695 0	18,071 0	262,654 0	0 0
Susanna M Walsh MD	(i) 138,927 (ii) 0	0 0	4,292 0	13,991 0	18,485 0	175,695 0	0 0
David C Harrison Jr MD	(i) 176,289 (ii) 0	0 0	1,975 0	0 0	20,333 0	198,597 0	0 0
Kathryn Knight	(i) 0 (ii) 128,624	0 0	0 10,043	0 10,165	0 18,868	0 167,700	0 0
Thomas A Einhorn MD	(i) 436,540 (ii) 0	0 0	292,907 0	23,349 0	27,541 0	780,337 0	0 0
Gregory A Antoine MD	(i) 443,133 (ii) 0	0 0	41,604 0	23,349 0	13,834 0	521,920 0	0 0
Domenic A Ciraulo MD	(i) 379,672 (ii) 0	0 0	40,521 0	23,349 0	35,734 0	479,276 0	0 0
Benedict D Daly MD	(i) 441,384 (ii) 0	0 0	243,726 0	23,349 0	19,804 0	728,263 0	0 0
Keith P Lewis MD	(i) 389,629 (ii) 0	0 0	44,096 0	23,349 0	961 0	458,035 0	0 0
Kenneth M Grundfast MD	(i) 424,170 (ii) 0	0 0	42,092 0	23,349 0	17,448 0	507,059 0	0 0
Barry S Zuckerman MD	(i) 369,550 (ii) 0	0 0	53,212 0	23,349 0	19,953 0	466,064 0	0 0
Robert J Vinci MD	(i) 287,312 (ii) 0	0 0	33,512 0	23,349 0	20,543 0	364,716 0	0 0
David DiFiore	(i) 0 (ii) 160,514	0 7,084	0 1,202	0 11,831	0 2,360	0 182,991	0 0
Howard Bauchner MD	(i) 238,037 (ii) 0	0 0	32,492 0	23,349 0	18,110 0	311,988 0	0 0
Shalender Bhasin MD	(i) 257,292 (ii) 0	0 0	14,490 0	23,349 0	19,384 0	314,515 0	0 0
Lewis Braverman MD	(i) 209,448 (ii) 0	0 0	7,589 0	20,006 0	1,587 0	238,630 0	0 0
David L Coleman MD	(i) 448,473 (ii) 0	0 0	150,381 0	23,349 0	2,436 0	624,639 0	0 0
Karen M Freund MD	(i) 196,839 (ii) 0	0 0	15,992 0	20,803 0	23,214 0	256,848 0	0 0
Paul R Skolnick MD	(i) 229,831 (ii) 0	0 0	14,708 0	23,349 0	22,983 0	290,871 0	0 0
Stephanie Lovell ESQ	(i) 0 (ii) 378,529	0 161,296	0 3,288	0 65,888	0 18,067	0 627,068	0 0
STEPHEN CHRISTIANSEN MD	(i) 324,222 (ii) 0	0 0	161,507 0	0 0	18,668 0	504,397 0	0 0
DIANE HOLMES	(i) 0 (ii) 166,636	0 7,586	0 1,080	0 2,328	0 17,648	0 195,278	0 0
DAVID P NUNES MD	(i) 240,836 (ii) 0	0 0	20,557 0	23,349 0	7,703 0	292,445 0	0 0
EMELIA BENJAMIN MD	(i) 230,991 (ii) 0	0 0	6,629 0	25,821 0	23,536 0	286,977 0	0 0
STEPHANIE LEE MD	(i) 185,819 (ii) 0	0 0	8,061 0	18,368 0	3,798 0	216,046 0	0 0
Jeffrey h Spiegel md	(i) 232,889 (ii) 0	0 0	966,303 0	22,455 0	20,790 0	1,242,437 0	0 0
Timothy e Foster md	(i) 235,697 (ii) 0	0 0	851,446 0	23,349 0	20,544 0	1,131,036 0	0 0
William r Creevy md	(i) 238,157 (ii) 0	0 0	618,259 0	23,349 0	20,544 0	900,309 0	0 0
Tony y Tannoury md	(i) 236,417 (ii) 0	0 0	576,835 0	22,705 0	20,473 0	856,430 0	0 0
Andrew Stein md	(i) 238,254 (ii) 0	0 0	566,302 0	23,349 0	20,448 0	848,353 0	0 0
BARBARA GILCHREST MD	(i) 117,762 (ii) 0	0 0	4,075 0	11,484 0	7,022 0	140,343 0	0 0
ELLEN R COOPER MD	(i) 138,816 (ii) 0	0 0	5,174 0	13,938 0	9,617 0	167,545 0	0 0
MANUEL S RAAGAS MD	(i) 236,116 (ii) 0	0 0	131,675 0	23,349 0	19,614 0	410,754 0	0 0
THOMAS J MOORE MD	(i) 426,057 (ii) 0	0 0	40,322 0	23,349 0	16,997 0	506,725 0	0 0
MINA YAAR MD	(i) 244,520 (ii) 0	0 0	66,168 0	23,349 0	2,018 0	336,055 0	0 0
JULIO MAZUL MD	(i) 180,939 (ii) 0	0 0	147 0	0 0	7,416 0	188,502 0	0 0
JENNIFER BALLARD-DWAN MD	(i) 196,137 (ii) 0	0 0	849 0	3,365 0	17,719 0	218,070 0	0 0
MARTIN H KROLL MD	(i) 234,264 (ii) 0	0 0	125,421 0	6,780 0	21,390 0	387,855 0	0 0
GREGORY GRILLONE MD	(i) 210,361 (ii) 0	0 0	81,522 0	23,349 0	20,341 0	335,573 0	0 0