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Form 990



Department of the Treasury  
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

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

OMB No 1545-0047

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 07-01-2010 and ending 06-30-2011

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Terminated

☐ Amended return

☐ Application pending

C Name of organization

Faculty Practice Foundation  
INC & Affiliates

Doing Business As

Number and street (or P O box if mail is not delivered to street address)

660 HARRISON AVENUE 3RD FLOOR

Room/suite

City or town, state or country, and ZIP + 4

BOSTON, MA 02118

F Name and address of principal officer

KAREN H ANTMAN MD  
660 HARRISON AVENUE  
BOSTON,MA 02118

D Employer identification number

90-0513372

E Telephone number

(617) 638-8923

G Gross receipts \$ 331,059,565

I Tax-exempt status

☒ 501(c)(3) ☐ 501(c) ( ) ☐ (Insert no ) ☐ 4947(a)(1) or ☐ 527

J Website:

WWW BMC ORG

K Form of organization

☒ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation

1994

M State of legal domicile

MA

Part I Summary			
Activities & Governance	1	Briefly describe the organization's mission or most significant activities SEE SCHEDULE O	
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets	
	3	Number of voting members of the governing body (Part VI, line 1a)	43
	4	Number of independent voting members of the governing body (Part VI, line 1b)	0
	5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	1,401
	6	Total number of volunteers (estimate if necessary)	53
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	48,202
	7b	Net unrelated business taxable income from Form 990-T, line 34	-6,260
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year0Current Year0
	9	Program service revenue (Part VIII, line 2g)	281,739,098330,173,634
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d )	-155,179885,931
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	00
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	281,583,919331,059,565
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3 )	247,5301,798,236
	14	Benefits paid to or for members (Part IX, column (A), line 4)	00
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	209,490,515255,885,006
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	00
	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)	73,991,57674,508,662
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	283,729,621332,191,904
Net Assets or Fund Balances	19	Revenue less expenses Subtract line 18 from line 12	-2,145,702-1,132,339
	20	Total assets (Part X, line 16)	Beginning of Current Year82,410,801End of Year75,090,269
	21	Total liabilities (Part X, line 26)	27,448,70318,046,769
	22	Net assets or fund balances Subtract line 21 from line 20	54,962,09857,043,500

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer

PETER HEALY CAO/VP PROF SVCS

Type or print name and title

2012-05-14

Date

Paid Preparer Use Only

Print/Type preparer's name

PRICEWATERHOUSECOOPERS LLP

Preparer's signature

PRICEWATERHOUSECOOPERS LLP

Date

Check if self-employed ☐

PTIN

Firm's name ☐ PricewaterhouseCoopers LLP

Firm's EIN ☐

Firm's address ☐ 125 High Street

Boston, MA 02110

Phone no ☐ (617) 530-5000

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2010)

Check if Schedule O contains a response to any question in this Part III ☒

SEE SCHEDULE O

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

If "Yes," describe these changes on Schedule O

<b>4a</b>	(Code ) (Expenses \$ 272,667,806 including grants of \$ 1,798,236 ) (Revenue \$ 330,173,634 )
	SEE SCHEDULE O

**4b** (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )















**4c** (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )

**4d** Other program services (Describe in Schedule O )  
(Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_ ) (Revenue \$ \_\_\_\_\_ )

<b>4e</b>	<b>Total program service expenses</b>	<b>\$ 272,667,806</b>
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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)? <i>If "Yes," complete Schedule A.</i> 	1	Yes
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)?	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? <i>If "Yes," complete Schedule C, Part I.</i>	3	No
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II.</i>	4	No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III.</i>	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? <i>If "Yes," complete Schedule D, Part I.</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? <i>If "Yes," complete Schedule D, Part II.</i> 	7	No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i> 	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? <i>If "Yes," complete Schedule D, Part IV.</i> 	9	No
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i> 	10	No
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i> 	11a	Yes
b	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? <i>If "Yes," complete Schedule D, Part VII.</i> 	11b	No
c	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? <i>If "Yes," complete Schedule D, Part VIII.</i> 	11c	No
d	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? <i>If "Yes," complete Schedule D, Part IX.</i> 	11d	Yes
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i> 	11e	Yes
f	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 (ASC 740)? <i>If "Yes," complete Schedule D, Part X.</i> 	11f	No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i> 	12a	No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.</i> 	12b	Yes
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>	13	No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Parts I and IV.</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? <i>If "Yes," complete Schedule F, Parts II and IV.</i>	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? <i>If "Yes," complete Schedule F, Parts III and IV.</i>	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? <i>If "Yes," complete Schedule G, Part I (see instructions).</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? <i>If "Yes," complete Schedule G, Part II.</i>	18	No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i>	19	No
20a	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H.</i>	20a	No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? <b>Note.</b> Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions).	20b	

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 lines 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 (or a family member thereof) was an officer, director, trustee, or direct or indirect 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)? . . . . .	35		No
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .			
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	

<b>Part V</b> <b>Statements Regarding Other IRS Filings and Tax Compliance</b>			
Check if Schedule O contains a response to any question in this Part V <input type="checkbox"/>			
		<b>Yes</b>	<b>No</b>
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	<b>1a</b>	92
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	<b>1b</b>	0
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	<b>1c</b>	Yes
<b>2a</b>	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.	<b>2a</b>	1,401
<b>b</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 (see instructions).	<b>2b</b>	Yes
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>	Yes
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.	<b>3b</b>	Yes
<b>4a</b>	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)?	<b>4a</b>	No
<b>b</b>	If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>	No
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>	No
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>	
<b>6a</b>	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?	<b>6a</b>	No
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>	
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	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?	<b>7a</b>	No
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>	
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>	No
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year.	<b>7d</b>	
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>	No
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>	No
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>	
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>	
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	<b>8</b>	
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the organization make any taxable distributions under section 4966?	<b>9a</b>	
<b>b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>	
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12.	<b>10a</b>	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	<b>10b</b>	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter		
<b>a</b>	Gross income from members or shareholders.	<b>11a</b>	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	<b>11b</b>	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	<b>12b</b>	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>	
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	<b>13b</b>	
<b>c</b>	Enter the amount of reserves on hand.	<b>13c</b>	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>	No
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	<b>14b</b>	

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.  
Check if Schedule O contains a response to any question in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		
1b	Enter the number of voting members included in line 1a, above, who are independent		
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?	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?		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Does the organization have members or stockholders?	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		No
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
8a	The governing body?	Yes	
8b	Each committee with authority to act on behalf of the governing body?	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		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?	Yes	
10b	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?	Yes	
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	Yes	
11b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	Yes	
12b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
12c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	Yes	
13	Does the organization have a written whistleblower policy?	Yes	
14	Does the organization have a written document retention and destruction policy?	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?		
15a	The organization's CEO, Executive Director, or top management official	Yes	
15b	Other officers or key employees of the organization	Yes	
15c	If "Yes" to line 15a or 15b, 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?		No
16b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

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

Check if Schedule O contains a response to any question in this Part VII ☒

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

Form **990** (2010)



## Part VII

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	667
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<b>3</b>	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> . . . . .
<b>4</b>	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> . . . . .
<b>5</b>	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .

## **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	10,217,540
PER SE TECHNOLOGIES 10 MOLLISON WAY LEWISTON, ME 04240	BILLING SERVICES	4,803,305
Springfield Service Corporation 8151 W 183rd Street Suite B TINLEY PARK, IL 60487	BILLING SERVICES	2,566,947
HART ASSOCIATES INC 3 ALLIED DRIVE DEDHAM, MA 02026	BILLING SERVICES	2,170,449
CHILDREN'S HOSPITAL OF BOSTON 300 LONGWOOD AVE FEHGAN 3 BOSTON, MA 02115	PHYSICIAN CONTRACT	805,069
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 ▶12		

Part VIII

Statement of Revenue

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	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	2a	PATIENT REVENUE	900099	145,641,665	145,641,665	
b		INSTITUTIONAL SUPPORT	900099	81,549,272	81,549,272		
c		FREE CARE REIMBURSEMENT	900099	9,621,602	9,621,602		
d		RESEARCH SUPPORT	900099	2,120,498	2,120,498		
e		OTHER HEALTH REVENUE	541380	23,495,844	23,447,642	48,202	
f		All other program service revenue		67,744,753	67,744,753		
g		Total. Add lines 2a-2f . . . . . ▶	330,173,634				
Other Revenue		3	Investment income (including dividends, interest and other similar amounts) . . . . . ▶		895,240		895,240
	4	Income from investment of tax-exempt bond proceeds . . ▶		0			
	5	Royalties . . . . . ▶		0			
	6a	Gross Rents	(i) Real	(ii) Personal			
		b	Less rental expenses				
		c	Rental income or (loss)				
		d	Net rental income or (loss) . . . . . ▶				
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
		b	Less cost or other basis and sales expenses				
		c	Gain or (loss)		-9,309		
		d	Net gain or (loss) . . . . . ▶		-9,309		-9,309
	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 . . . . . ▶	331,059,565	330,125,432	48,202	885,931		

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	1,798,236	1,798,236		
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 . . . . .	15,746,966	13,580,325	2,166,641	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) . . . . .	120,981	120,981		
7	Other salaries and wages	189,160,815	154,744,372	34,416,443	0
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . .	34,525	27,620	6,905	0
9	Other employee benefits . . . . .	50,639,548	41,266,528	9,373,020	0
10	Payroll taxes . . . . .	182,171	151,595	30,576	0
a	Fees for services (non-employees)				
	Management . . . . .	1,760,638	0	1,760,638	0
b	Legal . . . . .	90,077	0	90,077	0
c	Accounting . . . . .	10,500	0	10,500	0
d	Lobbying . . . . .	0			
e	Professional fundraising services See Part IV, line 17 . . . . .	0			
f	Investment management fees . . . . .	333,490	0	333,490	0
g	Other . . . . .	20,548,754	17,869,635	2,679,119	0
12	Advertising and promotion . . . . .	318,444	263,932	54,512	0
13	Office expenses . . . . .	4,130,843	3,329,313	801,530	0
14	Information technology . . . . .	170,230	136,822	33,408	0
15	Royalties . . . . .	0			
16	Occupancy . . . . .	2,245,319	1,774,905	470,414	0
17	Travel . . . . .	1,102,335	874,470	227,865	0
18	Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .	0			
19	Conferences, conventions, and meetings . . . . .	2,270,061	1,786,049	484,012	0
20	Interest . . . . .	14,066	13,955	111	0
21	Payments to affiliates . . . . .	10,513,027	6,699,666	3,813,361	0
22	Depreciation, depletion, and amortization . . . . .	921,529	725,558	195,971	0
23	Insurance . . . . .	7,493,150	6,260,925	1,232,225	0
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O )				
a	BAD DEBT EXPENSE	16,639,426	16,639,426	0	0
b	DUES, MEMBERSHIPS & LIC MDS	1,053,743	886,525	167,218	0
c	RESEARCH EXPENSES	2,452,924	1,803,121	649,803	0
d	MEDICAL STAFF DEVELOPMENT	700,417	596,312	104,105	0
e	RECRUITMENT-MEDICAL STAFF	327,217	327,217	0	0
f	All other expenses	1,412,472	990,318	422,154	0
25	Total functional expenses. Add lines 1 through 24f	332,191,904	272,667,806	59,524,098	0
26	Joint costs. Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720) 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	<b>1</b>	Cash—non-interest-bearing . . . . .			31,037,336	<b>1</b>	19,842,580
	<b>2</b>	Savings and temporary cash investments . . . . .				<b>2</b>	
	<b>3</b>	Pledges and grants receivable, net . . . . .				<b>3</b>	
	<b>4</b>	Accounts receivable, net . . . . .			14,337,824	<b>4</b>	14,711,400
	<b>5</b>	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .				<b>5</b>	
	<b>6</b>	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Schedule L . . . . .				<b>6</b>	
	<b>7</b>	Notes and loans receivable, net . . . . .				<b>7</b>	
	<b>8</b>	Inventories for sale or use . . . . .				<b>8</b>	
	<b>9</b>	Prepaid expenses and deferred charges . . . . .				<b>9</b>	
	<b>10a</b>	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .	<b>10a</b>	11,895,637			
	<b>b</b>	Less: accumulated depreciation . . . . .	<b>10b</b>	6,923,921	3,737,919	<b>10c</b>	4,971,716
	<b>11</b>	Investments—publicly traded securities . . . . .			17,355,268	<b>11</b>	29,452,103
	<b>12</b>	Investments—other securities. See Part IV, line 11 . . . . .				<b>12</b>	
	<b>13</b>	Investments—program-related. See Part IV, line 11 . . . . .				<b>13</b>	
	<b>14</b>	Intangible assets . . . . .				<b>14</b>	
	<b>15</b>	Other assets. See Part IV, line 11 . . . . .			15,942,454	<b>15</b>	6,112,470
	<b>16</b>	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .			82,410,801	<b>16</b>	75,090,269
Liabilities	<b>17</b>	Accounts payable and accrued expenses . . . . .			10,826,716	<b>17</b>	10,541,984
	<b>18</b>	Grants payable . . . . .				<b>18</b>	
	<b>19</b>	Deferred revenue . . . . .				<b>19</b>	
	<b>20</b>	Tax-exempt bond liabilities . . . . .				<b>20</b>	
	<b>21</b>	Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .				<b>21</b>	
	<b>22</b>	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .				<b>22</b>	
	<b>23</b>	Secured mortgages and notes payable to unrelated third parties . . . . .				<b>23</b>	
	<b>24</b>	Unsecured notes and loans payable to unrelated third parties . . . . .				<b>24</b>	
	<b>25</b>	Other liabilities. Complete Part X of Schedule D . . . . .			16,621,987	<b>25</b>	7,504,785
	<b>26</b>	<b>Total liabilities.</b> Add lines 17 through 25 . . . . .			27,448,703	<b>26</b>	18,046,769
Net Assets or Fund Balances	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>						
	<b>27</b>	Unrestricted net assets . . . . .			54,962,098	<b>27</b>	57,043,500
	<b>28</b>	Temporarily restricted net assets . . . . .				<b>28</b>	
	<b>29</b>	Permanently restricted net assets . . . . .				<b>29</b>	
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>						
	<b>30</b>	Capital stock or trust principal, or current funds . . . . .				<b>30</b>	
	<b>31</b>	Paid-in or capital surplus, or land, building or equipment fund . . . . .				<b>31</b>	
	<b>32</b>	Retained earnings, endowment, accumulated income, or other funds . . . . .				<b>32</b>	
	<b>33</b>	<b>Total net assets or fund balances</b> . . . . .			54,962,098	<b>33</b>	57,043,500
	<b>34</b>	<b>Total liabilities and net assets/fund balances</b> . . . . .			82,410,801	<b>34</b>	75,090,269

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response to any question in this Part XI ☒

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	331,059,565
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	332,191,904
<b>3</b>	Revenue less expenses Subtract line 2 from line 1	<b>3</b>	-1,132,339
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	54,962,098
<b>5</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>5</b>	3,213,741
<b>6</b>	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	<b>6</b>	57,043,500

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response to any question in this Part XII ☐

		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 separate basis, consolidated 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

2010

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 described in **section 170(b)(1)(A)(i).**
- 2

☐

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

☐

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

☐

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

☐

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

☐

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

☐

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

☐

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

☐

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

☐

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

☒

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

a

☐

Type I

b

☐

Type II

c

☒

Type III - Functionally integrated

d

☐

Type III - 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	
(A) BOSTON MEDICAL CENTER	043314093	03	Yes		Yes		Yes		0
(B) TRUSTEES OF BOSTON UNIVERSITY	042103547	02	Yes		Yes		Yes		0
Total									0

Part II

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV )						
11 Total support (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (See instructions )					12	
13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage						
14 Public Support Percentage for 2010 (line 6 column (f) divided by line 11 column (f))					14	
15 Public Support Percentage for 2009 Schedule A, Part II, line 14					15	
16a 33 1/3% support test—2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶						
b 33 1/3% support test—2009. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶						
17a 10%-facts-and-circumstances test—2010. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶						
b 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶						
18 Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions ▶						

Part IIIPart III

Support Schedule for Organizations Described in Section 509(a)(2)  
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) 	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public Support (Subtract line 7c from line 6 )						

Section B. Total Support						
Calendar year (or fiscal year beginning in) 	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV )						
13 Total support (Add lines 9, 10c, 11 and 12 )						
14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> 						

Section C. Computation of Public Support Percentage		
15 Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2010 (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2010. 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 <b>stop here</b> . The organization qualifies as a publicly supported organization 		
b 33 1/3% support tests—2009. 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 <b>stop here</b> . The organization qualifies as a publicly supported organization 		
20 Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions 		



Part IV

**Supplemental Information.** Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

## 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				485,363	0	55,322
Steve R Williams MD DIRECTOR & PRESIDENT-REHAB	50 0	X		X				433,754	0	33,631
Susannah G Rowe MD Director-EYE	50 0	X						293,966	0	50,055
Manju L Subramanian MD Director-EYE	50 0	X						264,381	0	23,498
Tony N Pira MD Director-EYE UNTIL 3/9/11	50 0	X						219,981	0	26,889
Larry Culpepper MD President-FAMILY	50 0	X		X				331,506	0	45,357
James M Becker MD President-SURGICAL/GEN SURGERY	50 0	X		X				990,684	0	50,271
Daniel G Remick MD President-PATH	50 0	X		X				530,050	0	50,153
Michael J O'Brien MD Director-PATH	50 0	X						309,945	0	49,892
Alexander M Norbash MD President-RADIO	50 0	X		X				627,795	0	50,422
William R Cranley MD Treasurer-RADIO	50 0	X		X				254,115	0	36,146
Ewa Kuligowska MD Clerk-RADIO	50 0	X		X				163,074	0	21,551
Glenn Barest MD Director-RADIO	50 0	X						361,286	0	54,935
Richard K Babayan MD President-UROLOGY	50 0	X		X				580,746	0	52,271
Carlos S Kase MD President/Director-NEURO	50 0	X		X				357,202	0	54,927
Lawrence S Chin MD President-NEURO	50 0	X		X				706,046	0	50,388
Linda J Heffner md phd President-OBGYN	50 0	X		X				467,775	0	49,850
Aviva Lee-Parritz MD Director-BU OBGYN	50 0	X						279,581	0	33,178
Paul M Hendessi MD Director-OBGYN	50 0	X						231,593	0	41,452
David C Harrison Jr MD Director-OBGYN UNTIL 11/24/10	50 0	X						185,346	0	22,271
Thomas A Einhorn MD President-ORTHO	50 0	X		X				715,772	0	61,318
Gregory A Antoine MD President-PLASTICS	50 0	X		X				515,198	0	47,379
Domenic A Ciraulo MD President/CEO-PSYCH	50 0	X		X				432,753	0	70,512
Benedict D Daly MD President-C&T	50 0	X		X				671,341	0	53,753
Keith P Lewis MD President-ANES	50 0	X		X				417,917	0	33,491

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			
Kenneth M Grundfast MD President-OTO	50 0	X		X				399,993	0	50,534
Barry S Zuckerman MD President-CHF	50 0	X		X				419,004	0	50,083
Robert J Vinci MD Vice President-CHF	50 0	X		X				322,211	0	98,627
David DiFiore Treasurer/Director-CHF	50 0	X		X				0	161,535	13,646
Howard Bauchner MD DIRECTOR/CLERK-CHF	50 0	X		X				253,325	0	94,148
Shalender Bhasin MD Director-EMF	50 0	X						265,533	0	36,197
David L Coleman MD President-EMF	50 0	X		X				620,350	0	35,132
Karen Freund MD Director-EMF	50 0	X						207,850	0	54,380
STEPHEN CHRISTIANSEN MD PRESIDENT-EYE	50 0	X		X				467,404	0	24,145
DAVID NUNES MD DIRECTOR-EMF	50 0	X						282,518	0	38,362
EMELIA BENJAMIN MD DIRECTOR-EMF	50 0	X						233,789	0	60,956
STEPHANIE LEE MD DIRECTOR-EMF	50 0	X						194,694	0	31,090
JULIE MOTTI-SANTIAGO CNM DIRECTOR-OBGYN	50 0	X						117,904	0	35,000
JULIO MAZUL MD DIRECTOR-OBGYN	50 0	X						183,911	0	8,100
JENNIFER BALLARD-DWAN MD DIRECTOR-OBGYN	50 0	X						198,034	0	36,772
MARTIN KROLL MD DIRECTOR-PATH	50 0	X						279,483	0	50,350
RHODA M ALANI MD PRESIDENT-DERM	50 0	X		X				446,765	0	621
JERROLD ELLNER MD DIRECTOR-EMF AS OF 10/1/10	50 0	X						437,895	0	8,084
MARIA TROJANOWSKA PHD DIRECTOR-EMF AS OF 10/1/10	50 0	X						209,598	0	7,847
JOHN DURFEE Director-OBGYN AS OF 11/24/10	50 0	X						95,443	0	16,308
William A Macone Treasurer-DERM	50 0			X				121,232	0	30,370
Kevin Maguire Clerk-NEURO	50 0			X				0	115,142	28,452
Kathryn Knight Treasurer-OBGYN	50 0			X				0	122,047	27,387
Stephanie Lovell ESQ Assistant Clerk	10 0			X				0	507,361	101,311
DIANE HOLMES treasurer-EMF	50 0			X				0	167,778	22,158

**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			
GREGORY GRILLONE MD CLERK-OTO	50 0			X				339,473	0	54,867
JOHN WOOD CLERK-OBGYN	50 0			X				47,309	0	3,860
BRIAN ROUX TREASURER-OTO	50 0			X				0	91,964	7,549
Jeffrey h Spiegel md PROFESSOR/PHYSICIAN-Oto	50 0					X		1,739,722	0	50,142
Timothy e Foster md PROFESSOR/PHYSICIAN-Ortho	50 0					X		1,165,381	0	55,000
William r Creevy md PROFESSOR/PHYSICIAN-ORTHO	50 0					X		803,251	0	55,000
Tony y Tannoury md PROFESSOR/PHYSICIAN-ORTHO	50 0					X		783,136	0	45,200
ROBERT POSTON MD PROFESSOR/PHYSICIAN-C&T	50 0					X		2,167,472	0	40,818
Edward B Feinberg MD MPH FMR President-EYE	50 0						X	271,839	0	52,817
Lewis Braverman MD FMR CLERK/DIRECTOR-EMF	50 0						X	194,406	0	27,283
BARBARA GILCHREST MD FMR PRESIDENT/DIRECTOR-DERM	50 0						X	120,222	0	22,861
MINA YAAR MD FMR PRESIDENT/DIRECTOR-DERM	50 0						X	195,467	0	26,036
EDWARD CHRISTIANSEN JR FORMER ASSISTANT CLERK	0 0						X	0	284,186	31,015

SCHEDULE D

(Form 990)

Department of the Treasury  
Internal Revenue Service

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

2010

Open to Public Inspection

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

**Employer identification number**  
  
90-0513372

Part I

Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

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

☐ Preservation of land for public use (e g , recreation or pleasure)

☐ Preservation of an historically importantly land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

2

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

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

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶\_\_\_\_\_

4

Number of states where property subject to conservation easement is located ▶\_\_\_\_\_

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

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)?

☐ Yes ☐ No

9

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

Part III

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

1a

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

b

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

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

▶ \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X

▶ \$ \_\_\_\_\_

2

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

a

Revenues included in Form 990, Part VIII, line 1

▶ \$ \_\_\_\_\_

b

Assets included in Form 990, Part X

▶ \$ \_\_\_\_\_

Part III

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

3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

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

5

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

☐ Yes

☐ No

Part IV

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

	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 . . . . .

3a(i)

Yes

No

(ii) related organizations . . . . .

3a(ii)

Yes

No

b

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

3b

Yes

No

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 . . . . .		3,625,030	1,443,954	2,181,076
d Equipment . . . . .		6,962,098	4,593,394	2,368,704
e Other . . . . .		1,308,509	886,573	421,936
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) . . . . . ▶				4,971,716

Schedule D (Form 990) 2010



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)

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  
  
2010  
  
Open to Public  
Inspection

Department of the Treasury  
Internal Revenue Service

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. Part II can be duplicated if additional space is needed. . . . . ☐

1 (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
(1) TRUSTEES OF BOSTON UNIVERSITY881 COMMONWEALTH AVENUE BOSTON,MA 02118	04-2103547	501(c)(3)	1,702,600				
(2) BOSTON MEDICAL CENTER88 EAST NEWTON STREET BOSTON,MA 02118	04-3314093	501(C)(3)	66,350				
(3) ORTHOPAEDIC RESEARCH & EDUCATION FOUNDATION6300 N RIVER RD 700 ROSEMONT,IL 60018	36-6009467	501(c)(3)	11,000				

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

3 Enter total number of other organizations . . . . . ▶

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.

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

Part IV

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

Identifier	Return Reference	Explanation
SCHEDULE I, PART I, LINE 2		THE FACULTY PRACTICE FOUNDATION INC AND AFFILIATES DO NOT DISTRIBUTE RESEARCH OR EDUCATIONAL GRANTS TO OTHER ORGANIZATIONS THE FUNDS NOTED IN PART II REFLECT DONATIONS MADE BY THE FACULTY PRACTICE FOUNDATION, INC AND AFFILIATES TO QUALIFIED 501(C)(3) ORGANIZATIONS ALL DONATIONS ARE SUBJECT TO REVIEW AND APPROVAL BY THE INDIVIDUAL PRACTICE ADMINISTRATION

Schedule J  
(Form 990)

Compensation Information

OMB No 1545-0047

2010

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 from the organization or a related organization?	4a	Yes
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Yes
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	

**Part II** **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

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

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
See Additional Data Table								
( 2 )								
( 3 )								
( 4 )								
( 5 )								
( 6 )								
( 7 )								
( 8 )								
( 9 )								
( 10 )								
( 11 )								
( 12 )								
( 13 )								
( 14 )								
( 15 )								
( 16 )								

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. 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 4A ROBERT POSTON, MD RECEIVED SEVERANCE PURSUANT TO A SEVERANCE AGREEMENT IN THE AMOUNT OF \$1,532,833. SCHEDULE J, PART I, LINE 4B BOSTON MEDICAL CENTER PROVIDES A SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN TO CERTAIN EXECUTIVES. AMOUNTS ARE CREDITED TO PARTICIPANTS' ACCOUNTS EACH YEAR. PLAN AMOUNTS ARE SUBJECT TO FORFEITURE AND/OR PAYMENT ONLY IF CERTAIN CONDITIONS ARE MET, AS OUTLINED IN THE PLAN AGREEMENT. BOSTON MEDICAL CENTER MAINTAINS AN EXECUTIVE BENEFIT PLAN WHICH OFFERS PARTICIPATING EXECUTIVES THE OPTION OF ANNUALLY ALLOCATING BENEFIT DOLLARS TO A SUPPLEMENTAL RETIREMENT/PRE-TAX SAVINGS ACCOUNT. AMOUNTS VEST ON SPECIFIED DATES BASED ON CONTINUED EMPLOYMENT BUT NO LATER THAN THE EXECUTIVE'S 68TH BIRTHDAY. THE FOLLOWING AMOUNT BECAME VESTED AND WAS PAID TO THE FOLLOWING EXECUTIVE IN CALENDAR YEAR 2010: LOVELL - \$58,739. 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).

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)	441,077	0	44,286	32,540	22,782	540,685	0
	(ii)	0	0	0	0	0	0	0
Steve R Williams MD	(i)	412,809	0	20,945	27,640	5,991	467,385	0
	(ii)	0	0	0	0	0	0	0
William A Macone	(i)	115,687	0	5,545	15,040	15,330	151,602	0
	(ii)	0	0	0	0	0	0	0
Edward B Feinberg MD MPH	(i)	250,961	0	20,878	32,540	20,277	324,656	0
	(ii)	0	0	0	0	0	0	0
Susannah G Rowe MD	(i)	229,163	0	64,803	27,640	22,415	344,021	0
	(ii)	0	0	0	0	0	0	0
Manju L Subramanian MD	(i)	242,156	0	22,225	22,740	758	287,879	0
	(ii)	0	0	0	0	0	0	0
Tony N Pira MD	(i)	210,350	0	9,631	20,770	6,119	246,870	0
	(ii)	0	0	0	0	0	0	0
Larry Culpepper MD	(i)	318,518	0	12,988	32,540	12,817	376,863	0
	(ii)	0	0	0	0	0	0	0
James M Becker MD	(i)	442,871	0	547,813	32,540	17,731	1,040,955	0
	(ii)	0	0	0	0	0	0	0
Daniel G Remick MD	(i)	439,565	0	90,485	32,540	17,613	580,203	0
	(ii)	0	0	0	0	0	0	0
Michael J O'Brien MD	(i)	236,461	0	73,484	32,540	17,352	359,837	0
	(ii)	0	0	0	0	0	0	0
Alexander M Norbash MD	(i)	439,757	0	188,038	27,640	22,782	678,217	0
	(ii)	0	0	0	0	0	0	0
William R Cranley MD	(i)	242,520	0	11,595	32,540	3,606	290,261	0
	(ii)	0	0	0	0	0	0	0
Ewa Kuligowska MD	(i)	162,480	0	594	21,182	369	184,625	0
	(ii)	0	0	0	0	0	0	0
Glenn Barest MD	(i)	232,457	0	128,829	27,640	27,295	416,221	0
	(ii)	0	0	0	0	0	0	0
Richard K Babayan MD	(i)	440,871	0	139,875	32,540	19,731	633,017	0
	(ii)	0	0	0	0	0	0	0
Carlos S Kase MD	(i)	339,797	0	17,405	32,540	22,387	412,129	0
	(ii)	0	0	0	0	0	0	0
Lawrence S Chin MD	(i)	441,141	0	264,905	27,640	22,748	756,434	0
	(ii)	0	0	0	0	0	0	0
Linda J Heffner md phd	(i)	435,907	0	31,868	32,540	17,310	517,625	0
	(ii)	0	0	0	0	0	0	0
Aviva Lee-Parritz MD	(i)	242,216	0	37,365	32,540	638	312,759	0
	(ii)	0	0	0	0	0	0	0
Paul M Hendessi MD	(i)	225,373	0	6,220	21,480	19,972	273,045	0
	(ii)	0	0	0	0	0	0	0
David C Harrison Jr MD	(i)	183,946	0	1,400	0	22,271	207,617	0
	(ii)	0	0	0	0	0	0	0
Thomas A Einhorn MD	(i)	436,520	0	279,252	32,540	28,778	777,090	0
	(ii)	0	0	0	0	0	0	0
Gregory A Antoine MD	(i)	442,484	0	72,714	32,540	14,839	562,577	0
	(ii)	0	0	0	0	0	0	0
Domenic A Ciraulo MD	(i)	407,539	0	25,214	32,540	37,972	503,265	0
	(ii)	0	0	0	0	0	0	0
Benedict D Daly MD	(i)	438,871	0	232,470	32,540	21,213	725,094	0
	(ii)	0	0	0	0	0	0	0
Keith P Lewis MD	(i)	394,415	0	23,502	32,540	951	451,408	0
	(ii)	0	0	0	0	0	0	0
Kenneth M Grundfast MD	(i)	370,823	0	29,170	32,540	17,994	450,527	0
	(ii)	0	0	0	0	0	0	0
Barry S Zuckerman MD	(i)	387,650	0	31,354	32,540	17,543	469,087	0
	(ii)	0	0	0	0	0	0	0
Robert J Vinci MD	(i)	305,726	0	16,485	32,540	66,087	420,838	0
	(ii)	0	0	0	0	0	0	0
David DiFiore	(i)	0	0	0	0	0	0	0
	(ii)	160,453	0	1,082	11,335	2,311	175,181	0
Howard Bauchner MD	(i)	234,193	0	19,132	32,540	61,608	347,473	0
	(ii)	0	0	0	0	0	0	0
Shalender Bhasin MD	(i)	261,440	0	4,093	32,540	3,657	301,730	0
	(ii)	0	0	0	0	0	0	0
Lewis Braverman MD	(i)	194,406	0	0	25,540	1,743	221,689	0
	(ii)	0	0	0	0	0	0	0
David L Coleman MD	(i)	449,322	0	171,028	32,540	2,592	655,482	0
	(ii)	0	0	0	0	0	0	0
Karen Freund MD	(i)	200,041	0	7,809	28,228	26,152	262,230	0
	(ii)	0	0	0	0	0	0	0
Stephanie Lovell ESQ	(i)	0	0	0	0	0	0	0
	(ii)	445,334	0	62,027	82,686	18,625	608,672	0
STEPHEN CHRISTIANSEN MD	(i)	409,175	0	58,229	0	24,145	491,549	0
	(ii)	0	0	0	0	0	0	0
DIANE HOLMES	(i)	0	0	0	0	0	0	0
	(ii)	166,561	0	1,217	5,202	16,956	189,936	0
DAVID NUNES MD	(i)	245,413	0	37,105	30,090	8,272	320,880	0
	(ii)	0	0	0	0	0	0	0
EMELIA BENJAMIN MD	(i)	229,503	0	4,286	32,295	28,661	294,745	0
	(ii)	0	0	0	0	0	0	0
STEPHANIE LEE MD	(i)	184,456	0	10,238	25,165	5,925	225,784	0
	(ii)	0	0	0	0	0	0	0
Jeffrey h Spiegel md	(i)	229,697	0	1,510,025	22,740	27,402	1,789,864	0
	(ii)	0	0	0	0	0	0	0
Timothy e Foster md	(i)	234,697	0	930,684	32,540	22,460	1,220,381	0
	(ii)	0	0	0	0	0	0	0
William r Creevy md	(i)	237,457	0	565,794	32,540	22,460	858,251	0
	(ii)	0	0	0	0	0	0	0
Tony y Tannoury md	(i)	235,477	0	547,659	22,740	22,460	828,336	0
	(ii)	0	0	0	0	0	0	0
ROBERT POSTON MD	(i)	236,191	0	1,931,281	18,657	22,161	2,208,290	0
	(ii)	0	0	0	0	0	0	0
BARBARA GILCHREST MD	(i)	118,591	0	1,631	15,345	7,516	143,083	0
	(ii)	0	0	0	0	0	0	0
MINA YAAR MD	(i)	183,156	0	12,311	23,965	2,071	221,503	0
	(ii)	0	0	0	0	0	0	0
JULIE MOTTL-SANTIAGO CNM	(i)	117,809	0	95	11,045	23,955	152,904	0
	(ii)	0	0	0	0	0	0	0
JULIO MAZUL MD	(i)	183,760	0	151	0	8,100	192,011	0
	(ii)	0	0	0	0	0	0	0
JENNIFER BALLARD-DWAN MD	(i)	197,864	0	170	18,947	17,825	234,806	0
	(ii)	0	0	0	0	0	0	0
MARTIN KROLL MD	(i)	236,725	0	42,758	32,540	17,810	329,833	0
	(ii)	0	0	0	0	0	0	0
GREGORY GRILLONE MD	(i)	234,781	0	104,692	32,540	22,327	394,340	0
	(ii)	0	0	0	0	0	0	0
RHODA M ALANI MD	(i)	399,605	0	47,160	0	621	447,386	0
	(ii)	0	0	0	0	0	0	0
EDWARD CHRISTIANSEN JR	(i)	0	0	0	0	0	0	0
	(ii)	272,404	0	11,782	19,600	11,415	315,201	0
JERROLD ELLNER MD	(i)	242,393	0	195,502	0	8,084	445,979	0
	(ii)	0	0	0	0	0	0	0
MARIA TROJANOWSKA PHD	(i)	187,489	0	22,109	0	7,847	217,445	0
	(ii)	0	0	0	0	0	0	0

Schedule L  
(Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

2010

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
(1) DANIELLE CIRAULO	CHILD OF OFFICER	43,260	EMPLOYEE AT BUPA		No
(2) ANN MARIE CIRAULO	SPOUSE OF OFFICER	77,721	EMPLOYEE AT BUPA		No

**Part V Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

Identifier	Return Reference	Explanation
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**SCHEDULE O**  
**(Form 990 or 990-EZ)**Department of the Treasury  
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ****Complete to provide information for responses to specific questions on  
Form 990 or to provide any additional information.**  
**▶ Attach to Form 990 or 990-EZ.**

OMB No 1545-0047

**2010****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 Newton Street A2817, Boston, MA 02118 04-3276227 Boston Emergency Physician Foundation, Inc 860 Harrison Avenue, Boston, MA 02118 04-3286156 Boston University Cardiac & Thoracic Surgical Foundation, Inc 88 East Newton 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 Newton Street, Suite C500, Boston, MA 02118 04-3291148 Evans Medical Foundation, Inc 88 East Newton 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, Dowling 5 South, Boston, MA 02118 04-3354353 Boston University Mallory Pathology Associates, Inc 670 Albany Street, 3rd Floor, Boston, MA 02118 04-2794543 Boston University Neurology Associates, Inc 72 East Concord Street C3, Boston, MA 02118 04-3428462 Boston University Neurosurgical Associates, Inc 72 East Concord Street C3, Boston, MA 02118 04-3296068 Boston University Obstetrics & Gynecology Foundation, Inc 85 East Concord Street, 6th Floor, Boston, MA 02118 04-3067465 Boston University Orthopaedic Surgical Associates, Inc 720 Harrison Avenue, DOB Suite 808, Boston, MA 02118 04-3354360 Boston University Medical Center Otolaryngologic Foundation, Inc 820 Harrison Avenue FGH BLDG 4th Floor Street, Boston, MA 02118 04-3156471 Child Heath Foundation of Boston, Inc 771 Albany Street, Dowling 3 South, Boston, MA 02118 04-2472758 Boston University Plastic Surgery Associates, Inc 720 Harrison Avenue, DOB 9th Floor, Boston, MA 02118 04-3555478 Boston University Psychiatry Associates, Inc 85 East Newton Street, Suite 802, Boston, MA 02118 04-3355267 Boston University Medical Center Radiologists, Inc 820 Harrison Avenue FGH Bldg 3rd Floor Street, Boston, MA 02118 04-3283573 Boston Rehabilitation Medicine Associates, Inc 732 Harrison Avenue, Suite 511, Boston, MA 02118 04-3286641 Boston University General Surgical Associates, Inc 88 East Newton Street, Suite C500, Boston, MA 02118 04-3265008 Boston University Medical Center Urologists, Inc 725 Albany Street Shapiro 3B, Boston, MA 02118 04-3286643

Identifier	Return Reference	Explanation
ORGANIZATIONS MISSION	FORM 990, PART I, LINE 1 AND PART III, LINES 1 AND 4	<p>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 SYSTEM OF DELIVERY TO MORE EFFICIENTLY AND EFFECTIVELY MEET THE HEALTH CARE NEEDS OF THE COMMUNITIES SERVED BY THE INSTITUTIONS. THE PLANS PROVIDE AMBULATORY SERVICES RANGING FROM PRIMARY ADULT AND PEDIATRIC CARE TO ADVANCED SPECIALTY CARE, AFFILIATED PHYSICIANS ALSO STAFF THE LARGEST 24 HOUR LEVEL 1 TRAUMA CENTER IN NEW ENGLAND. GOVERNANCE, MANAGEMENT, AND DISCLOSURE FORM 990, PART VI, SECTION A, LINES 1B AND 2 ALL OFFICERS AND DIRECTORS ARE EMPLOYEES OF EITHER THE INDIVIDUAL PRACTICE PLAN, BOSTON UNIVERSITY OR BOSTON MEDICAL CENTER, RELATED ORGANIZATIONS. A MEMBER OF THE PLAN'S BOARD IS AN OFFICER OF BOSTON MEDICAL CENTER. GOVERNANCE, MANAGEMENT, AND DISCLOSURE FORM 990, PART VI, SECTION A, LINE 6 THE SOLE MEMBER OF THE ORGANIZATION IS FACULTY PRACTICE FOUNDATION, INC. GOVERNANCE, MANAGEMENT, AND DISCLOSURE FORM 990, PART VI, SECTION A, LINE 7B CERTAIN ACTIONS MUST BE APPROVED BY FACULTY PRACTICE FOUNDATION, INC., THE ORGANIZATION'S SOLE CORPORATE MEMBER, AS SET FORTH IN THE BYLAWS, INCLUDING ADOPTION OF THE BUDGET, ANY MERGER, CONSOLIDATION, LIQUIDATION OR DISSOLUTION, ANY CAPITAL TRANSACTION, AND INCURRENCE OF DEBT. GOVERNANCE, MANAGEMENT, AND DISCLOSURE FORM 990, PART VI, SECTION A, LINE 11B PRIOR TO THE FILING OF THE FORM 990 WITH THE IRS, THE FORM 990 WAS PREPARED BY OUR OUTSIDE TAX CONSULTANTS AND 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, 2011 were distributed on MARCH 15, 2012 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 reviews all disclosures and determines whether 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 &amp; 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 two 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 was held FOR FY2011 to review and approve the FY2011 proposed compensation for the physician executives serving as presidents of the plans as well as the executive contracted to serve as the department chair of Anesthesia. For FY2011 the salary of each of the physician executives under consideration was 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 where available, listing both the fiftieth and seventy-fifth salary percentiles. The proposed compensation as submitted or amended by the Committee was 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 C, 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 with Boston Medical Center ("BMC") and Boston University School of Medicine ("BUSM"). The Plans each entered into a common paymaster agreement with 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, with respect to each Faculty member that the Plan employs, pays BU 27.5% 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 \$245,0</p>

Identifier	Return Reference	Explanation
ORGANIZATIONS MISSION	FORM 990, PART I, LINE 1 AND PART III, LINES 1 AND 4	00, the Plans further pay BU 8 1% on such excess up to an amount equal to the FICA limit f or that particular year and then 1 8% on any amount in excess of the applicable FICA limit The Plans also pay for a portion of administrative salaries and fringe benefits for nonp hysician employees of BMC, who provide services to them The plans do not pay for pension plan contributions for those employees that fall under the above-mentioned paymaster agree ment(s) RECONCILIATION OF NET ASSETS FORM 990, PART XI, LINE 5 NET UNREALIZED GAIN ON INV ESTMENT \$2,705,995 DONATED SERVICES \$507,746 _____ \$3,213,741

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME Stephanie Lovell, ESQ TITLE Assistant Clerk HOURS 44

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

2010

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	(g) Section 512(b)(13) controlled organization	
						Yes	No
(1) BOSTON MEDICAL CENTER  88 EAST NEWTON STREET  BOSTON, MA 02118 04-3314093	healthcare	MA	501(C)(3)	3	NA		No
(2) TRUSTEES OF BOSTON UNIVERSITY  881 COMMONWEALTH AVENUE  BOSTON, MA 02115 04-2103547	EDUCATION	MA	501(C)(3)	2	NA		No
(3) FACULTY PRACTICE FOUNDATION INC  660 Harrison Avenue 3rd Floor  Boston, MA 02118 04-3289381	healthcare	MA	501(C)(3)	11b II	NA		No

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) Disproporionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

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, 35A, 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)

1a

No

1b

Yes

1c

No

1d

No

1e

No

1f

No

1g

No

1h

No

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	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

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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]



**Part VII**   **Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation
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