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Form 990

Return of Organization Exempt From Income Tax

2010

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

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

D Employer identification number

90-0513372

E Telephone number

(617) 638-8923

G Gross receipts \$ 331,059,565

F Name and address of principal officer
KAREN H ANTAN MD
660 HARRISON AVENUE
BOSTON, MA 02118H(a) Is this a group return for affiliates? Yes NoH(b) Are all affiliates included? Yes No
If "No," attach a list (see instructions)

H(c) Group exemption number ► 8094

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

1 Briefly describe the organization's mission or most significant activities
SEE SCHEDULE O

2 Check this box ► if the organization discontinued its operations or disposed of more than 25% of its net assets

3 Number of voting members of the governing body (Part VI, line 1a)

3 43

4 Number of independent voting members of the governing body (Part VI, line 1b)

4 0

5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)

5 1,401

6 Total number of volunteers (estimate if necessary)

6 53

7a Total unrelated business revenue from Part VIII, column (C), line 12

7a 48,202

b Net unrelated business taxable income from Form 990-T, line 34

7b -6,260

Activities & Governance	Revenue	Prior Year		Current Year	
		8 Contributions and grants (Part VIII, line 1h)	9 Program service revenue (Part VIII, line 2g)	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)
		0	281,739,098	-155,179	885,931
				0	0
				281,583,919	331,059,565

Expenses	Revenue	Prior Year		Current Year	
		13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	14 Benefits paid to or for members (Part IX, column (A), line 4)	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	16a Professional fundraising fees (Part IX, column (A), line 11e)
		0	0	209,490,515	255,885,006
				0	0
				73,991,576	74,508,662
				283,729,621	332,191,904
				-2,145,702	-1,132,339

Net Assets or Fund Balances	Revenue	Beginning of Current Year		End of Year	
		20 Total assets (Part X, line 16)	21 Total liabilities (Part X, line 26)	22 Net assets or fund balances Subtract line 21 from line 20	
		82,410,801	27,448,703	54,962,098	75,090,269
					18,046,769
					57,043,500

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		Date
	PETER HEALY CAO/VP PROF SVCS	Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed ► <input type="checkbox"/>	PTIN
	PRICEWATERHOUSECOOPERS LLP	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

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response to any question in this Part III **1** Briefly describe the organization's mission
SEE SCHEDULE O

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

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

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

4a (Code) (Expenses \$ 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 \$)

4e Total program service expenses \$ 272,667,806

Part IV Checklist of Required Schedules

1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A

2 Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)?

3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

4 **Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II

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? If "Yes," complete Schedule C, Part III

6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I

7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II

8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III

9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV

10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V

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? If "Yes," complete Schedule D, Part VI

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? If "Yes," complete Schedule D, Part VII

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? If "Yes," complete Schedule D, Part VIII

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? If "Yes," complete Schedule D, Part IX

e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X

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)? If "Yes," complete Schedule D, Part X

12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII

b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional

13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

14a Did the organization maintain an office, employees, or agents outside of the United States?

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? If "Yes," complete Schedule F, Parts I and IV

15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U.S.? If "Yes," complete Schedule F, Parts II and IV

16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U.S.? If "Yes," complete Schedule F, Parts III and IV

17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)

18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II

19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III

20a Did the organization operate one or more hospitals? If "Yes," complete Schedule H

b If "Yes" to line 20a, did the organization attach its audited financial statement to this return? **Note.** Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)

	Yes	No
1	Yes	
2		No
3		No
4		No
5		
6		No
7		No
8		No
9		No
10		No
11a	Yes	
11b		No
11c		No
11d	Yes	
11e	Yes	
11f		No
12a		No
12b	Yes	
13		No
14a		No
14b		No
15		No
16		No
17		No
18		No
19		No
20a		No
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? If "Yes," complete Schedule I, Parts I and II	<input checked="" type="checkbox"/>	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? If "Yes," complete Schedule I, Parts I and III	<input checked="" type="checkbox"/>	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? If "Yes," complete Schedule J	<input checked="" type="checkbox"/>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b-24d and complete Schedule K. If "No," go to line 25	<input type="checkbox"/>	24a	No	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	<input type="checkbox"/>	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?	<input type="checkbox"/>	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	<input type="checkbox"/>	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	<input checked="" type="checkbox"/>	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? If "Yes," complete Schedule L, Part I	<input checked="" type="checkbox"/>	25b	No	
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	<input checked="" type="checkbox"/>	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? If "Yes," complete Schedule L, Part III	<input checked="" type="checkbox"/>	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)	<input type="checkbox"/>	28a	No	
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	<input checked="" type="checkbox"/>	28b	Yes	
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	<input checked="" type="checkbox"/>	28c	No	
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? If "Yes," complete Schedule L, Part IV	<input checked="" type="checkbox"/>	29	No	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	<input type="checkbox"/>	30	No	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	<input type="checkbox"/>	31	No	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	<input type="checkbox"/>	32	No	
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	<input type="checkbox"/>	33	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? If "Yes," complete Schedule R, Part I	<input checked="" type="checkbox"/>	34	Yes	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	<input checked="" type="checkbox"/>	35	No	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	<input type="checkbox"/>	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)? If "Yes," complete Schedule R, Part V, line 2	<input checked="" type="checkbox"/>
				Yes	<input checked="" type="checkbox"/>
				No	<input type="checkbox"/>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	<input checked="" type="checkbox"/>	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? If "Yes," complete Schedule R, Part VI	<input checked="" type="checkbox"/>	37	No	
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	<input type="checkbox"/>	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	92
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return	2a	1,401
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes
<p>Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)</p>			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	No
b	If "Yes," enter the name of the foreign country ► See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).	7a	No
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7b	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7c	No
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7d	
d	If "Yes," indicate the number of Forms 8282 filed during the year	7e	No
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7f	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7h	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	8	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	9a	
9	Sponsoring organizations maintaining donor advised funds.	9b	
a	Did the organization make any taxable distributions under section 4966?		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter	10a	
a	Initiation fees and capital contributions included on Part VIII, line 12	10b	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter	11a	
a	Gross income from members or shareholders	11b	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	13a	
a	Is the organization licensed to issue qualified health plans in more than one state?		
<p>Note. See the instructions for additional information the organization must report on Schedule O</p>			
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	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	

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

1a Enter the number of voting members of the governing body at the end of the tax year

1a	43
1b	0

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

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?

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

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

6 Does the organization have members or stockholders?

7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?

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

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

a The governing body?

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

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

	Yes	No
2	Yes	
3		No
4		No
5		No
6	Yes	
7a		No
7b	Yes	
8a	Yes	
8b	Yes	
9		No

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

10a Does the organization have local chapters, branches, or affiliates?

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

11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?

b 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

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

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

13 Does the organization have a written whistleblower policy?

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

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

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

b Other officers or key employees of the organization

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?

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

	Yes	No
10a	Yes	
10b	Yes	
11a	Yes	
12a	Yes	
12b	Yes	
12c	Yes	
13	Yes	
14	Yes	
15a	Yes	
15b	Yes	
16a		No
16b		

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed MA

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply

Own website Another's website Upon request

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

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

KATHRYN BEACH
660 HARRISON AVENUE GAMBRO 3 RM 3
BOSTON, MA 02118
(617) 638-3565

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order: individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons.

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

(11) (12) (13) (14) (15) (16) (17)

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
See Additional Data Table								
1b Sub-Total								
c Total from continuation sheets to Part VII, Section A								
d Total (add lines 1b and 1c)						24,411,784	1,450,013	2,551,420

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**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
ANESTHESIA ASSOC OF MA 690 CANTON STREET WESTWOOD, MA 02090	MGMT SERVICES	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 FEGHAN 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, grants and other similar amounts	1a Federated campaigns						
	b Membership dues						
	c Fundraising events						
	d Related organizations						
	e Government grants (contributions)						
	f All other contributions, gifts, grants, and similar amounts not included above						
	g Noncash contributions included in lines 1a-1f \$						
h Total. Add lines 1a-1f		0					
Program Service Revenue			Business Code				
				900099	145,641,665	145,641,665	
				900099	81,549,272	81,549,272	
				900099	9,621,602	9,621,602	
				900099	2,120,498	2,120,498	
				541380	23,495,844	23,447,642	48,202
			67,744,753				
g Total. Add lines 2a-2f		330,173,634					
3 Investment income (including dividends, interest and other similar amounts)					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							
b Less direct expenses				0			
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							
b Less cost of goods sold							
c Net income or (loss) from sales of inventory				0			
Miscellaneous Revenue	Business Code						
11a							
b							
c							
d All other revenue				0			
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) Beginning of year	(B) End of year
Assets	1 Cash—non-interest-bearing	31,037,336	1 19,842,580
	2 Savings and temporary cash investments	2	
	3 Pledges and grants receivable, net	3	
	4 Accounts receivable, net	14,337,824	4 14,711,400
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), 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	6	
	7 Notes and loans receivable, net	7	
	8 Inventories for sale or use	8	
	9 Prepaid expenses and deferred charges	9	
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 11,895,637	
	b Less accumulated depreciation	10b 6,923,921	10c 3,737,919 4,971,716
	11 Investments—publicly traded securities	17,355,268	11 29,452,103
	12 Investments—other securities See Part IV, line 11	12	
	13 Investments—program-related See Part IV, line 11	13	
	14 Intangible assets	14	
	15 Other assets See Part IV, line 11	15,942,454	15 6,112,470
	16 Total assets. Add lines 1 through 15 (must equal line 34)	82,410,801	16 75,090,269
Liabilities	17 Accounts payable and accrued expenses	10,826,716	17 10,541,984
	18 Grants payable	18	
	19 Deferred revenue	19	
	20 Tax-exempt bond liabilities	20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D	21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L	22	
	23 Secured mortgages and notes payable to unrelated third parties	23	
	24 Unsecured notes and loans payable to unrelated third parties	24	
	25 Other liabilities Complete Part X of Schedule D	16,621,987	25 7,504,785
	26 Total liabilities. Add lines 17 through 25	27,448,703	26 18,046,769
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.		
	27 Unrestricted net assets	54,962,098	27 57,043,500
	28 Temporarily restricted net assets	28	
	29 Permanently restricted net assets	29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.		
	30 Capital stock or trust principal, or current funds	30	
	31 Paid-in or capital surplus, or land, building or equipment fund	31	
	32 Retained earnings, endowment, accumulated income, or other funds	32	
	33 Total net assets or fund balances	54,962,098	33 57,043,500
	34 Total liabilities and net assets/fund balances	82,410,801	34 75,090,269

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response to any question in this Part XI

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

Part XII Financial Statements and ReportingCheck if Schedule O contains a response to any question in this Part XII

		Yes	No
1	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		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? . . .	2a	No
2b	Were the organization's financial statements audited by an independent accountant? . . .	2b	Yes
2c	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 . . .	2c	Yes
2d	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		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? . . .	3a	No
3b	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 . . .	3b	

2010

Open to Public
Inspection**SCHEDULE A**
(Form 990 or 990EZ)**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.

Name of the organization
Faculty Practice Foundation
INC & AffiliatesEmployer 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 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 stop here ►						

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 stop here . 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 stop here . The organization qualifies as a publicly supported organization ►	
20 Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions ►	

Part IV

Supplemental Information. 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	Official	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	Office	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 MOTTL-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
		Or director	Individual trustee	Institutional Trustee	Office	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

2010

Open to Public
Inspection**SCHEDULE D**
(Form 990)**Supplemental Financial Statements**

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

Department of the Treasury
Internal Revenue Service**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? Yes No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No

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

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

Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically 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
2a	
2b	
2c	
2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ► _____

4 Number of states where property subject to conservation easement is located ► _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, 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 d Loan or exchange programs
 b Scholarly research e Other
 c Preservation for future generations

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

	Yes	No
3a(i) unrelated organizations		
3a(ii) related organizations		
3b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?		

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

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
Other		

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

2010

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

Employer identification number

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.  

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

2010Department of the Treasury
Internal Revenue Service

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.

Open to Public Inspection**Name of the organization**Faculty Practice Foundation
INC & Affiliates**Employer identification number**

90-0513372

Part I Questions Regarding Compensation

Yes No

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items

<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)

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

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?

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

<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract
<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study
<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Approval by the board or compensation committee

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?

b Participate in, or receive payment from, a supplemental nonqualified retirement plan?

c Participate in, or receive payment from, an equity-based compensation arrangement?

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?

b Any related organization?

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?

b Any related organization?

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

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

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

1b		
2		
4a	Yes	
4b	Yes	
4c		No
5a		No
5b		No
6a		No
6b		No
7	Yes	
8		No
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	<p>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)</p>

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

Schedule L

Transactions with Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b.

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

OMB No 1545-0047

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 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.

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

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.

Part III Grants or Assistance Benefitting Interested Persons.

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

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

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.

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		<p>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</p>

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 BY LAWS, 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.</p> <p>GOVERNANCE, MANAGEMENT, AND DISCLOSURE FORM 990, PART VI, SECTION B, LINES 15 A & B THE COMPENSATION COMMITTEE OF THE FACULTY PRACTICE FOUNDATION, A RELATED ORGANIZATION, SERVES AS THE COMPENSATION COMMITTEE OF EACH FACULTY PRACTICE PLAN TO REVIEW AND APPROVE COMPENSATION OF THE CHIEF EXECUTIVE OFFICER OF EACH FACULTY PRACTICE PLAN. THE FOUNDATION'S 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.</p> <p>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 MEMBERS SERVE 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 \$245,000,</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 for 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 nonphysician 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 agreement(s). RECONCILIATION OF NET ASSETS FORM 990, PART XI, LINE 5 NET UNREALIZED GAIN ON INVESTMENT \$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)

Related Organizations and Unrelated Partnerships

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 Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

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.)

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.)

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.)

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)

	Yes	No
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)				

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

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.

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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