See a Social Security Number? Say Something!
Report Privacy Problems to https://public.resource.org/privacy
Or call the IRS Identity Theft Hotline at 1-800-908-4490

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493134041963

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 07-01-2011 and ending 06-30-2012

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) | Room/suite
660 HARRISON AVENUE 3RD FLOOR

City or town, state or country, and ZIP + 4
BOSTON, MA 02118

D Employer identification number
90-0513372

E Telephone number
(617)638-8923

G Gross receipts $ 325,655,688

F Name and address of principal officer
DAVID L COLEMAN MD
660 HARRISON AVENUE
BOSTON,MA 02118

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

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

H(c) Group exemption number ▶ 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**	39
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 2011 (Part V, line 2a)	**5**	1,288
6	Total number of volunteers (estimate if necessary)	**6**	48
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	19,348
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	-19,670

		Prior Year	Current Year
Revenue	**8** Contributions and grants (Part VIII, line 1h)	0	0
	9 Program service revenue (Part VIII, line 2g)	330,173,634	324,714,689
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	885,931	940,999
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	0
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	331,059,565	325,655,688
Expenses	**13** Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,798,236	139,684
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	255,885,006	252,579,756
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶0		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	74,508,662	79,407,912
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	332,191,904	332,127,352
	19 Revenue less expenses Subtract line 18 from line 12	-1,132,339	-6,471,664

		Beginning of Current Year	End of Year
Net Assets or Fund Balances	**20** Total assets (Part X, line 16)	75,090,269	74,311,871
	21 Total liabilities (Part X, line 26)	18,046,769	23,898,544
	22 Net assets or fund balances Subtract line 21 from line 20	57,043,500	50,413,327

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: 2013-05-13

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

Paid Preparer's Use Only

Preparer's signature | Date | Check if self-employed ▶☐ | Preparer's taxpayer identification number (see instructions)

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ PricewaterhouseCoopers LLP
125 High Street
Boston, MA 02110

EIN ▶

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 Accomplishments**

Check 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 organization's program service accomplishments for each of its three largest program services, as measured 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 $ 271,070,106 including grants of $ 139,684) (Revenue $ 324,714,689)

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** ▶ $ 271,070,106

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2		No
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**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*	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		No
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII.*	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.*	11d	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X.*	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12a		No
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*	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Part I*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the U S ? *If "Yes," complete Schedule F, Part II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the U S ? *If "Yes," complete Schedule F, Part III and IV*	16		No
17	Did the organization report a total of more than $15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? **Note.** All Form 990 filers that operated one or more hospitals must attach audited financial statements	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*	**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*	**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*	**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 questions 24b–24d and complete Schedule K. If "No," go to line 25*	**24a**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		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*	**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*	**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*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		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*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	**34**	Yes	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	**35a**		No
b	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*	**35b**		No
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		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*	**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	**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**	68		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	**1b**	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			**1c**	Yes	
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	**2a**	1,288			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			**2b**	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)					
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 or securities 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).**					
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			**7a**		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			**7b**		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			**7c**		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			**7e**		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .			**7f**		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			**7g**		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			**7h**		
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			**8**		
9	**Sponsoring organizations maintaining donor advised funds.**					
a	Did the organization make any taxable distributions under section 4966?			**9a**		
b	Did the organization make a distribution to a donor, donor advisor, or related person?			**9b**		
10	**Section 501(c)(7) organizations.** Enter					
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	**10a**				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**				
11	**Section 501(c)(12) organizations.** Enter					
a	Gross income from members or shareholders	**11a**				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	**11b**				
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			**12a**		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	**12b**				
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**					
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state			**13a**		
b	Enter the aggregate 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 aggregate 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

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	39		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	0		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?			2 Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .			3	No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			4	No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .			5	No
6	Did the organization have members or stockholders?			6 Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?			7a	No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?			7b Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?			8a Yes	
b	Each committee with authority to act on behalf of the governing body?			8b Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9	No

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	Yes	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Yes	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes," to line 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?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you made 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 made 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, or 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 organizations compensated any current or former officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

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 (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b **Sub-Total** ▶										
c **Total from continuation sheets to Part VII, Section A** ▶										
d **Total (add lines 1b and 1c)** ▶								25,359,089	1,467,245	2,674,385

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 697

			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 Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
ANESTHESIA ASSOC OF MA 690 CANTON STREET WESTWOOD, MA 02090	MGMT SERVICES	8,829,468
PER SE TECHNOLOGIES 10 MOLLISON WAY LEWISTON, ME 04240	BILLING SERVICES	3,533,538
Springfield Service Corporation 8151 W 183rd Street Suite B TINLEY PARK, IL 60487	BILLING SERVICES	2,368,599
HART ASSOCIATES INC 3 ALLIED DRIVE DEDHAM, MA 02026	BILLING SERVICES	1,322,398
CHILDREN'S HOSPITAL OF BOSTON 300 LONGWOOD AVE FEGHAN 3 BOSTON, MA 02115	PHYSICIAN CONTRACT	813,521

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 12

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . 1a				
	b	Membership dues 1b				
	c	Fundraising events 1c				
	d	Related organizations . . . 1d				
	e	Government grants (contributions) 1e				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f				
	g	Noncash contributions included in lines 1a-1f $				
	h	**Total.** Add lines 1a-1f . . . . . ▶	0			
Program Service Revenue		Business Code				
	2a	PATIENT REVENUE	900099	142,230,855	142,230,855	
	b	OTHER HEALTH REVENUE	541380	52,061,082	52,041,734	19,348
	c	INSTITUTIONAL SUPPORT	900099	50,934,276	50,934,276	
	d	FREE CARE REIMBURSEMENT	900099	10,190,989	10,190,989	
	e	RESEARCH SUPPORT	900099	2,486,979	2,486,979	
	f	All other program service revenue		66,810,508	66,810,508	
	g	**Total.** Add lines 2a–2f . . . . . ▶		324,714,689		
	3	Investment income (including dividends, interest and other similar amounts) . . . . . ▶		948,321		948,321
	4	Income from investment of tax-exempt bond proceeds . . ▶		0		
	5	Royalties . . . . . ▶		0		
		(i) Real / (ii) Personal				
	6a	Gross rents				
	b	Less rental expenses				
	c	Rental income or (loss)				
	d	Net rental income or (loss) . . . . . ▶				
		(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory				
	b	Less cost or other basis and sales expenses				
	c	Gain or (loss)		-7,322		
	d	Net gain or (loss) . . . . . ▶		-7,322		-7,322
Other Revenue	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 . . . a				
	b	Less direct expenses . . . b				
	c	Net income or (loss) from fundraising events . . ▶		0		
	9a	Gross income from gaming activities See Part IV, line 19 . . . a				
	b	Less direct expenses . . . b				
	c	Net income or (loss) from gaming activities . . ▶		0		
	10a	Gross sales of inventory, less returns and allowances . a				
	b	Less cost of goods sold . . b				
	c	Net income or (loss) from sales of inventory . . ▶		0		
		Miscellaneous Revenue / Business Code				
	11a					
	b					
	c					
	d	All other revenue				
	e	**Total.** Add lines 11a–11d . . . . . ▶		0		
	12	**Total revenue.** See Instructions . . . ▶		325,655,688	324,695,341	19,348	940,999

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)

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

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 United States See Part IV, line 21	139,684	139,684		
2	Grants and other assistance to individuals in the United States See Part IV, line 22	0			
3	Grants and other assistance to governments, organizations, and individuals outside the United States 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	20,457,808	17,487,331	2,970,477	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	808,168	808,168		
7	Other salaries and wages	180,443,988	147,193,498	33,250,490	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	26,427	21,142	5,285	
9	Other employee benefits	50,672,157	41,220,242	9,451,915	
10	Payroll taxes	171,208	142,164	29,044	
11	Fees for services (non-employees)				
a	Management	1,481,772		1,481,772	
b	Legal	125,074		125,074	
c	Accounting	10,800		10,800	
d	Lobbying	0			
e	Professional fundraising *See Part IV, line 17* . .	0			
f	Investment management fees	239,674		239,674	
g	Other	18,010,979	15,600,478	2,410,501	
12	Advertising and promotion	355,230	294,763	60,467	
13	Office expenses	3,220,095	2,551,069	669,026	
14	Information technology	209,964	178,888	31,076	
15	Royalties . .	0			
16	Occupancy	2,283,660	1,802,282	481,378	
17	Travel	1,084,035	883,389	200,646	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	2,228,446	1,802,704	425,742	
20	Interest	9,595	9,578	17	
21	Payments to affiliates	22,854,201	15,694,937	7,159,264	0
22	Depreciation, depletion, and amortization	1,602,369	1,218,880	383,489	
23	Insurance	4,196,035	3,507,072	688,963	
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	15,338,851	15,338,851		
b	RESEARCH EXPENSE	2,115,690	1,599,090	516,600	
c	DUES, MEMBERSHIPS & LIC MDS	1,088,109	924,720	163,389	
d	MEDICAL AND SURGICAL SUPPLIES	1,006,889	1,006,889		
e					
f	All other expenses	1,946,444	1,644,287	302,157	
25	**Total functional expenses.** Add lines 1 through 24f	332,127,352	271,070,106	61,057,246	0
26	**Joint costs.** Check here ▶ ☐ 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		19,842,580	1	20,927,890
	2	Savings and temporary cash investments		0	2	0
	3	Pledges and grants receivable, net		0	3	0
	4	Accounts receivable, net		14,711,400	4	13,649,756
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		0	5	0
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L		0	6	0
	7	Notes and loans receivable, net		0	7	0
	8	Inventories for sale or use		0	8	0
	9	Prepaid expenses and deferred charges		0	9	0
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 12,317,204			
	b	Less accumulated depreciation	10b 7,139,193	4,971,716	10c	5,178,011
	11	Investments—publicly traded securities		29,452,103	11	23,656,108
	12	Investments—other securities See Part IV, line 11		0	12	0
	13	Investments—program-related See Part IV, line 11		0	13	0
	14	Intangible assets		0	14	0
	15	Other assets See Part IV, line 11		6,112,470	15	10,900,106
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		75,090,269	16	74,311,871
Liabilities	17	Accounts payable and accrued expenses		10,541,984	17	8,721,426
	18	Grants payable		0	18	0
	19	Deferred revenue		0	19	0
	20	Tax-exempt bond liabilities		0	20	0
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*		0	21	0
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*		0	22	0
	23	Secured mortgages and notes payable to unrelated third parties		0	23	0
	24	Unsecured notes and loans payable to unrelated third parties		0	24	0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		7,504,785	25	15,177,118
	26	**Total liabilities.** Add lines 17 through 25		18,046,769	26	23,898,544
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		57,043,500	27	50,413,327
	28	Temporarily restricted net assets		0	28	0
	29	Permanently restricted net assets		0	29	0
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		57,043,500	33	50,413,327
	34	Total liabilities and net assets/fund balances		75,090,269	34	74,311,871

Part XI Reconcilliation of Net Assets

Check 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	325,655,688
2	Total expenses (must equal Part IX, column (A), line 25)	2	332,127,352
3	Revenue less expenses Subtract line 2 from line 1	3	-6,471,664
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	4	57,043,500
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-158,509
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	50,413,327

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ 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
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	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	
d	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 ☐ Separate basis ☑ Consolidated basis ☐ 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
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits . .	3b		

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493134041963

SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
Faculty Practice Foundation
INC & Affiliates

Employer identification number
90-0513372

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

	Yes	No
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization? **11g(i)**		No
(ii) a family member of a person described in (i) above? **11g(ii)**		No
(iii) a 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		No

h Provide the following information about the supported organization(s)

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

Part II **Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11 **Total support** (Add lines 7 through 10)						

12 Gross receipts from related activities, etc (See instructions) **12**

13 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f)) **14**

15 Public Support Percentage for 2010 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2011.** 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—2010.** 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—2011.** 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—2010.** 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 IRC 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2011** (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from **2010** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2011.** 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—2010.** 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 explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493134041963

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
Faculty Practice Foundation
INC & Affiliates

Employer identification number
90-0513372

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

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ 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
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

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

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

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

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

(ii) Assets included in Form 990, Part X ▶ $ _____

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

a Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

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

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

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

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

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

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

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

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

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

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

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

Part V Endowment Funds. Complete if 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
(i) unrelated organizations	3a(i)		
(ii) related organizations	3a(ii)		
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

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

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

Description of property	(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		2,384,039	858,180	1,525,859
d Equipment		8,306,622	5,323,007	2,983,615
e Other		1,626,543	958,006	668,537
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				5,178,011

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		
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶		

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

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

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

(a) Description	(b) Book value
(1) OTHER RECEIVABLES	8,423,838
(2) DUE FROM AFFILIATES	2,020,459
(3) OTHER CURRENT ASSETS	290,812
(4) OTHER ASSETS	164,997
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	10,900,106

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

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	0
DUE TO AFFILIATES	15,067,927
LONG TERM CAPITAL LEASE OBLIGATION	109,191
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	15,177,118

2. Fin 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC740)

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

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493134041963

Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
Faculty Practice Foundation
INC & Affiliates

Employer identification number
90-0513372

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☑ Yes ☐ No

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

Part II Grants and Other Assistance to Governments and Organizations in the United States.

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) TRUSTEES OF BOSTON UNIVERSITY881 COMMONWEALTH AVENUE BOSTON,MA 02118	04-2103547	501(c)(3)	6,250				GENERAL SUPPORT
(2) BOSTON MEDICAL CENTER88 EAST NEWTON STREET BOSTON,MA 02118	04-3314093	501(C)(3)	89,878				GENERAL SUPPORT
(3) arthritis foundation29 CRAFTS STREET NEWTON,MA 02458	04-2113261	501(c)(3)	6,000				GENERAL SUPPORT
(4) american heart association20 SPEEN STREET FRAMINGHAM,MA 01701	13-5613797	501(c)(3)	7,500				GENERAL SUPPORT
(5) ORTHOPAEDIC RESEARCH & EDUCATION FOUNDATION6300 N RIVER RD 700 ROSEMONT,IL 60018	36-6009467	501(c)(3)	8,000				GENERAL SUPPORT
(6) MASSACHUSETTS ASSOCIATION OF MENTAL HEALTH INC130 BOWDOIN STREET BOSTON,MA 02108	04-2104711	501(C)(3)	7,500				GENERAL SUPPORT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 6

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶ 0

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

(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

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493134041963

Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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.

OMB No 1545-0047

2011

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

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space 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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, columns (D) and (E) for that individual

(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								

Part III Supplemental Information

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

Identifier	Return Reference	Explanation
ALL INDIVIDUALS WERE COMPENSATED FOR THEIR ROLES AS PHYSICIANS AND/OR	DEPARTMENT CHAIRS, NOT FOR THEIR ROLES AS DIRECTORS, OFFICERS, OR FORMER	officers SCHEDULE J, PART I, LINE 4A AS A RESULT OF A change in roles and responsibilities and in recognition of 16 years of service, JAMES BECKER received a payment of $1,505,000 IN CALENDAR YEAR 2011 WHICH IS REPORTED ON SCHEDULE J, COLUMN B(III) AS OTHER REPORTABLE COMPENSATION 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 2011 LOVELL - $75,404 BMC PROVIDED A NON-QUALIFIED DEFINED BENEFIT PLAN TO CERTAIN EXECUTIVES THE ESTIMATED ANNUAL INCREASE IN ACTUATIAL VALUE FOR STEPHANIE LOVELL, ESQ IS $64,521, WHICH IS REFLECTED IN SCHEDULE J, PART II, COLUMN C 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)

Additional Data

Return to Form

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) (II)	452,969	0	48,832	32,540 0	25,137 0	559,478 0	0 0
Steve R Williams MD	(I) (II)	412,640	0	20,944	27,640 0	6,477 0	467,701 0	0 0
William A Macone	(I) (II)	120,943	0	410	15,880 0	18,700 0	155,933 0	0 0
Edward B Feinberg MD MPH	(I) (II)	104,773	0	2,936	14,558 0	20,667 0	142,934 0	0 0
Susannah G Rowe MD	(I) (II)	238,782	0	52,598	27,640 0	25,773 0	344,793 0	0 0
Manju L Subramanian MD	(I) (II)	259,462	0	43,361	22,740 0	5,617 0	331,180 0	0 0
Larry Culpepper MD	(I) (II)	254,030	0	212,645	32,540 0	13,727 0	512,942 0	0 0
James M Becker MD	(I) (II)	441,273	0	2,052,813	32,540 0	18,251 0	2,544,877 0	0 0
Daniel G Remick MD	(I) (II)	437,422	0	109,770	32,540 0	20,536 0	600,268 0	0 0
Michael J O'Brien MD	(I) (II)	236,214	0	73,484	32,540 0	17,930 0	360,168 0	0 0
Alexander M Norbash MD	(I) (II)	438,894	0	188,039	27,640 0	25,137 0	679,710 0	0 0
William R Cranley MD	(I) (II)	200,640	0	2,580	26,814 0	4,382 0	234,416 0	0 0
Ewa Kuligowska MD	(I) (II)	141,587	0	344	18,064 0	262 0	160,257 0	0 0
Glenn Barest MD	(I) (II)	230,594	0	125,168	27,640 0	30,763 0	414,165 0	0 0
Richard K Babayan MD	(I) (II)	439,273	0	140,375	32,540 0	20,251 0	632,439 0	0 0
Carlos S Kase MD	(I) (II)	340,273	0	17,405	32,540 0	21,319 0	411,537 0	0 0
Kevin Maguire	(I) (II)	133,654	0	2,115	0 9,868	0 24,355	0 169,992	0 0
Lawrence S Chin MD	(I) (II)	307,693	0	164,778	27,640 0	16,734 0	516,845 0	0 0

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				
Linda J Heffner md phd	(I)	372,359	0	31,106	32,540	13,400	449,405	0
	(II)				0	0	0	0
Aviva Lee-Parritz MD	(I)	242,261	0	41,085	32,540	526	316,412	0
	(II)				0	0	0	0
Paul M Hendessi MD	(I)	225,413	0	5,820	21,547	22,299	275,079	0
	(II)				0	0	0	0
Thomas A Einhorn MD	(I)	442,868	0	278,252	32,540	21,624	775,284	0
	(II)				0	0	0	0
Gregory A Antoine MD	(I)	441,997	0	31,868	32,540	16,093	522,498	0
	(II)				0	0	0	0
Domenic A Ciraulo MD	(I)	414,273	0	66,874	32,540	18,126	531,813	0
	(II)				0	0	0	0
Benedict D Daly MD	(I)	436,357	0	232,470	32,540	22,749	724,116	0
	(II)				0	0	0	0
Keith P Lewis MD	(I)	394,415	0	22,698	32,540	767	450,420	0
	(II)				0	0	0	0
Kenneth M Grundfast MD	(I)	391,020	0	22,092	32,540	17,892	463,544	0
	(II)				0	0	0	0
Barry S Zuckerman MD	(I)	387,402	0	23,909	32,540	17,943	461,794	0
	(II)				0	0	0	0
David DiFiore	(I)				0	0	0	0
	(II)	161,179	0	1,363	11,413	2,399	176,354	0
Howard Bauchner MD	(I)	116,783	0	8,202	15,390	12,926	153,301	0
	(II)				0	0	0	0
Lewis Braverman MD	(I)	162,810	0	0	21,106	1,492	185,408	0
	(II)				0	0	0	0
David L Coleman MD	(I)	449,292	0	171,028	32,540	2,496	655,356	0
	(II)				0	0	0	0
Stephanie Lovell ESQ	(I)				0	0	0	0
	(II)	475,210	48,000	78,139	71,871	9,196	682,416	75,336
STEPHEN CHRISTIANSEN MD	(I)	433,987	0	11,677	32,540	26,546	504,750	0
	(II)				0	0	0	0
DIANE HOLMES	(I)				0	0	0	0
	(II)	167,151	0	4,715	5,238	18,124	195,228	0
DAVID NUNES MD	(I)	270,180	0	1,324	32,540	8,850	312,894	0
	(II)				0	0	0	0

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				
EMELIA BENJAMIN MD	(I) (II)	232,871	0	12,011	32,540 0	29,761 0	307,183 0	0 0
STEPHANIE LEE MD	(I) (II)	191,227	0	948	25,434 0	5,638 0	223,247 0	0 0
BARBARA GILCHREST MD	(I) (II)	117,368	0	427	15,040 0	8,009 0	140,844 0	0 0
MINA YAAR MD	(I) (II)	122,119	0	9,145	15,390 0	1,290 0	147,944 0	0 0
JULIE MOTTL-SANTIAGO CNM	(I) (II)	120,322	0	2,263	13,686 0	24,360 0	160,631 0	0 0
JULIO MAZUL MD	(I) (II)	185,527	0	3,153	0 0	8,688 0	197,368 0	0 0
GREGORY GRILLONE MD	(I) (II)	233,968	0	104,361	32,540 0	24,732 0	395,601 0	0 0
RHODA M ALANI MD	(I) (II)	400,000	0	46,870	0 0	630 0	447,500 0	0 0
JERROLD ELLNER MD	(I) (II)	283,078	0	189,972	4,568 0	7,595 0	485,213 0	0 0
MARIA TROJANOWSKA PHD	(I) (II)	190,885	0	1,139	5,345 0	8,575 0	205,944 0	0 0
JOHN DURFEE	(I) (II)	215,744	0	32,551	25,452 0	24,732 0	298,479 0	0 0
CHARLES WILLIAMS MD	(I) (II)	252,070	0	228	22,740 0	22,393 0	297,431 0	0 0
DAVID BECK	(I) (II)	187,346	0	5,271	0 0	0 20,808	0 213,425	0 0
ELIZABETH GITTINGER MD	(I) (II)	200,838	0	10,166	18,547 0	6,245 0	235,796 0	0 0
JAMES HOLSAPPLE MD	(I) (II)	273,224	0	225,635	0 0	17,867 0	516,726 0	0 0
JANE LIEBSCHUTZ MD	(I) (II)	172,299	0	1,381	22,354 0	33,754 0	229,788 0	0 0
JAROSLAW TKACZ MD	(I) (II)	239,009	0	91,090	22,740 0	12,932 0	365,771 0	0 0
RONALD IVERSON MD	(I) (II)	224,553	0	327	25,968 0	22,163 0	273,011 0	0 0

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				
WUQAAS MUNIR MD	(I)	281,439	0	42,964	22,740	21,999	369,142	0
	(II)				0	0	0	0
KAREN FREUND MD	(I)	200,960	0	432	27,799	24,169	253,360	0
	(II)				0	0	0	0
MARTIN KROLL MD	(I)	234,099	0	35,136	32,540	24,850	326,625	0
	(II)				0	0	0	0
ROBERT J VINCI MD	(I)	304,908		11,305	32,540	24,871	373,624	0
	(II)				0	0	0	0
SHALENDER BHASIN MD	(I)	264,392	0	4,233	32,540	586	301,751	0
	(II)				0	0	0	0
TONY TANNOURY MD	(I)	234,615	0	692,477	22,740	24,845	974,677	0
	(II)				0	0	0	0
JEFFREY SPIEGEL MD	(I)	228,334	0	1,176,724	22,740	30,316	1,458,114	0
	(II)				0	0	0	0
TIMOTHY FOSTER MD	(I)	233,834	0	908,158	32,540	24,845	1,199,377	0
	(II)				0	0	0	0
WILLIAM CREEVY MD	(I)	236,594	0	555,346	32,540	24,845	849,325	0
	(II)				0	0	0	0
ANDREW STEIN MD	(I)	236,678	0	509,791	27,640	24,761	798,870	0
	(II)				0	0	0	0

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493134041963

Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
Faculty Practice Foundation
INC & Affiliates

Employer identification number
90-0513372

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

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

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

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

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

Part II Loans to and/or From Interested Persons.

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

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

Part III Grants or Assistance Benefitting Interested Persons.

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

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

Part IV **Business Transactions Involving Interested Persons.**

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) DANIELLE CIRAULO	CHILD OF OFFICER	41,465	EMPLOYEE AT BUPA		No
(2) ANN MARIE CIRAULO	SPOUSE OF OFFICER	78,700	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

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493134041963

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
Faculty Practice Foundation
INC & Affiliates

Employer identification number
90-0513372

Identifier	Return Reference	Explanation
FORM 990, H(b) AFFILIATES INCLUDED IN GROUP RETURN		Boston University Medical Center Anesthesiologists, Inc 88 East Newton Street A2817, Boston, MA 02118 04-3276227 Boston Emergency Physician Foundation, Inc 860 Harrison Avenue, Boston, MA 02118 04-3286156 Boston University Cardiac & Thoracic Surgical Foundation, Inc 88 East Newton Street, Boston, MA 02118 04-2966416 Boston University Dermatology, Inc 609 Albany Street, Boston, MA 02118 04-3335166 Boston University Dermatology Support Services I, Inc 609 Albany Street, Boston, MA 02118 04-3452877 Boston University Dermatology Support Services II, Inc 609 Albany Street, Boston, MA 02118 04-3452874 Boston University Surgical Associates, Inc 88 East Newton Street, Suite C500, Boston, MA 02118 04-3291148 Evans Medical Foundation, Inc 88 East Newton Street, Boston, MA 02118 51-0172171 Boston University Eye Associates, Inc 2005 Bay Street, Suite 201, Taunton, MA 02780 04-3137333 Boston University Family Medicine, Inc One Boston Medical Center, Dowling 5 South, Boston, MA 02118 04-3354353 Boston University Mallory Pathology Associates, Inc 670 Albany Street, 3rd Floor, Boston, MA 02118 04-2794543 Boston University Neurology Associates, Inc 72 East Concord Street C3, Boston, MA 02118 04-3428462 Boston University Neurosurgical Associates, Inc 72 East Concord Street C3, Boston, MA 02118 04-3296068 Boston University Obstetrics & Gynecology Foundation, Inc 85 East Concord Street, 6th Floor, Boston, MA 02118 04-3067465 Boston University Orthopaedic Surgical Associates, Inc 720 Harrison Avenue, DOB Suite 808, Boston, MA 02118 04-3354360 Boston University Medical Center Otolaryngologic Foundation, Inc 820 Harrison Avenue FGH BLDG 4th Floor Street, Boston, MA 02118 04-3156471 Child HeaLth 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
ORGANIZATION'S MISSION	FORM 990, PART I, LINE 1 AND PART III, LINEs 1 AND 4	THE FACULTY PRACTICE PLANS ("THE PLANS") WERE ESTABLISHED AS NOT-FOR-PROFIT CORPORATIONS OPERATING EXCLUSIVELY FOR THE BENEFIT OF BOSTON MEDICAL CENTER AND BOSTON UNIVERSITY SCHOOL OF MEDICINE. THE PLANS' PURPOSE IS TO PROVIDE, COORDINATE AND FACILITATE THE DELIVERY OF PATIENT CARE SERVICES AND TO PROMOTE THE DEVELOPMENT OF AN INTEGRATED 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. CERTAIN OFFICERS AND DIRECTORS OF THE PRACTICE PLANS ALSO SERVE AS OFFICERS AND DIRECTORS OF BOSTON MEDICAL CENTER. GOVERNANCE, MANAGEMENT, AND DISCLOSURE FORM 990, PART VI, SECTION A, LINE 6 WITH THE EXCEPTION OF THOSE LISTED BELOW, THE SOLE MEMBER OF THE ORGANIZATION IS FACULTY PRACTICE FOUNDATION, INC. BU SURGICAL ASSOCIATES IS THE SOLE MEMBER OF THE FOLLOWING - BOSTON UNIVERSITY CARDIAC AND THORACIC SURGICAL FOUNDATION, INC - BOSTON UNIVERSITY GENERAL SURGICAL ASSOCIATES, INC - BOSTON UNIVERSITY NEUROSURGICAL ASSOCIATES, INC - BOSTON UNIVERSITY ORTHOPAEDIC SURGICAL ASSOCIATES, INC - BOSTON UNIVERSITY PLASTIC SURGERY ASSOCIATES, INC - BOSTON UNIVERSITY MEDICAL CENTER UROLOGISTS, INC - BUMC OTOLARYNGOLOGIC FOUNDATION, INC. GOVERNANCE, MANAGEMENT, AND DISCLOSURE FORM 990, PART VI, SECTION A, LINE 7B CERTAIN ACTIONS MUST BE APPROVED BY THE ORGANIZATION'S SOLE CORPORATE MEMBER, AS SET FORTH IN THE BYLAWS, INCLUDING ADOPTION OF THE BUDGET, ANY MERGER, CONSOLIDATION, LIQUIDATION OR DISSOLUTION, ANY CAPITAL TRANSACTION, AND INCURRENCE OF DEBT. GOVERNANCE, MANAGEMENT, AND DISCLOSURE FORM 990, PART VI, SECTION B, 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, 2012 were distributed on MARCH 13, 2013 by the compliance and legal services department. THE OFFICE OF GENERAL COUNSEL queries TRUSTEES, officers and directors on at least an annual basis regarding relationships that may create potential conflicts of interest. The OFFICE OF GENERAL COUNSEL reviews all disclosures and determines whether there are actual or potential conflicts of interest. The General Counsel advises the board of trustees and officers of the corporation accordingly. GOVERNANCE, MANAGEMENT, AND DISCLOSURE FORM 990, PART VI, SECTION B, LINES 15 A & 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 THE COMPENSATION OF THE CHIEF EXECUTIVE OFFICER OF EACH FACULTY PRACTICE PLAN. The Foundation Compensation Committee has two members including the President and CEO of Boston medical center and the Dean of Boston University School of Medicine. This Committee is responsible for approving the compensation for certain physician executives. An annual meeting of the Foundation's Compensation Committee was held FOR FY2012 to review and approve the FY2012 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 FY2012 the salary of each of the physician executives under consideration was provided to the Committee. The Committee evaluated and relied upon comparable data in making its decision. The comparable data consisted of compensation survey information from the AAMC for each specialty where available, listing both the fiftieth and seventy-fifth salary percentiles. The proposed compensation as submitted or amended by the Committee was voted upon by the Committee. The Committee's assessment of these considerations is contained in the official minutes. GOVERNANCE, MANAGEMENT, AND DISCLOSURE Form 990, part VI, Section C, line 19 THE plans DO NOT MAKE their GOVERNING DOCUMENTS OR CONFLICT OF INTEREST POLICY AVAILABLE TO THE PUBLIC. THE FINANCIAL STATEMENTS ARE MADE AVAILABLE THROUGH THE MASSACHUSETTS ATTORNEY GENERAL'S OFFICE. Shared Services Agreement Form 990, part VII, Section A The plans are affiliated with Boston Medical Center ("BMC") and Boston University School of Medicine ("BUSM"). The Plans each entered into a common paymaster agreement with BMC and the Trustees of Boston University ("BU"). Under the terms of the physician practice agreements, faculty physicians and practitioners ("Faculty Members") are employed by the individual Plans. The Faculty serves the benefit of BMC (by providing clinical services) and BUSM (by serving as faculty members of BUSM). Each Plan, with respect to each Faculty member that the Plan employs, pays BU 27.8% of each Faculty member's salary up to a $250,000 base, for reimbursement of fringe benefits and related paymaster fees. If a particular Faculty member's salary exceeds the base amount of $250,000, the Plans further pay BU 8.0% 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). FORM 990, PART VII, LINE 1, LINE 56 DAVID BECK WAS AN ASSISTANT CLERK AS OF 12/13/11 AND A CLERK AT EVANS MEDICAL FOUNDATION AS OF 12/20/11. RECONCILIATION OF NET ASSETS FORM 990, PART XI, LINE 5 NET UNREALIZED LOSS ON INVESTMENT ($677,478) DONATED SERVICES $518,969 _____ ($158,509)
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME James M Becker, M D TITLE Pres-GSA&SA (UNTIL 12/31/11) HOURS 10
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME Daniel G Remick, M D TITLE President/TREASURER-PATH HOURS 4
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME Alexander M Norbash, M D TITLE President-RADIO HOURS 4
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME Carlos S Kase, M D TITLE President-NEURO/REHAB HOURS 4
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME Linda J Heffner, m d , phd TITLE President-OBGYN (UNTIL 5/1/12) HOURS 4
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME Paul M Hendessi, M D TITLE PRESIDENT-OBGYN (AS OF 5/1/12) HOURS 4
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME Thomas A Einhorn, M D TITLE Pres/TREA/CLERK-ORTHO HOURS 4
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME Domenic A Ciraulo, M D TITLE Pres/TREA/CLERK-PSYCH HOURS 4
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME Kenneth M Grundfast, M D TITLE President-OTO HOURS 4
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME Barry S Zuckerman, M D TITLE President-CHF HOURS 4
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME David L Coleman, M D TITLE President-EMF HOURS 5
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME STEPHEN CHRISTIANSEN, M D TITLE PRES/TREA/CLERK-EYE HOURS 4
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME RHODA M ALANI, M D TITLE PRESIDENT-DERM HOURS 4
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME CHARLES WILLIAMS, M D TITLE PRES/TREA/CLERK(AS OF 10/6/11) HOURS 4
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME GERARD DOHERTY, M D TITLE PRES/TREA/CLERK-GSA & SA HOURS 5
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME Stephanie Lovell, ESQ TITLE Assistant Clerk(UNTL 12/12/11) HOURS 44
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME DAVID BECK TITLE SEE SCHEDULE O HOURS 44

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493134041963

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
Faculty Practice Foundation
INC & Affiliates

Employer identification number
90-0513372

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

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II **Identification of Related Tax-Exempt Organizations** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No
(1) BOSTON MEDICAL CENTER 88 EAST NEWTON STREET BOSTON, MA 02118 04-3314093	healthcare	MA	501(C)(3)	3	NA		No
(2) TRUSTEES OF BOSTON UNIVERSITY 881 COMMONWEALTH AVENUE BOSTON, MA 02115 04-2103547	EDUCATION	MA	501(C)(3)	2	NA		No
(3) FACULTY PRACTICE FOUNDATION INC 660 Harrison Avenue 3rd Floor Boston, MA 02118 04-3289381	healthcare	MA	501(C)(3)	11b II	NA		No

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

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

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

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

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

		Yes	No
Note. Complete line 1 if any entity is listed in Parts II, III or IV			
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties **(iv)** rent from a controlled entity	1a		No
b Gift, grant, or capital contribution to related organization(s)	1b	Yes	
c Gift, grant, or capital contribution from related organization(s)	1c		No
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e		No
f Sale of assets to related organization(s)	1f		No
g Purchase of assets from related organization(s)	1g		No
h Exchange of assets with related organization(s)	1h		No
i Lease of facilities, equipment, or other assets to related organization(s)	1i		No
j Lease of facilities, equipment, or other assets from related organization(s)	1j	Yes	
k Performance of services or membership or fundraising solicitations for related organization(s)	1k		No
l Performance of services or membership or fundraising solicitations by related organization(s)	1l		No
m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1m	Yes	
n Sharing of paid employees with related organization(s)	1n	Yes	
o Reimbursement paid to related organization(s) for expenses	1o	Yes	
p Reimbursement paid by related organization(s) for expenses	1p	Yes	
q Other transfer of cash or property to related organization(s)	1q		No
r Other transfer of cash or property from related organization(s)	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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Schedule R (Form 990) 2011

Part VII Supplemental Information

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

Identifier	Return Reference	Explanation	

Additional Data

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

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Jonathan S Olshaker MD President/TREA/CLERK-ER	50.0	X		X				501,801		57,677
Steve R Williams MD PRES/DIR-REHAB (UNTIL 4/30/12)	50.0	X		X				433,584		34,117
Susannah G Rowe MD Director-EYE	50.0	X						291,380		53,413
Manju L Subramanian MD Director-EYE	50.0	X						302,823		28,357
Larry Culpepper MD Pres-FAMILY (UNTIL 10/1/11)	50.0	X		X				466,675		46,267
James M Becker MD Pres-GSA&SA (UNTIL 12/31/11)	45.0	X		X				2,494,086		50,791
Daniel G Remick MD President/TREASURER-PATH	50.0	X		X				547,192		53,076
Michael J O'Brien MD Director-PATH	50.0	X						309,698		50,470
Alexander M Norbash MD President-RADIO	50.0	X		X				626,933		52,777
Ewa Kuligowska MD Clerk-RADIO	50.0	X		X				141,931		18,326
Glenn Barest MD Director-RADIO	50.0	X						355,762		58,403
Richard K Babayan MD Pres/TREA/CLERK-UROLOGY	50.0	X		X				579,648		52,791
Carlos S Kase MD President-NEURO/REHAB	50.0	X		X				357,678		53,859
Lawrence S Chin MD President-NEURO(UNTIL 7/31/11)	50.0	X		X				472,471		44,374
Linda J Heffner md phd President-OBGYN (UNTIL 5/1/12)	50.0	X		X				403,465		45,940
Aviva Lee-Parritz MD Director-OBGYN	50.0	X						283,346		33,066
Paul M Hendessi MD PRESIDENT-OBGYN (AS OF 5/1/12)	50.0	X		X				231,233		43,846
Thomas A Einhorn MD Pres/TREA/CLERK-ORTHO	50.0	X		X				721,120		54,164
Gregory A Antoine MD Pres/TREA/CLERK-PLASTIC	50.0	X		X				473,865		48,633
Domenic A Ciraulo MD Pres/TREA/CLERK-PSYCH	50.0	X		X				481,147		50,666
Benedict D Daly MD Pres/TREA/CLERK-C&T	50.0	X		X				668,827		55,289
Keith P Lewis MD Pres/TREA/CLERK-ANES	50.0	X		X				417,113		33,307
Kenneth M Grundfast MD President-OTO	50.0	X		X				413,112		50,432
Barry S Zuckerman MD President-CHF	50.0	X		X				411,311		50,483
David DiFiore Treasurer/Director-CHF	50.0	X		X					162,542	13,812

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Howard Bauchner MD DIR/CLERK-CHF (UNTIL 7/1/11)	50 0	X		X				124,985		28,316
David L Coleman MD President-EMF	50 0	X		X				620,320		35,036
STEPHEN CHRISTIANSEN MD PRES/TREA/CLERK-EYE	50 0	X		X				445,664		59,086
DAVID NUNES MD DIRECTOR-EMF	50 0	X						271,504		41,390
EMELIA BENJAMIN MD DIRECTOR-EMF	50 0	X						244,882		62,301
STEPHANIE LEE MD DIRECTOR-EMF	50 0	X						192,175		31,072
JULIE MOTTL-SANTIAGO CNM DIRECTOR-OBGYN	50 0	X						122,585		38,046
JULIO MAZUL MD DIRECTOR-OBGYN	50 0	X						188,680		8,688
RHODA M ALANI MD PRESIDENT-DERM	50 0	X		X				446,870		630
JERROLD ELLNER MD DIRECTOR-EMF	50 0	X						473,050		12,163
MARIA TROJANOWSKA PHD DIRECTOR-EMF	50 0	X						192,024		13,920
JOHN DURFEE Director-OBGYN	50 0	X						248,295		50,184
CHARLES WILLIAMS MD PRES/TREA/CLERK(AS OF 10/6/11)	50 0	X		X				252,298		45,133
ELIZABETH GITTINGER MD DIRECTOR-OBGYN (AS OF 11/2/11)	50 0	X						211,004		24,792
GERARD DOHERTY MD PRES/TREA/CLERK-GSA & SA	50 0	X		X				87,500		0
JAMES HOLSAPPLE MD PRES/TREA/CLRK(AS OF 10/24/11)	50 0	X		X				498,859		17,867
JANE LIEBSCHUTZ MD DIRECTOR-EMF (AS OF 10/17/12)	50 0	X						173,680		56,108
JAROSLAW TKACZ MD TREASURER-RADIO (AS OF 7/1/11)	50 0	X		X				330,099		35,672
RONALD IVERSON MD DIRECTOR-OBGYN (AS OF 5/1/12)	50 0	X						224,880		48,131
WUQAAS MUNIR MD DIRECTOR-EYE (AS OF 9/28/11)	50 0	X						324,403		44,739
KAREN FREUND MD DIRECTOR-EMF (UNTIL 10/6/11)	50 0	X						201,392		51,968
MARTIN KROLL MD DIRECTOR-PATH (UNTIL 3/30/12)	50 0	X						269,235		57,390
SHALENDER BHASIN MD DIRECTOR-EMF (UNTIL 10/1/11)	50 0	X						268,625		33,126
William A Macone Treasurer-DERM	50 0			X				121,353		34,580
Kevin Maguire Clerk-NEURO/TREA-REHAB	50 0			X					135,769	34,223

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Kathryn Knight Treasurer-OBGYN	42 0			X					99,856	27,513
Stephanie Lovell ESQ Assistant Clerk(UNTL 12/12/11)	10 0			X					601,349	81,067
DIANE HOLMES treasurer-EMF	50 0			X					171,866	23,362
GREGORY GRILLONE MD CLERK-OTO	50 0			X				338,329		57,272
JOHN WOOD CLERK-OBGYN	50 0			X				48,635		4,008
DAVID BECK SEE SCHEDULE O	10 0			X					192,617	20,808
ROBERT J VINCI MD CLERK - CHF	50 0			X				316,213		57,411
BRIAN ROUX TREASURER-OTO	50 0			X					103,246	7,487
TONY TANNOURY MD PROFESSOR/PHYSICIAN-ORTHO	50 0					X		927,092		47,585
JEFFREY SPIEGEL MD PROFESSOR/PHYSICIAN-OTO	50 0					X		1,405,058		53,056
TIMOTHY FOSTER MD PROFESSOR/PHYSICIAN-ORTHO	50 0					X		1,141,992		57,385
WILLIAM CREEVY MD PROFESSOR/PHYSICIAN-ORTHO	50 0					X		791,940		57,385
ANDREW STEIN MD PROFESSOR/PHYSICIAN-ORTHO	50 0					X		746,469		52,401
William R Cranley MD Treasurer-RADIO	50 0						X	203,220		31,196
Edward B Feinberg MD MPH FMR President-EYE	50 0						X	107,709		35,225
Lewis Braverman MD FMR CLERK/DIRECTOR-EMF	50 0						X	162,810		22,598
BARBARA GILCHREST MD FMR PRESIDENT/DIRECTOR-DERM	50 0						X	117,795		23,049
MINA YAAR MD FMR PRESIDENT/DIRECTOR-DERM	50 0						X	131,264		16,680