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<div> <div>Form 990</div> <div>  </div> <div> Department of the Treasury Internal Revenue Service </div> </div>	<div> <div>Return of Organization Exempt From Income Tax</div> <div> Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) </div> <div> ▶ Do not enter Social Security numbers on this form as it may be made public. By law, the IRS generally cannot redact the information on the form. </div> <div> ▶ Information about Form 990 and its instructions is at www.irs.gov/form990 </div> </div>	<div> <div>OMB No 1545-0047</div> <div> <div>2013</div> <div>Open to Public Inspection</div> </div> </div>
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A For the 2013 calendar year, or tax year beginning 07-01-2013 , 2013, and ending 06-30-2014

B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization Faculty Practice Foundation INC & Affiliates		D Employer identification number 90-0513372	
	Doing Business As			
	Number and street (or P O box if mail is not delivered to street address) 660 HARRISON AVENUE 3RD FLOOR Suite	Room/suite	E Telephone number (617) 638-8000	
	City or town, state or province, country, and ZIP or foreign postal code BOSTON, MA 02118			
	F Name and address of principal officer William R Creevy MD 660 HARRISON AVENUE BOSTON,MA 02118		H(a) Is this a group return for subordinates? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No H(b) Are all subordinates included? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)	
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			H(c) Group exemption number ▶ 8094	
J Website: ▶ WWW.BMC.ORG				
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			L Year of formation 1994	M State of legal domicile MA

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities SEE SCHEDULE O		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	35
	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 2013 (Part V, line 2a)	5	1,296
	6 Total number of volunteers (estimate if necessary)	6	35
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	7,628
	7b	-8,327	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	0	0
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	341,608,300	354,099,767
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	994,924	2,303,780
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	0	0
		342,603,224	356,403,547
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	107,448	365,809
	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)	247,906,520	254,408,387
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) \rightarrow 0		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	94,087,324	97,094,848
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	342,101,292	351,869,044
	19 Revenue less expenses Subtract line 18 from line 12	501,932	4,534,503
Net Assets or Fund Balances		Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16)	75,975,238	79,166,680
	21 Total liabilities (Part X, line 26)	23,314,386	20,012,036
	22 Net assets or fund balances Subtract line 21 from line 20	52,660,852	59,154,644

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				2015-05-08	
	WILLIAM R CREEVY MD PRESIDENT/CEO				Date	
Type or print name and title						
Paid Preparer Use Only	Print/Type preparer's name ERIN COUTURE		Preparer's signature		Date	
	Check <input type="checkbox"/> if self-employed				PTIN P01390592	
	Firm's name PricewaterhouseCoopers LLP				Firm's EIN	
Firm's address 125 High Street Boston, MA 02110					Phone no (617) 638-8000	

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 or note to any line in this Part III

☐ Yes ☒ No

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 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 \$ 289,335,563 including grants of \$ 365,809) (Revenue \$ 354,099,767)

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 289,335,563

Part IV

Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> 	1 Yes	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (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? <i>If "Yes," complete Schedule C, Part I</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? <i>If "Yes," complete Schedule C, Part II</i>	4	No
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5	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? <i>If "Yes," complete Schedule D, Part I</i> 	6	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> 	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> 	8	No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> 	9	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> 	10	No
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> 	11a Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> 	11b	No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> 	11c	No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> 	11d Yes	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> 	11e Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> 	11f Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> 	12a	No
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> 	12b Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b	No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15	No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16	No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I (see instructions)</i>	17	No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18	No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a	No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	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? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If so, complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b 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 or note to any line in this Part V

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

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 or note to any line 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		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O		
b	Enter the number of voting members included in line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	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 this 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. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O)	
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 during the tax year	
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization MARY BETH MOLLOY 660 HARRISON AVENUE GAMBRO 3 RM 3 BOSTON, MA 02118 (617) 414-4030	

Check if Schedule O contains a response or note to any line in this Part VII ☒

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

Form **990** (2013)

Part VII

1b	Sub-Total	▼			
c	Total from continuation sheets to Part VII, Section A	▼			
d	Total (add lines 1b and 1c)	▼	21,330,585	1,348,769	2,558,786

2 Total number of individuals (including but not limited to those listed in Item 1) who received more than \$100,000 of reportable compensation from the organization. 721

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A)	(B)	(C)
Name and business address	Description of services	Compensation
ANESTHESIA ASSOC OF MA, 690 CANTON STREET WESTWOOD MA 02090	MGMT SERVICES	7,847,406
PER SE TECHNOLOGIES, 10 MOLLISON WAY LEWISTON ME 04240	BILLING SERVICES	2,716,052
HART ASSOCIATES INC, 3 ALLIED DRIVE DEDHAM MA 02026	BILLING SERVICES	1,439,673
BU payroll processing, 881 Commonwealth Ave BOSTON MA 02215	BILLING SERVICES	833,098
CHILDREN'S HOSPITAL OF BOSTON, 300 Longwod Ave Feqhan 3 Boston BOSTON MA 02115	Physician Contract	453,391

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 ►14

Part VIII

Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns 1a					
	b	Membership dues 1b					
	c	Fundraising events 1c					
	d	Related organizations 1d					
	e	Government grants (contributions) 1e					
	f	All other contributions, gifts, grants, and similar amounts not included above 1f					
	g	Noncash contributions included in lines 1a-1f \$					
	h	Total. Add lines 1a-1f	0				
Program Service Revenue	2a	PATIENT REVENUE					
		Business Code 900099	155,076,698	155,076,698			
	b	INSTITUTIONAL SUPPORT					
		Business Code 541380	73,717,370	73,717,370			
	c	FREE CARE REIMBURSEMENT					
		Business Code 900099	9,596,226	9,596,226			
	d	RESEARCH SUPPORT					
		Business Code 900099	579,913	579,913			
e	OTHER HEALTH REVENUE			7,628			
	Business Code 900099	51,759,503	51,751,875				
f	All other program service revenue		63,370,057				
	Business Code						
g	Total. Add lines 2a-2f	354,099,767					
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)	2,303,780			2,303,780	
	4	Income from investment of tax-exempt bond proceeds	0				
	5	Royalties	0				
	6a	Gross rents					
	b	Less rental expenses					
	c	Rental income or (loss)	0	0			
	d	Net rental income or (loss)	0				
	7a	Gross amount from sales of assets other than inventory					
	b	Less cost or other basis and sales expenses					
	c	Gain or (loss)					
	d	Net gain or (loss)	0				
	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	356,403,547	354,092,139	7,628	2,303,780		

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).

Check if Schedule O contains a response or note to any line 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.	365,809	365,809		
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.	17,360,118	14,862,028	2,498,090	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	2,002,040	1,714,663	287,377	
7	Other salaries and wages.	181,248,904	148,991,557	32,257,347	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	21,248	16,998	4,250	
9	Other employee benefits.	53,572,151	43,811,566	9,760,585	
10	Payroll taxes.	203,926	172,580	31,346	
11	Fees for services (non-employees):				
a	Management.	627,412		627,412	
b	Legal.	18,573		18,573	
c	Accounting.	3,030		3,030	
d	Lobbying.	0			
e	Professional fundraising services. See Part IV, line 17.	0			
f	Investment management fees.	275,947		275,947	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	19,407,005	16,917,376	2,489,629	
12	Advertising and promotion.	136,314	113,387	22,927	
13	Office expenses.	3,712,780	3,016,894	695,886	
14	Information technology.	381,455	312,146	69,309	
15	Royalties.	0			
16	Occupancy.	1,604,068	1,295,267	308,801	
17	Travel.	1,118,993	918,085	200,908	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.	0			
19	Conferences, conventions, and meetings.	2,263,212	1,844,945	418,267	
20	Interest.	3,932	3,301	631	
21	Payments to affiliates.	35,946,977	25,413,950	10,533,027	
22	Depreciation, depletion, and amortization.	1,269,067	946,712	322,355	
23	Insurance.	4,911,667	4,113,972	797,695	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O):				
a	BAD DEBT EXPENSE	19,248,082	19,248,082		
b	RESEARCH EXPENSE	1,819,242	1,423,231	396,011	
c	DUES, MEMBERSHIPS & LIC. MDS	1,150,866	988,336	162,530	
d	MEDICAL AND SURGICAL SUPPLIES	888,743	888,743		
e	All other expenses	2,307,483	1,955,935	351,548	
25	Total functional expenses. Add lines 1 through 24e.	351,869,044	289,335,563	62,533,481	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X

Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

				(A)		(B)
				Beginning of year		End of year
Assets	1	Cash—non-interest-bearing		18,195,156	1	21,598,938
	2	Savings and temporary cash investments		0	2	0
	3	Pledges and grants receivable, net		0	3	0
	4	Accounts receivable, net		14,779,828	4	14,941,005
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		0	5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) 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	10a13,084,888			
	b	Less accumulated depreciation	10b8,626,015	5,006,535	10c	4,458,873
	11	Investments—publicly traded securities		26,727,261	11	32,339,466
	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		11,266,458	15	5,828,398
	16	Total assets. Add lines 1 through 15 (must equal line 34)		75,975,238	16	79,166,680
Liabilities	17	Accounts payable and accrued expenses		12,075,432	17	13,849,732
	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	Loans and other 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		11,238,954	25	6,162,304
	26	Total liabilities. Add lines 17 through 25		23,314,386	26	20,012,036
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets		52,660,852	27	59,154,644
	28	Temporarily restricted net assets		0	28	0
	29	Permanently restricted net assets		0	29	0
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		52,660,852	33	59,154,644
	34	Total liabilities and net assets/fund balances		75,975,238	34	79,166,680

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	356,403,547
2	Total expenses (must equal Part IX, column (A), line 25)	2	351,869,044
3	Revenue less expenses Subtract line 2 from line 1	3	4,534,503
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	52,660,852
5	Net unrealized gains (losses) on investments	5	1,451,527
6	Donated services and use of facilities	6	507,762
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	59,154,644

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

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

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 (list any hours for related organizations below dotted line)	(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			
karl karlson MD	50 0					X		650,148	0	42,956
professor/physician - C&T	0 0									
WILLIAM CREEVY MD	22 0					X		901,773	0	59,513
pres - fpf/prof/phy - ortho	33 0									
Barry Zuckerman MD	0 0						X	196,803	0	38,837
FORMER PRESIDENT - CHF	0 0									
Gregory A Antoine MD	0 0						X	283,158	0	40,625
FORMER PRESIDENT - PLASTICS	0 0									
Lewis Braverman MD	0 0						X	139,550	0	19,054
FMR CLERK/DIRECTOR-EMF	0 0									
LYNN FAIRBANK	0 0						X	0	145,846	17,348
former Treasurer-OTO	0 0									
CHARLES WILLIAMS	0 0									
FRMR PRES/TREAS/CLERK - FAMILY	0 0						X	271,239	0	52,371

2013

Open to Public Inspection

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

Name of the organization Faculty Practice Foundation INC & Affiliates	Employer identification number 90-0513372
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Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

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

1

☐

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

2

☐

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

3

☐

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

4

☐

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

5

☐

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

6

☐

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

7

☐

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

8

☐

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

9

☐

An organization that normally receives (1) more than 33¹/₃% 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 33¹/₃% 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 - Non-functionally integrated

e

☒

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

f

☐

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

g

☐

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

(i)

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

(ii)

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

(iii)

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

h

☐

Provide the following information about the supported organization(s)

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

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990EZ.

Cat No 11285F

Schedule A (Form 990 or 990-EZ) 2013

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total support (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage						
14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))		14				
15 Public support percentage for 2012 Schedule A, Part II, line 14		15				
16a 33 1/3% support test—2013. 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—2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization						▶
17a 10%-facts-and-circumstances test—2013. 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—2012. 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 IIISupport Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 2013 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2013. 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—2012. 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.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference	Explanation	
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SCHEDULE D
(Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2013

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b

► Attach to Form 990. ► See separate instructions. ► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

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

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

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

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

☐ Preservation of land for public use (e g , recreation or education) ☐ Preservation of an historically important land area

☐ Protection of natural habitat ☐ Preservation of a certified historic structure

☐ Preservation of open space

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

	Held at the End of the Year
a	Total number of conservation easements
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 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 section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9 In Part XIII, 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 (ASC 958), 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 XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), 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 (ASC 958) relating to these items

a Revenues included in Form 990, Part VIII, line 1

► \$ _____

b Assets included in Form 990, Part X

► \$ _____

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat No 52283D

Schedule D (Form 990) 2013

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

- 3 Using the organization’s acquisition, 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 XIII
- 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 XIII and complete the following table
- c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

	Amount
1c	
1d	
1e	
1f	
- 2a Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes ☐ No
- b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII

☐

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

	(a)Current year	(b)Prior year	b (c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and 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 current year end balance (line 1g, column (a)) held as

a Board designated or quasi-endowment ▶

b Permanent endowment ▶

c Temporarily restricted endowment ▶

The percentages in lines 2a, 2b, and 2c should equal 100%

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

(i) unrelated organizations

(ii) related organizations

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

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

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

Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. 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		2,367,412	1,094,377	1,273,035
d Equipment		9,076,637	6,421,012	2,655,625
e Other		1,640,839	1,110,626	530,213
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).) ▶				4,458,873

Part XI

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

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 XIII)	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 XIII)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5	

Part XII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

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 XIII)	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 XIII)	4b		
c	Add lines 4a and 4b		4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		5	

Part XIII

Supplemental Information

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, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference	Explanation
schedule d, part x - fin 48	THE FOUNDATION HAS BEEN DETERMINED TO BE A TAX-EXEMPT ORGANIZATION UNDER SECTION 501(C)(3) AND 170(C)(2) OF THE INTERNAL REVENUE CODE AS EVIDENCED BY A DETERMINATION LETTER DATED MAY 29, 1997 AS PART OF A GROUP FILING WITH THE PLANS AND FACULTY. ACCORDINGLY, NO PROVISION FOR INCOME TAXES HAS BEEN MADE IN THE ACCOMPANYING FINANCIAL STATEMENTS.

[illegible]

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
Faculty Practice Foundation
INC & Affiliates

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

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public
Inspection

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. Part II can be duplicated 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) Orthopaedic Research 6300 N River Rd 700 ROSEMONT, IL 60018	36-6009467	501(c)(3)	11,000				GENERAL SUPPORT
(2) Boston Medical Center 88 East Newton Street BOSTON, MA 02118	04-3314093	501(c)(3)	53,500				GENERAL SUPPORT
(3) TRUSTEES OF BOSTON UNIVERSITY 881 COMMONWEALTH AVE BOSTON, MA 02118	04-2103547	501(C)(3)	260,000				GENERAL SUPPORT
(4) NATIONAL ALLIANCE ON MENTAL ILLNESS 400 W Cummings Park WOBURN, MA 01801	43-1201653	501(C)(3)	10,000				GENERAL SUPPORT
(5) INTER HEART BALL 7272 GREENVILLE AVE DALLAS, TX 75231	13-5613797	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

5

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.
Part III can be duplicated 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. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

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

Schedule J
(Form 990)

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, line 23.
▶ Attach to Form 990. ▶ See separate instructions.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
Faculty Practice Foundation
INC & Affiliates

Employer identification number

90-0513372

Part I

Questions Regarding Compensation

		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Discretionary spending account</div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div>		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <div><div><input checked="" type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Independent compensation consultant</div><div><input type="checkbox"/> Form 990 of other organizations</div><div><input type="checkbox"/> Written employment contract</div><div><input checked="" type="checkbox"/> Compensation survey or study</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div>		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization		
a	Receive a severance payment or change-of-control payment?	4a	No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Yes
c	Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	4c	No
	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? If "Yes," to line 5a or 5b, describe in Part III	5b	No
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? If "Yes," to line 6a or 6b, describe in Part III	6b	No
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	Yes
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

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

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

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title		(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 as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
See Additional Data Table								

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation
LISTED INDIVIDUALS RECEIVED COMPENSATION FOR THE SERVICES THEY PROVIDE AS	EMPLOYEES. THEY RECEIVE NO COMPENSATION FOR THEIR ROLES AS DIRECTORS, OFFICERS, OR FORMER OFFICERS. 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 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. 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

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				
LYNN FAIRBANK former Treasurer-OTO	(i)	0	0	0	0	0	0	0
	(ii)	138,966	5,800	1,080	4,549	12,799	163,194	0
Alan Farwell MD director - EMF	(i)	221,584	0	937	30,556	25,508	278,585	0
	(ii)	0	0	0	0	0	0	0
Alda Cossi MD clerk - RADIO	(i)	245,279	0	132,902	33,910	19,231	431,322	0
	(ii)	0	0	0	0	0	0	0
Alexander Norbash MD PRESIDENT/DIRECTOR - RADIO	(i)	438,619	0	199,692	30,910	25,890	695,111	0
	(ii)	0	0	0	0	0	0	0
Arthur Theodore DIRECTOR - EMF (UNTIL 7/1/13)	(i)	228,328	0	2,893	31,556	26,754	289,531	0
	(ii)	0	0	0	0	0	0	0
Aviva Lee-Parritz MD Director/president - OBGYN	(i)	323,701	0	25,713	33,910	7,252	390,576	0
	(ii)	0	0	0	0	0	0	0
Barry Zuckerman MD FORMER PRESIDENT - CHF	(i)	154,486	0	42,317	20,698	18,139	235,640	0
	(ii)	0	0	0	0	0	0	0
Brian Jack MD PRES/TRES/CLK/DIRECTOR - FAMILY	(i)	322,313	0	28,267	33,910	18,269	402,759	0
	(ii)	0	0	0	0	0	0	0
Carlos S Kase MD dir/prs/trs- neuro,dir/prs-rehb	(i)	365,140	0	20,552	33,910	18,341	437,943	0
	(ii)	0	0	0	0	0	0	0
Christopher Andry PHD treasurer/director - Path	(i)	179,183	0	14,844	26,251	23,512	243,790	0
	(ii)	0	0	0	0	0	0	0
Daniel Remick MD pres/clerk/dir - path	(i)	440,153	0	110,174	33,910	17,514	601,751	0
	(ii)	0	0	0	0	0	0	0
David Beck ESQ SEE SCHEDULE O	(i)	0	0	0	0	0	0	0
	(ii)	269,415	66,406	1,724	34,750	21,043	393,338	0
David Coleman MD pres/treas/dir - EMF	(i)	449,265	0	246,315	33,910	2,519	732,009	0
	(ii)	0	0	0	0	0	0	0
David DiFiore Treasurer/Director-CHF	(i)	0	0	0	0	0	0	0
	(ii)	165,855	5,004	4,291	12,093	1,942	189,185	0
Diane Holmes treasurer/clerk - dermatology	(i)	0	0	0	0	0	0	0
	(ii)	145,064	4,500	1,080	6,345	18,433	175,422	0
Domenic Ciraulo MD pres/treas/clerk/dir - psych	(i)	414,862	0	66,840	33,910	18,639	534,251	0
	(ii)	0	0	0	0	0	0	0
Gerard Doherty MD Prs/Trs/Clrk/dir- CTS/PA/sA/gS	(i)	469,523	0	371,104	3,460	58,693	902,780	0
	(ii)	0	0	0	0	0	0	0
Glenn Barest MD Director-RADIO	(i)	240,319	0	120,454	30,168	31,603	422,544	0
	(ii)	0	0	0	0	0	0	0
Gregory A Antoine MD FORMER PRESIDENT - PLASTICS	(i)	230,355	0	52,803	31,003	9,622	323,783	0
	(ii)	0	0	0	0	0	0	0
Gregory Grillone MD CLERK-OTO	(i)	243,463	0	115,708	33,910	25,519	418,600	0
	(ii)	0	0	0	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				
James Holsapple MD Pres/Treas/Clerk/dir-Neurosurg	(i) (ii)	443,861 0	0 0	205,104 0	33,910 0	18,649 0	701,524 0	0 0
Jane Liebschutz MD DIRECTOR-EMF	(i) (ii)	179,326 0	0 0	14,394 0	25,911 0	32,517 0	252,148 0	0 0
Jaroslav Tkacz MD TREASURER/director - RADIO	(i) (ii)	248,840 0	0 0	117,345 0	23,710 0	18,383 0	408,278 0	0 0
Jerrold Ellner MD DIRECTOR-EMF	(i) (ii)	285,869 0	0 0	111,290 0	33,910 0	18,266 0	449,335 0	0 0
John Durfee MD Director-OBGYN	(i) (ii)	209,443 0	0 0	55,055 0	25,018 0	25,468 0	314,984 0	0 0
Jonathan Olshaker MD President/TREA/CLERK/dir-ER	(i) (ii)	438,559 0	0 0	126,239 0	33,910 0	28,650 0	627,358 0	0 0
Julie Mottl-Santiago MD DIRECTOR-OBGYN	(i) (ii)	131,429 0	0 0	13,733 0	15,093 0	30,382 0	190,637 0	0 0
Katya Ravid director - emf (until 7/1/13)	(i) (ii)	208,638 0	0 0	846 0	27,181 0	2,976 0	239,641 0	0 0
Keith P Lewis MD Pres/TREA/CLERK/director-ANES	(i) (ii)	422,208 0	0 0	23,168 0	33,910 0	699 0	479,985 0	0 0
Kelley Sara MD director-obgyn (AS OF 12/3/13)	(i) (ii)	139,095 0	0 0	4,621 0	13,260 0	25,413 0	182,389 0	0 0
Kenneth M Grundfast MD President/director-OTO	(i) (ii)	440,577 0	0 0	101,190 0	33,910 0	18,941 0	594,618 0	0 0
Kevin Maguire Clerk-NEURO/TREA-REHAB	(i) (ii)	135,465	4,326	1,126	10,455	29,174	180,546	0
Lewis Braverman MD FMR CLERK/DIRECTOR-EMF	(i) (ii)	139,550 0	0 0	0 0	17,808 0	1,246 0	158,604 0	0 0
Manju Subramanian MD DIRECTOR-EYE	(i) (ii)	244,476 0	0 0	71,586 0	23,710 0	8,036 0	347,808 0	0 0
Maria Trojanowska Ph D Director-EMF	(i) (ii)	201,116 0	0 0	1,224 0	26,777 0	8,933 0	238,050 0	0 0
Michael O'Brien MD Director-PATH	(i) (ii)	245,837 0	0 0	69,168 0	33,910 0	18,424 0	367,339 0	0 0
Paul Hendessi MD director - obgyn	(i) (ii)	268,953 0	0 0	26,614 0	23,710 0	23,938 0	343,215 0	0 0
Rhoda M Alani MD president/director - derm	(i) (ii)	427,048 0	0 0	22,049 0	28,810 0	6,643 0	484,550 0	0 0
Richard K Babayan MD Pres/TREA/CLERK/dir-UROLOGY	(i) (ii)	438,872 0	0 0	174,038 0	33,910 0	21,040 0	667,860 0	0 0
ROBERT J VINCI MD DIRECTOR/CLERK/pres - CHF	(i) (ii)	398,879 0	0 0	14,595 0	33,910 0	28,509 0	475,893 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				
Ronald Iverson MD DIRECTOR-OBGYN	(i) (ii)	245,342 0	0 0	31,297 0	28,439 0	57,262 0	362,340 0	0 0
Sacheen Nathan MD Dir - OBGYN (UNTIL 3/31/14)	(i) (ii)	204,612 0	0 0	191 0	19,090 0	16,984 0	240,877 0	0 0
STEPHEN CHRISTIANSEN MD PRES/TREA/CLERK/dir - EYE	(i) (ii)	439,403 0	0 0	60,789 0	33,910 0	27,806 0	561,908 0	0 0
Susannah Rowe MD Director-EYE	(i) (ii)	204,084 0	0 0	360 0	24,610 0	23,741 0	252,795 0	0 0
Ted Constan treasurer - obgyn	(i) (ii)	153,731	5,250	1,080	763	14,021	174,845	0
Thomas A Einhorn MD pres/treas/clerk/dir - ortho	(i) (ii)	443,861 0	0 0	277,552 0	33,910 0	18,649 0	773,972 0	0 0
Wuqaas Munir MD DIRECTOR-EYE	(i) (ii)	246,894 0	0 0	30,504 0	23,710 0	23,904 0	325,012 0	0 0
CHARLES WILLIAMS FRMR PRES/TREAS/CLERK - FAMILY	(i) (ii)	269,576 0	0 0	1,663 0	28,352 0	24,019 0	323,610 0	0 0
JEFFREY SPIEGEL md professor/physician - oto	(i) (ii)	243,379 0	0 0	1,662,841 0	23,710 0	25,603 0	1,955,533 0	0 0
tony tannoury md professor/physician - ortho	(i) (ii)	244,378 0	0 0	1,184,690 0	28,810 0	25,603 0	1,483,481 0	0 0
ANDREW STEIN md PHYSICIAN - ORTHOPEDICS	(i) (ii)	246,403 0	0 0	492,738 0	28,810 0	25,519 0	793,470 0	0 0
karl karlson MD professor/physician - C&T	(i) (ii)	243,517 0	0 0	406,631 0	22,010 0	20,946 0	693,104 0	0 0
WILLIAM CREEVY MD pres - fpf/prof/phy - ortho	(i) (ii)	246,089 0	0 0	655,684 0	33,910 0	25,603 0	961,286 0	0 0

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.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
Faculty Practice Foundation
INC & Affiliates

Employer identification number
90-0513372

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, H(b) AFFILIATES INCLUDED IN GROUP RETURN	
ORGANIZATION'S MISSION	<p>FORM 990, PART I, LINE 1 AND PART III, LINES 1 AND 4 THE FACULTY PRACTICE PLANS ("THE PLAN S") 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 T O 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 M EET 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 C ARE, AFFILIATED PHYSICIANS ALSO STAFF THE LARGEST 24 HOUR LEVEL 1 TRAUMA CENTER IN NEW ENG LAND 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 UN IVERSITY OR BOSTON MEDICAL CENTER, RELATED ORGANIZATIONS CERTAIN OFFICERS AND DIRECTORS O F THE PRACTICE PLANS ALSO SERVE AS OFFICERS AND DIRECTORS OF BOSTON MEDICAL CENTER GOVERN ANCE, MANAGEMENT, AND DISCLOSURE FORM 990, PART VI, SECTION A, LINE 6 WITH THE EXCEPTION O F 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 CARDI AC AND THORACIC SURGICAL FOUNDATION, INC - BOSTON UNIVERSITY GENERAL SURGICAL ASSOCIATES, INC - BOSTON UNIVERSITY NEUROSURGICAL ASSOCIATES, INC - BOSTON UNIVERSITY ORTHOPAEDIC S URGICAL ASSOCIATES, INC - BOSTON UNIVERSITY PLASTIC SURGERY ASSOCIATES, INC - BOSTON UNI VERSITY 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, INCLUDI NG ADOPTION OF THE BUDGET, ANY MERGER, CONSOLIDATION, LIQUIDATION OR DISSOLUTION, ANY CAPI TAL 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 99 0 WAS PREPARED BY OUR OUTSIDE TAX CONSULTANTS AND REVIEWED BY INTERNAL MANAGEMENT THE AUD IT AND COMPLIANCE COMMITTEE OF THE BOSTON MEDICAL CENTER BOARD OF TRUSTEES THEN REVIEWED T HE 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 c onflict of interest questionnaires for the fiscal year ending june 30, 2014 w ere distribut ed on MARCH 18, 2015 by the compliance and legal services department THE CHIEF COMPLIANCE OFFICER queries TRUSTEES, officers, and directors on at least an annual basis regarding r elationships that may create potential conflicts of interest The CHIEF COMPLIANCE OFFICER reviews all disclosures and determines whether there are actual or potential conflicts of interest The chief compliance officer advises the board of directors and officers of the corporation accordingly GOVERNANCE, MANAGEMENT, AND DISCLOSURE FORM 990, PART VI, SECTIO N B, LINES 15 A & B THE COMPENSATION COMMITTEE OF THE FACULTY PRACTICE FOUNDATION, A RELAT ED ORGANIZATION, SERVES AS THE COMPENSATION COMMITTEE OF EACH FACULTY PRACTICE PLAN TO REV IEW AND APPROVE THE COMPENSATION OF THE CHIEF EXECUTIVE OFFICER OF EACH FACULTY PRACTICE P LAN The Foundation's Compensation Committee has two members including the President and C EO of Boston medical center and the Dean of Boston University School of Medicine This Com mittee is responsible for approving the compensation for certain physician executives An annual meeting of the Foundation's Compensation Committee was held FOR FY2014 to review an d approve the FY2014 proposed compensation for the physician executives serving as preside nts of the plans as well as the executive who serves as the department chair of Anesthesia For FY2014 the salary of each of the physician executives under consideration was provid ed 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 per centiles The proposed compensation as submitted or amended by the Committee was voted upo n 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, li ne 19 THE plans DO NOT MAKE their GOVERNING DOCUMENTS OR CONFLICT OF INTEREST POLICY AVAIL ABLE 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 pla ns are affiliated with Boston Medical Center ("BMC") and Boston University School of Medic ine ("BUSM") The Plans each entered into a common paymaster agreement with BMC and the Tr ustees of Boston University ("BU") Under the terms of the physician practice agreements, faculty physicians and practitioners ("Faculty Members") are employed by the individual Pl ans The Faculty serves the benefit of BMC (by providing clinical services) and BUSM (by s erving as faculty members of BUSM) Each Plan, with respect to each Faculty member that th e Plan employs, pays BU 29 8% of each Faculty member's salary up to a \$260,000 base, for r embursement of fringe benefits and related paymaster fees If a particular Faculty member 's salary exceeds the base amount of \$260,000, the Plans further pay BU 8 0% on such exces s up to an amount equal to the FICA limit for that particular year and then 1 8% on any am ount in excess of the applicable FICA limit The Plans also pay for a portion of administr ative 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 fal l under the paymaster agreement(s) FORM 990, PART VII, LINE 1, LINE 42 DAVID BECK WAS CLE RK AT EVANS MEDICAL FOUNDATION AND ASSISTANT CLERK AT ALL OTHER REPORTING ENTITIES</p>

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

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 (if applicable) 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 entity?	
						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,TYPE II	NA		No
(4) BMC INTEGRATED CARE SERVICES INC ONE BOSTON MEDICAL CENTER PLACE BOSTON, MA 02118 04-3414914	HEALTHCARE	MA	501(c)(3)	11A, TYPE I	FPF	Yes	

Part III

Identification of Related Organizations Taxable as a Partnership

Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

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

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust

Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end- of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No

Part V

Transactions With Related Organizations

Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

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

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

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

b Gift, grant, or capital contribution to related organization(s)

c Gift, grant, or capital contribution from related organization(s)

d Loans or loan guarantees to or for related organization(s)

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

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

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

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

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

n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

r Other transfer of cash or property to related organization(s)

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

Yes

No

1a

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

1s

No

No

No

No

No

No

No

No

No

No

No

No

No

No

No

No

No

No

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 related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) BMC INTEGRATED CARE SERVICES	S	289,175	FMV

Schedule R (Form 990) 2013

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

[illegible]

Part VII

Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation
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