

Form **990**
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2020
Open to Public Inspection

A For the **2020** calendar year, or tax year beginning **07-01-2020**, and ending **06-30-2021**

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization
FACULTY PRACTICE FOUNDATION
INC & AFFILIATES

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
ONE BOSTON MEDICAL CENTER PLACE

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
ONE BOSTON MEDICAL CENTER PLACE
BOSTON, MA 02118

D Employer identification number
90-0513372

E Telephone number
(617) 638-8000

G Gross receipts \$ 409,797,243

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
If "No," attach a list. (see instructions)
H(c) Group exemption number ▶ 8094

I Tax-exempt status: 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527

J Website: ▶ WWW.BMC.ORG

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 1994

M State of legal domicile: MA

Part I Summary

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

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

3 Number of voting members of the governing body (Part VI, line 1a)	39
4 Number of independent voting members of the governing body (Part VI, line 1b)	0
5 Total number of individuals employed in calendar year 2020 (Part V, line 2a)	1,789
6 Total number of volunteers (estimate if necessary)	46
7a Total unrelated business revenue from Part VIII, column (C), line 12	596,162
7b Net unrelated business taxable income from Form 990-T, line 39	0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	0	0
9 Program service revenue (Part VIII, line 2g)	417,202,786	406,941,549
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,216,233	2,855,694
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	0
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	418,419,019	409,797,243
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	35,477	32,150
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)	348,803,312	345,032,521
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	74,972,390	64,269,638
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	423,811,179	409,334,309
19 Revenue less expenses. Subtract line 18 from line 12	-5,392,160	462,934
	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	86,602,730	96,526,141
21 Total liabilities (Part X, line 26)	27,901,927	29,483,406
22 Net assets or fund balances. Subtract line 21 from line 20	58,700,803	67,042,735

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: WILLIAM R CREEVY MD PRESIDENT
Date: 2022-05-04

Paid Preparer Use Only
Print/Type preparer's name: KPMG LLP
Preparer's signature: [Signature]
Date: 2022-05-05
Check if self-employed
PTIN: P01643271
Firm's EIN: 13-5565207
Firm's address: 60 SOUTH STREET, BOSTON, MA 02111
Phone no. (617) 988-1000

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 \$ 349,730,633 including grants of \$ 32,150) (Revenue \$ 406,941,549)
See Additional Data

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 ▶ 349,730,633

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?		No
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		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? If "Yes," complete Schedule D, Part IV		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V		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.		
11a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	Yes	
11b	Did the organization report an amount for investments—other securities—in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		No
11c	Did the organization report an amount for investments—program related—in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		No
11d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	Yes	
11e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	Yes	
11f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII		No
12b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?		No
14b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		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? If "Yes," complete Schedule F, Parts II and IV		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? If "Yes," complete Schedule F, Parts III and IV		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		No
20b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	Yes	

Part IV Checklist of Required Schedules (continued)

Table with 3 main columns: Question, Yes, No. Rows include questions 22 through 38 regarding grants, compensation, tax-exempt bonds, excess benefit transactions, and related party transactions.

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 []

Table with 3 main columns: Question, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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

Table with 5 main rows and 3 sub-columns (1a, 1b, and Yes/No). Row 1a: 39. Row 1b: 0. Rows 2-9 contain various questions about governance and management with Yes/No columns.

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

Table with 16 rows and 3 columns (10a-16b, Yes, No). Rows 10a-16b contain various questions about organizational policies with Yes/No columns.

Section C. Disclosure

Table with 3 rows (17-20) and 1 column. Row 17: MA. Row 18: Website options. Row 19: Disclosure of documents. Row 20: State name and address.

Part VIII Statement of Revenue

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

Table with columns (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax under sections 512 - 514. Rows include Contributions, Gifts, Grants and Other Similar Amounts; Program Service Revenue; and Other Revenue.

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 domestic organizations and domestic governments. See Part IV, line 21	32,150	32,150		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	21,178,234	17,920,286	3,257,948	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	3,341,645	2,820,057	521,588	
7 Other salaries and wages	277,337,157	234,381,605	42,955,552	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)				
9 Other employee benefits	43,175,485	35,977,326	7,198,159	
10 Payroll taxes				
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	13,825,241	12,009,141	1,816,100	
12 Advertising and promotion	74,558	65,975	8,583	
13 Office expenses	1,188,772	980,868	207,904	
14 Information technology				
15 Royalties				
16 Occupancy	1,636,389	1,307,050	329,339	
17 Travel	37,379	32,621	4,758	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	1,258,740	1,098,156	160,584	
20 Interest	19,929	15,618	4,311	
21 Payments to affiliates	7,789,699	6,349,381	1,440,318	
22 Depreciation, depletion, and amortization	632,327	505,238	127,089	
23 Insurance	6,721,067	5,736,283	984,784	
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	21,890,837	21,890,837		
b MEDICAL & SURGICAL SUPP	5,171,311	5,171,311		
c DUES & LICENSES	1,785,429	1,551,378	234,051	
d BU VISITING PROFESSORSH	250,000	250,000		
e All other expenses	1,987,960	1,635,352	352,608	
25 Total functional expenses. Add lines 1 through 24e	409,334,309	349,730,633	59,603,676	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 IX

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	8,690,781	1	18,206,865
	2 Savings and temporary cash investments	993,100	2	342,827
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	18,120,246	4	17,671,344
	5 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 11,768,727		
	b Less: accumulated depreciation	10b 8,395,709	2,413,331	10c 3,373,018
	11 Investments—publicly traded securities	44,455,400	11	49,074,210
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	11,929,872	15	7,857,877
16 Total assets. Add lines 1 through 15 (must equal line 33)	86,602,730	16	96,526,141	
Liabilities	17 Accounts payable and accrued expenses	10,100,588	17	18,980,681
	18 Grants payable		18	
	19 Deferred revenue	5,339,006	19	4,188,217
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D	12,462,333	25	6,314,508
	26 Total liabilities. Add lines 17 through 25	27,901,927	26	29,483,406
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	58,700,803	27	67,042,735
	28 Net assets with donor restrictions		28	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
32 Total net assets or fund balances	58,700,803	32	67,042,735	
33 Total liabilities and net assets/fund balances	86,602,730	33	96,526,141	

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	409,797,243
2	Total expenses (must equal Part IX, column (A), line 25)	2	409,334,309
3	Revenue less expenses. Subtract line 2 from line 1	3	462,934
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	58,700,803
5	Net unrealized gains (losses) on investments	5	6,803,597
6	Donated services and use of facilities	6	1,075,401
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	67,042,735

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
b	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	
c	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
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

Additional Data

Software ID:

Software Version:

EIN: 90-0513372

Name: FACULTY PRACTICE FOUNDATION
INC & AFFILIATES

Form 990 (2020)

Form 990, Part III, Line 4a:

THE FACULTY PRACTICE PLANS ("THE PLANS") WERE ESTABLISHED AS NOT-FOR-PROFIT CORPORATIONS OPERATING EXCLUSIVELY FOR THE BENEFIT OF BOSTON MEDICAL CENTER AND BOSTON UNIVERSITY SCHOOL OF MEDICINE. THE PLANS' PURPOSE IS TO PROVIDE, COORDINATE AND FACILITATE THE DELIVERY OF PATIENT CARE SERVICES AND TO PROMOTE THE DEVELOPMENT OF AN INTEGRATED SYSTEM OF DELIVERY TO MORE EFFICIENTLY AND EFFECTIVELY MEET THE HEALTH CARE NEEDS OF THE COMMUNITIES SERVED BY THE INSTITUTIONS. THE PLANS PROVIDE AMBULATORY SERVICES RANGING FROM PRIMARY ADULT AND PEDIATRIC CARE TO ADVANCED SPECIALTY CARE; AFFILIATED PHYSICIANS ALSO STAFF THE LARGEST 24 HOUR LEVEL 1 TRAUMA CENTER IN NEW ENGLAND.

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			
JENNIFER TSENG MD PRES/TRS/CLRK/DIR-CT, PS, SA, GS	50.00 4.00	X		X				1,040,916	0	39,753
PAUL TORNETTA MD PRES/TREAS/CLERK/DIR - ORTHO	50.00	X		X				1,013,814	0	42,501
JAMES HOLSAPPLE MD PRES/DIRECTOR - NEUROSURG	50.00	X		X				982,959	0	51,702
DAVID COLEMAN MD PRES/TREAS/DIR - EMF	50.00 5.00	X		X				885,740	0	34,897
JORGE SOTO MD PRES/DIRECTOR - RADIO	50.00	X		X				727,619	0	61,809
MINH-TAM TRUONG MD PRES/TREAS/CLERK/DIR - RAD ONC	50.00	X		X				712,794	0	76,522
STEPHEN CHRISTIANSEN MD PRES/TREAS/CLERK/DIR - EYE	50.00 4.00	X		X				729,682	0	52,951
RHODA ALANI MD PRES/DIRECTOR - DERM	50.00 4.00	X		X				738,848	0	36,756
GREGORY GRILLONE MD PRES/DIRECTOR - OTO	50.00 4.00	X		X				720,499	0	54,277
JONATHAN OLSHAKER MD PRES/TREAS/CLERK/DIR - ER	50.00 4.00	X		X				710,295	0	61,837

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			
TOBY CHAI MD PRES/TREAS/CLERK/DIR - URO	50.00	X		X				714,408	0	28,634
DAVID GREER MD PRS/TRS/DIR-REHAB&PRS/DIR-NEURO	50.00	X		X				665,614	0	61,707
RAFAEL ORTEGA MD PRES/TREAS/CLERK/DIR -ANES	50.00	X		X				631,796	0	53,738
ROBERT VINCI MD PRES/CLERK/DIR - CHF	50.00	X		X				625,638	0	53,409
DAVID HENDERSON MD PRES/TREAS/CLERK/DIR - PSYCH	4.00 50.00	X		X				528,528	0	53,344
AVIVA LEE-PARRITZ MD PRES/DIRECTOR - OBGYN	50.00 4.00	X		X				502,087	0	42,447
CHRISTOPHER ANDRY PHD PRES/TREAS/CLERK/DIR - PATH	50.00	X		X				443,954	0	41,816
ILSE CASTRO-ARAGON MD CLERK/DIRECTOR - RADIO	50.00	X		X				403,641	0	69,270
JAROSLAW TKACZ MD TREASURER/DIRECTOR - RADIO	50.00	X		X				414,651	0	38,924
RONALD IVERSON MD DIRECTOR - OBGYN	50.00	X						331,648	0	84,402

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			
STEPHEN WILSON MD PRES/TREAS/CLERK/DIR - FAM	50.00	X		X				385,920	0	18,935
MANJU SUBRAMANIAN MD DIRECTOR - EYE	50.00	X						373,015	0	27,067
FREDERICK RUBERG MD DIRECTOR - EMF (U 7/8/2020)	50.00	X						298,626	0	66,333
PAUL HENDESSI MD DIRECTOR - OBGYN	50.00	X						319,690	0	44,871
KATHARINE WHITE MD DIRECTOR - OBGYN	50.00	X						319,798	0	38,291
CLAUDIA HOCHBERG MD DIRECTOR - EMF (U 7/8/2020)	50.00	X						339,416	0	18,533
MIRIAM KOMAROMY MD DIRECTOR - EMF (AS OF 8/3/2020)	50.00	X						319,077	0	26,157
VIPUL CHITALIA MD DIRECTOR - EMF	50.00	X						233,314	0	90,904
DARRELL KOTTON MD DIRECTOR - EMF (U 7/8/2020)	50.00	X						305,300	0	18,521
TED CONSTAN TREAS/DIR - OBGYN, CHF	50.00	X		X				0	246,026	53,208

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			
ALLAN WALKEY MD DIRECTOR - EMF (AS OF 8/3/2020)	50.00	X						249,550	0	36,572
KAREN LASSER MD DIRECTOR - EMF	50.00	X						264,176	0	16,405
SUSANNAH ROWE MD DIRECTOR - EYE	50.00	X						241,880	0	38,591
ELISABETH WOODHAMS MD DIRECTOR - OBGYN	50.00	X						241,194	0	36,813
MICHELLE LONG MD DIRECTOR - EMF (AS OF 8/3/2020)	50.00	X						265,298	0	12,368
PADMASINI KANDADAI MD DIRECTOR - OBGYN	50.00	X						245,477	0	26,069
SAMANTHA KAPLAN MD DIRECTOR - OBGYN	50.00	X						197,305	0	66,620
MANISH SAGAR MD DIRECTOR - EMF	50.00	X						243,463	0	20,323
NATASHA HOCHBERG MD DIRECTOR - EMF (U 7/8/2020)	50.00	X						219,477	0	38,127
JULIE MOTTL-SANTIAGO CNM DIRECTOR - OBGYN	50.00	X						160,927	0	40,050

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			
KETTIE LOUIS DNP DIRECTOR - OBGYN	50.00	X						153,942	0	26,431
VICTORIA BOLOTINA MD DIRECTOR - EMF (U 7/8/2020)	50.00	X						141,962	0	18,416
MARKUS BOSMAN MD DIRECTOR - EMF (AS OF 8/3/2020)	50.00	X						139,290	0	14,464
GERALD DENIS MD DIRECTOR - EMF (U 7/8/2020)	50.00	X						135,845	0	7,941
EDWARD FEINBERG MD DIRECTOR - EYE	50.00	X						8,837	0	5,440
DAVID BECK SCHEDULE O DISCLOSURE	5.00 49.00			X				0	633,628	57,813
JACOB NOORDZIJ MD CLERK - OTO	50.00			X				441,032	0	103,072
YI-AN HUANG TREASURER - OTO (AS OF 6/8/2021)	50.00			X				0	290,823	47,850
CARLOS ARELLANO TREASURER - OTO (U 6/8/2021)	50.00			X				0	248,350	20,869
SHEILA PHICIL TREASURER/CLERK - NEURO	50.00			X				0	175,985	30,889

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			
JAMIE LEVY TREASURER/CLERK - DERM	50.00			X				0	173,319	28,432
MALLORY DAVIS TREASURER/CLERK - NEUROSURG	50.00			X				0	162,844	30,878
CAROL BOUDROT CLERK - OBGYN	50.00			X				0	69,406	29,127
TONY TANNOURY MD PROFESSOR/PHYSICIAN - ORTHO	50.00					X		1,392,635	0	98,985
XINNING LI MD PHYSICIAN - ORTHO	50.00					X		1,422,047	0	43,331
WILLIAM CREEVY MD PRES - FPF, PROF/PHYS - ORTHO	22.00 32.00					X		1,199,792	0	58,908
CHADI TANNOURY MD PHYSICIAN - ORTHO	50.00					X		1,083,111	0	50,323
ANDREW STEIN MD PHYSICIAN - ORTHO	50.00					X		833,024	0	58,622
DAVID MCANENY MD FMR PRES/TREAS/CLERK/DIR-CT/PS/SA/GS	50.00 4.00						X	691,854	0	55,029
CHRISTOPHER MANASSEH MD FMR PRS/TRS/CLRK/DIR-FAM	50.00 4.00						X	406,441	0	74,334

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			
JOANNA PIECHNICZEK-BUCZEK MD FMR DIR/PRES/TREAS/CLERK - PSYCH	50.00						X	441,536	0	36,345
MARIE SAINT-HILAIRE MD FMR PRES/TREAS/DIR - NEURO	50.00						X	289,970	0	42,177
KENNETH GRUNDFAST MD FMR PRES/DIR - OTO	50.00						X	254,074	0	34,521
RICHARD BABAYAN MD FMR PRES/TREAS/CLERK/DIR - URO	50.00						X	173,806	0	34,370
BRIAN JACK FMR PRES/TREAS/CLERK/DIR - FAM	50.00						X	164,414	0	25,856
DANIEL REMICK MD FMR PRES/CLERK/DIR - PATH	50.00						X	159,199	0	27,853

SCHEDULE A
 (Form 990 or 990-EZ)

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.
 Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2020
Open to Public Inspection

Department of the Treasury
 Internal Revenue Service

Name of the organization
 FACULTY PRACTICE FOUNDATION
 INC & AFFILIATES

Employer identification number
 90-0513372

Part I 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 12, 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 (Form 990 or 990-EZ).)
- 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 agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:
- 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations 2
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A) BOSTON MEDICAL CENTER	043314093	3		No	10,000	0
(B) TRUSTEES OF BOSTON UNIVERSITY	042103547	2		No	0	0
Total	2				10,000	0

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .						
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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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 VI.). . .						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f) divided by line 11, column (f))	14	
15 Public support percentage for 2019 Schedule A, Part II, line 14	15	
16a 33 1/3% support test—2020. 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 ▶ <input type="checkbox"/>		
b 33 1/3% support test—2019. 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 ▶ <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2020. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2019. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
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 ▶ <input type="checkbox"/>		

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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 VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here.**

Section C. Computation of Public Support Percentage

15	Public support percentage for 2020 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2019 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2020 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2019 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2020. 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—2019. 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 Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, of Part I, complete Sections A and B. If you checked box 12b, of Part I, complete Sections A and C. If you checked box 12c, of Part I, complete Sections A, D, and E. If you checked box 12d, of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
1		Yes	
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		No
2			No
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		No
3a			No
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
3b			
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
3c			
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		No
4a			No
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
4b			
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
4c			
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		No
5a			No
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
5b			
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
5c			
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		Yes
6		Yes	
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		No
7			No
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		No
8			No
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		No
9a			No
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		No
9b			No
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		No
9c			No
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		No
10a			No
b	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i>		
10b			

Part IV Supporting Organizations (continued)

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?		
b	A family member of a person described in 11a above?		
c	A 35% controlled entity of a person described in line 11a or 11b above? <i>If "Yes" to 11a, 11b, or 11c, provide detail in Part VI.</i>		
		11a	No
		11b	No
		11c	No

Section B. Type I Supporting Organizations

		Yes	No
1	Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
		1	
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		
		2	

Section C. Type II Supporting Organizations

		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
		1	

Section D. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
		1	Yes
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
		2	Yes
3	By reason of the relationship described in line 2 above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
		3	No

Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
a	<input checked="" type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)		
2	Activities Test. Answer lines 2a and 2b below.		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
		2a	Yes
b	Did the activities described in line 2a constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
		2b	Yes
3	Parent of Supported Organizations. Answer lines 3a and 3b below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No" provide details in Part VI.</i>		
		3a	
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
		3b	

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1** Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions		Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	1	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4 Amounts paid to acquire exempt-use assets	4	
5 Qualified set-aside amounts (<i>prior IRS approval required - provide details in Part VI</i>)	5	
6 Other distributions (<i>describe in Part VI</i>). See instructions	6	
7 Total annual distributions. Add lines 1 through 6.	7	
8 Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions	8	
9 Distributable amount for 2020 from Section C, line 6	9	
10 Line 8 amount divided by Line 9 amount	10	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required-- <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2020:			
a From 2015.			
b From 2016.			
c From 2017.			
d From 2018.			
e From 2019.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2021. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016.			
b Excess from 2017.			
c Excess from 2018.			
d Excess from 2019.			
e Excess from 2020.			

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

990 Schedule A, Supplemental Information

Return Reference	Explanation
SCHEDULE A, PART IV, SECTION A, LINE 6	IN ADDITION TO PROVIDING GRANTS TO THEIR SUPPORTED ORGANIZATIONS, THE FACULTY PRACTICE PLANS ALSO PROVIDE GRANTS TO ORGANIZATIONS THAT ADVANCE THE MISSION OF THE PLANS AND THEIR SUPPORTED ORGANIZATIONS TO PROVIDE, COORDINATE, AND FACILITATE THE DELIVERY OF PATIENT CARE SERVICES. GRANTS ARE INCLUDED ON FORM 990, SCHEDULE I.

990 Schedule A, Supplemental Information

Return Reference	Explanation
SCHEDULE A, PART IV, SECTION E, LINE 2A & 2B	THE FACULTY PRACTICE PLANS ("THE PLANS") WERE ESTABLISHED AS NOT-FOR-PROFIT CORPORATIONS OPERATING EXCLUSIVELY FOR THE BENEFIT OF BOSTON MEDICAL CENTER AND BOSTON UNIVERSITY SCHOOL OF MEDICINE. THE PLANS' PURPOSE IS TO PROVIDE, COORDINATE AND FACILITATE THE DELIVERY OF PATIENT CARE SERVICES AND TO PROMOTE THE DEVELOPMENT OF AN INTEGRATED SYSTEM OF DELIVERY TO MORE EFFICIENTLY AND EFFECTIVELY MEET THE HEALTH CARE NEEDS OF THE COMMUNITIES SERVED BY THE INSTITUTIONS. THE PLANS PROVIDE AMBULATORY SERVICES RANGING FROM PRIMARY ADULT AND PEDIATRIC CARE TO ADVANCE SPECIALTY CARE; AFFILIATED PHYSICIANS ALSO STAFF THE LARGEST 24 HOUR LEVEL 1 TRAUMA CENTER IN NEW ENGLAND.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

OMB No. 1545-0047
2020
Open to Public Inspection

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization
FACULTY PRACTICE FOUNDATION
INC & AFFILIATES

Employer identification number
90-0513372

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

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

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds 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? Yes No

Part II Conservation Easements.
Complete if the organization answered "Yes" on 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	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

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, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, 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" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB 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 FASB 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) Revenue included on 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 FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

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

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

- 3** Using the organization's 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" on 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:
- | | Amount |
|---|--------|
| 1c Beginning balance | |
| 1d Additions during the year | |
| 1e Distributions during the year | |
| 1f Ending balance | |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . **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" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c 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** Term endowment ▶
- The percentages on 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:
- | | Yes | No |
|--|---------------|----|
| (i) Unrelated organizations | 3a(i) | |
| (ii) Related organizations | 3a(ii) | |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 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" on 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		3,552,398	2,573,276	979,122
d Equipment		6,243,373	5,347,275	896,098
e Other		1,972,956	475,158	1,497,798
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				3,373,018

Part VII Investments—Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)		

Part VIII Investments—Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) OTHER RECEIVABLES	3,467,474
(2) DUE FROM AFFILIATES	4,044,704
(3) OTHER ASSETS	345,699
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	7,857,877

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DUE TO AFFILIATES	3,473,608
(3) LONG TERM CAPITAL LEASE OBLIGATION	842,105
(4) LONG TERM PORTION DUE TO REL. ORG.	1,554,048
(5) OTHER LIABILITIES	444,747
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	6,314,508

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered 'Yes' on 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 (losses) 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' on 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
See Additional Data Table	

Additional Data

Software ID:

Software Version:

EIN: 90-0513372

Name: FACULTY PRACTICE FOUNDATION
INC & AFFILIATES

Supplemental Information

Return Reference	Explanation
PART X, LINE 2:	FACULTY PRACTICE FOUNDATION, INC. ("FACULTY") AND ITS AFFILIATED FACULTY PRACTICE PLANS ("PLANS") ARE INCLUDED IN COMBINED FINANCIAL STATEMENTS. THE TEXT OF THE UNCERTAIN TAX POSITIONS FOOTNOTE INCLUDED IN THESE FINANCIAL STATEMENTS IS AS FOLLOWS: THE HEALTH SYSTEM CORPORATION, THE MEDICAL CENTER, BMCHP, UDF, ECMF, BUAP, FACULTY AND THE PLANS, BACO, BMCICS, AND BMCIC OF VERMONT ARE ALL NONPROFIT CORPORATIONS THAT HAVE BEEN RECOGNIZED AS TAX EXEMPT PURSUANT TO SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. THE HEALTH SYSTEM RECOGNIZES INCOME TAX POSITIONS WHEN IT IS MORE LIKELY THAN NOT THAT THE POSITION WILL BE SUSTAINABLE BASED ON THE MERITS OF THE POSITION. MANAGEMENT HAS CONCLUDED THAT THERE ARE NO MATERIAL UNCERTAIN TAX POSITIONS THAT NEED TO BE RECORDED AS OF SEPTEMBER 30, 2021 AND 2020. THE HEALTH SYSTEM ANNUALLY ASSESSES WHETHER IT MUST RECOGNIZE AN UNRELATED BUSINESS INCOME TAX EXPENSE (UBIT). THE AMOUNTS RECOGNIZED AS UBIT EXPENSE WERE NOT MATERIAL TO THE HEALTH SYSTEM'S CONSOLIDATED OPERATIONS OR CHANGES IN NET ASSETS FOR THE YEARS ENDED SEPTEMBER 30, 2021 AND 2020.

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I (Form 990)

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

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

Attach to Form 990. Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization FACULTY PRACTICE FOUNDATION INC & AFFILIATES

Employer identification number

90-0513372

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance...
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 Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000.

Table with 8 columns: (a) Name and address of organization, (b) EIN, (c) IRC section, (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation, (g) Description of non-cash assistance, (h) Purpose of grant or assistance. Includes rows for Boston Medical Center and Orthopaedic Research.

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

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on 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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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
PART I, LINE 2:	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 FACULTY PRACTICE FOUNDATION, INC. AND AFFILIATES TO QUALIFIED 501(C)(3) ORGANIZATIONS. ALL DONATIONS ARE SUBJECT TO REVIEW AND APPROVAL BY THE INDIVIDUAL PRACTICE ADMINISTRATION.

Schedule J
(Form 990)

Compensation Information

OMB No. 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ▶ Attach to Form 990.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
FACULTY PRACTICE FOUNDATION
INC & AFFILIATES

Employer identification number
90-0513372

Part I 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 on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.		
<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax idemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
b If any of the boxes on 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 on 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.		
<input checked="" type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed on 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), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5 For persons listed on 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," on line 5a or 5b, describe in Part III.	5b	No
6 For persons listed on 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	Yes
b Any related organization? If "Yes," on line 6a or 6b, describe in Part III.	6b	No
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.	7	Yes
8 Were any amounts reported on 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" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

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
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 62ND BIRTHDAY. AMOUNTS ACCRUED IN THE PLAN ARE REPORTED IN SCHEDULE J, PART II, COLUMN C. BOSTON MEDICAL CENTER PROVIDED A 457(F) NONQUALIFIED DEFERRED COMPENSATION PLAN TO DAVID BECK, SENIOR VICE PRESIDENT, CHIEF LEGAL COUNSEL, AND CLERK OF BOSTON MEDICAL CENTER. DAVID BECK REACHED THE PLAN RETIREMENT AGE IN 2019 AND VESTED 100% IN THE PLAN. IN ADDITION, PURSUANT TO THE TERMS OF THE PLAN, ONCE THE PLAN PARTICIPANT REACHES THE PLAN RETIREMENT AGE, ALL FUTURE CONTRIBUTIONS ARE MADE IN CASH. ACCORDINGLY, THE AMOUNT OF \$50,310 WAS PAID TO DAVID BECK IN CASH IN 2020.
PART I, LINE 6	EMPLOYEES OF THE FACULTY PRACTICE PLANS ARE SUBJECT TO THE PLANS' INDIVIDUAL COMPENSATION POLICIES AND/OR THE COMPENSATION POLICIES OF BOSTON MEDICAL CENTER. BASED ON THESE POLICIES, EMPLOYEES MAY RECEIVE COMPENSATION BASED ON NET EARNINGS OF THE DEPARTMENT.
PART I, LINE 7	EMPLOYEES OF THE FACULTY PRACTICE PLANS ARE SUBJECT TO THE PLANS' INDIVIDUAL COMPENSATION POLICIES AND/OR THE COMPENSATION POLICIES OF BOSTON MEDICAL CENTER. BASED ON THESE POLICIES, PHYSICIANS MAY RECEIVE NON-FIXED BONUS PAYMENTS REPORTED ON SCHEDULE J, PART II, COLUMN B(II).
LISTED INDIVIDUALS	LISTED INDIVIDUALS RECEIVE COMPENSATION FOR THE SERVICES THEY PROVIDE AS EMPLOYEES. THEY RECEIVE NO COMPENSATION FOR THEIR ROLES AS DIRECTORS, OFFICERS, OR FORMER OFFICERS.

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees								
(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 in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
21 ROBERT VINCI MD PRES/CLERK/DIR - CHF	(i)	587,756	32,970	4,912	32,260	21,149	679,047	0
	(ii)	0	0	0	0	0	0	0
1 DAVID HENDERSON MD PRES/TREAS/CLERK/DIR - PSYCH	(i)	493,299	32,970	2,259	26,578	26,766	581,872	0
	(ii)	0	0	0	0	0	0	0
2 AVIVA LEE-PARRITZ MD PRES/DIRECTOR - OBGYN	(i)	465,969	32,970	3,148	24,181	18,266	544,534	0
	(ii)	0	0	0	0	0	0	0
3 JACOB NOORDZIJ MD CLERK - OTO	(i)	387,490	42,132	11,410	21,285	81,787	544,104	0
	(ii)	0	0	0	0	0	0	0
4 CHRISTOPHER ANDRY PHD PRES/TREAS/CLERK/DIR - PATH	(i)	394,680	47,466	1,808	20,370	21,446	485,770	0
	(ii)	0	0	0	0	0	0	0
5 CHRISTOPHER MANASSEH MD FMR PRS/TRS/CLRK/DIR-FAM	(i)	372,566	32,970	905	21,471	52,863	480,775	0
	(ii)	0	0	0	0	0	0	0
6 JOANNA PIECHNICZEK- BUCZEK MD FMR DIR/PRES/TREAS/CLERK - PSYCH	(i)	408,875	31,770	891	15,270	21,075	477,881	0
	(ii)	0	0	0	0	0	0	0
7 ILSE CASTRO-ARAGON MD CLERK/DIRECTOR - RADIO	(i)	372,849	30,120	672	18,209	51,061	472,911	0
	(ii)	0	0	0	0	0	0	0
8 JAROSLAW TKACZ MD TREASURER/DIRECTOR - RADIO	(i)	380,781	32,970	900	20,737	18,187	453,575	0
	(ii)	0	0	0	0	0	0	0
9 RONALD IVERSON MD DIRECTOR - OBGYN	(i)	297,414	32,970	1,264	16,470	67,932	416,050	0
	(ii)	0	0	0	0	0	0	0
10 STEPHEN WILSON MD PRES/TREAS/CLERK/DIR - FAM	(i)	295,170	82,970	7,780	0	18,935	404,855	0
	(ii)	0	0	0	0	0	0	0
11 MANJU SUBRAMANIAN MD DIRECTOR - EYE	(i)	336,490	36,015	510	16,888	10,179	400,082	0
	(ii)	0	0	0	0	0	0	0
12 FREDERICK RUBERG MD DIRECTOR - EMF (U 7/8/2020)	(i)	266,865	31,148	613	13,714	52,619	364,959	0
	(ii)	0	0	0	0	0	0	0
13 PAUL HENDESSI MD DIRECTOR - OBGYN	(i)	285,919	32,970	801	16,470	28,401	364,561	0
	(ii)	0	0	0	0	0	0	0
14 KATHARINE WHITE MD DIRECTOR - OBGYN	(i)	289,237	30,120	441	14,995	23,296	358,089	0
	(ii)	0	0	0	0	0	0	0
15 CLAUDIA HOCHBERG MD DIRECTOR - EMF (U 7/8/2020)	(i)	308,824	30,120	472	15,879	2,654	357,949	0
	(ii)	0	0	0	0	0	0	0
16 MIRIAM KOMAROMY MD DIRECTOR - EMF (AS OF 8/3/2020)	(i)	268,521	31,770	18,786	0	26,157	345,234	0
	(ii)	0	0	0	0	0	0	0
17 YI-AN HUANG TREASURER - OTO (AS OF 6/8/2021)	(i)	0	0	0	0	0	0	0
	(ii)	211,211	61,000	18,612	11,402	36,448	338,673	0
18 MARIE SAINT-HILAIRE MD FMR PRES/TREAS/DIR - NEURO	(i)	257,365	30,930	1,675	14,046	28,131	332,147	0
	(ii)	0	0	0	0	0	0	0
19 VIPUL CHITALIA MD DIRECTOR - EMF	(i)	208,453	24,402	459	12,114	78,790	324,218	0
	(ii)	0	0	0	0	0	0	0

(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 in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
41DARRELL KOTTON MD DIRECTOR - EMF (U 7/8/2020)	(i)	272,571	32,100	629	15,157	3,364	323,821	0
	(ii)	0	0	0	0	0	0	0
1TED CONSTAN TREAS/DIR - OBGYN, CHF	(i)	0	0	0	0	0	0	0
	(ii)	206,776	18,639	20,611	11,526	41,682	299,234	0
2KENNETH GRUNDFAST MD FMR PRES/DIR - OTO	(i)	224,754	28,818	502	12,294	22,227	288,595	0
	(ii)	0	0	0	0	0	0	0
3ALLAN WALKEY MD DIRECTOR - EMF (AS OF 8/3/2020)	(i)	225,477	23,740	333	9,304	27,268	286,122	0
	(ii)	0	0	0	0	0	0	0
4KAREN LASSER MD DIRECTOR - EMF	(i)	236,258	27,396	522	13,083	3,322	280,581	0
	(ii)	0	0	0	0	0	0	0
5SUSANNAH ROWE MD DIRECTOR - EYE	(i)	211,311	29,537	1,032	12,090	26,501	280,471	0
	(ii)	0	0	0	0	0	0	0
6 ELISABETH WOODHAMS MD DIRECTOR - OBGYN	(i)	219,975	21,016	203	8,893	27,920	278,007	0
	(ii)	0	0	0	0	0	0	0
7MICHELLE LONG MD DIRECTOR - EMF (AS OF 8/3/2020)	(i)	244,146	20,939	213	9,854	2,514	277,666	0
	(ii)	0	0	0	0	0	0	0
8PADMASINI KANDADAI MD DIRECTOR - OBGYN	(i)	223,521	21,736	220	9,253	16,816	271,546	0
	(ii)	0	0	0	0	0	0	0
9CARLOS ARELLANO TREASURER - OTO (U 6/8/2021)	(i)	0	0	0	0	0	0	0
	(ii)	199,998	25,351	23,001	10,908	9,961	269,219	0
10SAMANTHA KAPLAN MD DIRECTOR - OBGYN	(i)	177,480	19,452	373	11,001	55,619	263,925	0
	(ii)	0	0	0	0	0	0	0
11MANISH SAGAR MD DIRECTOR - EMF	(i)	218,416	24,570	477	12,930	7,393	263,786	0
	(ii)	0	0	0	0	0	0	0
12NATASHA HOCHBERG MD DIRECTOR - EMF (U 7/8/2020)	(i)	197,654	21,540	283	10,155	27,972	257,604	0
	(ii)	0	0	0	0	0	0	0
13RICHARD BABAYAN MD FMR PRES/TREAS/CLERK/DIR - URO	(i)	156,496	16,770	540	10,603	23,767	208,176	0
	(ii)	0	0	0	0	0	0	0
14SHEILA PHICIL TREASURER/CLERK - NEURO	(i)	0	0	0	0	0	0	0
	(ii)	151,458	12,600	11,927	1,774	29,115	206,874	0
15JAMIE LEVY TREASURER/CLERK - DERM	(i)	0	0	0	0	0	0	0
	(ii)	139,929	9,806	23,584	8,261	20,171	201,751	0
16 JULIE MOTTL-SANTIAGO CNM DIRECTOR - OBGYN	(i)	143,873	16,650	404	9,160	30,890	200,977	0
	(ii)	0	0	0	0	0	0	0
17MALLORY DAVIS TREASURER/CLERK - NEUROSURG	(i)	0	0	0	0	0	0	0
	(ii)	136,727	6,400	19,717	377	30,501	193,722	0
18BRIAN JACK FMR PRES/TREAS/CLERK/DIR - FAM	(i)	147,491	15,979	944	8,198	17,658	190,270	0
	(ii)	0	0	0	0	0	0	0
19DANIEL REMICK MD FMR PRES/CLERK/DIR - PATH	(i)	151,125	8,074	0	10,170	17,683	187,052	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 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 in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
61 KETTIE LOUIS DNP DIRECTOR - OBGYN	(i)	137,776	15,690	476	8,680	17,751	180,373	0
		-----	-----	-----	-----	-----	-----	-----
	(ii)	0	0	0	0	0	0	0
1 VICTORIA BOLOTINA MD DIRECTOR - EMF (U 7/8/2020)	(i)	140,806	0	1,156	7,482	10,934	160,378	0
		-----	-----	-----	-----	-----	-----	-----
	(ii)	0	0	0	0	0	0	0
2 MARKUS BOSMAN MD DIRECTOR - EMF (AS OF 8/3/2020)	(i)	139,180	0	110	5,160	9,304	153,754	0
		-----	-----	-----	-----	-----	-----	-----
	(ii)	0	0	0	0	0	0	0

SCHEDULE O
(Form 990 or 990-EZ)**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020**Open to Public Inspection**

Department of the Treasury

Name of the organization

FACULTY PRACTICE FOUNDATION
INC & AFFILIATES

Employer identification number

90-0513372

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART I, LINE 1 AND PART III, LINE 1	THE FACULTY PRACTICE PLANS ("THE PLANS") WERE ESTABLISHED AS NOT-FOR-PROFIT CORPORATIONS OPERATING EXCLUSIVELY FOR THE BENEFIT OF BOSTON MEDICAL CENTER AND BOSTON UNIVERSITY SCHOOL OF MEDICINE. THE PLANS' PURPOSE IS TO PROVIDE, COORDINATE AND FACILITATE THE DELIVERY OF PATIENT CARE SERVICES AND TO PROMOTE THE DEVELOPMENT OF AN INTEGRATED SYSTEM OF DELIVERY TO MORE EFFICIENTLY AND EFFECTIVELY MEET THE HEALTH CARE NEEDS OF THE COMMUNITIES SERVED BY THE INSTITUTIONS. THE PLANS PROVIDE AMBULATORY SERVICES RANGING FROM PRIMARY ADULT AND PEDIATRIC CARE TO ADVANCED SPECIALTY CARE; AFFILIATED PHYSICIANS ALSO STAFF THE LARGEST 24 HOUR LEVEL 1 TRAUMA CENTER IN NEW ENGLAND.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	ALL OFFICERS AND DIRECTORS ARE EMPLOYEES OF EITHER THE INDIVIDUAL PRACTICE PLAN, BOSTON UNIVERSITY OR BOSTON MEDICAL CENTER, RELATED ORGANIZATIONS. CERTAIN OFFICERS AND DIRECTORS OF THE PRACTICE PLANS ALSO SERVE AS OFFICERS AND TRUSTEES OF BOSTON MEDICAL CENTER. CLAUDIA HOCHBERG AND NATASHA HOCHBERG HAVE A FAMILY RELATIONSHIP. THEY ARE EACH DIRECTORS OF EVANS MEDICAL FOUNDATION, INC., AN AFFILIATE OF FACULTY PRACTICE FOUNDATION, INC.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	WITH THE EXCEPTION OF THOSE LISTED BELOW, THE SOLE CORPORATE MEMBER OF THE ORGANIZATION IS FACULTY PRACTICE FOUNDATION, INC. BU SURGICAL ASSOCIATES IS THE SOLE CORPORATE MEMBER OF THE FOLLOWING: - BOSTON UNIVERSITY CARDIAC AND THORACIC SURGICAL FOUNDATION, INC. - BOSTON UNIVERSITY GENERAL SURGICAL ASSOCIATES, INC. - BOSTON UNIVERSITY NEUROSURGICAL ASSOCIATES, INC. - BOSTON UNIVERSITY ORTHOPAEDIC SURGICAL ASSOCIATES, INC. - BOSTON UNIVERSITY PLASTIC SURGERY ASSOCIATES, INC. - BOSTON UNIVERSITY MEDICAL CENTER UROLOGISTS, INC. - BUMC OTOLARYNGOLOGIC FOUNDATION, INC.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	CERTAIN ACTIONS MUST BE APPROVED BY THE ORGANIZATION'S SOLE CORPORATE MEMBER, AS SET FORTH IN THE BYLAWS, INCLUDING ADOPTION OF THE BUDGET, ANY MERGER, CONSOLIDATION, LIQUIDATION OR DISSOLUTION, ANY CAPITAL TRANSACTION, AND INCURRENCE OF DEBT.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	PRIOR TO THE FILING OF THE FORM 990 WITH THE IRS, THE FORM 990 WAS PREPARED BY OUR OUTSIDE TAX CONSULTANTS AND REVIEWED BY INTERNAL MANAGEMENT. THE AUDIT AND COMPLIANCE COMMITTEE OF THE BOSTON MEDICAL CENTER BOARD OF TRUSTEES THEN REVIEWED THE RETURN. EACH MEMBER OF THE BOARD OF EACH PLAN WAS PROVIDED A COPY OF THE FINAL FORM 990 PRIOR TO FILING.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	CONFLICT OF INTEREST QUESTIONNAIRES FOR THE FISCAL YEAR ENDING JUNE 30, 2021 WERE DISTRIBUTED ON 3/1/2022 BY THE COMPLIANCE DEPARTMENT. THE CHIEF COMPLIANCE OFFICER OR HIS DESIGNEE QUERIES TRUSTEES, OFFICERS, AND DIRECTORS ON AT LEAST AN ANNUAL BASIS REGARDING RELATIONSHIPS THAT MAY CREATE POTENTIAL CONFLICTS OF INTEREST. THE CHIEF COMPLIANCE OFFICER OR HIS DESIGNEE REVIEWS ALL DISCLOSURES AND DETERMINES WHETHER THERE ARE ACTUAL OR POTENTIAL CONFLICTS OF INTEREST. THE CHIEF COMPLIANCE OFFICER ADVISES THE BOARD OF TRUSTEES AND OFFICERS OF THE CORPORATION ACCORDINGLY.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	A COMMITTEE COMPOSED OF THE PRESIDENT AND CEO OF BOSTON MEDICAL CENTER AND THE DEAN OF BOSTON UNIVERSITY SCHOOL OF MEDICINE, THE FOUNDATION'S CORPORATE MEMBERS, APPROVES THE COMPENSATION FOR CERTAIN PHYSICIAN EXECUTIVES. A MEETING OF THE COMMITTEE WAS HELD TO REVIEW AND APPROVE THE FY2021 PROPOSED COMPENSATION FOR THE PHYSICIAN EXECUTIVES SERVING AS PRESIDENTS OF THE PLANS. FOR FY2021 THE SALARY OF EACH OF THE PHYSICIAN EXECUTIVES UNDER CONSIDERATION WAS PROVIDED TO THE COMMITTEE. THE COMMITTEE EVALUATED AND RELIED UPON COMPARABLE DATA IN MAKING ITS DECISION. THE COMPARABLE DATA CONSISTED OF COMPENSATION SURVEY INFORMATION FROM THE ASSOCIATION OF AMERICAN MEDICAL COLLEGES FOR EACH SPECIALTY WHERE AVAILABLE, LISTING BOTH THE FIFTIETH AND SEVENTY-FIFTH SALARY PERCENTILES. THE PROPOSED COMPENSATION AS SUBMITTED OR AMENDED BY THE COMMITTEE WAS VOTED UPON BY THE COMMITTEE. THE COMMITTEE'S ASSESSMENT OF THESE CONSIDERATIONS IS CONTAINED IN THE OFFICIAL MINUTES.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE PLANS DO NOT MAKE THEIR GOVERNING DOCUMENTS OR CONFLICT OF INTEREST POLICY AVAILABLE TO THE PUBLIC. THE FINANCIAL STATEMENTS ARE MADE AVAILABLE THROUGH THE MASSACHUSETTS ATTORNEY GENERAL'S OFFICE.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VII, SECTION A	<p>SHARED SERVICES AGREEMENT THE PLANS ARE AFFILIATED WITH BOSTON MEDICAL CENTER ("BMC") AND BOSTON UNIVERSITY SCHOOL OF MEDICINE ("BUSM"). THE PLANS EACH ENTERED INTO A COMMON PAYMASTER AGREEMENT WITH BMC AND THE TRUSTEES OF BOSTON UNIVERSITY ("BU"). UNDER THE TERMS OF THEIR PHYSICIAN PRACTICE AGREEMENTS, FACULTY PHYSICIANS AND PRACTITIONERS ("FACULTY MEMBERS") ARE EMPLOYED BY THE INDIVIDUAL PLANS. THE FACULTY MEMBERS SERVE THE BENEFIT OF BOTH BMC (BY PROVIDING CLINICAL SERVICES) AND BUSM (BY SERVING AS FACULTY MEMBERS OF BUSM). EACH PLAN, WITH RESPECT TO EACH FACULTY MEMBER THAT THE PLAN EMPLOYS, PAYS BU A PERCENTAGE OF THE FACULTY MEMBER'S SALARY AND REIMBURSEMENT FOR FRINGE BENEFITS AND RELATED PAYMENT FEES. BOSTON UNIVERSITY, AS COMMON PAYMASTER, THEN MAKES SALARY PAYMENTS AND PROVIDES BENEFITS TO FACULTY MEMBERS. THE PLANS ALSO PAY FOR A PORTION OF ADMINISTRATIVE SALARIES AND FRINGE BENEFITS FOR NONPHYSICIAN EMPLOYEES OF BMC, WHO PROVIDE SERVICES TO THEM.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VII, LINE 19	DAVID BECK IS ASSISTANT CLERK FOR ALL REPORTING ENTITIES EXCEPT EVANS MEDICAL FOUNDATION AND BOSTON REHABILITATION MEDICINE ASSOCIATES, INC. FOR EVANS AND REHAB, HE SERVES AS CLERK FOR FACULTY PRACTICE FOUNDATION, INC. HE IS A FORMER ASSISTANT CLERK.

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2020

**Open to Public
Inspection**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Department of the Treasury
Internal Revenue Service

Name of the organization
FACULTY PRACTICE FOUNDATION
INC & AFFILIATES

Employer identification number

90-0513372

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

(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 ONE BOSTON MEDICAL CENTER PLACE BOSTON, MA 02118 04-3314093	HEALTHCARE	MA	501(C)(3)	LINE 3	N/A		No
(2) TRUSTEES OF BOSTON UNIVERSITY 881 COMMONWEALTH AVENUE BOSTON, MA 02115 04-2103547	EDUCATION	MA	501(C)(3)	LINE 2	N/A		No
(3) FACULTY PRACTICE FOUNDATION INC ONE BOSTON MEDICAL CENTER PLACE BOSTON, MA 02118 04-3289381	HEALTHCARE	MA	501(C)(3)	12B, TYPE 1	N/A		No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(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.

	Yes	No
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		No
b Gift, grant, or capital contribution to related organization(s)	Yes	
c Gift, grant, or capital contribution from related organization(s)		No
d Loans or loan guarantees to or for related organization(s)		No
e Loans or loan guarantees by related organization(s)	Yes	
f Dividends from related organization(s)		No
g Sale of assets to related organization(s)		No
h Purchase of assets from related organization(s)		No
i Exchange of assets with related organization(s)		No
j Lease of facilities, equipment, or other assets to related organization(s)		No
k Lease of facilities, equipment, or other assets from related organization(s)	Yes	
l Performance of services or membership or fundraising solicitations for related organization(s)		No
m Performance of services or membership or fundraising solicitations by related organization(s)		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	Yes	
o Sharing of paid employees with related organization(s)	Yes	
p Reimbursement paid to related organization(s) for expenses	Yes	
q Reimbursement paid by related organization(s) for expenses	Yes	
r Other transfer of cash or property to related organization(s)	Yes	
s Other transfer of cash or property from related organization(s)	Yes	

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

Part VII **Supplemental Information**

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

Return Reference	Explanation