

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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047  
**2019**  
Open to Public Inspection

**A** For the **2019** calendar year, or tax year beginning **10-01-2019**, and ending **09-30-2020**

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

**C** Name of organization: Boston Medical Center  
 % KAITLYN CLIFFORD  
 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

**D** Employer identification number: 04-3314093  
**E** Telephone number: (617) 414-1628  
**G** Gross receipts \$ 1,884,871,853

**F** Name and address of principal officer:  
 KATHLEEN E WALSH  
 ONE BOSTON MEDICAL CENTER PLACE  
 BOSTON, MA 02118

**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 ▶

**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: 1996 **M** State of legal domicile: MA

## Part I Summary

**1** Briefly describe the organization's mission or most significant activities:  
 Boston Medical Center's mission is to provide consistently excellent and accessible health services to all in need of care regardless of status and ability to pay.

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

<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	28
<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	23
<b>5</b> Total number of individuals employed in calendar year 2019 (Part V, line 2a)	<b>5</b>	9,892
<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	419
<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	4,213,939
<b>7b</b> Net unrelated business taxable income from Form 990-T, line 39	<b>7b</b>	1,754,946

	Prior Year	Current Year
<b>8</b> Contributions and grants (Part VIII, line 1h)	25,615,642	133,609,173
<b>9</b> Program service revenue (Part VIII, line 2g)	1,620,141,878	1,699,081,795
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	82,976,388	23,248,318
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	17,727,347	25,204,705
<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,746,461,255	1,881,143,991
<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3)	25,423,342	26,453,637
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0	0
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	681,772,082	666,076,602
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	0	0
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 6,741,508		
<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	942,072,320	1,090,128,408
<b>18</b> Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	1,649,267,744	1,782,658,647
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	97,193,511	98,485,344

	Beginning of Current Year	End of Year
<b>20</b> Total assets (Part X, line 16)	2,427,982,000	2,742,187,000
<b>21</b> Total liabilities (Part X, line 26)	1,100,514,000	1,418,264,000
<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	1,327,468,000	1,323,923,000

## Part II Signature Block

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

**Sign Here**

Signature of officer: \*\*\*\*\*  
 Date: 2021-08-16

DAVID BECK SVP/CHIEF LEGAL COUNSEL/CLERK  
 Type or print name and title

**Paid Preparer Use Only**

Print/Type preparer's name: Preparer's signature: Date: 2021-02-10  
 Check  if self-employed PTIN: P01880207

Firm's name ▶ KPMG LLP Firm's EIN ▶  
 Firm's address ▶ 60 South Street Phone no. (617) 988-1000  
 Boston, MA 02111

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

**Part III Statement of Program Service Accomplishments**Check if Schedule O contains a response or note to any line in this Part III **1** Briefly describe the organization's mission:

BOSTON MEDICAL CENTER'S MISSION IS TO PROVIDE CONSISTENTLY EXCELLENT AND ACCESSIBLE HEALTH SERVICES TO ALL IN NEED OF CARE REGARDLESS OF STATUS AND ABILITY TO PAY.

**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 \$ 1,644,633,100 including grants of \$ ) (Revenue \$ 1,699,081,795 )  
See Additional Data

**4b** (Code: ) (Expenses \$ 25,458,830 including grants of \$ 25,458,830 ) (Revenue \$ )  
See Additional Data

**4c** (Code: ) (Expenses \$ 994,807 including grants of \$ 994,807 ) (Revenue \$ )  
See Additional Data

**4d** Other program services (Describe in Schedule O.)

(Expenses \$ including grants of \$ ) (Revenue \$ )

**4e Total program service expenses** ▶ 1,671,086,737

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, and Yes/No response. Rows include questions 1 through 21, covering various organizational requirements and reporting obligations.

Part IV Checklist of Required Schedules (continued)

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

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 [checked]

Table with 3 main columns: Question/Description, Yes, No. Rows include 1a (Form 1096), 1b (Forms W-2G), and 1c (gambling winnings).

**Part V Statements Regarding Other IRS Filings and Tax Compliance** (continued)

<p><b>2a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return . . . . .</p>	<b>2a</b>	9,892		
<p><b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)</p>	<b>2b</b>	Yes		
<p><b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .</p>	<b>3a</b>	Yes		
<p><b>b</b> If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O . . . . .</i></p>	<b>3b</b>	Yes		
<p><b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .</p>	<b>4a</b>	Yes		
<p><b>b</b> If "Yes," enter the name of the foreign country: <b>▶</b> CJ , CA , UK , LT , EI , BD See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).</p>				
<p><b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .</p>	<b>5a</b>		No	
<p><b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?</p>	<b>5b</b>		No	
<p><b>c</b> If "Yes," to line 5a or 5b, did the organization file Form 8886-T? . . . . .</p>	<b>5c</b>			
<p><b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . . . .</p>	<b>6a</b>		No	
<p><b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .</p>	<b>6b</b>			
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>				
<p><b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . .</p>	<b>7a</b>	Yes		
<p><b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .</p>	<b>7b</b>	Yes		
<p><b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .</p>	<b>7c</b>		No	
<p><b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year . . . . .</p>	<b>7d</b>			
<p><b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?</p>	<b>7e</b>		No	
<p><b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .</p>	<b>7f</b>		No	
<p><b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .</p>	<b>7g</b>			
<p><b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .</p>	<b>7h</b>			
<p><b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .</p>	<b>8</b>			
<b>9 Sponsoring organizations maintaining donor advised funds.</b>				
<p><b>a</b> Did the sponsoring organization make any taxable distributions under section 4966? . . . . .</p>	<b>9a</b>			
<p><b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .</p>	<b>9b</b>			
<b>10 Section 501(c)(7) organizations.</b> Enter:				
<p><b>a</b> Initiation fees and capital contributions included on Part VIII, line 12 . . . . .</p>	<b>10a</b>			
<p><b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities</p>	<b>10b</b>			
<b>11 Section 501(c)(12) organizations.</b> Enter:				
<p><b>a</b> Gross income from members or shareholders . . . . .</p>	<b>11a</b>			
<p><b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . .</p>	<b>11b</b>			
<p><b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?</p>	<b>12a</b>			
<p><b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year.</p>	<b>12b</b>			
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>				
<p><b>a</b> Is the organization licensed to issue qualified health plans in more than one state? . . . . . <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.</p>	<b>13a</b>			
<p><b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans . . . . .</p>	<b>13b</b>			
<p><b>c</b> Enter the amount of reserves on hand . . . . .</p>	<b>13c</b>			
<p><b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year? . . . . .</p>	<b>14a</b>		No	
<p><b>b</b> If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O . . . . .</i></p>	<b>14b</b>			
<p><b>15</b> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? . . . . . <b>If "Yes," see instructions and file Form 4720, Schedule N.</b></p>	<b>15</b>	Yes		
<p><b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income? . . . . . <b>If "Yes," complete Form 4720, Schedule O.</b></p>	<b>16</b>		No	

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, 2-9). Includes questions about voting members, family relationships, and governance documents.

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

Table with 10 main rows and 3 sub-columns (10a-16b). Includes questions about local chapters, conflict of interest policies, whistleblower policies, and joint ventures.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed MA
18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records: KAITLYN CLIFFORD ONE BOSTON MEDICAL CENTER PLACE BOSTON, MA 02118 (617) 414-5907





**Part VIII Statement of Revenue**

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
<b>Contributions, Gifts, Grants, and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>			
	<b>b</b> Membership dues . . . . .	<b>1b</b>			
	<b>c</b> Fundraising events . . . . .	<b>1c</b>	5,850,094		
	<b>d</b> Related organizations . . . . .	<b>1d</b>			
	<b>e</b> Government grants (contributions) . . . . .	<b>1e</b>	108,003,559		
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above . . . . .	<b>1f</b>	19,755,520		
	<b>g</b> Noncash contributions included in lines 1a - 1f: \$ . . . . .	<b>1g</b>	1,495,322		
	<b>h Total.</b> Add lines 1a-1f . . . . .		133,609,173		

<b>Program Service Revenue</b>			(A)	(B)	(C)	(D)
		Business Code				
<b>2a</b> PATIENT SERVICE REVENUE		900099	1,139,678,529	1,139,678,529		
<b>b</b> PHARMACY REVENUE		900099	434,398,408	430,184,469	4,213,939	
<b>c</b> GRANT & CONTRACT REVENUE		900099	113,699,826	113,699,826		
<b>d</b> OTHER PROGRAM REVENUE		900099	11,305,032	11,305,032		
<b>e</b>						
<b>f</b> All other program service revenue.						
<b>g Total.</b> Add lines 2a-2f. . . . .			1,699,081,795			

<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .			13,715,494			13,715,494	
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . . .			0				
	<b>5</b> Royalties . . . . .			0				
	<b>6a</b> Gross rents	<b>6a</b>	(i) Real	5,254,316				
			(ii) Personal					
		<b>b</b> Less: rental expenses . . . . .	<b>6b</b>		3,354,893			
		<b>c</b> Rental income or (loss) . . . . .	<b>6c</b>		1,899,423	0		
	<b>d</b> Net rental income or (loss) . . . . .			1,899,423			1,899,423	
	<b>7a</b> Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities	9,532,824				
			(ii) Other					
		<b>b</b> Less: cost or other basis and sales expenses . . . . .	<b>7b</b>					
		<b>c</b> Gain or (loss) . . . . .	<b>7c</b>		9,532,824			
	<b>d</b> Net gain or (loss) . . . . .			9,532,824			9,532,824	
	<b>8a</b> Gross income from fundraising events (not including \$ 5,850,094 of contributions reported on line 1c). See Part IV, line 18 . . . . .	<b>8a</b>		426,386				
			<b>8b</b>		372,969			
		<b>c</b> Net income or (loss) from fundraising events . . . . .			53,417			53,417
	<b>9a</b> Gross income from gaming activities. See Part IV, line 19 . . . . .	<b>9a</b>		0				
			<b>9b</b>		0			
<b>c</b> Net income or (loss) from gaming activities . . . . .				0			0	
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>10a</b>		0					
		<b>10b</b>		0				
	<b>c</b> Net income or (loss) from sales of inventory . . . . .			0			0	
<b>Miscellaneous Revenue</b>		<b>Business Code</b>						
<b>11a</b> CAFETERIA		900099	3,300,767			3,300,767		
<b>b</b> PARKING		812930	10,063,598			10,063,598		
<b>c</b> GAIN ON SALE OF TAX CREDITS		900099	9,887,500			9,887,500		
<b>d</b> All other revenue . . . . .								
<b>e Total.</b> Add lines 11a-11d . . . . .			23,251,865					
<b>12 Total revenue.</b> See instructions . . . . .			1,881,143,991	1,694,867,856	4,213,939	48,453,023		

**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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .	25,458,830	25,458,830		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .	0			
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16. . . . .	994,807	994,807		
<b>4</b> Benefits paid to or for members . . . . .	0			
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .	12,371,466	10,919,213	871,687	580,566
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	196,764	196,764		
<b>7</b> Other salaries and wages . . . . .	514,305,841	476,271,482	35,497,476	2,536,883
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) . . . . .	26,506,365	24,546,782	1,807,902	151,681
<b>9</b> Other employee benefits . . . . .	64,219,386	59,471,725	4,380,170	367,491
<b>10</b> Payroll taxes . . . . .	48,476,780	44,892,951	3,306,424	277,405
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management . . . . .	0			
<b>b</b> Legal . . . . .	252,799	93,930	158,869	
<b>c</b> Accounting . . . . .	671,905	15,046	656,859	
<b>d</b> Lobbying . . . . .	72,000	66,677	5,323	
<b>e</b> Professional fundraising services. See Part IV, line 17 . . . . .	0			
<b>f</b> Investment management fees . . . . .	822,411		822,411	
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	80,052,326	46,849,131	32,431,983	771,212
<b>12</b> Advertising and promotion . . . . .	470,794	253,404		217,390
<b>13</b> Office expenses . . . . .	15,577,278	11,682,131	3,770,335	124,812
<b>14</b> Information technology . . . . .	3,738,478	3,462,097	254,988	21,393
<b>15</b> Royalties . . . . .	1,040,078	963,186	70,940	5,952
<b>16</b> Occupancy . . . . .	22,029,115	20,400,529	1,502,526	126,060
<b>17</b> Travel . . . . .	1,493,273	899,060	593,072	1,141
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .	0			
<b>19</b> Conferences, conventions, and meetings . . . . .	805,308	693,877	111,420	11
<b>20</b> Interest . . . . .	25,028,709	23,178,367	1,707,117	143,225
<b>21</b> Payments to affiliates . . . . .	0			
<b>22</b> Depreciation, depletion, and amortization . . . . .	97,399,441	90,198,819	6,643,261	557,361
<b>23</b> Insurance . . . . .	7,082,130	6,558,557	483,046	40,527
<b>24</b> 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.)				
<b>a</b> DRUGS	360,112,654	360,112,654		
<b>b</b> PHYSICIAN SERVICES	147,103,245	147,103,245		
<b>c</b> DIRECT RESEARCH	91,981,080	91,981,080		
<b>d</b> PATIENT RELATED SUPPLIES	91,379,488	91,379,488		
<b>e</b> All other expenses	143,015,896	132,442,905	9,754,593	818,398
<b>25</b> Total functional expenses. Add lines 1 through 24e	1,782,658,647	1,671,086,737	104,830,402	6,741,508
<b>26</b> 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
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	22,241,000	<b>1</b>	43,051,000
	<b>2</b> Savings and temporary cash investments . . . . .	176,410,000	<b>2</b>	435,189,000
	<b>3</b> Pledges and grants receivable, net . . . . .	17,585,000	<b>3</b>	17,801,000
	<b>4</b> Accounts receivable, net . . . . .	170,244,000	<b>4</b>	225,678,000
	<b>5</b> 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 . . . . .	0	<b>5</b>	0
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . . . . .	0	<b>6</b>	0
	<b>7</b> Notes and loans receivable, net . . . . .	72,628,000	<b>7</b>	97,973,000
	<b>8</b> Inventories for sale or use . . . . .	12,714,000	<b>8</b>	17,337,000
	<b>9</b> Prepaid expenses and deferred charges . . . . .	4,525,000	<b>9</b>	4,203,000
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	2,059,351,000		
	<b>b</b> Less: accumulated depreciation	1,019,308,000		
	<b>11</b> Investments—publicly traded securities . . . . .	65,536,000	<b>11</b>	60,636,000
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .	265,079,000	<b>12</b>	264,961,000
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .	410,000	<b>13</b>	489,000
	<b>14</b> Intangible assets . . . . .	0	<b>14</b>	0
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	521,949,000	<b>15</b>	534,826,000
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	2,427,982,000	<b>16</b>	2,742,187,000	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	164,526,000	<b>17</b>	209,573,000
	<b>18</b> Grants payable . . . . .	0	<b>18</b>	0
	<b>19</b> Deferred revenue . . . . .	23,075,000	<b>19</b>	96,243,000
	<b>20</b> Tax-exempt bond liabilities . . . . .	448,264,000	<b>20</b>	439,486,000
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D	0	<b>21</b>	0
	<b>22</b> 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 . . . . .	0	<b>22</b>	0
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	0	<b>23</b>	0
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .	0	<b>24</b>	0
	<b>25</b> 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	464,649,000	<b>25</b>	672,962,000
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	1,100,514,000	<b>26</b>	1,418,264,000
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions . . . . .	989,342,000	<b>27</b>	961,337,000
	<b>28</b> Net assets with donor restrictions . . . . .	338,126,000	<b>28</b>	362,586,000
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds . . . . .		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds		<b>31</b>	
<b>32</b> Total net assets or fund balances . . . . .	1,327,468,000	<b>32</b>	1,323,923,000	
<b>33</b> Total liabilities and net assets/fund balances . . . . .	2,427,982,000	<b>33</b>	2,742,187,000	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	1,881,143,991
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	1,782,658,647
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	98,485,344
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	1,327,468,000
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	21,735,219
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	-1,372,666
<b>8</b>	Prior period adjustments	<b>8</b>	1,919,655
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	-124,312,552
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	1,323,923,000

**Part XII Financial Statements and Reporting**

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

- 1** Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?  
 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:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- 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:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- 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.
- 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?
- 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.

	Yes	No
<b>2a</b>		No
<b>2b</b>	Yes	
<b>2c</b>	Yes	
<b>3a</b>	Yes	
<b>3b</b>	Yes	

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 04-3314093

**Name:** Boston Medical Center

Form 990 (2019)

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**Form 990, Part III, Line 4a:**

See Schedule O.

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**Form 990, Part III, Line 4b:**

Boston Medical Center provides research support to organizations within the US.

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**Form 990, Part III, Line 4c:**

Boston Medical Center provides research support to foreign organizations.

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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			
KATHLEEN WALSH ..... President & CEO	50.0 ..... 7.5	X		X				1,958,752	0	19,187
ALASTAIR BELL ..... SVP OPS & STRATEGY/COO	50.0 ..... 2.0				X			1,136,562	0	112,030
JENNIFER TSENG MD ..... TRUSTEE	1.0 ..... 54.0	X						0	1,012,451	38,793
CHARLES ORLANDO ..... SVP/CFO/TREAS	36.0 ..... 23.0			X				815,975	0	114,769
DAVID COLEMAN MD ..... TRUSTEE	1.0 ..... 54.0	X						0	782,366	34,370
RAVIN DAVIDOFF MD ..... SVP MEDICAL AFFAIRS AND CMO	50.0 ..... 1.5				X			733,048	0	46,658
DAVID BECK ..... SVP/CHIEF LEGAL COUNSEL/CLERK	50.0 ..... 13.5			X				700,866	0	44,102
LISA A KELLY-CROSWELL ..... SVP/CHRO	50.0 ..... 0.0				X			611,747	0	81,513
NANCY GADEN ..... SVP CHIEF NURSING OFFICER	50.0 ..... 0.0				X			565,440	0	105,842
BOB BIGGIO ..... SVP FACILITY & SUPT SVCS	50.0 ..... 0.0					X		540,827	0	109,748

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			
NORMAN STEIN ..... SVP CHIEF DEVELOPMENT OFFICER	50.0 ..... 0.0					X		546,468	0	46,800
ARTHUR HARVEY ..... VP/CIO	50.0 ..... 0.0					X		525,777	0	61,395
JOE CAMILLUS ..... SVP AMBULATORY & PRF SVC	50.0 ..... 0.5					X		470,860	0	101,474
JULIE JONCAS ..... VP FINANCE	50.0 ..... 1.0					X		410,831	0	47,411
SUSANNAH ROWE MD ..... TRUSTEE	1.0 ..... 50.0	X						0	220,390	50,572
David Ament ..... Trustee	1.0 ..... 2.0	X						0	0	0
Karen Antman MD ..... Trustee	1.0 ..... 2.0	X						0	0	0
Anita Bekenstein ..... Trustee	1.0 ..... 0.0	X						0	0	0
Barry Bock ..... Trustee	1.0 ..... 0.0	X						0	0	0
NADINE CHAKAR ..... TRUSTEE (AS OF 05/05/2020)	1.0 ..... 0.0	X						0	0	0

**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			
Enrique Colbert ..... Trustee	1.0 ..... 0.0	X						0	0	0
Sandra Cotterell ..... Trustee	1.0 ..... 0.0	X						0	0	0
Pierre Cremieux ..... Trustee	1.0 ..... 0.0	X						0	0	0
Randi Cutler ..... Trustte	1.0 ..... 0.0	X						0	0	0
Paul Egerman ..... Trustee	1.0 ..... 0.0	X						0	0	0
Ruth Ellen Fitch ..... Trustee	1.0 ..... 0.0	X						0	0	0
Melanie Foley ..... Trustee	1.0 ..... 0.0	X						0	0	0
Eileen Grayken ..... Trustee	1.0 ..... 0.0	X						0	0	0
William J Halpin Jr ..... Trustee (UNTIL 05/05/2020)	1.0 ..... 1.0	X						0	0	0
Karen Kames ..... Trustee	1.0 ..... 0.0	X						0	0	0

**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			
Azra Kanji ..... Trustee	1.0 ..... 0.0	X						0	0	0
Manuel Lopes ..... Trustee	1.0 ..... 0.0	X						0	0	0
Monica Valdes Lupi ..... Trustee (UNTIL 12/20/2019)	2.0 1.0 ..... 0.0	X						0	0	0
Richard Marks ..... Trustee	1.0 ..... 0.0	X						0	0	0
Jerod Mayo ..... Trustee (UNTIL 02/26/2020)	1.0 ..... 0.0	X						0	0	0
RITA NIEVES ..... TRUSTEE (AS OF 12/20/2019)	1.0 ..... 0.0	X						0	0	0
Tricia Patrick ..... Trustee	1.0 ..... 0.0	X						0	0	0
Claire Perlman ..... Trustee	1.0 ..... 0.0	X						0	0	0
James S Phalen ..... Trustee (UNTIL 05/05/2020)	1.0 ..... 1.0	X						0	0	0
Martha Samuelson ..... Trustee/Chair	1.0 ..... 1.0	X						0	0	0

**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			
CYNTHIA SIERRA ..... TRUSTEE (AS OF 05/05/2020)	1.0 ..... 0.0	X						0	0	0
Rev Liz Walker ..... Trustee	1.0 ..... 0.0	X						0	0	0
Andrew Youniss ..... Trustee	1.0 ..... 1.0	X						0	0	0

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047  
**2019**  
**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

**Name of the organization**  
Boston Medical Center

**Employer identification number**  
04-3314093

**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 . . . . . \_\_\_\_\_
- 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		
<b>Total</b>						

**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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b>	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .	22,129,256	41,186,207	24,563,859	25,615,642	133,609,173	247,104,137
<b>2</b>	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						0
<b>3</b>	The value of services or facilities furnished by a governmental unit to the organization without charge.. . . .						0
<b>4</b>	<b>Total.</b> Add lines 1 through 3	22,129,256	41,186,207	24,563,859	25,615,642	133,609,173	247,104,137
<b>5</b>	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). . . . .						6,971,011
<b>6</b>	<b>Public support.</b> Subtract line 5 from line 4.						240,133,126

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>7</b>	Amounts from line 4. . . . .	22,129,256	41,186,207	24,563,859	25,615,642	133,609,173	247,104,137
<b>8</b>	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .	16,401,528	12,553,229	37,639,990	23,179,858	18,969,810	108,744,415
<b>9</b>	Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .			273,343	1,867,255	1,809,363	3,949,961
<b>10</b>	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . . . .	5,093,586	6,346,770	6,259,300	15,535,712	23,251,865	56,487,233
<b>11</b>	<b>Total support.</b> Add lines 7 through 10						416,285,746
<b>12</b>	Gross receipts from related activities, etc. (see instructions) . . . . .					<b>12</b>	7,250,791,900

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

**Section C. Computation of Public Support Percentage**

<b>14</b>	Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	57.685 %
<b>15</b>	Public support percentage for 2018 Schedule A, Part II, line 14 . . . . .	<b>15</b>	44.791 %

- 16a 33 1/3% support test—2019.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . .
- b 33 1/3% support test—2018.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . .
- 17a 10%-facts-and-circumstances test—2019.** 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 . . . . .
- b 10%-facts-and-circumstances test—2018.** 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 . . . . .
- 18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . .

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

(Complete only if you checked the box on line 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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b>	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
<b>2</b>	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						
<b>3</b>	Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						
<b>4</b>	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . .						
<b>5</b>	The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6</b>	<b>Total.</b> Add lines 1 through 5						
<b>7a</b>	Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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.						
<b>c</b>	Add lines 7a and 7b. . . . .						
<b>8</b>	<b>Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>9</b>	Amounts from line 6. . . . .						
<b>10a</b>	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . .						
<b>b</b>	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
<b>c</b>	Add lines 10a and 10b.						
<b>11</b>	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
<b>12</b>	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						
<b>13</b>	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .						

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

**Section C. Computation of Public Support Percentage**

<b>15</b>	Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f)) . . . . .	<b>15</b>	
<b>16</b>	Public support percentage from 2018 Schedule A, Part III, line 15 . . . . .	<b>16</b>	

**Section D. Computation of Investment Income Percentage**

<b>17</b>	Investment income percentage for <b>2019</b> (line 10c, column (f) divided by line 13, column (f)) . . . . .	<b>17</b>	
<b>18</b>	Investment income percentage from <b>2018</b> Schedule A, Part III, line 17 . . . . .	<b>18</b>	

**19a 33 1/3% support tests—2019.** 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—2018.** 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 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

		Yes	No
<b>1</b>	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>		
	<b>1</b>		
<b>2</b>	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>		
	<b>2</b>		
<b>3a</b>	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
	<b>3a</b>		
<b>b</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>		
	<b>3b</b>		
<b>c</b>	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>		
	<b>3c</b>		
<b>4a</b>	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
	<b>4a</b>		
<b>b</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>		
	<b>4b</b>		
<b>c</b>	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>		
	<b>4c</b>		
<b>5a</b>	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) 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>		
	<b>5a</b>		
<b>b</b>	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
	<b>5b</b>		
<b>c</b>	<b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
	<b>5c</b>		
<b>6</b>	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>		
	<b>6</b>		
<b>7</b>	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>		
	<b>7</b>		
<b>8</b>	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>		
	<b>8</b>		
<b>9a</b>	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>		
	<b>9a</b>		
<b>b</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>		
	<b>9b</b>		
<b>c</b>	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>		
	<b>9c</b>		
<b>10a</b>	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>		
	<b>10a</b>		
<b>b</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>		
	<b>10b</b>		

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

		Yes	No
<b>1</b>	Did the 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>		
<b>2</b>	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>		

**Section C. Type II Supporting Organizations**

		Yes	No
<b>1</b>	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>		

**Section D. All Type III Supporting Organizations**

		Yes	No
<b>1</b>	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?		
<b>2</b>	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>		
<b>3</b>	By reason of the relationship described in (2), 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>		

**Section E. Type III Functionally-Integrated Supporting Organizations**

<b>1</b>	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year ( <b>see instructions</b> ):		
<b>a</b>	<input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.		
<b>b</b>	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
<b>c</b>	<input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions)		
<b>2</b>	Activities Test. <b>Answer (a) and (b) below.</b>		
<b>a</b>	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>	Yes	No
<b>b</b>	Did the activities described in (a) 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>		
<b>3</b>	Parent of Supported Organizations. <b>Answer (a) and (b) below.</b>		
<b>a</b>	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>Provide details in Part VI.</i>		
<b>b</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>		

**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.

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Net short-term capital gain	<b>1</b>	
<b>2</b>	Recoveries of prior-year distributions	<b>2</b>	
<b>3</b>	Other gross income (see instructions)	<b>3</b>	
<b>4</b>	Add lines 1 through 3	<b>4</b>	
<b>5</b>	Depreciation and depletion	<b>5</b>	
<b>6</b>	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)	<b>6</b>	
<b>7</b>	Other expenses (see instructions)	<b>7</b>	
<b>8</b>	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	<b>8</b>	
<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	<b>1</b>	
<b>a</b>	Average monthly value of securities	<b>1a</b>	
<b>b</b>	Average monthly cash balances	<b>1b</b>	
<b>c</b>	Fair market value of other non-exempt-use assets	<b>1c</b>	
<b>d</b>	<b>Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>	
<b>e</b>	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI):		
<b>2</b>	Acquisition indebtedness applicable to non-exempt use assets	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1d	<b>3</b>	
<b>4</b>	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	<b>4</b>	
<b>5</b>	Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>	
<b>6</b>	Multiply line 5 by .035	<b>6</b>	
<b>7</b>	Recoveries of prior-year distributions	<b>7</b>	
<b>8</b>	<b>Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>	
<b>Section C - Distributable Amount</b>			Current Year
<b>1</b>	Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>	
<b>2</b>	Enter 85% of line 1	<b>2</b>	
<b>3</b>	Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>	
<b>4</b>	Enter greater of line 2 or line 3	<b>4</b>	
<b>5</b>	Income tax imposed in prior year	<b>5</b>	
<b>6</b>	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	<b>6</b>	
<b>7</b>	<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)

<b>Section D - Distributions</b>	<b>Current Year</b>
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions	
<b>9</b> Distributable amount for 2019 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

<b>Section E - Distribution Allocations</b> (see instructions)	<b>(i)</b> <b>Excess Distributions</b>	<b>(ii)</b> <b>Underdistributions</b> <b>Pre-2019</b>	<b>(iii)</b> <b>Distributable</b> <b>Amount for 2019</b>
<b>1</b> Distributable amount for 2019 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2019:			
<b>a</b> From 2014. . . . .			
<b>b</b> From 2015. . . . .			
<b>c</b> From 2016. . . . .			
<b>d</b> From 2017. . . . .			
<b>e</b> From 2018. . . . .			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2019 distributable amount			
<b>i</b> Carryover from 2014 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2019 from Section D, line 7:			
\$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2019 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>6</b> Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7 Excess distributions carryover to 2020.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2015. . . . .			
<b>b</b> Excess from 2016. . . . .			
<b>c</b> Excess from 2017. . . . .			
<b>d</b> Excess from 2018. . . . .			
<b>e</b> Excess from 2019. . . . .			

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 04-3314093

**Name:** Boston Medical Center

**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**

**SCHEDULE C**  
(Form 990 or 990-EZ)  
  
Department of the Treasury  
Internal Revenue Service

**Political Campaign and Lobbying Activities**  
For Organizations Exempt From Income Tax Under section 501(c) and section 527  
  
▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.  
▶Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047  
  
**2019**  
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**If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then**

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

**If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then**

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

**If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then**

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of the organization Boston Medical Center	Employer identification number 04-3314093
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**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

**1** Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")

**2** Political campaign activity expenditures (see instructions) ..... ▶ \$ \_\_\_\_\_

**3** Volunteer hours for political campaign activities (see instructions) .....

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

**1** Enter the amount of any excise tax incurred by the organization under section 4955 ..... ▶ \$ \_\_\_\_\_

**2** Enter the amount of any excise tax incurred by organization managers under section 4955 ..... ▶ \$ \_\_\_\_\_

**3** If the organization incurred a section 4955 tax, did it file Form 4720 for this year? .....  Yes  No

**4a** Was a correction made? .....  Yes  No

**b** If "Yes," describe in Part IV.

**Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).**

**1** Enter the amount directly expended by the filing organization for section 527 exempt function activities ..... ▶ \$ \_\_\_\_\_

**2** Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ..... ▶ \$ \_\_\_\_\_

**3** Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b..... ▶ \$ \_\_\_\_\_

**4** Did the filing organization file **Form 1120-POL** for this year? .....  Yes  No

**5** Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
1				
2				
3				
4				
5				
6				



**Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).**

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

		(a)		(b)
		Yes	No	Amount
<b>1</b>	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
<b>a</b>	Volunteers? .....		No	
<b>b</b>	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? .....		No	
<b>c</b>	Media advertisements? .....		No	
<b>d</b>	Mailings to members, legislators, or the public? .....		No	
<b>e</b>	Publications, or published or broadcast statements? .....		No	
<b>f</b>	Grants to other organizations for lobbying purposes? .....		No	
<b>g</b>	Direct contact with legislators, their staffs, government officials, or a legislative body? .....	Yes		72,000
<b>h</b>	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .....		No	
<b>i</b>	Other activities? .....	Yes		
<b>j</b>	Total. Add lines 1c through 1i .....			72,000
<b>2a</b>	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? .....		No	
<b>b</b>	If "Yes," enter the amount of any tax incurred under section 4912 .....			
<b>c</b>	If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .....			
<b>d</b>	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? .....			

**Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

		Yes	No
<b>1</b>	Were substantially all (90% or more) dues received nondeductible by members? .....	<b>1</b>	
<b>2</b>	Did the organization make only in-house lobbying expenditures of \$2,000 or less? .....	<b>2</b>	
<b>3</b>	Did the organization agree to carry over lobbying and political expenditures from the prior year? .....	<b>3</b>	

**Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."**

<b>1</b>	Dues, assessments and similar amounts from members .....	<b>1</b>	
<b>2</b>	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b>	Current year .....	<b>2a</b>	
<b>b</b>	Carryover from last year .....	<b>2b</b>	
<b>c</b>	Total .....	<b>2c</b>	
<b>3</b>	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .	<b>3</b>	
<b>4</b>	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? .....	<b>4</b>	
<b>5</b>	Taxable amount of lobbying and political expenditures (see instructions) .....	<b>5</b>	

**Part IV Supplemental Information**

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information.

Return Reference	Explanation
Schedule C, Part II-B, Line 1	Boston Medical Center PAID DEMPSEY, LUCEY & ASSOCIATES \$72,000 TO REPRESENT THE ORGANIZATION. THESE FEES WERE PAID TO THE LOBBYISTS LISTED TO ADVANCE BOSTON MEDICAL CENTER'S MISSION: "TO CONSISTENTLY PROVIDE EXCELLENT AND ACCESSIBLE HEALTH CARE SERVICES TO ALL IN NEED OF CARE, REGARDLESS OF STATUS OR ABILITY TO PAY" AS SET OUT IN CHAPTER 147 OF THE ACTS AND RESOLVES OF 1996 OF THE COMMONWEALTH OF MASSACHUSETTS.

**SCHEDULE D**  
(Form 990)  
  
Department of the Treasury  
Internal Revenue Service

# Supplemental Financial Statements

OMB No. 1545-0047  
**2019**  
**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](http://www.irs.gov/Form990) for instructions and the latest information.

**Name of the organization**  
Boston Medical Center

**Employer identification number**  
04-3314093

**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 SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) 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 SFAS 116 (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 |
|---|--------|
| <b>1c</b> Beginning balance . . . . .             |        |
| <b>1d</b> Additions during the year . . . . .     |        |
| <b>1e</b> Distributions during the year . . . . . |        |
| <b>1f</b> 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
<b>1a</b> Beginning of year balance . . . . .	724,862,042	709,074,381	697,009,021	642,296,242	618,328,530
<b>b</b> Contributions . . . . .	61,170,242	285,759,688	21,885,406	127,298,970	
<b>c</b> Net investment earnings, gains, and losses	42,383,073	25,210,971	40,783,482	71,375,617	42,882,728
<b>d</b> Grants or scholarships . . . . .					
<b>e</b> Other expenditures for facilities and programs . . . . .	192,451,403	292,657,917	47,477,741	142,059,930	16,736,661
<b>f</b> Administrative expenses . . . . .	2,124,122	2,525,081	3,125,787	1,901,878	2,178,355
<b>g</b> End of year balance . . . . .	633,839,832	724,862,042	709,074,381	697,009,021	642,296,242

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ▶ 48.630 %
  - b** Permanent endowment ▶ 6.410 %
  - c** Temporarily restricted endowment ▶ 44.960 %
- 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 |
|--|---------------|----|
| <b>(i)</b> unrelated organizations . . . . .   | <b>3a(i)</b>  | No |
| <b>(ii)</b> related organizations . . . . .  | <b>3a(ii)</b> | No |
| <b>b</b> If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? . . . . . | <b>3b</b>     |    |
- 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
<b>1a</b> Land . . . . .	0	14,946,000		14,946,000
<b>b</b> Buildings . . . . .		1,233,306,000	484,848,000	748,458,000
<b>c</b> Leasehold improvements		40,320,000	22,538,000	17,782,000
<b>d</b> Equipment . . . . .		652,499,000	473,632,000	178,867,000
<b>e</b> Other . . . . .		118,280,000	38,290,000	79,990,000
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				1,040,043,000

**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 _____		
(A) DONOR RESTRICTED INVESTMENTS	264,961,000	F
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.)	264,961,000	

**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)		
<b>Total.</b> (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) BRD-DES. INVEST FOR FUNDED DEP	308,243,000
(2) FUNDS HELD BY TRUSTEES	41,624,000
(3) NONCURRENT NOTES RECEIVABLE	3,991,000
(4) INSURANCE RECOVERY RECEIVABLES	35,839,000
(5) OTHER L-T ASSETS	45,447,000
(6) RIGHT OF USE ASSETS- NET	99,682,000
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 15.)	534,826,000

**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	0
(2) EST SETTLEMENT W/3RD PARTY PAY	187,099,000
(3) CAPITAL LEASE OBLIGATIONS	3,384,000
(4) OTHER LONG-TERM LIABILITIES	245,933,000
(5) PROFESSIONAL LIABILITY CLAIMS	35,839,000
(6) TAXABLE BONDS PAYABLE	180,975,000
(7) RELATED PARTY LIABILITIES	19,732,000
(8)	
(9)	
(10)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 25.)	672,962,000

**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.

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .		<b>1</b>	
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>		
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>		
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .		<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .		<b>3</b>	
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .		<b>4c</b>	
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) . . . . .		<b>5</b>	

**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.

<b>1</b>	Total expenses and losses per audited financial statements . . . . .		<b>1</b>	
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>		
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>		
<b>c</b>	Other losses . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .		<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .		<b>3</b>	
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .		<b>4c</b>	
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) . . . . .		<b>5</b>	

**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	

**Part XIII** Supplemental Information *(continued)*

Return Reference	Explanation

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 04-3314093

**Name:** Boston Medical Center

## Supplemental Information

Return Reference	Explanation
Schedule D, Part V, Line 2	<p>Presentation of endowment assets Boston Medical Center HAS ADOPTED ASU 2016-14, PRESENTATION OF THE FINANCIAL STATEMENTS FOR NOT-FOR-PROFIT ENTITIES. AS A RESULT, THE SEPTEMBER 30, 2020 AUDITED FINANCIAL STATEMENTS CLASSIFY NET ASSETS AS EITHER NET ASSETS WITHOUT DONOR RESTRICTIONS, OR NET ASSETS WITH DONOR RESTRICTIONS. FOR PURPOSES OF SCHEDULE D, LINE 2, BOSTON MEDICAL CENTER HAS REPORTED ENDOWMENT FUNDS WITHOUT DONOR RESTRICTIONS AS BOARD DESIGNATED OR QUASI-ENDOWMENT AND ENDOWMENT FUNDS WITH DONOR RESTRICTIONS AS PERMANENT ENDOWMENT OR TERM RESTRICTED ENDOWMENT, RESPECTIVELY. Schedule D, Part V, Line 4 General Endowment The general endowment includes funds from a number of sources with various restrictions on use and treatment. The endowment funds have been contributed for specific purposes including construction, maintenance, research, clinical care, education, development, staffing, salaries, laboratory equipment and supplies, and convalescent care.</p>

**Supplemental Information**

Return Reference	Explanation
Schedule D, Part X, Line 2	<p>Boston Medical Center IS 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 shareholders of NAB, before it was terminated, were nonprofit, tax-exempt corporations. 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, 2020 and 2019. 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, 2020 and 2019.</p>

**SCHEDULE F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Statement of Activities Outside the United States**

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.  
▶ Attach to Form 990.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2019**

**Open to Public Inspection**

Name of the organization  
Boston Medical Center

**Employer identification number**  
04-3314093

**Part I** **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

- 1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- 3** Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
See Add'l Data					
<b>3a</b> Sub-total . . . . .	2	8			31,075,777
<b>b</b> Total from continuation sheets to Part I . . . . .					
<b>c Totals</b> (add lines 3a and 3b)	2	8			31,075,777





**Part IV Foreign Forms**

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* . . . . .  Yes  No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* . . . . .  Yes  No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)* . . . . .  Yes  No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)* . . . . .  Yes  No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* . . . . .  Yes  No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990).* . . . . .  Yes  No

**Part V Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

**990 Schedule F, Supplemental Information**

Return Reference	Explanation
Schedule F, Part I, Line 2	The principal investigator and administrator approve all subcontract invoices, including those from a foreign country. The foreign subcontract recipient has a budget to which invoices are matched to ensure that all spending is appropriate. Additionally, the organizations principal investigators regularly contact the foreign subcontract recipients to monitor the progress of the recipients work.

## 990 Schedule F, Supplemental Information

Return Reference	Explanation
Schedule F, Part II, Line 1	Foreign expenditures are separately identified on the organization's General Ledger.

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 04-3314093

**Name:** Boston Medical Center

### Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
East Asia and the Pacific			Investments		2,139,097
Europe (Including Iceland and Greenland)			Investments		9,216,367

**Form 990 Schedule F Part I - Activities Outside The United States**

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Middle East and North Africa			Investments		845,098
North America			Investments		4,950,125

**Form 990 Schedule F Part I - Activities Outside The United States**

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
South America			Investments		830,749
Sub-Saharan Africa			Investments		673,835

**Form 990 Schedule F Part I - Activities Outside The United States**

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Sub-Saharan Africa	2	8	Grantmaking		356,489
Russia and the Newly Independent States			Grantmaking		424,269

**Form 990 Schedule F Part I - Activities Outside The United States**

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
South Asia			Grantmaking		55,777
East Asia and the Pacific			Grantmaking		107,760

**Form 990 Schedule F Part I - Activities Outside The United States**

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Central America and the Caribbean			Grantmaking		246
North America			Grantmaking		50,266

**Form 990 Schedule F Part I - Activities Outside The United States**

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Central America and the Caribbean			Program Services	PREMIUMS	11,425,699

**Form 990 Schedule F Part II - Grants or Entities Outside The United States**

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan Africa	Subaward	356,489	Wire			
		Russia and the Newly Independent States	Subaward	424,269	Wire			

**Form 990 Schedule F Part II - Grants or Entities Outside The United States**

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		South Asia	Subaward	55,777	Wire			
		East Asia and the Pacific	Subaward	107,760	Wire			

<b>Form 990 Schedule F Part II - Grants or Entities Outside The United States</b>								
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		North America	Subaward	50,266	Check			

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

2019

Open to Public Inspection

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

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

Department of the Treasury Internal Revenue Service

Name of the organization Boston Medical Center

Employer identification number

04-3314093

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations e Solicitation of non-government grants f Solicitation of government grants g Special fundraising events 2a Did the organization have a written or oral agreement with any individual... 2b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements...

Table with 6 columns: (i) Name and address of individual or entity (fundraiser), (ii) Activity, (iii) Did fundraiser have custody or control of contributions?, (iv) Gross receipts from activity, (v) Amount paid to (or retained by) fundraiser listed in col. (i), (vi) Amount paid to (or retained by) organization. Includes a Total row at the bottom.

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

MA

**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a)Event #1	(b) Event #2	(c)Other events	(d) Total events
		<u>GALA</u> (event type)	<u>FOOD 4 THOUGHT</u> (event type)	<u>6</u> (total number)	(add col. (a) through col. (c))
<b>Revenue</b>	<b>1</b> Gross receipts . . . . .	3,013,011	1,415,737	1,847,732	6,276,480
	<b>2</b> Less: Contributions . . . . .	2,900,961	1,371,421	1,577,712	5,850,094
	<b>3</b> Gross income (line 1 minus line 2) . . . . .	112,050	44,316	270,020	426,386
<b>Direct Expenses</b>	<b>4</b> Cash prizes . . . . .				
	<b>5</b> Noncash prizes . . . . .				
	<b>6</b> Rent/facility costs . . . . .				
	<b>7</b> Food and beverages . . . . .		79,402	44,993	124,395
	<b>8</b> Entertainment . . . . .				
	<b>9</b> Other direct expenses . . . . .		31,809	216,765	248,574
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) . . . . . ▶				372,969
	<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) . . . . . ▶				53,417

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col.(a) through col.(c))
		<b>1</b> Gross revenue . . . . .			
<b>Direct Expenses</b>	<b>2</b> Cash prizes . . . . .				
	<b>3</b> Noncash prizes . . . . .				
	<b>4</b> Rent/facility costs . . . . .				
	<b>5</b> Other direct expenses . . . . .				
	<b>6</b> Volunteer labor . . . . .	<input type="checkbox"/> Yes .....% <input type="checkbox"/> No	<input type="checkbox"/> Yes .....% <input type="checkbox"/> No	<input type="checkbox"/> Yes .....% <input type="checkbox"/> No	
	<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) . . . . . ▶				
	<b>8</b> Net gaming income summary. Subtract line 7 from line 1, column (d) . . . . . ▶				

**9** Enter the state(s) in which the organization conducts gaming activities: MA \_\_\_\_\_

**a** Is the organization licensed to conduct gaming activities in each of these states? . . . . .  Yes  No

**b** If "No," explain: \_\_\_\_\_

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**10a** Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? . . . . .  Yes  No

**b** If "Yes," explain: \_\_\_\_\_

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- 11** Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13** Indicate the percentage of gaming activity conducted in:
- |                                      |            |   |
|--------------------------------------|------------|---|
| <b>a</b> The organization's facility | <b>13a</b> | % |
| <b>b</b> An outside facility         | <b>13b</b> | % |

**14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ .....

Address ▶ .....

**15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No

**b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_.

**c** If "Yes," enter name and address of the third party:

Name ▶ .....

Address ▶ .....

**16** Gaming manager information:

Name ▶ .....

Gaming manager compensation ▶ \$ .....

Description of services provided ▶ .....

- Director/officer                       Employee                       Independent contractor

**17** Mandatory distributions:

**a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No

**b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

**Part IV Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

Return Reference	Explanation
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**SCHEDULE H (Form 990)**  
 Department of the Treasury  
 Internal Revenue Service  
**Name of the organization**  
 Boston Medical Center

**Hospitals**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, question 20.**  
 ▶ **Attach to Form 990.**  
 ▶ **Go to [www.irs.gov/Form990EZ](http://www.irs.gov/Form990EZ) for instructions and the latest information.**

**Employer identification number**  
 04-3314093

OMB No. 1545-0047  
**2019**  
**Open to Public Inspection**

**Part I Financial Assistance and Certain Other Community Benefits at Cost**

	Yes	No
<b>1a</b> Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a . . . . .	<b>1a</b> Yes	
<b>b</b> If "Yes," was it a written policy? . . . . .	<b>1b</b> Yes	
<b>2</b> If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
<b>3</b> Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year. <b>a</b> Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ %	<b>3a</b> Yes	
<b>b</b> Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: . . . . . <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input type="checkbox"/> Other _____ %	<b>3b</b>	No
<b>c</b> If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.		
<b>4</b> Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"? . . . . .	<b>4</b> Yes	
<b>5a</b> Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year? . . . . .	<b>5a</b> Yes	
<b>b</b> If "Yes," did the organization's financial assistance expenses exceed the budgeted amount? . . . . .	<b>5b</b>	No
<b>c</b> If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care? . . . . .	<b>5c</b>	
<b>6a</b> Did the organization prepare a community benefit report during the tax year? . . . . .	<b>6a</b>	No
<b>b</b> If "Yes," did the organization make it available to the public? . . . . .	<b>6b</b>	

Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.

**7 Financial Assistance and Certain Other Community Benefits at Cost**

<b>Financial Assistance and Means-Tested Government Programs</b>	<b>(a) Number of activities or programs (optional)</b>	<b>(b) Persons served (optional)</b>	<b>(c) Total community benefit expense</b>	<b>(d) Direct offsetting revenue</b>	<b>(e) Net community benefit expense</b>	<b>(f) Percent of total expense</b>
<b>a</b> Financial Assistance at cost (from Worksheet 1) . . . . .			143,958,103	42,432,236	101,525,867	5.700 %
<b>b</b> Medicaid (from Worksheet 3, column a) . . . . .			816,162,239	515,327,122	300,835,117	16.880 %
<b>c</b> Costs of other means-tested government programs (from Worksheet 3, column b) . . . . .						
<b>d Total</b> Financial Assistance and Means-Tested Government Programs . . . . .			960,120,342	557,759,358	402,360,984	22.580 %
<b>Other Benefits</b>						
<b>e</b> Community health improvement services and community benefit operations (from Worksheet 4). . . . .			22,573,850	12,886,618	9,687,232	0.540 %
<b>f</b> Health professions education (from Worksheet 5) . . . . .			68,474,897	16,186,795	52,288,102	2.930 %
<b>g</b> Subsidized health services (from Worksheet 6) . . . . .						
<b>h</b> Research (from Worksheet 7) . . . . .	464		66,168,936	48,489,705	17,679,232	0.990 %
<b>i</b> Cash and in-kind contributions for community benefit (from Worksheet 8) . . . . .						
<b>j Total.</b> Other Benefits . . . . .	464		157,217,683	77,563,118	79,654,566	4.460 %
<b>k Total.</b> Add lines 7d and 7j . . . . .	464		1,117,338,025	635,322,476	482,015,550	27.040 %

**Part II Community Building Activities** Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing	2		25,746		25,746	0 %
2 Economic development	2		16,220,000		16,220,000	0.910 %
3 Community support						
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy	11		839,821	300,000	539,821	0.030 %
8 Workforce development	1		901,125		901,125	0.050 %
9 Other	1		144,594		144,594	0.010 %
<b>10 Total</b>	<b>17</b>		<b>18,131,286</b>	<b>300,000</b>	<b>17,831,286</b>	<b>1.000 %</b>

**Part III Bad Debt, Medicare, & Collection Practices**

**Section A. Bad Debt Expense**

		Yes	No
1	Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15? . . . . .	1	Yes
2	Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount. . . . .	2	11,856,528
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit. . . . .	3	
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.		

**Section B. Medicare**

5	Enter total revenue received from Medicare (including DSH and IME) . . . . .	5	164,984,934
6	Enter Medicare allowable costs of care relating to payments on line 5 . . . . .	6	184,343,257
7	Subtract line 6 from line 5. This is the surplus (or shortfall) . . . . .	7	-19,358,323
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used:  <input type="checkbox"/> Cost accounting system <input type="checkbox"/> Cost to charge ratio <input checked="" type="checkbox"/> Other		

**Section C. Collection Practices**

9a	Did the organization have a written debt collection policy during the tax year? . . . . .	9a	Yes
b	If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI . . . . .	9b	Yes

**Part IV Management Companies and Joint Ventures**

	(a) Name of entity (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					

**Part V Facility Information****Section A. Hospital Facilities**

(list in order of size from largest to smallest—see instructions)

How many hospital facilities did the organization operate during the tax year?

1

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)

See Additional Data Table	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group

**Part V Facility Information** (continued)

**Section B. Facility Policies and Practices**

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)  
Boston Medical Center

Name of hospital facility or letter of facility reporting group \_\_\_\_\_

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): \_\_\_\_\_ 1

		Yes	No
<b>Community Health Needs Assessment</b>			
<b>1</b>	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year? . . . . .		No
<b>2</b>	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C. . . . .		No
<b>3</b>	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12. . . . . If "Yes," indicate what the CHNA report describes (check all that apply):	Yes	
<b>a</b>	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
<b>b</b>	<input type="checkbox"/> Demographics of the community		
<b>c</b>	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
<b>d</b>	<input checked="" type="checkbox"/> How data was obtained		
<b>e</b>	<input checked="" type="checkbox"/> The significant health needs of the community		
<b>f</b>	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
<b>g</b>	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
<b>h</b>	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
<b>i</b>	<input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
<b>j</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>4</b>	Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>18</u>		
<b>5</b>	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted . . . . .	Yes	
<b>6 a</b>	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C . . . . .	Yes	
<b>b</b>	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C. . . . .	Yes	
<b>7</b>	Did the hospital facility make its CHNA report widely available to the public? . . . . . If "Yes," indicate how the CHNA report was made widely available (check all that apply):	Yes	
<b>a</b>	<input checked="" type="checkbox"/> Hospital facility's website (list url): <u>SEE PART V, PAGE 8</u>		
<b>b</b>	<input type="checkbox"/> Other website (list url): _____		
<b>c</b>	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
<b>d</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>8</b>	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11. . . . .	Yes	
<b>9</b>	Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>18</u>		
<b>10</b>	Is the hospital facility's most recently adopted implementation strategy posted on a website? . . . . . If "Yes" (list url): <u>SEE PART V, PAGE 8</u>	Yes	
<b>a</b>			
<b>b</b>	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? . . . . .		
<b>11</b>	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
<b>12a</b>	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)? . . . . .		No
<b>b</b>	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax? . . . . .		
<b>c</b>	If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

**Part V Facility Information** (continued)

**Financial Assistance Policy (FAP)**

Boston Medical Center

Name of hospital facility or letter of facility reporting group \_\_\_\_\_

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
<b>13</b>	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP:	Yes	
<b>a</b>	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200. _____% and FPG family income limit for eligibility for discounted care of 0. _____%		
<b>b</b>	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
<b>c</b>	<input type="checkbox"/> Asset level		
<b>d</b>	<input type="checkbox"/> Medical indigency		
<b>e</b>	<input type="checkbox"/> Insurance status		
<b>f</b>	<input type="checkbox"/> Underinsurance discount		
<b>g</b>	<input checked="" type="checkbox"/> Residency		
<b>h</b>	<input checked="" type="checkbox"/> Other (describe in Section C)		
<b>14</b>	Explained the basis for calculating amounts charged to patients? . . . . .	Yes	
<b>15</b>	Explained the method for applying for financial assistance? . . . . . If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):	Yes	
<b>a</b>	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
<b>b</b>	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
<b>c</b>	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
<b>d</b>	<input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
<b>e</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>16</b>	Was widely publicized within the community served by the hospital facility? . . . . . If "Yes," indicate how the hospital facility publicized the policy (check all that apply):	Yes	
<b>a</b>	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>See Part V, Page 8</u>		
<b>b</b>	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>See Part V, Page 8</u>		
<b>c</b>	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>See Part V, Page 8</u>		
<b>d</b>	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>e</b>	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>f</b>	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>g</b>	<input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
<b>h</b>	<input type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
<b>i</b>	<input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations		
<b>j</b>	<input type="checkbox"/> Other (describe in Section C)		

**Part V Facility Information** (continued)

**Billing and Collections**

Boston Medical Center

**Name of hospital facility or letter of facility reporting group** \_\_\_\_\_

		Yes	No
<b>17</b>	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment? . . . . .	17	Yes
<b>18</b>	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP: <b>a</b> <input type="checkbox"/> Reporting to credit agency(ies) <b>b</b> <input type="checkbox"/> Selling an individual's debt to another party <b>c</b> <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP <b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process <b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C) <b>f</b> <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
<b>19</b>	Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? . . . . . If "Yes," check all actions in which the hospital facility or a third party engaged: <b>a</b> <input type="checkbox"/> Reporting to credit agency(ies) <b>b</b> <input type="checkbox"/> Selling an individual's debt to another party <b>c</b> <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP <b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process <b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C)	19	No
<b>20</b>	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19. (check all that apply): <b>a</b> <input type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C) <b>b</b> <input type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C) <b>c</b> <input type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C) <b>d</b> <input type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C) <b>e</b> <input type="checkbox"/> Other (describe in Section C) <b>f</b> <input checked="" type="checkbox"/> None of these efforts were made		

**Policy Relating to Emergency Medical Care**

<b>21</b>	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? . . . . . If "No," indicate why: <b>a</b> <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions <b>b</b> <input type="checkbox"/> The hospital facility's policy was not in writing <b>c</b> <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) <b>d</b> <input type="checkbox"/> Other (describe in Section C)	21	Yes
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**Part V Facility Information** *(continued)*

**Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

Boston Medical Center

**Name of hospital facility or letter of facility reporting group** \_\_\_\_\_

- 22** Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.
- a**  The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
  - b**  The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
  - c**  The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
  - d**  The hospital facility used a prospective Medicare or Medicaid method

**23** During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? . . . . .

If "Yes," explain in Section C.

**24** During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? . . . . .

If "Yes," explain in Section C.

	Yes	No
<b>23</b>		No
<b>24</b>		No



**Part V Facility Information** *(continued)***Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**  
(list in order of size, from largest to smallest)How many non-hospital health care facilities did the organization operate during the tax year? 2

Name and address	Type of Facility (describe)
<b>1</b> MARGARET M SHEA RN ADULT HEALTH PROGR RIVER STREET MATTAPAN, MA 02126	ADULT DAYCARE
<b>2</b> SUPPORTING PARENTS & RESILIENT KIDS CT 225 RIVER STREET MATTAPAN, MA 02126	THERAPEUTIC CENTER
<b>3</b>	
<b>4</b>	
<b>5</b>	
<b>6</b>	
<b>7</b>	
<b>8</b>	
<b>9</b>	
<b>10</b>	

**Part VI Supplemental Information**

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
Schedule H, PART I, LINE 3C	<p>For patients who fall outside Commonwealth assistance programs, patients are charged at the same levels as insurers are charged; however, they are offered a prompt-pay discount of 40% (regardless of income level, etc.) if the payments are made within the first 30 days from service. INTRODUCTION The statute that created Boston Medical Center (BMC) requires it to serve all populations. BMC is a private, not-for-profit, 514-bed, urban academic medical center. It emphasizes community-based, accessible care and is grounded by its mission to provide consistently accessible health services to all in need of care, regardless of status and ability to pay. BMC is the largest safety-net hospital in New England and provides a full spectrum of pediatric and adult care services from primary to family medicine to advanced specialty care. Driven by the social determinants of health that impact health outcomes among our patients and community, the goal of our community health improvement activities, or community benefits, is to improve community health. Approximately 59% of our patients are from underserved populations, such as the low-income and the elderly, who rely on government payers such as Medicaid, the Health Safety Net and Medicare for their coverage, and 32% do not speak English as a primary language. To address the health needs of its diverse patient population, BMC provides a wide range of services beyond the traditional medical model. These programs, including but not limited to patient navigation and a food pantry, help reduce barriers to accessing health services and eliminate inequities in healthcare among the various populations BMC serves. With more than 25,816 admissions and 1 million patient visits per year, BMC provides a comprehensive range of inpatient, clinical and diagnostic services in more than 70 areas of medical specialties and subspecialties. The largest 24-hour Level I trauma center in New England, BMC's Emergency Department has more than 139,577 patient visits annually. BMC serves the urban community of Greater Boston. The majority of the communities that BMC serves are located in Boston census tracts that are federally-designated medically underserved areas/populations. Although Massachusetts universal care enables individuals to seek care at any hospital, BMC remains the largest safety net provider in Boston and New England. An estimated 18.9% of Boston residents live below the federal poverty level. The implementation of universal care did not reduce the real number or percent of underserved communities served by BMC. According to the Massachusetts Health Insurance Surveys 2019 research brief, an estimate of 2.9% of residents were uninsured and 92% of Massachusetts residents had coverage for the full year during the survey of which 64.4% reported employer-sponsored insurance (ESI) and 34.5% reported other non-ESI. Still, insured residents in fair or poor health have high rates of affordability issues with 25.5% reporting challenges paying their medical bills. Of BMC's patients in 2020, approximately 9.63% were uninsured and coverage rates for primary insurance were approximately: 18.40% Medicare; 34.06% Medicaid; 36.44% private or employer-sponsored insurance; 6% Commonwealth Connector and 1.1% Other.</p>

## 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, PART I, LINE 5C	The organization's charity care did not exceed budgeted amounts. The budgeted amounts are predicted charity care amounts. The organization did not have any excess funds.

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
Schedule H, PART I, LINE 7	FOR THE CALCULATION OF COSTS OF CHARITY CARE (LINE 7A) & MEDICAID COST (LINE 7B), AN OVERALL COST TO CHARGE RATIO WAS USED. A COST TO CHARGE RATIO IS DETERMINED BY DIVIDING THE TOTAL CHARGES FOR ALL SERVICES INTO THE TOTAL COST OF PROVIDING THE SERVICES. THE RATIO IS MULTIPLIED BY THE CHARGES FOR CHARITY CARE and MEDICAID TO OBTAIN THEIR RESPECTIVE COSTS. FOR THE CALCULATION OF COMMUNITY HEALTH IMPROVEMENT SERVICES (LINE 7E) DISCRETE COSTING WAS USED. FOR THE CALCULATION OF HEALTH PROFESSIONS EDUCATION COST (LINE 7F) THE CENTERS FOR MEDICARE & MEDICAID services (CMS) COST ALLOCATION METHODOLOGY (CMS FORM 2552) WAS USED. CMS FORM 2552 IS A REQUIRED ANNUAL FILING TO THE FEDERAL GOVERNMENT.

## 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, PART I, LINE 7, COLUMN F	THE AMOUNT OF BAD DEBT SUBTRACTED FOR PURPOSES OF CALCULATING THE PERCENTAGE WAS \$0. DURING FISCAL YEAR 2020, BMC RECOGNIZED NET FAVORABLE SETTLEMENTS FROM MEDICARE, MEDICAID, BMCHP, BLUE CROSS AND OTHER PAYORS RELATED TO PRIOR YEARS OF APPORXIMATELY \$946,705

## 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, PART II, COMMUNITY BUILDING ACTIVITIES:	<p>BMC CONTRIBUTES TO THE COMMUNITY THROUGH ITS PAYMENT OF LINKAGE FEES TO THE CITY OF BOSTON. THOSE LINKAGE FEE FUNDS SUPPORT PROGRAMS FOR AFFORDABLE HOUSING AND NEIGHBORHOOD HEALTH CARE. BMC ALSO PROVIDES SUBSIDIES TO BOSTON HEALTHNET, WHICH SUPPORTS COMMUNITY-BASED SERVICES. PHYSICAL IMPROVEMENTS AND HOUSING: ACCORDING TO THE DEVELOPMENT IMPACT PROJECT AGREEMENT FOR THE MOAKLEY CENTER ADDITION AND INPATIENT BUILDING PHASE I TRANSPORT BRIDGE PROJECT BETWEEN BOSTON MEDICAL CENTER AND THE BOSTON REDEVELOPMENT AUTHORITY, DATED MAY 5, 2014, BMC AGREES TO PAY LINKAGE FEES OF \$25,746, ENDING IN 2022 TO THE NEIGHBORHOOD JOBS TRUST. MATTAPAN COMMUNITY HEALTH CENTER, A COMMUNITY HEALTH CENTER AFFILIATED WITH BOSTON MEDICAL CENTER, RECEIVED A TOTAL OF \$8,200,000 FROM BOSTON MEDICAL CENTER DURING 2009 AND 2010 IN THE FORM OF A LOAN THAT WAS ORIGINATED ON SEPTEMBER 30, 2010. EFFECTIVE JUNE 30, 2009, \$1,000,000 OF THE 2009 PORTION OF THE MATTAPAN LOAN WAS FORGIVEN. COMMENCING NOVEMBER 1, 2011, BOSTON MEDICAL CENTER AGREED TO FORGIVE TEN PERCENT OF THE REMAINING PRINCIPAL AMOUNT (\$7,200,000) OF THE NOTE EACH YEAR, WITH THE RESULT THAT THE ENTIRE LOAN OUTSTANDING COULD BE FORGIVEN IN TEN YEARS. IN FISCAL YEAR 2018, BOSTON MEDICAL CENTER INCURRED AN EXPENSE OF \$2,220,000 TO FULLY RESERVE AGAINST THE NOTE RECEIVABLE AS IT WAS DETERMINED THAT NO FUTURE PAYMENTS WERE ANTICIPATED ON THE LOAN. THE LOAN AND RESPECTIVE RESERVE IS ACCOUNTED FOR ON THE BALANCE SHEET, ANNUALLY, EACH IS REDUCED BY THE FORGIVABLE AMOUNT. EAST BOSTON NEIGHBORHOOD HEALTH CENTER, A COMMUNITY HEALTH CENTER AFFILIATED WITH BOSTON MEDICAL CENTER, RECEIVED A TOTAL OF \$1,000,000 FROM BOSTON MEDICAL CENTER DURING 2013 IN THE FORM OF A LOAN THAT WAS ORIGINATED EFFECTIVE JANUARY 15, 2013. COMMENCING SEPTEMBER 30, 2013, BOSTON MEDICAL CENTER AGREED TO FORGIVE TEN PERCENT OF THE ORIGINAL PRINCIPAL AMOUNT OF THE NOTE EACH YEAR, WITH THE RESULT THAT THE ENTIRE LOAN OUTSTANDING COULD BE FORGIVEN IN TEN YEARS. IN FISCAL YEAR 2018, BOSTON MEDICAL CENTER INCURRED AN EXPENSE OF \$500,000 TO FULLY RESERVE AGAINST THE NOTE RECEIVABLE AS IT WAS DETERMINED THAT NO FUTURE PAYMENTS WERE ANTICIPATED ON THE LOAN. THE LOAN AND RESPECTIVE RESERVE IS ACCOUNTED FOR ON THE BALANCE SHEET, ANNUALLY, EACH IS REDUCED BY THE FORGIVABLE AMOUNT. SOUTH BOSTON COMMUNITY HEALTH CENTER, A COMMUNITY HEALTH CENTER AFFILIATED WITH BOSTON MEDICAL CENTER, RECEIVED A TOTAL OF \$600,000 FROM BOSTON MEDICAL CENTER DURING 2016 IN THE FORM OF A LOAN THAT WAS ORIGINATED EFFECTIVE JANUARY 26, 2016. COMMENCING JANUARY 26, 2017, BOSTON MEDICAL CENTER AGREED TO FORGIVE TEN PERCENT OF THE ORIGINAL PRINCIPAL AMOUNT OF THE NOTE EACH YEAR, WITH THE RESULT THAT THE ENTIRE LOAN OUTSTANDING COULD BE FORGIVEN IN TEN YEARS. IN FISCAL YEAR 2018, BOSTON MEDICAL CENTER INCURRED AN EXPENSE OF \$540,000 TO FULLY RESERVE AGAINST THE NOTE RECEIVABLE AS IT WAS DETERMINED THAT NO FUTURE PAYMENTS WERE ANTICIPATED ON THE LOAN. THE LOAN AND RESPECTIVE RESERVE IS ACCOUNTED FOR ON THE BALANCE SHEET, ANNUALLY, EACH IS REDUCED BY THE FORGIVABLE AMOUNT. SOUTH END COMMUNITY HEALTH CENTER, A COMMUNITY HEALTH CENTER AFFILIATED WITH BOSTON MEDICAL CENTER, RECEIVED A TOTAL OF \$200,000 FROM BOSTON MEDICAL CENTER DURING 2017 IN THE FORM OF A LOAN THAT WAS ORIGINATED EFFECTIVE JUNE 16, 2017. COMMENCING JUNE 16, 2017, BOSTON MEDICAL CENTER AGREED TO FORGIVE ONE-THIRD OF THE ORIGINAL PRINCIPAL AMOUNT AND ACCRUED INTEREST OF THE NOTE EACH YEAR, WITH THE RESULT THAT THE ENTIRE LOAN OUTSTANDING COULD BE FORGIVEN IN THREE YEARS. IN FISCAL YEAR 2018, BOSTON MEDICAL CENTER INCURRED AN EXPENSE OF \$200,000 TO FULLY RESERVE AGAINST THE NOTE RECEIVABLE AS IT WAS DETERMINED THAT NO FUTURE PAYMENTS WERE ANTICIPATED ON THE LOAN. THE LOAN AND RESPECTIVE RESERVE IS ACCOUNTED FOR ON THE BALANCE SHEET, ANNUALLY, EACH IS REDUCED BY THE FORGIVABLE AMOUNT. CAPITAL INVESTMENTS IN BOSTON HEALTHNET: WHILE THE NEED FOR COMMUNITY-BASED SERVICES CONTINUES TO GROW, IT HAS BECOME INCREASINGLY DIFFICULT FOR COMMUNITY HEALTH CENTERS TO MEET THE DEMAND. REIMBURSEMENT OFTEN DOES NOT COVER THE FULL COST OF CARING FOR THE COMPLEX NEEDS OF HEALTH CENTERS' DIVERSE PATIENT POPULATION. COMPOUNDING THIS PROBLEM, IN THE MID-LATE 1990S, MANY HEALTH CENTERS FOUND THEMSELVES OPERATING IN FACILITIES THAT WERE IN DESPERATE NEED OF RESTORATION OR EXPANSION. COSTLY INFORMATION TECHNOLOGY UPGRADES WERE ALSO REQUIRED TO ENHANCE MANAGEMENT EFFICIENCIES AND PATIENT CARE. IN RESPONSE TO THE HEALTH CENTERS' NEEDS, BMC PROVIDED APPROXIMATELY \$15.8 MILLION IN OPERATING SUPPORT TO THE BOSTON HEALTHNET HEALTH CENTERS EACH YEAR. OTHER NET SUBSIDIES INCLUDE MOSTLY ECONOMIC DEVELOPMENT, COMMUNITY HEALTH IMPROVEMENT AND WORKFORCE DEVELOPMENT.</p>

## 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, PART III, LINE 2:	SCHEDULE H, PART III, LINE 3 REPORTS BAD DEBT EXPENSE AT COST. PATIENT PAYMENTS ON ACCOUNTS ARE WRITTEN OFF TO BAD DEBT AND RECORDED AS A BAD DEBT RECOVERY, REDUCING THE GROSS BAD DEBT WRITE-OFF.

## 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, PART III, LINE 3:	THE ORGANIZATION ESTIMATED \$0 OF THE ORGANIZATION'S BAD DEBT EXPENSE (AT COST) AS ATTRIBUTABLE TO PATIENTS ELIGIBLE UNDER THE ORGANIZATION'S CHARITY CARE POLICY DUE TO THE MANNER IN WHICH THE DETAIL OF THE BAD DEBT EXPENSE IS PROCESSED IN ITS SYSTEM.

## 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, PART III, LINE 4:	THE ORGANIZATION'S BAD DEBT EXPENSE IS ADDRESSED IN FOOTNOTES 1(R)(III) AND 1(T) FOUND ON PAGES 15 AND 16 OF ITS MOST RECENT AUDITED FINANCIAL STATEMENTS.

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
Schedule H, PART III, LINE 8:	MEDICARE ALLOWABLE COSTS OF \$184,343,257 WERE CALCULATED USING THE CMS FORM 2552 METHODOLOGY OF DETERMINING MEDICARE COSTS. THIS USES THE STEP DOWN METHOD OF DETERMINING FULLY-ALLOCATED COSTS BY DISTINCT CLINICAL COST CENTERS AS DEFINED BY CMS. THESE FULLY-ALLOCATED COSTS ARE APPLIED AGAINST TOTAL CHARGES TO CALCULATE A RATIO OF COST TO CHARGES. THE RATIO OF COST TO CHARGES IS APPLIED TO MEDICARE CHARGES BY DISTINCT CLINICAL COST CENTERS TO DETERMINE THE MEDICARE COSTS.

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
Schedule H, PART III, LINE 9B:	<p>POPULATIONS EXEMPT FROM COLLECTION ACTIVITIES THE HOSPITAL WILL NOT REQUIRE PRE-ADMISSION OR PRE-TREATMENT DEPOSITS FROM INDIVIDUALS REQUIRING EMERGENCY SERVICES OR DETERMINED TO BE LOW-INCOME. THE FOLLOWING INDIVIDUALS AND PATIENT POPULATIONS ARE EXEMPT FROM ANY COLLECTION OR BILLING PROCEDURES BEYOND THE INITIAL BILL PURSUANT TO STATE REGULATIONS: A. PATIENTS WITH MASSHEALTH, Emergency Aid to the Elderly, Disabled and Children of THE DISABLED, CHILDREN, AND FULL Health Safety Net OR PATIENTS WITH County Medical Services Program OR PARTIAL hepatosplenomegaly BELOW THE PROGRAM-DEFINED Federal Poverty Level OR Modified Adjusted Gross Income GUIDELINE, OR OTHERS DETERMINED TO BE LOW-INCOME PATIENTS ARE EXEMPT FROM COLLECTION SUBJECT TO: 1. THE HOSPITAL MAY SEEK COLLECTION ACTION AGAINST ANY LOW-INCOME PATIENT FOR THEIR REQUIRED CO-PAYMENTS AND DEDUCTIBLES THAT ARE SET FORTH BY EACH SPECIFIC PROGRAM. 2. THE HOSPITAL MAY SEEK COLLECTION TO ALLOW A PATIENT TO MEET THE COMMONWEALTH ONE-TIME DEDUCTIBLE. 3. THE HOSPITAL MAY ALSO INITIATE BILLING OR COLLECTION FOR A LOW-INCOME PATIENT WHO ALLEGES THAT HE OR SHE IS A PARTICIPANT IN A FINANCIAL ASSISTANCE PROGRAM THAT COVERS THE COSTS OF THE HOSPITAL SERVICES, BUT WHO FAILS TO PROVIDE PROOF OF HIS OR HER PARTICIPATION AND WHOSE INSURANCE CANNOT BE VERIFIED IN THE HOSPITAL ELIGIBILITY SYSTEM. UPON RECEIPT OF SATISFACTORY PROOF THAT A PATIENT IS A PARTICIPANT IN A FINANCIAL ASSISTANCE PROGRAM, INCLUDING RECEIPT OR VERIFICATION FROM THE INSURANCE CARRIER, THE HOSPITAL SHALL CEASE ITS BILLING OR COLLECTION ACTIVITIES. 4. THE HOSPITAL MAY CONTINUE COLLECTION ACTION ON ANY LOW-INCOME PATIENT FOR SERVICES RENDERED PRIOR TO THE LOW-INCOME PATIENT DETERMINATION, PROVIDED THAT THE CURRENT LOW-INCOME PATIENT STATUS HAS BEEN TERMINATED OR EXPIRED. HOWEVER, ONCE A PATIENT IS DETERMINED ELIGIBLE AND ENROLLED IN THE HEALTH SAFETY NET, MASSHEALTH, OR CERTAIN FINANCIAL ASSISTANCE PROGRAMS, THE HOSPITAL WILL CEASE COLLECTION ACTIVITY FOR SERVICES PROVIDED PRIOR TO THE BEGINNING OF THE PATIENT'S ELIGIBILITY. 5. THE HOSPITAL MAY SEEK COLLECTION ACTION AGAINST ANY OF THE PATIENTS PARTICIPATING IN THE PROGRAMS LISTED ABOVE FOR NON-COVERED SERVICES THAT THE PATIENT HAS AGREED TO BE RESPONSIBLE FOR, PROVIDED THAT THE HOSPITAL OBTAINED THE PATIENT'S PRIOR WRITTEN CONSENT TO BE BILLED FOR THE SERVICE.</p>

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
Schedule H, PART V, SECTION A	THE MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH HAS LICENSED BOSTON MEDICAL CENTER TO OPERATE A HOSPITAL AT ONE BOSTON MEDICAL CENTER PLACE, BOSTON, MA 02118. THIS LOCATION IS (1) A LICENSED HOSPITAL, (2) PROVIDES GENERAL MEDICAL & SURGICAL TREATMENT, (3) IS A TEACHING HOSPITAL, AND (4) OPERATES AN ER 24 HOURS. WHILE THE HOSPITAL LICENSE LISTS TWO CAMPUSES, ONLY ONE CAMPUS OPERATES: 1. BOSTON MEDICAL CENTER CORPORATION, MENINO PAVILION, 830-840 HARRISON AVENUE, BOSTON MA 02118 BOSTON MEDICAL CENTER ALSO OPERATES THE FOLLOWING OUTPATIENT CENTERS, WHICH ARE UNDER THE HOSPITAL'S LICENSE: CODMAN SQUARE HEALTH CENTER BRIGHTON HIGH SCHOOL STUDENT HEALTH CENTER BOSTON MEDICAL CENTER RADIOLOGY AT RYAN CENTER BOSTON UNIVERSITY EAST BOSTON NEIGHBORHOOD HEALTH CENTER (10 GOVE STREET) DOTHOUSE HEALTH MADISON PARK HIGH SCHOOL STUDENT HEALTH CENTER JEREMIAH E. BURKE STUDENT HEALTH CENTER GREATER ROSLINDALE MEDICAL & DENTAL LATIN ACADEMY STUDENT HEALTH CENTER TECHBOSTON ACADEMY SCHOOL HEALTH CENTER BOSTON MEDICAL CENTER RADIOLOGY AT WHITTIER STREET HEALTH CENTER BOSTON MEDICAL CENTER RADIOLOGY AT UPHAM'S CORNER HEALTH CENTER MURIEL SNOWDEN INTERNATIONAL HIGH SCHOOL HEALTH CENTER SOUTH BOSTON COMMUNITY HEALTH CENTER 386 WEST BROADWAY SOUTH BOSTON COMMUNITY HEALTH CENTER 409 WEST BROADWAY BOSTON MEDICAL CENTER SCHOOL-BASED HEALTH CENTER AT BOSTON COMMUNITY LEADERSHIP ACADEMY EAST BOSTON NEIGHBORHOOD HEALTH CENTER - 20 MAVERICK SQUARE BOSTON MEDICAL CENTER RADIOLOGY AT MATTAPAN COMMUNITY HEALTH CENTER EAST BOSTON NEIGHBORHOOD HEALTH CENTER (79 PARIS STREET) EBHS SCHOOL BASED HEALTH CENTER WINTHROP COMMUNITY HEALTH CENTER SOUTH BOSTON COMMUNITY HEALTH CENTER SEAPORT PRIMARY CARE BOSTON MEDICAL CENTER - DEPARTMENT OF FAMILY MEDICINE BOSTON MEDICAL CENTER - CROSSTOWN

Form and Line Reference	Explanation
Schedule H, PART VI, LINE 2	<p>NEEDS ASSESSMENT In 2019, BMC conducted a comprehensive Community Health Needs Assessment (CHNA) in collaboration with community organizations, Boston residents, health centers, hospitals and the Boston Public Health Commission. The Boston Community Health Needs Assessment-Community Health Improvement Plan Collaborative (the CHNA-CHIP Collaborative) formed to undertake the first Boston-wide CHNA and CHIP. Focusing on the social determinants of health and using a health equity lens, the Collaborative employed a participatory approach that engaged the community in every step of the CHNA. This CHNA focuses on the social determinants of health using a health equity lens. The influences of race, ethnicity, income, and geography on health patterns are often intertwined. In the United States, social, economic, and political processes ascribe social status based on race and ethnicity, which may influence opportunities for educational and occupational advancement and housing options, two factors that profoundly affect health. Institutional racism, economic inequality, discriminatory policies, and historical oppression of specific groups are many of the root factors that drive the health inequities we see in the U.S. today. The CHNA used a participatory, collaborative approach that engaged the community through different avenues. Over 100 Collaborative members representing health care, public health, education, community development, social service, and community-based organizations provided input throughout the CHNA process and played an integral role in data collection efforts. Data collection efforts were focused on engaging hard-to-reach populations who are not typically engaged in these processes or represented in the secondary data. Existing data were drawn from national, state, and city sources, such as the U.S. Census, Massachusetts Department of Public Health, and Boston Public Health Commission, including datasets such as the Boston Behavioral Risk Factor Surveillance System (BBRFSS). For new data collection, over 91 organizations and 2,500 individuals were engaged in a CHNA community survey (N=2,404) administered online and in-person in seven languages, 13 focus groups with community residents (N=104), and 45 interviews with organizational and community leaders to gauge their perceptions of the community's needs, strengths, and opportunities. Like all data gathering efforts, there are limitations to the CHNA data. Secondary data have a time lag, and various sources may use different definitions for similar topics. Data may be aggregated across time, geographies, or population groups to provide large enough sample sizes. More granular analysis for specific neighborhoods or ethnic groups within larger racial/ethnic categories is not possible. Primary data such as the survey and focus groups use a convenience sample which may not be representative of the larger population. Thirteen focus groups were conducted with specific populations of interest: 12 focus groups conducted specifically for the collaborative CHNA and one additional focus group conducted by work group members who submitted notes for the CHNA. Focus groups were 90-minute semi-structured conversations with approximately 8-12 participants per group and aimed to delve deeply into community's needs, strengths, and opportunities for the future. Focus groups were conducted with the following population groups, including residents of specific neighborhoods: Female low-wage workers (e.g. housekeepers, child care workers, hotel service workers, etc.); Male low-wage workers (e.g. janitorial staff, construction, etc.); Seniors (ages 65+) with complex, challenging issues (e.g. homebound, medical complications); Residents who are housing insecure (no permanent address or close to eviction); Latino residents living in East Boston (in Spanish); LGBTQ youth and young adults at risk of being homeless; Immigrant parents of school age children (5-18 years); Survivors of violence; Mothers who have been impacted by violence; Parents living in public housing in Dorchester; Chinese residents living in Chinatown (in Chinese); Haitian residents living in Mattapan (in Haitian Creole); Residents in active substance use recovery; and an additional focus group with residents living in Chinatown. A total of 104 community residents participated in focus groups, representing 13 neighborhoods across the city. Nearly half of focus group participants identified as Black or African American (45%), a third of participants identified as Hispanic or Latino (34%), and 10% identified as White. The majority of participants identified as female (57%), 36% identified as male, and 7% identified as transgender or genderqueer. Additional data on focus group participant characteristics can be found in Appendix F. Fifteen community and social service organizations located throughout Boston assisted with recruiting participants and/or hosting focus groups. A total of 45 key informant interviews were</p>

Form and Line Reference	Explanation
Schedule H, PART VI, LINE 2	<p>ere completed, six of which were additional interviews submitted by work group volunteers. Interviews were 45-60-minute semi-structured discussions that engaged institutional, organizational, and community leaders and front-line staff across sectors. Discussions explored interviewees experiences of addressing community needs and opportunities for future alignment, coordination, and expansion of services, initiatives, and policies. Sectors represented in these interviews included: public health, health care, housing and homelessness, transportation, community development, faith, education, public safety, environmental justice, government, workforce development, social services, food insecurity, business organizational staff that work with specific population such as youth, seniors, disabled, LGBTQ, and immigrants. Key findings that emerged from the CHNA included health care access and utilization, chronic diseases and risk factors, mental health and substance abuse, violence, housing affordability, and environmental health. Unwavering in our commitment to address the health needs of our community, BMC provides a wide range of programs beyond the traditional medical model to address these social determinants of health. Core to fulfilling our public health mission and consistent with the CHNA findings, the goals of our community benefits program are to improve access to health services and improve health outcomes for underserved populations in our community.</p>

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
Schedule H, PART VI, LINE 3:	<p>THE HOSPITAL POSTS NOTICES OF AVAILABILITY OF FINANCIAL ASSISTANCE IN: I. INPATIENT, CLINIC, AND EMERGENCY DEPARTMENT AND WAITING AREAS; II. PATIENT FINANCIAL COUNSELOR AREAS; III. CENTRAL ADMISSION/REGISTRATION AREAS; AND IV. BUSINESS OFFICE AREAS THAT ARE OPEN TO PATIENTS. POSTED NOTICES ARE CLEARLY VISIBLE AND LEGIBLE TO PATIENTS VISITING THESE AREAS. THE HOSPITAL ALSO INCLUDES A NOTICE ABOUT THE AVAILABILITY OF FINANCIAL ASSISTANCE IN ALL INITIAL BILLS. WHEN THE PATIENT CONTACTS THE HOSPITAL, THE PATIENT FINANCIAL SERVICES STAFF NOTIFIES THE PATIENT IF THEY QUALIFY FOR A PAYMENT PLAN. A PATIENT WHO IS ENROLLED IN A PUBLIC FINANCIAL ASSISTANCE PROGRAM (FOR EXAMPLE, MASSHEALTH, HEALTH SAFETY NET, OR FOR MEDICAL HARDSHIP) MAY QUALIFY FOR CERTAIN PLANS. PATIENTS MAY ALSO QUALIFY FOR ADDITIONAL ASSISTANCE BASED ON THE HOSPITAL'S OWN INTERNAL CRITERIA FOR FINANCIAL ASSISTANCE. FOR CASES WHERE THE HOSPITAL IS USING THE VIRTUAL GATEWAY APPLICATION, THE HOSPITAL ASSISTS THE PATIENT IN COMPLETING THE APPLICATION FOR MASSHEALTH CONNECTORCARE, CHILDREN'S MEDICAL SECURITY PLAN, HEALTH START, HEALTH SAFETY NET, OR OTHER FORMS OF FINANCIAL ASSISTANCE PROGRAMS AS THEY BECOME PART OF THE VIRTUAL GATEWAY PROGRAM. ALL SIGNS AND NOTICES ARE TRANSLATED INTO LANGUAGES OTHER THAN ENGLISH IF A LANGUAGE IS SPOKEN BY 10% OR MORE OF THE POPULATION RESIDING IN THE HOSPITAL SERVICE AREA. CURRENTLY, THE HOSPITAL TRANSLATES THE NOTICES INTO ENGLISH, PORTUGUESE, SPANISH, AND HAITIAN CREOLE.</p>

## 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, PART VI, LINE 4:	COMMUNITY INFORMATION PLEASE SEE INTRODUCTION

Form and Line Reference	Explanation
Schedule H, PART VI, LINE 5:	<p>PROMOTION OF COMMUNITY HEALTH Health Care Access Birth Sisters and Centering Pregnancy: Be tween October 1, 2019 and September 30, 2020, we adapted our CenteringPregnancy program in response to the COVID-19 pandemic. In March 2020, in-person Centering sessions were suspe nded to reduce the risk of COVID-19 transmission. Due to changes in access to services and recommendations around physical distancing, patients have reduced access to childbirth ed ucation resources, social support, and are at increased risk for social isolation and stre ss due to COVID-19. Therefore, we decided to trial a Centering telehealth option for our p atients. By offering a telehealth model of CenteringPregnancy, we hope to provide patients with continued opportunities to gain valuable prenatal education and social connection. We formally started offering Centering telehealth on Zoom in July 2020. Patients join 1-2 h our group Zoom sessions with their midwife and group members every 2-4 weeks for a total o f 9-11 group sessions. Additionally, they attend routine in-person visits based on the COV ID-19 prenatal care guidelines. We had 62 patients fully participate in our in-person Cent eringPregnancy program from October 1, 2019 until it was disrupted by COVID. We had 13 pat ients who participated in our Zoom telehealth CenteringPregnancy program between July 1, 2 020 and September 30, 2020. CATALYST Clinic: In May 2016, Boston Medical Center launched t he CATALYST Clinic (Center for Addiction Treatment for Adolescent/Young adults who use Sub stances), a program designed to treat young people aged 25 and under who are struggling wi th substance use, or who have experimented with drugs and alcohol and may be at risk for d eveloping an addiction. The CATALYST Clinic team works to provide interdisciplinary, team-based care that includes physicians, a nurse, two social workers, a recovery support navig ator and a program manager. The CATALYST Clinic team works together to offer assessment, d iagnosis, and treatment of various substance use disorders, as well as facilitates the tra nsition from adolescent to adult care when appropriate. In Fiscal Year 2020, the CATALYST Clinic received approximately 78 referrals to the clinic; 630 referrals have been received since the programs inception. Child Life Program (CLP): The Child Life Program assists ch ildren and families in managing the stresses associated with hospitalization and illness. All CLP team members are trained developmental specialists, aiming to support children and families through the hospital experience. The goals of the CLP are to: help children expr ess their feelings through play in a safe and supportive environment; advocate for childre n, offering support to effectively work through pain management; offer children developmen tally appropriate choices that increase feelings of independence, self-esteem, and trust; and assist with implementation of coping techniques during stressful situations. The CLP c urrently covers the areas of Inpatient Pediatrics and the Pediatric Intensive Care Unit, P ediatric Ambulatory Care Clinic including Specialty Clinics, Pediatric Emergency Departmen t, Pediatric Otolaryngology Clinic and Operating areas for pediatric surgery. The team rem ains a consult service for pediatric cases in the NICU, Radiology, Trauma services, and OB YGN as well as for bereavement support working with children of adult families. Child Pass enger Safety Program: BMC recognizes and uses the Center for Disease Control and Preventio ns Child Passenger Safety recommendations. Massachusetts state law requires that all child ren under age 8 and less than 57 inches tall be properly fastened and secured in a federal ly approved car seat or booster seat. BMC requires all newborns leaving the hospital have an appropriate car seat prior to discharge home. The Division of Trauma partners with the Public Safety Office to provide child safety seat installation and inspection free of char ge. Public Safety officers are trained Child Passenger Safety Technicians (CPSTs) who have been certified in correct installation of child safety seats and are re-certified every 2 years. BMCs CPSTs are responsible for and capable of: securing children in appropriate ch ild restraint systems; installing child restraint systems in multiple types of vehicles; e ducating others on how to correctly install child restraint systems in vehicles and how to properly restrain children in motor vehicles; and organizing, coordinating or assisting a t inspection stations and checkup events. In FY20, the Child Passenger Safety Program inst alled or provided education on approximately 100 car seats. Clothing Bank: BMCs social wo rkers access the clothing bank in real time when a provider contacts Social Work about a ba sic clothing need (sweatpants, shirts, underwear, socks, shoes, and winter coats) for a lo w-income patient. The Center for the Urban Child and Healthy Family (the Center): The Cent er, launched in 2016, is catalyzing BMCs vision of</p>

Form and Line Reference	Explanation
Schedule H, PART VI, LINE 5:	<p>making Boston one of the healthiest cities in the world by ensuring every child has an equal opportunity to be healthy and achieve their full potential. As such, the Center is creating a system of pediatric health care that actively promotes health equity and eradicates disparities. As an innovation hub within the Department of Pediatrics, the Center creates and tests innovative health care delivery models, working in partnership with families, communities and other child- and family-serving sectors. The Center has set a goal that by 2028, all children cared for by BMC Pediatrics will be healthy and ready to learn - with adequate supports to thrive - by age five. To achieve this goal, the center co-developed a new model of pediatric primary care- the Pediatric Practice of the Future - with families and pediatric providers. This model supports whole family development with attention to factors influencing well-being and bringing together care in a systematic, equitable way to promote wellness throughout the life course. The Center is piloting the new model aimed at families with newborns, and is collecting data to understand its impact. The pilot launched in January 2020 and has enrolled 95 of the target 100 families. Ultimately, a financially sustainable model will be scaled to the larger primary care practice. In addition, the Center is partnering with BMC HealthNet Plan, BMC's health insurance program, to test alternative payment models to ultimately redefine value in pediatric care. Cribs for Kids: BMC partners with the national Cribs for Kids program, where its mission is to provide cribs to babies whose mothers could not afford them otherwise and educate mothers about the dangers of unsafe sleep environments. BMC provides free pack-and-plays and cribs to families who do not otherwise have a safe space for their baby to sleep. This program is funded through the Injury Prevention Trauma Development fund. In FY20, the Cribs for Kids program at BMC provided pack and plays to approximately 50 families. Elders Living at Home Program (ELAHP): The goal of ELAHP is to help older adults who are homeless or at risk for homelessness secure and maintain a permanent residence and live as independently as possible. ELAHP served 269 clients during Fiscal Year 2020. Of the 269 clients, 79 received housing search and placement services; 66 received housing stabilization services; and 49 received homelessness prevention assistance. Some clients received more than one type of service. All clients suffer from at least one chronic illness, and 96% suffer from two or more disabling medical conditions. (These totals reflect a slight decline from previous years, mostly due to the pandemic.) Over the last 11 years, the success rate of ELAHPs stabilization services is 98%. An additional 119 clients were served through the Living Well at Home Project, a community-based complex care management pilot designed to improve health outcomes for frail residents of an elderly/disabled housing complex in Roxbury and another in Cambridge. In late March, BMC opened a COVID Recovery Unit (CRU) for patients who tested positive but were not sick enough to require hospitalization, yet still contagious and too sick to return to emergency shelter or unstable housing. Many of these individuals were older adults, and ELAHP stepped in to provide housing assessment and search services for these patients. Most of this work took place after patients were discharged from the CRU. Grow Clinic: The Grow Clinic was founded in 1984 within BMC's Department of Pediatrics. The primary goal of the Grow Clinic is to provide comprehensive multidisciplinary medical, nutritional, social services and developmental support to children from the Greater Boston area diagnosed with Failure to Thrive (FTT). Children with FTT have significant difficulty growing because of malnutrition associated with illness, poverty, and other family stressors. The effects of FTT include shortened attention span</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, PART VI, LINE 6	<p>BMC HealthNet Plan BMC HealthNet Plan is a non-profit health plan that provides health insurance coverage to Massachusetts residents, including low income, underserved, disabled and elderly populations. It was established in 1997 by BMC and has more than 20 years of experience delivering accessible care to complex populations. BMC HealthNet Plan serves over 313,777 members across Massachusetts. IT also provides health coverage to Medicaid members in New Hampshire, where it operates as Well Sense Health Plan.</p> <p>Boston HealthNet (BHN) Established in 1995, Boston HealthNet (BHN) is an integrated health care delivery system comprised of BMC, the Boston University School of Medicine, and 12 community health centers (CHCs). The partnership has become a national model for community health care networks. Physicians who practice at HealthNet locations provide a wide range of comprehensive health care services to adult and pediatric patients, with a focus on disease prevention and health education. All physicians working in the health centers must be credentialed as members of BMC medical staff. Patients receiving primary care at HealthNet sites have access to highly trained specialists and cutting-edge technology at BMC while maintaining individualized and culturally sensitive care in their neighborhoods. Now in its 26th year, BHN and its CHC partners have extended BMCs presence into Boston-area neighborhoods, significantly impacting the health of their residents. The accomplishments of the network are evidenced by: the high volume of CHC admissions to BMC; the collaborative development of quality improvement initiatives, clinical protocols, and standards of practice; increased access to specialty services; and the significant coordination of BHNs information technology programs and services. In 2015 and in collaboration with BMC, 9 of the BHN CHCs began the process of implementing a new Electronic Health Record (EHR) and practice management system that facilitates CHC and BMC provider access to mutual patients EHRs. The implementation of the new EHR, OCHIN, greatly enhanced the care coordination efforts between Boston HealthNet CHCs and the specialty clinics at BMC. Grants: Boston HealthNet partners with the Massachusetts League of Community Health Centers to participate in a federal Health Center Controlled Network grant, a \$900,000 three year grant (2019 - 2022) that supports quality improvement, data quality, reporting, and clinical EMR training.</p> <p>Research: A BHN Research Subcommittee was established in 2005 to review research projects that are proposed at the health centers, and has reviewed over 255 projects reviewed to-date. Advancing Medical Education: A number of Boston HealthNet community health centers also serve as the primary community-based training sites for Boston University School of Medicine (BUSM) pediatric, family medicine, psychiatry and general medicine residents. Boston HealthNet facilitates community health center engagement with nearly 240 BUSM students to provide community-based education programs. BUSM students and physician assistants round at community health centers to supplement their training with direct patient contact. Community health center participation is high; 80 residents have been placed at community health centers during the 2020 academic year. Boston Accountable Care Organization (BACO): Currently, eight Boston HealthNet community health centers participate in BACO. BACO enters into risk arrangements with government programs and commercial insurers and the BACO participants are collectively accountable for the quality and cost of the care they provide. BACOs most significant risk arrangement is with the MassHealth ACO program. With its participation in the MassHealth ACO program BACO became clinically and financially integrated with BMC Health System - which includes BMC, Boston University Medical Group, and BMC HealthNet Plan - and the parties engage in joint decision making over all substantive decisions regarding participation in the program. COVID-19 Initiatives: During the 2020 COVID-19 pandemic, Boston HealthNet community health centers collaborated with BMC, Mass League of CHCs and MA Department of Public Health-led COVID-19 initiatives and assisted in creating protocols for testing, triage, clinical practice re-configuration. "re-opening" planning, in addition to implementing an ongoing telehealth strategy. Current initiatives include strategizing and planning around COVID-19 vaccinations, creating a prioritization framework, planning logistics around supply, developing workflows, and staff training.</p>

## 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, PART VI, LINE 7	BMC does not file a community benefits report with the Commonwealth of Massachusetts.

**Additional Data****Software ID:****Software Version:****EIN:** 04-3314093**Name:** Boston Medical Center**Form 990 Schedule H, Part V Section A. Hospital Facilities**

<b>Section A. Hospital Facilities</b>  (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? <b>1</b>		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)	Facility reporting group
1	Boston Medical Center One Boston medical Center Place Boston, MA 02118 <a href="http://www.bmc.org">http://www.bmc.org</a>	X	X		X		X	X			

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 5	<p>Focus Groups: Thirteen focus groups were conducted with specific populations of interest: 12 focus groups were conducted specifically for the collaborative Community Health Needs Assessment (CHNA) and one additional focus group was conducted by work group members who submitted notes for the CHNA. Focus groups were 90-minute semi-structured conversations with approximately 8-12 participants per group and aimed to delve deeply into community's needs, strengths, and opportunities for the future. Focus groups were conducted with the following population groups, including residents of specific neighborhoods: Female low-wage workers (e.g. housekeepers, child care workers, hotel service workers, etc.); Male low-wage workers (e.g. janitorial staff, construction, etc.); Seniors (ages 65+) with complex, challenging issues (e.g. homebound, medical complications); Residents who are housing insecure (no permanent address or close to eviction); Latino residents in East Boston (in Spanish); LGBTQ youth and young adults at risk of being homeless; Immigrant parents of school age children (5-18 years); Survivors of violence; Mothers who have been impacted by violence; Parents who live in public housing in Dorchester; Chinese residents living in Chinatown (in Chinese); Haitian residents living in Mattapan (in Haitian Creole); Residents in active substance use recovery; and an additional focus group in Chinese with residents living in Chinatown. A total of 104 community residents participated in focus groups, representing 13 neighborhoods across the city. Nearly half of focus group participants identified as Black or African American (45%), a third of participants identified as Hispanic or Latino (34%), and 10% identified as White. The majority of participants identified as female (57%), 36% identified as male, and 7% identified as transgender or genderqueer. Additional data on focus group participant characteristics can be found in Appendix F. Fifteen community and social service organizations located throughout Boston assisted with recruiting participants and/or hosting focus groups. Key Informant Interviews: A total of 45 key informant interviews were completed, six of which were additional interviews submitted by work group volunteers. Interviews were 45-60-minute semi-structured discussions that engaged institutional, organizational, and community leaders and front-line staff across sectors. Discussions explored interviewees' experiences of addressing community needs and opportunities for future alignment, coordination, and expansion of services, initiatives, and policies. Sectors represented in these interviews included: public health, health care, housing and homelessness, transportation, community development, faith, education, public safety, environmental justice, government, workforce development, social services, food insecurity, and business organizational staff that work with specific population such as youth, seniors, disabled, LGBTQ, and immigrants. S</p>

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 5	<p>chedule H, Part V, Section B, lines 6a Boston Medical Center (BMC) conducted the CHNA with the following hospital facilities: Beth Israel Deaconess Medical Center, Boston Children' s Hospital, Brigham and Women's Faulkner Hospital, Brigham and Women's Hospital, Dana-Farb er Cancer Institute, Massachusetts Eye and Ear Infirmary, Massachusetts General Hospital, and Tufts Medical Center. Schedule H, Part V, Section B, lines 6b Boston Medical Center co nducted the CHNA with the following organizations: Boston Health Care for the Homeless Pro gram, Boston Public Health Commission, Jamaica Plain Neighborhood Development Corporation, Community Labor United, Fenway Community Health Center, Health Leads, Madison Park Develo pment Corporation, Massachusetts League of Community Health Centers, Upham's Corner Health Center, and Urban Edge. Schedule H, Part V, Section B, Line 7A  <a href="https://www.bmc.org/care-our-community">https://www.bmc.org/care-our-community</a> Schedule H, Part V, Section B, Line 10A  <a href="https://www.bmc.org/care-our-community">https://www.bmc.org/care-our-communit y</a></p>

**Form 990 Part V Section C Supplemental Information for Part V, Section B.**

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11	Unwavering in our commitment to address the health needs of our community, BMC provides a wide range of programs beyond the traditional medical model. Core to fulfilling our public health mission and consistent with the CHNA findings, the goals of our community benefits program are to improve access to health services and improve health outcomes for underserved populations in our community. Key findings that emerged from the CHNA included health care access and utilization, chronic diseases and risk factors, mental health and substance abuse, violence, housing affordability, environmental health. For detailed information about each of the programs and initiatives that addressed these needs last year, please see Schedule H, Part VI, Supplemental Information, promotion of community health below.

**Form 990 Part V Section C Supplemental Information for Part V, Section B.**

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 13a	For patients who fall outside commonwealth assistance programs, patients are charged at the same levels as insurers are charged; however, they are offered a prompt-pay discount of 40% (regardless of income level, etc.) if the payments are made within the first 30 days from service.

**Form 990 Part V Section C Supplemental Information for Part V, Section B.**

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 13h	By the definition of BMC's financial assistance policy, patients who qualify for financial assistance have applied for one of the Commonwealth's financial assistance programs (connectorcare, medicaid, or health safety net) or have been provided urgent/emergent services. In those instances, patients are viewed as unable to pay for these charges and the hospital submits the charge for reimbursement from the health safety net.

**Form 990 Part V Section C Supplemental Information for Part V, Section B.**

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Line 16a	FAP Website: <a href="http://www.bmc.org/services/patient-financial-assistance-program">HTTP://WWW.BMC.ORG/SERVICES/PATIENT-FINANCIAL-ASSISTANCE-PROGRAM</a> Schedule H, Part V, Line 16b FAP Application Website: <a href="http://www.bmc.org/services/patient-financial-assistance-program">HTTP://WWW.BMC.ORG/SERVICES/PATIENT-FINANCIAL-ASSISTANCE-PROGRAM</a> Schedule H, Part V, Line 16c FAP Plain Language Summary Website: <a href="http://www.bmc.org/services/patient-financial-assistance-program">HTTP://WWW.BMC.ORG/SERVICES/PATIENT-FINANCIAL-ASSISTANCE-PROGRAM</a>

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

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization Boston Medical Center

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.

Employer identification number 04-3314093

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?
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. Part II can be duplicated if additional space is needed.

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section (if applicable), (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation (book, FMV, appraisal, other), (g) Description of noncash assistance, (h) Purpose of grant or assistance. Rows 1-12.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 89
3 Enter total number of other organizations listed in the line 1 table 3

**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
Schedule I, Part I, Line 2	Grants Administration uses Lawson general ledger and LBI reporting to monitor all grant funding. In addition, each Principal Investigator and Department Administrator have desktop access so they are able to review their funding and expenditures on a daily basis.

## Additional Data

**Software ID:**  
**Software Version:**  
**EIN:** 04-3314093  
**Name:** Boston Medical Center

### Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Boston University 715 Albany Street Boston, MA 021182528	04-2103547	501(c)(3)	5,719,998				Subaward
Bay Cove Human Services 66 Canal St 3Rd Floor Boston, MA 02114	04-2518575	501(c)(3)	4,924,357				Subaward

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
North Suffolk Mental Health Association 301 Broadway Avenue Chelsea, MA 02150	04-2317215	501(c)(3)	1,999,998				Subaward
Beth Israel Deaconess Hospital 330 Brookline Ave Boston, MA 02215	04-2103881	501(c)(3)	906,123				Subaward

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Florida International Univ 11200 Sw 8Th Street Csc319 Miami, FL 33199	65-0177616	501(c)(3)	884,226				Subaward
Commonwealth Of Massachusetts Dept of Public Hlth Jamaica Plain, MA 02130	04-6002284	115	634,771				Subaward

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Tufts University 715 Albany Street Boston, MA 02111	04-2103634	501(c)(3)	627,009				Subaward
Vinfen Corp 1050 Commonwealth Ave Boston, MA 02215	04-2632219	501(c)(3)	527,973				Subaward

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Seattle Children'S Hospital 4800 Sand Point Way Ne Seattle, WA 98105	91-0564748	501(c)(3)	527,163				Subaward
Child & Family Service 3057 Acushnet Avenue New Bedford, MA 02745	04-2104754	501(c)(3)	514,667				Subaward

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Northwestern University Tarry Bldg 3-707 303 E Chicago Ave Chicago, IL 606113008	36-2167817	501(c)(3)	462,920				Subaward
Massachusetts General Hospital 55 Fruit Street Boston, MA 02114	04-2697983	501(c)(3)	453,928				Subaward

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Us Civilian Research And Development Fndn 1776 Wilson Blvd Arlington, VA 22209	54-1773406	501(c)(3)	450,565				Subaward
Emory University Off Of Grants Contracts Atlanta, GA 30322	58-0566256	501(c)(3)	310,113				Subaward

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
University Of North Carolina Off ContrGrnts Chapel Hill, NC 275991350	56-6001393	501(c)(3)	289,529				Subaward
American Academy Of Pediatrics 141 NW Pt Blvd Elk Grove Vil, IL 600070747	36-2275597	501(c)(3)	277,770				Subaward

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Mass General Physicians 399 Revolution Dr Boston, MA 02114	04-2807148	501(c)(3)	275,000				Subaward
John Hopkins University 600 Wolfe Street Baltimore, MD 21210	52-0595110	501(c)(3)	259,690				Subaward

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Cambridge Health Alliance Mystic Center Medford, MA 02155	04-3320571	501(c)(3)	248,799				Subaward
University Of Massachusetts 55 Lake Avenue North Worcester, MA 01655	04-3167352	115	227,035				Subaward

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Northeastern University 360 Huntington Avenue Boston, MA 02115	04-1679980	501(c)(3)	215,818				Subaward
Brockton Area Multi-Services Inc 10 Christys Dr Brockton, MA 02301	04-2562377	501(c)(3)	183,869				Subaward

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
University Of Washington 4300 Roosevelt Way Ne Seattle, WA 98195	91-6001537	115	180,916				Subaward
Hennepin Heathcare Research Institute 701 Park Ave Minneapolis, MN 55404	41-1677920	501(c)(3)	178,640				Subaward

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Yale University School Of Med 2 Whitney Ave6Th Floor New Haven, CT 06510	06-0646973	501(c)(3)	177,950				Subaward
Southwest Boston Senior Svc 555 Amory Street Jamaica Plain, MA 02130	23-7304163	501(c)(3)	171,222				Subaward

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Brigham & Womens Hosp Po Box 3149 Boston, MA 02115	04-2312909	501(c)(3)	168,973				Subaward
North Shore Community Health 47 Congress St Salem, MA 01970	04-2610447	501(c)(3)	149,276				Subaward

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Boston Senior Home Care Inc 89 South St Ste 501 Boston, MA 02111	04-2546251	501(c)(3)	128,417				Subaward
Vanderbilt University 2301 Vanderbilt Pl Nashville, TN 372406310	62-0476822	501(c)(3)	128,415				Subaward

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Harvard University Office Of Spsd Progs Cambridge, MA 02138	04-2103580	501(c)(3)	126,982				Subaward
Steward St Anne'S Hospital Co 1900 N Pearl Street 2400 Dallas, TX 75201	27-2473637		125,428				Subaward

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Chc Of Cape Code 107 Commercial St Mashpee, MA 02649	04-3370560	501(c)(3)	117,423				Subaward
Weill Medical College Of Cornell University 100 Broadway 8Th Fl New York, NY 10005	13-1623978	501(c)(3)	111,728				Subaward

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Comagine Health 10700 Meridian Ave N Seattle, WA 981339008	91-1072875	501(c)(3)	104,617				Subaward
University Of South California Univ Gardens Los Angeles, CA 900898006	95-1642394	501(c)(3)	91,889				Subaward

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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Rutgers The State University 65 Davidson Road Piscataway, NJ 08554	46-2354111	501(c)(3)	91,409				Subaward
Central Boston Elder Svc Inc 2315 Washington Street Boston, MA 02119	04-2546441	501(c)(3)	87,474				Subaward

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Harbor Health Service Inc 398 Neponset Ave Dorchester, MA 02122	23-7100550	501(c)(3)	85,348				Subaward
Dana Farber Cancer Institute 450 Brookline Ave Boston, MA 022156084	04-2263040	501(c)(3)	79,995				Subaward

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Children's Hospital Of Boston 300 Longwood Ave Boston, MA 02115	04-2774441	501(c)(3)	79,666				Subaward
Centering Healthcare Institute 89 South Street Boston, MA 02111	06-1622668	501(c)(3)	79,580				Subaward

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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Cooper Health System One Cooper Place Camden, NJ 08103	21-0634462	501(c)(3)	74,000				Subaward
Rand Corporation 1776 Main St Santa Monica, CA 904072138	95-1958142	501(c)(3)	73,668				Subaward

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Mclean Hospital Corporation 115 Mill St Belmont, MA 024789106	04-2697981	501(c)(3)	72,591				Subaward
The Regents Of The University Of Colorado 1800 Grant St Denver, CO 80203	84-6000555	501(c)(3)	71,208				Subaward

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
University Of Pittsburgh 200 Meyran Ave Pittsburgh, PA 15213	25-0965591	501(c)(3)	68,941				Subaward
Third Sector New England Inc Lincoln Plaza 89 South St Boston, MA 02111	04-2261109	501(c)(3)	68,682				Subaward

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Arkansas Children'S Hospital 800 Marshall Slot 512 Little Rock, AK 72202	71-0694931	501(c)(3)	68,274				Subaward
Connecticut Children's Med Ctr 10 Columbus Blvd Hartford, CT 06106	06-0646755	501(c)(3)	67,288				Subaward

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Brandeis University Office Of Grants Amn Waltham, MA 022549110	04-2103552	501(c)(3)	66,798				Subaward
Baystate Medical Center 140 High Street C Springfield, MA 01199	04-2790311	501(c)(3)	65,693				Subaward

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Social Science Research And Evaluation Inc (Ssre) 84 Mill Street Lincoln, MA 017731706	22-2551337	501(c)(3)	65,353				Subaward
Asian Women For Health Inc 83 Wallace St Somerville, MA 02144	32-0390494	501(c)(3)	64,131				Subaward

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Brown University Office Of Contr Box J Providence, RI 02912	05-0258809	501(c)(3)	62,966				Subaward
Rhode Island Hospital 593 Eddy Street Providence, RI 029034923	05-0258954	501(c)(3)	59,372				Subaward

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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Oregon State University Off For Spnd Res Corvallis, OR 973312140	61-1730890	115	58,253				Subaward
Regents Of The U Of California 2760 Fifth Avenue La Jolla, CA 920930953	95-6006144	501(c)(3)	57,695				Subaward

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University Of Maryland Baltimore Foundation Inc 621 W Lombard St Baltimore, MD 21201	31-1678679	501(c)(3)	39,036				Subaward
Drexel University 3201 Arch St Philadelphia, PA 19104	23-1352630	501(c)(3)	56,699				Subaward

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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Brazelton Touchpoints Project 1295 Boylston St Boston, MA 02215	04-3327682	501(c)(3)	56,112				Subaward
Reaching Our Sisters Everywhere Inc Decatur, GA 300344314	45-2803568	501(c)(3)	55,000				Subaward

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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Academic Pediatric Association 6728 Old Mclean Vill Dr Mclean, VA 22101	51-0202446	501(c)(3)	50,982				Subaward
Dothouse Health Inc 1353 Dorchester Avenue Dorchester, MA 02122	23-7125970	501(c)(3)	48,169				Subaward

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Institute For Health & Recovery 349 Broadway Cambridge, MA 02139	04-3086647	501(c)(3)	47,813				Subaward
National League Of Cities Inst 1301 Penn Ave Nw Washington, DC 20004	52-6055762	501(c)(3)	47,735				Subaward

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Washington University School Of Medicine 700 Rosedale Ave Saint Louis, MO 631121408	43-0653611	501(c)(3)	44,303				Subaward
Project Hope 550 Dudley St Roxbury, MA 02119	04-2748880	501(c)(3)	42,760				Subaward

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Agile Health Inc 4016 Vanderbilt Place Nashville, TN 37212	46-0749304		36,600				Subaward
Holyoke Health Center Inc 230 Maple Street Holyoke, MA 01040	04-2492730	501(c)(3)	36,505				Subaward

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South Boston Chc 409 West Broadway South Boston, MA 02127	04-2682152	501(c)(3)	35,093				Subaward
Plymouth County Outreach Hope PO box 401 East Bridgewater, MA 02333	46-0970650	501(c)(3)	35,092				Subaward

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The University Of Texas Health Science Center At Houston Houston, TX 77030	74-1761309	115	34,315				Subaward
Brockton Neighborhood Health 63 Main Street Brockton, MA 02301	04-3165044	501(c)(3)	34,135				Subaward

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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Lowell Community Health Ctr 161 Jackson St Lowell, MA 01852	04-2881348	501(c)(3)	32,284				Subaward
Amga Analytics Llc One Prince Street Alexandria, VA 22314	54-2020131		29,051				Subaward

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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Massachusetts Budget And Policy Center Inc One State St Ste 1250 Boston, MA 02109	04-2967537	501(c)(3)	21,897				Subaward
Elon University 100 Campus Drive Elon, NC 27244	56-0532303	501(c)(3)	21,725				Subaward

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University Of Michigan 5082 Wol Twr 3003 Ann Harbor, MI 481091287	38-6006309	501(c)(3)	20,823				Subaward
All Childrens Research Institute Inc 501 6th South St Petersburg, FL 337014634	59-2481742	501(c)(3)	20,035				Subaward

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South End Community Health Ctr 1601 Washington Street Boston, MA 02118	04-2456134	501(c)(3)	18,000				Subaward
Metro Housing Boston 1411 Tremont Street Boston, MA 021203401	04-2775991	501(c)(3)	16,673				Subaward

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The University Of Rhode Island 75 Lower College Road Kingston, RI 02881	22-3011455	501(c)(3)	16,008				Subaward
Partners In Health 888 Commonwealth Ave Boston, MA 02215	04-3567502	501(c)(3)	13,399				Subaward

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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Boston Housing Authority 52 Chauncy St 7Th Fl Boston, MA 02111	04-6001907	501(c)(3)	13,081				Subaward
Joslin Diabetes Center One Joslin Pl Boston, MA 02215	04-2203836	501(c)(3)	12,674				Subaward

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Health Resources In Action 2 Boylston Street 4Th Floor Boston, MA 02116	04-2229839	501(c)(3)	12,303				Subaward
Action For Boston Community Development Inc 621 W Lombard St 3Rd Fl Boston, MA 02111	04-2304133	501(c)(3)	10,024				Subaward

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Boston Public Health Comm 1010 Massachusetts Avenue Boston, MA 02118	04-3316655	115	10,000				Subaward
Equal Hope 300 S Ashland Ave Chicago, IL 60607	26-2264895	501(c)(3)	7,999				Subaward

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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National Alliance On Mental Illness Of Masss 529 Main Street No 1M17 Woburn, MA 01801	04-2777012	501(c)(3)	7,350				Subaward
Dimock Chc 55 Dimock Street Roxbury, MA 02119	04-3487835	501(c)(3)	6,650				Subaward

**Schedule J**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

## Compensation Information

**For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**  
▶ **Attach to Form 990.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

# 2019

**Open to Public Inspection**

Name of the organization  
Boston Medical Center

Employer identification number  
04-3314093

**Part I Questions Regarding Compensation**

		Yes	No		
<p><b>1a</b> 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.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <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                 </td> <td style="width: 50%; vertical-align: top;"> <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)                 </td> </tr> </table>	<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)			
<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)				
<p><b>b</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</p>	<b>1b</b>				
<p><b>2</b> 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?</p>	<b>2</b>				
<p><b>3</b> 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.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input checked="" type="checkbox"/> Compensation committee  <input checked="" type="checkbox"/> Independent compensation consultant  <input checked="" type="checkbox"/> Form 990 of other organizations                 </td> <td style="width: 50%; vertical-align: top;"> <input checked="" type="checkbox"/> Written employment contract  <input checked="" type="checkbox"/> Compensation survey or study  <input checked="" type="checkbox"/> Approval by the board or compensation committee                 </td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee			
<input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee				
<p><b>4</b> 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:</p> <p><b>a</b> Receive a severance payment or change-of-control payment? . . . . .</p> <p><b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan? . . . . .</p> <p><b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement? . . . . .</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	<b>4a</b>		No		
	<b>4b</b>	Yes			
	<b>4c</b>		No		
<p><b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b></p> <p><b>5</b> 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:</p> <p><b>a</b> The organization? . . . . .</p> <p><b>b</b> Any related organization? . . . . .</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p>	<b>5a</b>		No		
	<b>5b</b>		No		
<p><b>6</b> 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:</p> <p><b>a</b> The organization? . . . . .</p> <p><b>b</b> Any related organization? . . . . .</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p>	<b>6a</b>		No		
	<b>6b</b>		No		
<p><b>7</b> 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 . . . . .</p>	<b>7</b>	Yes			
<p><b>8</b> 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 . . . . .</p>	<b>8</b>		No		
<p><b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? . . . . .</p>	<b>9</b>				



**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
Schedule J, Part I, Line 4b	<p>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. Amounts Vest On Specified Dates Based On Continued Employment But No Later Than The Executive's SIXTY-SECOND Birthday. Amounts Accrued In The Plan Are Reported In Schedule J, Part II, Column C. The Following Amounts Became Vested And Were Paid To The Following Executives In Calendar Year 2019: Walsh - \$195,000 Bell - \$44,002 Davidoff - \$62,250 Beck - \$174,708 Kelly-Croswell - \$20,539 Gaden - \$15,379 Biggio - \$13,392 Stein - \$48,000 Harvey - \$6,415 Camillus - \$13,393 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. THE BALANCE OF \$124,608 IN THE PLAN WAS PAID OUT IN 2019. 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 REMAINING \$50,100 WAS PAID TO DAVID BECK IN CASH IN 2019 AS WELL. BOSTON MEDICAL CENTER PROVIDED A SEPARATE SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN TO KATHLEEN E. WALSH, PRESIDENT AND CEO AS OF MARCH 1, 2010. PURSUANT TO THE TERMS OF THE AGREEMENT, CERTAIN AMOUNTS WERE CREDITED TO THE PRESIDENT AND CEO'S ACCOUNT IN PRIOR YEARS. THESE AMOUNTS ARE SUBJECT TO FORFEITURE AND PAYMENT WILL BE MADE ONLY IF CERTAIN CONDITIONS ARE MET, AS OUTLINED IN THE AGREEMENT. FOR CALENDAR YEAR 2019 \$195,000 WAS VESTED AND IS REFLECTED IN SCHEDULE J, PART II, COLUMN B(III).</p>
Schedule J, Part I, Line 7	<p>BMC Has An Annual Executive Performance Incentive Plan. Performance Targets And Payout Metrics Are Established And Approved By The Compensation Committee At The Beginning Of Each Performance Cycle. FISCAL YEAR 2019 Performance Bonus Payouts were Approved By The Committee after it reviewed the 2019 Performance Results Against Pre Established Performance Targets, And Approved The Formula-Based Payouts Accordingly.</p>

**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 04-3314093  
**Name:** Boston Medical Center

**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				
1 KATHLEEN WALSH President & CEO	(i)	1,316,552	447,200	195,000	14,000	5,187	1,977,939	0
	(ii)	0	0	0	0	0	0	0
1A LASTAIR BELL SVP OPS & STRATEGY/COO	(i)	766,810	325,750	44,002	104,000	8,030	1,248,592	28,400
	(ii)	0	0	0	0	0	0	0
2 JENNIFER TSENG MD TRUSTEE	(i)	0	0	0	0	0	0	0
	(ii)	948,638	0	63,813	32,388	6,405	1,051,244	0
3 CHARLES ORLANDO SVP/CFO/TREAS	(i)	648,275	167,700	0	84,650	30,119	930,744	0
	(ii)	0	0	0	0	0	0	0
4 DAVID COLEMAN MD TRUSTEE	(i)	0	0	0	0	0	0	0
	(ii)	775,431	0	6,935	32,388	1,982	816,736	0
5 RAVIN DAVIDOFF MD SVP MEDICAL AFFAIRS AND CMO	(i)	535,348	135,450	62,250	19,133	27,525	779,706	0
	(ii)	0	0	0	0	0	0	0
6 DAVID BECK SVP/CHIEF LEGAL COUNSEL/CLERK	(i)	433,758	92,400	174,708	19,600	24,502	744,968	67,100
	(ii)	0	0	0	0	0	0	0
7 LISA A KELLY-CROSWELL SVP/CHRO	(i)	490,158	101,050	20,539	69,050	12,463	693,260	13,680
	(ii)	0	0	0	0	0	0	0
8 NANCY GADEN SVP CHIEF NURSING OFFICER	(i)	455,461	94,600	15,379	65,600	40,242	671,282	10,800
	(ii)	0	0	0	0	0	0	0
9 BOB BIGGIO SVP FACILITY & SUPT SVCS	(i)	436,060	91,375	13,392	65,000	44,748	650,575	9,333
	(ii)	0	0	0	0	0	0	0
10 NORMAN STEIN SVP CHIEF DEVELOPMENT OFFICER	(i)	412,468	86,000	48,000	19,833	26,967	593,268	0
	(ii)	0	0	0	0	0	0	0
11 ARTHUR HARVEY VP/CIO	(i)	431,212	88,150	6,415	45,600	15,795	587,172	3,333
	(ii)	0	0	0	0	0	0	0
12 JOE CAMILLUS SVP AMBULATORY & PRF SVC	(i)	377,917	79,550	13,393	57,800	43,674	572,334	6,000
	(ii)	0	0	0	0	0	0	0
13 JULIE JONCAS VP FINANCE	(i)	338,806	72,025	0	34,500	12,911	458,242	0
	(ii)	0	0	0	0	0	0	0
14 SUSANNAH ROWE MD TRUSTEE	(i)	0	0	0	0	0	0	0
	(ii)	208,686	10,672	1,032	25,428	25,144	270,962	0

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

**Schedule K (Form 990)**

**Supplemental Information on Tax-Exempt Bonds**

OMB No. 1545-0047

**2019**

▶ Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
Boston Medical Center

Employer identification number

04-3314093

**Part I Bond Issues**

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
<b>A</b> MDFA 2012 Series C	04-3431814	57583U6Q6	06-04-2012	117,490,498	refunding of 1998 bonds	X			X		X
<b>B</b> MDFA 2015 Series D	04-3431814	57583U6Q6	04-08-2015	167,471,151	FINANCE CAPITAL PROJECTS		X		X		X
<b>C</b> MDFA 2016 Series E	04-3431814	57584XWT4	09-22-2016	203,977,951	FINANCE NEW PROJECTS		X		X		X
<b>D</b> MDFA 2017 Series F	04-3431814	57584X6Z9	12-20-2017	45,272,849	FINANCE CAPITAL PROJECTS		X		X		X

**Part II Proceeds**

	A	B	C	D
<b>1</b> Amount of bonds retired . . . . .	46,125,000	0	2,005,000	3,950,000
<b>2</b> Amount of bonds legally defeased . . . . .	32,625,000	0	0	0
<b>3</b> Total proceeds of issue . . . . .	117,498,730	169,111,434	206,430,670	45,971,835
<b>4</b> Gross proceeds in reserve funds . . . . .	4,416,013	16,034,094	0	0
<b>5</b> Capitalized interest from proceeds . . . . .	0	482,754	16	9,238
<b>6</b> Proceeds in refunding escrows . . . . .	0	0	0	0
<b>7</b> Issuance costs from proceeds . . . . .	1,684,889	2,007,035	1,673,571	272,257
<b>8</b> Credit enhancement from proceeds . . . . .	0	0	0	0
<b>9</b> Working capital expenditures from proceeds . . . . .	0	0	0	0
<b>10</b> Capital expenditures from proceeds . . . . .	0	150,386,240	29,083,402	45,690,339
<b>11</b> Other spent proceeds . . . . .	115,813,841	201,311	175,673,681	0
<b>12</b> Other unspent proceeds . . . . .	0	0	0	0
<b>13</b> Year of substantial completion . . . . .	2020			
	Yes	No	Yes	No
<b>14</b> Were the bonds issued as part of a current refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)? . . . . .	X		X	
<b>15</b> Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)? . . . . .		X	X	
<b>16</b> Has the final allocation of proceeds been made? . . . . .	X		X	
<b>17</b> Does the organization maintain adequate books and records to support the final allocation of proceeds? . . . . .	X		X	

**Part III Private Business Use**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b> Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? . . . . .				X		X		X
<b>2</b> Are there any lease arrangements that may result in private business use of bond-financed property? . . . . .			X		X		X	

**Part III Private Business Use** (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>3a</b> Are there any management or service contracts that may result in private business use of bond-financed property? . . . . .			X		X		X	
<b>b</b> If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?			X		X		X	
<b>c</b> Are there any research agreements that may result in private business use of bond-financed property? . . . . .			X		X		X	
<b>d</b> If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?			X		X		X	
<b>4</b> Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government . . . . . ▶		0 %		0 %		0.600 %		0 %
<b>5</b> Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government . . . . . ▶				0 %		0 %		0 %
<b>6</b> Total of lines 4 and 5 . . . . .				0 %		0.600 %		0 %
<b>7</b> Does the bond issue meet the private security or payment test? . . . . .				X		X		X
<b>8a</b> Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued? . . . . .				X		X		X
<b>b</b> If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of. . . . .								
<b>c</b> If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? . . . . .				X		X		X
<b>9</b> Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2? . . . . .			X		X		X	

**Part IV Arbitrage**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b> Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? . . . . .	X			X		X		X
<b>2</b> If "No" to line 1, did the following apply? . . . . .								
<b>a</b> Rebate not due yet? . . . . .				X	X		X	
<b>b</b> Exception to rebate? . . . . .				X		X		X
<b>c</b> No rebate due? . . . . .			X			X		X
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed . . . . .								
<b>3</b> Is the bond issue a variable rate issue? . . . . .		X		X		X		X
<b>4a</b> Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X		X
<b>b</b> Name of provider . . . . .	0		0		0		0	
<b>c</b> Term of hedge . . . . .								
<b>d</b> Was the hedge superintegrated? . . . . .								
<b>e</b> Was the hedge terminated? . . . . .								

**Part IV Arbitrage** (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>5a</b> Were gross proceeds invested in a guaranteed investment contract (GIC)?	X			X		X		X
<b>b</b> Name of provider . . . . .	AIG Matched Funding		0		0		0	
<b>c</b> Term of GIC . . . . .	2719 %							
<b>d</b> Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? . . . . .	X							
<b>6</b> Were any gross proceeds invested beyond an available temporary period?	X			X	X			X
<b>7</b> Has the organization established written procedures to monitor the requirements of section 148? . . . .	X		X		X		X	

**Part V Procedures To Undertake Corrective Action**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X		X		X		X	

**Part VI Supplemental Information.** Provide additional information for responses to questions on Schedule K. (See instructions).

Return Reference	Explanation
Column A	Part I(F): The prior bonds were issues on July 8, 1998, by the Massachusetts Health and Educational Facilities Authority. Part II, Line 3: THE DIFFERENCE BETWEEN TOTAL PROCEEDS IN PART II, LINE 3 AND THE ISSUE PRICE OF THE BOND ISSUE IS DUE TO INTEREST EARNED ON BOND PROCEEDS. Part II, Line 4: Debt service reserve fund was funded by proceeds of the prior bonds. Part II, Line 13: Since the proceeds of the 2012 bonds were used for refunding purposes, the year of substantial completion is not applicable. Part III: Because proceeds of the bonds were used to refund bonds issued before January 1, 2003, the issuer is not required to complete Part III. Part IV, Line 1: Boston Medical Center remitted an arbitrage rebate payment, along with Form 8038-T, to the IRS on or before August 13, 2017 (within 60 days of the fifth bond year). COLUMN B Part II, Line 3: THE DIFFERENCE BETWEEN TOTAL PROCEEDS IN PART II, LINE 3 AND THE ISSUE PRICE OF THE BOND ISSUE IS DUE TO INTEREST EARNED ON BOND PROCEEDS.

<b>Return Reference</b>	<b>Explanation</b>
Column C	Part I(F): The prior bonds were issued on July 1, 2008, by the Massachusetts Health and Educational Facilities Authority. Part II, Line 3: THE DIFFERENCE BETWEEN TOTAL PROCEEDS IN PART II, LINE 3 AND THE ISSUE PRICE OF THE BOND ISSUE IS DUE TO INTEREST EARNED ON BOND PROCEEDS. Part II, Line 12: Unspent bond proceeds deposited to the project and expense funds. COLUMN D PART II, LINE 3: THE DIFFERENCE BETWEEN TOTAL PROCEEDS IN PART II, LINE 3 AND THE ISSUE PRICE OF THE BOND ISSUE IS DUE TO INTEREST EARNED ON BOND PROCEEDS.

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

**Schedule K (Form 990)**

**Supplemental Information on Tax-Exempt Bonds**

▶ Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.  
 ▶ Attach to Form 990.  
 ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2019**

**Open to Public Inspection**

Department of the Treasury  
 Internal Revenue Service  
 Name of the organization  
 Boston Medical Center

Employer identification number  
 04-3314093

**Part I Bond Issues**

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A MHEFA 2009 Series O-1	04-2456011	57586ELD1	08-04-2009	101,485,000	REFUNDING OF SERIES M3-B		X		X	X	

**Part II Proceeds**

	A	B	C	D
<b>1</b> Amount of bonds retired . . . . .	7,208,306			
<b>2</b> Amount of bonds legally defeased . . . . .	0			
<b>3</b> Total proceeds of issue . . . . .	13,688,734			
<b>4</b> Gross proceeds in reserve funds . . . . .	63,944			
<b>5</b> Capitalized interest from proceeds . . . . .	0			
<b>6</b> Proceeds in refunding escrows . . . . .	0			
<b>7</b> Issuance costs from proceeds . . . . .	0			
<b>8</b> Credit enhancement from proceeds . . . . .	0			
<b>9</b> Working capital expenditures from proceeds . . . . .	0			
<b>10</b> Capital expenditures from proceeds . . . . .	0			
<b>11</b> Other spent proceeds . . . . .	13,688,734			
<b>12</b> Other unspent proceeds . . . . .	0			
<b>13</b> Year of substantial completion . . . . .				
	Yes	No	Yes	No
<b>14</b> Were the bonds issued as part of a current refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)? . . . . .	X			
<b>15</b> Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)? . . . . .		X		
<b>16</b> Has the final allocation of proceeds been made? . . . . .	X			
<b>17</b> Does the organization maintain adequate books and records to support the final allocation of proceeds? . . . . .	X			

**Part III Private Business Use**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b> Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? . . . . .		X						
<b>2</b> Are there any lease arrangements that may result in private business use of bond-financed property? . . . . .		X						

**Part III Private Business Use** (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>3a</b> Are there any management or service contracts that may result in private business use of bond-financed property? . . . . .	X							
<b>b</b> If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X							
<b>c</b> Are there any research agreements that may result in private business use of bond-financed property? . . . . .		X						
<b>d</b> If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
<b>4</b> Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government . . . . . ▶		0 %						
<b>5</b> Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government . . . . . ▶		0 %						
<b>6</b> Total of lines 4 and 5 . . . . .		0 %						
<b>7</b> Does the bond issue meet the private security or payment test? . . . . .		X						
<b>8a</b> Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued? . . . . .		X						
<b>b</b> If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of. . . . .								
<b>c</b> If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? . . . . .		X						
<b>9</b> Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2? . . . . .	X							

**Part IV Arbitrage**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b> Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? . . . . .		X						
<b>2</b> If "No" to line 1, did the following apply? . . . . .								
<b>a</b> Rebate not due yet? . . . . .		X						
<b>b</b> Exception to rebate? . . . . .	X							
<b>c</b> No rebate due? . . . . .	X							
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed . . . . .								
<b>3</b> Is the bond issue a variable rate issue? . . . . .	X							
<b>4a</b> Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X						
<b>b</b> Name of provider . . . . .		0						
<b>c</b> Term of hedge . . . . .								
<b>d</b> Was the hedge superintegrated? . . . . .								
<b>e</b> Was the hedge terminated? . . . . .								

**Part IV Arbitrage** (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>5a</b> Were gross proceeds invested in a guaranteed investment contract (GIC)?		X						
<b>b</b> Name of provider . . . . .	0							
<b>c</b> Term of GIC . . . . .								
<b>d</b> Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? . . . . .								
<b>6</b> Were any gross proceeds invested beyond an available temporary period?		X						
<b>7</b> Has the organization established written procedures to monitor the requirements of section 148? . . . . .	X							

**Part V Procedures To Undertake Corrective Action**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X							

**Part VI Supplemental Information.** Provide additional information for responses to questions on Schedule K. (See instructions).

Return Reference	Explanation
Column A, Page 2	THE BONDS ARE PART OF A POOLED FINANCING (TOTAL PAR \$101,485,000) AND THUS, EXCEPT FOR PART I, ONLY THE BORROWER'S ALLOCABLE PORTION OF \$13,688,734 IS REPRESENTED. PART I(F): THE BORROWER'S PORTION OF THE BONDS REFINANCED THE PORTION OF THE ISSUER'S SERIES M3-B (2005) BONDS (ISSUES ON OCTOBER 3, 2005) ALLOCABLE TO THE BORROWER. PART II, LINE 4: THE RESERVE HAS BEEN FUNDED BY THE PROCEEDS OF THE PRIOR BONDS. PART II, LINE 13: SINCE THE PROCEEDS OF THE BONDS WERE USED FOR REFUNDING PURPOSES, THE YEAR OF SUBSTANTIAL COMPLETION IS NOT APPLICABLE. PART IV, LINE 2(B): BOND PROCEEDS WERE EXPENDED TO FINANCE A CURRENT REFUNDING, WHICH HAS MET AN EXCEPTION TO THE REBATE REQUIREMENT. THE BOND PROCEEDS WERE SPENT WITHIN SIX MONTHS OF THE ISSUE DATE.

Schedule L (Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No. 1545-0047

2019

Open to Public Inspection

Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury Internal Revenue Service

Name of the organization Boston Medical Center

Employer identification number

04-3314093

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only). Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

Table with 5 columns: (a) Name of disqualified person, (b) Relationship between disqualified person and organization, (c) Description of transaction, (d) Corrected? (Yes/No)

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958.
3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization.

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

Table with 9 columns: (a) Name of interested person, (b) Relationship with organization, (c) Purpose of loan, (d) Loan to or from the organization (To/From), (e) Original principal amount, (f) Balance due, (g) In default? (Yes/No), (h) Approved by board or committee? (Yes/No), (i) Written agreement? (Yes/No)

Total \$

Part III Grants or Assistance Benefiting Interested Persons.

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

Table with 5 columns: (a) Name of interested person, (b) Relationship between interested person and the organization, (c) Amount of assistance, (d) Type of assistance, (e) Purpose of assistance

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

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) HANNAH LEAVER	Daughter of Trustee	196,764	EMPLOYMENT		No

**Part V Supplemental Information**

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

Return Reference	Explanation
SCHEDULE L, PART IV	BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS: HANNAH LEAVER, DAUGHTER OF TRUSTEE MARKS, IS EMPLOYED BY BMC. LEAVER HAS BEEN EMPLOYED BY BMC SINCE BEFORE TRUSTEE MARKS JOINED THE BMC BOARD IN 2016.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2019**

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**  
 ▶ **Attach to Form 990.**  
 ▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
Boston Medical Center

Employer identification number  
04-3314093

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art . . . . .				
2 Art—Historical treasures . . . . .				
3 Art—Fractional interests . . . . .				
4 Books and publications . . . . .				
5 Clothing and household goods . . . . .	X		18,284	DONOR ESTIMATE
6 Cars and other vehicles . . . . .				
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities—Publicly traded . . . . .	X	40	408,166	STOCK SALE PROCEEDS
10 Securities—Closely held stock . . . . .				
11 Securities—Partnership, LLC, or trust interests . . . . .				
12 Securities—Miscellaneous . . . . .				
13 Qualified conservation contribution—Historic structures . . . . .				
14 Qualified conservation contribution—Other . . . . .				
15 Real estate—Residential . . . . .				
16 Real estate—Commercial . . . . .				
17 Real estate—Other . . . . .				
18 Collectibles . . . . .				
19 Food inventory . . . . .	X	1	500	DONOR ESTIMATE
20 Drugs and medical supplies . . . . .	X	22	805,354	DONOR ESTIMATE
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ▶ ( Gift Certificate ) . . . . .	X	8	34,506	Donor Estimate
26 Other ▶ ( Miscellaneous ) . . . . .	X	12	228,512	DONOR ESTIMATE
27 Other ▶ ( _____ ) . . . . .				
28 Other ▶ ( _____ ) . . . . .				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29** 0

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? . . . . .		No
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	Yes	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . .		No
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

**Part II** **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference	Explanation
Schedule M, Part I, Column b	The organization is reporting the number of items contributed.

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

**Supplemental Information to Form 990 or 990-EZ**

OMB No. 1545-0047

**2019**

**Open to Public Inspection**

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](http://www.irs.gov/Form990) for the latest information.

Department of the Treasury

Name of the organization

Boston Medical Center

Employer identification number

04-3314093

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part III, Line 4a	<p>THE STATUTE THAT AUTHORIZED THE CREATION OF BOSTON MEDICAL CENTER REQUIRES IT TO SERVE ALL POPULATIONS. BMC IS A PRIVATE, NOT-FOR-PROFIT, 514-LICENSED BED, URBAN ACADEMIC MEDICAL CENTER WHICH EMPHASIZES COMMUNITY-BASED, ACCESSIBLE CARE AND THE MISSION TO PROVIDE CONSISTENTLY ACCESSIBLE HEALTH SERVICES TO ALL IN NEED OF CARE REGARDLESS OF STATUS AND ABILITY TO PAY. BMC IS THE LARGEST SAFETY NET HOSPITAL IN NEW ENGLAND AND PROVIDES A FULL SPECTRUM OF PEDIATRIC AND ADULT CARE SERVICES FROM PRIMARY TO FAMILY MEDICINE TO ADVANCED SPECIALTY CARE. APPROXIMATELY 72% OF BMC'S PATIENT VISITS COME FROM UNDERSERVED POPULATIONS, SUCH AS THE LOW-INCOME AND ELDERLY, WHO RELY ON GOVERNMENT PAYERS SUCH AS MEDICAID, THE HEALTH SAFETY NET AND MEDICARE FOR THEIR COVERAGE, AND 32% DO NOT SPEAK ENGLISH AS A PRIMARY LANGUAGE. TO ADDRESS THE HEALTH NEEDS OF DIVERSE PATIENT POPULATION, BMC PROVIDES A WIDE RANGE OF SERVICES BEYOND THE TRADITIONAL MEDICAL MODEL. THESE PROGRAMS, INCLUDING PATIENT NAVIGATION AND A FOOD PANTRY, HELP TO REDUCE BARRIERS TO ACCESS TO HEALTH SERVICES AND ELIMINATE DISPARITIES IN HEALTH CARE AMONG VARIOUS POPULATIONS THAT BMC SERVES.</p>

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part IV, Line 12	Boston Medical Center is included in the consolidated financial statements for BMC Health System, Inc.

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VI, Section A, Line 2	RITA NIEVES MONICA VALDES LUPI, JD, MPH KATHLEEN E. WALSH BUSINESS RELATIONSHIP - THE OFFICERS AND/OR TRUSTEES ABOVE ARE ALSO TRUSTEES AND/OR EMPLOYEES OF THE BOSTON PUBLIC HEALTH COMMISSION. DAVID COLEMAN, M.D. MELANIE FOLEY CHARLES ORLANDO JENNIFER TSENG, M.D. KATHLEEN E. WALSH BUSINESS RELATIONSHIP - THE OFFICERS AND/OR TRUSTEES ABOVE ARE ALSO TRUSTEES OF BOSTON MEDICAL CENTER INSURANCE COMPANY, LTD. MARTHA SAMUELSON PIERRE CREMIEUX BUSINESS RELATIONSHIP - THE TRUSTEES ABOVE ARE ALSO TRUSTEES, OFFICERS, AND/OR EMPLOYEES OF ANALYSIS GROUP.

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section A, Line 6	The sole member of the organization is BMC Health System, Inc.

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section A, Line 7B	BMC Health System has the right to take certain actions including, but not limited to, the approval of budgets, mergers, acquisitions, and indebtedness.

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, Line 11B	Boston Medical Center's Form 990 is prepared by KPMG LLP and Reviewed by BMC's internal management. Following that review, BMC'S internal management and KPMG present the Form 990 to the audit AND COMPLIANCE committee for review and comment. The completed Form 990 is provided to all members of the board of trustees prior to the Form being filed with the IRS.

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VI, Section B, Line 12C	<p>Conflict of interest questionnaires for the fiscal year ending September 30, 2020 were distributed by BMC's corporate compliance department. The Chief Compliance Officer of BMC or the Chief Compliance Officer's 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 the Chief Compliance Officer's designee reviews all disclosures and determines whether there are actual or potential conflicts of interest. The Chief Compliance Officer or the Chief Compliance Officer's designee informs the Chief Legal Counsel of any actual or potential conflicts of interest. The Chief Legal Counsel advises the board of trustees and officers of the corporation accordingly.</p>

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VI, Section B, Line 15	<p>An independent committee, formed of individuals whose compensation is not in issue, determines the compensation of officers, key employees, and the highest compensated employees. The committee members are not under the control or direction of any BMC executive seeking compensation. The compensation plan is supported by comparable data, which includes compensation paid for comparable positions by similarly situated organizations, both taxable and tax-exempt, compensation surveys compiled independently, and actual written offers from similar institutions competing for the services of the BMC executive. The independent committee's assessment of these considerations are contained in the minutes of the committee meeting. The review process includes - and minutes indicate - discussions and evaluations of each executive's prior performance, qualification, and experience. Executives are not present for the independent committee's discussions and vote on compensation. The minutes reflect the fact that no executive was present.</p>

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section C, Line 19	Boston Medical Center does not make its governing documents, conflict of interest policy, and financial statements publicly available. However, the restated articles of the organization are posted on the Secretary of the Commonwealth's CORPORATIONS website.

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part XI, Line 9	Other changes in net assets or fund balances Transfer to Affiliates \$ (125,000,000) Pension benefits, Non-Service \$ 2,770,066 Periodic pension costs \$ (2,411,930) Other Changes \$ 328,377 Rounding \$ 935 ----- Total \$ (124,312,552)

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

**2019**

**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](http://www.irs.gov/Form990) for instructions and the latest information.**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
Boston Medical Center

**Employer identification number**

04-3314093

**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.

See Additional Data Table

(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

**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
<b>(1)</b> BMC Insurance Company LTD First Carribean House 10 Main St Grand Cayman, Cayman Islands CJ 98-0375219	Insurance	CJ	BMC	C Corp	1,576,568	91,370,652	70.000 %	Yes	
<b>(2)</b> Charitable Remainder Trust - MA (3)	Support	MA	BMC	Trust	0	0		Yes	

**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
<b>1</b> 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?		
<b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity . . . . .		No
<b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .		No
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .		No
<b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .	Yes	
<b>e</b> Loans or loan guarantees by related organization(s) . . . . .	Yes	
<b>f</b> Dividends from related organization(s) . . . . .		No
<b>g</b> Sale of assets to related organization(s) . . . . .		No
<b>h</b> Purchase of assets from related organization(s) . . . . .		No
<b>i</b> Exchange of assets with related organization(s) . . . . .		No
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .		No
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .		No
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .		No
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .		No
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .		No
<b>o</b> Sharing of paid employees with related organization(s) . . . . .		No
<b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .	Yes	
<b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .	Yes	
<b>r</b> Other transfer of cash or property to related organization(s) . . . . .	Yes	
<b>s</b> Other transfer of cash or property from related organization(s) . . . . .		No

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) Boston University Affiliated Physicians Inc	Q	1,649,000	FMV
(2) BMC Insurance Company LTD	p	5,245,000	FMV
(3) BMC Insurance Company LTD	R	13,372,402	FMV
(4) BMC Integrated Care Services	Q	1,081,416	FMV
(5) BMC HEALTH SYSTEM INC	D	25,306,000	FMV



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

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

<b>Return Reference</b>	<b>Explanation</b>

**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 04-3314093  
**Name:** Boston Medical Center

**Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations**

(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
One Boston Medical Center PI Boston, MA 02118 46-3556853	Support Svcs.	MA	501(c)(3)	12 B-II	BMC	Yes	
PO BOX 530 100 BANK STREET Burlington, VT 05401 20-1810549	Insurance	VT	501(c)(3)	12 A-I	BMCHS	Yes	
One Boston Medical Center PI Boston, MA 02118 04-3414914	Healthcare	MA	501(c)(3)	12 A-I	BMCBACO	Yes	
One Boston Medical Center PI Boston, MA 02118 04-3286156	Healthcare	MA	501(c)(3)	12C III-FI	NA		No
One Boston Medical Center PI Boston, MA 02118 04-3286641	Healthcare	MA	501(c)(3)	12C III-FI	NA		No
One Boston Medical Center PI Boston, MA 02118 04-3428462	Healthcare	MA	501(c)(3)	12C III-FI	NA		No
One Boston Medical Center PI Boston, MA 02118 04-3555478	Healthcare	MA	501(c)(3)	12C III-FI	NA		No
One Boston Medical Center PI Boston, MA 02118 04-3291148	Healthcare	MA	501(c)(3)	12C III-FI	NA		No
One Boston Medical Center PI Boston, MA 02118 04-3218267	Healthcare	MA	501(c)(3)	3	BMC	Yes	
One Boston Medical Center PI Boston, MA 02118 04-3335166	Healthcare	MA	501(c)(3)	12C III-FI	NA		No
One Boston Medical Center PI Boston, MA 02118 04-3137333	Healthcare	MA	501(c)(3)	12C III-FI	NA		No
One Boston Medical Center PI Boston, MA 02118 04-3354353	Healthcare	MA	501(c)(3)	12C III-FI	NA		No
One Boston Medical Center PI Boston, MA 02118 04-3355267	Healthcare	MA	501(c)(3)	12C III-FI	NA		No
One Boston Medical Center PI Boston, MA 02118 04-2966416	Healthcare	MA	501(c)(3)	12C III-FI	NA		No
One Boston Medical Center PI Boston, MA 02118 04-3452877	Healthcare	MA	501(c)(3)	12C III-FI	NA		No
One Boston Medical Center PI Boston, MA 02118 04-3452874	Healthcare	MA	501(c)(3)	12C III-FI	NA		No
One Boston Medical Center PI Boston, MA 02118 04-3265008	Healthcare	MA	501(c)(3)	12C III-FI	NA		No
One Boston Medical Center PI Boston, MA 02118 04-2794543	Healthcare	MA	501(c)(3)	12C III-FI	NA		No
One Boston Medical Center PI Boston, MA 02118 04-3283573	Healthcare	MA	501(c)(3)	12C III-FI	NA		No
One Boston Medical Center PI Boston, MA 02118 04-3286643	Healthcare	MA	501(c)(3)	12C III-FI	NA		No

**Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations**

(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
One Boston Medical Center Pl Boston, MA 02118 04-3276227	Healthcare	MA	501(c)(3)	12C III-FI	NA		No
One Boston Medical Center Pl Boston, MA 02118 04-3296068	Healthcare	MA	501(c)(3)	12C III-FI	NA		No
One Boston Medical Center Pl Boston, MA 02118 04-3067465	Healthcare	MA	501(c)(3)	12C III-FI	NA		No
One Boston Medical Center Pl Boston, MA 02118 04-3354360	Healthcare	MA	501(c)(3)	12C III-FI	NA		No
One Boston Medical Center Pl Boston, MA 02118 81-0716773	Healthcare	MA	501(c)(3)	12C III-FI	NA		No
One Boston Medical Center Pl Boston, MA 02118 04-3156471	Healthcare	MA	501(c)(3)	12C III-FI	NA		No
One Boston Medical Center Pl Boston, MA 02118 04-2472758	Healthcare	MA	501(c)(3)	12C III-FI	NA		No
One Boston Medical Center Pl Boston, MA 02118 51-0172171	Healthcare	MA	501(c)(3)	12C III-FI	NA		No
One Boston Medical Center Pl Boston, MA 02118 04-3289381	Medical Svcs.	MA	501(c)(3)	12 B-II	NA		No
One Boston Medical Center Pl Boston, MA 02118 04-3279836	Support Svcs.	MA	501(c)(3)	12B-II	NA		No
One Boston Medical Center Pl Boston, MA 02118 04-3101957	Real Estate	MA	501(c)(3)	12 A-I	BMC	Yes	