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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
▶ Information about Form 990 and its instructions is at *www IRS gov/form990*

OMB No 1545-0047

2017

Open to Public Inspection

A For the 2017 calendar year, or tax year beginning 10-01-2017 , and ending 09-30-2018

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 $ 1,522,219,102

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

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	30
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	25
5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)	**5**	8,737
6	Total number of volunteers (estimate if necessary)	**6**	726
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	1,915,852
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	1,280,268

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	41,186,207	24,563,859
9	Program service revenue (Part VIII, line 2g)	1,286,759,275	1,451,452,658
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	50,277,000	39,167,021
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	5,581,008	5,979,248
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,383,803,490	1,521,162,786
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	19,345,949	24,328,888
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	613,712,287	632,054,238
16a	Professional fundraising fees (Part IX, column (A), line 11e)	77,000	96,475
b	Total fundraising expenses (Part IX, column (D), line 25) ▶5,070,570		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	670,162,297	786,511,648
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	1,303,297,533	1,442,991,249
19	Revenue less expenses Subtract line 18 from line 12	80,505,957	78,171,537

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	2,249,873,000	2,480,375,000
21	Total liabilities (Part X, line 26)	987,583,000	1,136,309,000
22	Net assets or fund balances Subtract line 21 from line 20	1,262,290,000	1,344,066,000

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: 2019-08-14

JULIE JONCAS VP FOR FINANCE
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
Shy Joseph	Shy Joseph	2019-08-12		P01085371

Firm's name ▶ KPMG LLP — Firm's EIN ▶

Firm's address ▶ 60 South Street
Boston, MA 02111

Phone no (617) 988-1000

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 See Additional Data)	(Expenses $	1,277,974,072	including grants of $	) (Revenue $	1,451,354,261)
4b	(Code See Additional Data)	(Expenses $	23,528,787	including grants of $	23,528,787) (Revenue $	)
4c	(Code See Additional Data)	(Expenses $	800,101	including grants of $	800,101) (Revenue $	)
4d	Other program services (Describe in Schedule O)	(Expenses $		including grants of $	) (Revenue $	)
4e	**Total program service expenses ▶**		1,302,302,960			

Part IV Checklist of Required Schedules

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

Part IV **Checklist of Required Schedules** *(continued)*

			Yes	No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	**20a**	Yes	
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	**20b**	Yes	
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a*	**24a**	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**	Yes	
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		No
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**	Yes	
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**34**	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V . . . . . ☑

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	**1a**	832		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	**1b**	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	**1c**		Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	**2a**	8,737		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	**2b**		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .	**3a**		Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .	**3b**		Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . .	**4a**		Yes	
b	If "Yes," enter the name of the foreign country ▶CA , CJ , UK , LT , EI , BD See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .	**5a**			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	**5b**			No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	**5c**			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .	**6a**			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	**6b**			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	**7a**		Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	**7b**		Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	**7c**			No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	**7e**			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .	**7f**			No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	**7g**			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	**7h**			
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	**8**			
9a	Did the sponsoring organization make any taxable distributions under section 4966? . . .	**9a**			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .	**9b**			
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	**10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	**11a**			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	**11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	**12a**			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	**12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O	**13a**			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**			
c	Enter the amount of reserves on hand	**13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	**14a**			No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .	**14b**			

Part VI **Governance, Management, and Disclosure** *For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions*

Check if Schedule O contains a response or note to any line in this Part VI . . . . . ☑

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	30		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O				
b	Enter the number of voting members included in line 1a, above, who are independent	1b	25		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		5		No
6	Did the organization have members or stockholders?		6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?		8a	Yes	
b	Each committee with authority to act on behalf of the governing body?		8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*		9		No

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

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

Section C. Disclosure

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

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

☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

20 State the name, 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 VII **Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

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

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

(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			
See Additional Data Table										

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

(A) Name and Title	(B) Average hours per week (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			
See Additional Data Table										
1b Sub-Total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶								8,868,502	1,566,750	1,052,580

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 1,242

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
Boston University, One Silber Way BOSTON, MA 02215	SHARED RESEARCH SVCS	67,238,043
Suffolk Construction Company, 69 Allerton Street BOSTON, MA 02119	Construction	38,310,255
Accenture LLP, 161 N Clark Street CHICAGO, IL 60601	EHR Implementation	16,824,539
Supplemental Heath Care Services I, 1640 W Redstone Center Dr Ste 200 PARK CITY, UT 84098	Healthcare Staffing	10,862,648
Morrison Health Care Inc, 400 Northridge Road Ste 600 ATLANTA, GA 30350	Cafeteria/Food Svcs	7,226,717

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 333

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	**1a** Federated campaigns . . **1a**				
	b Membership dues . . **1b**				
	c Fundraising events . . **1c** 4,479,068				
	d Related organizations **1d**				
	e Government grants (contributions) **1e**				
	f All other contributions, gifts, grants, and similar amounts not included above **1f** 20,084,791				
	g Noncash contributions included in lines 1a-1f $ 2,033,745				
	h Total. Add lines 1a-1f . . . . . ▶	24,563,859			
Program Service Revenue		Business Code			
	2a PATIENT SERVICE REVENUE	900099	1,092,621,402	1,092,621,402	
	b ~~PHARMACY REVENUE~~	900099	263,386,044	261,470,192	1,915,852
	c ~~GRANT & CONTRACT REVENUE~~	900099	90,560,607	90,560,607	
	d ~~OTHER PROGRAM REVENUE~~	900099	4,884,605	4,884,605	
	e				
	f All other program service revenue				
	g Total. Add lines 2a–2f . . . . ▶	1,451,452,658			
Other Revenue	**3** Investment income (including dividends, interest, and other similar amounts) . . . . . ▶	37,358,867		0	37,358,867
	4 Income from investment of tax-exempt bond proceeds ▶	0			
	5 Royalties . . . . . ▶	0			
		(i) Real / (ii) Personal			
	6a Gross rents: 281,123				
	b Less rental expenses: 203,862				
	c Rental income or (loss): 77,261 / 0				
	d Net rental income or (loss) . . . . . ▶	77,261			77,261
		(i) Securities / (ii) Other			
	7a Gross amount from sales of assets other than inventory: 1,808,154				
	b Less cost or other basis and sales expenses				
	c Gain or (loss): 1,808,154				
	d Net gain or (loss) . . . . . ▶	1,808,154			1,808,154
	8a Gross income from fundraising events (not including $ 4,479,068 of contributions reported on line 1c) See Part IV, line 18 . . . . **a** 495,141				
	b Less direct expenses . . . **b** 852,454				
	c Net income or (loss) from fundraising events . . ▶	-357,313			-357,313
	9a Gross income from gaming activities See Part IV, line 19 . . . **a** 0				
	b Less direct expenses . . . **b** 0				
	c Net income or (loss) from gaming activities . . ▶	0			
	10a Gross sales of inventory, less returns and allowances . . **a** 0				
	b Less cost of goods sold . . **b** 0				
	c Net income or (loss) from sales of inventory . . ▶	0			
	Miscellaneous Revenue / Business Code				
	11a CAFETERIA 900099	3,830,150			3,830,150
	b PARKING 812930	2,429,150			2,429,150
	c				
	d All other revenue				
	e Total. Add lines 11a–11d . . . . . ▶	6,259,300			
	12 Total revenue. See Instructions . . . . . ▶	1,521,162,786	1,449,536,806	1,915,852	45,146,269

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A)

Check if Schedule O contains a response or note to any line in this Part IX . . . . . ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	23,528,787	23,528,787		
2 Grants and other assistance to domestic individuals See Part IV, line 22	0			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16	800,101	800,101		
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	9,647,997	8,297,276	692,412	658,309
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	142,224		142,224	
7 Other salaries and wages	493,343,256	424,275,200	66,398,629	2,669,427
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	21,272,551	18,294,393	2,855,449	122,709
9 Other employee benefits	69,054,474	59,386,847	9,269,292	398,335
10 Payroll taxes	38,593,736	33,190,612	5,180,499	222,625
11 Fees for services (non-employees)				
a Management	0			
b Legal	1,914,137		1,914,137	
c Accounting	1,816,848		1,816,848	
d Lobbying	166,232	142,959	23,273	
e Professional fundraising services See Part IV, line 17	96,475			96,475
f Investment management fees	0			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	79,281,950	68,182,477	10,976,367	123,106
12 Advertising and promotion	959,536	825,200	134,091	245
13 Office expenses	18,001,900	15,481,634	2,398,013	122,253
14 Information technology	1,684,767	1,448,899	235,868	
15 Royalties . .	24,643,716	21,193,595	3,450,121	
16 Occupancy	27,253,521	23,613,349	3,628,085	12,087
17 Travel	749,241	644,347	89,002	15,892
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .	0			
19 Conferences, conventions, and meetings	713,613	613,707	88,093	11,813
20 Interest	24,832,528	21,355,974	3,419,945	56,609
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization . .	86,520,215	74,407,384	11,715,111	397,720
23 Insurance . . .	5,870,604	5,048,719	821,885	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a DRUGS	217,790,168	217,790,168		
b PHYSICIAN SERVICES	101,119,034	101,119,034		
c PATIENT RELATED SUPPLIES	67,590,058	67,590,058		
d DIRECT RESEARCH EXPENSE	50,379,727	50,379,727		
e All other expenses	75,223,853	64,692,513	10,368,375	162,965
25 **Total functional expenses.** Add lines 1 through 24e	1,442,991,249	1,302,302,960	135,617,719	5,070,570
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part IX . . . . . ☐

			(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing	62,831,000	1	80,906,000
	2	Savings and temporary cash investments	62,897,000	2	225,996,000
	3	Pledges and grants receivable, net	16,671,000	3	15,963,000
	4	Accounts receivable, net	146,885,000	4	133,064,000
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	0	5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L	0	6	0
	7	Notes and loans receivable, net	114,668,000	7	71,458,000
	8	Inventories for sale or use	8,751,000	8	13,568,000
	9	Prepaid expenses and deferred charges	22,788,000	9	33,957,000
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D — 10a: 1,903,884,000			
	b	Less accumulated depreciation — 10b: 1,019,565,000	817,413,000	10c	884,319,000
	11	Investments—publicly traded securities	128,661,000	11	140,950,000
	12	Investments—other securities See Part IV, line 11	204,222,000	12	191,706,000
	13	Investments—program-related See Part IV, line 11	138,000	13	337,000
	14	Intangible assets	0	14	0
	15	Other assets See Part IV, line 11	663,948,000	15	688,151,000
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	2,249,873,000	16	2,480,375,000
Liabilities	17	Accounts payable and accrued expenses	152,206,000	17	190,452,000
	18	Grants payable	0	18	0
	19	Deferred revenue	25,508,000	19	24,873,000
	20	Tax-exempt bond liabilities	574,902,000	20	455,568,000
	21	Escrow or custodial account liability Complete Part IV of Schedule D	0	21	0
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L	0	22	0
	23	Secured mortgages and notes payable to unrelated third parties	0	23	79,270,000
	24	Unsecured notes and loans payable to unrelated third parties	31,961,000	24	0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	203,006,000	25	386,146,000
	26	**Total liabilities.** Add lines 17 through 25	987,583,000	26	1,136,309,000
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	923,471,000	27	1,001,922,000
	28	Temporarily restricted net assets	300,939,000	28	305,054,000
	29	Permanently restricted net assets	37,880,000	29	37,090,000
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	1,262,290,000	33	1,344,066,000
	34	Total liabilities and net assets/fund balances	2,249,873,000	34	2,480,375,000

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,521,162,786
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,442,991,249
3	Revenue less expenses Subtract line 2 from line 1	3	78,171,537
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,262,290,000
5	Net unrealized gains (losses) on investments	5	2,732,437
6	Donated services and use of facilities	6	-7,734,000
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	8,606,026
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,344,066,000

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
	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?	2b	Yes	
	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?	2c	Yes	
	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?	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	Yes	

Additional Data

Software ID:

Software Version:

EIN: 04-3314093

Name: Boston Medical Center

Form 990 (2017)

Form 990, Part III, Line 4a:

See Schedule O

Form 990, Part III, Line 4b:

Boston Medical Center provides research support to organizations within the US

Form 990, Part III, Line 4c:

Boston Medical Center provides research support to foreign organizations

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			
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
James Blue Trustee (until 5/8/2018)	1 0 2 0	X						0	0	0
Barry Bock Trustee	1 0 0 0	X						0	0	0
David Coleman MD Trustee	1 0 55 0	X						0	730,843	37,789
Sandra Cotterell Trustee	1 0 2 0	X						0	0	0
Pierre Cremieux Trustee	1 0 1 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

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			
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 (as of 5/8/2018)	1 0 0 0	X						0	0	0
John T Hailer Trustee	1 0 0 0	X						0	0	0
William J Halpin Jr Trustee	1 0 1 0	X						0	0	0
Karen Kames Trustee	1 0 0 0	X						0	0	0
Azra Kanji Trustee	1 0 0 0	X						0	0	0
Manuel Lopes Trustee	1 0 2 0	X						0	0	0
Monica Valdes Lupi Trustee	1 0 0 0	X						0	0	0
Brendan Magauran MD Trustee	1 0 54 0	X						0	378,096	66,191

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			
Richard Marks Trustee	1 0 0 0	X						0	0	0
Jerod Mayo Trustee	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	1 0 1 0	X						0	0	0
Martha Samuelson Trustee/Chair	1 0 1 0	X						0	0	0
Richard Slifka Trustee	1 0 1 0	X						0	0	0
Jennifer Tseng MD Trustee	1 0 50 0	X						0	457,811	6,495
Kathleen Walsh President and CEO	50 0 7 5	X		X				1,737,330	0	195,056
Rev Liz Walker Trustee (as of 5/8/2018)	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			
Andrew Youniss Trustee	1 0 0 0	X						0	0	0
David Beck SVP/Chief Legal Counsel/Clerk	50 0 13 5			X				472,512	0	83,326
Charles Orlando SVP/CFO/TREAS (as of 11/14/17)	50 0 0 0			X				142,059	0	0
Mary Beth Begley Treasurer (until 11/14/2017)	50 0 0 0			X				236,554	0	29,734
Alastair Bell SVP Ops & Strategy/COO	50 0 0 0				X			1,096,200	0	90,000
Ravin Davidoff MD SVP MEDICAL AFFAIRS AND CMO	50 0 1 5				X			742,860	0	35,358
Nancy Gaden SVP CHIEF NURSING OFFICER	50 0 0 0				X			473,744	0	87,997
Stanley Hochberg MD SVP Qual,Sfty,&Tech (12/31/17)	50 0 1 0				X			518,600	0	36,952
Lisa A Kelly-Croswell SVP/CHRO	50 0 0 0				X			527,699	0	67,772
Bob Biggio SVP Facility & Supt Svcs	50 0 0 0					X		542,998	0	86,055

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			
Joe Camillus SVP Ambulatory & Prf Svc	50 0 0 5					X		423,750	0	84,957
Norman Stein SVP Chief Development Officer	50 0 0 0					X		540,459	0	33,626
Arthur Harvey VP/CIO	50 0 0 0					X		419,823	0	44,111
Thea James VP Missions & Associate CMO	50 0 0 0					X		381,956	0	30,364
Richard Silveria Former SVP Fin/CFO/Treas	50 0 4 5						X	611,958	0	36,797

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ **Attach to Form 990 or Form 990-EZ.**

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

OMB No 1545-0047

2017

Open to Public Inspection

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 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

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? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
Total						

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

(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant ")	22,774,364	21,671,288	22,129,256	41,186,207	24,601,395	132,362,510
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 **Total.** Add lines 1 through 3	22,774,364	21,671,288	22,129,256	41,186,207	24,601,395	132,362,510
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						19,721,930
6 **Public support.** Subtract line 5 from line 4						112,640,580

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a)2013	(b)2014	(c)2015	(d)2016	(e)2017	(f)Total
7 Amounts from line 4	22,774,364	21,671,288	22,129,256	41,186,207	24,601,395	132,362,510
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	18,578,225	17,746,128	16,401,528	12,553,229	37,406,036	102,685,146
9 Net income from unrelated business activities, whether or not the business is regularly carried on					273,343	273,343
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)	5,410,940	5,441,957	5,093,586	6,346,770	6,259,300	28,552,553
11 **Total support.** Add lines 7 through 10						263,873,552

12 Gross receipts from related activities, etc (see instructions)	12	6,073,759,021

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

14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	14	42 687 %
15 Public support percentage for 2016 Schedule A, Part II, line 14	15	51 010 %

16a **33 1/3% support test—2017.** 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—2016.** 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—2017.** 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—2016.** 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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support.** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13 **Total support.** (Add lines 9, 10c, 11, and 12)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2017** (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from **2016** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2017.** 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—2016.** 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
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *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*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2)*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below*	3a		
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)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *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*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *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*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *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)*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* ***Part VI.***	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in* ***Part VI.***	9a		
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? *If "Yes," provide detail in* ***Part VI.***	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* ***Part VI.***	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b below*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)*	10b		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

			Yes	No
1	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? *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*	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *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*	2		

Section C. Type II Supporting Organizations

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *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)*	1		

Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? *If "No," explain in* ***Part VI*** *how the organization maintained a close and continuous working relationship with the supported organization(s)*	2		
3	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? *If "Yes," describe in* ***Part VI*** *the role the organization's supported organizations played in this regard*	3		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year **(see instructions)**

- **a** ☐ The organization satisfied the Activities Test Complete **line 2** below
- **b** ☐ The organization is the parent of each of its supported organizations Complete **line 3** below
- **c** ☐ The organization supported a governmental entity Describe in **Part VI** how you supported a government entity (see instructions)

			Yes	No
2	Activities Test **Answer (a) and (b) below.**			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *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*	2a		
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? *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*	2b		
3	Parent of Supported Organizations **Answer (a) and (b) below.**			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in* ***Part VI.***	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in* ***Part VI.*** *the role played by the organization in this regard*	3b		

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

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

	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	**Adjusted Net Income** (subtract lines 5, 6 and 7 from line 4)	8		

	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	**Total** (add lines 1a, 1b, and 1c)	1d		
e	**Discount** claimed for blockage or other factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	**Minimum Asset Amount** (add line 7 to line 6)	8		

	Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

7 ☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

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

Section D - Distributions	**Current Year**
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in **Part VI**) See instructions	
7 **Total annual distributions.** Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in **Part VI**) See instructions	
9 Distributable amount for 2017 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	**(i) Excess Distributions**	**(ii) Underdistributions Pre-2017**	**(iii) Distributable Amount for 2017**
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013.			
c From 2014.			
d From 2015.			
e From 2016.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2017 from Section D, line 7 $			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 **Excess distributions carryover to 2018.** Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2013.			
b Excess from 2014.			
c Excess from 2015.			
d Excess from 2016.			
e Excess from 2017.			

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

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493227004109

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

OMB No 1545-0047

2017

Open to Public Inspection

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	**Employer identification number**
Boston Medical Center	04-3314093

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-A **Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

A Check ▶ ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

B Check ▶ ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	**(a)** Filing organization's totals	**(b)** Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount Enter the amount from the following table in both columns		
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a If zero or less, enter -0-		
i Subtract line 1f from line 1c If zero or less, enter -0-		

If the amount on line 1e, column (a) or (b) is:	**The lobbying nontaxable amount is:**
Not over $500,000	20% of the amount on line 1e
Over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000
Over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000
Over $17,000,000	$1,000,000

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ **Yes** ☐ **No**

4-Year Averaging Period Under section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	**(a)** 2014	**(b)** 2015	**(c)** 2016	**(d)** 2017	**(e)** Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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) Yes	(a) No	(b) Amount
1	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			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		60,000
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		106,232
j	Total Add lines 1c through 1i			166,232
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	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
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of $2,000 or less?	2		
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?	3		

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."

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible lobbying and political expenditures **(do not include amounts of political expenses for which the section 527(f) tax was paid).**		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	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?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

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 pays dues to Massachusetts Hospital Association, Conference of Boston Teaching Hospitals, and State House News Service, and a portion of the dues are allocated to lobbying efforts The portion of dues that was allocated to lobbying efforts was $106,232 BMC also paid Robert White Associates, $60,000 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

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2017

Open to Public Inspection

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 8/17/06, 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
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII ☐

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

	(a)Current year	(b)Prior year	(c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance	697,009,021	642,296,242	618,328,530	671,956,753	663,410,609
b Contributions	21,885,406	127,298,970			
c Net investment earnings, gains, and losses	40,783,482	71,375,617	42,882,728	9,615,073	59,523,521
d Grants or scholarships					
e Other expenditures for facilities and programs	47,477,741	142,059,930	16,736,661	60,452,156	48,287,389
f Administrative expenses	3,125,787	1,901,878	2,178,355	2,791,140	2,689,988
g End of year balance	709,074,381	697,009,021	642,296,242	618,328,530	671,956,753

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

- a Board designated or quasi-endowment ▶ 53 090 %
- b Permanent endowment ▶ 5 230 %
- c Temporarily restricted endowment ▶ 41 680 %

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

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

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

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

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		2,949,000		2,949,000
b Buildings		897,487,000	310,789,000	586,698,000
c Leasehold improvements		30,336,000	13,449,000	16,887,000
d Equipment				
e Other		973,112,000	695,327,000	277,785,000
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* ▶				884,319,000

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	191,706,000	F
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶	191,706,000	

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)		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 13)* ▶		

Part IX **Other Assets.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d See Form 990, Part X, line 15

(a) Description	(b) Book value
(1) OTHER L-T ASSETS	209,173,000
(2) FUNDS HELD BY TRUSTEES	61,396,000
(3) BRD-DES INVEST FOR FUNDED DEP	376,419,000
(4) NONCURRENT NOTES RECEIVABLE	3,941,000
(5) INSURANCE RECOVERY RECEIVABLES	37,222,000
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 15)* ▶	688,151,000

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
EST SETTLEMENT W/3RD PARTY PAY	49,132,000
CAPITAL LEASE OBLIGATIONS	44,928,000
OTHER LONG-TERM LIABILITIES	41,855,000
PROFESSIONAL LIABILITY CLAIMS	37,222,000
TAXABLE BONDS PAYABLE	181,047,000
RELATED PARTY LIABILITIES	31,962,000
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	386,146,000

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.

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

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

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

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

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Return Reference	Explanation
See Additional Data Table	

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 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

Supplemental Information

Return Reference	Explanation
Schedule D, Part X, Line 2	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 r ecognized as tax-exempt pursuant to Section 501(C)(3) of the Internal revenue Code The sh areholders of NAB are nonprofit, tax-exempt corporations The Health System recognized tax positions when it is more-likely-than-not that the positions 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, 2018 and 2017 The Health Syst em annually assesses whether it must recognize an unrelated business income tax expense (U BIT) The amounts recognized as UBIT expense were not material to the Health Systems conso lidated operations or changes in net assets for the years ended September 30, 2018 and 201 7

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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.
► Information about Schedule F (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2017

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" to 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 Activites 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 region	(d) Activities conducted in region (by type) (e g , 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 region	(f) Total expenditures for and investments in region
(1) See Add'l Data					
(2)					
(3)					
(4)					
(5)					
3a Sub-total	2	8			100,669,235
b Total from continuation sheets to Part I					
c **Totals** (add lines 3a and 3b)	2	8			100,669,235

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than $5,000. Part II can be duplicated if additional space is needed.

1	(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)
(1)	See Add'l Data								
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . . ▶

3 Enter total number of other organizations or entities . . . . . ▶ 8

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

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, do not 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, do not 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).

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

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
North America			Grantmaking		90,320
South America			Grantmaking		61,000

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		568,792
East Asia and the Pacific			Grantmaking		23,345

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
Russia and the Newly Independent States			Grantmaking		56,644
Europe (Including Iceland and Greenland)			Investments		26,062,959

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
North America			Investments		53,158,439
Central America and the Caribbean			Investments		9,601,954

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	11,045,782

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)
		North America	Subaward	90,321	Wire			
		South America	Subaward	61,000	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)
		Sub-Saharan Africa	Subaward	131,379	Wire			
		East Asia and the Pacific	Subaward	23,345	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)
		Russia and the Newly Independent States	Subaward	56,644	Wire			
		Sub-Saharan Africa	Subaward	385,327	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)
		Sub-Saharan Africa	Subaward	52,086	Wire			

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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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.

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

OMB No 1545-0047

2017

Open to Public Inspection

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 (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☑ **Yes** ☐ **No**

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions? Yes	(iii) No	(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
1 Blue Sky Entertainment 150 Washington Street Norwell, MA 02061	Sweet Feet, Golf		No	615,932	84,475	531,457
2 33 Munroe LLC 33 Munroe Street Unit 1 Lynn, MA 01901	Catwalk		No	291,776	12,000	279,776
3						
4						
5						
6						
7						
8						
9						
10						
Total			▶	907,708	96,475	811,233

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 Gala (event type)	(b) Event #2 Food 4 Thought (event type)	(c) Other events 5 (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	2,923,197	795,457	1,255,555	4,974,209
	2 Less Contributions	2,669,898	780,557	1,028,613	4,479,068
	3 Gross income (line 1 minus line 2)	253,299	14,900	226,942	495,141
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	151,218		45,451	196,669
	7 Food and beverages	35,081	60,089	102,332	197,502
	8 Entertainment	53,004		5,000	58,004
	9 Other direct expenses	123,012	20,161	257,106	400,279
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				852,454
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				-357,313

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))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ____% ☐ No	☐ Yes ____% ☐ No	☐ Yes ____% ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				
	8 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

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

b If "Yes," explain

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

a The organization's facility	**13a**	%
b An outside facility	**13b**	%

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

Hospitals

▶ Complete if the organization answered "Yes" on Form 990, Part IV, question 20.
▶ Attach to Form 990.
▶ Information about Schedule H (Form 990) and its instructions is at *www.irs.gov/form990.*

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
Boston Medical Center

Employer identification number
04-3314093

Part I Financial Assistance and Certain Other Community Benefits at Cost

			Yes	No
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a	Yes	
b	If "Yes," was it a written policy?	1b	Yes	
2	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			
	☑ Applied uniformly to all hospital facilities ☐ Applied uniformly to most hospital facilities ☐ Generally tailored to individual hospital facilities			
3	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			
a	Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing *free* care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care	3a	Yes	
	☐ 100% ☐ 150% ☑ 200% ☐ Other _____ %			
b	Did the organization use FPG as a factor in determining eligibility for providing *discounted* care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care	3b		No
	☐ 200% ☐ 250% ☐ 300% ☐ 350% ☐ 400% ☐ Other _____ %			
c	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			
4	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"?	4	Yes	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	Yes	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b		No
c	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 eligibile for free or discounted care?	5c		
6a	Did the organization prepare a community benefit report during the tax year?	6a		No
b	If "Yes," did the organization make it available to the public?	6b		
	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

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			93,799,986	37,381,069	56,418,917	3 910 %
b Medicaid (from Worksheet 3, column a)			775,336,486	633,474,370	141,862,116	9 830 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d **Total** Financial Assistance and Means-Tested Government Programs			869,136,472	670,855,439	198,281,033	13 740 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			18,710,967	0	18,710,967	1 290 %
f Health professions education (from Worksheet 5)			62,175,435	14,852,345	47,323,090	3 280 %
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)	759		90,560,606	76,749,313	13,811,293	0 960 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)						
j **Total.** Other Benefits	759		171,447,008	91,601,658	79,845,350	5 530 %
k **Total.** Add lines 7d and 7j	759		1,040,583,480	762,457,097	278,126,383	19 270 %

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			25,746		25,746	0 %
2 Economic development	2		15,830,000		15,830,000	1 100 %
3 Community support						
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy	16		10,145,563	9,614,977	530,586	0 040 %
8 Workforce development	1		856,596		856,596	0 060 %
9 Other	2		640,259		640,259	0 040 %
10 Total	21		27,498,164	9,614,977	17,883,187	1 240 %

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 Heathcare 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	20,823,718		
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	205,810,898	
6	Enter Medicare allowable costs of care relating to payments on line 5	6	193,745,169	
7	Subtract line 6 from line 5 This is the surplus (or shortfall)	7	12,065,729	
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			

☐ Cost accounting system ☐ Cost to charge ratio ☑ 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

(owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

	(a) Name of entity	(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)	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
	See Additional Data Table										

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)

Name of hospital facility or letter of facility reporting group Boston Medical Center

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

			Yes	No
Community Health Needs Assessment				
1	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?	1		No
2	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	2		No
3	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	3	Yes	
	If "Yes," indicate what the CHNA report describes (check all that apply)			
a	☑ A definition of the community served by the hospital facility			
b	☑ Demographics of the community			
c	☑ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	☑ How data was obtained			
e	☑ The significant health needs of the community			
f	☑ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	☑ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	☑ The process for consulting with persons representing the community's interests			
i	☑ The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)			
j	☐ Other (describe in Section C)			
4	Indicate the tax year the hospital facility last conducted a CHNA 20 15			
5	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	5	Yes	
6 a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a		No
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	6b		No
7	Did the hospital facility make its CHNA report widely available to the public?	7	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a	☑ Hospital facility's website (list url) See Part V, Page 8			
b	☐ Other website (list url)			
c	☑ Made a paper copy available for public inspection without charge at the hospital facility			
d	☐ Other (describe in Section C)			
8	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	8	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy 20 15			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes	
a	If "Yes" (list url) See Part V, Page 8			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b		
11	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			
12a	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)?	12a		No
b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b		
c	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			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	13	Yes	
	If "Yes," indicate the eligibility criteria explained in the FAP			
a	☑ 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	☐ Income level other than FPG (describe in Section C)			
c	☐ Asset level			
d	☐ Medical indigency			
e	☐ Insurance status			
f	☐ Underinsurance discount			
g	☑ Residency			
h	☑ Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	Yes	
15	Explained the method for applying for financial assistance?	15	Yes	
	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)			
a	☑ Described the information the hospital facility may require an individual to provide as part of his or her application			
b	☑ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	☑ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	☑ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	☐ Other (describe in Section C)			
16	Was widely publicized within the community served by the hospital facility?	16	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a	☑ The FAP was widely available on a website (list url) See Part V, Page 8			
b	☑ The FAP application form was widely available on a website (list url) See Part V, Page 8			
c	☑ A plain language summary of the FAP was widely available on a website (list url) See Part V, Page 8			
d	☑ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	☑ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	☑ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g	☑ 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			
h	☐ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	☑ The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
j	☐ 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
17 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	
18 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			
a ☐ Reporting to credit agency(ies)			
b ☐ Selling an individual's debt to another party			
c ☐ 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			
d ☐ Actions that require a legal or judicial process			
e ☐ Other similar actions (describe in Section C)			
f ☑ None of these actions or other similar actions were permitted			
19 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?	19		No
If "Yes," check all actions in which the hospital facility or a third party engaged			
a ☐ Reporting to credit agency(ies)			
b ☐ Selling an individual's debt to another party			
c ☐ 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			
d ☐ Actions that require a legal or judicial process			
e ☐ Other similar actions (describe in Section C)			
20 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)			
a ☐ 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			
b ☐ Made a reasonable effort to orally notify individuals about the FAP and FAP application process			
c ☐ Processed incomplete and complete FAP applications			
d ☐ Made presumptive eligibility determinations			
e ☐ Other (describe in Section C)			
f ☑ None of these efforts were made			

Policy Relating to Emergency Medical Care

21 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?	21	Yes	
If "No," indicate why			
a ☐ The hospital facility did not provide care for any emergency medical conditions			
b ☐ The hospital facility's policy was not in writing			
c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d ☐ Other (describe in Section C)			

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

		Yes	No
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?	**23**		No
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?	**24**		No
If "Yes," explain in Section C			

Part V **Facility Information** *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation
See Add'l Data	

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)
1	MARGARET M SHEA RN ADULT HEALTH PROGR RIVER STREET MATTAPAN, MA 02126	ADULT DAYCARE
2	SUPPORTING PARENTS & RESILIENT KIDS CT 225 RIVER STREET MATTAPAN, MA 02126	THERAPEUTIC CENTER
3		
4		
5		
6		
7		
8		
9		
10		

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	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 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 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 57% of our patients are 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 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 disparities in health care among the various populations BMC serves With more than 26,339 admissions and 1,001,304 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, BMCs Emergency Department has more than 130,000 patient visits annually BMC serves the urban community of Greater Boston The majority of the communities that BMC serves are 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 The implementation of universal care did not reduce the real number or percent of underserved communities served by BMC An estimated 20 5% of Boston residents live below the federal poverty level According to the 2018 Massachusetts Health Insurance Survey, an estimate of 4% of residents were uninsured 96% of Massachusetts residents had coverage during the survey of which 62 7% reported employer-sponsored insurance (ESI) and 37 3% reported other non-ESI Of BMCs patients in 2018, approximately 11 93% were uninsured and coverage rates for primary insurance were approximately 11 35% Medicare, 47 2% Medicaid, and 29 53% private or ESI

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 & 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 (CMS) COST ALLOCATION METHODOLOGY PER 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 2018, THE MEDICAL CENTER RECEIVED NET FAVORABLE SETTLEMENTS FROM MEDICARE, MEDICAID, BMC HEALTH PLAN BLUE CROSS, AND OTHER PAYORS RELATED TO PRIOR YEARS WHICH RESULTED IN THE RECOGNITION OF AN APPROXIMATE $9,000,000 GAIN

Form and Line Reference	Explanation
Schedule H, PART II, COMMUNITY BUILDING ACTIVITIES	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 SERV ICES PHYSICIAL IMPROVEMENTS AND HOUSING ACCORDING TO THE DEVELOPMENT IMPACT PROJECT AGRE EMENT FOR BMC NEW AMBULATORY CARE BUILDING-SHAPIRO PROJECT BETWEEN BOSTON MEDICAL CENTER A ND THE BOSTON REDEVELOPMENT AUTHORITY DATED MAY 5, 2014, BMC PAID LINKAGE FEES OF $366,223 70 IN OCTOBER 2016 THIS PAYMENT WAS THE FINAL INSTALLMENT OF BMC'S OBLIGATION TO THE NEI GHBORHOOD JOBS TRUST PHYSICAL IMPROVEMENTS AND HOUSING ACCORDING TO THE DEVELOPMENT IMPA CT PROJECT AGREEMENT FOR THE MOAKLEY CENTER ADDITION AND INPATIENT BUILDING PHASE I TRANSP ORT BRIDGE PROJECT BETWEEN BOSTON MEDICAL CENTER AND THE BOSTON REDEVELOPMENT AUTHORITY, D ATED MAY 5, 2014, BMC AGREES TO PAY LINKAGE FEES OF $22,746 14, ENDING IN 2022 TO THE NEIG HBORHOOD JOBS TRUST MATTAPAN COMMUNITY HEALTH CENTER, A COMMUNITY HEALTH CENTER AFFILIATE D WITH BOSTON MEDICAL CENTER, RECEIVED A TOTAL OF $8,200,000 FROM BOSTON MEDICAL CENTER DU RING 2009 AND 2010 IN THE FORM OF A LOAN THAT WAS ORIGINATED ON SEPTEMBER 30, 2010 EFFECT IVE JUNE 30, 2009, $1,000,000 OF THE 2009 PORTION OF THE MATTAPAN LOAN WAS FORGIVEN COMME NCING NOVEMBER 1, 2011, BOSTON MEDICAL CENTER SHALL FORGIVE TEN PERCENT OF THE REMAINING P RINCIPAL AMOUNT ($7,200,000) OF THE NOTE EACH YEAR, WITH THE RESULT THAT THE ENTIRE LOAN O UTSTANDING SHALL BE FORGIVEN IN TEN YEARS AS OF MARCH 1, 2018, BACO ENTERED INTO A CONTRA CT WITH THE STATE, CHANGING THE NATURE OF THE RELATIONSHIP WITH THE HEALTH CENTERS AS A R ESULT BOSTON MEDICAL CENTER FULLY RESERVED AGAINST THE NOTE RECEIVABLE AS NO PAYMENTS WERE ANTICIPAITED BOSTON MEDICAL CENTER INCURRED EXPENSE OF $2,220,000 RELATED TO THIS TRANSA CTION EAST BOSTON NEIGHBORHOOD HEALTH CENTER, A COMMUNITY HEALTH CENTER AFFILIATED WITH B OSTON MEDICAL CENTER, RECEIVED A TOTAL OF $1,000,000 FROM BOSTON MEDICAL CENTER DURING 201 3 IN THE FORM OF A LOAN THAT WAS ORIGINATED EFFECTIVE JANUARY 15, 2013 COMMENCING SEPTEMB ER 30, 2013, BOSTON MEDICAL CENTER SHALL FORGIVE TEN PERCENT OF THE ORIGINAL PRINCIPAL AMO UNT OF THE NOTE EACH YEAR, WITH THE RESULT THAT THE ENTIRE LOAN OUTSTANDING SHALL BE FORGI VEN IN TEN YEARS AS OF MARCH 1, 2018, BACO ENTERED INTO A CONTRACT WITH THE STATE, CHANGI NG THE NATURE OF THE RELATIONSHIP WITH THE HEALTH CENTERS AS A RESULT BOSTON MEDICAL CENT ER FULLY RESERVED AGAINST THE NOTE RECEIVABLE AS NO PAYMENTS WERE ANTICIPAITED BOSTON MED ICAL CENTER INCURRED EXPENSE OF $500,000 RELATED TO THIS TRANSACTION SOUTH BOSTON COMMUNI TY HEALTH CENTER, A COMMUNITY HEALTH CENTER AFFILIATED WITH BOSTON MEDICAL CENTER, RECEIVE D A TOTAL OF $600,000 FROM BOSTON MEDICAL CENTER DURING 2016 IN THE FORM OF A LOAN THAT WA S ORIGINATED EFFECTIVE JANUARY 26, 2016 COMMENCING JANUARY 26, 2017, BOSTON MEDICAL CENTE R SHALL FORGIVE TEN PERCENT OF THE ORIGINAL PRINCIPAL AMOUNT OF THE NOTE EACH YEAR, WITH T HE RESULT THAT THE ENTIRE LOAN OUTSTANDING SHALL BE FORGIVEN IN TEN YEARS AS OF MARCH 1, 2018, BACO ENTERED INTO A CONTRACT WITH THE STATE, CHANGING THE NATURE OF THE RELATIONSHIP WITH THE HEALTH CENTERS AS A RESULT BOSTON MEDICAL CENTER FULLY RESERVED AGAINST THE NOT E RECEIVABLE AS NO PAYMENTS WERE ANTICIPAITED BOSTON MEDICAL CENTER INCURRED EXPENSE OF $ 540,000 RELATED TO THIS TRANSACTION IN ADDITION, SOUTH BOSTON RECEVIED A CONTRIBUTION OF $860,000 FROM BOSTON MEDICAL CENTER TO FUND ITS EXPANSION BOSTON MEDICAL CENTER INCURRED EXPENSE OF $860,000 RELATED TO THIS TRANSACTION SOUTH END COMMUNITY HEALTH CENTER, A COMM UNITY HEALTH CENTER AFFILIATED WITH BOSTON MEDICAL CENTER, RECEIVED A TOTAL OF $200,000 FR OM BOSTON MEDICAL CENTER DURING 2017 IN THE FORM OF A LOAN THAT WAS ORIGINATED EFFECTIVE J UNE 16, 2017 COMMENCING JUNE 16, 2017, BOSTON MEDICAL CENTER SHALL FORGIVE ONE-THIRD OF T HE ORIGINAL PRINCIPAL AMOUNT AND ACCRUED INTEREST OF THE NOTE EACH YEAR, WITH THE RESULT T HAT THE ENTIRE LOAN OUTSTANDING SHALL BE FORGIVEN IN THREE YEARS AS OF MARCH 1, 2018, BAC O ENTERED INTO A CONTRACT WITH THE STATE, CHANGING THE NATURE OF THE RELATIONSHIP WITH THE HEALTH CENTERS AS A RESULT BOSTON MEDICAL CENTER FULLY RESERVED AGAINST THE NOTE RECEIVA BLE AS NO PAYMENTS WERE ANTICIPAITED BOSTON MEDICAL CENTER INCURRED EXPENSE OF $200,000 R ELATED TO THIS TRANSACTION CAPITAL INVESTMENTS IN BOSTON HEALTHNET WHILE THE NEED FOR CO MMUNITY-BASED SERVICES CONTINUES TO GROW, IT HAS BECOME INCREASINGLY DIFFICULT FOR 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 UPGRADE S WERE ALSO REQUIRED TO ENHANCE MANAGEMENT EFFICIE

Form and Line Reference	Explanation
Schedule H, PART II, COMMUNITY BUILDING ACTIVITIES	NCIES AND PATIENT CARE IN RESPONSE TO THE HEALTH CENTERS' NEEDS, BMC PROVIDED APPROXIMATE LY $16 MILLION IN OPERATING SUPPORT TO THE BOSTON HEALTHNET HEALTH CENTERS EACH YEAR OTHE R NET SUBSIDIES INCLUDE MOSTLY ECONOMIC DEVELOPMENT, COMMUNITY HEALTH IMPROVEMENT AND WORK FORCE DEVELOPMENT

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 FOOTNOTE 15 FOUND ON PAGE 39 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 $193,745,169 WERE CALCULATED USING THE CMS FORM 2552 METHODOLOGY OF DETERMINING MEDICARE COSTS THIS UTILIZES 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 (RCC) THE RCC 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	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 FOR THE DISABLED AND 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 THE FOLLOWING 1 THE HOSPITAL MAY SEEK COLLECTION ACTION AGAINST ANY LOW-INCOME PATIENT DESCRIBED ABOVE 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

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 THREE CAMPUSES, ONLY TWO CAMPUSES OPERATE 1 BOSTON MEDICAL CENTER CORPORATION, MENINO PAVILION, 830-840 HARRISON AVENUE, BOSTON MA 02118, AND 2 BOSTON MEDICAL CENTER CORPORATION, NEWTON PAVILION, 88 EAST NEWTON STREET, 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 BASED 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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, PART VI, LINE 2	NEEDS ASSESSMENT In 2016, Boston Medical Center (BMC) conducted a comprehensive community health needs assessment (CHNA), which included reviewing existing social, economic, and health data among residents of Boston and those who are traditionally underserved, conducting focus groups with community members, and conducting key informant interviews with health care providers and community stakeholders BMCs CHNA identified the health-related needs of and assets in the community served by BMC through a social determinants of health framework, which defines health broadly and recognizes numerous factors at multiple levels-from lifestyle behaviors (e g , healthy eating and active living) to clinical care (e g , access to medical services) to social and economic factors (e g , poverty) to the physical environment (e g , air quality)-which have an impact on the communitys health Over 62 individuals, persons with expertise in public health, leaders, representatives, and members of medically underserved, low-income, minority populations, and populations with chronic disease needs from the community served by the hospital were engaged in focus groups and interviews to gauge their perceptions of the community, priority health concerns, and what programming, services, or initiatives are most needed to address these concerns In total, four focus groups and nine key informant discussions were conducted October 2015 through February 2016 Focus groups were held with 54 community residents representing the following population segments Spanish language speaking adults in East Boston, Cape Verdean Creole language speaking adults in Dorchester, and English language speaking adults in the South End and Roxbury Nine key informant discussions were conducted with individuals representing the local, regional, and statewide level Key informants represented a number of sectors including non-profit/community service, city government, hospital or health care, education, housing, substance abuse, and emergency preparedness Focus group and interview discussions explored participants perceptions of their communities, priority health concerns, perceptions of public health, prevention, and health care services, and suggestions for future programming and services to address these issues Existing social, economic, and health data were drawn from national, state, county, and local sources, such as the National Cancer Institute, the U S Census, U S Bureau of Labor Statistics, Massachusetts Department of Public Health, Boston Public Health Commission, and the Boston Police Department Key findings that emerged from the CHNA included health care access, chronic diseases and risk factors, mental health and substance abuse, and violence 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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, PART VI, LINE 3	THE HOSPITAL POSTS A NOTICE (SIGNS) OF AVAILABILITY OF FINANCIAL ASSISTANCE IN THE FOLLOWING LOCATIONS I INPATIENT, CLINIC, AND EMERGENCY DEPARTMENT AND/OR WAITING AREAS, II PATIENT FINANCIAL COUNSELOR AREAS, III CENTRAL ADMISSION/REGISTRATION AREAS, AND/OR IV BUSINESS OFFICE AREAS THAT ARE OPEN TO PATIENTS POSTED SIGNS ARE CLEARLY VISIBLE AND LEGIBLE TO PATIENTS VISITING THESE AREAS THE HOSPITAL ALSO INCLUDES A NOTICE ABOUT THE AVAILABILITY OF FINANCIAL ASSITANCE 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 (E G , 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, HEALTHSAFETY 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 SUCH 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

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	PROMOTION OF COMMUNITY HEALTH HEALTH CARE ACCESS BIRTH SISTERS AND CENTERING PREGNANCY BM C HAS DEVELOPED TWO PROGRAMS, BIRTH SISTERS AND CENTERING PREGNANCY, TO IMPROVE HEALTH OUT COMES OF CHILDBEARING WOMEN AT RISK FOR POOR MATERNAL AND INFANT OUTCOMES BIRTH SISTERS A RE WOMEN WHO ARE TRAINED TO PROVIDE SOCIAL SUPPORT AND EDUCATION TO MOTHERS FROM THEIR OWN COMMUNITIES DURING PREGNANCY, LABOR, AND THE POSTPARTUM PERIOD THE BIRTH SISTERS PROGRAM HAS BEEN LINKED TO SIGNIFICANTLY HIGHER BREASTFEEDING RATES AND FEWER CESAREAN DELIVERIES CENTERING PREGNANCY IS AN INNOVATIVE AND PROVEN MODEL OF CARE THAT OFFERS PRENATAL CARE IN 10 TWO-HOUR GROUP SESSIONS USING A CURRICULUM MODIFIED TO MEET THE COMPLEX SOCIAL NEEDS OF BMC'S POPULATION AT THESE SESSIONS, BEGINNING EARLY IN THE SECOND TRIMESTER, PATIENTS RECEIVE HEALTH VISITS, PRENATAL AND PARENTING EDUCATION, AND PEER GROUP SUPPORT ALL IN ON E VISIT THE PROGRAMS SERVED OVER 300 PATIENTS IN FY18 BOSTON CENTER FOR REFUGEE HEALTH A ND HUMAN RIGHTS THE MISSION OF THE BOSTON CENTER FOR REFUGEE HEALTH AND HUMAN RIGHTS IS T O PROVIDE COMPREHENSIVE HEALTH CARE FOR REFUGEES AND SURVIVORS OF TORTURE AND RELATED TRAU MA, COORDINATED WITH LEGAL AID AND SOCIAL SERVICES, TO EDUCATE AND TRAIN AGENCIES AND PROF ESSIONALS WHO SERVE THESE COMMUNITIES, TO ADVOCATE FOR THE PROMOTION OF HEALTH AND HUMAN R IGHTS IN THE UNITED STATES AND WORLDWIDE, AND TO CONDUCT CLINICAL, EPIDEMIOLOGICAL, AND LE GAL RESEARCH FOR THE BETTER UNDERSTANDING AND PROMOTION OF HEALTH AND QUALITY OF LIFE FOR SURVIVORS OF TORTURE AND RELATED TRAUMA THE CENTER SERVES AN AVERAGE OF 375 PATIENTS ANNU ALLY CATALYST CLINIC IN MAY 2016, BOSTON MEDICAL CENTER LAUNCHED THE CATALYST CLINIC (CE NTER FOR ADDICTION TREATMENT FOR ADOLESCENT/YOUNG ADULTS WHO USE SUBSTANCES), A PROGRAM DE SIGNED TO TREAT YOUNG PEOPLE AGED 25 AND UNDER WHO ARE STRUGGLING WITH SUBSTANCE USE, OR W HO HAVE EXPERIMENTED WITH DRUGS AND ALCOHOL AND MAY BE AT RISK FOR DEVELOPING AN ADDICTION THE CATALYST CLINIC TEAM WORKS TO PROVIDE INTERDISCIPLINARY, TEAM-BASED CARE THAT INCLUD ES PHYSICIANS, A NURSE, A SOCIAL WORKER, A COMMUNITY OUTREACH NAVIGATOR AND A PROGRAM MANA GER THE CATALYST CLINIC TEAM WORKS TOGETHER TO OFFER ASSESSMENT, DIAGNOSIS, AND TREATMENT OF VARIOUS SUBSTANCE USE DISORDERS, AS WELL AS A TRANSITION FROM ADOLESCENT TO ADULT CARE WHEN APPROPRIATE IN FISCAL YEAR 2018, THE CATALYST CLINIC RECEIVED APPROXIMATELY 191 REF ERRALS TO THE CLINIC, 446 HAVE BEEN RECEIVED SINCE THE PROGRAM'S INCEPTION CHILD LIFE PRO GRAM THE CHILD LIFE PROGRAM ASSISTS CHILDREN AND FAMILIES IN MANAGING THE STRESSES ASSOCI ATED WITH HOSPITALIZATION AND ILLNESS PROGRAM TEAM MEMBERS ARE ALL TRAINED DEVELOPMENTAL SPECIALISTS, AIMING TO SUPPORT CHILDREN AND FAMILIES THROUGH THE HOSPITAL EXPERIENCE THE GOALS OF THE PROGRAM ARE TO HELP CHILDREN EXPRESS THEIR FEELINGS THROUGH PLAY IN A SAFE A ND SUPPORTIVE ENVIRONMENT, ADVOCATE FOR CHILDREN, OFFERING SUPPORT TO EFFECTIVELY WORK THR OUGH PAIN MANAGEMENT, OFFER CHILDREN DEVELOPMENTALLY APPROPRIATE CHOICES THAT INCREASE FEE LINGS OF INDEPENDENCE, SELF-ESTEEM, AND TRUST, AND ASSIST WITH IMPLEMENTATION OF COPING TE CHNIQUES DURING STRESSFUL SITUATIONS THE CHILD LIFE PROGRAM CURRENTLY COVERS THE AREAS OF INPATIENT PEDIATRICS AND THE PEDIATRIC INTENSIVE CARE UNIT, PEDIATRIC AMBULATORY CARE CLI NIC, PEDIATRIC EMERGENCY DEPARTMENT, AND PEDIATRIC OTOLARYNGOLOGY/OR, WE WILL BE ADDING A POSITION IN 2019 FOR RADIOLOGY THE TEAM REMAINS A CONSULT SERVICE TO CHILDREN OF ADULT FA MILIES AS NEEDED CLOTHING BANK BMC'S SOCIAL WORKERS ACCESS THE CLOTHING BANK IN REAL TIM E WHEN A PROVIDER CONTACTS SOCIAL WORK ABOUT A BASIC CLOTHING NEED (SWEAT PANTS, SHIRTS, U NDERWEAR, SOCKS, SHOES, AND WINTER COATS) FOR A LOW-INCOME PATIENT CENTER FOR THE URBAN C HILD AND HEALTHY FAMILY THE CENTER FOR THE URBAN CHILD AND HEALTHY FAMILY WAS ESTABLISHED BY THE DEPARTMENT OF PEDIATRICS IN 2016 TO DEVELOP INNOVATIVE WAYS TO MEET THE COMPLEX HE ALTH AND SOCIAL NEEDS OF CHILDREN AND THEIR FAMILIES THE CENTER'S MISSION IS TO ACHIEVE D RAMATIC IMPROVEMENTS IN OUTCOMES FOR CHILDREN AND FAMILIES FACING ADVERSITY SUCH THAT ALL CHILDREN HAVE AN EQUAL OPPORTUNITY TO BE HEALTHY, READY TO LEARN, AND TO ACHIEVE THEIR FUL L POTENTIAL THIS WILL BE ACHIEVED THROUGH DEVELOPING, TESTING, AND SCALING NOVEL HEALTH D ELIVERY APPROACHES THAT SERVE CHILDREN WITH THEIR CAREGIVERS AND THAT BRING COMMUNITIES, C HILD-SERVING SECTORS, AND HEALTH PROVIDERS TOGETHER ACROSS DISCIPLINES THE CENTER AIMS TO BUILD THE PEDIATRIC PRACTICE OF THE FUTURE THROUGH FUNDAMENTAL SYSTEMS CHANGE-- CREATING & SCALING NOVEL HEALTH DELIVERY APPROACHES AND WORKING WITH FAMILIES, INTER-DISCIPLINARY C OLLEAGUES, COMMUNITIES, AND OTHER FAMILY-SERVING SECTORS ELDERS LIVING AT HOME PROGRAM T HE GOAL OF ELDERS LIVING AT HOME PROGRAM IS TO HELP OLDER ADULTS WHO ARE HOMELESS OR AT RI SK FOR HOMELESSNESS SECURE AND MAINTAIN A PERMANENT RESIDENCE AND LIVE AS INDEPENDENTLY AS POSSIBLE THE PROGRAM SERVED 211 CLIENTS DURING T

Form and Line Reference	Explanation
Schedule H, PART VI, LINE 5	HE 2018 FISCAL YEAR OF THIS NUMBER, 102 RECEIVED HOUSING SEARCH AND PLACEMENT SERVICES, 4 0 RECEIVED HOUSING STABILIZATION SERVICES, 70 RECEIVED HOMELESSNESS PREVENTION ASSISTANCE, AND 25 CLIENTS WERE SERVED THROUGH THE NEW 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 SOME CLIENTS RECEIVED MORE THAN ONE TYPE O F SERVICE THIRTY-SIX (36) CLIENTS RECEIVED NUTRITIONAL ASSISTANCE ALL CLIENTS SUFFER FRO M AT LEAST ONE CHRONIC ILLNESS, AND 177 SUFFER FROM TWO OR MORE DISABLING MEDICAL CONDITIO NS REMARKABLY, ALL OF THE PROGRAM CLIENTS WHO WERE PLACED IN HOUSING AND ALL WHO RECEIVED STABILIZATION SERVICES HAVE REMAINED SAFELY HOUSED DURING THIS PERIOD OF THOSE CLIENTS W HO RECEIVED HOMELESSNESS PREVENTION SERVICES, 68 (100% WITH THE EXCLUSION OF TWO CLIENTS W HO DIED BEFORE THEIR CASES WERE RESOLVED) HAVE REMAINED IN STABLE HOUSING OVER THE LAST T EN YEARS, THE SUCCESS RATE OF THE PROGRAM'S STABILIZATION SERVICES REMAINS AT AN EXTRAORDI NARY 98% GROW CLINIC THE GROW CLINIC WAS FOUNDED IN 1984 BY DR DEBORAH A FRANK WITHIN BMC'S DEPARTMENT OF PEDIATRICS THE PRIMARY GOAL OF THE GROW CLINIC IS TO PROVIDE COMPREHE NSIVE MULTIDISCIPLINARY MEDICAL, NUTRITIONAL, AND SOCIAL SERVICES AS WELL AS 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 W ITH ILLNESS, POVERTY, AND OTHER FAMILY STRESSORS THE EFFECTS OF FTT INCLUDE SHORTENED ATT ENTION SPANS, EMOTIONAL PROBLEMS, DELAYED COGNITIVE DEVELOPMENT, LASTING GROWTH FAILURE, A ND FREQUENT SERIOUS ILLNESS, WHICH CAN RESULT IN HOSPITALIZATION THE GROW CLINIC PROVIDES MEDICAL TREATMENT, NUTRITIONAL ASSESSMENT, HOME HEALTH EDUCATION, SOCIAL SERVICE ADVOCACY , DEVELOPMENTAL REFERRALS, ACCESS TO BMC'S THERAPEUTIC FOOD PANTRY, NUTRITIONAL SUPPLEMENT S, CHILDREN'S CLOTHES, DIAPERS, BOOKS, AND EDUCATIONAL TOYS, AMONG OTHER SERVICES THERE A RE APPROXIMATELY 200 CHILDREN TREATED ANNUALLY BY THE GROW CLINIC IN FY18 THERE WERE 79 N EW PATIENTS THIRTY-TWO PERCENT (32%) OF CLINIC PATIENTS WERE 12 MONTHS OF AGE OR YOUNGER, THE AVERAGE AGE AT REFERRAL WAS 36 MONTHS, AND THE AVERAGE LENGTH OF TREATMENT WAS 29 MON THS THERE WERE 956 TOTAL CLINIC VISITS DURING THIS PERIOD APPROXIMATELY 8 5% OF PATIENT FAMILIES WERE HOMELESS AND LIVING IN SHELTERS CLINICIANS MADE 429 HOME VISITS IN FY18 AL L PATIENTS DEMONSTRATED IMPROVED GROWTH, AND 80% DEMONSTRATED SIGNIFICANT WEIGHT IMPROVEME NT IMMIGRANT AND REFUGEE HEALTH PROGRAM THE IMMIGRANT & REFUGEE HEALTH PROGRAM PROVIDES COMPREHENSIVE PRIMARY CARE SERVICES TO IMMIGRANT AND REFUGEE PATIENTS THE TEAM OF CLINICI ANS TAKES CARE OF GENERAL HEALTHCARE NEEDS THROUGH REGULAR CHECK-UPS, IMMUNIZATIONS, AND S CREENINGS, AS WELL AS THROUGH PROVIDING CARE FOR ILLNESSES AND INJURIES IF NEEDED, THE TE AM WILL COORDINATE PATIENT CARE WITH A SPECIALIST FOR A MORE SERIOUS HEALTH ISSUE FOREIGN AND SIGN LANGUAGE INTERPRETERS ARE AVAILABLE TO HELP PATIENTS COMMUNICATE WITH THE STAFF THE PRACTICE PROVIDES ON-SITE INTERPRETERS AND OVER THE PHONE INTERPRETERS FOR MORE THAN 250 LANGUAGES THE PROGRAM ALSO OFFERS ACCESS TO PSYCHIATRIC AND CASE MANAGEMENT SUPPORT T O PROVIDE CARE FOR THE WIDE RANGE OF PATIENT NEEDS BOSTON MEDICAL CENTER'S IMMIGRANT AND REFUGEE HEALTH PROGRAM SEES OVER 400 NEW IMMIGRANT, REFUGEE, AND ASYLUM SEEKER PATIENTS PE R YEAR AND HAS AN OVERALL LONG-TERM PRIMARY CARE PATIENT POPULATION OF ABOUT 1,900 INTEGR ATIVE MEDICINE STARTED IN 2004, THE PROGRAM FOR INTEGRATIVE MEDICINE AND HEALTH CARE DISP ARITIES AT BOSTON MEDICAL CENTER COMBINES CONVENTIONAL MEDICAL TREATMENT, COMPLEMENTARY TH ERAPIES, AND LIFESTYLE CHANGES THE CORE PURPOSE OF THIS PROGRAM IS TO PIONEER A WIDELY AC CESSIBLE, MULTICULTURAL, CROSS-DISCIPLINARY, NATIONAL MODEL OF INTEGRATIVE HEALTH FOR ALL THROUGH CLINICAL SERVICES, EDUCATION, RE

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, PART VI, LINE 6	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 BMC Healthnet Plan was established in 1997 by Boston Medical Center, the largest safety net hospital in New England and has more than 20 years of experience delivering accessible care to complex populations BMC Healthnet Plan, under the name "Well Sense Health Plan," also provides health coverage to Medicaid members in New Hampshire BMC HealthNet Plan serves over 330,000 members across Massachusetts Boston HealthNet Established in 1995, Boston HealthNet is an integrated health care delivery system comprised of BMC, the Boston University School of Medicine, and 14 community health centers 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 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 24th year, Boston Healthnet and its Community Health Center partners have extended BMCs presence into Boston-area neighborhoods, significantly improving the health of their residents The accomplishments of the network are evidenced by the growth of Community Health Center admissions to BMC, the collaborative development of quality improvement initiatives, clinical protocols, and standards of practice, increased access to specialty services, a successful public health outreach campaign, and the significant development and coordination of Boston Healthnets information technology programs and services Boston HealthNet has partnered with the Massachusetts League of Community Health Centers to participate in a federal Health Center Controlled Network grant, a $900,000 three year grant (2016-2019) that supported quality improvement, reporting, and clinical EMR training Since 2015, Boston healthnet Community Health Centers, in collaboration with BMC, have implemented an electronic health record and practice management system The system allows both Community health center and BMC providers to gain access to the health records of their mutual patients A two-year $895,965 Partnership for Community Health grant awarded in 2015 supports Boston Healthnets Improving Community Health, an initiative that takes advantage of informatics through a patient portal to enhance patient engagement Key goals of the project are to improve blood pressure management among patients with hypertension and ensure that patients do not miss routine cancer screenings Research A Boston Healthnet Research Subcommittee was set up in 2005 to review all research projects that are proposed at the health centers, 244 projects have been reviewed to date Increasing Patient Access Community Access to BMC is enhanced through a free shuttle bus service and an UBER program One shuttle bus is provided to EBNHC that circulates twice and hour and the UBER program is to allow patients greater access to appointments for patients at 10 other health centers Last year, the shuttle bus transported 211,999 patients and their families between BMC and the EBNHC The Pilot Uber program, implemented to service 10 Boston HealthNet Health Centers, increased 83% in its first year transporting 2,237 patients Advancing Medical Education A number of HealthNet Community Health Centers also serve as the primary community-based training sites for Boston University School of Medicine pediatric, family medicine, psychiatry and general medicine residents BUSM students and physician assistants also round at the CHCs to supplement their training with direct patient contact

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

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		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 http //www bmc org V112	X	X		X		X	X			

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 HTTP //WWW BMC ORG/SERVICES/PATIENT-FINANCIAL-ASSISTANCE-PROGRAM
Schedule H, Part V, Line 16b	FAP Application Website HTTP //WWW BMC ORG/SERVICES/PATIENT-FINANCIAL-ASSISTANCE-PROGRAM

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 16c	FAP Plain Language Summary Website HTTP //WWW BMC ORG/SERVICES/PATIENT-FINANCIAL-ASSISTANCE-PROGRAM
Schedule H, Part V, Section B, Line 5	Over 62 individuals, persons with expertise in public health, leaders, representatives and members of medically underserved, low-income, minority populations, and populations with chronic disease needs from the community served by the hospital were engaged in focus groups and interviews to gauge their perceptions of the community, priority health concerns, and what programming, services, or initiatives are most needed to address these concerns In total, four focus groups and nine key informant discussions were conducted October 2015 through February 2016 Focus groups were held with 54 community residents representing the following population segments Spanish language speaking adults in East Boston, Cape Verdean Creole language speaking adults in Dorchester, and English language speaking adults in the South End and Roxbury BMC partnered with community health centers that recruited community residents living in the CHCs immediate community and who were medically underserved and low-income, and who represented predominantly minority populations Nine key informant discussions were conducted with individuals representing the local, regional, and statewide level Key informants represented a number of sectors including non-profit/community service, Boston Public Health Commission, hospital or health care, education, housing, substance abuse, and emergency preparedness Focus group and interview discussions explored participants perceptions of their communities, priority health concerns, perceptions of public health, prevention, and health care services, and suggestions for future programming and services to address these issues The Director of Community Benefits contact information is found on the website where the CHNA is posted The hospital facility did not receive any written comments about the most recently conducted CHNA and most recently adopted implementation strategy Schedule H, Part V, Section B, Line 7A https //www bmc org/sites/default/files/About_Us/Commitment_to_Our_Communi ty/field_Attachments/BMC-Community-HealthNeedsAssessment-HNA pdf Schedule H, Part V, Section B, Line 10A https //www bmc org/sites/default/files/About_Us/Commitment_to_Our_Communi ty/field_Attachments/Implementation-Strategy pdf

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, chronic diseases and risk factors, mental health and substance abuse, and violence For detailed information about each of the programs and initiatives that addressed the needs last year, please see Line 5, promotion of community health below
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 (FAP), patients who qualify for the FAP have applied for one of the Commonwealth's financial assistance programs (connectorcare, medicaid, or health safety net) or have been rendered 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

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

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

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
Boston Medical Center

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? . . . . . ☑ Yes ☐ No

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

Part II Grants and Other Assistance to 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

(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
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 74

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶ 2

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.

(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 non-cash assistance	**(h)** Purpose of grant or assistance
Albert Einstein College Of Med 500 West 185th Street New York, NY 10033	13-1624225	501(c)(3)	296,384				Subaward
American Academy of Pediatrics 141 Northwest Point Blvd Elk Grove Village, IL 60007	36-2275597	501(c)(3)	69,896				Subaward

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

(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 non-cash assistance	**(h)** Purpose of grant or assistance
Bay Cove Human Service 66 Canal Street Boston, MA 02114	04-2518575	501(c)(3)	7,275,790				Subaward
Baystate Medical Center 759 Chestmut Street Springfield, MA 01199	04-2790311	501(c)(3)	463,692				Subaward

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

(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 non-cash assistance	**(h)** Purpose of grant or assistance
Berkeley County First steps 6215 Murray Drive Room 114 Hannah, SC 29410	57-1097780	501(c)(3)	35,000				Subaward
Beth Israel Deaconess PO Box 3784 Boston, MA 02241	04-2103881	501(c)(3)	356,682				Subaward

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

(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 non-cash assistance	**(h)** Purpose of grant or assistance
Boston Housing Authority 52 Chauncy Street Boston, MA 02111	04-6001907	501(c)(3)	39,452				Subaward
Boston Public Health 1010 Massachusetts Ave Boston, MA 02118	04-3316655	501(c)(3)	61,463				Subaward

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

(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 non-cash assistance	**(h)** Purpose of grant or assistance
Boston University 715 Albany Street Boston, MA 02118	04-2103547	501(c)(3)	1,969,077				Subaward
Brigham & Womens Hospital PO Box 3149 Boston, MA 02241	04-2312909	501(c)(3)	265,720				Subaward

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

(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 non-cash assistance	**(h)** Purpose of grant or assistance
Brockton Area Multi-Services 10 Christys Drive Brockton, MA 02301	04-2562377	501(c)(3)	157,991				Subaward
Brockton Neighborhood 63 Main Street Brockton, MA 02301	04-3165044	501(c)(3)	21,063				Subaward

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

(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 non-cash assistance	**(h)** Purpose of grant or assistance
Cambridge Health Alliance 1493 Cambridge Street Cambridge, MA 02139	04-3320571	501(c)(3)	226,531				Subaward
Cape Cod Hospital 27 Part Street Hyannis, MA 02601	04-2103600	501(c)(3)	443,144				Subaward

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

(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 non-cash assistance	**(h)** Purpose of grant or assistance
Center for Community Health Education Research 360 Huntington Avenue 222 YMCA Boston, MA 02115	04-3286409	501(c)(3)	34,286				Subaward
Child & Family Service 3057 Acushnet Avenue New Bedford, MA 02745	04-2104754	501(c)(3)	144,750				Subaward

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

(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 non-cash assistance	**(h)** Purpose of grant or assistance
Children's Defense Fund 555 Park Street Saint Paul, MN 55105	52-0895622	501(c)(3)	35,000				Subaward
Children's Hospital Corp 300 Longwood Avenue Boston, MA 02115	04-2774441	501(c)(3)	28,091				Subaward

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

(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 non-cash assistance	**(h)** Purpose of grant or assistance
Codman Square Health 637 Washington Avenue Boston, MA 02124	04-2678774	501(c)(3)	13,939				Subaward
Colorado Statewide Parent Coalition 7150 Hooker Street Suite B Denver, CO 80030	74-2563848	501(c)(3)	35,000				Subaward

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

(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 non-cash assistance	(h) Purpose of grant or assistance
Community Outreach And Patient Empowerment Inc 208 West Coal Gallup, NM 87301	46-5551998	501(c)(3)	35,000				Subaward
Cooper Health System 1 Cooper Plz Camden, NJ 08103	21-0634462	501(c)(3)	45,000				Subaward

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

(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 non-cash assistance	(h) Purpose of grant or assistance
Dana Farber Cancer In	04-2263040	501(c)(3)	38,078				Subaward
Dimock Chc 55 Dimock Street Roxbury, MA 02119	04-3487835	501(c)(3)	6,268				Subaward

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

(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 non-cash assistance	**(h)** Purpose of grant or assistance
Drexel University 3141 Chestnut Street Philadelphia, PA 19104	23-1352630	501(C)(3)	6,270				Subaward
Emory University 1762 Clifton Rd Suite 1400 Atlanta, GA 30322	58-0566256	501(C)(3)	296,602				Subaward

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

(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 non-cash assistance	**(h)** Purpose of grant or assistance
Every Mother Inc PO Box 615 Greenville, MS 38702	20-5325053	501(c)(3)	22,663				Subaward
GE Global Research 1 Research Cir Niskayauna, NY 12309	14-0689340	CORP	5,979				Subaward

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

(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 non-cash assistance	**(h)** Purpose of grant or assistance
General Electric Medical Sysytems Information Tech 5517 Collections Center Dr Chicago, IL 60693	14-0689340	Corp	24,966				Subaward
Georgia State University 33 Gilmer Street Atlanta, GA 30303	58-6002050	115	10,732				Subaward

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

(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 non-cash assistance	**(h)** Purpose of grant or assistance
Gosnold Inc 200 Ter Heun Dr Falmouth, MA 02540	04-2502970	501(c)(3)	211,002				Subaward
Harvard Pilgrim Health 1600 Clown Colony Dr Quincy, MA 02169	04-2452600	501(c)(3)	15,506				Subaward

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

(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 non-cash assistance	**(h)** Purpose of grant or assistance
Harvard University 677 Huntington Avenue Boston, MA 02115	04-2103580	501(c)(3)	82,961				Subaward
Health Resources in Action Inc 2 Boylston Street 4th Floor Boston, MA 02115	04-2229839	501(c)(3)	6,385				Subaward

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

(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 non-cash assistance	**(h)** Purpose of grant or assistance
Healthinsight 756 Winchester St Suite 200 Salt Lake City, UT 84107	87-0303872	501(c)(3)	11,954				Subaward
Institute for Health 349 Broadway Cambridge, MA 02139	04-3086647	501(c)(3)	44,518				Subaward

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

(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 non-cash assistance	**(h)** Purpose of grant or assistance
John Hopkins University 600 Wolfe Street Baltimore, MD 21287	52-0595110	501(c)(3)	23,038				Subaward
Joslin Diabetes Center One Joslin Place Boston, MA 02215	04-2203836	501(c)(3)	13,177				Subaward

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

(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 non-cash assistance	**(h)** Purpose of grant or assistance
Martha S Vineyard Community Services Inc 111 Edgartown Rd Vineyard Haven, MA 02568	04-2301598	501(c)(3)	218,636				Subaward
Mass Institute of Technology 77 Massachusetts Avenue NE 49-4097 Cambridge, MA 02139	04-2103594	501(c)(3)	111,156				Subaward

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

(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 non-cash assistance	**(h)** Purpose of grant or assistance
Massachusetts General Hospital 55 Fruit Street Boston, MA 02114	04-2697983	501(c)(3)	235,234				Subaward
Medstar Health Research 6525 Belcrest Road Hyattsville, MD 20782	52-6056274	501(c)(3)	11,793				Subaward

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

(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 non-cash assistance	**(h)** Purpose of grant or assistance
Mgh Neurogenetics Dna 185 Cambridge Street Boston, MA 02110	04-2807148	501(c)(3)	252,083				Subaward
Minneapolis Red Research 600 Shapiro Building Minneapolis, MN 55404	41-1677920	501(c)(3)	10,212				Subaward

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

(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 non-cash assistance	**(h)** Purpose of grant or assistance
North Suffolk Mental 301 Broadway Avenue Chelsea, MA 02150	04-2317215	501(c)(3)	3,869,043				Subaward
Northeastern University 360 Huntington Avenue Boston, MA 02115	04-1679980	501(c)(3)	442,104				Subaward

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

(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 non-cash assistance	**(h)** Purpose of grant or assistance
Nuestra Comunidad Development Corp 56 Warren Street Suite 200 Roxbury, MA 02119	04-2741543	501(c)(3)	8,234				Subaward
Partners in Health 888 Comm Ave 3rd Floor Boston, MA 02215	04-3567502	501(c)(3)	14,154				Subaward

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

(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 non-cash assistance	**(h)** Purpose of grant or assistance
Program for Parents Inc 570 Broad Street Newark, NJ 07102	22-2504469	501(c)(3)	35,000				Subaward
Project Hope 550 Dudley Street Roxbury, MA 02119	04-2748880	501(c)(3)	42,984				Subaward

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

(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 non-cash assistance	(h) Purpose of grant or assistance
Reaching our Sisters 3614 Columbia Pkwy Decatur, GA 30034	45-2803568	501(c)(3)	65,276				Subaward
Regents of the Univ of California 2760 Fifth Avenue San Diego, CA 92103	95-6006144	501(c)(3)	33,075				Subaward

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

(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 non-cash assistance	**(h)** Purpose of grant or assistance
Research Triangle Ins 3040 E Cornwallis Road PO Box 1219 Research Triangle Park, NC 27709	56-0686338	501(c)(3)	9,998				Subaward
Rhode Island Hospital 593 Eddy St Providence, RI 02903	05-0258954	501(c)(3)	101,351				Subaward

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

(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 non-cash assistance	**(h)** Purpose of grant or assistance
Riverside Research Institute 156 William St 9th Fl New York, NY 10038	13-2593244	501(c)(3)	69,558				Subaward
Rutgers the State University 65 Davidson Road Piscataway, NJ 08854	46-2354111	501(c)(3)	1,436,915				Subaward

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

(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 non-cash assistance	**(h)** Purpose of grant or assistance
Seattle Biomedical Research Institute 307 Westlake Ave N Ste 500 Seattle, WA 98109	91-0961784	501(c)(3)	247,753				Subaward
The Board of Trustees of Univ of Alabama 651 Peter Bryce Blvd Tusscaloosa, AL 35401	63-0803491	501(c)(3)	35,000				Subaward

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

(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 non-cash assistance	(h) Purpose of grant or assistance
The Miriam Hospital 164 Summit Avenue Providence, RI 02906	05-0258905	501(c)(3)	48,037				Subaward
The New York Immigrant 131 West 33rd Street Suite 610 New York, NY 10001	13-3573409	501(c)(3)	35,000				Subaward

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

(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 non-cash assistance	**(h)** Purpose of grant or assistance
The University of Rhode Island 75 Lower College Road Kingston, RI 02881	22-3011455	115	7,920				Subaward
Third Sector New England 89 South Street 7th Floor Boston, MA 02111	04-2261109	501(c)(3)	265,563				Subaward

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

(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 non-cash assistance	**(h)** Purpose of grant or assistance
Trustees of the University of Pennsylvania 3451 Walnut Street Suite 305 Philadelphia, PA 19104	23-1352685	501(c)(3)	25,600				Subaward
Tufts University 715 Albany Street Boston, MA 02118	04-2103634	501(c)(3)	212,402				Subaward

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

(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 non-cash assistance	**(h)** Purpose of grant or assistance
US Civilian Research and development 1776 Wilson Blvd Suite 3000 Arlington, VA 22209	54-1773406	501(c)(3)	150,198				Subaward
United Way of Metropolitan Chicago 333 South Wabash Avenue Chicago, IL 60604	30-0200478	501(c)(3)	35,000				Subaward

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

(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 non-cash assistance	**(h)** Purpose of grant or assistance
University of Massachusetts 55 Lake Avenue North Worcester, MA 01655	04-3167352	115	44,912				Subaward
University of Michigan 3003 S State Street Ann Arbor, MI 48109	38-6006309	501(c)(3)	84,452				Subaward

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

(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 non-cash assistance	**(h)** Purpose of grant or assistance
University of N Carolina CB 13501 Chapel Hill, NC 27599	56-6001393	501(c)(3)	5,734				Subaward
University of Pittsburgh 116 Atwood Street Suite 201 Pittsburgh, PA 15260	25-0965591	115	62,192				Subaward

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

(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 non-cash assistance	**(h)** Purpose of grant or assistance
University of Washington Box 359505 Gift Services Seattle, WA 98195	91-6001537	115	110,057				Subaward
Vanderbilt University Gift Processing VU Station B 3577 2301 Vanderbilt Pl Nashville, TN 37235	62-0476822	501(c)(3)	130,675				Subaward

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

(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 non-cash assistance	**(h)** Purpose of grant or assistance
Vinfen Corp PO Box 5059 Boston, MA 02206	04-2632219	501(c)(3)	2,107,839				Subaward
Whatcom County 311 Grand Ave Bellingham, WA 98225	91-6001383	115	35,000				Subaward

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

(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 non-cash assistance	**(h)** Purpose of grant or assistance
Yale University PO Box 208239 New Haven, CT 06520	06-0646973	501(C)(3)	34,584				Subaward

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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.**

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

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
Boston Medical Center

Employer identification number
04-3314093

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax idemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e g , maid, chauffeur, chef)		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	**2**		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	☑ Compensation committee	☑ Written employment contract		
	☑ Independent compensation consultant	☑ Compensation survey or study		
	☑ Form 990 of other organizations	☑ Approval by the board or compensation committee		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**	Yes	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," on line 5a or 5b, describe in Part III			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," on line 6a or 6b, describe in Part III			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**	Yes	
8	Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

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

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

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

(A) Name and Title	**(B)** Breakdown of W-2 and/or 1099-MISC compensation			**(C)** Retirement and other deferred compensation	**(D)** Nontaxable benefits	**(E)** Total of columns (B)(i)-(D)	**(F)** Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable compensation				
See Additional Data Table							

Part III Supplemental Information

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

Return Reference	Explanation
Schedule J, Part I, Line 4a	Richard Silveria received severance compensation in the amount of $297,500, which is included in Schedule J, Part II, Column B(iii) Richard Silveria received the standard severance package, which is twelve months of salary plus medical and dental benefits
Schedule J, Part I, Line 4b	Boston Medical Center Provides A Supplemental Executive Retirement Plan To Certain Executives Amounts Are Credited To Participants' Accounts Each Year Plan Amounts Are Subject To Forfeiture And Payment Only If Certain Conditions Are Met, As Outlined In The Plan Agreement Boston Medical Center Maintains An Executive Benefit Plan Which Offers Participating Executives The Option Of Annually Allocating Benefit Dollars To A Supplemental Retirement/Pre-Tax Savings Account Amounts Vest On Specified Dates Based On Continued Employment But No Later Than The Executive's 62nd 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 2017 Walsh - $127,425 Beck - $18,075 Bell - $42,260 Biggio - $11,917 Davidoff - $145,480 Hochberg - $50,400 Kelly-Croswell - $18,339 Stein - $46,870 Silveria - $108,556 James - $24,000 Camillus - $8,076 BMC Provided A Supplemental Executive Retirement Plan To Kathleen 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 2017, $47,250 was vested and is reflected in Schedule J, Part II, Column B (iii)
Schedule J, Part I, Line 7	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 Fy17 Performance Bonus Payouts were Approved By The Committee after it reviewed the FY17 Performance Results Against Pre-Established Performance Targets, And Approved The Formula-Based Payouts Accordingly

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				
1David Beck SVP/Chief Legal Counsel/Clerk	(i)	375,245	76,864	20,403	62,700	20,626	555,838	14,000
	(ii)	0	0	0	0	0	0	0
1Richard Silveria Former SVP Fin/CFO/Treas	(i)	204,932	0	407,026	5,625	31,172	648,755	45,800
	(ii)	0	0	0	0	0	0	0
2Alastair Bell SVP Ops & Strategy/COO	(i)	681,700	369,912	44,588	86,700	3,300	1,186,200	28,967
	(ii)	0	0	0	0	0	0	0
3Bob Biggio SVP Facility & Supt Svcs	(i)	412,787	115,966	14,245	47,500	38,555	629,053	12,800
	(ii)	0	0	0	0	0	0	0
4Joe Camillus SVP Ambulatory & Prf Svc	(i)	342,551	70,795	10,404	54,000	30,957	508,707	2,500
	(ii)	0	0	0	0	0	0	0
5David Coleman MD Trustee	(i)	0	0	0	0	0	0	0
	(ii)	564,437		166,406	35,960	1,829	768,632	0
6Brendan Magauran MD Trustee	(i)	0	0	0	0	0	0	
	(ii)	290,256	0	87,840	35,960	30,231	444,287	0
7Jennifer Tseng MD Trustee	(i)	0	0	0	0	0	0	0
	(ii)	417,511	0	40,300	0	6,495	464,306	0
8Kathleen Walsh President and CEO	(i)	1,194,790	339,818	202,722	189,750	5,306	1,932,386	148,442
	(ii)	0	0	0	0	0	0	0
9Ravin Davidoff MD SVP MEDICAL AFFAIRS AND CMO	(i)	493,916	101,136	147,808	13,500	21,858	778,218	39,720
	(ii)	0	0	0	0	0	0	0
10Nancy Gaden SVP CHIEF NURSING OFFICER	(i)	390,507	80,909	2,328	54,900	33,097	561,741	0
	(ii)	0	0	0	0	0	0	0
11Stanley Hochberg MD SVP Qual,Sfty,&Tech (12/31/17)	(i)	412,419	53,453	52,728	13,500	23,452	555,552	16,100
	(ii)	0	0	0	0	0	0	0
12Lisa A Kelly-Croswell SVP/CHRO	(i)	421,066	85,966	20,667	58,230	9,542	595,471	11,300
	(ii)	0	0	0	0	0	0	0
13Norman Stein SVP Chief Development Officer	(i)	366,096	125,165	49,198	18,900	14,726	574,085	24,456
	(ii)	0	0	0	0	0	0	0
14Arthur Harvey VP/CIO	(i)	346,700	70,795	2,328	35,300	8,811	463,934	0
	(ii)	0	0	0	0	0	0	0
15Thea James VP Missions & Associate CMO	(i)	295,402	60,682	25,872	8,100	22,264	412,320	0
	(ii)	0	0	0	0	0	0	0
16Mary Beth Begley Treasurer (until 11/14/2017)	(i)	236,055	0	499	16,081	13,653	266,288	
	(ii)							

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
▶ Attach to Form 990.
▶ Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2017

Open to Public Inspection

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	MDFA 2012 Series C	04-3431814	57583URP5	06-14-2012	117,490,498	Refunding of 1998 Bonds	X			X		X
B	MDFA 2015 Series D	04-3431814	57583U6Q6	04-08-2015	167,471,151	FINANCE CAPITAL PROJECTS		X		X		X
C	MDFA 2016 Series E	04-3431814	57584XWT4	09-22-2016	203,977,951	FINANCE NEW PROJECTS						
D	MDFA 2017 Series F	04-3431814	57584X6Z9	12-20-2017	45,272,849	FINANCE CAPITAL PROJECTS						

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	34,010,000	0	450,000	0
2	Amount of bonds legally defeased	38,675,000	0	0	0
3	Total proceeds of issue	117,498,730	168,580,681	203,977,951	45,710,324
4	Gross proceeds in reserve funds	5,202,013	15,556,101	0	0
5	Capitalized interest from proceeds	0	429,994	0	0
6	Proceeds in refunding escrows	0	0	0	0
7	Issuance costs from proceeds	1,684,889	2,013,155	1,705,945	272,257
8	Credit enhancement from proceeds	0	0	0	0
9	Working capital expenditures from proceeds	0	0	0	0
10	Capital expenditures from proceeds	0	150,236,813	29,221,589	22,351,224
11	Other spent proceeds	115,805,649	0	172,974,053	0
12	Other unspent proceeds	0	0	76,364	23,086,843
13	Year of substantial completion				

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?	X			X		X		X
15	Were the bonds issued as part of an advance refunding issue?		X		X	X			X
16	Has the final allocation of proceeds been made?	X			X		X		X
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

Part III Private Business Use

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	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
2	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
3a	Are there any management or service contracts that may result in private business use of bond-financed property?			X		X		X	
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	
c	Are there any research agreements that may result in private business use of bond-financed property?			X		X			X
d	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		
4	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 %		0 %
5	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 %				
6	Total of lines 4 and 5				0 %				
7	Does the bond issue meet the private security or payment test?				X		X		X
8a	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	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?				X		X		X
9	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
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?	X			X		X		X
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?			X		X		X	
b	Exception to rebate?				X		X		X
c	No rebate due?				X		X		X
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?		X		X		X		X
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X		X
b	Name of provider	0		0		0		0	
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was the hedge terminated?								

Part IV Arbitrage (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?	X			X		X		X
b	Name of provider	AIG Matched Funding		0		0		0	
c	Term of GIC	27 %							
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?	X							
6	Were any gross proceeds invested beyond an available temporary period?	X			X	X			X
7	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 II Part IV, Line 1 The most recent five year rebate report, dated July 25, 2017, was prepared by BLX Group, LLC 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 PART III, LINE 7 AS PROVIDED IN TREASURY REGULATION SECTION 1 141-4(C)(2)(I)(B), THE AMOUNT OF PRIVATE PAYMENTS TAKEN INTO ACCOUNT UNDER THE PRIVATE PAYMENT TEST MAY NOT EXCEED THE AMOUNT OF PRIVATE BUSINESS USE AND/OR UNRELATED TRADE OR BUSINESS USE ACCORDINGLY, THE AMOUNT OF PRIVATE PAYMENTS FOR THE REPORTING PERIOD DOES NOT EXCEED THE AMOUNT STATED IN PART III, LINE 6 THE ORGANIZATION HAS NOT UNDERTAKEN AN ANALYSIS OF THE PRIVATE SECURITY TEST WITH RESPECT TO THE BONDS, AS THE LEVEL OF PRIVATE BUSINESS USE AND/OR UNRELATED TRADE OR BUSINESS REPORTED IN PART III, LINE 6, IS NOT IN EXCESS OF AMOUNTS PERMITTED UNDER SECTION 145 OF THE CODE

Return Reference	Explanation
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 PART III, LINE 7 AS PROVIDED IN TREASURY REGULATION SECTION 1 141-4(C)(2)(I)(B), THE AMOUNT OF PRIVATE PAYMENTS TAKEN INTO ACCOUNT UNDER THE PRIVATE PAYMENT TEST MAY NOT EXCEED THE AMOUNT OF PRIVATE BUSINESS USE AND/OR UNRELATED TRADE OR BUSINESS USE ACCORDINGLY, THE AMOUNT OF PRIVATE PAYMENTS FOR THE REPORTING PERIOD DOES NOT EXCEED THE AMOUNT STATED IN PART III, LINE 6 THE ORGANIZATION HAS NOT UNDERTAKEN AN ANALYSIS OF THE PRIVATE SECURITY TEST WITH RESPECT TO THE BONDS, AS THE LEVEL OF PRIVATE BUSINESS USE AND/OR UNRELATED TRADE OR BUSINESS REPORTED IN PART III, LINE 6, IS NOT IN EXCESS OF AMOUNTS PERMITTED UNDER SECTION 145 OF THE CODE 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 PART III, LINE 7 AS PROVIDED IN TREASURY REGULATION SECTION 1 141-4(C)(2)(I)(B), THE AMOUNT OF PRIVATE PAYMENTS TAKEN INTO ACCOUNT UNDER THE PRIVATE PAYMENT TEST MAY NOT EXCEED THE AMOUNT OF PRIVATE BUSINESS USE AND/OR UNRELATED TRADE OR BUSINESS USE ACCORDINGLY, THE AMOUNT OF PRIVATE PAYMENTS FOR THE REPORTING PERIOD DOES NOT EXCEED THE AMOUNT STATED IN PART III, LINE 6 THE ORGANIZATION HAS NOT UNDERTAKEN AN ANALYSIS OF THE PRIVATE SECURITY TEST WITH RESPECT TO THE BONDS, AS THE LEVEL OF PRIVATE BUSINESS USE AND/OR UNRELATED TRADE OR BUSINESS REPORTED IN PART III, LINE 6, IS NOT IN EXCESS OF AMOUNTS PERMITTED UNDER SECTION 145 OF THE CODE

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
▶ Attach to Form 990.
▶ Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2017

Open to Public Inspection

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	08-14-2009	101,485,000	Refunding of Series M3-B		X		X	X	

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	5,906,734			
2	Amount of bonds legally defeased	0			
3	Total proceeds of issue	13,688,734			
4	Gross proceeds in reserve funds	77,815			
5	Capitalized interest from proceeds	0			
6	Proceeds in refunding escrows	0			
7	Issuance costs from proceeds	0			
8	Credit enhancement from proceeds	0			
9	Working capital expenditures from proceeds	0			
10	Capital expenditures from proceeds	0			
11	Other spent proceeds	13,688,734			
12	Other unspent proceeds	0			
13	Year of substantial completion				

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?	X							
15	Were the bonds issued as part of an advance refunding issue?		X						
16	Has the final allocation of proceeds been made?	X							
17	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
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X						
2	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
3a	Are there any management or service contracts that may result in private business use of bond-financed property?	X							
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							
c	Are there any research agreements that may result in private business use of bond-financed property?		X						
d	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?								
4	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 %							
5	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 %							
6	Total of lines 4 and 5	0 %							
7	Does the bond issue meet the private security or payment test?		X						
8a	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	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?		X						
9	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
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X						
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?		X						
b	Exception to rebate?	X							
c	No rebate due?	X							
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?	X							
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X						
b	Name of provider	0							
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was the hedge terminated?								

Part IV Arbitrage (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X						
b	Name of provider	0							
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?		X						
7	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	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 $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 III, LINE 7 AS PROVIDED IN TREASURY REGULATION SECTION 1 141-4(C)(2)(I)(B), THE AMOUNT OF PRIVATE PAYMENTS TAKEN INTO ACCOUNT UNDER THE PRIVATE PAYMENT TEST MAY NOT EXCEED THE AMOUNT OF PRIVATE BUSINESS USE AND/OR UNRELATED TRADE OR BUSINESS USE ACCORDINGLY, THE AMOUNT OF PRIVATE PAYMENTS FOR THE REPORTING PERIOD DOES NOT EXCEED THE AMOUNT STATED IN PART III, LINE 6 THE ORGANIZATION HAS NOT UNDERTAKEN AN ANALYSIS OF THE PRIVATE SECURITY TEST WITH RESPECT TO THE BONDS, AS THE LEVEL OF PRIVATE BUSINESS USE AND/OR UNRELATED TRADE OR BUSINESS REPORTED IN PART III, LINE 6, IS NOT IN EXCESS OF AMOUNTS PERMITTED UNDER SECTION 145 OF THE CODE PART IV, LINE 2(B) BOND PROCEEDS WERE EXPENDED TO FINANCE A CURRENT REFUNDING, WHICH HAS MET AN EXCEPTION TO THE REBATE REQUIREMENT NO COMPUTATION HAS BEEN MADE THAT WOULD INDICATE WHETHER ANY REBATE WOULD BE DUE ON THE PROCEEDS TRANSFERRED FROM THE PRIOR BONDS

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**
▶ **Attach to Form 990 or Form 990-EZ.**
▶**Information about Schedule L (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2017

Open to Public Inspection

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 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

1	(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 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

(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.

(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	142,224	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

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.
▶Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990

OMB No 1545-0047

2017

Open to Public Inspection

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	X		0	DONOR ESTIMATE
5	Clothing and household goods	X		7,861	DONOR ESTIMATE
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities—Publicly traded	X	37	1,808,154	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	X	8	1,735	DONOR ESTIMATE
19	Food inventory	X	38	91,692	DONOR ESTIMATE
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ See Additional Data				
26	Other ▶ (_____)				
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	

			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 is not required to be used for exempt purposes for the entire holding period?	30a		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?	31	Yes	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a		No
b	If "Yes," describe in Part II			
33	If the organization did not 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

Additional Data

Software ID:

Software Version:

EIN: 04-3314093

Name: Boston Medical Center

Part I, Lines 25-28

	(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
Other ▶ (Gift Certificate)	X	93	46,122	Donor Estimate
Other ▶ (Tickets)	X	62	32,080	Donor Estimate
Other ▶ (Jewelry)	X	2	990	Donor Estimate
Other ▶ (Toys)	X	18	100	Donor Estimate
Other ▶ (Travel)	X	35	44,934	DONOR ESTIMATE
Other ▶ (Miscellaneous)	X	7	77	DONOR ESTIMATE

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2017

Open to Public Inspection

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	The statute that created Boston Medical Center (BMC) requires it to serve all populations BMC is a private, not-for-profit, 514-licensed bed, urban academic medical center which e mphasizes community-based, accessible care and the mission to provide consistently accessi ble 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 Approx imately 72% of our patient visits come from underserved populations, such as the low-incom e and elderly, who rely on government payers such as medicaid, the health safety net and m edicare 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 bey ond the traditional medical model These programs, including but not limited to patient na vigation and a food pantry to help reduce barriers to accessing health services and elimin ate disparities in health care among the various populations BMC serves

990 Schedule O, Supplemental Information

Return Reference	Explanation
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

Return Reference	Explanation
Form 990, Part VI, Section A, Line 2	Karen Antman, M D David Coleman, M D Brendan Magauran, M D Jennifer Tseng, M D Busines s relationship - Karen Antman, M D , is a key employee at Boston University, Boston Univer sity also employs Drs Coleman, Magauran, and Tseng Monica Valdes Lupi, JD, MPH Kathleen E Walsh Business Relationship - Ms Valdes Lupo is executive director of the Boston Public Health Commission and Ms Walsh serves on the board of health that governs the Commission Karen Antman, M D David Beck David Coleman, M D Brendan Magauran, M D Jennifer Tseng, M D Kathleen E Walsh Business Relationship - Each serves as an officer or director of F aculty Practice Foundation, Inc David Coleman, M D Melanie Foley (as of May 29, 2018) Ch arles Orlando (as of May 29, 2018) Jennifer Tseng, M D (as of May 29, 2018) Kathleen E W alsh Business Relationship - Each serves as a director of Boston Medical Center Insurance Company, LTD Martha Samuelson Pierre Cremieux BUSINESS RELATIONSHIP - Martha Samuelson is CEO/Chairman and Trustee , and Pierre Cremieux is President of Analysis Group David Beck Alastair Bell Barry Bock Sandra Cotterell Ravin Davidoff, M D William J Halpin, JR Sta nley Hochberg, M D Charles Orlando BUSINESS RELATIONSHIP - Each serves as an officer or d irector of Boston Accountable Care Organization David Beck is an officer of each Faculty Practice foundation corporation that employs David Coleman, M D , Brendan Magauran, M D , Jennifer Tseng, M D David Beck Manuel Lopes Kathleen Walsh BUSINESS RELATIONSHIP - Each s erves as an officer or trustee of Univer Development Foundation, Inc David Beck Joe Camil lus Ravin Davidoff, M D Kathleen Walsh BUSINESS RELATIONSHIP - Each serves as an officer or trustee of Boston University Affiliated Physicians

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 (BMCHS)

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 (BMC) Form 990 is prepared by KPMG LLP and Reviewed by BMC's inter nal management Following that review, BMC's internal management and KPMG present the Form 990 to the audit 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

Return Reference	Explanation
Form 990, Part VI, Section B, Line 12C	Conflict of interest questionnaires for the fiscal year ending September 30, 2018 were dis tributed 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 le ast an annual basis regarding relationships that may create potential conflicts of interes t The Chief Compliance Officer or the Chief Compliance Officer's designee reviews all dis closures and determines whether there are actual or potential conflicts of interest The C hief 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

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, Line 15	An independent committee, formed of individuals whose compensation is not in issue, determ ines the compensation of officers, key employees, and the highest compensated employees T he committee members are not under the control or direction of any BMC executive seeking c ompensation The compensation plan is supported by comparable data, which includes compens ation paid for comparable positions by similarly situated organizations, both taxable and tax-exempt, compensation surveys compiled independently, and actual written offers from si milar institutions competing for the services of the BMC executive The independent commit tee's assessment of these considerations are contained in the minutes of the committee mee ting The review process includes - and minutes indicate - discussions and evaluations of each executive's prior performance, qualification, and experience Executives are not pres ent for the independent committee's discussions and vote on compensation The minutes refl ect the fact that no executive was present

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 publically available However, the restated articles of the organ ization are posted on the Secretary of the Commonwealth's website

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part XI, Line 9	Other changes in net assets or fund balances Transfer from Affiliates $ 2,000,000 Pension related changes other than Periodic pension costs $ 8,120,000 Other Changes $ 206,000 Adjustment for Univer $ -1,808,000 Adjustment for BMCICS $ 88,000 Rounding $ 26 Total $ 8,606,026

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2017

Open to Public Inspection

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	(g) Section 512(b)(13) controlled entity? No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1) BMC NAB BUS TR 85 Concord Street Boston, MA 02118 26-6368869	Property Mgmt	MA	BMC	Related	-3,836,525	114,358,265		No	0		No	90 000 %

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	(i) No
(1)BMC Insurance Company LTD First Carribean House 10 Main St Grand Cayman, Cayman Islands CJ 98-0375219	Insurance	CJ	BMC	C Corp	0	82,287,253	70 000 %	Yes	
(2) 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
1	During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a	Receipt of **(i)** interest, **(ii)**annuities, **(iii)** royalties, or**(iv)** rent from a controlled entity	1a	Yes	
b	Gift, grant, or capital contribution to related organization(s)	1b		No
c	Gift, grant, or capital contribution from related organization(s)	1c	Yes	
d	Loans or loan guarantees to or for related organization(s)	1d	Yes	
e	Loans or loan guarantees by related organization(s)	1e		No
f	Dividends from related organization(s)	1f		No
g	Sale of assets to related organization(s)	1g		No
h	Purchase of assets from related organization(s)	1h		No
i	Exchange of assets with related organization(s)	1i		No
j	Lease of facilities, equipment, or other assets to related organization(s)	1j	Yes	
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		No
l	Performance of services or membership or fundraising solicitations for related organization(s)	1l	Yes	
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
o	Sharing of paid employees with related organization(s)	1o		No
p	Reimbursement paid to related organization(s) for expenses	1p	Yes	
q	Reimbursement paid by related organization(s) for expenses	1q		No
r	Other transfer of cash or property to related organization(s)	1r	Yes	
s	Other transfer of cash or property from related organization(s)	1s		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

See Additional Data Table

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

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

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

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

Part VII **Supplemental Information**

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

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 Pl Boston, MA 02118 46-3556853	Support Svcs	MA	501(c)(3)	12 B-II	NA		No
PO BOX 530 100 BANK STREET Burlington, VT 05401 20-1810549	Insurance	VT	501(c)(3)	12 A-I	BMC	Yes	
One Boston Medical Center Pl Boston, MA 02118 04-3414914	Healthcare	MA	501(c)(3)	12 A-I	BMC	Yes	
One Boston Medical Center Pl Boston, MA 02118 04-3286156	Healthcare	MA	501(c)(3)	12C III-FI	NA		No
529 Main Street Suite 500 Charlestown, MA 02129 04-3373331	Insurance	MA	501(c)(3)	12 A-I	BMCHS	Yes	
One Boston Medical Center Pl Boston, MA 02118 04-3286641	Healthcare	MA	501(c)(3)	12C III-FI	NA		No
One Boston Medical Center Pl Boston, MA 02118 04-3428462	Healthcare	MA	501(c)(3)	12C III-FI	NA		No
One Boston Medical Center Pl Boston, MA 02118 04-3555478	Healthcare	MA	501(c)(3)	12C III-FI	NA		No
One Boston Medical Center Pl Boston, MA 02118 04-3291148	Healthcare	MA	501(c)(3)	12C III-FI	NA		No
One Boston Medical Center Pl Boston, MA 02118 04-3218267	Healthcare	MA	501(c)(3)	3	BMC	Yes	
One Boston Medical Center Pl Boston, MA 02118 04-3335166	Healthcare	MA	501(c)(3)	12C III-FI	NA		No
One Boston Medical Center Pl Boston, MA 02118 04-3137333	Healthcare	MA	501(c)(3)	12C III-FI	NA		No
One Boston Medical Center Pl Boston, MA 02118 04-3354353	Healthcare	MA	501(c)(3)	12C III-FI	NA		No
One Boston Medical Center Pl Boston, MA 02118 04-3355267	Healthcare	MA	501(c)(3)	12C III-FI	NA		No
One Boston Medical Center Pl Boston, MA 02118 04-2966416	Healthcare	MA	501(c)(3)	12C III-FI	NA		No
One Boston Medical Center Pl Boston, MA 02118 04-3452877	Healthcare	MA	501(c)(3)	12C III-FI	NA		No
One Boston Medical Center Pl Boston, MA 02118 04-3452874	Healthcare	MA	501(c)(3)	12C III-FI	NA		No
One Boston Medical Center Pl Boston, MA 02118 04-3265008	Healthcare	MA	501(c)(3)	12C III-FI	NA		No
One Boston Medical Center Pl Boston, MA 02118 04-2794543	Healthcare	MA	501(c)(3)	12C III-FI	NA		No
One Boston Medical Center Pl Boston, MA 02118 04-3283573	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 04-3286643	Healthcare	MA	501(c)(3)	12C III-FI	NA		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	

Form 990, Schedule R, Part V - Transactions With Related Organizations

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
Boston Medical Center Health Plan Inc	a(i)	69,413	FMV
Boston Accountable Care Organization	c	4,300,000	FMV
BMC Integrated Care Services Inc	c	1,400,000	FMV
Boston Medical Center Health Plan Inc	d	105,000,000	FMV
Boston Medical Center Health Plan Inc	l	298,613,000	FMV
Boston University Affiliated Physicians Inc	l	1,791,000	FMV
Faculty Practice Foundation Inc	r	95,972,968	FMV
Faculty Practice Foundation Inc	l	5,146,066	FMV
BMC Insurance Company LTD	p	4,118,000	FMV