

A For the 2020 calendar year, or tax year beginning 10-01-2020 , and ending 09-30-2021			
B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Final return/terminated ☐ Amended return ☐ Application pending	C Name of organization BOSTON MEDICAL CENTER CORPORATION		D Employer identification number 04-3314093
	Doing business as		E Telephone number (617) 414-1628
	Number and street (or P.O. box if mail is not delivered to street address) ONE BOSTON MEDICAL CENTER PLACE	Room/suite	G Gross receipts \$ 1,980,326,659
	City or town, state or province, country, and ZIP or foreign postal code BOSTON, MA 02118		
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
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Activities & Governance	1 Briefly describe the organization's mission or most significant activities: BOSTON MEDICAL CENTER'S MISSION IS TO PROVIDE COSISTENTLY 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	26
	5 Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	10,051
6 Total number of volunteers (estimate if necessary)	6	260	
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	12,058,856	
7b Net unrelated business taxable income from Form 990-T, line 39	7b	5,854,577	
Revenue		Prior Year	Current Year
	8 Contributions and grants (Part VIII, line 1h)	133,609,173	150,978,125
	9 Program service revenue (Part VIII, line 2g)	1,699,081,795	1,752,717,825
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	23,248,318	58,583,174
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	25,204,705	13,153,610
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,881,143,991	1,975,432,734
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	26,453,637
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)		666,076,602	754,442,410
16a Professional fundraising fees (Part IX, column (A), line 11e)		0	0
16b Total fundraising expenses (Part IX, column (D), line 25) ▶ 7,718,033			
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)		1,090,128,408	1,133,792,944
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)		1,782,658,647	1,916,457,480
19 Revenue less expenses. Subtract line 18 from line 12		98,485,344	58,975,254
Net Assets or Fund Balances			Beginning of Current Year
	20 Total assets (Part X, line 16)	2,742,184,683	2,744,742,937
	21 Total liabilities (Part X, line 26)	1,418,261,968	1,324,215,116
	22 Net assets or fund balances. Subtract line 21 from line 20	1,323,922,715	1,420,527,821

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	2022-08-12
	DAVID BECK SVP/CHIEF LEGAL COUNSEL/CLERK Type or print name and title	Date

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN P01880207
	Firm's name ▶ KPMG LLP			Firm's EIN ▶ 13-5565207	
	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:) (Expenses \$ 1,775,786,795 including grants of \$) (Revenue \$ 1,752,717,825)

THE STATUTE THAT AUTHORIZED THE CREATION OF BOSTON MEDICAL CENTER REQUIRES IT TO SERVE ALL POPULATIONS. BMC IS A PRIVATE, NOT-FOR-PROFIT, 514-LICENSED BED, URBAN ACADEMIC MEDICAL CENTER WHICH EMPHASIZES COMMUNITY-BASED, ACCESSIBLE CARE AND THE MISSION TO PROVIDE CONSISTENTLY ACCESSIBLE HEALTH SERVICES TO ALL IN NEED OF CARE REGARDLESS OF STATUS AND ABILITY TO PAY. BMC IS THE LARGEST SAFETY NET HOSPITAL IN NEW ENGLAND AND PROVIDES A FULL SPECTRUM OF PEDIATRIC AND ADULT CARE SERVICES FROM PRIMARY TO FAMILY MEDICINE TO ADVANCED SPECIALTY CARE. BOSTON MEDICAL CENTER IS DEDICATED TO PROVIDING ACCESSIBLE HEALTH CARE. NEARLY 75 PERCENT OF OUR PATIENTS COME FROM UNDERSERVED POPULATIONS, SUCH AS THE LOW-INCOME AND ELDERLY, WHO RELY ON GOVERNMENT PAYERS SUCH AS MEDICAID, THE HEALTH SAFETY NET, AND MEDICARE FOR THEIR COVERAGE; 27 PERCENT DO NOT SPEAK ENGLISH AS A PRIMARY LANGUAGE. TO ADDRESS THE HEALTH NEEDS OF DIVERSE PATIENT POPULATIONS, BMC PROVIDES A WIDE RANGE OF SERVICES BEYOND THE TRADITIONAL MEDICAL MODEL. THESE PROGRAMS, INCLUDING PATIENT NAVIGATION AND A FOOD PANTRY, HELP TO REDUCE BARRIERS TO ACCESS TO HEALTH SERVICES AND ELIMINATE DISPARITIES IN HEALTH CARE AMONG VARIOUS POPULATIONS THAT BMC SERVES.

4b (Code:) (Expenses \$ 27,865,007 including grants of \$ 27,865,007) (Revenue \$)

BOSTON MEDICAL CENTER PROVIDES RESEARCH SUPPORT TO ORGANIZATIONS WITHIN THE US.

4c (Code:) (Expenses \$ 357,119 including grants of \$ 357,119) (Revenue \$)

BOSTON MEDICAL CENTER PROVIDES RESEARCH SUPPORT TO FOREIGN ORGANIZATIONS.

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

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

4e Total program service expenses ▶ 1,804,008,921

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)?	11f Yes	
12a If "Yes," complete Schedule D, Part XI. Did the organization submit 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	No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18 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
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	

Part IV

Checklist of Required Schedules (continued)

		Yes	No
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 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons?	26	No
27	Did the organization provide Part IX or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) 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, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a	No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	Yes
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? 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?	30	No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32	No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3?	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

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		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	397
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

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)						
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	10,051			
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? <i>If "No" to line 3b, provide an explanation in Schedule O</i>				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: <u>CJ, CA, UK, LT, EI, BD</u> See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts						
5a Did 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?						
9 Sponsoring organizations maintaining donor advised funds.						
a 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?						
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? <i>If "No," provide an explanation in Schedule O</i>				14b		
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?				15	Yes	
16 If the organization is subject to the section 4968 excise tax on net investment income?				16		No
If "Yes," complete Form 4720, Schedule O.						

Part VI

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.
Check if Schedule O contains a response or note to any line in this Part VI

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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.	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	26		
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-A 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:
PETER THUKUONE BOSTON MEDICAL CENTER PLACE BOSTON, MA 02118 (617) 638-7494

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.

See instructions for the order in which to list the persons above.

☐ 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			
(1) KATHLEEN E WALSH PRESIDENT & CEO	50.00 7.50	X		X				2,235,565	0	35,988
(2) JENNIFER TSENG MD TRUSTEE	1.00 54.00	X						0	1,040,916	39,753
(3) DAVID COLEMAN MD TRUSTEE	1.00 54.00	X						0	885,740	34,897
(4) DAVID AMENT TRUSTEE (UNTIL 5/11/2021)	1.00 2.00	X						0	0	0
(5) KAREN ANTMAN MD TRUSTEE	1.00 2.00	X						0	0	0
(6) ANITA BEKENSTEIN TRUSTEE	1.00 0.00	X						0	0	0
(7) BARRY BOCK TRUSTEE	1.00 0.00	X						0	0	0
(8) NADINE CHAKAR TRUSTEE	1.00 0.00	X						0	0	0
(9) ENRIQUE COLBERT TRUSTEE	1.00 0.00	X						0	0	0
(10) SANDRA COTTERELL TRUSTEE	1.00 1.00	X						0	0	0
(11) PIERRE CREMIEUX TRUSTEE	1.00 1.00	X						0	0	0
(12) RANDI CUTLER TRUSTEE	1.00 1.00	X						0	0	0
(13) PAUL EGERMAN TRUSTEE	1.00 0.00	X						0	0	0
(14) RUTH ELLEN FITCH TRUSTEE	1.00 0.00	X						0	0	0
(15) MELANIE FOLEY TRUSTEE	1.00 0.00	X						0	0	0
(16) TRICIA GLYNN TRUSTEE	1.00 0.00	X						0	0	0
(17) EILENE GRAYKEN TRUSTEE (UNTIL 5/11/2021)	1.00 0.00	X						0	0	0

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			
(18) JOHN T HAILER	1.00 0.00	X						0	0	0
TRUSTEE (AS OF 5/11/2021)										
(19) KAREN KAMES	1.00 0.00	X						0	0	0
TRUSTEE										
(20) AZRA KANJI	1.00 0.00	X						0	0	0
TRUSTEE										
(21) MANUEL LOPES	1.00 0.00	X						0	0	0
TRUSTEE										
(22) FRED LOWERY	1.00 0.00	X						0	0	0
TRUSTEE (AS OF 5/11/2021)										
(23) RICHARD MARKS	1.00 0.00	X						0	0	0
TRUSTEE										
(24) DEVIN MCCOURTY	1.00 0.00	X						0	0	0
TRUSTEE (AS OF 2/9/2021)										
(25) LAUREN NENTWICH	1.00 0.00	X						0	0	0
TRUSTEE (AS OF 10/1/2021)										
(26) BISOLA OJIKUTU MD	1.00 0.00	X						0	0	0
TRUSTEE (AS OF 9/1/2021)										
(27) CLAIRE PERLMAN	1.00 0.00	X						0	0	0
TRUSTEE										
(28) MARTHA SAMUELSON	1.00 0.00	X						0	0	0
TRUSTEE/CHAIR										
(29) REV LIZ WALKER	1.00 0.00	X						0	0	0
TRUSTEE										
(30) ANDREW YOUNISS	1.00 0.00	X						0	0	0
TRUSTEE										
(31) RITA NIEVES	1.00 0.00	X						0	0	0
TRUSTEE (UNTIL 5/11/2021)										
(32) CYNTHIA SIERRA	1.00 0.00	X						0	0	0
TRUSTEE										
(33) MAROA VELEZ	1.00 0.00	X						0	0	0
TRUSTEE (AS OF 5/11/2021)										
(34) DAVID BECK	50.00 13.50			X				633,628	0	57,813
SVP/CHIEF LEGAL COUNSEL/CLERK										
(35) TERRI NEWSOM	50.00 3.00			X				289,055	0	6,385
SVP/CFO/TREASURER										
(36) ALASTAIR BELL	50.00 2.00				X			1,320,299	0	113,299
SVP OPS & STRATEGY/COO										
(37) RAVIN DAVIDOFF MD	50.00 1.50				X			816,858	0	65,949
SVP MEDICAL AFFAIRS AND CMO										
(38) LISA KELLY-CROSWELL	50.00 0.00				X			696,614	0	86,791
SVP/CHRO										
(39) NANCY GADEN	50.00 0.00				X			649,873	0	107,465
SVP CHIEF NURSING OFFICER										
(40) BOB BIGGIO	50.00 0.00					X		608,832	0	114,203
SVP FACILITY & SUPT SVCS										
(41) NORMAN STEIN	50.00 0.00					X		598,570	0	66,966
SVP CHIEF DEVELOPMENT OFFICER										
(42) JOE CAMILLUS	50.00 0.50					X		544,376	0	101,041
SVP AMBULATORY & PRF SVC										
(43) ARTHUR HARVEY	50.00 0.00					X		556,141	0	72,475
VP/CIO										
(44) JULIE JONCAS	50.00 0.00					X		514,157	0	53,131
VP FINANCE										
(45) CHARLES ORLANDO	0.00 0.00						X	799,474	0	40,493
FORMER SVP/CFO/TREAS										

1b Sub-Total			
c Total from continuation sheets to Part VII, Section A			
d Total (add lines 1b and 1c)	10,263,442	1,926,656	996,649

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

1,079

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

Section B. Independent Contractors

1

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

(A) Name and business address	(B) Description of services	(C) Compensation
BOSTON UNIVERSITY ONE SILBER WAY BOSTON, MA 02215	RESEARCH & OTHER SHARED SERVICES	44,185,748
SHC SERVICES INC 1640 W REDSTONE CTR DR PARK CITY, UT 84098	TEMPORARY STAFFING	15,820,002
PRICEWATERHOUSECOOPERS ADVISOR 4040 W BIY SCOUT BOULEVARD TAMPA, FL 33607	ACCOUNTS RECEIVABLE MANAGEMENT	11,882,795
MORRISON HEALTH CARE INC 714 SOUTHBRIDGE ST AUBURN, MA 01501	FOOD SERVICE/ CAFETERIA MANAGEMENT	6,094,302
CYRACOM INTERNATIONAL INC 2650 E ELVIRA SUITE 132 TUCSON, AZ 85756	TRANSLATION & INTERPRETATION SERVICES	3,981,348

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

297

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	4,700,447
d	Related organizations	1d	
e	Government grants (contributions)	1e	129,331,289
f	All other contributions, gifts, grants, and similar amounts not included above	1f	16,946,389
g	Noncash contributions included in lines 1a - 1f:\$	1g	1,347,536
h Total. Add lines 1a-1f		150,978,125	

Program Service Revenue

2a	PATIENT SERVICE REVENUE	Business Code				
		900099	1,165,411,708	1,165,411,708		
b	PHARMACY	900099	524,198,274	512,464,456	11,733,818	
c	GRANT & CONTRACT REVENUE	900099	48,134,376	48,134,376		
d	OTHER PROGRAM REVENUE	900099	11,717,249	11,717,249		
e	NPP & PHARMACIST REVENUE	900099	3,256,218	3,256,218		
f	All other program service revenue.					
g Total. Add lines 2a-2f.		1,752,717,825				

Other Revenue

3	Investment income (including dividends, interest, and other similar amounts)		14,785,977		44,326	14,741,651
4	Income from investment of tax-exempt bond proceeds					
5	Royalties					
		(i) Real	(ii) Personal			
6a	Gross rents	6a	4,739,283			
b	Less: rental expenses	6b	4,305,331			
c	Rental income or (loss)	6c	433,952			
d	Net rental income or (loss)		433,952			433,952
		(i) Securities	(ii) Other			
7a	Gross amount from sales of assets other than inventory	7a	43,797,197			
b	Less: cost or other basis and sales expenses	7b	0			
c	Gain or (loss)	7c	43,797,197			
d	Net gain or (loss)		43,797,197		280,712	43,516,485
8a	Gross income from fundraising events (not including \$ 4,700,447 of contributions reported on line 1c). See Part IV, line 18	8a	229,164			
b	Less: direct expenses	8b	588,594			
c	Net income or (loss) from fundraising events		-359,430			-359,430
9a	Gross income from gaming activities. See Part IV, line 19	9a				
b	Less: direct expenses	9b				
c	Net income or (loss) from gaming activities					
10a	Gross sales of inventory, less					

returns and allowances . . .	10a				
b Less: cost of goods sold	10b				
c Net income or (loss) from sales of inventory . . .					
Miscellaneous Revenue	Business Code				
11a PARKING	812930	10,276,210			10,276,210
b CAFETERIA	900099	2,802,878			2,802,878
c					
d All other revenue					
e Total. Add lines 11a–11d		13,079,088			
12 Total revenue. See instructions		1,975,432,734	1,740,984,007	12,058,856	71,411,746

Part IX

Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).
Check if Schedule O contains a response or note to any line in this Part IX ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	27,865,007	27,865,007		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	357,119	357,119		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	7,150,704		7,150,704	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	248,420	248,420		
7 Other salaries and wages	585,640,875	549,474,352	32,540,647	3,625,876
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	26,013,938	24,407,435	1,445,443	161,060
9 Other employee benefits	88,262,128	82,811,459	4,904,212	546,457
10 Payroll taxes	47,126,345	44,216,036	2,618,536	291,773
11 Fees for services (non-employees):				
a Management				
b Legal	7,848,058	2,429,303	5,403,870	14,885
c Accounting	890,740	89,682	800,475	583
d Lobbying	84,000		84,000	
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	650,840		650,840	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	127,735,610	98,373,779	27,983,069	1,378,762
12 Advertising and promotion	797,976	723,433	27,474	47,069
13 Office expenses	14,266,942	13,750,518	365,120	151,304
14 Information technology	24,130,977	22,640,757	1,340,818	149,402
15 Royalties	4,966,500	4,659,792	275,959	30,749
16 Occupancy	32,549,556	30,539,443	1,808,589	201,524
17 Travel	1,171,703	1,109,514	47,181	15,008
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	631,285	587,194	36,999	7,092
20 Interest	24,519,870	23,005,634	1,362,426	151,810
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	99,302,209	93,169,755	5,517,645	614,809
23 Insurance	8,399,962	7,881,218	466,737	52,007
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	438,382,984	438,382,984		
b PHYSICIAN SERVICES	109,638,701	108,441,898	1,196,363	440
c PATIENT RELATED SUPPLIE	104,669,553	104,624,015	40,973	4,565
d DIRECT RESEARCH	68,158,732	68,158,732		
e All other expenses	64,996,746	56,061,442	8,662,446	272,858
25 Total functional expenses. Add lines 1 through 24e	1,916,457,480	1,804,008,921	104,730,526	7,718,033
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)		(B)
				Beginning of year		End of year
Assets	1	Cash—non-interest-bearing		43,051,623	1	20,037,332
	2	Savings and temporary cash investments		435,188,674	2	470,196,193
	3	Pledges and grants receivable, net		17,799,534	3	28,217,572
	4	Accounts receivable, net		225,678,776	4	169,608,461
	5	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)			6	
	7	Notes and loans receivable, net		97,973,088	7	90,547,535
	8	Inventories for sale or use		17,336,619	8	19,427,967
	9	Prepaid expenses and deferred charges		4,202,903	9	6,414,876
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 2,107,673,170			
	b	Less: accumulated depreciation	10b 1,117,592,096	1,040,040,940	10c	990,081,074
	11	Investments—publicly traded securities		60,636,054	11	54,119,501
	12	Investments—other securities. See Part IV, line 11		264,960,518	12	337,430,094
	13	Investments—program-related. See Part IV, line 11		488,954	13	510,000
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		534,827,000	15	558,152,332
16	Total assets: Add lines 1 through 15 (must equal line 33)		2,742,184,683	16	2,744,742,937	
Liabilities	17	Accounts payable and accrued expenses		209,572,605	17	249,971,153
	18	Grants payable			18	
	19	Deferred revenue		96,242,885	19	36,212,006
	20	Tax-exempt bond liabilities		439,485,579	20	430,802,607
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D		672,960,899	25	607,229,350
	26	Total liabilities. Add lines 17 through 25		1,418,261,968	26	1,324,215,116
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here ☒ and complete lines 27, 28, 32, and 33.					
	27	Net assets without donor restrictions		961,336,552	27	1,008,436,056
	28	Net assets with donor restrictions		362,586,163	28	412,091,765
	Organizations that do not follow FASB ASC 958, check here ☐ and complete lines 29 through 33.					
	29	Capital stock or trust principal, or current funds			29	
	30	Paid-in or capital surplus, or land, building or equipment fund			30	
	31	Retained earnings, endowment, accumulated income, or other funds			31	
	32	Total net assets or fund balances		1,323,922,715	32	1,420,527,821
	33	Total liabilities and net assets/fund balances		2,742,184,683	33	2,744,742,937

Part XI

Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,975,432,734
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,916,457,480
3	Revenue less expenses. Subtract line 2 from line 1	3	58,975,254
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,323,922,715
5	Net unrealized gains (losses) on investments	5	50,720,942
6	Donated services and use of facilities	6	
7	Investment expenses	7	-1,196,871
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-11,894,219
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (A))	10	1,420,527,821

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? 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		No
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis	Yes	
c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	Yes	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	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.	Yes	

Additional Data

Return to Form

Software ID:

Software Version:

Form 990, Special Condition Description:

Special Condition Description

Name of the organization BOSTON MEDICAL CENTER CORPORATION	Employer identification number 04-3314093
---	--

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1

☐

A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3

☒

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☐

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9

☐

An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:
- 10

☐

An organization that normally receives: (1) more than 33 $\frac{1}{3}$ % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 $\frac{1}{3}$ % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11

☐

An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a

☐

Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b

☐

Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c

☐

Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d

☐

Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e

☐

Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f

Enter the number of supported organizations
- g

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .	41,186,207	24,563,859	25,615,642	133,609,173	150,978,125	375,953,006
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge. .						
4 Total. Add lines 1 through 3	41,186,207	24,563,859	25,615,642	133,609,173	150,978,125	375,953,006
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). . .						
6 Public support. Subtract line 5 from line 4.						375,953,006

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4. . .	41,186,207	24,563,859	25,615,642	133,609,173	150,978,125	375,953,006
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	12,553,229	37,639,990	23,179,858	18,969,810	19,480,934	111,823,821
9 Net income from unrelated business activities, whether or not the business is regularly carried on. . .		273,343	1,867,255	1,809,363	5,854,577	9,804,538
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . .	6,346,770	6,259,300	15,535,712	23,251,865	13,079,088	64,472,735
11 Total support. Add lines 7 through 10						562,054,100

12 Gross receipts from related activities, etc. (see instructions) **12** 7,788,994,956

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f) divided by line 11, column (f))	14	66.890 %
15 Public support percentage for 2019 Schedule A, Part II, line 14	15	57.680 %

16a 33 1/3% support test—2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☒

b 33 1/3% support test—2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

17a 10%-facts-and-circumstances test—2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ☐

b 10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ☐

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ☐

Part IIISupport Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
c Add lines 7a and 7b. .						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6. . .						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . .						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . .						
13 Total support. (Add lines 9, 10c, 11, and 12.) . .						
14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.						

Section C. Computation of Public Support Percentage		
15 Public support percentage for 2020 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2020 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2020. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization		
b 33 1/3% support tests—2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions		

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

	Yes	No
1 Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? 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 line 2 above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? 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)			
2 Activities Test. Answer lines 2a and 2b below.			
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? 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 line 2a constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? 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 lines 3a and 3b below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" 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 (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

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

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

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations			(continued)
Section D - Distributions		Current Year	
1	Amounts paid to supported organizations to accomplish exempt purposes	1	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4	Amounts paid to acquire exempt-use assets	4	
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5	
6	Other distributions (describe in Part VI). See instructions	6	
7	Total annual distributions. Add lines 1 through 6.	7	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	8	
9	Distributable amount for 2020 from Section C, line 6	9	
10	Line 8 amount divided by Line 9 amount	10	

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

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

Facts And Circumstances Test

Return Reference	Explanation
SCHEDULE A, PART II, LINE 10, EXPLANATION OF OTHER INCOME:	FUNDRAISING - 2016 AMOUNT: \$ 294,793. CAFETERIA - 2016 AMOUNT: \$ 3,861,417. 2017 AMOUNT: \$ 3,830,150. 2018 AMOUNT: \$ 4,290,813. 2019 AMOUNT: \$ 3,300,767. 2020 AMOUNT: \$ 2,802,878. PARKING - 2016 AMOUNT: \$ 2,190,560. 2017 AMOUNT: \$ 2,429,150. 2018 AMOUNT: \$ 11,244,899. 2019 AMOUNT: \$ 10,063,598. 2020 AMOUNT: \$ 10,276,210. GAIN ON SALE OF TAX CREDITS - 2019 AMOUNT: \$ 9,887,500.

Additional Data

Return to Form

Software ID:

Software Version:

Schedule B (Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service	Schedule of Contributors ▶ Attach to Form 990, 990-EZ, or 990-PF. ▶ Go to www.irs.gov/Form990 for the latest information.	OMB No. 1545-0047
		2020
Name of the organization BOSTON MEDICAL CENTER CORPORATION		Employer identification number 04-3314093

Organization type (check one):

Filers of:	Section:
Form 990 or 990-EZ	☐ 501(c)() (enter number) organization
	☐ 4947(a)(1) nonexempt charitable trust not treated as a private foundation
	☐ 527 political organization
Form 990-PF	☐ 501(c)(3) exempt private foundation
	☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation
	☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.
Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- ☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Employer identification number
04-3314093

Part I

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
RESTRICTED		\$ RESTRICTED	☐ Person
			☐ Payroll
			☐ Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	☐ Person
			☐ Payroll
			☐ Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	☐ Person
			☐ Payroll
			☐ Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	☐ Person
			☐ Payroll
			☐ Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	☐ Person
			☐ Payroll
			☐ Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	☐ Person
			☐ Payroll
			☐ Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	☐ Person
			☐ Payroll
			☐ Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	☐ Person
			☐ Payroll
			☐ Noncash (Complete Part II for noncash contributions.)

Name of organization BOSTON MEDICAL CENTER CORPORATION	Employer identification number 04-3314093
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Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	

Name of organization BOSTON MEDICAL CENTER CORPORATION	Employer identification number 04-3314093
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ► \$ _____

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee

Additional Data

[Return to Form](#)

Software ID:

Software Version:

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

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

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

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

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

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

Name of the organization BOSTON MEDICAL CENTER CORPORATION	Employer identification number 04-3314093
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1	Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")	
2	Political campaign activity expenditures (see instructions)	\$
3	Volunteer hours for political campaign activities (see instructions)	

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

1	Enter the amount of any excise tax incurred by the organization under section 4955	\$
2	Enter the amount of any excise tax incurred by organization managers under section 4955	\$
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?	☐ Yes ☐ No
4a	Was a correction made?	☐ Yes ☐ No
b	If "Yes," describe in Part IV.	

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

1	Enter the amount directly expended by the filing organization for section 527 exempt function activities	\$
2	Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities	\$
3	Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b	\$
4	Did the filing organization file Form 1120-POL for this year?	☐ Yes ☐ No
5	Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.	

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

Part II-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.															
<table><tr><th>If the amount on line 1e, column (a) or (b) is:</th><th>The lobbying nontaxable amount is:</th></tr><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e.</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000.</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000.</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000.</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000.</td></tr></table>		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.		
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.														
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-															
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) 2017	(b) 2018	(c) 2019	(d) 2020	(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)		(b)
		Yes	No	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		84,000
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		
j	Total. Add lines 1c through 1i			84,000
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
PART II-B, LINE 1:	BOSTON MEDICAL CENTER PAID DEMPSEY, LUCEY & ASSOCIATES \$84,000 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.

Additional Data

[Return to Form](#)

Software ID:

Software Version:

Name of the organization BOSTON MEDICAL CENTER CORPORATION	Employer identification number 04-3314093
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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.											
a	Total number of conservation easements	<table><tr><td></td><td>Held at the End of the Year</td></tr><tr><td>2a</td><td></td></tr><tr><td>2b</td><td></td></tr><tr><td>2c</td><td></td></tr><tr><td>2d</td><td></td></tr></table>		Held at the End of the Year	2a		2b		2c		2d	
	Held at the End of the Year											
2a												
2b												
2c												
2d												
b	Total acreage restricted by conservation easements											
c	Number of conservation easements on a certified historic structure included in (a)											
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register											
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____											
4	Number of states where property subject to conservation easement is located ▶ _____											
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No											
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____											
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____											
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No											
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.											

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

1a	If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.	
b	If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____ (ii) Assets included in Form 990, Part X ▶ \$ _____	
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____ b Assets included in Form 990, Part X ▶ \$ _____	

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

3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

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

5

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

Part IV Escrow and Custodial Arrangements.

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

1a

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

b

If "Yes," explain the arrangement in Part XIII and complete the following table:

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21, 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	633,839,832	724,862,042	709,074,381	697,009,021	642,296,242
b Contributions	363,954,719	61,170,242	285,759,688	21,885,406	127,298,970
c Net investment earnings, gains, and losses	108,079,400	42,383,073	25,210,971	40,783,482	71,375,617
d Grants or scholarships					
e Other expenditures for facilities and programs	370,977,505	192,451,403	292,657,917	47,477,741	142,059,930
f Administrative expenses	1,853,381	2,124,122	2,525,081	3,125,787	1,901,878
g End of year balance	733,043,065	633,839,832	724,862,042	709,074,381	697,009,021

2

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

a

Board designated or quasi-endowment ▶ 46.590 %

b

Permanent endowment ▶ 5.540 %

c

Term endowment ▶ 47.870 %

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:

(i) Unrelated organizations

(ii) Related organizations

b

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

	Yes	No
3a(i)		No
3a(ii)		No
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		18,306,730		18,306,730
b Buildings		1,246,650,796	522,901,307	723,749,489
c Leasehold improvements		41,190,729	25,068,099	16,122,630
d Equipment		686,682,675	507,723,493	178,959,182
e Other		114,842,240	61,899,197	52,943,043
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				990,081,074

Schedule D (Form 990) 2020

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	337,430,094	F
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	337,430,094	

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
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)		

Part IX

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

(a) Description	(b) Book value
(1)BOARD DESIGNATED INVESTMENTS	341,493,471
(2)FUNDS HELD BY TRUSTEES	41,676,673
(3)NONCURRENT ACCOUNTS RECEIVABLE	6,986,812
(4)INSURANCE RECOVERY RECEIVABLES	38,030,610
(5)OTHER LONG-TERM ASSETS	41,595,450
(6)RIGHT OF USE ASSETS- NET	88,369,316
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	558,152,332

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	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	607,229,350

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
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.
PART X, LINE 2:	BOSTON MEDICAL CENTER IS INCLUDED IN COMBINED FINANCIAL STATEMENTS. THE TEXT OF THE UNCERTAIN TAX POSITIONS FOOTNOTE INCLUDED IN THESE FINANCIAL STATEMENTS IS AS FOLLOWS: THE HEALTH SYSTEM CORPORATION, THE MEDICAL CENTER, BMCHP, UDF, ECMF, BUAP, FACULTY AND THE PLANS, BACO, BMCICS, AND BMCIC OF VERMONT ARE ALL NONPROFIT CORPORATIONS THAT HAVE BEEN RECOGNIZED AS TAX-EXEMPT PURSUANT TO SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. CORNERSTONE HEALTH SOLUTIONS, LLC IS A TAXABLE DELAWARE LIMITED LIABILITY COMPANY. AS OF SEPTEMBER 30, 2021, ALL CONTRACTS FOR THE CORNERSTONE BUSINESS LINE ARE BETWEEN THE MEDICAL CENTER AND THE CLIENTS. ALL CONTRACT RELATED REVENUE AND EXPENSE IS RECORDED AT THE MEDICAL CENTER AND EVALUATED FOR UNRELATED BUSINESS INCOME TAX (UBIT). THE HEALTH SYSTEM RECOGNIZES INCOME TAX POSITIONS WHEN IT IS MORE LIKELY THAN NOT THAT THE POSITION WILL BE SUSTAINABLE BASED ON THE MERITS OF THE POSITION. MANAGEMENT HAS CONCLUDED THAT THERE ARE NO MATERIAL UNCERTAIN TAX POSITIONS THAT NEED TO BE RECORDED AS OF SEPTEMBER 30, 2021 AND 2020. THE HEALTH SYSTEM ANNUALLY ASSESSES WHETHER IT MUST RECOGNIZE AN UNRELATED BUSINESS INCOME TAX EXPENSE (UBIT). THE AMOUNTS RECOGNIZED AS UBIT EXPENSE WERE NOT MATERIAL TO THE HEALTH SYSTEM'S CONSOLIDATED OPERATIONS OR CHANGES IN NET ASSETS FOR THE YEARS ENDED SEPTEMBER 30, 2021 AND 2020.
SCHEDULE D, PART V, LINE 2	PRESENTATION OF ENDOWMENT ASSETS BOSTON MEDICAL CENTER HAS ADOPTED ASU 2016-14, PRESENTATION OF THE FINANCIAL STATEMENTS FOR NOT-FOR-PROFIT ENTITIES. AS A RESULT, THE SEPTEMBER 30, 2021 AUDITED FINANCIAL STATEMENTS CLASSIFY NET ASSETS AS EITHER NET ASSETS WITHOUT DONOR RESTRICTIONS, OR NET ASSETS WITH DONOR RESTRICTIONS. FOR PURPOSES OF SCHEDULE D, LINE 2, BOSTON MEDICAL CENTER HAS REPORTED ENDOWMENT FUNDS WITHOUT DONOR RESTRICTIONS AS BOARD DESIGNATED OR QUASI-ENDOWMENT AND ENDOWMENT FUNDS WITH DONOR RESTRICTIONS AS PERMANENT ENDOWMENT OR TERM RESTRICTED ENDOWMENT, RESPECTIVELY.

Additional Data

[Return to Form](#)

Software ID:

Software Version:

Part I

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

- 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants or other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No
- 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- 3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1) CENTRAL AMERICA AND THE CARIBBEAN	0	0	INVESTMENTS		230,735
(2) EAST ASIA AND THE PACIFIC	0	0	INVESTMENTS		2,451,332
(3) EUROPE	0	0	INVESTMENTS		8,924,620
(4) MIDDLE EAST AND NORTH AFRICA	0	0	INVESTMENTS		1,027,460
(5) NORTH AMERICA	0	0	INVESTMENTS		4,560,574
(6) SOUTH AMERICA	0	0	INVESTMENTS		596,778
(7) SOUTH ASIA	0	0	INVESTMENTS		192,732
(8) SUB-SAHARIAN AFRICA	0	0	INVESTMENTS		610,842
(9) EAST ASIA AND THE PACIFIC	0	0	GRANTMAKING		27,450
(10) RUSSIA	0	0	GRANTMAKING		22,035
(11) CENTRAL AMERICA AND THE CARIBBEAN	0	0	GRANTMAKING		14,761
(12) SOUTH ASIA	0	0	GRANTMAKING		58,852
(13) SUB-SAHARIAN AFRICA	2	8	GRANTMAKING		100,638
(14) NORTH AMERICA	0	0	GRANTMAKING		133,383
(15) CENTRAL AMERICA AND THE CARIBBEAN			PROGRAM SERVICES	PREMIUMS	9,164,097
(16)					
(17)					
3a Sub-total	0	0			18,595,073
b Total from continuation sheets to Part I	2	8			9,521,216
c Totals (add lines 3a and 3b)	2	8			28,116,289

Part II

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on 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 noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			EAST ASIA & PACIFIC	SUBAWARD	27,450	WIRE TRANSFER			
(2)			RUSSIA	SUBAWARD	22,035	WIRE TRANSFER			
(3)			CENTRAL AMERICA & CARIBBEAN	SUBAWARD	14,761	WIRE TRANSFER			
(4)			SOUTH ASIA	SUBAWARD	58,852	WIRE TRANSFER			
(5)			SUB-SAHARAN AFRICA	SUBAWARD	100,638	WIRE TRANSFER			
(6)			NORTH AMERICA	SUBAWARD	133,383	WIRE TRANSFER			
(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

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on 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 noncash assistance	(g) Description of noncash 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; don't file with Form 990)*

☐ Yes

☒ No
- 3

Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)*

☒ Yes

☐ No
- 4

Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)*

☒ Yes

☐ No
- 5

Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)*

☒ Yes

☐ No
- 6

Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990).*

☐ Yes

☒ No

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.

[illegible]

Additional Data

Software ID:

Software Version:

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization
BOSTON MEDICAL CENTER CORPORATION

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

e ☐ Solicitation of non-government grants

b ☐ Internet and email solicitations

f ☐ Solicitation of government grants

c ☐ Phone solicitations

g ☐ Special fundraising events

d ☐ In-person solicitations
- 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 10 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?		(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
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						

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.

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.

Revenue		(a)Event #1	(b) Event #2	(c)Other events	(d) Total events
		GALA (event type)	FOOD 4 THOUGHT (event type)	8 (total number)	(add col. (a) through col. (c))
	1 Gross receipts	2,432,190	706,079	1,791,342	4,929,611
	2 Less: Contributions	2,307,488	676,079	1,716,880	4,700,447
	3 Gross income (line 1 minus line 2)	124,702	30,000	74,462	229,164
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages			17,891	17,891
	8 Entertainment				
	9 Other direct expenses	357,418	47,959	165,326	570,703
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				588,594
	11 Net income summary. Subtract line 10 from line 3, column (d) ▶				-359,430

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.

Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col.(a) through col.(c))
	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:_____

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
------------------	-------------

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: ☐ 100% ☐ 150% ☒ 200% ☐ Other _____ %	3a	Yes	
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: ☐ 200% ☐ 250% ☐ 300% ☐ 350% ☐ 400% ☐ Other _____ %	3b		No
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 eligible 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)			80,093,580	32,552,548	47,541,032	2.480 %
b Medicaid (from Worksheet 3, column a)			1,045,469,250	675,208,825	370,260,425	19.320 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			1,125,562,830	707,761,373	417,801,457	21.800 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4).			16,863,120	12,870,624	3,992,496	0.210 %
f Health professions education (from Worksheet 5)			68,672,568	18,112,714	50,559,854	2.640 %
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)	693		70,022,913	51,916,787	18,106,126	0.940 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)						
j Total. Other Benefits	693		155,558,601	82,900,125	72,658,476	3.790 %
k Total. Add lines 7d and 7j	693		1,281,121,431	790,661,498	490,459,933	25.590 %

Part II

Community Building Activities

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense
(f) Percent of total expense					
1 Physical improvements and housing	2		1,375,746		1,375,746
0.070 %					
2 Economic development	2		15,730,000		15,730,000
0.820 %					
3 Community support					
4 Environmental improvements					
5 Leadership development and training for community members					
6 Coalition building					
7 Community health improvement advocacy	12		1,304,821	300,000	1,004,821
0.050 %					
8 Workforce development	1		867,750		867,750
0.050 %					
9 Other	1		144,594		144,594
0.010 %					
10 Total	18		19,422,911	300,000	19,122,911
1.000 %					

Part III

Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense				Yes	No
1	Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1	Yes		
2	Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.	2	9,174,983		
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	184,236,584		
6	Enter Medicare allowable costs of care relating to payments on line 5	6	194,024,505		
7	Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-9,787,921		
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				

Section A. Hospital Facilities

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

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)

Facility reporting group								
1	BOSTON MEDICAL CENTER ONE BOSTON MEDICAL CENTER PLACE BOSTON, MA 02118 HTTP://WWW.BMC.ORG	X	X		X		X	X

[illegible][illegible][illegible][illegible][illegible][illegible][illegible][illegible]

Part V Facility Information (continued)

Section B. Facility Policies and Practices

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)
BOSTON MEDICAL CENTER

Name of hospital facility or letter of facility reporting group

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

		Yes	No
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?		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.		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. 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)	Yes	
4	Indicate the tax year the hospital facility last conducted a CHNA: 20 18		
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	Yes	
6a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	Yes	
6b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C.	Yes	
7	Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply): a ☒ Hospital facility's website (list url): HTTPS://WWW.BMC.ORG/CARE-OUR-COMMUNITY 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)	Yes	
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.	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy: 20 18		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url): HTTPS://WWW.BMC.ORG/CARE-OUR-COMMUNITY If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	Yes	
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)?		No
12b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax? 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? 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 200.000000000000 % b☒ Income level or other limit (describe in Section C) 0.000000000000 % 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?	Yes	
15 Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):	Yes	
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? If "Yes," indicate how the hospital facility publicized the policy (check all that apply):	Yes	
a☒ The FAP was widely available on a website (list url): HTTPS://WWW.BMC.ORG/SERVICES/PATIENT-FINANCIAL-ASSISTANCE b☒ The FAP application form was widely available on a website (list url): HTTPS://WWW.BMC.ORG/SERVICES/PATIENT-FINANCIAL-ASSISTANCE c☒ A plain language summary of the FAP was widely available on a website (list url): HTTPS://WWW.BMC.ORG/SERVICES/PATIENT-FINANCIAL-ASSISTANCE 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 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 d ☐ Actions that required 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? 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 d ☐ Actions that required a legal or judicial process e ☐ Other similar actions (describe in Section C)	19		No
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 b ☐ Made a reasonable effort to orally notify individuals about the FAP and SAP application process (if not, describe in Section C) c ☐ Processed incomplete and complete FAP applications (if not, describe in Section C) d ☐ Made presumptive eligibility determinations (if not, describe in Section C) 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? If "No," indicate why:	21	Yes	
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			
d	☐ Other (describe in Section C)			

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? If "Yes," explain in Section C.	23	No
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? If "Yes," explain in Section C.	24	No

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, 20a, 20b, 20c, 20d, 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
PART V, SECTION A:	THE MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH HAS LICENSED BOSTON MEDICAL CENTER TO OPERATE A HOSPITAL AT ONE BOSTON MEDICAL CENTER PLACE, BOSTON, MA 02118. THIS LOCATION IS (1) A LICENSED HOSPITAL, (2) PROVIDES GENERAL MEDICAL & SURGICAL TREATMENT, (3) IS A TEACHING HOSPITAL, AND (4) OPERATES AN ER 24 HOURS. WHILE THE HOSPITAL LICENSE LISTS TWO CAMPUSES, ONLY ONE CAMPUS OPERATES:1. BOSTON MEDICAL CENTER CORPORATION, MENINO PAVILION, 830-840 HARRISON AVENUE, BOSTON MA 02118BOSTON MEDICAL CENTER ALSO OPERATES THE FOLLOWING OUTPATIENT CENTERS, WHICH ARE UNDER THE HOSPITAL'S LICENSE:CODMAN SQUARE HEALTH CENTERBRIGHTON HIGH SCHOOL STUDENT HEALTH CENTERBOSTON MEDICAL CENTER RADIOLOGY AT RYAN CENTER BOSTON UNIVERSITYEAST BOSTON NEIGHBORHOOD HEALTH CENTER (10 GOVE STREET)DOTHOUSE HEALTHMADISON PARK HIGH SCHOOL STUDENT HEALTH CENTERJEREMIAH E. BURKE STUDENT HEALTH CENTERGREATER ROSLINDALE MEDICAL & DENTALLATIN ACADEMY STUDENT HEALTH CENTERTECHBOSTON ACADEMY SCHOOL HEALTH CENTERBOSTON MEDICAL CENTER RADIOLOGY AT WHITTIER STREET HEALTH CENTERBOSTON MEDICAL CENTER RADIOLOGY AT UPHAM'S CORNER HEALTH CENTERMURIEL SNOWDEN INTERNATIONAL HIGH SCHOOL HEALTH CENTERSOUTH BOSTON COMMUNITY HEALTH CENTER 386 WEST BROADWAYSOUTH BOSTON COMMUNITY HEALTH CENTER 409 WEST BROADWAYBOSTON MEDICAL CENTER SCHOOL-BASED HEALTH CENTER AT BOSTON COMMUNITY LEADERSHIP ACADEMYEAST BOSTON NEIGHBORHOOD HEALTH CENTER - 20 MAVERICK SQUAREBOSTON MEDICAL CENTER RADIOLOGY AT MATTAPAN COMMUNITY HEALTH CENTEREAST BOSTON NEIGHBORHOOD HEALTH CENTER (79 PARIS STREET)EBHS SCHOOL BASED HEALTH CENTERWINTHROP COMMUNITY HEALTH CENTERSOUTH BOSTON COMMUNITY HEALTH CENTER SEAPORT PRIMARY CARE BOSTON MEDICAL CENTER - DEPARTMENT OF FAMILY MEDICINEBOSTON MEDICAL CENTER - CROSSTOWN
BOSTON MEDICAL CENTER	PART V, SECTION B, LINE 5: FOCUS GROUPS: THIRTEEN FOCUS GROUPS WERE CONDUCTED WITH SPECIFIC POPULATIONS OF INTEREST: 12 FOCUS GROUPS WERE CONDUCTED SPECIFICALLY FOR THE COLLABORATIVE COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) AND ONE ADDITIONAL FOCUS GROUP WAS CONDUCTED BY WORK GROUP MEMBERS WHO SUBMITTED NOTES FOR THE CHNA. FOCUS GROUPS WERE 90-MINUTE SEMI-STRUCTURED CONVERSATIONS WITH APPROXIMATELY 8-12 PARTICIPANTS PER GROUP AND AIMED TO DELVE DEEPLY INTO COMMUNITY'S NEEDS, STRENGTHS, AND OPPORTUNITIES FOR THE FUTURE. FOCUS GROUPS WERE CONDUCTED WITH THE FOLLOWING POPULATION GROUPS, INCLUDING RESIDENTS OF SPECIFIC NEIGHBORHOODS: HISTORICALLY UNDERPAID FEMALE WORKERS (E.G. HOUSEKEEPERS, CHILD CARE WORKERS, HOTEL SERVICE WORKERS, ETC.); MALE LOW-WAGE WORKERS (E.G. JANITORIAL STAFF, CONSTRUCTION, ETC.); SENIORS (AGES 65+) WITH COMPLEX, CHALLENGING ISSUES (E.G. HOMEBOUND, MEDICAL COMPLICATIONS); RESIDENTS WHO ARE HOUSING INSECURE (NO PERMANENT ADDRESS OR CLOSE TO EVICTION); LATINO RESIDENTS IN EAST BOSTON (IN SPANISH); LGBTQ+ YOUTH AND YOUNG ADULTS AT RISK OF EXPERIENCING HOMELESSNESS; IMMIGRANT PARENTS OF SCHOOL AGE CHILDREN (5-18 YEARS); SURVIVORS OF VIOLENCE; MOTHERS WHO HAVE BEEN IMPACTED BY VIOLENCE; PARENTS WHO LIVE IN PUBLIC HOUSING IN DORCHESTER; CHINESE RESIDENTS LIVING IN CHINATOWN (IN CHINESE); HAITIAN RESIDENTS LIVING IN MATTAPAN (IN HAITIAN CREOLE); AND RESIDENTS IN ACTIVE SUBSTANCE USE RECOVERY.A TOTAL OF 104 COMMUNITY RESIDENTS PARTICIPATED IN FOCUS GROUPS, REPRESENTING 13 NEIGHBORHOODS ACROSS THE CITY. NEARLY HALF OF THE FOCUS GROUP PARTICIPANTS IDENTIFIED AS BLACK OR AFRICAN AMERICAN (45%), A THIRD OF PARTICIPANTS IDENTIFIED AS HISPANIC OR LATINO (34%), AND 10% IDENTIFIED AS WHITE. THE MAJORITY OF PARTICIPANTS IDENTIFIED AS FEMALE (57%), 36% IDENTIFIED AS MALE, AND 7% IDENTIFIED AS TRANSGENDER OR GENDERQUEER. ADDITIONAL DATA ON FOCUS GROUP PARTICIPANT CHARACTERISTICS CAN BE FOUND IN APPENDIX F. 15 COMMUNITY AND SOCIAL SERVICE ORGANIZATIONS LOCATED THROUGHOUT BOSTON ASSISTED WITH RECRUITING PARTICIPANTS AND/OR HOSTING FOCUS GROUPS.KEY INFORMANT INTERVIEWSA TOTAL OF 45 KEY INFORMANT INTERVIEWS WERE COMPLETED, 6 OF WHICH WERE ADDITIONAL INTERVIEWS SUBMITTED BY WORK GROUP VOLUNTEERS. INTERVIEWS WERE 45-60-MINUTE SEMI-STRUCTURED DISCUSSIONS THAT ENGAGED INSTITUTIONAL, ORGANIZATIONAL, AND COMMUNITY LEADERS AND FRONT-LINE STAFF ACROSS SECTORS. DISCUSSIONS EXPLORED INTERVIEWEES' EXPERIENCES OF ADDRESSING COMMUNITY NEEDS AND OPPORTUNITIES FOR FUTURE ALIGNMENT, COORDINATION, AND EXPANSION OF SERVICES, INITIATIVES, AND POLICIES. SECTORS REPRESENTED IN THESE INTERVIEWS INCLUDED: PUBLIC HEALTH, HEALTH CARE, HOUSING AND HOMELESSNESS, TRANSPORTATION, COMMUNITY DEVELOPMENT, FAITH, EDUCATION, PUBLIC SAFETY, ENVIRONMENTAL JUSTICE, GOVERNMENT, WORKFORCE DEVELOPMENT, SOCIAL SERVICES, FOOD INSECURITY, AND BUSINESS ORGANIZATIONAL STAFF THAT WORK WITH SPECIFIC POPULATION SUCH AS YOUTH, SENIORS, DISABLED, LGBTQ+, AND IMMIGRANTS.
BOSTON MEDICAL CENTER	PART V, SECTION B, LINE 6A: BOSTON MEDICAL CENTER (BMC) CONDUCTED THE CHNA WITH THE FOLLOWING HOSPITAL FACILITIES: BETH ISRAEL DEACONESS MEDICAL CENTER, BOSTON CHILDREN'S HOSPITAL, BRIGHAM AND WOMEN'S FAULKNER HOSPITAL, BRIGHAM AND WOMEN'S HOSPITAL, DANA-FARBER CANCER INSTITUTE, MASSACHUSETTS EYE AND EAR INFIRMARY, MASSACHUSETTS GENERAL HOSPITAL, AND TUFTS MEDICAL CENTER.
BOSTON MEDICAL CENTER	PART V, SECTION B, LINE 6B: BOSTON MEDICAL CENTER CONDUCTED THE CHNA WITH THE FOLLOWING ORGANIZATIONS: BOSTON HEALTH CARE FOR THE HOMELESS PROGRAM, BOSTON PUBLIC HEALTH COMMISSION, JAMAICA PLAIN NEIGHBORHOOD DEVELOPMENT CORPORATION, COMMUNITY LABOR UNITED, FENWAY COMMUNITY HEALTH CENTER, HEALTH LEADS, MADISON PARK DEVELOPMENT CORPORATION, MASSACHUSETTS LEAGUE OF COMMUNITY HEALTH CENTERS, UPHAM'S CORNER HEALTH CENTER, AND URBAN EDGE.
BOSTON MEDICAL CENTER	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

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 1 - MARGARET M SHEA RN ADULT HEALTH PROGR RIVER STREET MATTAPAN,MA 02126	ADULT DAYCARE
2 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.

Form and Line Reference	Explanation
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.INTRODUCTIONTHE STATUTE THAT CREATED BOSTON MEDICAL CENTER (BMC) REQUIRES IT TO SERVE ALL POPULATIONS. BMC IS A PRIVATE, NOT-FOR-PROFIT, 514-BED, URBAN ACADEMIC MEDICAL CENTER. IT EMPHASIZES COMMUNITY-BASED, ACCESSIBLE CARE AND IS GROUNDED BY ITS MISSION TO PROVIDE CONSISTENTLY ACCESSIBLE HEALTH SERVICES TO ALL IN NEED OF CARE, REGARDLESS OF STATUS AND ABILITY TO PAY. BMC IS THE LARGEST SAFETY-NET HOSPITAL IN NEW ENGLAND AND PROVIDES A FULL SPECTRUM OF PEDIATRIC AND ADULT CARE SERVICES FROM PRIMARY TO FAMILY MEDICINE TO ADVANCED SPECIALTY CARE. DRIVEN BY THE SOCIAL DETERMINANTS OF HEALTH THAT IMPACT HEALTH OUTCOMES AMONG OUR PATIENTS AND COMMUNITY, THE GOAL OF OUR COMMUNITY HEALTH IMPROVEMENT ACTIVITIES, OR COMMUNITY BENEFITS, IS TO IMPROVE COMMUNITY HEALTH. APPROXIMATELY 59% OF OUR PATIENTS ARE FROM UNDERSERVED POPULATIONS, SUCH AS THE LOW-INCOME AND THE ELDERLY, WHO RELY ON GOVERNMENT PAYERS SUCH AS MEDICAID, THE HEALTH SAFETY NET AND MEDICARE FOR THEIR COVERAGE, AND 32% DO NOT SPEAK ENGLISH AS A PRIMARY LANGUAGE. TO ADDRESS THE HEALTH NEEDS OF ITS DIVERSE PATIENT POPULATION, BMC PROVIDES A WIDE RANGE OF SERVICES BEYOND THE TRADITIONAL MEDICAL MODEL. THESE PROGRAMS, INCLUDING BUT NOT LIMITED TO PATIENT NAVIGATION AND A FOOD PANTRY, HELP REDUCE BARRIERS TO ACCESSING HEALTH SERVICES AND ELIMINATE INEQUITIES IN HEALTHCARE AMONG THE VARIOUS POPULATIONS BMC SERVES. WITH MORE THAN 24,367 ADMISSIONS AND 1,338,510 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 INCLUDING CARDIAC CARE, NEUROLOGICAL CARE, ORTHOPEDICS, GERIATRICS, WOMEN'S HEALTH, AND PEDIATRICS. THE LARGEST 24-HOUR LEVEL I TRAUMA CENTER IN NEW ENGLAND, BMC'S EMERGENCY DEPARTMENT HAD MORE THAN 120,811 PATIENT VISITS IN FY2021. BMC SERVES THE URBAN COMMUNITY OF GREATER BOSTON. THE MAJORITY OF THE COMMUNITIES THAT BMC SERVES ARE LOCATED IN BOSTON CENSUS TRACTS THAT ARE FEDERALLY-DESIGNATED MEDICALLY UNDERSERVED AREAS/POPULATIONS. ALTHOUGH MASSACHUSETTS' UNIVERSAL CARE ENABLES INDIVIDUALS TO SEEK CARE AT ANY HOSPITAL, BMC REMAINS THE LARGEST SAFETY NET PROVIDER IN BOSTON AND NEW ENGLAND. AN ESTIMATED 18% OF BOSTON RESIDENTS LIVE BELOW THE FEDERAL POVERTY LEVEL. THE IMPLEMENTATION OF UNIVERSAL CARE DID NOT REDUCE THE REAL NUMBER OR PERCENT OF UNDERSERVED COMMUNITIES SERVED BY BMC.ACCORDING TO THE MASSACHUSETTS HEALTH INSURANCE SURVEY'S 2020 RESEARCH BRIEF, AN ESTIMATE OF 2.9% OF RESIDENTS WERE UNINSURED AND 92% OF MASSACHUSETTS RESIDENTS HAD COVERAGE DURING THE SURVEY OF WHICH 55.9% REPORTED EMPLOYER-SPONSORED INSURANCE (ESI) AND 43% REPORTED OTHER NON-ESI. STILL, INSURED RESIDENTS IN FAIR OR POOR HEALTH HAVE HIGH RATES OF AFFORDABILITY ISSUES WITH 25.5% REPORTING CHALLENGES PAYING THEIR MEDICAL BILLS. OF BMC'S PATIENTS IN 2021, APPROXIMATELY 2.25% WERE UNINSURED AND COVERAGE RATES FOR PRIMARY INSURANCE WERE APPROXIMATELY: 22.74 % MEDICARE; 43.58% MEDICAID; AND 30.00% PRIVATE OR ESI. 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.
PART I, LINE 7:	FOR THE CALCULATION OF COSTS OF CHARITY CARE (LINE 7A) & MEDICAID COST (LINE 7B), AN OVERALL COST TO CHARGE RATIO WAS USED. A COST TO CHARGE RATIO IS DETERMINED BY DIVIDING THE TOTAL CHARGES FOR ALL SERVICES INTO THE TOTAL COST OF PROVIDING THE SERVICES. THE RATIO IS MULTIPLIED BY THE CHARGES FOR CHARITY CARE AND MEDICAID TO OBTAIN THEIR RESPECTIVE COSTS.FOR THE CALCULATION OF COMMUNITY HEALTH IMPROVEMENT SERVICES (LINE 7E) DISCRETE COSTING WAS USED. FOR THE CALCULATION OF HEALTH PROFESSIONS EDUCATION COST (LINE 7F) THE CENTERS FOR MEDICARE & MEDICAID SERVICES (CMS) COST ALLOCATION METHODOLOGY (CMS FORM 2552) WAS USED. CMS FORM 2552 IS A REQUIRED ANNUAL FILING TO THE FEDERAL GOVERNMENT.PART I, LINE 7, COLUMN F:THE AMOUNT OF BAD DEBT SUBTRACTED FOR PURPOSES OF CALCULATING THE PERCENTAGE WAS \$0.DURING FISCAL YEAR 2021, BMC RECOGNIZED NET FAVORABLE SETTLEMENTS FROM MEDICARE, MEDICAID, BMCHP, BLUE CROSS AND OTHER PAYORS RELATED TO PRIOR YEARS OF APPORXIMATELY \$1,779,000.
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 SERVICES.PHYSICAL IMPROVEMENTS AND HOUSING:ACCORDING TO THE DEVELOPMENT IMPACT PROJECT AGREEMENT FOR THE MOAKLEY CENTER ADDITION AND INPATIENT BUILDING PHASE I TRANSPORT BRIDGE PROJECT BETWEEN BOSTON MEDICAL CENTER AND THE BOSTON REDEVELOPMENT

Form and Line Reference	Explanation
	AUTHORITY, DATED MAY 5, 2014, BMC AGREES TO PAY LINKAGE FEES OF \$25,746, ENDING IN 2022 TO THE NEIGHBORHOOD JOBS TRUST.MATTAPAN COMMUNITY HEALTH CENTER, A COMMUNITY HEALTH CENTER AFFILIATED WITH BOSTON MEDICAL CENTER, RECEIVED A TOTAL OF \$8,200,000 FROM BOSTON MEDICAL CENTER DURING 2009 AND 2010 IN THE FORM OF A LOAN THAT WAS ORIGINATED ON SEPTEMBER 30, 2010. EFFECTIVE JUNE 30, 2009, \$1,000,000 OF THE 2009 PORTION OF THE MATTAPAN LOAN WAS FORGIVEN. COMMENCING NOVEMBER 1, 2011, BOSTON MEDICAL CENTER AGREED TO FORGIVE TEN PERCENT OF THE REMAINING PRINCIPAL AMOUNT (\$7,200,000) OF THE NOTE EACH YEAR, WITH THE RESULT THAT THE ENTIRE LOAN OUTSTANDING COULD BE FORGIVEN IN TEN YEARS. IN FISCAL YEAR 2018, BOSTON MEDICAL CENTER INCURRED AN EXPENSE OF \$2,220,000 TO FULLY RESERVE AGAINST THE NOTE RECEIVABLE AS IT WAS DETERMINED THAT NO FUTURE PAYMENTS WERE ANTICIPATED ON THE LOAN. THE LOAN AND RESPECTIVE RESERVE IS ACCOUNTED FOR ON THE BALANCE SHEET, ANNUALLY, EACH IS REDUCED BY THE FORGIVABLE AMOUNT.EAST BOSTON NEIGHBORHOOD HEALTH CENTER, A COMMUNITY HEALTH CENTERAFFILIATED WITH BOSTON MEDICAL CENTER, RECEIVED A TOTAL OF \$1,000,000 FROM BOSTON MEDICAL CENTER DURING 2013 IN THE FORM OF A LOAN THAT WAS ORIGINATED EFFECTIVE JANUARY 15, 2013. COMMENCING SEPTEMBER 30, 2013, BOSTON MEDICAL CENTER AGREED TO FORGIVE TEN PERCENT OF THE ORIGINAL PRINCIPAL AMOUNT OF THE NOTE EACH YEAR, WITH THE RESULT THAT THE ENTIRE LOAN OUTSTANDING COULD BE FORGIVEN IN TEN YEARS. IN FISCAL YEAR 2018, BOSTON MEDICAL CENTER INCURRED AN EXPENSE OF \$500,000 TO FULLY RESERVE AGAINST THE NOTE RECEIVABLE AS IT WAS DETERMINED THAT NO FUTURE PAYMENTS WERE ANTICIPATED ON THE LOAN. THE LOAN AND RESPECTIVE RESERVE IS ACCOUNTED FOR ON THE BALANCE SHEET, ANNUALLY, EACH IS REDUCED BY THE FORGIVABLE AMOUNT.SOUTH BOSTON COMMUNITY HEALTH CENTER, A COMMUNITY HEALTH CENTER AFFILIATED WITH BOSTON MEDICAL CENTER, RECEIVED A TOTAL OF \$600,000 FROM BOSTON MEDICAL CENTER DURING 2016 IN THE FORM OF A LOAN THAT WAS ORIGINATED EFFECTIVE JANUARY 26, 2016. COMMENCING JANUARY 26, 2017, BOSTON MEDICAL CENTER AGREED TO FORGIVE TEN PERCENT OF THE ORIGINAL PRINCIPAL AMOUNT OF THE NOTE EACH YEAR, WITH THE RESULT THAT THE ENTIRE LOAN OUTSTANDING COULD BE FORGIVEN IN TEN YEARS. IN FISCAL YEAR 2018, BOSTON MEDICAL CENTER INCURRED AN EXPENSE OF \$540,000 TO FULLY RESERVE AGAINST THE NOTE RECEIVABLE AS IT WAS DETERMINED THAT NO FUTURE PAYMENTS WERE ANTICIPATED ON THE LOAN. THE LOAN AND RESPECTIVE RESERVE IS ACCOUNTED FOR ON THE BALANCE SHEET, ANNUALLY, EACH IS REDUCED BY THE FORGIVABLE AMOUNT.SOUTH END COMMUNITY HEALTH CENTER, A COMMUNITY HEALTH CENTER AFFILIATED WITH BOSTON MEDICAL CENTER, RECEIVED A TOTAL OF \$200,000 FROM BOSTON MEDICAL CENTER DURING 2017 IN THE FORM OF A LOAN THAT WAS ORIGINATED EFFECTIVE JUNE 16, 2017. COMMENCING JUNE 16, 2017, BOSTON MEDICAL CENTER AGREED TO FORGIVE ONE-THIRD OF THE ORIGINAL PRINCIPAL AMOUNT AND ACCRUED INTEREST OF THE NOTE EACH YEAR, WITH THE RESULT THAT THE ENTIRE LOAN OUTSTANDING COULD BE FORGIVEN IN THREE YEARS. IN FISCAL YEAR 2018, BOSTON MEDICAL CENTER INCURRED AN EXPENSE OF \$200,000 TO FULLY RESERVE AGAINST THE NOTE RECEIVABLE AS IT WAS DETERMINED THAT NO FUTURE PAYMENTS WERE ANTICIPATED ON THE LOAN. THE LOAN AND RESPECTIVE RESERVE IS ACCOUNTED FOR ON THE BALANCE SHEET, ANNUALLY, EACH IS REDUCED BY THE FORGIVABLE AMOUNT.CAPITAL INVESTMENTS IN BOSTON HEALTHNET:WHILE THE NEED FOR COMMUNITY-BASED SERVICES CONTINUES TO GROW, IT HAS BECOME INCREASINGLY DIFFICULT FOR COMMUNITY HEALTH CENTERS TO MEET THE DEMAND. REIMBURSEMENT OFTEN DOES NOT COVER THE FULL COST OF CARING FOR THE COMPLEX NEEDS OF HEALTH CENTERS' DIVERSE PATIENT POPULATION. COMPOUNDING THIS PROBLEM, IN THE MID-LATE 1990S, MANY HEALTH CENTERS FOUND THEMSELVES OPERATING IN FACILITIES THAT WERE IN DESPERATE NEED OF RESTORATION OR EXPANSION. COSTLY INFORMATION TECHNOLOGY UPGRADES WERE ALSO REQUIRED TO ENHANCE MANAGEMENT EFFICIENCIES AND PATIENT CARE. IN RESPONSE TO THE HEALTH CENTERS' NEEDS, BMC PROVIDED APPROXIMATELY \$15.8 MILLION IN OPERATING SUPPORT TO THE BOSTON HEALTHNET HEALTH CENTERS EACH YEAR. OTHER NET SUBSIDIES INCLUDE MOSTLY ECONOMIC DEVELOPMENT, COMMUNITY HEALTH IMPROVEMENT AND WORKFORCE DEVELOPMENT.
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.
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.
PART III, LINE 4:	THE ORGANIZATION'S BAD DEBT EXPENSE IS ADDRESSED IN FOOTNOTES 1(R)(IV) AND 1(T) FOUND ON PAGES 15 AND 16 OF ITS MOST RECENT AUDITED FINANCIAL STATEMENTS.
PART III, LINE 8:	MEDICARE ALLOWABLE COSTS OF \$194,024,505 WERE CALCULATED USING THE CMS FORM 2552 METHODOLOGY OF DETERMINING MEDICARE COSTS. THIS USES THE STEP DOWN METHOD OF DETERMINING FULLY-ALLOCATED COSTS BY DISTINCT CLINICAL COST CENTERS AS DEFINED BY CMS. THESE FULLY-ALLOCATED COSTS ARE APPLIED AGAINST TOTAL CHARGES TO CALCULATE A RATIO OF COST TO CHARGES. THE RATIO OF COST TO CHARGES IS APPLIED TO MEDICARE CHARGES BY DISTINCT CLINICAL COST CENTERS TO DETERMINE THE MEDICARE COSTS.
PART III, LINE 9B:	POPULATIONS EXEMPT FROM COLLECTION ACTIVITIESTHE HOSPITAL WILL NOT REQUIRE PRE-ADMISSION OR PRE-TREATMENT DEPOSITS FROM INDIVIDUALS REQUIRING EMERGENCY SERVICES OR DETERMINED TO BE LOW-INCOME. THE FOLLOWING INDIVIDUALS AND PATIENT POPULATIONS ARE EXEMPT FROM ANY COLLECTION OR BILLING PROCEDURES BEYOND THE INITIAL BILL PURSUANT TO STATE REGULATIONS:A. PATIENTS WITH MASSHEALTH, EMERGENCY AID TO THE ELDERLY, DISABLED AND CHILDREN OF THE DISABLED, CHILDREN, AND FULL HEALTH SAFETY NET OR PATIENTS WITH COUNTY MEDICAL SERVICES PROGRAM OR PARTIAL HEPATOSPLENOMEGALY BELOW THE PROGRAM-DEFINED FEDERAL POVERTY LEVEL OR MODIFIED ADJUSTED GROSS INCOME GUIDELINE, OR OTHERS DETERMINED TO BE LOW-INCOME PATIENTS ARE EXEMPT FROM COLLECTION SUBJECT TO:1. THE HOSPITAL MAY SEEK COLLECTION ACTION AGAINST ANY LOW-INCOME PATIENT FOR THEIR REQUIRED CO-PAYMENTS AND DEDUCTIBLES THAT ARE SET FORTH BY EACH SPECIFIC PROGRAM.2. THE HOSPITAL MAY SEEK COLLECTION TO ALLOW A PATIENT TO MEETTHE 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.

Form and Line Reference	Explanation
	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.
PART VI, LINE 2:	NEEDS ASSESSMENTIN 2019, BMC CONDUCTED A COMPREHENSIVE COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) IN COLLABORATION WITH COMMUNITY ORGANIZATIONS, BOSTON RESIDENTS, HEALTH CENTERS, HOSPITALS AND THE BOSTON PUBLIC HEALTH COMMISSION. THE BOSTON COMMUNITY HEALTH NEEDS ASSESSMENT-COMMUNITY HEALTH IMPROVEMENT PLAN COLLABORATIVE (THE CHNA-CHIP COLLABORATIVE) FORMED TO UNDERTAKE THE FIRST BOSTON-WIDE CHNA AND CHIP. FOCUSING ON THE SOCIAL DETERMINANTS OF HEALTH AND USING A HEALTH EQUITY LENS, THE COLLABORATIVE EMPLOYED A PARTICIPATORY APPROACH THAT ENGAGED THE COMMUNITY IN EVERY STEP OF THE CHNA. THIS CHNA FOCUSES ON THE SOCIAL DETERMINANTS OF HEALTH USING A HEALTH EQUITY LENS. THE INFLUENCES OF RACE, ETHNICITY, INCOME, AND GEOGRAPHY ON HEALTH PATTERNS ARE OFTEN INTERTWINED. IN THE UNITED STATES, SOCIAL, ECONOMIC, AND POLITICAL PROCESSES ASCRIBE SOCIAL STATUS BASED ON RACE AND ETHNICITY, WHICH MAY INFLUENCE OPPORTUNITIES FOR EDUCATIONAL AND OCCUPATIONAL ADVANCEMENT AND HOUSING OPTIONS, TWO FACTORS THAT PROFOUNDLY AFFECT HEALTH. INSTITUTIONAL RACISM, ECONOMIC INEQUALITY, DISCRIMINATORY POLICIES, AND HISTORICAL OPPRESSION OF SPECIFIC GROUPS ARE MANY OF THE ROOT FACTORS THAT DRIVE THE HEALTH INEQUITIES WE SEE IN THE U.S. TODAY. THE CHNA USED A PARTICIPATORY, COLLABORATIVE APPROACH THAT ENGAGED THE COMMUNITY THROUGH DIFFERENT AVENUES. OVER 100 COLLABORATIVE MEMBERS REPRESENTING HEALTH CARE, PUBLIC HEALTH, EDUCATION, COMMUNITY DEVELOPMENT, SOCIAL SERVICE, AND COMMUNITY-BASED ORGANIZATIONS PROVIDED INPUT THROUGHOUT THE CHNA PROCESS AND PLAYED AN INTEGRAL ROLE IN DATA COLLECTION EFFORTS. DATA COLLECTION EFFORTS WERE FOCUSED ON ENGAGING HARD-TO-REACH POPULATIONS WHO ARE NOT TYPICALLY ENGAGED IN THESE PROCESSES OR REPRESENTED IN THE SECONDARY DATA. EXISTING DATA WERE DRAWN FROM NATIONAL, STATE, AND CITY SOURCES, SUCH AS THE U.S. CENSUS, MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH, AND BOSTON PUBLIC HEALTH COMMISSION, INCLUDING DATASETS SUCH AS THE BOSTON BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM (BBRFSS). FOR NEW DATA COLLECTION, OVER 91 ORGANIZATIONS AND 2,500 INDIVIDUALS WERE ENGAGED IN A CHNA COMMUNITY SURVEY (N=2,404) ADMINISTERED ONLINE AND IN-PERSON IN SEVEN LANGUAGES, 13 FOCUS GROUPS WITH COMMUNITY RESIDENTS (N=104), AND 45 INTERVIEWS WITH ORGANIZATIONAL AND COMMUNITY LEADERS TO GAUGE THEIR PERCEPTIONS OF THE COMMUNITY'S NEEDS, STRENGTHS, AND OPPORTUNITIES. LIKE ALL DATA GATHERING EFFORTS, THERE ARE LIMITATIONS TO THE CHNA DATA. SECONDARY DATA HAVE A TIME LAG, AND VARIOUS SOURCES MAY USE DIFFERENT DEFINITIONS FOR SIMILAR TOPICS. DATA MAY BE AGGREGATED ACROSS TIME, GEOGRAPHIES, OR POPULATION GROUPS TO PROVIDE LARGE ENOUGH SAMPLE SIZES. MORE GRANULAR ANALYSIS FOR SPECIFIC NEIGHBORHOODS OR ETHNIC GROUPS WITHIN LARGER RACIAL/ETHNIC CATEGORIES IS NOT POSSIBLE. PRIMARY DATA SUCH AS THE SURVEY AND FOCUS GROUPS USE A CONVENIENCE SAMPLE WHICH MAY NOT BE REPRESENTATIVE OF THE LARGER POPULATION.THIRTEEN FOCUS GROUPS WERE CONDUCTED WITH SPECIFIC POPULATIONS OF INTEREST: 12 FOCUS GROUPS CONDUCTED SPECIFICALLY FOR THE COLLABORATIVE CHNA AND ONE ADDITIONAL FOCUS GROUP CONDUCTED BY WORK GROUP MEMBERS WHO SUBMITTED NOTES FOR THE CHNA. FOCUS GROUPS WERE 90-MINUTE SEMI-STRUCTURED CONVERSATIONS WITH APPROXIMATELY 8-12 PARTICIPANTS PER GROUP AND AIMED TO DELVE DEEPLY INTO COMMUNITY'S NEEDS, STRENGTHS, AND OPPORTUNITIES FOR THE FUTURE. FOCUS GROUPS WERE CONDUCTED WITH THE FOLLOWING POPULATION GROUPS, INCLUDING RESIDENTS OF SPECIFIC NEIGHBORHOODS: HISTORICALLY UNDERPAID FEMALE WORKERS (E.G. HOUSEKEEPERS, CHILD CARE WORKERS, HOTEL SERVICE WORKERS, ETC.); MALE LOW-WAGE WORKERS (E.G. JANITORIAL STAFF, CONSTRUCTION, ETC.); SENIORS (AGES 65+) WITH COMPLEX, CHALLENGING ISSUES (E.G. HOMEBOUND, MEDICAL COMPLICATIONS); RESIDENTS WHO ARE HOUSING INSECURE (NO PERMANENT ADDRESS OR CLOSE TO EVICTION); LATINO RESIDENTS LIVING IN EAST BOSTON (IN SPANISH); LGBTQ+ YOUTH AND YOUNG ADULTS AT RISK OF BEING HOMELESS; IMMIGRANT PARENTS OF SCHOOL AGE CHILDREN (5-18 YEARS); SURVIVORS OF VIOLENCE; MOTHERS WHO HAVE BEEN IMPACTED BY VIOLENCE; PARENTS LIVING IN PUBLIC HOUSING IN DORCHESTER; CHINESE RESIDENTS LIVING IN CHINATOWN (IN CHINESE); HAITIAN RESIDENTS LIVING IN MATTAPAN (IN HAITIAN CREOLE); AND RESIDENTS IN ACTIVE SUBSTANCE USE RECOVERY.A TOTAL OF 104 COMMUNITY RESIDENTS PARTICIPATED IN FOCUS GROUPS, REPRESENTING 13 NEIGHBORHOODS ACROSS THE CITY. NEARLY HALF OF FOCUS GROUP PARTICIPANTS IDENTIFIED AS BLACK OR AFRICAN AMERICAN (45%), A THIRD OF PARTICIPANTS IDENTIFIED AS HISPANIC OR LATINO (34%), AND 10% IDENTIFIED AS WHITE. THE MAJORITY OF PARTICIPANTS IDENTIFIED AS FEMALE (57%), 36% IDENTIFIED AS MALE, AND 7% IDENTIFIED AS TRANSGENDER OR GENDERQUEER. ADDITIONAL DATA ON FOCUS GROUP PARTICIPANT CHARACTERISTICS CAN BE FOUND IN APPENDIX F. FIFTEEN COMMUNITY AND SOCIAL SERVICE ORGANIZATIONS LOCATED THROUGHOUT BOSTON ASSISTED WITH RECRUITING PARTICIPANTS AND/OR HOSTING FOCUS GROUPS.A TOTAL OF 45 KEY INFORMANT INTERVIEWS WERE COMPLETED, SIX OF WHICH WERE ADDITIONAL INTERVIEWS SUBMITTED BY WORK GROUP VOLUNTEERS. INTERVIEWS WERE 45-60-MINUTE SEMI-STRUCTURED DISCUSSIONS THAT ENGAGED INSTITUTIONAL, ORGANIZATIONAL, AND COMMUNITY LEADERS AND FRONT-LINE STAFF ACROSS SECTORS. DISCUSSIONS EXPLORED INTERVIEWEES' EXPERIENCES OF ADDRESSING COMMUNITY NEEDS AND OPPORTUNITIES FOR FUTURE ALIGNMENT, COORDINATION, AND EXPANSION OF SERVICES, INITIATIVES, AND POLICIES. SECTORS REPRESENTED IN THESE INTERVIEWS INCLUDED: PUBLIC HEALTH, HEALTH CARE, HOUSING AND HOMELESSNESS, TRANSPORTATION, COMMUNITY DEVELOPMENT, FAITH, EDUCATION, PUBLIC SAFETY, ENVIRONMENTAL JUSTICE, GOVERNMENT, WORKFORCE DEVELOPMENT, SOCIAL SERVICES, FOOD INSECURITY,

Form and Line Reference	Explanation
	BUSINESS ORGANIZATIONAL STAFF THAT WORK WITH SPECIFIC POPULATION SUCH AS YOUTH, SENIORS, DISABLED, LGBTQ+, AND IMMIGRANTS. KEY FINDINGS THAT EMERGED FROM THE CHNA INCLUDED HEALTH CARE ACCESS AND UTILIZATION, CHRONIC DISEASES AND RISK FACTORS, MENTAL HEALTH AND SUBSTANCE USE DISORDERS, VIOLENCE, HOUSING AFFORDABILITY, AND ENVIRONMENTAL HEALTH. UNWAVERING IN OUR COMMITMENT TO ADDRESS THE HEALTH NEEDS OF OUR COMMUNITY, BMC PROVIDES A WIDE RANGE OF PROGRAMS BEYOND THE TRADITIONAL MEDICAL MODEL TO ADDRESS THESE SOCIAL DETERMINANTS OF HEALTH. CORE TO FULFILLING OUR PUBLIC HEALTH MISSION AND CONSISTENT WITH THE CHNA FINDINGS, THE GOALS OF OUR COMMUNITY BENEFITS PROGRAM ARE TO IMPROVE ACCESS TO HEALTH SERVICES AND IMPROVE HEALTH OUTCOMES FOR UNDER-RESOURCED POPULATIONS IN OUR COMMUNITY.
PART VI, LINE 3:	THE HOSPITAL POSTS NOTICES OF AVAILABILITY OF FINANCIAL ASSISTANCE IN: I. INPATIENT, CLINIC, AND EMERGENCY DEPARTMENT AND WAITING AREAS; II. PATIENT FINANCIAL COUNSELOR AREAS; III. CENTRAL ADMISSION/REGISTRATION AREAS; IV. BUSINESS OFFICE AREAS THAT ARE OPEN TO PATIENTS. POSTED NOTICES ARE CLEARLY VISIBLE AND LEGIBLE TO PATIENTS VISITING THESE AREAS. THE HOSPITAL ALSO INCLUDES A NOTICE ABOUT THE AVAILABILITY OF FINANCIAL ASSISTANCE IN ALL INITIAL BILLS. WHEN THE PATIENT CONTACTS THE HOSPITAL, THE PATIENT FINANCIAL SERVICES STAFF NOTIFIES THE PATIENT IF THEY QUALIFY FOR A PAYMENT PLAN. A PATIENT WHO IS ENROLLED IN A PUBLIC FINANCIAL ASSISTANCE PROGRAM (FOR EXAMPLE, MASSHEALTH, HEALTH SAFETY NET, OR FOR MEDICAL HARDSHIP) MAY QUALIFY FOR CERTAIN PLANS. PATIENTS MAY ALSO QUALIFY FOR ADDITIONAL ASSISTANCE BASED ON THE HOSPITAL'S OWN INTERNAL CRITERIA FOR FINANCIAL ASSISTANCE. FOR CASES WHERE THE HOSPITAL IS USING THE VIRTUAL GATEWAY APPLICATION, THE HOSPITAL ASSISTS THE PATIENT IN COMPLETING THE APPLICATION FOR MASSHEALTH CONNECTORCARE, CHILDREN'S MEDICAL SECURITY PLAN, HEALTH START, HEALTH SAFETY NET, OR OTHER FORMS OF FINANCIAL ASSISTANCE PROGRAMS AS THEY BECOME PART OF THE VIRTUAL GATEWAY PROGRAM. ALL SIGNS AND NOTICES ARE TRANSLATED INTO LANGUAGES OTHER THAN ENGLISH IF A LANGUAGE IS SPOKEN BY 10% OR MORE OF THE POPULATION RESIDING IN THE HOSPITAL SERVICE AREA. CURRENTLY, THE HOSPITAL TRANSLATES THE NOTICES INTO ENGLISH, PORTUGUESE, SPANISH, AND HAITIAN CREOLE.
PART VI, LINE 4:	COMMUNITY INFORMATIONPLEASE SEE INTRODUCTION.
PART VI, LINE 5:	PROMOTION OF COMMUNITY HEALTHHEALTH CARE ACCESS BIRTH SISTERS: BIRTH SISTERS ARE COMMUNITY MEMBERS TRAINED BY BMC TO PROVIDE SUPPORT TO PREGNANT BMC PATIENTS FROM THEIR OWN COMMUNITIES DURING PREGNANCY, CHILDBIRTH AND EARLY PARENTHOOD. BIRTH SISTERS OFFER CHILDBIRTH AND PARENTING EDUCATION, CONNECT THEIR CLIENTS TO COMMUNITY AND HOSPITAL-BASED RESOURCES, PROVIDE CONTINUOUS LABOR SUPPORT, AND SUPPORT THEIR CLIENTS IN THE EARLY POSTPARTUM PERIOD. THE BIRTH SISTERS PROGRAM HAS BEEN LINKED TO SIGNIFICANTLY HIGHER BODY/BREASTFEEDING RATES AND FEWER CESAREAN BIRTHS. THE PANDEMIC HAS REQUIRED SHIFTS IN SERVICE PROVISION, MOST NOTABLY, THROUGH THE UTILIZATION OF VIRTUAL SUPPORT STRATEGIES TO BUILD CONNECTION BEFORE AND AFTER BIRTH. DURING THE 2021 FISCAL YEAR, BIRTH SISTERS PROVIDED SUPPORT FOR 254 PATIENTS.CATALYST CLINIC: IN MAY 2016, BOSTON MEDICAL CENTER LAUNCHED THE CATALYST CLINIC (CENTER FOR ADDICTION TREATMENT FOR ADOLESCENT/YOUNG ADULTS WHO USE SUBSTANCES), A PROGRAM DESIGNED TO TREAT YOUNG PEOPLE AGED 25 AND UNDER WHO ARE STRUGGLING WITH SUBSTANCE USE, OR WHO 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 INCLUDES PHYSICIANS, A NURSE, TWO SOCIAL WORKERS, A RECOVERY SUPPORT NAVIGATOR AND A PROGRAM MANAGER. THE CATALYST CLINIC TEAM WORKS TOGETHER TO OFFER ASSESSMENT, DIAGNOSIS, AND TREATMENT OF VARIOUS SUBSTANCE USE DISORDERS, AS WELL AS FACILITATES THE TRANSITION FROM ADOLESCENT TO ADULT CARE WHEN APPROPRIATE. IN FISCAL YEAR 2021, THE CATALYST CLINIC RECEIVED APPROXIMATELY 88 REFERRALS TO THE CLINIC; 718 REFERRALS HAVE BEEN RECEIVED SINCE THE PROGRAM'S INCEPTION. CHILD LIFE PROGRAM (CLP): THE CHILD LIFE PROGRAM ASSISTS CHILDREN AND FAMILIES IN MANAGING THE STRESSES ASSOCIATED WITH HOSPITALIZATION AND ILLNESS. ALL CLP TEAM MEMBERS ARE TRAINED DEVELOPMENTAL SPECIALISTS, AIMING TO SUPPORT CHILDREN AND FAMILIES THROUGH THE HOSPITAL EXPERIENCE. THE GOALS OF THE CLP ARE TO: HELP CHILDREN EXPRESS THEIR FEELINGS THROUGH PLAY IN A SAFE AND SUPPORTIVE ENVIRONMENT; ADVOCATE FOR CHILDREN, OFFERING SUPPORT TO EFFECTIVELY WORK THROUGH PAIN MANAGEMENT; OFFER CHILDREN DEVELOPMENTALLY APPROPRIATE CHOICES THAT INCREASE FEELINGS OF INDEPENDENCE, SELF-ESTEEM, AND TRUST; AND ASSIST WITH IMPLEMENTATION OF COPING TECHNIQUES DURING STRESSFUL SITUATIONS. THE CLP CURRENTLY COVERS THE AREAS OF INPATIENT PEDIATRICS AND THE PEDIATRIC INTENSIVE CARE UNIT, PEDIATRIC AMBULATORY CARE CLINIC INCLUDING SPECIALTY CLINICS, PEDIATRIC EMERGENCY DEPARTMENT, PEDIATRIC OTOLARYNGOLOGY CLINIC AND OPERATING AREAS FOR PEDIATRIC SURGERY. THE TEAM REMAINS A CONSULT SERVICE FOR PEDIATRIC CASES IN THE NICU, RADIOLOGY, TRAUMA SERVICES, AND OBYGN AS WELL AS FOR BEREAVEMENT SUPPORT WORKING WITH CHILDREN OF ADULT FAMILIES.CHILD PASSENGER SAFETY PROGRAM: BMC RECOGNIZES AND USES THE CENTER FOR DISEASE CONTROL AND PREVENTION'S CHILD PASSENGER SAFETY RECOMMENDATIONS. MASSACHUSETTS STATE LAW REQUIRES THAT ALL CHILDREN UNDER AGE 8 AND LESS THAN 57 INCHES TALL BE PROPERLY FASTENED AND SECURED IN A FEDERALLY APPROVED CAR SEAT OR BOOSTER SEAT. BMC REQUIRES ALL NEWBORNS LEAVING THE HOSPITAL HAVE AN APPROPRIATE CAR SEAT PRIOR TO DISCHARGE HOME. THE DIVISION OF TRAUMA PARTNERS WITH THE PUBLIC SAFETY OFFICE TO PROVIDE CHILD SAFETY SEAT INSTALLATION AND INSPECTION FREE OF CHARGE. PUBLIC SAFETY OFFICERS ARE TRAINED CHILD PASSENGER SAFETY TECHNICIANS (CPSTS) WHO HAVE BEEN CERTIFIED IN CORRECT INSTALLATION OF CHILD SAFETY SEATS AND ARE RE-CERTIFIED EVERY 2 YEARS. BMC'S CPSTS ARE RESPONSIBLE FOR AND CAPABLE OF: SECURING CHILDREN IN APPROPRIATE CHILD RESTRAINT SYSTEMS; INSTALLING CHILD RESTRAINT SYSTEMS IN MULTIPLE TYPES OF VEHICLES; EDUCATING OTHERS ON HOW TO CORRECTLY INSTALL CHILD RESTRAINT SYSTEMS IN VEHICLES AND HOW TO PROPERLY RESTRAIN CHILDREN IN MOTOR VEHICLES; AND ORGANIZING, COORDINATING OR ASSISTING AT INSPECTION STATIONS AND CHECKUP EVENTS. IN FY21, THE CHILD PASSENGER SAFETY PROGRAM INSTALLED OR PROVIDED EDUCATION ON APPROXIMATELY 100 CAR SEATS.CLOTHING BANK: BMC'S SOCIAL WORKERS ACCESS THE CLOTHING BANK IN REAL TIME WHEN A PROVIDER CONTACTS SOCIAL WORK ABOUT A BASIC CLOTHING NEED (SWEATPANTS, SHIRTS, UNDERWEAR, SOCKS, SHOES, AND WINTER COATS) FOR A LOW-INCOME PATIENT.THE CENTER FOR THE URBAN CHILD AND HEALTHY FAMILY (THE CENTER):

Form and Line Reference	Explanation
	THE CENTER, LAUNCHED IN 2016, IS CATALYZING BMC'S VISION OF MAKING BOSTON ONE OF THE HEALTHIEST CITIES IN THE WORLD BY ENSURING EVERY CHILD HAS AN EQUAL OPPORTUNITY TO BE HEALTHY AND ACHIEVE THEIR FULL POTENTIAL. AS SUCH, THE CENTER IS CREATING A SYSTEM OF PEDIATRIC HEALTH CARE THAT ACTIVELY PROMOTES HEALTH EQUITY AND ERADICATES DISPARITIES. AS AN INNOVATION HUB WITHIN THE DEPARTMENT OF PEDIATRICS, THE CENTER CREATES AND TESTS INNOVATIVE HEALTH CARE DELIVERY MODELS, WORKING IN PARTNERSHIP WITH FAMILIES, COMMUNITIES AND OTHER CHILD- AND FAMILY-SERVING SECTORS. THE CENTER HAS SET A GOAL THAT BY 2028, ALL CHILDREN CARED FOR BY BMC PEDIATRICS WILL BE HEALTHY AND READY TO LEARN WITH ADEQUATE SUPPORTS TO THRIVE BY AGE FIVE. TO ACHIEVE THIS GOAL, THE CENTER CO-DEVELOPED A NEW MODEL OF PEDIATRIC PRIMARY CARE, THE PEDIATRIC PRACTICE OF THE FUTURE, WITH FAMILIES AND PEDIATRIC PROVIDERS. THIS MODEL SUPPORTS WHOLE FAMILY DEVELOPMENT WITH ATTENTION TO FACTORS INFLUENCING WELL-BEING AND BRINGING TOGETHER CARE IN A SYSTEMATIC, EQUITABLE WAY TO PROMOTE WELLNESS THROUGHOUT THE LIFE COURSE. THE CENTER IS PILOTING THE NEW MODEL AIMED AT FAMILIES WITH NEWBORNS, AND IS COLLECTING DATA TO UNDERSTAND ITS IMPACT. THE PILOT LAUNCHED IN JANUARY 2020 AND HAS SINCE ENROLLED 100 FAMILIES. ULTIMATELY, A FINANCIALLY SUSTAINABLE MODEL WILL BE SCALED TO THE LARGER PRIMARY CARE PRACTICE. IN ADDITION, THE CENTER IS PARTNERING WITH BMC HEALTHNET PLAN, BMC'S HEALTH INSURANCE PROGRAM, TO TEST ALTERNATIVE PAYMENT MODELS TO ULTIMATELY REDEFINE VALUE IN PEDIATRIC CARE. CRIBS FOR KIDS: BMC PARTNERS WITH THE NATIONAL CRIBS FOR KIDS PROGRAM, WHERE ITS MISSION IS TO PROVIDE CRIBS TO BABIES WHOSE MOTHERS COULD NOT AFFORD THEM OTHERWISE AND EDUCATE MOTHERS ABOUT THE DANGERS OF UNSAFE SLEEP ENVIRONMENTS. BMC PROVIDES FREE PACK-AND-PLAYS AND CRIBS TO FAMILIES WHO DO NOT OTHERWISE HAVE A SAFE SPACE FOR THEIR BABY TO SLEEP. THIS PROGRAM IS FUNDED THROUGH THE INJURY PREVENTION TRAUMA DEVELOPMENT FUND. IN FY21, THE CRIBS FOR KIDS PROGRAM AT BMC PROVIDED PACK AND PLAYS TO APPROXIMATELY 50 FAMILIES. ELDERS LIVING AT HOME PROGRAM (ELAHP): THE GOAL OF ELAHP IS TO HELP OLDER ADULTS WHO ARE HOMELESS OR AT RISK FOR HOMELESSNESS SECURE AND MAINTAIN A PERMANENT RESIDENCE AND LIVE AS INDEPENDENTLY AS POSSIBLE. ELAHP SERVED 383 CLIENTS DURING FISCAL YEAR 2021. OF THESE CLIENTS, 189 RECEIVED HOUSING SEARCH AND PLACEMENT SERVICES; 169 RECEIVED HOUSING STABILIZATION SERVICES; AND 70 RECEIVED HOMELESSNESS PREVENTION ASSISTANCE. OVER THE LAST 12 YEARS, THE SUCCESS RATE OF ELAHP'S STABILIZATION SERVICES IS 98%. AN ADDITIONAL 157 CLIENTS WERE SERVED THROUGH THE LIVING WELL AT HOME PROJECT, A COMMUNITY-BASED COMPLEX CARE MANAGEMENT PILOT DESIGNED TO IMPROVE HEALTH OUTCOMES FOR FRAIL RESIDENTS OF AN ELDERLY/DISABLED HOUSING COMPLEX IN ROXBURY AND ANOTHER IN CAMBRIDGE. SOME CLIENTS RECEIVED MORE THAN ONE TYPE OF SERVICE. ALL CLIENTS SUFFER FROM AT LEAST ONE CHRONIC ILLNESS, AND 96% SUFFER FROM TWO OR MORE DISABLING MEDICAL CONDITIONS. GROW CLINIC: THE GROW CLINIC WAS FOUNDED IN 1984 WITHIN BMC'S DEPARTMENT OF PEDIATRICS. THE PRIMARY GOAL OF THE GROW CLINIC IS TO PROVIDE COMPREHENSIVE MULTIDISCIPLINARY MEDICAL, NUTRITIONAL, SOCIAL SERVICES AND DEVELOPMENTAL SUPPORT TO CHILDREN FROM THE GREATER BOSTON AREA DIAGNOSED WITH FAILURE TO THRIVE (FTT). CHILDREN WITH FTT HAVE SIGNIFICANT DIFFICULTY GROWING BECAUSE OF MALNUTRITION ASSOCIATED WITH ILLNESS, POVERTY, AND OTHER FAMILY STRESSORS. THE EFFECTS OF FTT INCLUDE SHORTENED ATTENTION SPANS, EMOTIONAL PROBLEMS, DELAYED COGNITIVE DEVELOPMENT, LASTING GROWTH FAILURE, AND FREQUENT SERIOUS ILLNESS, WHICH CAN RESULT IN HOSPITALIZATION. THE GROW CLINIC PROVIDES MEDICAL TREATMENT, NUTRITIONAL ASSESSMENT, HOME HEALTH EDUCATION, SOCIAL SERVICE ADVOCACY, DEVELOPMENTAL REFERRALS, AND ACCESS TO BMC'S THERAPEUTIC FOOD PANTRY, NUTRITIONAL SUPPLEMENTS, CHILDREN'S CLOTHES, DIAPERS, BOOKS AND EDUCATIONAL TOYS, AMONG OTHER SERVICES. APPROXIMATELY 200 CHILDREN ARE TREATED ANNUALLY BY THE GROW CLINIC. IN FY2021, THERE WERE 93 NEW PATIENTS. FORTY-EIGHT PERCENT (48%) OF CLINIC PATIENTS WERE 12 MONTHS OF AGE OR YOUNGER; THE AVERAGE AGE AT REFERRAL WAS 24 MONTHS; AND THE AVERAGE LENGTH OF TREATMENT WAS 28 MONTHS. THERE WERE 1,041 TOTAL CLINIC VISITS DURING THIS PERIOD. APPROXIMATELY 15% OF PATIENT FAMILIES WERE HOMELESS AND LIVING IN SHELTERS. CLINICIANS MADE 326 HOME VISITS IN FY21. ALL PATIENTS DEMONSTRATED IMPROVED GROWTH, AND 80% DEMONSTRATED SIGNIFICANT WEIGHT IMPROVEMENT.
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. IT WAS ESTABLISHED IN 1997 BY BMC AND HAS MORE THAN 20 YEARS OF EXPERIENCE DELIVERING ACCESSIBLE CARE TO COMPLEX POPULATIONS. BMC HEALTHNET PLAN SERVES OVER 313,777 MEMBERS ACROSS MASSACHUSETTS. IT ALSO PROVIDES HEALTH COVERAGE TO MEDICAID MEMBERS IN NEW HAMPSHIRE, WHERE IT OPERATES AS WELL SENSE HEALTH PLAN. BOSTON HEALTHNET (BHN) THE BOSTON HEALTHNET (BHN) HEALTH CENTER NETWORK REPRESENTS A FUNDAMENTAL PARTNERSHIP BETWEEN BOSTON MEDICAL CENTER AND THE COMMUNITY HEALTH CENTERS (CHCS) TO FULFILL A SHARED COMMITMENT TO THE MOST VULNERABLE AND DIVERSE PATIENTS SERVED. ESTABLISHED IN 1995, BHN IS AN INTEGRATED HEALTH CARE DELIVERY SYSTEM COMPRISED OF BMC, THE BOSTON UNIVERSITY SCHOOL OF MEDICINE AND 12 COMMUNITY HEALTH CENTERS. THE PARTNERSHIP HAS BECOME A NATIONAL MODEL FOR COMMUNITY HEALTH CARE NETWORKS, ESPECIALLY THOSE SERVING URBAN, UNDERSERVED AND WORKING CLASS POPULATIONS BHN'S COMMUNITY HEALTH CENTER PARTNERS PROVIDE OUTREACH, PREVENTION, PRIMARY CARE, SPECIALTY CARE AND DENTAL SERVICES AT SITES LOCATED THROUGHOUT BOSTON'S COMMUNITIES AS WELL AS ATTLEBORO, QUINCY, TAUNTON, AND WINTHROP, THEREBY EXTENDING BMC'S PRESENCE INTO THESE NEIGHBORHOODS. PHYSICIANS WORKING IN THE HEALTH CENTERS ARE CREDENTIALLED MEMBERS OF BMC'S MEDICAL STAFF. HEALTH CENTER PATIENTS HAVE ACCESS TO HIGHLY TRAINED SPECIALISTS AND CUTTING-EDGE TECHNOLOGY AT BMC WHILE PROVIDING INDIVIDUALIZED AND CULTURALLY SENSITIVE CARE IN THEIR OWN NEIGHBORHOODS. THE ACCOMPLISHMENTS OF THE NETWORK ARE EVIDENCED BY: NOTABLE SHARE OF BMC VOLUME ORIGINATING FROM THE HEALTH CENTERS; COLLABORATIVE DEVELOPMENT OF QUALITY IMPROVEMENT INITIATIVES, CLINICAL PROTOCOLS, AND STANDARDS OF PRACTICE; DEGREE OF FACILITATION AND COORDINATION OF HEALTH INFORMATION TECHNOLOGY TRAINING, COMMUNICATION AND OPTIMIZATION ACROSS THE HEALTH CENTER NETWORK WITH NINE OF THE BHN HEALTH CENTERS ON THE SAME ELECTRONIC HEALTH RECORD. IN ADDITION, THE COMMUNITY HEALTH CENTER PARTNERSHIP EXTENDS INTO CLINICIAN TRAINING AND JOINT HIRING WITH NEARLY 240 BU SCHOOL OF MEDICINE STUDENTS USING HEALTH CENTER EDUCATION PROGRAMS (PRE-

Form and Line Reference	Explanation
	COVID), 78 RESIDENTS HAVING LONGITUDINAL AMBULATORY EXPERIENCE AT CHCS IN 2022 AND 38 PROVIDERS JOINTLY HIRED BY HEALTH CENTERS AND BU FAMILY MEDICINE ACROSS SIX HEALTH CENTERS.OTHER AREAS DEMONSTRATING THE LONGSTANDING AND DEEP PARTNERSHIP INCLUDE:GOVERNANCE: COMMUNITY HEALTH CENTERS ARE NOTABLY INVOLVED IN BMC GOVERNANCE WITH REPRESENTATION ON BMC'S BOARD OF TRUSTEES, TWO COMMITTEES OF THE BMC BOARD OF TRUSTEES AND THREE HOSPITAL COMMITTEES.RESEARCH: FOR OVER 15 YEARS, A RESEARCH COLLABORATIVE COMPRISED OF BHN, COMMUNITY HEALTH CENTERS AND BOSTON UNIVERSITY CLINICAL TRANSLATIONAL SCIENCE INSTITUTE HAS EXISTED IN ORDER TO ADVANCE HEALTH RELATED RESEARCH IN THE COMMUNITY, INCLUDE THE COMMUNITY VOICE IN RESEARCH PROJECTS AND FACILITATE CLINICIAN ENGAGEMENT IN THE RESEARCH PROCESS.ACO PARTICIPATION: CURRENTLY, 8 BOSTON HEALTHNET COMMUNITY HEALTH CENTERS PARTICIPATE IN BACO BACO'S PARTICIPANTS ARE COLLECTIVELY ACCOUNTABLE FOR THE QUALITY AND COST OF THE CARE THEY PROVIDE. BACO'S MOST SIGNIFICANT RISK ARRANGEMENT IS WITH THE MASSHEALTH ACO PROGRAM. WITH ITS PARTICIPATION IN THE MASSHEALTH ACO PROGRAM, BACO BECAME CLINICALLY AND FINANCIALLY INTEGRATED WITH BMC HEALTH SYSTEM, WHICH INCLUDES BMC, BOSTON UNIVERSITY MEDICAL GROUP, AND BMC HEALTHNET PLAN.COVID-19 INITIATIVES: OVER THE LAST YEAR, BHN, BMC AND THE HEALTH CENTERS CONTINUED TO COLLABORATE ON: 1. EFFORTS TO MITIGATE THE SPREAD THROUGH VACCINE SUPPLY DISTRIBUTION, WORKFLOW DEVELOPMENT AND STAFFING OF VACCINE CLINICS 2. SURGE PLANNING AND 'RETURN' TO PRIMARY CARE, ESPECIALLY FOR PATIENTS WITH CHRONIC CONDITIONS WHOSE CARE AND TREATMENT HAD BEEN DEFERRED DURING THE PANDEMIC
SCHEDULE H, PART VI, LINE 5 (CONTINUATION):	IMMIGRANT AND REFUGEE HEALTH CENTER (IHRC): THE IHRC CONNECTS ALL OF BMC'S EXISTING PROGRAMS AND EXPERTISE IN IMMIGRANT AND REFUGEE HEALTH CARE INTO ONE CENTRAL POINT OF ENTRY. THROUGH THE IHRC, ANY IMMIGRANT PATIENT CAN BE CONNECTED WITH ALL OF THE MEDICAL, MENTAL HEALTH AND SOCIAL SERVICES THAT THEY NEED TO HEAL, REBUILD, AND THRIVE. THIS INCLUDES SPECIALIZED PRIMARY CARE SERVICES FOR IMMIGRANT AND REFUGEE PATIENTS INCLUDING REGULAR CHECK-UPS, IMMUNIZATIONS AND SCREENINGS; SPECIALIZED, TRAUMA-INFORMED MENTAL HEALTH CARE FOR IMMIGRANT AND REFUGEE AND TAILORED OBSTETRICS AND GYNECOLOGICAL CARE FOR IMMIGRANT AND REFUGEE PATIENTS, INCLUDING PREGNANCY AND POSTPARTUM CARE, ANNUAL CHECK-UPS, GYNECOLOGIC CARE, CONTRACEPTION COUNSELING, SURGICAL CONSULTATION AND CONSULTATIONS REGARDING FEMALE GENITAL CIRCUMCISION. WE ALSO RECOGNIZE THAT NAVIGATING THE US HEALTHCARE SYSTEM CAN BE CHALLENGING. OUR CASE MANAGEMENT TEAM PARTNERS WITH OUR PATIENTS TO CONNECT THEM WITH THE MEDICAL AND SOCIAL SERVICES THEY NEED (FROM IMMIGRATION LEGAL NEEDS, TO CAREER DEVELOPMENT, TO FOOD AND HOUSING SUPPORT) IN A SUPPORTIVE ENVIRONMENT THAT IS SPECIFICALLY TAILORED TO MEET THE UNIQUE NEEDS OF OUR PATIENTS. FOREIGN AND SIGN LANGUAGE INTERPRETERS ARE AVAILABLE TO HELP PATIENTS COMMUNICATE WITH THE STAFF. THE PRACTICE PROVIDES ON-SITE INTERPRETERS AND PHONE-BASED INTERPRETERS FOR MORE THAN 250 LANGUAGES. IN THE PAST YEAR, THE IHRC SERVED FOR OVER 2,000 IMMIGRANT, REFUGEE, AND ASYLUM SEEKING PATIENTS, DELIVERING APPROXIMATELY 6,400 CLINICAL VISITS ANNUALLY. MARGARET M. SHEA RN ADULT DAY HEALTH PROGRAM: THE PROGRAM HOLDS A LICENSE UNDER THE DEPARTMENT OF PUBLIC HEALTH AND OFFERS FAMILIES PEACE OF MIND AND A SUPPORT SYSTEM TO HELP THEM CARE DAILY FOR A FAMILY MEMBER UNABLE TO FUNCTION ALONE DURING THE DAY. THE PROGRAM OFFERS INTERVENTION PROGRAMS THAT PROVIDE SERVICES IN AN AMBULATORY, HOME-LIKE SETTING FOR ADULTS WHO DO NOT REQUIRE 24-HOUR INSTITUTIONAL CARE BUT, BECAUSE OF PHYSICAL AND/OR MENTAL IMPAIRMENT, ARE NOT COMPLETELY ABLE TO LIVE INDEPENDENTLY OR REMAIN AT HOME, ALLOWING FAMILY MEMBERS THE OPPORTUNITY TO CONTINUE TO WORK WHILE THEIR LOVED ONE IS AT A PROGRAM DURING THE DAY. A REFERRED PARTICIPANT CAN LOOK FORWARD TO PROGRAM OFFERINGS SUCH AS NURSING INTERVENTIONS, SOCIAL SERVICES, THERAPEUTIC ACTIVITIES, AND TRANSPORTATION TO AND FROM THE PROGRAM.DUE TO COVID-19, THE PROGRAM CLOSED IN-PERSON PROGRAMING IN MARCH 2020, WITH STAFF MAINTAINING CLOSE CONTACT VIA TELEPHONIC REMOTE SERVICES. CLIENTS BEGAN TO RETURN TO IN-PERSON SERVICES IN OCTOBER 2020, WITH ONLY 4-6 CLIENTS PER DAY THROUGH THE WINTER OF 2020-2021. REMOTE SERVICES CONTINUED THROUGH FALL OF 2021 INCLUDING CLIENTS JOINING US FROM HOME VIA ZOOM FOR BINGO AND OTHER ACTIVITY PROGRAMS. BY THE END OF DECEMBER 2021 ALL CLIENTS RETURNED TO IN-PERSON PROGRAMING AND TO THEIR AUTHORIZED &/OR SCHEDULED PREFERENCE OF 2-5 DAYS PER WEEK. THE PROGRAM CURRENTLY HAS A ROSTER OF 32 PARTICIPANTS WITH AN AVERAGE OF 20 CLIENTS PER DAY IN ATTENDANCE. DURING THIS TIME PERIOD THE PROGRAM ALSO WELCOMED NEW STAFF INCLUDING A NEW PROGRAM DIRECTOR, SOCIAL WORKER, NURSES AND PROGRAM AIDES.PROGRAM FOR INTEGRATIVE MEDICINE AND HEALTH CARE DISPARITIES (INTEGRATIVE MEDICINE): STARTED IN 2004, THE PROGRAM FOR INTEGRATIVE MEDICINE AND HEALTH CARE DISPARITIES AT BMC COMBINES CONVENTIONAL MEDICAL TREATMENT, COMPLEMENTARY THERAPIES, AND LIFESTYLE CHANGES. THE CORE PURPOSE OF THIS PROGRAM IS TO PIONEER A WIDELY ACCESSIBLE, MULTICULTURAL, CROSS-DISCIPLINARY, NATIONAL MODEL OF INTEGRATIVE HEALTH FOR ALL THROUGH CLINICAL SERVICES, EDUCATION, RESEARCH AND ADVOCACY. COMPLEMENTARY THERAPIES INCLUDE YOGA, MASSAGE, ACUPUNCTURE, HERBAL THERAPY, DIETARY SUPPLEMENTS, MEDITATION, HYPNOSIS, CHI GUNG, TAI CHI, AND REIKI. THE PROGRAM OFFERS ALL CLINICAL SERVICES AND CLASSES AT LITTLE OR NO COST.PEDIATRIC ASSESSMENT OF COMMUNICATION CLINIC (AUTISM PROGRAM): THE AUTISM PROGRAM AT BMC IS A MULTIDISCIPLINARY, MULTI-TIERED, COMPREHENSIVE AND CULTURALLY COMPETENT PROGRAM THAT IS UNIQUELY EQUIPPED TO MEET THE COMPLEX NEEDS OF PATIENTS AND FAMILIES. OUR TEAM, COMPRISED OF A PROGRAM DIRECTOR AND ASSOCIATE DIRECTOR, AUTISM RESOURCE SPECIALISTS, TRANSITION SPECIALIST, RESEARCH COORDINATOR AND AUTISM FRIENDLY HOSPITAL PROJECT COORDINATOR, OFFERS SPECIALIZED OUTREACH, TRAINING AND ADVOCACY SERVICES. IN ADDITION, THE TEAM FORMS EFFECTIVE PARTNERSHIPS WITH SCHOOLS, COLLABORATES WITH LOCAL SUPPORT ORGANIZATIONS AND DRAWS UPON A DEEP KNOWLEDGE BASE OF SOCIAL SERVICE AGENCIES TO FACILITATE LINKAGES TO RESOURCES AND SUPPORTS WHILE DEVELOPING AND SCALING UP NOVEL INTERVENTIONS TO MEET GAPS IN SERVICES. OUR AUTISM RESOURCE SPECIALISTS WORK INTENSELY WITH PATIENT FAMILIES TO HELP ENSURE TIMELY AND APPROPRIATE TREATMENT FOR CHILDREN, WHICH OFTEN INCLUDES PROVIDING SUPPORT FOR THOSE FACING FINANCIAL BARRIERS, LINGUISTIC NEEDS AND CULTURAL ISSUES; ENHANCING PATIENT-PROVIDER COMMUNICATION; NAVIGATING HEALTH CARE SYSTEM OBSTACLES; AS WELL AS ACCESSING STATE AND GOVERNMENTAL

Form and Line Reference	Explanation
	BENEFITS. ADDITIONALLY, STAFF PROVIDE INDIVIDUALIZED BEHAVIOR CONSULTATION AND PARENT TRAINING TO STRENGTHEN CHILDREN'S COMMUNICATION AND RELATED SKILL-BUILDING AND REDUCE CHALLENGING BEHAVIORS. OUR TRANSITION SPECIALIST PROVIDES TRANSITION-AGED YOUTH (14-22 YEARS OLD) AND THEIR FAMILIES WITH INFORMATION, GUIDANCE, AND RESOURCES REGARDING THE TRANSITION FROM SCHOOL SERVICES TO ADULT LIFE AND DISCUSSES TOPICS SUCH AS GOAL SETTING, SCHOOL IEP PLANNING, ADULT SERVICES, AND LIFE SKILLS DEVELOPMENT. OUR AUTISM FRIENDLY INITIATIVE (AFI) IS RECOGNIZED AS A NATIONAL AND INTERNATIONAL LEADER IN IMPROVING THE HEALTHCARE EXPERIENCE FOR PATIENTS WITH AUTISM SPECTRUM DISORDER (ASD) AND THEIR FAMILIES. OUR AFI HAS SUCCESSFULLY DEVELOPED AND IMPLEMENTED A RANGE OF INTERVENTIONS ACROSS THE DOMAINS OF INDIVIDUALIZING PATIENT CARE, MODIFYING THE SENSORY ENVIRONMENT, STAFF TRAINING, AND PATIENT/FAMILY ACCOMMODATIONS. THE AUTISM PROGRAM ALSO HAS A WELL-ESTABLISHED SOCIAL MEDIA PRESENCE ON FACEBOOK AND INSTAGRAM - BOTH OF WHICH SERVE AS ADDITIONAL AVENUES TO PROVIDE RESOURCES, INFORMATION, AND GUIDANCE TO FAMILIES. THE AUTISM PROGRAM HAS SUPPORTED OVER 11,000 FAMILY REFERRALS SINCE ITS INCEPTION IN 2007 AND APPROXIMATELY 1,500 IN FY21. ADDITIONALLY, THE PROGRAM TRAINS OVER 1,000 INDIVIDUALS ANNUALLY. PEDIATRIC COMPREHENSIVE CARE PROGRAM (CCP): CCP SERVED A PANEL OF APPROXIMATELY 600 CHILDREN WITH SPECIAL HEALTH CARE NEEDS AND THEIR FAMILIES IN FY21. THE CLINICAL STAFF INTEGRATES PRIMARY CARE WITH SPECIALTY CARE AND SOCIAL SERVICES FOR CHILDREN WITH NEURODEVELOPMENTAL AND EMOTIONAL/BEHAVIORAL NEEDS RELATED TO PRE-TERM BIRTH, CONGENITAL SYNDROMES AND CHRONIC HEALTH CONDITIONS, AND/OR HAVE EXPERIENCED TRAUMA AS A RESULT OF ABUSE AND/OR NEGLECT, PARENTAL ABANDONMENT, DOMESTIC VIOLENCE, AND PARENTAL SUBSTANCE USE DISORDER. MANY OF THE CHILDREN SEEN IN THE CCP HAVE COMPLEX OVERLAPPING HEALTH, DEVELOPMENT AND EMOTIONAL/BEHAVIORAL ISSUES. MANY LOW-INCOME PARENTS OF SPECIAL NEEDS CHILDREN TEND TO ENGAGE HAPHAZARDLY AND EPISODICALLY WITH THE HEALTHCARE SYSTEM AND FAIL TO RECEIVE APPROPRIATE FOLLOW-UP CARE AND INTERVENTION. THESE PARENTS OFTEN FACE ECONOMIC HARDSHIPS, EDUCATIONAL BARRIERS, PSYCHOSOCIAL STIGMA, AND SOCIAL ISOLATION AS THEY TRY TO COPE WITH THEIR CHILDREN'S NEEDS AND ATTEMPT TO MAINTAIN STABILITY FOR THEIR FAMILIES. THIS HAS BEEN ESPECIALLY TRUE DURING THE PANDEMIC, AND WE HAVE UTILIZED TELEMEDICINE AND OTHER TOOLS TO OFFSET THE DECREASED ACCESS TO CARE EXPERIENCED BY SOME FAMILIES. THE CCP, WITH ITS MULTIDISCIPLINARY APPROACH, SEES FROM 6 TO 8 PATIENTS PER PROVIDER PER SESSION, CONSIDERABLY LESS THAN THE 10-12 PATIENTS PER SESSION REGULARLY SEEN IN THE PEDIATRIC CLINIC. ADDITIONALLY, THESE TEAM PRIMARY CARE VISITS ALLOW FOR ATTENTION TO ROUTINE HEALTH MAINTENANCE AS WELL AS UPDATING COMPLEX CARE COORDINATION; PATIENTS MAY ALSO SEE A NEUROLOGIST, PULMONOLOGIST, NUTRITIONIST, GASTROENTEROLOGIST, BEHAVIORAL HEALTH CLINICIAN, AND/OR A PEDIATRIC ENDOCRINOLOGIST, WHEN INDICATED. THE PROGRAM ALSO UTILIZED A FAMILY NAVIGATOR AS MAINSTAYS OF THEIR CAPACITY TO ACHIEVE HIGH-TOUCH CARE MANAGEMENT AND ADDRESS THE SOCIAL DETERMINANTS OF HEALTH. THIS "ONE STOP SHOPPING" MODEL OF CARE PROMOTES COMMUNICATION BETWEEN ALL MEMBERS OF THE CHILD'S HEALTHCARE TEAM.
SCHEDULE H, PART VI, LINE 5 (CONTINUATION):	PEDIATRIC PAIN CLINIC: BMC'S PEDIATRIC PAIN CLINIC MANAGES ACUTE, COMPLEX, AND CHRONIC PAIN IN CHILDREN FROM INFANCY TO AGE 22. A TEAM OF EXPERTS WORK CLOSELY WITH EACH PATIENT'S PRIMARY CARE PHYSICIAN, STRIVING TO HELP CHILDREN REGAIN NORMAL LIVES AND PARTICIPATE IN TYPICAL AGE-APPROPRIATE ACTIVITIES. THE PEDIATRIC PAIN CLINIC IS ABLE TO TREAT A WIDE VARIETY OF CONDITIONS, AND OFFERS A VARIETY OF SPECIALIZED THERAPIES. PATIENTS ARE GIVEN A PERSONALIZED PAIN MANAGEMENT PLAN TO BEST FIT THEIR INDIVIDUAL NEEDS. STRATEGIES AND PARENTING SUPPORT ARE ALSO OFFERED FOR FAMILIES WHO MAY TRAVEL A LONG DISTANCE TO RECEIVE THIS SPECIALIZED CARE. THE TEAM COMMUNICATES WITH SCHOOLS AND OUTSIDE PROVIDERS TO ENSURE COMPREHENSIVE AND COLLABORATIVE CARE. FISCAL YEAR 2021 CONTINUED TO POSE MANY CHALLENGES AND MANY NEW OPPORTUNITIES TO THE HEALTHCARE SYSTEM, AND THE PEDIATRIC PAIN CLINIC WAS CERTAINLY NO EXCEPTION. THE TEAM MOVED INTO A NEW SPACE ON SHAPIRO 8 AND THE CLINIC HAS NEARLY RETURNED TO PRE-PANDEMIC SERVICE CAPACITY. THE CLINIC HAS RESUMED PHYSICAL THERAPY EVALUATIONS FOR ALL NEW PATIENTS ON MONDAY MORNINGS, WHICH WAS OFFERED PRE-PANDEMIC. AN ACUPUNCTURE TEAM CONTINUES TO BRING NEW INTERNS FOR ROTATIONS. A THE CLINIC OFFERED A KARATE PROGRAM TO PATIENTS, BUT THIS WAS PAUSED DURING THE OMICRON SURGE. MOST SIGNIFICANTLY, THE PEDIATRIC NURSE ASSIGNED TO OUR TEAM IS NOW A FULL TIME NURSE IN THE PEDIATRIC SPECIALTY GROUP; THIS CHANGE MEANS SHE WILL CONTRIBUTE TO PAIN CLINIC WORK IN ADDITION TO SUPPORTING OTHER SPECIALTY CLINICS. THE TEAM WAS ALSO ABLE TO PURCHASE NEW BIOFEEDBACK EQUIPMENT WITH A GENEROUS DONATION FROM A LOCAL GROUP, MUCH TO THE APPRECIATION OF OUR PATIENTS AND CLINICIANS. IN FY 2022, THE TEAM WILL LOOK TO POST A POSITION FOR A PART-TIME PRACTICE COORDINATOR, WHO WILL FURTHER SUPPORT OUT PROGRAM.PREVENTIVE FOOD PANTRY, TEACHING KITCHEN, AND ROOFTOP FARM: THE PREVENTIVE FOOD PANTRY AND TEACHING KITCHEN ADDRESS HUNGER-RELATED ILLNESS AND MALNUTRITION AMONG A LOW-INCOME, LARGELY UNDERSERVED PATIENT POPULATION WITHIN GREATER BOSTON. INDIVIDUALS AT RISK OF MALNUTRITION ARE REFERRED TO THE PROGRAM BY BMC OR BOSTON HEALTHNET PHYSICIANS OR NUTRITIONISTS WHO PROVIDE "PRESCRIPTIONS" FOR SUPPLEMENTAL FOOD THAT BEST PROMOTES PHYSICAL HEALTH, PREVENTS FUTURE ILLNESS, AND FACILITATES RECOVERY. THE PANTRY STAFF MEMBERS ARE FLUENT IN 4 LANGUAGES AND HAVE BEEN ESSENTIAL IN ASSISTING BMC'S MANY REFUGEE AND IMMIGRANT PATIENTS. DUE TO THE COVID-19 PANDEMIC, THERE HAVE BEEN DECREASED NUMBERS OF PEOPLE VISITING BMC. HOWEVER, THE FOOD PANTRY HAS CONTINUED TO PROVIDE NUTRITIONAL FOOD PRESCRIPTIONS TO APPROXIMATELY 4,948 PEOPLE EACH MONTH. IN FY21, THE FOOD PANTRY PROVIDED NUTRITIOUS FOOD TO 59,380 GREATER BOSTON RESIDENTS. APPROXIMATELY 9,500 POUNDS OF FOOD SUPPLIES ARE REQUIRED WEEKLY TO STOCK THE PANTRY SHELVES AT BMC. THIS EQUATES TO APPROXIMATELY 8 POUNDS OF GROCERIES PER PERSON. THE TEACHING KITCHEN ADAPTED TO ACCOMMODATE COVID-19 PREVENTION RECOMMENDATIONS AND PROTOCOLS. CLASSES WERE SHIFTED TO AN ENTIRELY REMOTE MODEL, INCLUDING BOTH LIVE AND PRE-RECORDED FORMATS, AND WERE OFFERED FOR FREE TO PATIENTS, STAFF, AND THE GENERAL COMMUNITY. WEEKLY INSTAGRAM STORIES AND TIKTOKS ENTITLED "THURSDAYS IN MY HOME KITCHEN" WERE LAUNCHED TO REACH THE WIDER COMMUNITY. RECIPES CONTINUED TO FOCUS ON LIMITING TOTAL CALORIES, EMPHASIZING LEAN AND PLANT BASED PROTEIN SOURCES, AND USING WHOLE FOOD

Form and Line Reference	Explanation
	INGREDIENTS. MEAL IDEAS WERE CENTERED AROUND STAPLE FOODS PROVIDED BY THE FOOD PANTRY AND NON-PERISHABLE FOODS TO HELP REDUCE TRIPS TO THE GROCERY STORE. COMPARED TO LAST YEAR, THE NUMBER OF CLASSES OFFERED INCREASED FROM AN AVERAGE OF 12 CLASSES PER MONTH TO AN AVERAGE OF 22 CLASSES PER MONTH, AND PARTICIPATION RATES REMAINED AN AVERAGE 8-15 PARTICIPANTS PER CLASS. IN AN INFORMAL QUALITY IMPROVEMENT SURVEY, PARTICIPANTS REPORTED PREFERRED REMOTE LEARNING FOR CONVENIENCE FACTORS INCLUDING CHILD CARE AND TRANSPORTATION, AS WELL AS ENJOYING THE HOME-COOK ATMOSPHERE AND FINDING IT MORE RELATABLE. IN APRIL 2017, BMC OPENED ITS ROOFTOP FARM, TO MEET OUR PATIENTS' GROWING NEED FOR FRESH PRODUCE. THE ROOFTOP FARM HAS 2,400 SQUARE FEET OF GROWING SPACE, AND IS LOCATED ON TOP OF BMC'S ALBANY STREET POWER PLANT. THE FARM PRODUCES CROPS SUCH AS SPINACH, COLLARDS, BOK CHOY, RADISHES, SWISS CHARD, KALE, TOMATOES, AND MUCH MORE. IN ADDITION TO PRODUCE, THE FARM ALSO HAS 4 BEEHIVES WHICH PROVIDE 20-100 POUNDS OF HONEY TO THE HOSPITAL EACH SEASON. THE 2021 FARMING SEASON FOUND THE FARM OPENING UP IN SOME CAPACITY TO THE PUBLIC. THE FARM HOSTED FREE EMPLOYEE GARDENING 101 CLASSES AS WELL AS YOGA ON THE FARM. THE FARM ALSO HOSTED TOURS FOR THE PUBLIC AND EMPLOYEES THROUGHOUT THE FARMING SEASON, BOTH VIRTUAL AND IN PERSON. FOR A SECOND YEAR THE FARM HOSTED AN INTERNSHIP PROGRAM FOR PEOPLE LOOKING TO LEARN THE INS AND OUTS OF ROOFTOP FARMING AND GROWING FOOD FOR A HOSPITAL. THE FARM PRODUCED AROUND 3,500 POUNDS OF FRESH PRODUCE IN THE 2021 GROWING SEASON, WITH ABOUT 75% GOING TO THE FOOD PANTRY AND THE REST TO BMC'S CAFETERIAS AND PATIENT PLATES. PEDIATRIC MOBILE SERVICES: WITH PEDIATRIC IN-PERSON VISITS DROPPING SIGNIFICANTLY DURING THE SURGE OF COVID-19 CASES, BMC PEDIATRICIANS GRAPPLED WITH HOW TO STAY CONNECTED TO THEIR MOST VULNERABLE PEDIATRIC PATIENTS AND FAMILIES WHO WERE AT-RISK NOW, MORE THAN EVER. THOUGH SWITCHING TO TELEHEALTH ALLOWED PROVIDERS TO MEET THE NEEDS OF SOME OF THEIR PATIENTS, IT STILL LEFT THEM UNABLE TO PROVIDE ESSENTIAL VACCINATIONS AND OTHER CRITICAL FOLLOW-UP CARE TO FAMILIES FEARFUL OF COMING TO THE HOSPITAL. BREWSTER AMBULANCE SERVICE STEPPED FORWARD WITH A SOLUTION, GENEROUSLY DONATING AN AMBULANCE TO THE TEAM OF PROVIDERS, NURSES AND STAFF WHO DID HOUSE CALLS FOR FAMILIES LIVING IN NEARBY BOSTON NEIGHBORHOODS. FOR FAMILIES NOT COMFORTABLE COMING INTO THE HOSPITAL DUE TO COVID-19, BMC PEDIATRICS OFFERED PHYSICAL EXAMS, VACCINES, AND BLOOD WORK IN A MOBILE UNIT IN BOSTON NEIGHBORHOODS. THE MOBILE UNIT PARTNERED WITH PROJECT REACH TO PROVIDE UNMET MATERIAL NEEDS TO FAMILIES THAT THEY VISITED. EACH FAMILY SCHEDULED FOR THE MOBILE UNIT UNDERWENT A NEEDS ASSESSMENT AND RECEIVED BAGS THAT WERE CUSTOMIZED BY PROJECT REACH STAFF TO MEET PATIENTS' NEEDS. BAGS INCLUDED DIAPERS, WIPES, HYGIENE PRODUCTS, FACE MASKS, CHILDREN'S BOOKS AND TOYS, AMONG OTHER NECESSITIES. IN FEBRUARY OF 2021, THE PEDIATRICS DEPARTMENT PARTNERED WITH COLLEAGUES IN OBSTETRICS TO LAUNCH 'CURBSIDE CARE FOR MOMS AND BABIES'. THIS INNOVATIVE PROGRAM PROVIDED DYADIC, COMPREHENSIVE, HIGH-TOUCH CARE TO BOTH MOTHERS AND THEIR NEWBORNS IN THE FIRST 6 WEEKS OF LIFE AT THE CURB! SERVICES INCLUDE: NEWBORN ASSESSMENT, LACTATION SUPPORT, MATERNAL BLOOD PRESSURE SCREENING, POSTPARTUM DEPRESSION SCREENING AND REFERRAL, AND CONTRACEPTION COUNSELING AND PROVISION. IN SPRING, THE MOBILE UNIT TEAM BEGAN ACTIVELY OUTREACHING TO PATIENTS TO PROVIDE COVID VACCINATION TO ALL ELIGIBLE PATIENTS. FOLLOWING UP IN THE FALL, THE MOBILE UNIT DELIVERED FLU VACCINATION TO PEDIATRIC PATIENTS WITH SEVERE ASTHMA AND SICKLE CELL DISEASE--KEEPING PATIENTS AT-RISK FOR COVID OUT OF THE HOSPITAL AND PROTECTING THEM FROM THE FLU. FROM AUGUST THROUGH DECEMBER 2020 THE MOBILE PROGRAM DELIVERED 25-30 BAGS OF SUPPLIES AND FOOD PER WEEK, AND FROM JANUARY THROUGH JULY 2021, APPROXIMATELY 12-20 BAGS PER WEEK. PROJECT REACH: AN INITIATIVE CREATED AS A RESULT OF THE COVID-19 PANDEMIC WAS LAUNCHED TO ASSESS THE WELL-BEING OF ALL BMC PEDIATRIC PATIENTS WHO WERE QUARANTINING IN THEIR HOMES. DURING ASSESSMENTS, THE TEAM LEARNED THAT 15% OF PEDIATRIC FAMILIES WERE NOT ABLE TO LEAVE THEIR HOUSES DUE TO POSITIVE COVID-19 DIAGNOSES, CHILDCARE NEEDS OR RISK TO VULNERABLE FAMILY MEMBERS, LEAVING THEM IN DIRE NEED OF FOOD AND SUPPLIES. IN RESPONSE, PROJECT REACH QUICKLY PARTNERED WITH THE MOBILE TEAM TO EXPAND ON HOME VISITS TO INCLUDE DELIVERIES OF FOOD, HYGIENE ITEMS, CLEANING SUPPLIES AND OTHER SERVICES SUCH AS STRESS MANAGEMENT, FINANCIAL EDUCATION, MUSIC CLASSES AND STORY TIMES FOR CHILDREN. FROM OCTOBER 2020 THROUGH JUNE 2021, PROJECT REACH STAFF CONNECTED WITH THE FAMILIES OF OVER 1,000 PATIENTS FOR ASSESSMENT OF NEED AND SUPPORTS TO ADDRESS THEM, INCLUDING FOOD INSECURITY.
SCHEDULE H, PART VI, LINE 5 (CONTINUATION):	PROJECT RECOVERY, EMPOWERMENT, SOCIAL SERVICES, PRENATAL CARE, EDUCATION, COMMUNITY AND TREATMENT (PROJECT RESPECT): PROJECT RESPECT IS A HIGH RISK OBSTETRICAL AND ADDICTION RECOVERY MEDICAL HOME AT BMC AND BOSTON UNIVERSITY SCHOOL OF MEDICINE. PROJECT RESPECT PROVIDES A UNIQUE SERVICE OF COMPREHENSIVE OBSTETRIC AND SUBSTANCE USE DISORDER TREATMENT FOR PREGNANT WOMEN AND THEIR NEWBORNS IN MASSACHUSETTS. THE MAJORITY OF PROJECT RESPECT'S PATIENTS ARE IN RECOVERY FROM OPIOID ADDICTION. IN-PATIENT, MONITORED, ACUTE SUBSTANCE WITHDRAWAL TREATMENT AND INDUCTION OF OPIOID MAINTENANCE THERAPIES FOR PREGNANT WOMAN SEEKING ADDICTION TREATMENT ARE PROVIDED. INTENSIVE, INDIVIDUALIZED OUT-PATIENT TREATMENT PLANS ARE OUTLINED FOR EACH PATIENT TAILORED TO THE SEVERITY OF THEIR DISEASE AND THEIR RECOVERY PROGRESS. THE OUT-PATIENT MEDICAL HOME MODEL PROVIDES ON-SITE, COLLABORATIVE, AND MULTIDISCIPLINARY CARE FOR PREGNANT AND POST-PARTUM WOMEN IN RECOVERY. PROJECT RESPECT TREATS AN AVERAGE OF 120-150 PATIENTS PER MONTH, WITH 6-10 NEW PATIENTS PER MONTH. IN FY21, PROJECT RESPECT SUPPORTED MORE THAN 210 MOTHER/CHILD DYADS. STREETCRED: BMC'S STREETCRED PROGRAM ADDRESSES CHILD POVERTY BY LINKING LOW- TO MODERATE-INCOME (LMI) PEDIATRIC PATIENT FAMILIES TO ANTI-POVERTY SAFE-NET PROGRAMS. STREETCRED PROVIDES FREE TAX-PREPARATION SERVICES THROUGH WELL-TRAINED STAFF AND VOLUNTEERS WHO WORK WITH FAMILIES TO PREPARE THEIR TAXES AND ACCESS THE EITC AND OTHER TAX-BASED PROGRAMS, FOR EXAMPLE, SNAP OR THE FAFSA FOR WHICH THEY MAY BE ELIGIBLE. THE UNITED STATES FEDERAL EARNED INCOME TAX CREDIT (EITC) IS A REFUNDABLE TAX CREDIT FOR LMI WORKING INDIVIDUALS, PARTICULARLY THOSE WITH CHILDREN. IN FY21 THE STREETCRED PROGRAM PREPARED 283 TAX RETURNS FOR BMC FAMILIES, WHICH LED TO RETURNING \$767,043 IN TAX REFUNDS. UNDER OUR MEDICAL TAX COLLABORATIVE NETWORK, STREETCRED PREPARED ABOUT 1,100 TAX RETURNS, WHICH PROVIDED \$2,769,852 IN TAX

Form and Line Reference	Explanation
	REFUNDS. THESE TAX REFUNDS CAN HAVE A PROFOUND POSITIVE IMPACT ON A FAMILY'S HOUSEHOLD BUDGET AND, IN CASES OF FINANCIAL STRESS, ALLEVIATE SIGNIFICANT FINANCIAL BURDEN. SUPPORTING PARENTS AND RESILIENT KIDS CENTER (SPARK): THE SPARK CENTER HAS A LONG AND STORIED HISTORY OF PROVIDING INNOVATIVE CARE TO THOSE MOST IN NEED. THROUGH MARCH 2020, THE SPARK CENTER CARRIED OUT THIS MISSION THROUGH AN EDUCATION AND CARE PROGRAM FOR INFANTS AND TODDLERS WHOSE LIVES WERE AFFECTED BY COMPLEX OVERLAPPING HEALTH, EMOTIONAL, BEHAVIORAL, AND DEVELOPMENTAL CHALLENGES. AS A RESULT OF THE COVID-19 PANDEMIC, THE SPARK CENTER PIVOTED FROM CHILDCARE PROGRAMMING TOWARD EXPANDING CHILDHOOD OUTPATIENT BEHAVIORAL HEALTH SERVICES - A NEED THAT HAS ONLY BEEN AMPLIFIED THROUGH THE PANDEMIC. AS THESE CRITICAL BEHAVIORAL HEALTH SERVICES PROVIDED A SUPPORTIVE CONNECTION TO CARE FOR MANY FAMILIES THROUGH 2020 AND 2021, THE SPARK CENTER SIMULTANEOUSLY INITIATED A RE-ENVISIONING OF ITSELF AND ITS UNIQUE, COMMUNITY-BASED SETTING. IN AUGUST 2021, SPARK REOPENED AS THE HOME TO A NUMBER OF SPECIALTY PROGRAMS WITHIN BMC'S DEPARTMENT OF PEDIATRICS, ALL WITH THE OVERARCHING MISSION TO PROVIDE HIGH-QUALITY, EVIDENCED-BASED CARE. AT PRESENT, SPARK OFFERS NEURODEVELOPMENTAL ASSESSMENTS AND PSYCHOLOGICAL EVALUATIONS THROUGH THE DIVISION OF DEVELOPMENTAL AND BEHAVIORAL PEDIATRICS (DBP) TO IDENTIFY CHILDREN'S SPECIFIC EMOTIONAL, BEHAVIORAL, AND COGNITIVE CHALLENGES. MULTIDISCIPLINARY PROVIDERS, INCLUDING PEDIATRICIANS, ADVANCED PRACTICE CLINICIANS, PSYCHOLOGISTS, AND AUTISM RESOURCE SPECIALISTS, WORK COLLABORATIVELY WITH CAREGIVERS TO ACCESS SPECIAL EDUCATION SERVICES AND OTHER VITAL THERAPEUTIC SUPPORTS AS EARLY AS POSSIBLE TO IMPROVE CHILDHOOD OUTCOMES. ADDING TO THE CONTINUUM OF SPECIALIZED CHILDREN'S SERVICES, THE SPARK CENTER IS THE HOME OF THE EARLY CHILDHOOD BEHAVIOR THERAPY PROGRAM AND THE GOOD GRIEF PROGRAM AND IS A CLINICAL SITE FOR THE CHILD WITNESS TO VIOLENCE PROJECT. THESE PROGRAMS OFFER AN ARRAY OF TRAUMA-INFORMED, EVIDENCE-BASED THERAPY INTERVENTIONS FOR CHILDREN AND FAMILIES ROOTED IN TWO-GENERATION APPROACHES THAT UTILIZE THE CAREGIVER-CHILD RELATIONSHIP TO FOSTER HEALTHY CHILD DEVELOPMENT. THE SYNERGISTIC COLOCATION OF THESE SERVICES MAKES THE SPARK CENTER A FACILITY THAT PROVIDES BEST-PRACTICE CARE TO CHILDREN AND FAMILIES IMPACTED BY COMPLEX DEVELOPMENTAL AND BEHAVIORAL CHALLENGES, GRIEF AND LOSS, AND DOMESTIC VIOLENCE AND OTHER FORMS OF INTERPERSONAL VIOLENCE. IN ADDITION, SPARK SERVES AS AN OUTLET FOR PEDIATRIC INFECTIOUS DISEASE CASE MANAGEMENT AND CONCRETE RESOURCE SUPPORT, VIA THEIR INTEGRATED FOOD PANTRY. SPARK IS ALSO THE LOCATION OF A MONTHLY CLINIC, PROJECT POSITIVE HOPE, WHICH PROVIDES COORDINATED SERVICES FROM OBSTETRICS AND GYNECOLOGY, ADULT INFECTIOUS DISEASE AND PEDIATRIC INFECTIOUS DISEASE SPECIALISTS WITH ON-SITE CASE MANAGEMENT, PHARMACIST COUNSELING, AND PEER SUPPORT. WITH THE ABOVE ABUNDANCE OF INNOVATIVE CLINICAL SERVICES, THE SPARK CENTER HAS BECOME AN EXCEPTIONAL TRAINING SITE FOR MENTAL HEALTH CLINICIANS AND DBP TRAINEES. THE CLINICAL TRAINING OFFERED THROUGH THE SPARK CENTER WORKS TO ENHANCE THE SKILLS AND EXPERTISE OF THE FIELD OF PROVIDERS SUPPORTING CHILDREN AND FAMILIES WITH COMPLEX BEHAVIORAL AND DEVELOPMENTAL CHALLENGES AND PSYCHOSOCIAL SITUATIONS. TEAM UP: THE CHILD MENTAL HEALTH INITIATIVE TEAM UP IS A PARTNERSHIP BETWEEN BMC AND SEVEN REGIONAL COMMUNITY HEALTH CENTERS THAT SEEKS TO INTEGRATE MENTAL HEALTH CARE WITH PRIMARY CARE FOR CHILDREN SO THAT FAMILIES CAN RECEIVE ALL CARE IN ONE PLACE. ENGAGEMENT WITH THE TEAM UP MODEL OCCURS: WHEN A PARENT BRINGS IN A CHILD WITH BEHAVIORAL HEALTH ISSUES; WHEN A PRIMARY CARE PROVIDER REFERS A CHILD WITH BEHAVIORAL HEALTH ISSUES; WHEN A PRIMARY CARE PROVIDER EXPRESSES CONCERNS ABOUT A FAMILY; WHEN A CHILD OR FAMILY EXPERIENCES A NEW MAJOR STRESSOR (E.G., PARENTAL SEPARATION, DIAGNOSIS OF A SERIOUS ILLNESS); AND AFTER A COMPREHENSIVE PSYCHOSOCIAL AND BEHAVIORAL HEALTH ASSESSMENT DURING A WELL-CHILD VISIT IN THE PRIMARY CARE SETTING. THE GOAL OF TEAM UP IS TO PROMOTE POSITIVE CHILD HEALTH AND WELL-BEING THROUGH INNOVATION AND CONSISTENT DELIVERY OF EVIDENCE-BASED INTEGRATED CARE. BMC SUPPORTS IMPLEMENTATION OF THE TEAM UP MODEL THROUGH A LEARNING COMMUNITY THAT PROVIDES PRACTICE TRANSFORMATION SUPPORT AND CLINICAL TRAINING. BMC IS ALSO UNDERTAKING AN EVALUATION OF THE MODEL; DATA ARE USED TO GUIDE IMPLEMENTATION AND ASSESS THE IMPACT OF THE MODEL. GOOD GRIEF: THE GOOD GRIEF PROGRAM PROVIDES TRAUMA-INFORMED, CULTURALLY RESPONSIVE THERAPEUTIC SERVICES TO CHILDREN (AGE 0-18) IMPACTED BY DEATH AND ACUTE LOSS. AS ONE OF THE ONLY CHILDREN'S GRIEF AND LOSS PROGRAMS WITHIN THE CITY OF BOSTON, GOOD GRIEF WORKS TIRELESSLY TO BEST SERVE URBAN CHILDREN AND YOUTH WHO HAVE SUFFERED MULTIPLE, TRAUMATIC LOSSES. GOOD GRIEF SERVES CHILDREN AND THEIR FAMILIES IN A HOLISTIC WAY, RECOGNIZING THAT SIGNIFICANT LOSS IS ALWAYS ACCOMPANIED BY SECONDARY LOSSES THAT ARE DESTABILIZING, DISORIENTING, AND DAUNTING. OUR SMALL CLINICAL TEAM WORKS WITH FAMILIES TO SUPPORT THEIR MENTAL AND EMOTIONAL HEALTH NEEDS WHILE ALSO MITIGATING OTHER LOSS-RELATED STRESSORS AND STRUCTURAL DETERMINANTS OF HEALTH THEY MAY EXPERIENCE AND WHICH AFFECT OVERALL HEALTH (E.G., CHALLENGES AT SCHOOL, HOUSING/FOOD/FINANCIAL INSECURITY, IMMIGRATION-RELATED NEEDS, ETC.). IN 2017, THE GOOD GRIEF PROGRAM SHIFTED ITS PRIMARY FOCUS FROM TRAINING AND CONSULTATION WITH COMMUNITY-BASED ORGANIZATIONS TO PROVIDING DIRECT CLINICAL SERVICES TO CHILDREN IMPACTED BY SIGNIFICANT LOSS. IN THE FOUR YEARS PROCEEDING, THE NUMBER OF CHILDREN REFERRED TO AND SERVED BY THE PROGRAM HAS GROWN QUICKLY. WHEN CLINICAL SERVICES WERE OPENED IN AUGUST 2017, 26 CHILDREN WERE REFERRED IN A FIVE MONTH PERIOD. IN 2021, 220 CHILDREN WERE REFERRED TO GOOD GRIEF. THE EXPONENTIAL GROWTH OF THE PROGRAM HAS BEEN FUELED BY MANY FACTORS INCLUDING THE DEARTH OF HIGH-QUALITY CHILDREN'S GRIEF SERVICES IN BOSTON AND GOOD GRIEF'S RELIABLE REPUTATION AMONG MEMBERS OF THE COMMUNITY AND OTHER SERVICE ORGANIZATIONS. MOREOVER, THE COVID-19 PANDEMIC HAS RESULTED IN DISPROPORTIONATELY HIGH RATES OF HOSPITALIZATION AND DEATH AMONG BLACK AND AFRICAN AMERICAN AND HISPANIC AND LATINO PERSONS, AND CHILDREN FROM THESE RACIAL AND ETHNIC GROUPS COMPRISED 76% OF GOOD GRIEF'S PATIENTS IN 2021. HOUSING: IN FISCAL YEAR 2018 BMC LAUNCHED A MULTI-YEAR INVESTMENT IN A SUPPORTIVE HOUSING STRATEGY AS PART OF OUR DETERMINATION OF NEED (DON) COMMUNITY HEALTH INITIATIVE (CHI). THIS PROJECT WAS DESIGNED WITH AS A MULTI-PRONGED APPROACH TO IMPACT AFFORDABLE HOUSING AND AFFORDABLE HOUSING WITH SUPPORTS IN BOSTON. THIS PORTFOLIO INCLUDES NEW FUNDING FOR INTERNAL HOUSING NAVIGATION SUPPORT IN

Form and Line Reference	Explanation
	THE PEDIATRIC AND COMPLEX CARE MANAGEMENT, EXPANSION OF THE ELDERS LIVING AT HOME PROGRAM AND AND DEEPER COLLABORATION WITH BOSTON AND CAMBRIDGE HOUSING AUTHORITY ON SUPPORTIVE HOUSING PROGRAMS. THE FOLLOWING ADDRESSES THE SECOND OF THESE MULTI-YEAR COMMITMENTS.
SCHEDULE H, PART VI, LINE 5 (CONTINUATION):	BMC INVESTED \$1.35M IN A LOAN TO THE COMMUNITY ECONOMIC DEVELOPMENT ASSISTANCE CORPORATION (CEDAC). THE PURPOSE OF THIS LOAN IS TO PARTIALLY CAPITALIZE LOANS UNDER THE ACCELERATING INVESTMENTS IN HEALTH COMMUNITIES (AIHC) INITIATIVE. THROUGH THIS, CEDAC WILL PROVIDE SUBORDINATE LOANS TO THREE AFFORDABLE HOUSING DEVELOPMENTS. THIS INVESTMENT SERVES AS CRITICAL "GAP" FINANCING TO ALLOW ALL THE DIFFERENT FINANCING TO BE EXECUTED AT THE SAME TIME AND THEREFORE FOR CONSTRUCTION ON NEW AFFORDABLE HOUSING TO BEGIN BEFORE HOUSING COSTS WENT US FURTHER. THE LOANS ARE LONG TERM, 20+ YEARS COMMITMENTS TO MATCH AND LEVERAGE THE CITY AND STATE INVESTMENTS IN THESE PROJECTS.BMC INVESTED \$69,012 IN THE CAMBRIDGE HEALTH ALLIANCE (CHA) TOWARDS A COMMUNITY WELLNESS ADVOCATE AT THE MANNING APARTMENT COMPLEX. THE COMMUNITY WELLNESS ADVOCATE PROVIDED INDIVIDUALIZED CASE MANAGEMENT AND SUPPORT TO RESIDENTS OF MANNING HOUSE TO IMPROVE HEALTH OUTCOMES FOR THESE RESIDENTS. BMC ALSO INVESTED \$65,219 IN A COMMUNITY WELLNESS REGISTERED NURSE (RN) AS PART OF THE ELDERS LIVING AT HOME PROGRAM. THE RN WORKED WITH THE CHA AND MANNING HOUSE STAFF TO IMPROVE RESIDENTS' ACCESS TO SERVICES AND SUPPORT, AND SERVED AS THE PRIMARY LIAISON BETWEEN BMC AND OTHER HEALTH CARE PROVIDERS.BMC PROVIDED A THREE-MONTH EXTENSION TO THE COMMUNITY BUILDERS (TCB) TO CONTINUE THE PARTNERSHIP WHICH ALLOWS FOR BMC TO SUPPORT SERVICE PROVISION AT THE NEW FRANKLIN APARTMENTS. TCB IMPLEMENTS A PLACE-BASED MODEL THAT USES STABLE HOUSING AS A PLATFORM FOR RESIDENTS AND NEIGHBORHOODS TO ACHIEVE SUCCESS. THIS ON-SITE HOUSING WORKER DOES ANNUAL ASSESSMENTS OF RESIDENTS' NEEDS IN THE COMMUNITY, AND DEVELOPS PERSONALIZED PLANS TO CONNECTING RESIDENTS TO THOSE RESOURCES. IN ADDITION, WHEN RESOURCES GAPS EXIST, THE ONSITE HOUSING WORKER WILL DEVELOP NEW RESOURCES. EXAMPLES INCLUDE AN ONSITE FOOD PANTRY WHERE RESIDENTS STAFF THE PANTRY TO ASSIST OTHER RESIDENTS, AND USING COMMUNITY ROOMS IN THE HOUSING DEVELOPMENT FOR AFTER SCHOOL PROGRAMMING, EXERCISE CLASSES AND EVEN COVID-TESTING.BMC INVESTED \$330,431 IN THE INNOVATIVE STABLE HOUSING INITIATIVE, LED BY HEALTH RESOURCES IN ACTION (HRIA). THROUGH THIS PARTNERSHIP, HRIA HAS SUCCESSFULLY FACILITATED A COMMUNITY ENGAGEMENT PROCESS THAT HAS BROUGHT TOGETHER HOUSING ADVOCATES, HEALTHCARE PROVIDERS, AND COMMUNITY RESIDENTS TO DESIGN AND IMPLEMENT A PARTICIPATORY GRANTMAKING PROCESS FOCUSED ON HOUSING STABILITY AND ECONOMIC MOBILITY. BMC INVESTED IN THE HEALTHY NEIGHBORHOOD EQUITY FUND, A \$22.35 MILLION PRIVATE EQUITY FUND LED BY THE CONSERVATION LAW FOUNDATION AND THE MASSACHUSETTS HOUSING INVESTMENT CORPORATION. IT IS BASED ON A SOCIALLY RESPONSIBLE INVESTMENT MODEL THAT CONSIDERS THE COMMUNITY, ENVIRONMENTAL, AND HEALTH BENEFITS AS WELL AS THE FINANCIAL RISKS AND RETURNS. BOSTON PROJECTS INCLUDE TREADMARK, ASHMONT, DORCHESTER AND BARTLETT STATION, DUDLEY SQUARE, ROXBURY.BMC INVESTED IN THE BOSTON HOUSING AUTHORITY (BHA) TO SUPPORT THEIR REASONABLE ACCOMMODATIONS FUND, THROUGH WHICH BHA INVESTS FUNDS TO IMPROVE THE HEALTH, SAFETY, AND COMFORT OF THEIR RESIDENTS. FURTHER, BMC ALSO PROVIDED SUPPORT TO COVER SOME STAFFING TIME FOR ONE OF BHA'S STAFF MEMBERS. BMC ALSO INVESTED IN THE METROPOLITAN AREA PLANNING COUNCIL (MAPC), THE EVALUATOR FOR BMC'S DON. IN THIS ROLE, MAPC DEVELOPS AND IMPLEMENTS AN EVALUATION PLAN TO ASSESS THE IMPACTS AND EFFECTS OF BMC'S MULTI-YEAR DON FOCUSED ON IMPROVING HOUSING STABILITY. THE EVALUATION WILL SEEK TO ASCERTAIN HOW THE VARIOUS INVESTMENTS IN HOUSING STABILITY INDIVIDUALLY AND COLLECTIVELY ADDRESS CONDITIONS ASSOCIATED WITH HEALTH OUTCOMES AND WITH PERFORMANCE OF THE ORGANIZATIONS INVOLVED IN THE PROCESS.THE HOUSING TO HEALTH PROGRAM IN THE DEPARTMENT OF PEDIATRICS AT BOSTON MEDICAL CENTER HAS SUCCESSFULLY DEPLOYED A MULTIDIMENSIONAL STRATEGY FOR RESPONDING TO A RANGE OF HOUSING AND HOMELESSNESS ISSUES AMONG PATIENT FAMILIES. IN 2021, THIS MODEL INCLUDED TWO FULL-TIME HOUSING NAVIGATORS WITH DEEP EXPERTISE IN SUPPORTING FAMILIES TO ACCESS HOUSING-RELATED PROGRAMS AND SOLUTIONS. THESE NAVIGATORS WORK CLOSELY WITH FAMILIES TO ENTER SHELTER, RESOLVE HOUSING QUALITY ISSUES, APPLY FOR RENTAL ASSISTANCE AND SUBSIDIZING HOUSING, AND CONNECT WITH LEGAL AND COMMUNITY-BASED SERVICES (IN ADDITION TO OTHER WRAPAROUND SUPPORTS). THE WORK OF THE NAVIGATORS WAS BOLSTERED IN 2021 BY KEY EXTERNAL PARTNERSHIPS WITHIN HOUSING TO HEALTH. SPECIFICALLY, FUNDED PARTNERSHIPS WITH METRO HOUSING BOSTON, FAMILYAID BOSTON AND MEDICAL-LEGAL PARTNERSHIP BOSTON (MLPB) SERVED TO ADDRESS A RANGE OF PATIENT FAMILY NEEDS. FOR EXAMPLE, METRO HOUSING CONNECTED BMC FAMILIES WITH RENTAL ASSISTANCE FOR ARREARAGES. FAMILYAID BOSTON WORKED WITH BMC FAMILIES TO ACCESS PRIORITY HOUSING VOUCHERS AND PROVIDE STABILIZATION SERVICES; THEY RECENTLY WORKED WITH BMC AND BOSTON CHILDREN'S HOSPITAL TO ESTABLISH THE HOSPITAL EMERGENCY HOUSING PROGRAM, WHICH OFFERS RAPID RESPONSE SHELTER OPTIONS FOR FAMILIES WITH NO SAFE SHELTERING OPTIONS WHO WOULD OTHERWISE BE FORCED TO STAY OVERNIGHT IN A LOCAL EMERGENCY ROOM. FINALLY, MLPB PROVIDED REGULAR LEGAL PROBLEM-SOLVING TRAININGS TO FRONTLINE STAFF WORKING WITH FAMILIES AS WELL AS CASE-SPECIFIC LEGAL CONSULTATION. CHRONIC DISEASES AND RISK FACTORS CANCER SUPPORT GROUPS: THROUGHOUT FY 2021, PROGRAM OFFERINGS TO PATIENTS/SURVIVORS WERE DELIVERED ALMOST ENTIRELY VIA ZOOM. OFFERINGS INCLUDED AN ARRAY OF SIXTEEN (16) MONTHLY SUPPORT GROUPS BY CANCER TYPE (E.G., BREAST, GI, HEAD & NECK); POPULATION TYPE (E.G., MEN, SPANISH-SPEAKING), OTHER DISEASE (E.G., SICKLE CELL, AMYLOIDOSIS); AND RELATED SUPPORT (E.G., OSTOMY, CAREGIVER, BEREAVEMENT). ALSO PROVIDED TO ALL CLIENTS WERE FIVE (5) ONGOING SUPPORT ACTIVITIES FOR MIND/HAND/BODY/NUTRITION THAT MET WEEKLY TO MONTHLY. ADDITIONALLY, EACH QUARTER SAW A VARIETY OF FOUR TO SIX (4-6) FEATURED PROGRAMS IN ART/THEATER/MUSIC. ONE OF THESE FEATURED PROGRAMS SPANNED FIVE MONTHS AND PRODUCED A PROFESSIONALLY-SHOT VIDEO AND A HARDCOVER BOOK SAMPLING PARTICIPANTS' ARTWORK AND CULMINATED WITH A PUBLIC CELEBRATION. THE CANCER & SICKLE CELL SUPPORT PROGRAMS ALSO PROVIDED A FREE WEEKLY ACUPUNCTURE CLINIC FOR PATIENTS CURRENTLY OR RECENTLY IN TREATMENT.ALL PROGRAMS WERE MANAGED AND IMPLEMENTED BY THE PROGRAM MANAGER AND ONE PROGRAM ASSISTANT; TWO IN-HOUSE SOCIAL WORKERS WHO EACH FACILITATED ONE OF THE REGULAR MONTHLY GROUPS; A HIGHLY EXPERIENCED LICENSED ACUPUNCTURIST; BMC REGISTERED

Form and Line Reference	Explanation
	DIETITIANS FOR A MONTHLY CLASS; AND SEVERAL OUTSIDE VENDORS CONTRACTED FOR THE FEATURED ART PROGRAMS. BECAUSE OF INCREASED REFERRALS OF PATIENTS TO THE PROGRAM, NUMBERS IN TERMS OF PARTICIPATION LEVEL REMAINED CONSISTENT WITH PREVIOUS YEARS DESPITE SOME EFFECT OF ZOOM FATIGUE AND ZOOM AVERSION. BECAUSE THE PROGRAMS RAN ALMOST ENTIRELY BY ZOOM, SECONDARY COSTS SUCH AS FOR FOOD AND SUPPLIES WERE VERY MINIMAL COMPARED TO THE YEARS BEFORE THE COVID PANDEMIC, WHEN MEETINGS WERE ALL HELD IN PERSON. PATIENT NAVIGATION (PN): BMC'S PN PROGRAM WAS LAUNCHED IN 2005. THE MAIN FOCUS OF THIS PROGRAM IS TO IDENTIFY AND OVERCOME BARRIERS THAT PLAY A KEY ROLE IN A PATIENT'S TREATMENT COMPLIANCE AND COMPLETION. PATIENT NAVIGATORS DO THIS BY PROVIDING ADVOCACY AND CASE MANAGEMENT TO ONCOLOGY PATIENTS WHO HAVE AT LEAST ONE IDENTIFIED BARRIER TO CARE AND ARE UNDERGOING ACTIVE CANCER TREATMENT. PNS WORK TO EMPOWER PATIENTS BY LINKING THEM TO A BROAD RANGE OF SERVICES INCLUDING, BUT NOT LIMITED TO, ONCOLOGY SUPPORT SERVICES, TRANSPORTATION, FINANCIAL ASSISTANCE, AND APPROPRIATE COMMUNITY RESOURCES. CHILD WITNESS TO VIOLENCE PROJECT (CWVP): CWVP IS A NATIONALLY-RECOGNIZED AND AWARD-WINNING MENTAL HEALTH COUNSELING, OUTREACH, AND CONSULTATION PROGRAM. CWVP SPECIALIZES IN INTERVENTION WITH VERY YOUNG CHILDREN EXPOSED TO DOMESTIC OR COMMUNITY VIOLENCE. THE PROGRAM OFFERS BOTH SHORT- AND LONG-TERM EVIDENCE-BASED TREATMENTS THAT REPRESENT BEST PRACTICE IN SERVING THE NEEDS OF TRAUMATIZED CHILDREN AND THEIR FAMILIES. THE PROGRAM PROVIDES A FLEXIBLE COMBINATION OF SERVICES, INCLUDING RESOURCE ADVOCACY, AND IT LINKS FAMILIES TO BASIC SERVICES SUCH AS HEALTH CARE, CHILDCARE, HOUSING, AND AFTER-SCHOOL PROGRAMS. THE CWVP PROVIDED REFERRALS, ADVOCACY, ASSESSMENT, SHORT-TERM, AND/OR LONGER-TERM CLINICAL CARE TO APPROXIMATELY 400 FAMILIES IN FY21. IN ADDITION TO ITS CLINICAL SERVICES, CWVP IS ENGAGED IN EXTENSIVE LOCAL, STATEWIDE, AND NATIONAL TRAINING EFFORTS TO RAISE THE STANDARD OF CARE FOR YOUNG CHILDREN EXPERIENCING THE TRAUMATIC EFFECTS OF VIOLENCE. THE STAFF HAVE DELIVERED NUMEROUS TRAININGS ACROSS MULTIPLE STATES AND ABROAD TO MENTAL HEALTH AND OTHER PROVIDERS ACROSS SERVICE SECTORS AND SETTINGS.
SCHEDULE H, PART VI, LINE 5 (CONTINUATION):	COMMUNITY VIOLENCE RESPONSE TEAM (CVRT): THE CVRT ADDRESSES THE GREAT NEED FOR SERVICES FOR VICTIMS OF COMMUNITY VIOLENCE AND THEIR FAMILIES, AS WELL AS FAMILY SURVIVORS OF HOMICIDE VICTIMS FROM THE GREATER BOSTON AREA. FREE, CULTURALLY SENSITIVE, FAMILY-FOCUSED CLINICAL SERVICES PROVIDED BY THE CVRT INCLUDE CRISIS INTERVENTION, ADVOCACY, CASE MANAGEMENT, AND TRAUMA-FOCUSED COUNSELING FOR ADULTS, ADOLESCENTS, AND CHILDREN (WITH A FOCUS ON AGE EIGHT AND OVER). CVRT SEEKS TO REDUCE THE EFFECTS OF TRAUMA BY PROVIDING THERAPEUTIC SUPPORT THROUGHOUT THE RECOVERY PROCESS AND ULTIMATELY MINIMIZING MENTAL HEALTH TRAUMA. CVRT STAFF REFLECTS THE DIVERSITY OF BMC'S PATIENT POPULATION. IN FY21 THE CVRT SERVED 1,146 PEOPLE. DOMESTIC VIOLENCE PROGRAM (DVP): THE DVP PROVIDES DIRECT ADVOCACY SERVICES FOR VICTIMS OF DOMESTIC VIOLENCE, AS WELL AS TRAINING AND EDUCATION FOR STAFF, STUDENTS, AND COMMUNITY GROUPS INTERESTED IN LEARNING MORE ABOUT DOMESTIC VIOLENCE, ITS IMPACT ON HEALTH ACROSS THE LIFESPAN, AND THE ROLE WE ALL CAN PLAY IN ADDRESSING IT. IN FY21 THE MULTI-LINGUAL TEAM OF 4 SAFETY AND SUPPORT ADVOCATES ASSISTED 384 VICTIMS AND SURVIVORS WITH A RANGE OF SERVICES INCLUDING CRISIS INTERVENTION/COUNSELING; RISK ASSESSMENT AND SAFETY PLANNING; ASSISTANCE WITH ACCESSING PROTECTIVE ORDERS AND VICTIM COMPENSATION; ACCOMPANIMENT TO COURT, LEGAL, MEDICAL, HOUSING AND OTHER APPOINTMENTS; REFERRAL TO COMMUNITY-BASED DV ADVOCACY/RAPE CRISIS COUNSELING, MEDICAL/MENTAL HEALTH SERVICES; EMERGENCY FINANCIAL ASSISTANCE; AND OTHER SUPPORT AS NEEDED. OF THOSE SERVED, 71% WERE PATIENTS REFERRED BY BMC PROVIDERS, 4% WERE BMC EMPLOYEES, AND 25% WERE SELF-REFERRALS OR REFERRED BY COMMUNITY AND GOVERNMENT PROGRAMS THAT ASSIST DV SURVIVORS. DURING FY21 THE DV PROGRAM MAINTAINED AN ON-SITE PRESENCE, WITH A HYBRID MODEL OF STAFFING ALLOWING FOR ADVOCATES TO MAINTAIN ADEQUATE AND COMFORTABLE SPACING IN THE OFFICE WHEN MEETING WITH CLIENTS, AS WELL AS TO MAINTAIN THE CAPACITY TO WORK FROM HOME. WE ALSO BEGAN OFFERING SUPPORT GROUPS IN ENGLISH AND SPANISH VIA ZOOM, WHICH HAVE BEEN WELL ATTENDED AND WELL RECEIVED. THE PROGRAM SAW AN INCREASE IN COVID-RELATED NEEDS FOR BASIC ASSISTANCE WITH FOOD, HOUSING, TRANSPORTATION, AND MANY OTHER FORMS OF EMERGENCY FINANCIAL ASSISTANCE. THE DV PROGRAM MANAGER CONTINUED PROVIDING ROUTINE ORIENTATION SESSIONS WITH NEW STAFF AND INTERNS FROM SEVERAL DISCIPLINES/DEPARTMENTS THROUGHOUT THE YEAR, SOME IN PERSON AND SOME CONTINUING VIA ZOOM FORMAT. VIOLENCE INTERVENTION ADVOCACY PROGRAM (VIAP): CONCEIVED IN 2006 TO HELP STEM THE TIDE OF BOSTON'S GUN AND KNIFE VIOLENCE, VIAP HAS BECOME A VITAL COMPONENT OF VIOLENCE INTERVENTION IN THE CITY AND BEYOND. VIAP'S PURPOSE IS TO HELP VICTIMS HEAL SO THEY CAN AVOID FUTURE VIOLENCE AND BUILD A POSITIVE FUTURE. TO ACCOMPLISH THIS, PATIENT VICTIMS AND THEIR FAMILIES ARE PAIRED WITH A TEAM COMPRISED OF A CASE MANAGER, A MENTAL HEALTH CLINICIAN, AND A FAMILY SUPPORT ADVOCATE TO HELP THEM OVERCOME BARRIERS AND TURN THEIR LIVES AROUND. A POWERFUL VIAP INNOVATION IS THAT THE INTERVENTION WITH THE PATIENT BEGINS IN THE SAFETY OF THE HOSPITAL, WHERE THEY ARE VISITED BY A VIOLENCE INTERVENTION ADVOCATE WITHIN 48 HOURS OF ADMISSION TO INITIATE CASE MANAGEMENT, TAKING ADVANTAGE OF THE "TEACHABLE MOMENT" ASSOCIATED WITH VIOLENT INJURY. AS THE VICTIM HEALS, THE VIAP TEAM CONTINUES A COMPREHENSIVE TREATMENT PROGRAM THAT INCLUDES SAFETY PLANNING, COUNSELING, JOB AND EDUCATIONAL TRAINING, MENTAL HEALTH, AND FAMILY SUPPORT SERVICES. VIAP HAS SEEN A SHARP INCREASE IN THE DEMAND FOR SERVICES DURING FY21. (IT IS SIGNIFICANT TO NOTE THAT BMC RECEIVES 70% OF THE CITY'S GUNSHOT AND STABBING VICTIMS.) DURING THIS PERIOD 382 VICTIMS WERE SERVED, INCLUDING 185 GUNSHOT AND 197 STABBING VICTIMS. THERE WERE 286 FAMILY MEMBERS SERVED THROUGH OUR FAMILY SUPPORT COMPONENT, AS WELL AS 27 FAMILIES OF HOMICIDE VICTIMS. SURVIVORS RECEIVED A SPECTRUM OF SERVICES, INCLUDING EMPLOYMENT HELP (330 SERVICES PROVIDED AND 21 NEW JOBS OBTAINED); BEHAVIORAL AND MENTAL HEALTH CARE (80% IN SHORT-TERM THERAPY AND 40% IN LONG TERM); AND LEGAL ASSISTANCE. VIAP ASSISTED WITH HOUSING APPLICATIONS; EDUCATION (4 OBTAINED THEIR HISET AND 5 COMPLETED JOB TRAINING). MEDICAL ASSISTANCE INCLUDED ACCESSING PRIMARY CARE, PT, REHABILITATION, NURSING SERVICES (FOR 117 VICTIMS), SUBSTANCE USE AND MEDICATION MANAGEMENT. ADDITIONAL ASSISTANCE INCLUDED HELP WITH FOOD INSECURITY, TRANSPORTATION, OBTAINING A DRIVER'S LICENSE, SOCIAL SECURITY CARD,

Form and Line Reference	Explanation
	AND REGISTERING TO VOTE. VIAP'S STAFF WELLNESS PROGRAM HAS INCLUDED TRAININGS, TEAM BUILDING, AND OTHER ESSENTIAL SUPPORTIVE RESOURCES. MENTAL HEALTH AND SUBSTANCE USE DISORDERMENTAL HEALTH DIVERSION INITIATIVE (MHD) OR CRIMINAL JUSTICE DIVERSION PROGRAM (DMH): OVER THE COURSE OF FY21, BOSTON MEDICAL CENTER'S MENTAL HEALTH COURT PROGRAM SERVED CLIENTS IN THREE BOSTON MUNICIPAL COURTS, BMC CENTRAL DIVISION, WEST ROXBURY DISTRICT COURT AND ROXBURY DISTRICT COURT. OVER THAT TIME, WITHIN BMC CENTRAL THERE WERE 125 CLIENTS SERVED, 65 OF WHOM WERE NEW REFERRALS AND 60 OF WHOM WERE CARRIED OVER FROM FY20. A TOTAL OF THIRTY SIX CLIENTS MET ALL REQUIREMENTS AND GRADUATED FROM THE PROGRAM. ON AVERAGE, BMC CENTRAL RECEIVES THREE NEW REFERRALS EACH WEEK.IN WEST ROXBURY THERE WERE A TOTAL OF TWENTY NINE NEW REFERRALS, BRINGING THE TOTAL NUMBER OF CLIENTS SERVED UP TO SIXTY NINE, WITH FORTY CLIENTS BEING CARRIED OVER FROM FY20. A TOTAL OF TWENTY THREE CLIENTS GRADUATED. THE WEST ROXBURY DIVISION RECEIVES ON AVERAGE FIVE NEW REFERRALS A MONTH. IN ROXBURY, A TOTAL OF NINE CLIENTS GRADUATED. OF NOTE, A FULLTIME CLINICIAN WAS HIRED FOR THE ROXBURY COURT AND SINCE THAT TIME, REFERRALS HAVE INCREASED EXPONENTIALLY WHICH WILL BE REFLECTIVE IN THE FY22 DATA. CUMULATIVELY, AT THE END OF THE FISCAL YEAR THERE WERE APPROXIMATELY 15 PENDING REFERRALS. ON AVERAGE, MENTAL HEALTH COURT CLIENTS ARE SEEN IN SESSION ONCE MONTHLY, THOUGH EACH CLIENT'S ACUITY IS TAKEN INTO CONSIDERATION WHEN SCHEDULING THEIR FOLLOWING APPEARANCE AND CLIENTS CAN BE SEEN SOONER IF APPROPRIATE. IN BMC CENTRAL AND WEST ROXBURY THIS MEANS THAT THERE MIGHT BE UPWARDS OF 12-15 CLIENTS APPEARING BEFORE THE JUDGE AT EACH WEEKLY SESSION.*OVERALL NUMBERS (REFERRALS AND TOTAL PARTICIPANTS) MAY BE LOWER THAN PREVIOUS YEARS, DUE TO THE COVID-19 PANDEMIC, WHICH OCCURRED MID-MARCH THROUGH THE END OF THIS FISCAL YEAR.FASTER PATHS: FASTER PATHS RAPIDLY EVALUATES, MOTIVATES, AND REFERS PATIENTS WITH SUBSTANCE USE DISORDERS TO A COMPREHENSIVE CARE NETWORK OF INPATIENT AND OUTPATIENT DETOXIFICATION, TREATMENT, AND AFTERCARE SERVICES INTEGRATED WITH MENTAL HEALTH AND MEDICAL CARE. THE GOAL OF FASTER PATHS IS TO INCORPORATE AND BUILD UPON THE EXISTING SUBSTANCE USE SERVICES PROVIDED BY BMC, FILLING THE GAPS IN CARE TO CREATE A SEAMLESS CONTINUUM. BACKED BY 24/7 ACCESS VIA THE BMC EMERGENCY DEPARTMENT (ED), FASTER PATHS ENHANCES EXISTING CAPACITY TO: TRIAGE PATIENTS INTO MEDICAL CARE; PROVIDE MEDICAL AND PSYCHIATRIC EXAMINATIONS TO MATCH PATIENTS WITH THE RIGHT LEVEL OF CARE; AND ENSURE ACCESS TO MEDICATION THERAPY. LICENSED ALCOHOL AND DRUG COUNSELORS FROM BMC'S PROJECT ASSERT FROM 8 AM TO 12 AM DAILY PROVIDE INTAKE, PSYCHO-SOCIAL ASSESSMENTS, AND REFERRALS TO AN ARRAY OF ADDICTION TREATMENT SERVICES AND SHELTERS, OVERDOSE PREVENTION EDUCATION AND NALOXONE, HARM REDUCTION SERVICES, AND TRANSPORTATION. THE RAPID ACCESS PROGRAM'S TEAM OF RECOVERY COACHES AND ADDICTION COUNSELORS PROVIDE SAME-DAY ACCESS AND SUPPORT TO HELP PATIENTS ACCESS EVIDENCE-BASED TREATMENT. A KEY FEATURE OF THE CENTER IS WEEKDAY ACCESS TO MEDICATION FOR ADDICTION TREATMENT (MAT) IN THE FASTER PATHS OUTPATIENT CLINIC. ADDICTION NURSES OVERSEE THE OFFICE INITIATION OF MAT, INCLUDING BUPRENORPHINE/NALOXONE INDUCTION AND INJECTABLE NALTREXONE, WITH MONDAY-FRIDAY BUPRENORPHINE/NALOXONE ADMINISTRATION AVAILABLE FOR PATIENTS WHO NEED MAT AND ARE AWAITING PLACEMENT IN AN OBAT OR A METHADONE MAINTENANCE PROGRAM. BOSTON PUBLIC HEALTH COMMISSION'S (BPHC'S) PAATHS (PROVIDING ACCESS TO ADDICTION TREATMENT, HOPE, AND SUPPORT) RECOVERY NAVIGATOR ASSIST WITH LINKAGES TO EXTERNAL MAT PROGRAMS AND OTHER COMMUNITY SERVICES. 95 PATIENTS WERE INITIATED ON MEDICATIONS/ MAT AND OF THESE, 117 WERE TRANSFERRED TO MAINTENANCE PROGRAMS, AND 207 WERE PLACED AND TRANSPORTED TO ACUTE TREATMENT PROGRAMS/DETOX. IN FY2021, FASTER PATHS SERVED 1227 UNIQUE PATIENTS FOR 4008 CLINICAL VISITS. THE SUCCESS OF THE FASTER PATHS MODEL HAS INSPIRED REPLICATION IN OTHER BRIDGE CLINICS, INCLUDING THE TRANSITIONAL CARE CENTER AT 891 MASSACHUSETTS AVENUE IN CONJUNCTION WITH LOW-THRESHOLD HOUSING.
SCHEDULE H, PART VI, LINE 5 (CONTINUATION):	ALCOHOL & SUBSTANCE ABUSE SERVICES, EDUCATION, AND REFERRAL TO TREATMENT (PROJECT ASSERT): PROJECT ASSERT WAS ESTABLISHED IN 1994 TO PROVIDE GREATER ACCESS TO SUBSTANCE USE TREATMENT IN THE EMERGENCY DEPARTMENT (ED) SETTING AND HAS EXPANDED TO INCLUDE A VARIETY OF SOCIAL AND COMMUNITY HEALTHCARE SUPPORT SERVICES. BASED IN THE ED, PROJECT ASSERT COUNSELS PATIENTS WHOSE ALCOHOL AND/OR DRUG USE WAS DIRECTLY AND INDIRECTLY IMPLICATED IN THEIR NEED FOR EMERGENCY SERVICES. LICENSED ALCOHOL AND DRUG COUNSELORS (LADCS) CONSULT AND COLLABORATE WITH HOSPITAL STAFF TO OFFER ED PATIENTS ALCOHOL AND DRUG SCREENING, BRIEF INTERVENTION, COUNSELING ON TREATMENT OPTIONS AND REFERRALS TO HEALTH AND SOCIAL RESOURCES SUCH AS SUD TREATMENT AND PRIMARY CARE SERVICES. DURING THE BMC FY21, PROJECT ASSERT SERVED 1712 WHOM HAD 3289 LADC VISITS. BASED ON SCREENING AND PATIENT PREFERENCE FOR TREATMENT, THE FOLLOWING SERVICES WERE PROVIDED: 713 UNIQUE PATIENTS WERE PLACED IN DETOX/ACUTE TREATMENT SERVICES AND BECAUSE OF MULTIPLE VISITS THERE WERE A TOTAL OF 1204 DETOX PLACEMENT AMONG THESE PATIENTS); 1029 UNIQUE PATIENTS WERE REFERRED TO NA/AA; 774 WERE PROVIDED WITH TRANSPORTATION SERVICES. SHELTER SERVICES WERE PROVIDED DURING 242 VISITS. PROJECT ASSERT LADCS ALSO EDUCATED PATIENTS AT RISK FOR OPIOID OVERDOSE AND DISTRIBUTED 1007 NALOXONE RESCUE KITS TO PATIENTS AND 671 WERE OFFERED AND REFUSED. A TOTAL OF 1552 PATIENTS RECEIVED OVERDOSE EDUCATION ON HOW TO RECOGNIZE AND PREVENT AN OPIOID OVERDOSE. IN ADDITION, 175 PATIENTS WERE REFERRED AND SEEN IN OUR MAT MEDICATION FOR ADDICTION TREATMENT CLINIC. SUPPORTING OUR FAMILIES THROUGH ADDICTION AND RECOVERY (SOFAR): THE GOAL OF SOFAR IS TO CREATE A MEDICAL HOME IN THE PEDIATRIC PRIMARY CARE CLINIC FOR MOTHERS IN RECOVERY AND THEIR CHILDREN. SOFAR HOUSES A MULTIDISCIPLINARY TEAM OF PHYSICIANS, SOCIAL WORKERS, PATIENT NAVIGATORS, NURSE PRACTITIONERS, AND COORDINATORS WHO PROVIDE HIGH-QUALITY, COORDINATED MEDICAL AND PSYCHOSOCIAL CARE FOR FAMILIES TO MAXIMIZE THEIR ABILITY TO SUCCESSFULLY NAVIGATE PARENTING AND SUBSTANCE USE RECOVERY. SOFAR EXPANDS ON THE MULTIDISCIPLINARY PRENATAL CARE PROVIDED BY PROJECT RESPECT FOR PREGNANT WOMEN WITH OPIOID USE DISORDER. SOFAR PROVIDES ONGOING SUPPORT FOR FAMILIES TO ENHANCE CHILD DEVELOPMENT AS WELL AS ONGOING SUPPORT FOR RECOVERY, WITH ACCESS TO SPECIALTY CARE AND SOCIAL SERVICES. IN FY21, SOFAR SERVED 196 FAMILIES, WITH 266 MOTHER-CHILD DYADS. VACCINATION UPTAKE: EARLY IN ITS TRAJECTORY, THE COVID-19 PANDEMIC REVEALED GROSS INEQUITIES IN THE UPTAKE OF VACCINATIONS BY BLACK AND LATINX PEOPLE ACROSS THE

Form and Line Reference	Explanation
	US, WITH DEADLY CONSEQUENCES. BETWEEN DECEMBER 2020 AND NOVEMBER 2021, BMC LED LOCAL EFFORTS TO CLOSE THESE DISPARITIES IN BOSTON BY IMPLEMENTING COMMUNITY-BASED VACCINATION SITES IN CHURCHES AND COMMUNITY CENTERS, ORGANIZING MOBILE VACCINATION EVENTS AT SCHOOLS, GROCERY STORES AND COMMUNITY EVENTS, AND PROVIDING VACCINE ACCESS AS WELL AS HEALTH EDUCATION TO RESIDENTS OF THE CITY'S MOST IMPOVERISHED NEIGHBORHOODS. BMC ESTABLISHED SEVEN COMMUNITY-BASED VACCINATION CLINICS AND CONDUCTED 99 INDIVIDUAL MOBILE VACCINATION EVENTS IN ADDITION TO VACCINATION OPPORTUNITIES ON THE MEDICAL CAMPUS TO REACH THE HEALTH EQUITY GOALS IN HISTORICALLY DISINVESTED COMMUNITIES. THE VACCINATION PROGRAM ADMINISTERED OVER 100,000 FIRST DOSES. THESE EVENTS WERE CRITICAL IN PROVIDING ACCESS TO VACCINES IN LOCATIONS WITH THE HIGHEST SOCIAL VULNERABILITY INDEX (SVI), IDENTIFIED USING THE US CENSUS DATA INCLUDING SOCIOECONOMIC STATUS, HOUSEHOLD COMPOSITION AND DISABILITY, SOCIAL/ECONOMIC MINORITY STATUS, LANGUAGE, UNEMPLOYMENT, AND OTHER FACTORS AFFECTING COMMUNITY HEALTH. TO BUILD CONFIDENCE IN COVID-19 VACCINES AND IN THE HEALTHCARE SYSTEM, BMC PARTNERED WITH AFFILIATED HEALTH CENTERS, COMMUNITY PARTNERS, STATE AND LOCAL HEALTH DEPARTMENTS, AND THE COMMONWEALTH OF MASSACHUSETTS. BOSTON MEDICAL CENTER (BMC) SUCCESSFULLY IMPLEMENTED A ROBUST MOBILE COVID-19 VACCINATION ACCESS AND OUTREACH PROGRAM FOCUSED ON ENSURING EQUITABLE ACCESS TO THE VACCINE AND THAT COMMUNITIES COULD BE VACCINATED IN PLACES THAT THEY KNOW AND TRUST. IN ORDER TO MAXIMIZE THE IMPACT OF OUR OUTREACH RESOURCES, BMC MAPPED ADDRESSES OF UNVACCINATED BMC PATIENTS TO IDENTIFY "HOTSPOTS" OF VACCINE HESITANCY. BMC LEVERAGED RELATIONSHIPS WITH EXISTING COMMUNITY PARTNERS AND FORMED PARTNERSHIPS WITH NEW ONES. THESE COLLABORATIONS ENABLED INCREASED ACCESS TO VACCINES FOR COMMUNITIES IN NEED AND THE SUCCESSFUL IMPLEMENTATION OF HIGH-TOUCH OUTREACH, EDUCATION, AND VACCINATION "POP UP" EVENTS. THE BMC MOBILE COVID-19 VACCINATION TEAM BROUGHT VACCINATION APPOINTMENTS DIRECTLY TO PATIENTS' NEIGHBORHOODS THROUGH "POP UP" EVENTS, CURBSIDE VACCINATIONS, AND HOME-BASED VACCINATIONS.BMC RAN MORE THAN 175 MOBILE, "POP-UP" VACCINATION EVENTS FROM JULY THROUGH DECEMBER 2021 IN BROCKTON AND BOSTON. EVENTS IN BROCKTON INCLUDED PARTNERSHIPS WITH CHURCHES, COMMUNITY HEALTH CENTERS, AND NUMEROUS AMBULANCE CURBSIDE VACCINATIONS. AS THESE EVENTS WERE HELD IN CONVENIENT LOCATIONS WITHIN THE RESPECTIVE COMMUNITIES, INCLUDING COMMUNITY ORGANIZATIONS, CHURCHES, AND SCHOOLS, AND WITH THE SUPPORT OF BMC'S COMMUNITY VACCINE NETWORK WHICH HELPED PATIENTS TO SECURE VACCINE APPOINTMENTS, OUR EFFORTS WERE HIGHLY EFFECTIVE IN REMOVING BARRIERS TO VACCINATION. VACCINE UPTAKE IN COMMUNITIES DISPROPORTIONALLY IMPACTED BY THE PANDEMIC IMPROVED FOLLOWING THE VACCINATION PROGRAM. BETWEEN JULY 15TH AND DECEMBER 4TH, BMC'S MOBILE VACCINATION EFFORTS ADMINISTERED 4,337 DOSES OF THE COVID-19 VACCINE. OF THE 1,844 FIRST DOSE VACCINES ADMINISTERED, 68% WERE GIVEN TO PEOPLE IN THE TOP THREE SOCIAL VULNERABILITY INDEX (SVI) DECILES AND 55% WERE ADMINISTERED TO BLACK (32%) AND LATINX (23%) PATIENTS. BMC'S MOBILE VACCINATION TEAM WAS COMPRISED OF MULTILINGUAL AND MULTICULTURAL REGISTERED NURSES FROM THE LOCAL COMMUNITY WHO WERE ABLE TO COMMUNICATE WITH PATIENTS IN THEIR PREFERRED LANGUAGES AND EFFECTIVELY ADDRESS VACCINE HESITANCY, PROVIDE CULTURALLY COMPETENT EDUCATION, AND NAVIGATE PATIENTS TO THE POP-UP EVENTS AND VACCINATION SITES. THESE NURSES WERE ABLE TO FACILITATE PATIENT-CENTERED CONVERSATIONS AND DEVELOP RAPPORT, CREATING SPACE FOR PATIENTS TO OPEN UP ABOUT THEIR CONCERNS AND PAST HEALTHCARE TRAUMAS. AS FEATURED IN A SCHOLARLY ARTICLE IN MAY OF 2022 IN THE ANNALS OF INTERNAL MEDICINE, THE BMC VACCINATION INITIATIVE HAS SHOWN THE IMPORTANCE OF HAVING LEADERSHIP AND WORKFORCE COMMITMENT TO HEALTH EQUITY AND COMMUNITY ENGAGEMENT. AS A RESULT, BMC IS NOW PART OF THE COMMUNITY ENGAGED ALLIANCE OF THE NATIONAL INSTITUTES OF HEALTH, AIMED AT INCREASING VACCINE CONFIDENCE AND ENGAGEMENT IN RESEARCH. HOUSING AND ADDICTION TREATMENT: THE COLLIDING EPIDEMICS AND PANDEMICS OF HOMELESSNESS, OPIOID USE DISORDER (OUD), AND COVID-19 ALONGSIDE UPSTREAM HEALTH ISSUES AND CURRENT AND HISTORIC FLAWS IN HOUSING MODELSHAVE LED TO A PUBLIC HEALTH CRISIS AT MASS AND CASS (MASSACHUSETTS AVENUE AND MELNEA CASS BOULEVARD), A FEW BLOCKS FROM BOSTON MEDICAL CENTER. UNLIKE PRIOR ATTEMPTS TO DISPERSE THE ENCAMPMENTS OF PEOPLE EXPERIENCING HOMELESSNESS FINDING SUITABLE HOUSING AND ADDICTION TREATMENT OPTIONS WERE KEY PARTS OF THE LATEST STRATEGY.PART OF ADDRESSING THIS COMPLEX PUBLIC HEALTH CRISIS IS IDENTIFYING THE NEEDS OF THE PEOPLE WHO ARE EXPERIENCING HOMELESSNESS. THE PEOPLE WHO WERE SLEEPING AT MASS AND CASS WERE TYPICALLY PEOPLE WITH VERY HIGH RATES OF SUBSTANCE USE DISORDER AND CO-OCCURRING MENTAL HEALTH CONDITIONS, INCLUDING PSYCHOTIC DISORDERS AND HIGH RATES OF TRAUMA.BMC AND THE CITY OF BOSTON IMPLEMENTED AN ACTION-ORIENTED APPROACH TO ADDRESSING THE COMPLEX CRISIS AT MASS AND CASS. THE INITIATIVE INCLUDED TWO CLINICAL PROGRAMS AS WELL AS CRISIS HOUSING, CREATING A THREE-PRONGED APPROACH: TRANSITIONAL CARE CENTER (TCC), ALSO KNOWN AS A BRIDGE CLINIC; STABILIZATION CARE CENTER (SCC); AND LOW-THRESHOLD CRISIS HOUSING BEDS. THESE INITIATIVES FUNCTIONED IN CONJUNCTION OR INDIVIDUALLY, DEPENDING ON A PERSON'S NEEDS.THE TCC OPERATED AS AN URGENT CARE CENTER TO TREAT SUDINCLUDING STARTING MEDICATIONS FOR ADDICTIONMANAGING WITHDRAWAL, AND TREATING CO-OCCURRING ISSUES, SUCH AS ACUTE MENTAL HEALTH SYMPTOMS AND INCREASED RISK OF HIV AND HEPATITIS C.THE SCC FUNCTIONED AS A SORT OF TRIAGE CENTER FOR ACUTE NEEDS, SO THAT CLINICIANS COULD DETERMINE THE BEST PATH FOR THAT PERSON EXPERIENCING HOMELESSNESS. VISITS TO THE SCC WERE INTENDED TO BE SHORT-STAY, LESS THAN 24 HOURS, WHERE PEOPLE WERE STABILIZED AND OBSERVED IF THEY CAME IN WITH SYMPTOMS. BOTH THE TRANSITIONAL CARE AND STABILIZATION CARE CENTERS WERE CO-LOCATED WITH THE LOW-THRESHOLD HOUSING PROGRAM WITH APPROXIMATELY 60 BEDS. THE FACILITY OPERATED AS HOUSING, BUT UNLIKE TRADITIONAL SHELTER OPTIONS, IT PROVIDED STABILIZATION SERVICES TO SUPPORT ADDICTION RECOVERY. ULTIMATELY, PEOPLE WHO FOUND SHELTER AT THE FACILITY WERE TRANSITIONED INTO PERMANENT HOUSING.

Additional Data

Return to Form

Software ID:

Software Version:

(a) Name and address of organization	(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, etc.)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
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of government				assistance	volley)		
(4) WELL MERION	12.1 (2003)	54 (2013)	10.5 (2013)				CHURCHILL

(1) WEILL MEDICAL COLLEGE OF RESEARCH	13-16239/8	501(C)(3)	126,335			SUBAWARD
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[illegible]

BROADWAY 6TH FL FL NEW YORK, NY 10005							
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(2) INSTITUTE FOR HEALTH & RECOVERY	04-3086647	501(C)(3)	7,940			SUBAWARD
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349 BROADWAY							
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[illegible]

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 108

Part III

Grants and Other Assistance to Domestic Individuals.

Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

Part IV

Supplemental Information.

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

Return Reference	Explanation
PART I, LINE 2:	RESEARCH ADMINISTRATION USES INFOR CLOUSUITE FINANCIALS AND DASH BOARD GEAR REPORTING SYSTEMS TO MONITOR ALL GRANT FUNDING. IN ADDITION, PRINCIPLE INVESTIGATORS AND DEPARTMENT ADMINISTRATORS HAVE SYSTEM ACCESS SO THEY ARE ABLE TO REVIEW THEIR FUNDING AND EXPENDITURES REGULARLY.

Additional Data

Return to Form

Software ID:
Software Version:

Name of the organization
BOSTON MEDICAL CENTER CORPORATION

Employer identification number
04-3314093

Part I Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. ☐ First-class or charter travel ☐ Travel for companions ☐ Tax idemnification and gross-up payments ☐ Discretionary spending account ☐ Housing allowance or residence for personal use ☐ Payments for business use of personal residence ☐ Health or social club dues or initiation fees ☐ Personal services (e.g., maid, chauffeur, chef)		
b If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain		
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?		
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 ☒ Independent compensation consultant ☒ Form 990 of other organizations ☒ Written employment contract ☒ Compensation survey or study ☒ 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? b Participate in, or receive payment from, a supplemental nonqualified retirement plan? c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. 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? b Any related organization? 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? b Any related organization? 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		
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		

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				
1 KATHLEEN E WALSH PRESIDENT & CEO	(i)	1,225,640	788,400	221,525	19,000	16,988	2,271,553	0
	(ii)	0	0	0	0	0	0	0
2 ALASTAIR BELL SVP OPS & STRATEGY/COO	(i)	738,680	483,250	98,369	102,000	11,299	1,433,598	60,600
	(ii)	0	0	0	0	0	0	0
3 JENNIFER TSENG MD TRUSTEE	(i)	0	0	0	0	0	0	0
	(ii)	1,005,433	32,970	2,513	32,970	6,783	1,080,669	0
4 DAVID COLEMAN MD TRUSTEE	(i)	0	0	0	0	0	0	0
	(ii)	842,931	32,970	9,839	32,970	1,927	920,637	0
5 RAVIN DAVIDOFF MD SVP MEDICAL AFFAIRS AND CMO	(i)	515,387	229,950	71,521	19,950	45,999	882,807	0
	(ii)	0	0	0	0	0	0	0
6 CHARLES ORLANDO FORMER SVP/CFO/TREAS	(i)	491,974	300,000	7,500	5,864	34,629	839,967	0
	(ii)	0	0	0	0	0	0	0
7 LISA KELLY-CROSWELL SVP/CHRO	(i)	472,813	171,550	52,251	69,240	17,551	783,405	32,130
	(ii)	0	0	0	0	0	0	0
8 NANCY GADEN SVP CHIEF NURSING OFFICER	(i)	443,342	160,600	45,931	65,730	41,735	757,338	28,800
	(ii)	0	0	0	0	0	0	0
9 BOB BIGGIO SVP FACILITY & SUPT SVCS	(i)	422,174	155,125	31,533	63,975	50,228	723,035	16,000
	(ii)	0	0	0	0	0	0	0
10 DAVID BECK SVP/CHIEF LEGAL COUNSEL/CLERK	(i)	418,099	156,950	58,579	19,950	37,863	691,441	0
	(ii)	0	0	0	0	0	0	0
11 NORMAN STEIN SVP CHIEF DEVELOPMENT OFFICER	(i)	398,078	146,000	54,492	22,800	44,166	665,536	0
	(ii)	0	0	0	0	0	0	0
12 JOE CAMILLUS SVP AMBULATORY & PRF SVC	(i)	371,089	135,050	38,237	57,538	43,503	645,417	22,500
	(ii)	0	0	0	0	0	0	0
13 ARTHUR HARVEY VP/CIO	(i)	416,151	119,720	20,270	49,080	23,395	628,616	9,200
	(ii)	0	0	0	0	0	0	0
14 JULIE JONCAS VP FINANCE	(i)	377,444	102,200	34,513	35,511	17,620	567,288	26,067
	(ii)	0	0	0	0	0	0	0
15 TERRI NEWSOM SVP/CFO/TREASURER	(i)	206,555	75,000	7,500	0	6,385	295,440	0
	(ii)	0	0	0	0	0	0	0

Part III **Supplemental Information**

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

Return Reference	Explanation
PART I, LINE 4B	BOSTON MEDICAL CENTER PROVIDES A SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN TO CERTAIN EXECUTIVES. AMOUNTS ARE CREDITED TO PARTICIPANTS' ACCOUNTS EACH YEAR. PLAN AMOUNTS ARE SUBJECT TO FORFEITURE AND PAYMENT ONLY IF CERTAIN CONDITIONS ARE MET, AS OUTLINED IN THE PLAN AGREEMENT. AMOUNTS VEST ON SPECIFIED DATES BASED ON CONTINUED EMPLOYMENT BUT NO LATER THAN THE EXECUTIVE'S SIXTY-SECOND BIRTHDAY. AMOUNTS ACCRUED IN THE PLAN ARE REPORTED IN SCHEDULE J, PART II, COLUMN C. THE FOLLOWING AMOUNTS BECAME VESTED AND WERE PAID TO THE FOLLOWING EXECUTIVES IN CALENDAR YEAR 2020: WALSH - \$195,563 BECK - \$50,310 BIGGIO - \$23,359 BELL - \$83,946 DAVIDOFF - \$61,425 KELLY-CROSSWELL - \$43,213 GADEN - \$37,470 STEIN - \$46,800 HARVEY - \$12,385 CAMILLUS - \$31,122 JONCAS - \$27,109 BOSTON MEDICAL CENTER PROVIDED A 457(F) NONQUALIFIED DEFERRED COMPENSATION PLAN TO DAVID BECK, SENIOR VICE PRESIDENT, CHIEF LEGAL COUNSEL, AND CLERK OF BOSTON MEDICAL CENTER. DAVID BECK REACHED THE PLAN RETIREMENT AGE IN 2019 AND VESTED 100% IN THE PLAN. IN ADDITION, PURSUANT TO THE TERMS OF THE PLAN, ONCE THE PLAN PARTICIPANT REACHES THE PLAN RETIREMENT AGE, ALL FUTURE CONTRIBUTIONS ARE MADE IN CASH. ACCORDINGLY, THE REMAINING \$50,310 WAS PAID TO DAVID BECK IN CASH IN 2020. BOSTON MEDICAL CENTER PROVIDED A SEPARATE SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN TO KATHLEEN E. WALSH, PRESIDENT AND CEO AS OF MARCH 1, 2010. PURSUANT TO THE TERMS OF THE AGREEMENT, CERTAIN AMOUNTS WERE CREDITED TO THE PRESIDENT AND CEO'S ACCOUNT IN PRIOR YEARS. THESE AMOUNTS ARE SUBJECT TO FORFEITURE AND PAYMENT WILL BE MADE ONLY IF CERTAIN CONDITIONS ARE MET, AS OUTLINED IN THE AGREEMENT. FOR CALENDAR YEAR 2020 \$195,563 WAS VESTED AND IS REFLECTED IN SCHEDULE J, PART II, COLUMN B(III).
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. FISCAL YEAR 2020 PERFORMANCE BONUS PAYOUTS WERE APPROVED BY THE COMMITTEE AFTER IT REVIEWED THE 2020 PERFORMANCE RESULTS AGAINST PRE ESTABLISHED PERFORMANCE TARGETS, AND APPROVED THE FORMULA-BASED PAYOUTS ACCORDINGLY.

Additional Data

Return to Form

Software ID:

Software Version:

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

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

OMB No. 1545-0047

2020

Open to Public
Inspection

Name of the organization
BOSTON MEDICAL CENTER CORPORATION

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	06-04-2012	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		X		X		X
D MDFA 2017 SERIES F	04-3431814	57584X6Z9	12-20-2017	45,272,849	FINANCE CAPITAL PROJECTS		X		X		X

Part II Proceeds

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Amount of bonds retired	51,830,000				3,785,000		5,435,000	
2 Amount of bonds legally defeased	29,775,000							
3 Total proceeds of issue	117,498,730		168,001,143		206,393,981		45,971,835	
4 Gross proceeds in reserve funds	4,416,013		16,313,245					
5 Capitalized interest from proceeds			226,325				9,238	
6 Proceeds in refunding escrows								
7 Issuance costs from proceeds	1,684,889		2,007,935		1,673,571		272,257	
8 Credit enhancement from proceeds								
9 Working capital expenditures from proceeds								
10 Capital expenditures from proceeds			150,355,290		29,046,728		45,690,339	
11 Other spent proceeds	115,813,841		201,311		175,673,681			
12 Other unspent proceeds								
13 Year of substantial completion			2016		2017		2019	
	Yes	No	Yes	No	Yes	No	Yes	No
14 Were the bonds issued as part of a current refunding issue of tax-exempt bonds (or, if issued prior to 2019, a current refunding issue)?	X			X		X		X
15 Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2019, 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		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 %		0.600 %					
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 %		0.600 %					
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?								
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								
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							
c	Term of GIC	2719.0000000000 %							
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 III.
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 IV, LINE 2(C): THE MOST RECENT FIVE YEAR REBATE REPORT, DATED APRIL 27, 2020, WAS PREPARED BY BLX GROUP, LLC.
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 IV, LINE 2(C):	THE MOST RECENT FIVE YEAR REBATE REPORT, DATED OCTOBER 21, 2021, WAS PREPARED BY BLX GROUP, LLC. 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. COLUMN A, PAGE 2 THE BONDS ARE PART OF A POOLED FINANCING (TOTAL PAR \$101,485,000) AND THUS, EXCEPT FOR PART I, ONLY THE BORROWER'S ALLOCABLE PORTION OF \$13,688,734 IS REPRESENTED. PART I(F): THE BORROWER'S PORTION OF THE BONDS REFINANCED THE PORTION OF THE ISSUER'S SERIES M3-B (2005) BONDS (ISSUES ON OCTOBER 3, 2005) ALLOCABLE TO THE BORROWER. PART II, LINE 4: THE RESERVE HAS BEEN FUNDED BY THE PROCEEDS OF THE PRIOR BONDS. PART II, LINE 13: SINCE THE PROCEEDS OF THE BONDS WERE USED FOR REFUNDING PURPOSES, THE YEAR OF SUBSTANTIAL COMPLETION IS NOT APPLICABLE. PART IV, LINE 2(B): BOND PROCEEDS WERE EXPENDED TO FINANCE A CURRENT REFUNDING, WHICH HAS MET AN EXCEPTION TO THE REBATE REQUIREMENT. THE BOND PROCEEDS WERE SPENT WITHIN SIX MONTHS OF THE ISSUE DATE.

Additional Data

[Return to Form](#)

Software ID:

Software Version:

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

2020

Open to Public
Inspection

Name of the organization
BOSTON MEDICAL CENTER CORPORATION

Employer identification number
04-3314093

Part I Bond Issues

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

Part II Proceeds

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Amount of bonds retired		7,969,185						
2 Amount of bonds legally defeased								
3 Total proceeds of issue		13,688,734						
4 Gross proceeds in reserve funds		56,948						
5 Capitalized interest from proceeds								
6 Proceeds in refunding escrows								
7 Issuance costs from proceeds								
8 Credit enhancement from proceeds								
9 Working capital expenditures from proceeds								
10 Capital expenditures from proceeds								
11 Other spent proceeds		13,688,734						
12 Other unspent proceeds								
13 Year of substantial completion								
14 Were the bonds issued as part of a current refunding issue of tax-exempt bonds (or, if issued prior to 2019, a current refunding issue)?	X							
15 Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2019, 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 ▶								
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 ▶								
6	Total of lines 4 and 5								
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?								
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								
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was the hedge terminated?								

Part IV

Arbitrage (Continued)

5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?	A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
			X						
b	Name of provider								
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

	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?	A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
		X							

Part VI

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

Return Reference	Explanation
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Additional Data

[Return to Form](#)

Software ID:

Software Version:

Name of the organization
BOSTON MEDICAL CENTER CORPORATION

Employer identification number
04-3314093

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

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 the organization managers or disqualified persons during the year under section 4958. _____

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

Part II Loans to and/or From Interested Persons.
Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	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	248,420	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.

Additional Data

Return to Form

Software ID:
Software Version:

Name of the organization
BOSTON MEDICAL CENTER CORPORATION

Employer identification number
04-3314093

Part I

Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		53,019	DONOR ESTIMATE
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	29	1,040,198	DONOR ESTIMATE
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies	X	3	164,156	DONOR ESTIMATE
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
Other (MISCELLANEOUS ►)	X	3	81,745	DONOR ESTIMATE
Other (GIFT CERTIFICATE ►)	X	5	8,418	DONOR ESTIMATE
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

30a

During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?

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 didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

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

Return Reference	Explanation
SCHEDULE M, PART I, COLUMN B:	THE ORGANIZATION IS REPORTING THE NUMBER OF ITEMS CONTRIBUTED.

Additional Data

Return to Form

Software ID:

Software Version:

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.

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

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Name of the organization
BOSTON MEDICAL CENTER CORPORATION

Employer identification number

04-3314093

Return Reference	Explanation
FORM 990, PART IV, LINE 12	BOSTON MEDICAL CENTER IS INCLUDED IN THE CONSOLIDATED FINANCIAL STATEMENTS FOR BMC HEALTH SYSTEM, INC.
FORM 990, PART VI, SECTION A, LINE 2	RITA NIEVES KATHLEEN E. WALSH BISOLA OJIKUTU, M.D. BUSINESS RELATIONSHIP - THE OFFICERS AND/OR TRUSTEES ABOVE ARE ALSO TRUSTEES AND/OR EMPLOYEES OF THE BOSTON PUBLIC HEALTH COMMISSION. DAVID COLEMAN, M.D. MELANIE FOLEY JENNIFER TSENG, M.D. KATHLEEN E. WALSH BUSINESS RELATIONSHIP - THE OFFICERS AND/OR TRUSTEES ABOVE ARE ALSO TRUSTEES OF BOSTON MEDICAL CENTER INSURANCE COMPANY, LTD. MARTHA SAMUELSON PIERRE CREMIEUX BUSINESS RELATIONSHIP - THE TRUSTEES ABOVE ARE ALSO TRUSTEES, OFFICERS, AND/OR EMPLOYEES OF ANALYSIS GROUP.
FORM 990, PART VI, SECTION A, LINE 6	THE SOLE MEMBER OF THE ORGANIZATION IS BMC HEALTH SYSTEM, INC.
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.
FORM 990, PART VI, SECTION B, LINE 11B	BOSTON MEDICAL CENTER'S FORM 990 IS PREPARED BY KPMG LLP AND REVIEWED BY BMC'S INTERNAL MANAGEMENT. FOLLOWING THAT REVIEW, BMC'S INTERNAL MANAGEMENT AND KPMG PRESENT THE FORM 990 TO THE AUDIT AND COMPLIANCE COMMITTEE FOR REVIEW AND COMMENT. THE COMPLETED FORM 990 IS PROVIDED TO ALL MEMBERS OF THE BOARD OF TRUSTEES PRIOR TO THE FORM BEING FILED WITH THE IRS.
FORM 990, PART VI, SECTION B, LINE 12C	CONFLICT OF INTEREST QUESTIONNAIRES FOR THE FISCAL YEAR ENDING SEPTEMBER 30, 2021 WERE DISTRIBUTED BY BMC'S CORPORATE COMPLIANCE DEPARTMENT. THE CHIEF COMPLIANCE OFFICER OF BMC OR THE CHIEF COMPLIANCE OFFICER'S DESIGNEE QUERIES TRUSTEES, OFFICERS, AND DIRECTORS ON AT LEAST AN ANNUAL BASIS REGARDING RELATIONSHIPS THAT MAY CREATE POTENTIAL CONFLICTS OF INTEREST. THE CHIEF COMPLIANCE OFFICER OR THE CHIEF COMPLIANCE OFFICER'S DESIGNEE REVIEWS ALL DISCLOSURES AND DETERMINES WHETHER THERE ARE ACTUAL OR POTENTIAL CONFLICTS OF INTEREST. THE CHIEF COMPLIANCE OFFICER OR THE CHIEF COMPLIANCE OFFICER'S DESIGNEE INFORMS THE CHIEF LEGAL COUNSEL OF ANY ACTUAL OR POTENTIAL CONFLICTS OF INTEREST. THE CHIEF LEGAL COUNSEL ADVISES THE BOARD OF TRUSTEES AND OFFICERS OF THE CORPORATION ACCORDINGLY.
FORM 990, PART VI, SECTION B, LINE 15	AN INDEPENDENT COMMITTEE, FORMED OF INDIVIDUALS WHOSE COMPENSATION IS NOT IN ISSUE, DETERMINES THE COMPENSATION OF OFFICERS, KEY EMPLOYEES, AND THE HIGHEST COMPENSATED EMPLOYEES. THE COMMITTEE MEMBERS ARE NOT UNDER THE CONTROL OR DIRECTION OF ANY BMC EXECUTIVE SEEKING COMPENSATION. THE COMPENSATION PLAN IS SUPPORTED BY COMPARABLE DATA, WHICH INCLUDES COMPENSATION PAID FOR COMPARABLE POSITIONS BY SIMILARLY SITUATED ORGANIZATIONS, BOTH TAXABLE AND TAX-EXEMPT, COMPENSATION SURVEYS COMPILED INDEPENDENTLY, AND ACTUAL WRITTEN OFFERS FROM SIMILAR INSTITUTIONS COMPETING FOR THE SERVICES OF THE BMC EXECUTIVE. THE INDEPENDENT COMMITTEE'S ASSESSMENT OF THESE CONSIDERATIONS ARE CONTAINED IN THE MINUTES OF THE COMMITTEE MEETING. THE REVIEW PROCESS INCLUDES - AND MINUTES INDICATE - DISCUSSIONS AND EVALUATIONS OF EACH EXECUTIVE'S PRIOR PERFORMANCE, QUALIFICATION, AND EXPERIENCE. EXECUTIVES ARE NOT PRESENT FOR THE INDEPENDENT COMMITTEE'S DISCUSSIONS AND VOTE ON COMPENSATION. THE MINUTES REFLECT THE FACT THAT NO EXECUTIVE WAS PRESENT.
FORM 990, PART VI, SECTION C, LINE 19	BOSTON MEDICAL CENTER DOES NOT MAKE ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS PUBLICLY AVAILABLE. HOWEVER, THE RESTATED ARTICLES OF THE ORGANIZATION ARE POSTED ON THE SECRETARY OF THE COMMONWEALTH'S CORPORATIONS WEBSITE.
FORM 990, PART XI, LINE 9:	PENSION BENEFITS, NON-SERVICE 1,725,684. TRANSFER TO AFFILIATES -28,000,000. PERIODIC PENSION COSTS 14,380,613. ROUNDING -516.

Additional Data

[Return to Form](#)

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Name of the organization BOSTON MEDICAL CENTER CORPORATION	Employer identification number 04-3314093
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Part I

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

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

Part II

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1)BMC HEALTH SYSTEM INC ONE BOSTON MEDICAL CENTER PL BOSTON, MA 02118 46-3556853	SUPPORT SVCS.	MA	501 (C) (3)	12 B-II	BMC	Yes	
(2)BMC INSURANCE CO LTD OF VERMONT PO BOX 530 100 BANK STREET BURLINGTON, VT 05401 20-1810549	INSURANCE	VT	501 (C) (3)	12 A-I	BMCHS	Yes	
(3)BMC INTEGRATED CARE SERVICES INC ONE BOSTON MEDICAL CENTER PL BOSTON, MA 02118 04-3414914	HEALTHCARE	MA	501 (C) (3)	12 A-I	BMCBACO	Yes	
(4)BOSTON EMERGENCY PHYSICIAN FDN INC ONE BOSTON MEDICAL CENTER PL BOSTON, MA 02118 04-3286156	HEALTHCARE	MA	501 (C) (3)	12C III-FI	N/A		No
(5)BOSTON REHABILITATION MEDICINE ASSOC INC ONE BOSTON MEDICAL CENTER PL BOSTON, MA 02118 04-3286641	HEALTHCARE	MA	501 (C) (3)	12C III-FI	N/A		No
(6)BOSTON UNIV NEUROLOGY ASSOCIATES INC ONE BOSTON MEDICAL CENTER PL BOSTON, MA 02118 04-3428462	HEALTHCARE	MA	501 (C) (3)	12C III-FI	N/A		No
(7)BOSTON UNIV PLASTIC SURGERY ASSOC INC ONE BOSTON MEDICAL CENTER PL BOSTON, MA 02118 04-3555478	HEALTHCARE	MA	501 (C) (3)	12C III-FI	N/A		No
(8)BOSTON UNIV SURGICAL ASSOCIATES INC ONE BOSTON MEDICAL CENTER PL BOSTON, MA 02118 04-3291148	HEALTHCARE	MA	501 (C) (3)	12C III-FI	N/A		No
(9)BOSTON UNIVERSITY AFFILIATED PHYSICIANS ONE BOSTON MEDICAL CENTER PL BOSTON, MA 02118 04-3218267	HEALTHCARE	MA	501 (C) (3)	3	BMC	Yes	
(10)BOSTON UNIVERSITY DERMATOLOGY INC ONE BOSTON MEDICAL CENTER PL BOSTON, MA 02118 04-3335166	HEALTHCARE	MA	501 (C) (3)	12C III-FI	N/A		No
(11)BOSTON UNIVERSITY EYE ASSOCIATES INC ONE BOSTON MEDICAL CENTER PL BOSTON, MA 02118 04-3137333	HEALTHCARE	MA	501 (C) (3)	12C III-FI	N/A		No
(12)BOSTON UNIVERSITY FAMILY MEDICINE INC ONE BOSTON MEDICAL CENTER PL	HEALTHCARE	MA	501 (C) (3)	12C III-FI	N/A		No

(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
BOSTON, MA 02118 04-3354353							
(13)BOSTON UNIVERSITY PSYCHIATRY ASSOC INC ONE BOSTON MEDICAL CENTER PL BOSTON, MA 02118 04-3355267	HEALTHCARE	MA	501 (C) (3)	12C III-FI	N/A		No
(14)BU CARDIAC & THORACIC SURGICAL FDN INC ONE BOSTON MEDICAL CENTER PL BOSTON, MA 02118 04-2966416	HEALTHCARE	MA	501 (C) (3)	12C III-FI	N/A		No
(15)BU DERMATOLOGY SUPPORT SERVICES I INC ONE BOSTON MEDICAL CENTER PL BOSTON, MA 02118 04-3452877	HEALTHCARE	MA	501 (C) (3)	12C III-FI	N/A		No
(16)BU DERMATOLOGY SUPPORT SERVICES II INC ONE BOSTON MEDICAL CENTER PL BOSTON, MA 02118 04-3452874	HEALTHCARE	MA	501 (C) (3)	12C III-FI	N/A		No
(17)BU GENERAL SURGICAL ASSOCIATES INC ONE BOSTON MEDICAL CENTER PL BOSTON, MA 02118 04-3265008	HEALTHCARE	MA	501 (C) (3)	12C III-FI	N/A		No
(18)BU MALLORY PATHOLOGY ASSOCIATES INC ONE BOSTON MEDICAL CENTER PL BOSTON, MA 02118 04-2794543	HEALTHCARE	MA	501 (C) (3)	12C III-FI	N/A		No
(19)BU MEDICAL CENTER RADIOLOGISTS INC ONE BOSTON MEDICAL CENTER PL BOSTON, MA 02118 04-3283573	HEALTHCARE	MA	501 (C) (3)	12C III-FI	N/A		No
(20)BU MEDICAL CENTER UROLOGISTS INC ONE BOSTON MEDICAL CENTER PL BOSTON, MA 02118 04-3286643	HEALTHCARE	MA	501 (C) (3)	12C III-FI	N/A		No
(21)BU MEDICAL CTR ANESTHESIOLOGISTS INC ONE BOSTON MEDICAL CENTER PL BOSTON, MA 02118 04-3276227	HEALTHCARE	MA	501 (C) (3)	12C III-FI	N/A		No
(22)BU NEUROSURGICAL ASSOCIATES INC ONE BOSTON MEDICAL CENTER PL BOSTON, MA 02118 04-3296068	HEALTHCARE	MA	501 (C) (3)	12C III-FI	N/A		No
(23)BU OBSTETRICS & GYNECOLOGY FDN INC ONE BOSTON MEDICAL CENTER PL BOSTON, MA 02118 04-3067465	HEALTHCARE	MA	501 (C) (3)	12C III-FI	N/A		No
(24)BU ORTHOPAEDIC SURGICAL ASSOCIATES INC ONE BOSTON MEDICAL CENTER PL BOSTON, MA 02118 04-3354360	HEALTHCARE	MA	501 (C) (3)	12C III-FI	N/A		No
(25)BU RADIATION ONCOLOGY INC ONE BOSTON MEDICAL CENTER PL BOSTON, MA 02118 81-0716773	HEALTHCARE	MA	501 (C) (3)	12C III-FI	N/A		No
(26)BUMC OTOLARYNGOLOGIC FOUNDATION ONE BOSTON MEDICAL CENTER PL BOSTON, MA 02118 04-3156471	HEALTHCARE	MA	501 (C) (3)	12C III-FI	N/A		No
(27)CHILD HEALTH FOUNDATION OF BOSTON INC ONE BOSTON MEDICAL CENTER PL BOSTON, MA 02118 04-2472758	HEALTHCARE	MA	501 (C) (3)	12C III-FI	N/A		No
(28)EVANS MEDICAL FOUNDATION INC ONE BOSTON MEDICAL CENTER PL BOSTON, MA 02118 51-0172171	HEALTHCARE	MA	501 (C) (3)	12C III-FI	N/A		No
(29)THE BOSTON HEALTHNET CORPORATION ONE BOSTON MEDICAL CENTER PL BOSTON, MA 02118 04-3279836	SUPPORT SVCS.	MA	503 (C) (3)	12 B-II	N/A		No
(30)UNIVER DEVELOPMENT FOUNDATION INC ONE BOSTON MEDICAL CENTER PL BOSTON, MA 02118 04-3101957	REAL ESTATE	MA	504 (C) (3)	12 A-I	BMC	Yes	
(31)FACULTY PRACTICE FOUNDATION INC ONE BOSTON MEDICAL CENTER PL BOSTON, MA 02118 04-3289381	MEDICAL SVCS	MA	501 (C) (3)	12 B-II	N/A		No

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512(b) (13) controlled entity?	
								Yes	No
(1) BMC INSURANCE COMPANY LTD FIRST CARRIBEAN HOUSE 10 MAIN STRE GRAND CAYMAN CJ 98-0375219	INSURANCE	CJ	BMC	C	841,043	100,916,080	70.000 %	Yes	
(2) CHARITABLE REMAINDER TRUST - MA (3)	SUPPORT	MA	BMC	T				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.

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

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

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

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

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

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

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

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

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

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

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

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

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

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

Yes

No

1a

No

1b

No

1c

No

1d

Yes

1e

No

1f

No

1g

No

1h

No

1i

No

1j

No

1k

No

1l

No

1m

No

1n

No

1o

No

1p

Yes

1q

Yes

1r

Yes

1s

Yes

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)BMC HEALTH SYSTEMS INC	R	28,000,000	FMV
(2)BOSTON UNIVERSITY AFFILIATED PHYSICIANS INC	Q	347,000	FMV
(3)BMC INSURANCE COMPANY LTD	P	6,314,000	FMV
(4)BMC HEALTH SYSTEM INC	D	17,592,000	FMV
(5)BMC INTEGRATED CARE SERVICES	Q	2,630,909	FMV
(6)UNIVER DEVELOPMENT FOUNDATION INC	S	1,835,758	FMV

Schedule R (Form 990) 2020

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.

[illegible]

Part VII

Supplemental Information

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

Return Reference	Explanation
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Schedule R (Form 990) 2020

Additional Data

Return to Form

Software ID:
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